



Urban Health Literature Review
May 2005

1. Source: Cad Saude Publica. 2005 Jun;21(3):958-967. Epub 2005 May 2.

Title: **The urban environment from the health perspective: the case of Belo Horizonte, Minas Gerais, Brazil.**

Author: **Caiaffa WT, Almeida MC, Oliveira CD, Friche AA, Matos SG, Dias MA, Cunha MD, Pessanha E, Proietti FA.**

Affiliation: Faculdade de Medicina, Universidade Federal de Minas Gerais, Belo Horizonte, Brasil.

Abstract: This study aims to determine spatial patterns of mortality and morbidity for five health problems in an urban environment: homicides, adolescent pregnancy, asthma hospitalization, and two vector-borne diseases, dengue and visceral leishmaniasis. All events were obtained through the city health database and geoprocessed using residential addresses and 80 planning units consisting of census tracts. We used thematic maps, proportionate mortality/morbidity ratios by planning unit, and the overlapped rank of the 20th worst planning unit rates for each event. A spatial pattern of high rates of homicides, proportion of young mothers, and hospitalization due to asthma overlapped in socially and economically disadvantaged areas. For the two vector-borne diseases, high rates with great dispersion were found in underprivileged areas, in contrast with very low rates among higher income areas. The results indicated the coexistence of heavier disease burden for residents of urban areas where poverty and lack of effective public health policies may be modulating social health problems. For the two vector-borne diseases, an environmental intervention in one mosquito-borne disease might be playing a role in the other's incidence.

2. Source: Cad Saude Publica. 2005 Jun;21(3):949-957. Epub 2005 May 2.

Title: **Perspectives on urban conditions and population health.**

Author: **Vlahov D, Galea S, Gibble E, Freudenberg N.**

Affiliation: Center for Urban Epidemiologic Studies, New York Academy of Medicine

Abstract: The majority of the world's population will live in cities in the next few years and the pace of urbanization worldwide will continue to accelerate over the coming decades. While the number of megacities is projected to increase, the largest population growth is expected to be in cities of less than one million people. Such a dramatic demographic shift can be expected to have an impact on population health. Although there has been historic interest in how city living affects health, a cogent framework that enables systematic study of urban health across time and place has yet to emerge. Four alternate but complementary approaches to the study of urban health today are presented (urban health penalty, urban health advantage, urban sprawl, and an integrative urban conditions model) followed by three key questions that may help guide the study and practice of urban health in coming decades.

3. Source: Cad Saude Publica. 2005 Jun;21(3):942-948. Epub 2005 May 2.

Title: **What is the urban in the contemporary world?**

Author: **Monte-Mor RL.**

Affiliation: Centro de Desenvolvimento e Planejamento Regional, Universidade Federal de Minas Gerais, Belo Horizonte, Brasil.

Abstract: Central concepts of contemporary life such as politics, civilization, and citizenship derive from the city's form and social organization. The city expresses the socio-spatial division of labor, and Henri Lefebvre proposes to view its transformation within a continuum from the political city to the urban, whereby it completes its domination over the countryside. The city's transformation into the urban takes place when industry brings production (and the proletariat) into that space of power. The city, locus of surplus, power, and the fiesta, a privileged scenario for social reproduction, was subordinated to the industrial logic and underwent a dual process: its centrality imploded, and its outskirts exploded on surrounding areas through the urban fabric, bearing with it the seeds of the polis and civitas. The urban praxis, formerly restricted to the city, re-politicized social space as a whole. In Brazil, the urban has its origins in the military governments' centralizing and integrating policies, following Vargas's expansionism and Kubitschek's developmental interiorization (or occupation of the hinterlands). Today, urban-industrial processes impose themselves over virtually all social space, in contemporary extended urbanization.

