



ISUH Connections

The Newsletter of the
International Society for Urban Health
Number 10 • July 2007

The goal of the ISUH is to encourage research, interventions, policies, and program evaluations that lead to healthier and more sustainable cities and reduced health disparities for urban populations in the twenty-first century.

CONTENTS

- 1 Aboriginal Healing in Vancouver's Inner City
- 3 An Update on the 6th International Conference on Urban Health
- 4 Heavy Disease Burden among the Urban Poor in Kenya
- 5 St. Michael's Hospital: Serving Toronto's Most Vulnerable Population
- 5 Highlights from the Journal of Urban Health
- 6 Urbanization and Health in South and Central America
- 7 2008 ISUH Board Elections – Call for Candidates
- 7 Notices and Events
- 8 ISUH Membership Form

ABORIGINAL HEALING IN VANCOUVER'S INNER CITY

Denielle Elliott, Doreen Littlejohn, Marian Krawczyk, Mark Tyndall



The Aboriginal Health and Healing Community Researchers. (L-R): Rock Rockthunder, Corinna Gurney, Lyanna Storm, and Archie Myran.

Vancouver's inner-city community has become infamous for its poverty, its escalating narco-economy, and its alarming rates of HIV and Hepatitis C (HCV) infection; however, it is also characterized by a rich history of activism, community-based research, and innovative public health interventions, all of which often goes unrecognized.

Since 1993, the Vancouver Native Health Society (VNHS) has provided care, treatment, and support to people living with HIV in Vancouver's inner city, particularly Aboriginal people. It has developed an integrated, innovative, and comprehensive healthcare model that has succeeded in improving the utilization of healthcare services and in increasing adherence to complex therapeutic

antiretroviral (ARV) regimes. And it has done this by creating an environment that is both non-judgemental and supportive. VNHS's program includes a daily drop-in centre, food bank, hot meals, crisis intervention, counselling, HIV/AIDS and HCV prevention education, maximally assisted therapy for ARVs, outreach, on-site physician care, and general support.

Epidemiological research suggests that urban Aboriginal people living in Vancouver, especially women and those who engage in injection drug use, are at an elevated risk for HIV infection and that HIV-positive Aboriginal people are less likely than are other populations to access antiretroviral therapy. The result of this is a disproportionate rate of AIDS

Continued on pg 2

The International Society for Urban Health

Communications Committee

Stephen Hwang	Toronto
Wale Alabi	Lagos
Randall Freeman	Baltimore
Evie Gogosis	Toronto
Kingsley Okonkwo	Nigeria
Andrew Quinn	New York



ISUH Connections

ISUH Connections is a forum for information exchange among ISUH members and others interested in the health of urban populations. Articles do not represent official positions or endorsement by ISUH.

ISUH Connections is distributed by email. To request that your name be added to or removed from our mailing list, please contact Andrew Quinn at aquinn@nyam.org

ISUH Connections welcomes submissions of brief articles relevant to the field of urban health (maximum 500 words) for consideration. Notices of conferences, events, research funding opportunities, positions available or sought, and other announcements are also welcome. Please submit materials to Stephen Hwang at hwangs@smh.toronto.on.ca, Evie Gogosis at gogosis@smh.toronto.on.ca or Andrew Quinn at aquinn@nyam.org.

Aboriginal Healing in Vancouver's Inner City

Continued from page 1

-related deaths among urban Aboriginals. Even though Canada has seen advances in overall Aboriginal health, Canadian Aboriginal people continue to suffer disproportionately from the burden of ill health. And this is particularly visible in Vancouver's inner city where poverty, isolation, mental illness, and homelessness exacerbate HIV and HCV infection.

