



ISUH Connections

The Newsletter of the
International Society for Urban Health
Number 9 • March 2007

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

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La Clinica del Barrio

SERVING THE NEEDS OF A NEWLY EMERGING URBAN COMMUNITY IN NEW YORK CITY

Mitchell Rubin, MD, Woodbull Medical Center



New York City's Health and Hospitals Corporation (HHC) serves as the medical safety net for the most ethnically diverse city in the world. Beginning in the 1990s, New Yorkers saw their first glimpse of a new group of individuals, as handfuls of deaf-mute Mexicans peddled trinkets on subway cars. This shameful scheme, luring this susceptible community with empty promises, was curtailed by the enactment of stricter anti-human trafficking laws in 2000. It was not until the end of the decade that New York City experienced the enormous wave of Mexican immigration that our nation, especially bordering states, had known for over a century.

In the winter of 1998, a Mexican mother and her sick baby arrived at an HHC clinic in East Harlem and since then, many others followed. The clinic was unfamiliar with Mexican culture, health care issues, and expectations and hence unprepared to best serve these newest New Yorkers. Lumping this community with the more familiar Puerto Rican and Dominican populations in East Harlem was as wrong and hazardous as it was to consider "Hispanics" uniform.

The New York City Mexican Consulate, our most willing ally and mentor, provided a rich education series for our staff. We learned that

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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.

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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.

La Clinica del Barrio

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nearly all of the Mexican families seen in our clinic came, by word of mouth, from Puebla, a poor, rural region. The Consulate arranged visits for me, in my role as medical director, to Mexican health centers in California, Chicago, and Mexico City.

In California, I visited La Clinica de La Raza, a nationally recognized prototype for Mexican community-responsive primary care. The Director of Women's Services explained that Mexican women, contrary to the myth that religious beliefs prevented planned pregnancies, do commonly practice birth control without their husband's knowledge. Initially impressed that Mexican fathers accompanied their families to our clinic, I learned about Machismo, and the constant threat of domestic violence.

Chicago, more closely resembling New York City, with respect to size, diversity, and pace, has hosted Mexicans for well over fifty years. Their Consult General noted how rapid and disruptive migratory transitions from sparse villages leads to anxiety and depression, and I began to better appreciate and understand this phenomenon in East Harlem.

I continued to connect the dots as I visited Mexico. Although the role of traditional medical beliefs appears to be less common throughout Mexico, such changes have been slow to reach areas such as Puebla. Before accessing clinics or hospitals, various sources are first exhausted, including relatives and neighbors, herbalists, massage therapists, midwives, and traditional folk healers known as curanderos. Pharmacies also play an active role, as medications are loosely regulated and advice is freely given.

The concept and value of preventive medicine, emphasized in the United States, is virtually nonexistent in Mexico, explaining, to a degree, why conditions such as obesity and diabetes are worsening and being addressed at late stages. A radiologist at a cancer center confided that mammography and colonoscopy were used only as diagnostic rather than screening

procedures. As a result, women, as a last resort, showed up with large, painful, breast tumors, usually with metastases and grave outcomes. Sexual roles and sexuality also factored into this disregard for prevention. A 60 year old hospital director wouldn't hear of a prostate exam, "real men don't do this," he noted.

I learned about Mexicans' stoicism, witnessing seemingly endless, yet orderly, lines at a hospital where patients waited for up to 18 hours only to receive a diagnosis. This was further cemented as I visited a chemotherapy ward. A relatively small, open room housing nearly 40 patients, I was struck by an eerie calm. Rather than moans and cries, only quiet resolve was seen as some patients knitted, others read or patiently sat.

Such first hand knowledge and experience was brought back to New York, allowing us to deliver health services that better met the unique needs of this population, and reinforce positive values and lifestyles. With conviction, we encouraged Mexican mothers to continue breast feeding, thus serving as a model for other communities. Using the popular Mexican childhood immunization card became a tool for teaching other family members (and other communities) the importance of disease prevention.

Since the late 1990's, the Mexican population grew faster than any other group in New York City. By 2002, nearly 1/3 of the clinic's patient population was Mexican. In recognition and celebration, the site was rededicated and renamed La Clinica del Barrio. Recognized by the State of New York Legislature as having a "profound impact on the quality of health care and the dignity of life for the citizens living in East Harlem," La Clinica del Barrio continues to exemplify community-responsive health care.