4. Source: Environ Health Perspect. 2005 May;113(5):A310-7.

Title: **Dwelling disparities: how poor housing leads to poor health.**

Author: **Hood E.**

Abstract: Recently, the scope of environmental health science has broadened to encompass how the built environment affects human health. Many groups are focusing research efforts on how inadequate housing in particular contributes to poor health. Low-income and minority populations are known to be especially at risk for housing-related adverse health effects. Yet fully elucidating the links between the built environment and health disparities is a huge task, one that is requiring new tools and research methods. Community groups are increasingly being brought into the research loop to ensure that efforts to identify and reduce health problems are appropriately targeted.

5. Source: Cad Saude Publica. 2005 May-Jun;21(3):940-1. Epub 2005 May 2.

Title: **Forum: what is urban health?**

Author: **Proietti FA, Caiaffa WT.**

Affiliation: Faculdade de Medicina, Universidade Federal de Minas Gerais, Belo Horizonte, Brasil.

6. Source: Asia Pacific Viewpoint; Apr2005, Vol. 46 Issue 1, p65, 16p

Title: **Social geography of sexually transmitted diseases in China: Exploring the role of migration and urbanisation.**

Authors: **Smith, Christopher J.**

Abstract: This paper examines the social geography of sexually transmitted diseases (STDs) in China, focusing on the spread of HIV/AIDS, and the extent to which migration and urbanisation might be contributing to both the spread and the increasing prevalence of these diseases. The paper begins with a discussion of the early years of the epidemic (beginning in the mid-1980s), when the consensus view was that STDs and HIV were geographically marginal phenomena, occurring either on China's periphery, or in isolated parts of its rural interior. This characterisation seemed to be less appropriate in the latter part of the 1990s, when it became clear that temporary and circular migration had the potential to spread the diseases from one part of the country to another. The second part of the paper examines the connection between migration and the prevalence of STDs and HIV, reporting on some of the empirical evidence to support such a hypothesis, and speculating on the theoretical underpinnings of the migration/STD relationship. The third part of the paper considers what might lie in store for China in terms of its HIV epidemic. One distinct possibility is the spread of HIV to China's booming cities, and to explore this possibility in theoretical terms, a number of interrelated aspects of urbanisation that might be associated with higher rates of HIV-related risky behaviours are considered. It is suggested that these overlapping sets of forces could be related to the emergence of new behaviours and lifestyles that may be putting a

growing number of Chinese people at risk in the new millennium.

7. Source: J Urban Health. 2005 May 11; [Epub ahead of print]

Title: Mortality and Socioeconomic Deprivation in Census Tracts of an Urban Setting in Southern Europe.

Author: Dominguez-Berjon MF, Borrell C, Lopez R, Pastor V.

Affiliation: Servicio de Salud Publica del Area 2, Instituto de Salud Publica, Comunidad de Madrid, Madrid, Spain.

Abstract: In southern European cities, research on deprivation and mortality inequalities using small-area analysis is recent. In many countries, the census tract (CT) is the smallest territorial unit for which population data are available. The aim of this study was to examine the association between mortality from all causes and socioeconomic deprivation in CTs in Barcelona (Spain). A cross-sectional ecologic study was carried out using mortality data for 1987-1995 and 1991 census variables. Mortality data were obtained from death certificates. Socioeconomic deprivation indicators were drawn from the census and included unemployment, inadequate education, and low social class. They were correlated, and a deprivation index was elaborated with them. The analysis was descriptive, and multivariate Poisson regression models were adjusted. The most deprived CTs tend to present higher mortality (49.7% of CT in the quartile associated with greatest deprivation were included in the top male mortality quartile and 40.4% in the top female mortality quartile), whereas the less deprived ones present lower mortality. For male mortality, the risk of dying among those in the quartile representing most deprivation is from 25 to 29% higher (depending on the indicator chosen) than the least deprived quartile, and for women, it is from 12 to 14% higher. We concluded that the mortality from all causes in the CT of a southern European city has shown a clear positive association with a variety of socioeconomic deprivation indicators drawn from the census. Studies of this nature may help to orient more specific studies in which CTs are grouped together as a function of particular population and/or health characteristics.