VNHS is also committed to engaging in community-based research that emphasizes democratic research relationships, capacity building with both organizations and individuals, and participatory action research practices that focus on the creation of social change rather than merely on data gathering. In August 2006, VNHS initiated a community-campus collaborative research project, the Aboriginal Health and Healing (AHAH) project that utilized a qualitative, experimental ethnographic approach to meaningfully engaging educationally, economically, and politically disadvantaged individuals in community-based research methodologies. This was done in order to address disparities in health service access among urban Aboriginal communities in Vancouver, Canada.

As an organization that serves the social and health needs of thousands of inner-city residents each year, VNHS is often called upon by academic researchers to participate as a partner or collaborator in research projects deemed "community-based"; however, after the initial application process, these people are rarely consulted and research results are not shared with them in a language that is accessible to their community.

Part of the philosophy of the AHAH project involves meaningfully engaging community residents in all parts of the research process. Four local Aboriginal residents were trained to become skilled research assistants, with the long-term goal of increasing their marketability in the local research industry and enabling them to make a career of engaging in HIV research and outreach. Through being involved in every aspect of the design, implementation, analysis,

dissemination, and evaluation of this project, the research assistants were able to learn how to undertake research; they no longer simply acted as "peers" who implemented previously designed research questions that were produced by "experts" *outside* of the community. The process emphasized mutual learning and the sharing of knowledge between university-based researchers and community research assistants.

We used a mixed-methods approach to explore health, healing, and illness. We combined interviews, focus groups, social mapping, and visual ethnography to provide a comprehensive and innovative framework for documenting social, political, and economic barriers that traditional research methods often overlook. Photographs and ethnographic narratives were a key part of the research process. The research assistants felt strongly that these images spoke to their experiences and understanding of life, health, and representation. Collectively, we decided to have a public art exhibit in order to display their combined photographic and ethnographic research.

Their photographs capture the diversity of life in Vancouver's inner city and highlight the ways in which health is shaped through everyday interactions within the community. Using the exploratory methods of the AHAH project, the research assistants addressed challenges, hopes, and fears regarding their own, and the wider community's, health. This project clearly illustrates that community-based research can be innovative, socially responsible, and methodologically rigorous.

Dr. Denielle Elliott is with the London School of Hygiene and Tropical Medicine (London, UK); Doreen Littlejohn is with the Vancouver Native Health Society (Vancouver, Canada); Marian Krawczyk is with Simon Fraser University (Vancouver, Canada); Mark Tyndall is with the Department of Medicine, University of British Columbia (Vancouver, Canada). For more information about the AHAH, contact Dr. Denielle Elliott at denielle.elliott@lshtm.ac.uk. ■

International Conference on Urban Health

An Update on the 6th International Conference on Urban Health

M. Chris Gibbons, Johns Hopkins Urban Health Institute

The theme of ICUH 2007 is “Harnessing the power of Technology to Achieve behavior change and improve Urban Health.” Several factors such as: 1) the growing proportion of people living over the age of 65; 2) the increasing prevalence of chronic diseases; 3) increasing global urbanization; and 4) the increasing recognition of disparities (inequalities) in health and healthcare are suggesting a need for novel approaches to address these complex health challenges, particularly in the urban environment.

To accomplish this goal, it is likely that many kinds of novel health technologies will be required. For example new theoretic, spatial analytic, epidemiologic, and computational methodologies will be required to turn vast amounts of biologic, behavioral, environmental, and population level information and data into useable knowledge to support preventive and interventional decision making. Computer technology will be essential to facilitate the transfer of culturally and linguistically appropriate health information to patients and consumers from researchers and clinicians and vice versa.

The ability to tailor information to the needs of every person in a population will be critical to adequately supporting health choices and improving health outcomes. This level of tailoring will only be possible with the aid of computer and health information technologies. Encouraging early evidence suggests that multimedia health communication and behavior change efforts that include the use of computers and other eHealth technologies can improve health outcomes. Finally, computer based innovations will facilitate the ability to detect changes in the physical environments, enable intelligent interactions between people, devices and the environment, and enable devices to make independent decisions, based on detected data and preprogrammed algorithms.