For more information, contact Dr. Mitchell Rubin at mhr28@cornell.edu or visit <http://www.nyc.gov/html/hhc/html/about/about.shtml> ■

The World Health Organization (WHO) Center for Health Development Healthier People in Healthier Environments

Susan Mercado, MD, WHO Center for Health Development

The WHO Center for Health Development, also known as the WHO Kobe Center (WKC), situated in Kobe, Japan, was established by the Executive Board of the WHO in 1995, under a Memorandum of Understanding (MOU) between the WHO and the Kobe Group. The Kobe Group contributes all operating funds of the WKC and is comprised of Hyogo Prefecture, Kobe City, the Kobe Chamber of Commerce and Industry, and Kobe Steel Ltd.

The Center was created to examine issues relating to healthy development, with a particular emphasis on health care delivery and urbanization, delineating the role of health systems in society, and determining the links between population, economy, environment, and health. Recognition was given to the importance of improving scientific knowledge on the interrelatedness of social, cultural, economic, demographic, epidemiologic, and environmental factors and their effects

on health in order to support policy decisions. During its first ten years, the WKC focused on raising awareness and promoting international exchange on issues related to these themes.

In 2004, the WKC Ad hoc Research Advisory Group identified urbanization as a crosscutting driving force as well as the central role that cities and urban municipalities play in relation to modernization and social change. The need to focus on the health and well-being of vulnerable populations such as the poor, the elderly, women and children, was also emphasized. In particular, attention was drawn to health and urban poverty affecting a billion people currently living in informal settlements and slums.

In June 2005, the MOU between the WHO and the Kobe Group was extended for another ten years. The mission is “To nurture, support, and sustain excellence and innovation in public health research on health in

development.” The research program is a collaborative effort that is implemented through an integrated, interdisciplinary, and multisector initiative with field sites in Chile, China, India, Kenya, Japan, and Tunisia. Recently, two additional priority areas of special importance to both the WKC partners and WHO Member States were added: (1) preparing health facilities for disasters in cities; and (2) the effects of urbanization on selected risk factors for non-communicable diseases.

In 2005, the WKC was selected as the hub of the Knowledge Network on Urban Settings (KNUS) of the WHO Commission on the Social Determinants of Health (CSDH). The KNUS is one of nine knowledge networks whose goal is to synthesize global knowledge, identify effective interventions, and build a critical mass of support for a social determinants approach to health. For more information, visit <http://www.who.or.jp/>. ■

Improving the Health of Canadians An Introduction to Health in Urban Places

Elizabeth Gyorfi-Dyke, Director, Canadian Population Health Initiative (CPHI)

Approximately 80% of the Canadian population lives in urban areas. The Canadian Population Health Initiative’s (CPHI) report, *Improving the Health of Canadians: An Introduction to Health in Urban Places*, explores what we do and don’t know about the extent to which social (place) and physical (space) aspects of neighborhoods and housing influence the lives and health of those who live in them.

Released in 2006, the report is the first of its kind to compare health outcomes and behaviors between neighborhoods within five large cities in Canada: Vancouver, Calgary, Toronto, Montréal, and Halifax. Data from the 2001 census were used to group neighborhoods based on their socio-demographic characteristics (income, education, recent immigration, people living alone, and

lone-parent families). Results show that people living in neighborhoods with a higher-than-average median income and percentage of postsecondary graduates were more likely to rate their health as very good or excellent. They were also more likely to be active or moderately active in their leisure time and less apt to smoke.

The report also looked at the latest research on links between health and a key feature of any urban development—housing. In addition to research on the link between health and the social aspects or meaning people attribute to their homes, the report looks at the link between health and housing adequacy, suitability and affordability. Poor physical health outcomes are linked to various biological, chemical and physical housing exposures, as well as

overcrowding.

As urban areas are built by people for people, urban health is a matter of concern for individuals, home builders, urban planners, health service providers, transportation developers, environmentalists, employers, policy makers, and many others.