8. Source: Environ Int. 2005 May;31(4):565-73. Epub 2004 Nov 18.

Title: Characteristics and health implications of fine and coarse particulates at roadside, urban background and rural sites in UK.

Author: Namdeo A, Bell MC.

Affiliation: Institute for Transport Studies, University of Leeds, Woodhouse Lane, Leeds LS2 9JT, United Kingdom. anamdeo@its.leeds.ac.uk

Abstract: Recent studies have pointed to evidence that fine particles in the air could be significant contributors to respiratory and cardiovascular diseases and mortality. Epidemiologists looking at the health effects of particulate pollution need more information from various receptor locations to improve the understanding of this problem. Detailed information on temporal, spatial and size distributions of particulate pollution in urban areas is also important for air quality modellers as well as being an aid to decision and policy makers of local authorities. This paper presents a detailed analysis of temporal and seasonal variation of PM(10) and PM(2.5) levels at one urban roadside, one urban background and one rural monitoring location. Levels of PM(10), PM(2.5) and coarse fraction of particulates are compared. In addition, particulate levels are compared with NO(2) and CO concentrations. The study concludes that PM(10) and PM(2.5) are closely related at urban locations. Diurnal variation in PM(2.5)/PM(10) ratio shows the influence of vehicular emission and movement on size distribution. This ratio is higher in winter than in summer, indicating a build-up or longer residence time of finer particulates or washout due to wet weather in winter. In the second part of this study, a disease burden analysis is carried out based on the dose-response relationships recommended by the UK Committee on the Medical Effects of Air Pollution. The disease burden analysis indicates that if Marylebone Road (MR) levels of PM(10) were prevalent all over London, it will result in around 2.5% increase in death rates due to all causes. Whereas, if Bloomsbury (BB) levels were prevalent in London, which is more likely to occur as this is more representative of the urban background environment to which people in London are likely to be exposed,

the corresponding increase would be around 1.7%. Considering this, in London, at Bloomsbury levels, 973 deaths and 1515 respiratory hospital admissions (RHA) are attributable to PM(10) while 2140 RHA are attributable to NO(2). After deducting the disease burden due to background levels at Rochester (RC), PM(10) emission caused by anthropogenic activities in London equates to 273 additional deaths and 410 additional RHA, while NO(2) account for additional 1205 incidences of RHA.

9. Source: J Urban Health. 2005 May 4; [Epub ahead of print]

Title: **Illicit Opioid Use in Canada: Comparing Social, Health, and Drug Use Characteristics of Untreated Users in Five Cities (OPICAN Study).**

Author: **Fischer B, Rehm J, Brissette S, Brochu S, Bruneau J, El-Guebaly N, Noel L, Tyndall M, Wild C, Mun P, Baliunas D.**

Affiliation: University of Toronto and Centre for Addiction and Mental Health, Toronto, Ontario, Canada.

Abstract: Most of the estimated 125,000 injection drug users (IDUs) in Canada use illicit opioids and are outside treatment (i.e., methadone maintenance treatment). Empirical data suggest that illicit opioid users outside treatment are characterized by various health and social problem characteristics, including polydrug use, physical and mental morbidity, social marginalization, and crime. Although required for evidence-based programming, systematic information on this specific substance-user population is sparse in Canada to date. This article presents and compares key characteristics of population of illicit opioid users outside treatment in five cities across Canada (OPICAN cohort). Overall, the majority of OPICAN participants regularly used both a variety of illicit opioids and cocaine or crack, reported physical and mental health (e.g., mood disorder) problems, lacked permanent housing, were involved in crime, and had their "ideal" treatment not available to them. However, key local sample differences were shown, including patterns of heroin versus prescription opioid use and levels of additional cocaine versus crack use as well as indicators of social marginalization. Illicit opioid user population across Canada differ on key social, health, and drug use indicators that are crucial for interventions and are often demonstrated between larger and smaller city sites. Differentiated interventions are required.