These interventions may help eliminate choices based on prejudice, bias, or other “human error.” The potential benefits of technology on urban health may be in the developing world where it is needed the most. Several US, European, and private interests are committed to bringing this potential to those living in developing nations around the globe.

The goals of ICUH 2007 are to: 1) bring together a diverse group of researchers, practitioners and policymakers; 2) challenge attendees to brainstorm about how technology might enhance their behavioral interventions, research, or programs; 3) challenge attendees to think about how technology influences personal behavior and health outcomes; 4) encourage attendees to consider how technology might help (or harm) our attempts to address racial and ethnic disparities in the urban environment; 5) stimulate thought regarding the role of technology in behavioral interventions in developing nations; and 6) promote transdisciplinary research, practice and policy collaborations.

An exciting technical program is planned over 2 ½ days with outstanding invited speakers, including Hans Rosling from the Karolinska Institute, Stockholm, Sweden, the Honorable Denzil Douglas, Prime Minister, St. Kitts & Nevis, Patti Brennan from the University of Wisconsin-Madison, Barbara Isreal from the University of Michigan, Alex Ezech from the African Population and Health Research Centre, Gunther Eysenbach, Centre for Global eHealth Innovations in Toronto, Canada, Richard Fitton, from the Hadfield Medical Centre, Derbyshire, United Kingdom, Roberto Rodrigues, Pan American Health Organization, Brian Smedley from Opportunity Agenda, Nilmini Wickramasinghe, Center for Management of Medical Technology, Elliot Sclar, Columbia University Center for Sustainable Development, and many others.

The program will feature plenary presentations, panel discussions, special sessions, break outs, and poster presentations. This program will be complimented by several pre-conference workshops for those interested in more in depth learning opportunities. An informal welcome reception and a larger social event at an off-site location where dinner and entertainment will be provided are also included.

This year the conference will be held in Baltimore, MD, at the [Sheraton Baltimore City Center Hotel](http://www.sheraton.com/baltimore). Baltimore is a charming, vibrant port city located in the heart of America’s mid-Atlantic region. Recently named one of Frommer’s Top 10 Up-and-Coming Travel Destinations in the World, Baltimore offers world-class attractions, dining, shopping, and locals so friendly it’s known as Charm City. Baltimore’s ideal location on the Chesapeake Bay offers endless opportunities for sailing and seafood, and its close proximity to Washington, DC also allows visitors to take in sights such as the White House, Smithsonian museums, and National Institutes of Health campus. Baltimore’s Inner Harbor area – featuring a fully renovated waterfront and museums showcasing the city’s maritime history – is compact and easily navigable on foot. Save the date and register now by going to www.icuh2007.org We look forward to seeing everyone in Baltimore in October, at the 6th International Conference on Urban Health! ■



Improving the Health of Children Heavy Disease Burden among the Urban Poor in Kenya

Rose N. Oronje, *African Population and Health Research Center*

Sub-Saharan Africa is experiencing high rates of urbanization, mainly due to rural-urban migration, at a time when its economies have stagnated and poor governance is rife in the region. This situation is resulting in the mushrooming of slum settlements in major urban cities in the region where the majority of urban dwellers are living in abject poverty. This growing population of the urban poor faces unique challenges including unreliable livelihoods, overcrowding and poor housing conditions, poor environmental sanitation due to lack of water, toilets, sewerage and garbage collection systems and poor drainage, and lack of health services.

Research by the African Population and Health Research Center (APHRC) has revealed that people living in slum settlements in Nairobi, Kenya's capital city, bear a heavier burden of disease than those living in non-slum areas, including rural areas. A cross-sectional survey of a representative sample of residents living in Nairobi's slums conducted by APHRC in 2000 revealed a high prevalence of childhood illnesses among children living in slums compared to those living elsewhere. The prevalence of fever was 64% among children living in slums, compared to 38% for Nairobi as a whole and 42% in rural areas. About 32% of children living in Nairobi's slums suffered from diarrhea, compared to only 17% in rural areas and 13% in Nairobi.

