



ISUH Connections

The Newsletter of the
International Society for Urban Health
Number 2 • May 2004

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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The Institute on Urban Health Research, Northeastern University

THE 3rd INTERNATIONAL CONFERENCE ON URBAN HEALTH, OCTOBER 20-23, 2004



**ABSTRACT
SUBMISSION
DEADLINE
EXTENDED
TO JUNE 30 !**

A view of the Institute on Urban Health Research and Northeastern University, with the Boston skyline in the background.

The ISUH is looking forward to an exciting event, the 3rd International Conference on Urban Health, which will be held in Boston from October 20 to 23, 2004. This promises to be a truly outstanding meeting that you won't want to miss! A wide array of distinguished experts on urban health will be featured speakers.

The host for this year's conference is the Institute on Urban Health Research at Northeastern University. The Institute was founded in 2001 in

response to serious and largely unmitigated disparities in the level of overall health and health care found in urban populations, particularly those of poor, African-American, and Latino communities. Under the leadership of Dr. Hortensia Amaro, the Institute promotes excellence in interdisciplinary research to improve health in urban communities.

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The International Society of Urban Health

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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 Emily Gibble at egibble@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.

Let The Games Begin:

OLYMPIAN EFFORTS AWAIT THE INTERNATIONAL SOCIETY FOR URBAN HEALTH

Tony DeLucia

The pronouncement “Let the Games Begin” marks the climax of the opening ceremonies of the games of the modern Olympiad, a movement that highlights the value of physical expression and fair competition. In just a few months, athletic competition will begin in the city of Athens under the view of billions of spectators from around the globe. They will have the opportunity to judge how well we mix together socially and culturally to celebrate our collective humanity. A similar challenge faces us as members of the newly created International Society for Urban Health. We must plan our events wisely, train our participants to compete, celebrate our successes, and come back for more...victors all.

A certain sense of virtue pervades this fledgling organization. Growing participation from members coming from different geopolitical and cultural vantages should enhance our efforts immeasurably. Gone should be the days of preoccupation with issues of world domination, as was played out in the Olympics during the Cold War with the medal race between the Soviet Union and the United States. Now, our mutual survival and well-being are at stake, not a few ounces of precious metal and “bragging rights.”

Where cities and megacities have arisen, we must examine their impact on the environment, health, and the social fabric. A vital issue is the influence of the dominant industrial driver of urban centers: petrochemicals. In January 2004, Houston, Texas, hosted the Institute of Medicine’s Roundtable for Environmental Health Sciences, Research, and Medicine (www.iom.edu/project.asp?id=4897).

This regional workshop was convened

in recognition of the fact that “more people are moving to urban environments, and the limits of the cities are continuing to expand. The expansion brings with it a number of problems, including urban sprawl, air pollution, housing, and social issues.” Houston was a fitting site for this meeting, as coincident with the city’s growth and sprawl, its people have been plagued by a number of environmental health issues, including “the nation’s highest ozone concentrations and toxic air pollutants” and a struggle with “water contamination and mold because of its close proximity to a number of rivers.”

The meeting, which looked regionally at the environmental, health, and social impact of the built environment, was co-chaired by Lynn Goldman of Johns Hopkins University and Paul Rogers, former Congressman from Florida and a champion of the U.S. Clean Air Act. Other leaders included Lovell Jones (M.D. Anderson Cancer Center), Carol Henry (American Chemistry Council), and Sam Wilson (National Institute on Environmental Health Sciences). Participants were not there to dissect the perceived failures of a metropolitan area like Houston, but rather to connect the dots on the map of Houston’s future. Dr. Goldman, who grew up in nearby Galveston Bay, emphasized the adverse environmental and health impact of urban and industrial development on the estuary and marine ecosystem. Perhaps future roundtables should focus on mountain, desert, prairie, rainforest, tundra, and other ecosystems as the setting for collisions at the interface

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3rd INTERNATIONAL CONFERENCE

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The conference program will kick off with an opening reception on the evening of Wednesday, October 20th. On Thursday, October 21st, the focus will be on “Priorities in Urban Health: Domestic and International Agendas.” On Friday, October 22nd, the theme will be “Meeting the Challenge: Building Urban Health Infrastruc-

ture.” On each day, morning plenary sessions will be followed by concurrent sessions in the afternoon.