10. Source: Chemosphere. 2005 May 11; [Epub ahead of print]

Title: **Size- and density-distributions and sources of polycyclic aromatic hydrocarbons in urban road dust.**

Author: **Murakami M, Nakajima F, Furumai H.**

Affiliation: Department of Urban Engineering, The University of Tokyo, 7-3-1 Hongo, Bunkyo, Tokyo 113-8656, Japan.

Abstract: Polycyclic aromatic hydrocarbons (PAHs) present in size- and density-fractionated road dust were measured to identify the important fractions in urban runoff and to analyse their sources. Road dust was collected from a residential area (Shakujii) and a heavy traffic area (Hongo Street). The sampling of road dust from the residential area was conducted twice in different seasons (autumn and winter). The collected road dust was separated into three or four size-fractions and further fractionated into light (<1.7g/cm³) and heavy (>1.7g/cm³) fractions by using cesium chloride solution. Light particles constituted only 4.0±1.4%, 0.69±0.03% and 3.4±1.0% of the road dust by weight for Shakujii (November), Shakujii (February) and Hongo Street, respectively but contained 28±10%, 33±3% and 44±8% of the total PAHs, respectively. The PAH contents in the light fractions were 1-2 orders of magnitude higher than those in the heavy fractions. In the light fractions, the 12PAH contents in February were significantly higher than the 12PAH contents in November (P<0.01), whereas in the heavy fractions, no significant difference was found (P>0.05). Cluster analysis revealed that there was a significant difference in the PAH profiles between locations rather than between size-fractions, density-fractions and sampling times. Multiple regression analysis indicated that asphalt/pavement was the major source of Shakujii road dust, and that tyre and diesel vehicle exhaust were the major sources of finer and coarser fractions collected from Hongo Street road dust, respectively.

11. Source: Osteoporos Int. 2005 May 12; [Epub ahead of print]

Title: **Contribution of lean tissue mass to the urban-rural difference in bone mineral density.**

Author: **Pongchaiyakul C, Nguyen TV, Kosulwat V, Rojroongwasinkul N, Charoenkiatkul S, Eisman JA, Rajatanavin R.**

Affiliation: Department of Endocrinology, Khon Kaen University Medical School, Khon Kaen, Thailand.

Abstract: While the urban-rural difference in bone mineral density (BMD) has been shown in some, but not all, Western populations, such a difference and the reason for the difference is largely unknown, particularly in developing countries. This cross-sectional, epidemiologic study was designed to examine the hypothesis that differences in measures of body composition such as lean mass (LM) and fat mass (FM) contribute to the urban-rural difference in BMD. Lean mass, fat mass, lumbar spine and femoral neck BMD were measured by DXA (GE Lunar Corp, Wis.) in 411 urban (Bangkok city) and 436 rural (Khon Kaen province) Thai subjects, aged 20-84 years. Rural men and women had significantly higher LM and lower FM than their urban counterparts. In multiple linear regression analysis, age, LM, menopausal status (in women) and residence were independent determinants of BMD. After adjusting for age, menopause and LM, rural subjects were found to have significantly higher femoral neck BMD, but not lumbar spine BMD, than urban subjects. Furthermore, to alleviate the potential effect of multicollinearity of LM and FM, each rural subject was matched with each urban subject for FM and age, which resulted in 46 pairs of men and 91 pairs of women. In this matched-pair analysis, the femoral necks in rural men and women were, respectively, 7.3+/-2.1% (mean+/-SE; P <0.01) and 6.3+/-2.8% (P <0.02) higher than in urban men and women. The urban-rural difference in LM accounted for approximately 23 and 5% of the urban-rural difference in femoral neck BMD in men and women, respectively. These data are thus consistent with the hypothesis that the urban-rural difference in BMD at a weight-bearing site is in part associated with the urban-rural difference in lean mass.