Further, children living in slums are also less likely to receive medical care when sick; the few that receive care are most likely to get low quality care as this is mainly sourced from small private clinics in the slums, the majority of which lack qualified personnel, medical supplies, and equipment.

The above mentioned study also showed that children living in Nairobi's slums have a higher chance of dying than those living elsewhere in Kenya. The infant mortality rate for Nairobi's slums was estimated at 91

per 1000 live births, compared to 39 per 1000 for Nairobi as a whole and 76 per 1000 for rural Kenya. Mortality rates for children under five years of age were also higher, with slums exhibiting a rate of 156 per 1000, whereas rural areas exhibited 109 per 1000.

Research by APHRC shows that more than 81% of the conditions that cause death among children living in Nairobi's slum settlements can easily be prevented or treated. For example, among children under five, the leading



causes of death are pneumonia, diarrhea, and malnutrition, and for children under one year, the major causes of death are those associated directly with the birth process, also referred to as perinatal causes.

APHRC studies show that a number of factors prevailing in Nairobi's slum communities sustain these 'killer' conditions including low immunization coverage, lack of access to safe drinking water, poor hygiene and sanitation, congestion, and lack of access to proper healthcare as well as poor health-seeking behavior particularly for childhood illnesses and maternal health conditions.

Thus, despite there being readily available, cost-effective, and tested methods to either prevent or cure the 'killer' conditions, they continue to claim the lives of hundreds of children

living in Nairobi's slums. These methods include provision of essential drugs, ensuring full immunization against childhood illnesses, ensuring safe motherhood, controlling and treating malaria, and applying the Integrated Management of Childhood Illnesses (IMCI). IMCI was developed by the WHO and UNICEF to reduce death, illness, and disability and to promote development and growth in children under five years of age. Also, interventions to improve access to safe drinking water, sanitation, and hygiene practices are likely to reduce childhood illnesses.

Considering that more than half of Nairobi's population is living in slums, and that this sub-population is growing rapidly, the heavy disease burden it bears may threaten Kenya's progress towards the millennium development goal of reducing childhood mortality. Drastic steps must be taken to prevent and treat illnesses among children living in Nairobi's slums. Allocating health resources based on disease burden has helped reduce mortality and poor health in other settings, and Nairobi can also benefit from such a strategy.

APHRC monitors residents of two slum settlements in Nairobi, Kenya, through the Nairobi Urban Health and Demographic Surveillance System. For more information on the African Population and Health Research Center, visit <http://www.aphrc.org>. ■



St. Michael's Hospital

Serving Toronto's Most Vulnerable Population

Helen Battersby, Tim Evans, Ewa Jarmicka, St. Michael's Hospital

St. Michael's Hospital in Toronto, Canada, has a legacy of compassion that dates from 1892, when it was founded by the Sisters of St. Joseph to care for the poor. Today, as the city's population nears five million, the community we serve is the most densely populated, and most economically and culturally diverse inner city in Canada. It includes the extremes of urban society, from its most privileged citizens to its most vulnerable, from Bay Street's sparkling skyscrapers to life lived year-round on the streets.

On April 19, 2006, the City of Toronto conducted a count to determine the number of homeless people living on Toronto's streets and in its public spaces. On that night, there were an estimated 5,052 homeless individuals in Toronto. Nearly three-quarters were in homeless shelters, 16% were literally homeless with no fixed address, 5% were in healthcare or treatment facilities, 3% were in abused women's shelters, and 3% were in correctional facilities. Among those staying in shelters, 15% were families with children. Excluded from these

numbers are the marginally housed or hidden homeless, such as individuals who temporarily stay with family members or friends. Inner-city life poses great risks for the homeless, many of whom have addictions or mental illness. Previous research has reported that homeless women 18-44 years of age are 10 times more likely to die than women in the general population in Toronto.