The Canadian Population Health Initiative (CPHI), a part of the Canadian Institute for Health Information (CIHI), was created in 1999. CPHI’s mission is to foster a better understanding of the factors that affect the health of individuals and communities and to contribute to the development of policies that reduce inequities and improve the health and well-being of Canadians.

For more information on the report or the CPHI or CIHI, contact Elizabeth Gyorfi-Dyke at egyorfi-dyke@cihi.ca ■

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Highlights from the Journal of Urban Health



The November issue of the *Journal of Urban Health* features a special section on Community Based Participatory Research (CBPR). Edited by Sarena Seifer and Sarah Sisco, the section focuses on the challenges, funding difficulties, facilitating factors, and findings of CBPR partnerships in Boston, Chicago, Baltimore, Seattle, New York City, and Detroit. Altogether, these papers reveal the potential of CBPR as a strategy for improving urban health.

In the January issue, several articles

on the effects of green space, the built environment, and ecological interventions on communities and individuals. In a study conducted by researchers at Portland State University, an intervention was designed and implemented that successfully encouraged the community to participate in various urban renewal projects.

An editorial on Jane Jacobs, the pioneering critic of urban planning, reveals her opinions on the loss of social capital, when communities do not participate in the urban renewal affecting their blocks. Articles in this issue also feature research on issues relating to correctional facilities, asthma, cancer, and injection drug users.

In the upcoming March issue, articles will focus on depression and post traumatic stress disorder in the populations affected by Hurricane Katrina, injection drug users, and other significant urban health issues.

The *Journal of Urban Health* is the official journal of the ISUH and is published bi-monthly by Springer. The Journal addresses health issues such as substance abuse, teenage pregnancy, HIV, tuberculosis, 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 of Urban Health*, 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. ■

ISUH Member-At-Large Profiles

In Fall 2006, the ISUH elected a new Executive Board. In this issue of ISUH Connections, we introduce you to the 3 new Members-At-Large.



Dr. Waleska Caiaffa

Dr. Caiaffa's work is focused on infectious diseases, with a particular emphasis on the prevalence of HIV/AIDS among injection drug users. She has extensive experience in the design and analysis of infectious diseases studies, including two multi-centre epidemiological studies of injection drug users in Brazil.

Dr. Caiaffa is an Associate Professor of Epidemiology at the Federal University of Minas Gerais School of Medicine in Belo Horizonte, Brazil, where she graduated with a PhD in parasitology. She received her MPH in International Health from the Johns Hopkins Bloomberg School of Public Health.

Dr. Caiaffa received a scholarship from the Brazilian National Council for Scientific and Technological Development for her research, teaching, and mentoring contributions to the field of epidemiology. As coordinator of the Post Graduate Program in Public Health at the Federal University of Minas Gerais, she has had the opportunity to serve as primary advisor for twenty pre- and post-doctoral fellows.

Dr. Caiaffa is a member of the National Program on Sexually Transmitted Diseases, the Brazilian Ministry of Health, and the Global Research Network on HIV Prevention in Drug Using Populations (GRN) lead by the National Institutes of Health. She is the (co)-founding President of the Observatory on Urban Health located in Belo Horizonte, Brazil. ■

As a statistician and demographer, Dr. Fotso's research focuses on maternal and child health and nutrition in Sub-Saharan Africa



Dr. Jean-Christophe Fotso

poverty and health inequities, and contextual and neighborhood effects on health. He holds a PhD in Demography from the University of Montreal, Canada, and an MSc in Statistics from the University of Paris VI, France.

During the 1990s, Dr. Fotso worked concurrently as a Senior Statistical Analyst at the Cameroon National Employers Association, and a lecturer at the University of Douala in Cameroon.

Currently, Dr. Fotso is an Associate Research Scientist at the African Population and Health Research Center (APHRC), an international research institute headquartered in Nairobi, Kenya. The APHRC is a pan-African center committed to conducting policy relevant research on population and health issues facing sub-Saharan African.

Dr. Fotso is the coordinator of the Regional Urban Health and Poverty Program which seeks to provide evidence on the nature and magnitude of urban inequities in health in Sub-Saharan Africa. He is also involved in a five-year program funded by the Wellcome Trust which examines the urbanization, poverty, and health dynamics in sub-Saharan Africa, and addresses key health consequences of rapid urbanization and poverty during the life stages.