12. Source: J Rheumatol. 2005 May;32(5):920-7.

Title: **Risk Factors Associated with Rheumatic Complaints: A WHO-ILAR COPCORD Study in Shantou, Southeast China.**

Author: **Zeng QY, Darmawan J, Xiao ZY, Chen SB, Chen R, Lin K, Wigley R, Chen SL, Zhang NZ.**

Affiliation: Department of Rheumatology, Shantou University Medical College, Shantou, Guangdong, China.

OBJECTIVE: To validate the differences of the prevalence of rheumatic symptoms between the north and south part of China and to investigate the associated risk factors for rheumatic complaints in Shantou, China. METHODS: Four samples together comprising 10,638 people \geq 16 years of age were surveyed in 1987, 1992, 1995, and 1999. The protocol of the ILAR-China Collaborative Study or the WHO-ILAR COPCORD Core Questionnaire was implemented. Data on rheumatic symptoms that were part of these surveys were collected and analyzed. RESULTS: The prevalence rate of rheumatic complaints was increasing in the Shantou area during the recent decade (in 1987 11.6%, 1992 12.5%, 1995 16.0%, and 1999 19.8%). However, it was still lower than the rate in Beijing, China, in 1987 (40.0%). Rheumatic symptoms were more prevalent in women than in men, and were more frequently seen in the elderly than in young people. The most frequently involved site was the low back followed by the knee and neck. Lumbar pain was more frequent among rural residents, while neck pain was more prevalent in the urban school-age population group. The prevalence of knee pain was significantly higher in people living in multi-storey buildings without elevators compared with those living in single-storey houses. The peak value of bone mineral density (BMD) in the Shantou population was 0.839 +/- 0.085 g/cm² in men, and 0.723 +/- 0.064 g/cm² in women, significantly higher than that reported in 13 other provinces and cities of China including Beijing. The sense of seeking a physician's care was higher in the population with a higher prevalence of rheumatic symptoms than that in the group with a lower prevalence of complaints. However, no significant difference was found in the rate of disability among the different population samples. CONCLUSION: The prevalence rate of rheumatic complaints was lower in Shantou than in Beijing. Socioeconomic status, environmental differences (e.g., Shantou in the southern and Beijing in the northern part of China), sex, age, occupation, ergonomics, BMD, and awareness of seeking medical care

might all be risk factors associated with the prevalence of rheumatic complaints.

13. Source: Journal of Contemporary Criminal Justice, Vol 21(2), May 2005. pp. 153-169.

Title: **The Global Impact of Gangs.**

Author: **Hagedorn, John M.**

Affiliation: University of Illinois, Chicago, IL

Abstract: The American study of gangs can no longer start and stop with local conditions but today must also be rooted in a global context. Studying gangs is important because of unprecedented world urbanization, the retreat of the state under the pressure of neoliberal policies, the strengthening of cultural resistance identities, including fundamentalist religion, nationalism, and hip-hop culture, the valorization of some urban spaces and marginalization of others, and the institutionalization of gangs in some cities across the world.

14. Source: Fam Community Health. 2005 Apr-Jun;28(2):168-75.

Title: **The independent impact of household- and neighborhood-based social determinants on early childhood caries: a cross-sectional study of inner-city children.**

Author: **Willems S, Vanobbergen J, Martens L, De Maeseneer J.**

Affiliation: Departments of General Practice and Primary Health Care, Ghent University, De Pintelaan 185, 9000 Ghent, Belgium. Sara.Willems@ugent.be

Abstract: This study examined the relationship between early childhood caries (ECC) and measures of socioeconomic status as environmental determinants of oral health inequalities. Dental caries and quality of oral hygiene were reported on 384 young inner-city children (24-35 months) by clinical examination. Early childhood caries was diagnosed in 18.5% of children. Ethnicity ($P < 0.001$) and neighborhood ($P < 0.001$) were the social variables significantly predictive of ECC in a logistic regression model. Living in a deprived neighborhood and the mother being of East European descent were the social variables with strongest association with ECC. These variables can be considered adequate criteria to identify groups at risk within the overall population.