Don't forget to submit your abstracts for presentation at the conference! This year's focus is research on the determinants of health in urban populations. Community-based organizations are especially encouraged to submit abstracts. The deadline for abstract submissions has been extended to June 30, so take full

advantage of this great opportunity to present your work to your colleagues in the field of urban health.

Reduced conference registration fees are available for students and for those who register before June 1. Information on registration and abstract submission are available at: www.iuhr.neu.edu. ■



Northeastern
UNIVERSITY

The Institute on Urban Health Research
Bouvé College of Health Sciences
Northeastern University
Boston, Massachusetts, USA

The Third International Conference on Urban Health

October 20-22, 2004 - Boston, Massachusetts

FEATURED SPEAKERS

Izzeldin Abuelaish, MD, MPH Hortensia Amaro, PhD Anthony Capon, MBBS, PhD Harold D. Cox, MSSW Claudia Diaz Olavarrieta, PhD Paul R. Epstein, MD, MPH Nicholas Freudenberg, DrPH Sam Friedman, PhD Mindy Fullilove, MD	H. Jack Geiger, MD, MSci James Jackson, PhD Nancy Kreiger, PhD Roderick J. Lawrence, PhD Jean Flatley McGuire, PhD Sarah McLafferty, PhD Meredith Minkler, DrPH Deborah Prothrow-Stith, MD David Vlahov, PhD
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For more information please contact: Amanda Smith, Conference Coordinator at am.smith@neu.edu or 617.373.7615. Register online at www.iuhr.neu.edu

LET THE GAMES BEGIN

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between the urban, suburban, and natural worlds.

We need a game plan for our Olympian efforts. The efforts of the International Society for Urban Health need to be tied into a coordinated agenda at the national level. Around the world, our consensus around matters

of health must be heard in the halls of government and wherever rational people discuss our past, present, and future. Rather than adopting the role of mere spectators or fans, we must join this effort through strategic and coordinated engagement in professional and volunteer efforts. The clock is running, and the event is on!

Tony DeLucia is Professor of Surgery at the James H. Quillen College of Medicine at East Tennessee State University and past chair of the American Lung Association. He can be contacted at delucia@mail.etsu.edu. ■

THE STATUS OF URBAN HEALTH IN INDIA: PERCEPTIONS AND CHALLENGES

Vivek Agrawal

Health planning and development in India has traditionally had a rural focus, since this has been where the most poor and underserved population groups lived. A concern for urban health is relatively recent in India, with the Indian Government's National Population Policy (2000) and National Health Policy (2002) providing a framework for an urban health system that is to be operationalized over the next five years.

This shift in focus reflects the fact that the urban growth rate in India has outstripped the rural growth rate. In the last decade, the population grew at an annual rate of 2% in the country as a whole, 3% in urban areas, 4% in mega-cities, and 5% in urban slums. Already there are 27 cities with populations over one million in India. According to UN projections, the urban population of India will exceed that of rural India by the year 2025.

Rapid urbanization and migration have led to a significant increase in the number of slum clusters -- unauthorized colonies within urban agglomerations -- over the past two decades. Current estimates suggest that approximately 30 percent of urban dwellers are poor, and urban poverty accounts for approximately 25 percent of poverty in India. In many Indian states, migrant worker populations comprise more than 10 percent of the total worker population. Invariably, these migrant workers settle in the urban slums, fueling their rapid growth. In many Indian states, 75 percent of the slum population is without any toilet facility, leading to an enormous problem with solid waste disposal.

The supply of potable water is woefully inadequate, which does not bode well for personal hygiene or public health.

This lack of basic sanitation services has resulted in an increase in communicable diseases. Polio cases have been reported in the urban slums of India, and there have also been frequent media reports of viral infection outbreaks. Studies also indicate high prevalence rates of reproductive tract and sexually transmitted infections in urban slum populations, and little knowledge of prevention practices.

Several recent studies demonstrate that the health of the urban poor in India is as bad as, or worse than, that of their rural counterparts. The infant mortality rate is 121 per 1,000 live births among the poorest urban residents, compared to 109 per 1,000 in the poorest rural dwellers and 61 per 1,000 in India overall. Only 16.6% of urban poor children receive complete immunization, as compared to 17.1% of rural poor children. Nearly 81% of births are home deliveries for the urban poor as compared to 93.5% for the rural poor. Urban poor children also perform very poorly in terms of nutritional indicators.