St. Michael's Hospital's responses to such unique challenges have made us a world leader in medical care, family health services, and harm reduction programming for the homeless. It is the only hospital in Toronto and one of the first in Canada, to have an Inner City Health Program (ICH), whose goal is to provide high quality care and equitable access to innovative and holistic primary, secondary, and tertiary care for highly marginalized and high-risk groups.

Programs developed by ICH specifically address the health needs and barriers to health of homeless and marginally housed people including women and children, people with severe and persistent mental illness or addictions, or people living with

HIV/AIDS. All of the ICH programs are supported by emergency and critical care facilities, as well as world-renowned innovation and research.

In 1996, St. Michael's Hospital partnered with the City of Toronto to create the Annex Harm Reduction Program, a 124-bed program for chronically homeless men with addictions. Located in Canada's largest men's hostel, it provides medical, psychosocial, and palliative care to the city's hardest-to-serve population. The program focuses on reducing the harm associated with substance abuse rather than promoting abstinence. Studies conducted by St. Michael's Hospital Center for Research on Inner City Health (CRICH) have found that the Annex Program reduced emergency room visits or days spent in prison or detox by margins of between 82-93%.

These are just some of the reasons why St. Michael's Hospital, a teaching hospital fully affiliated with the University of Toronto, is a first choice internationally for medical education, and why so many medical residents and students from all disciplines choose to stay. ■

Highlights from the Journal of Urban Health



The May/June 2007 issue of the Journal of Urban Health features an original study showing that bans on smoking at home may have greater influence on health status than those at work. Other studies in this issue show how a community's ethnic diversity can influence a woman's decision to smoke during

surpassed public hospitals in caring for Medicaid patients, and the effect of the 2004-2005 influenza vaccine shortage on minority groups.

In a special supplement to the issue, leading global health experts provide insight into protecting public health and promoting health equity in urban settings. The 15 reprints in the supplement were issued by the Knowledge Network on Urban Settings of the World Health Organization's (WHO) Commission on the Social Determinants of Health.

The Journal of Urban Health is the official journal of the International Society of Urban Health (ISUH) and is published bi-monthly by Springer. The Journal addresses health issues such as substance abuse, teenage

and violence from both clinical and policy perspectives, filling a neglected niche in medical and health literature. The new website for the Journal is www.springeronline.com/journal/11524. With Springer, ISUH now offers current members not only a print subscription to the Journal, but also free online access to current and archived issues of the *Journal of Urban Health*, *Journal of Community Health*, and *Journal of Immigrant and Minority Health* via the "members-only" section of resources page of the www.isuh.org website. Members who do not have the login and password should contact ISUH Coordinator, Andrew Quinn, at aquinn@nyam.org for login information. ■

Urbanization and Health in South and Central America

Waleska Caiffa, Federal University of Minas Gerais School of Medicine, Brazil

Urbanization in South and Central America is a serious public health issue given the percentage of growth in urban areas. In 2000, it was estimated that over three-quarters of the population lived in large urban areas; 85% lived in South America and 48% lived in Central America.

In Brazil, although overall population growth has diminished slightly from 2.89% in the 1960s to 1.63% in the 1990s, the proportion of the population living in urban areas increased from 75.6% in 1991 to 81.2% in 2000.

About 10% of the Brazilian population lives in Minas Gerais State, located in southeast Brazil. The capital, Belo Horizonte, is a metropolitan city with 2,238,332 inhabitants living in an area of 335 km². The average population increase during the past decade for Belo Horizonte Metropolitan Area (4,500,000 inhabitants) and the capital was 2.37% which is quite higher than the 1.41% average growth for Minas Gerais State as a whole.