15. Source: Evaluation & Program Planning, Vol 28(2), May 2005. pp. 173-184.

Title: **Using structural characteristics of community coalitions to predict progress in adopting evidence-based prevention programs.**

Author: **Guneet Kaur Jasuja, Chih-Ping Chou, Karen Bernstein, Eric Wang, Maykami McClure and Mary Ann Pentz**

Affiliation: Institute for Prevention Research, University of Southern California, Alhambra, CA, US, guneetka@usc.edu

Abstract: The study examined the relationship between six characteristics of community coalitions (size of region covered, structure, professional representation, resource sharing, size, and breadth of prevention stakeholder representation) and community organizational progress in adopting drug prevention programs. The study utilized baseline data from community leaders ($n = 533$) in 24 cities from Step Towards Effective Prevention (STEP), a multi-state, multi-city randomized trial that is evaluating the effects of a television-based prevention training intervention on adoption of evidence-based drug prevention programs. Confirmatory factor analysis yielded a measurement model with a good fit to the data on four of the characteristics. Structural equation modeling showed that these characteristics had significant positive relationships to organizational progress, with the exception of size of the region covered. Results suggest that coalitions which have a clear structure, professional focus, resource sharing, and a smaller service region are likely to show the most progress in adopting evidence-based drug prevention programs.

16. Source: J Interpers Violence. 2005 May;20(5):591-616.

Title: **Barriers to Services for Rural and Urban Survivors of Rape.**

Author: **Logan TK, Evans L, Stevenson E, Jordan CE.**

Affiliation: Department of Behavioral Science, University of Kentucky, Lexington, KY, US

Abstract: A significant proportion of survivors of rape do not utilize formal services to cope with the aftermath of rape. Understanding victimization experiences in environments that differ on resources, such as rural versus urban areas, may be an important dimension to consider in understanding barriers. Thirty women (18 rural and 12 urban) were recruited from rape crisis centers to participate in focus groups. Study results suggest that (a) survivors of rape experience many barriers to service utilization, (b) there were some differences in barriers to service utilization that were mentioned only in rural areas and some that were mentioned only in urban areas that may suggest that community context is important to consider in understanding barriers to service use, and (c) barriers to health and mental health services overlap with barriers to criminal justice system services.

17. Source: J Urban Health. 2005 May 12; [Epub ahead of print]

Title: **Shortchanged? An Assessment of Chronic Disease Programming in Major US City Health Departments.**

Author: **Georgeson M, Thorpe LE, Merlino M, Frieden TR, Fielding JE.**

Affiliation: New York City Department of Health and Mental Hygiene, New York, New York.

Abstract: A self-administered survey was distributed to members of The Big Cities Health Coalition, a group of Health Officers/Commissioners from 17 of the largest US metropolitan health departments. The survey asked participants about their chronic disease priorities, data sources, budgets, and funding sources as well as examples of successful chronic disease interventions. Members of the Coalition discussed the survey results in a scheduled conference call. Chronic diseases account for 70% of all deaths nationwide on average, yet the health departments surveyed allocated an average of 1.85% of their budgets to chronic disease. Average chronic disease spending per inhabitant was \$2.33, with a median of \$1.56. Among the group's top chronic disease priorities were asthma, diabetes, tobacco, cancer, and cardiovascular disease (CVD). Nearly half of the group's chronic disease spending was on tobacco. Chronic disease funding sources varied across localities, but direct federal funding was minimal. In 14 cities serving a combined 37 million people (13% of the US population), direct federal chronic disease funding totaled \$8.7 million, an average of \$0.24 per capita. The group described successful chronic disease interventions, particularly related to tobacco and asthma.