In addition to being involved with the ISUH, Dr. Fotso is also a member of the Population Association of American (PAA), and the Union for African Population Studies (UAPS). ■

Concentrated on the health of disadvantaged urban populations, Dr. Jessica Burke's research adopts an ecological perspective and a



Dr. Jessica Burke

community participatory approach in addressing health promotion. Much of her work has focused on intimate partner violence, HIV/AIDS, and pregnancy outcomes.

Dr. Burke is an Assistant Professor in the Department of Behavioral and Community Health Sciences at the University of Pittsburgh's Graduate School of Public Health. She graduated from New York University with a BA in Cultural Anthropology and went on to complete her MHS and PhD at the Johns Hopkins Bloomberg School of Public Health where she holds an adjunct faculty appointment in the Department of Population and Family Health Sciences. She is also a current Health Disparities Scholar with the National Center on Minority Health and Health Disparities.

Dr. Burke's emerging area of expertise is the utilization of innovative qualitative ethnographic and quantitative social epidemiologic methodologies to explore the context of health and well-being. For example, she and her colleagues pioneered the use of a mixed method approach of concept mapping as a participatory public health research tool. Their work significantly contributed to our understanding of the mechanisms and pathways through which neighborhood context influences health. Dr. Burke recently received funding to conduct pilot work exploring experiences of intimate partner violence among HIV positive persons living in Pittsburgh. ■

The University and Urban Health

Designing Interdisciplinary Approaches to Teaching, Research, and Service

Nicholas Freudenberg, Co-Chair, CUNY Urban Health Collaborative

In May, 2006, faculty, students and researchers from fourteen North American universities and research centers met at Hunter College in New York City to consider interdisciplinary perspectives on urban health teaching, research, and service. Sponsored by the City University of New York's Urban Health Collaborative, the Center for Urban Epidemiological Studies at the New York Academy of Medicine, and the International Society for Urban Health, the meeting provided an opportunity to exchange experiences and chart future directions for the growing interest in urban health within universities in the United States and Canada.

Participants presented lessons they had learned from their experience to date on four panels on research, teaching and curriculum, organization and administration, and students. Several common themes emerged in these discussions. Contributors described the challenge of "framing" urban health broadly enough to engage other disciplines and stakeholders but specifically enough to define a bounded scope of inquiry. Several universities are seeking to create fully interdisciplinary urban health programs but such efforts often face organizational and administrative problems, e.g., getting a fair share of resources or preparing faculty for tenure and promotion.

Each institution was engaged in creating partnerships with community organizations, health departments and other municipal and regional agencies, health care institutions, funders and

other academic units. Negotiating the appropriate horizontal and vertical relationships and balancing the competing demands of various partners proved to be a daunting task. Participants noted that finding new channels and structures to give communities, frontline providers, advocates, and policy makers a voice in the academic world was also difficult, but vitally important for the development of a multilevel, multisector approach to urban health.

Among the recommendations that emerged from the group were proposals to develop multi-city research and intervention projects that would allow investigators from several institutions across the US and Canada to work on common problems and share methodological and substantive findings; creation of a postdoctoral fellowship program in urban health to train a new generation of leaders; and the convening of future discussion to allow urban health faculty and students to share experiences and develop consensus guidelines for urban health curricula, teaching, and research.

Several institutions represented in the meeting announced major expansions of their urban health programs, including Georgia State University, Northeastern University and City University of New York, suggesting that future growth in this area is likely.

At the International Society for Urban Health Scientific Meeting in Amsterdam, Netherlands, in October 2006, organizers of the New York

meeting convened another session at which faculty and researchers from European, African, Latin American, and Asian universities joined the discussion of teaching urban health. This interchange highlighted the importance of contextual factors such as the national organization of higher education and public health, the level of resources available for teaching urban health, and the differing major health problems facing urban populations in developed and developing nations.

ISUH members who want to participate or present at a session on teaching urban health at the Scientific Meeting in Baltimore, Maryland, USA, in October 2007 should e-mail their name, contact information, and a brief description of their interest to Nicholas Freudenberg at nfreuden@hunter.cuny.edu.