In 2003, researchers from the Federal University of Minas Gerais (UFMG) joined with the Belo Horizonte City Health Department to develop an innovative proposal to examine the increase in urban health problems associated with rapid urbanization.

The Belo Horizonte Urban Health Observatory (BHUHO) uses health surveillance and research as a fundamental strategy to maximize the utilization of health related event (HRE) frequencies and indicators of

health inequalities in order to facilitate implementation and evaluation of health promotion measures and policies.

Briefly, the aims of the BHUHO are to: (1) monitor spatial and time trends of selected HRE; (2) identify areas and clusters of HRE where information is sparse and needed; (3) use and construct summary measures of population health to evaluate public health interventions and programs, as well as health inequalities; and (4) select and monitor the most important urban health problems and events by identifying sentinel events as markers for higher health risks. The BHUHO also provides a teaching and learning environment for undergraduate and graduate students, as well other public health officers interested in urban health.

The BHUHO is an intense collaboration with local health organizations and government authorities to design effective public health policies by gathering, managing, and analyzing local health information, and by conducting survey questionnaires at the community level to create health and illness profiles and at the institutional level to identify the management structure and complexity level of health organizations and make recommendations. It also works with schools to conduct research and develop educational activities to stimulate students in the field of public health to become involved in the work being done by the Observatory.

The BHUHO operates under the

direction of Drs. Fernando Augusto Proietti and Waleska Teixeira Caiiffa, at the Federal University of Minas Gerais, in Belo Horizonte. A consultant board works with the BHUHO to prioritize health issues and identify relevant policy trends and research topics. The board and council also ensure that the findings of the BHUHO's work are made widely available and are used to improve the health status of the city's inhabitants.

The BHUHO has a body of national and international publications and is currently designing and analyzing survey data on health promotion including physical activity, healthy eating habits, quality of life, social vulnerability, and health risks in neighborhoods. They are also collecting valuable information from secondary sources such as official records from public offices and other government publications.

The BHUHO's partnerships include the Firmat Urban Health Observatory in Argentina, and the Center for Urban Epidemiologic Studies at the New York Academy of Medicine. For more information, please contact proietti@medicina.ufmg.br or wcaiiffa@medicina.ufmg.br. ■



OBSERVATÓRIO DE SAÚDE URBANA
DE BELO HORIZONTE
UFMG/SMSAPBH

INFORMATION TECHNOLOGY,
BEHAVIOR AND URBAN HEALTH
INTERNATIONAL CONFERENCE
ON URBAN HEALTH 2007

OCTOBER 31 - NOVEMBER 2, 2007, BALTIMORE, MD

***“Harnessing the power of IT
to achieve behavior change and improve Urban Health”***

2008 ISUH Board Elections – Call for Candidates

Andrew Quinn, New York Academy of Medicine

The ISUH nominations committee, chaired by ISUH Past President Dr. Patricia O'Campo, is calling for candidates for President-elect, Secretary, and one Member-at-Large position on the Executive Board.

The President-elect is responsible to the current President and will carry out the duties assigned by the President. If the President is unable to carry out his or her duties because of illness or any other reason, the President-elect will assume the duties and responsibilities of the President. The President-elect serves for one year, and then one year as President, and then a final year as Past President.

The Secretary is responsible to the President for keeping accurate records of all the group's activities. These records will be kept by the ISUH Coordinator and will be available to the members upon request. The Secretary serves for a two-year period.

A Member-at-Large is responsible to the President and will carry out the responsibilities assigned by the President. A Member-at-Large serves for two years.

All board members are expected to attend scheduled board meetings and represent the interests of the ISUH membership.

Time commitment for the positions will be light, and discussion will take place via phone or email.