18. Source: Public Health. 2005 May;119(5):382-4.

Title: **Condom-promotion programme among slum-dwellers in Chandigarh, India.**

Author: **Bhatia V, Swami HM, Parashar A, Justin TR.**

Affiliation: Department of Community Medicine, Government Medical College, College Building, Sector 32-A, Chandigarh 160047, India. drbhatia@yahoo.com

Abstract: This study describes high-risk behaviour and condom usage in inhabitants of an urban slum in the Union Territory of Chandigarh, which has a population of about 20,000. A cohort of 375 participants was followed-up before and after an intervention. Half of the married but only one-eighth of the unmarried slum dwellers were using condoms regularly. One-quarter of the study subjects practised high-risk behaviour and this was higher among unmarried (44.88%) than married participants (18.7%). An intervention involving education on condom use and provision of free condoms increased the condom usage rate from 31.73% in the pre-intervention phase to 60% in the postintervention phase.

19. Source: Mutat Res. 2005 May 13; [Epub ahead of print]

Title: **Environmental genotoxicity assessment of an urban stream using freshwater planarians.**

Author: **Pra D, Lau AH, Knakievicz T, Carneiro FR, Erdtmann B.**

Affiliation: Programa de Pos-Graduacao em Genetica e Biologia Molecular, Universidade Federal do Rio Grande do Sul (UFRGS), Porto Alegre, RS, Brazil.

Abstract: Pollution is a major concern in urban areas. Due to its biological significance, genotoxicity should be a main focus for pollution biomonitoring, due mainly to the increasing complexity of the chemical environment in which organisms are exposed. Diluvio's Basin (Porto Alegre, RS, Brazil) is a heavily polluted urban ecosystem impacted by urban wastewater. Planarians are useful organism for evaluating environmental genotoxicity because of their high sensitivity, low cost, high proliferative rate and also because of their basal evolutionary position in relation to complex metazoans. Comet assay is a powerful and highly sensitive method of evaluating primary DNA lesions. Based on the unique features of planarians and the current environmental state of Diluvio's Basin, the aim of this work was to evaluate the genotoxic potential of this body of water using comet assay in planarians. Planarians were exposed to the water for 13 days in a laboratory and comet assay was performed in order to screen possible DNA damages. The results indicated an increasing gradient of damage towards basin's mouth. Such a gradient could be related to the gradual increase of pollutants among the different sample sites. Moreover, there seems to be a correlation between the urbanization gradient that exists within the watershed and the genotoxicity. Historical physical-chemical data was also gathered and examined for possible correlations with genotoxicity. Comet assay in planarians is a very promising test for environmental monitoring studies. Its application should be expanded.

20. Title: **Does the Built Environment Influence Physical Activity? Examining the Evidence -- Special Report 282**

Available at <http://www.iom.edu/report.asp?id=24476>

Abstract: Research increasingly shows a link between physical activity and the "built" environment -- buildings, roads, parks, and other structures that physically define a community -- but more research is needed to assess whether the built environment affects people's actual levels of physical activity, says a new report from the National Academies' Transportation Research Board and Institute of Medicine.

This additional research could help clarify whether and to what extent the physical environment where Americans live and work contributes to the fact that more than half of the U.S. adult population falls short of meeting the U.S. surgeon general's guidelines for physical activity, said the committee that wrote the report.

21. Source: Indian Pediatrics, 42(3), March 2005. p.233-244. Available at <http://www.indianpediatrics.net/mar2005/mar-233-244.htm>

Title: **All Slums are not equal: Child Health Conditions among the Urban Poor**

Author: **Siddharth Agarwal, Shivani Taneja.**

Abstract: Increasing urbanization has resulted in a faster growth of slum population. Various agencies, especially those in developing countries are finding it difficult to respond to this situation effectively. Disparities among slums exist owing to various factors. This has led to varying degrees of health burden on the slum children. Child health conditions in slums with inadequate services are worse in comparison to relatively better served slums. Identification, mapping and assessment of all slums is important for locating the hitherto missed out slums and focusing on the neediest slums. In view of the differential vulnerabilities across slums, an urban child health program should build context appropriate and community-need-responsive approaches to improve children's health in the slums.

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