Institutions involved in the May meeting were Boston University, City University of New York (Hunter College and Graduate Center); Columbia University, Georgia State University, Johns Hopkins University, Morgan State University, the New York Academy of Medicine, Northeastern University, Portland State University, St. Michael's Hospital (Toronto), University of Illinois (Chicago), University of Michigan (Ann Arbor), and the University of Toronto. The meeting was supported by a Curriculum Development Award on Interdisciplinary Approaches to Urban Health awarded to Hunter College by the National Institute of General Medical Sciences. ■



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Mabushi: A Case for Urban Upgrading?

Victor C. Ugbelase, MD, Flex Med Care Group, Nigeria

Slums are neglected parts of cities where housing and living conditions are appalling. They range from high density, squalid central city tenements to spontaneous squatter settlements without legal recognition or rights.

Well over 60 million urban poor in the underserved areas of Africa's cities live in squalid, unsafe environments where they face multiple threats to their health and security. A typical example is seen in the case of Mabushi, a slum within the city of Abuja, Nigeria.

Sprawled over an estimated 40,000 square meters and set against the premises of the Federal Ministry of Housing and Urban Development, Mabushi lies on the eastern periphery of the Phase I Abuja Municipal area. Mabushi is a typical squatter settlement in that it is built around an informal marketplace and motor park. The settlement has a somewhat seedy reputation as a low-income social hub where drinking and prostitution take place at night after the day's trading and selling are over.

Slums and squatter settlements like Mabushi are growing at alarming rates all over Nigeria. They are products of rural-urban drift, economic migration due to high unemployment rates, failed social development policies, bad governance, dysfunctional land markets, and inappropriate regulation.

The city of Abuja has achieved remarkable strides in its quest to

restore the city's infrastructure to the original development plan. The integrity of sewer lines has been recaptured with the reemergence of lush, green parks. Illegal unauthorized shacks, certain residential houses, shopping malls as well as a number of government buildings have been demolished in this process. It still remains however, a topic for debate on whether proper psychosocial and economic considerations and due process had been given and allowed



respectively in the entire exercise.

Not unexpectedly however, the 'El Rufai Bulldozers' as they have come to be known, have left in their wake a certain new realization and a

maddening sense of apprehension and insecurity amongst the settlers and residents of Abuja. One perhaps accurately deduces that vibrations from the roaring bulldozers may not be very distant from Mabushi.

Upgrading in low-income urban communities provides access to a plethora of basic services that improve the well-being of the community including clean water supply, adequate sewage disposal, built streets, drainages and lighting, clinics, and schools. It also is the start to becoming a recognized citizen.

Successful upgrading always requires a commitment by all, including cities, communities, and families. Documented benefits include improved health indices, secured living environments, significantly enhanced private investments, saved government costs on resettlement schemes, and reductions in crime.

There have been quite a number of successful urban upgrading projects around the world including the Philippines, El Salvador, and India.

A rhetorical question therefore is, "Will Nigeria awake in the new dawn of urban upgrading?" What perhaps lies ahead for Mabushi and the other slums of this great African nation?

For more information, please contact Dr. Victor Ugbelase, Flex Med Care Group at ugbelase@yahoo.com, or +234 8037 043 525 or +234 9 672 7000. ■

International Society for Urban Health

Notices and Events

19th IUHPE World Conference on Health Promotion and Health Education

June 10-15, 2007, Vancouver, British Columbia, Canada.

Sponsored by the International Union for Health Promotion and Education (IUHPE), this event will provide an excellent opportunity to enhance international partnerships and intersectoral collaborations for health promotion. For more information on

the conference or to receive regular updates, visit <http://iuhpeconference.org>. ■

2007 Conference on the Ethics of Health Promotion: Setting an Ethical Agenda for Health Promotion

September 18-20, 2007, Ghent University, Belgium.

This conference attempts to bring together scholars from the fields of

ethics and health promotion to identify and discuss the ethical issues that are at stake within the context of health promotion. Keynote speakers include Norman Daniels, Harvard University (USA), Angus Dawson, Keele University (UK), Nancy Kass, Johns Hopkins University (USA) and many others. For more information, or to register for the conference visit <http://www.healthpromotionethics.eu> ■



The International Society for Urban Health

New York Academy of Medicine

1216 Fifth Avenue

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New Individual Membership Application

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- Colleague Journal of Urban Health
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