Interested candidates must submit a statement outlining their interest in and qualifications for the position to the ISUH coordinator, Andrew Quinn at aquinn@nyam.org by July 31, 2007, to be considered for the ballot. Elections will be held prior to the 6th Annual ICUH scheduled for October 31 - November 2, 2007 in Baltimore, Maryland, USA, and results will be announced at that meeting. You may also find the call posted on the web

at

http://www.isuh.org/Elections/2008/Nominations_2008.html

The ISUH Executive Board is interested in hearing suggestions from membership on future locations and host institutions for the annual International Conference on Urban Health (ICUH). Please contact the ISUH Coordinator with your suggestions. ■



International Society for Urban Health

Notices and Events

1st International Health Conference: Recent Advances in Clinical Medicine, Public Health, and Health Policy

September 20-22, 2007, Athens, Greece.

Organized by the Royal College of Physicians and the London School of Economics and Political Science, this event will address recent medical advances in the areas of clinical medicine, public health, and health policymaking. The conference will also examine recent medical advances in public health and their implications in local and global health policy development. Some of the topics to be covered include health policy and systems, information needs and resources for public health practice, and continuing medical education and professional development. For more information on the conference or to register, visit:

<http://www.erasmus.gr/web/pages.asp?lang=2&page=3675> ■

2nd Oxford Health and Homelessness Conference Agenda for Health Promotion

September 25, 2007, Oxford, United Kingdom.

Organized by the University of Oxford's Department of Continuing Education, this conference is aimed at practitioners, policymakers, and researchers with an interest in the health of the homeless and insecurely housed. Additionally, the conference will offer an opportunity to hear the very latest news on innovative ideas from across the country. Building on the success of last year's event, speakers from policy, research, and front-line will provide a balanced, stimulating, and thought-provoking program. Attendees will have an opportunity to share their own knowledge and experiences with others. For more information on the conference or to register, visit:

<http://www.conted.ox.ac.uk/cpd/events/homeless> ■

West African Health 2007, International Exhibition and Conference

September 5-7, 2007, Lagos, Nigeria.

Sponsored by the Nigerian Medical Association, West African Health 2007 International Exhibition and Conference is the largest gathering of healthcare professionals in the West African sub-region. The theme of this year's event is "Public Private Partnerships," with an emphasis on improving healthcare delivery in West Africa. Lined up are a series of workshops for medical professionals, doctors, and nurses. The event will showcase medical equipment, hospital supplies, diagnostics, pharmaceutical products, accreditation agencies, rescue and emergency equipment, and hospital design and construction. For more information or to register for the conference, contact Dr. Wale Alabi at: conference@westafrican_health.com or drwale@yahoo.com. ■



The International Society for Urban Health

New York Academy of Medicine

1216 Fifth Avenue

New York, NY 10029

T: 212.822.7387 ♦ www.isuh.org ♦ F: 212.876.6220

New Individual Membership Application

LAST NAME FIRST NAME M.I. DEGREE

POSITION/TITLE

ORGANIZATION DEPT.

STREET ADDRESS (please specify: ____ home ____ work)

CITY STATE ZIP CODE COUNTRY

EMAIL PHONE (please specify: ____ home ____ work ____ cell)

Our membership cycle is based on the calendar year. All rates are in USD.

Amount enclosed:

Type of Membership	Annual Dues
Individual	<input type="checkbox"/> \$150
Retired	<input type="checkbox"/> \$100
NYAM Fellow	<input type="checkbox"/> \$100
Full-time Student	<input type="checkbox"/> \$50
Employee of Community-Based Org	<input type="checkbox"/> \$50
Resident of Developing Country	<input type="checkbox"/> \$15

Payment type:

- Check (Please make checks payable to New York Academy of Medicine and enclose check with this form)
- Credit Card: MasterCard Visa Name on card _____
Expiration date _____ Account number _____

How did you learn about ISUH?

- Colleague
- International Conference on Urban Health
- Journal of Urban Health
- Other (please specify: _____)

Please complete and return this form with your payment to:
Andrew Quinn, ISUH Coordinator, New York Academy of Medicine, 1216 5th Ave., New York NY 10029