In 1983, the Krishan Committee recommended the development of an urban health care delivery system that would include the opening of health posts and urban family welfare centers. However, despite inputs from the Indian government and other donor-funded programs, the urban health infrastructure in India remains patchy and inadequate. The development of the primary health

care system has been constrained by a lack of funding in many states, and the poor in urban areas experience many barriers to access to public facilities. In this context, it is also crucial to understand how the multiplicity of agencies in urban areas does not allow for a strong mandate. Most of the poor go to the private sector for health services, especially for curative care. A unified model for urban health care delivery for the entire country is impossible to attain, due to enormous variations from state to state.

Looking to the future, major challenges include identifying and mapping the target population. A vulnerability analysis that uses a community-based approach is greatly needed. Development of the health care system and the training of health care providers are important issues. Urban slums have been the site of a proliferating private sector; imaginative strategies are needed to encourage greater engagement of private health care providers. Equally important, issues of urban sanitation have not received the urgent attention they require.

In conclusion, the Indian government's population and health policy goals can be achieved only by addressing issues of urban health care in a concerted manner. Sustainable programmatic interventions for the urban poor will require greater involvement of stakeholders in their management.

Vivek Agrawal is with the Centre for Development Communication in Jaipur, India. He can be reached at cdcindia@hotmail.com.

Profile

DR. JAMES ORBINSKI

Dr. James Orbinski is the most recent past international President (1998-2001) of Médecins sans Frontières (MSF). MSF is the world's largest fully independent medical humanitarian organization, with over 400 projects in more than 80 different countries. In 1999 MSF was awarded the Nobel Peace Prize, and Dr. Orbinski gave the acceptance speech for MSF at the Nobel Ceremony in Oslo, Norway.

Dr. Orbinski received his MD degree from McMaster University in 1990, and held an IDRC research fellowship in 1989 to study pediatric HIV in Sub-Saharan Africa. He worked as an international health consultant for the Canadian Public Health Association in Zambia, and for Street Kids International in Brazil. He completed a Masters degree in international relations at the University of Toronto before becoming international president of MSF.

Dr. Orbinski was a co-founder of MSF Canada in 1990, and its vice president until 1995. He is currently a

board member of the "Stephen Lewis Foundation" and "Dignitas International" – two new NGOs focusing on improving the lives of people suffering from infectious diseases in the developing world. He is also board chair of "WarChild Canada", a Canadian organization committed to improving the lives of children affected by war.

As president of MSF, Dr. Orbinski launched its now globally successful "Access to Essential Medicines Campaign". Since leaving the presidency of MSF, he has focused on working with MSF to create a global not-for-profit research and development initiative that seeks to develop drugs, diagnostics and vaccines for the most neglected diseases of the developing world. This initiative is now operational with three drug development projects underway. Dr. Orbinski believes that access to health care and to essential medicines are critical global health issues today, especially for poor people.

Dr. Orbinski is now Research



Scientist and Associate Professor of Family and Community Medicine and Public Health Sciences, at St. Michael's Hospital and the Centre for International Health at the University of Toronto. He is also a Senior Fellow at both Massey College, and the Munk Centre for International Studies at the University of Toronto. Dr. Orbinski's current work focuses on global health and access to health care, medicines and other health technologies; medical humanitarianism, and global health research and development policy. ■

HIGHLIGHTS FROM THE *JOURNAL OF URBAN HEALTH*



The March 2004 issue of the *Journal of Urban Health* includes two feature sections with articles addressing two issues of particular importance to urban health researchers: Hepatitis C

infection and health promotion among the urban elderly.

Infection with the Hepatitis C virus (HCV) is a public health concern among injection drug using and correctional facility populations. David Vlahov and colleagues examine the importance of preventing drug users from initiating injection behaviors as a means of HCV infection prevention. Liza Solomon and colleagues discuss the prevalence among correctional facility inmates of HCV and of other blood-borne infections that complicate the successful management of HCV.

This journal issue also contains four articles that examine the effects of a health promotion program known

as the Experience Corps. This program places seniors into volunteer positions at public elementary schools, with the intention of meeting the needs of the schools as well as increasing the social, physical, and cognitive activity of the volunteers. The article by Glass et al. describes the design and development of the Experience Corps program, while articles by Fried et al., Rebok et al., and Frick et al. report on various aspects of the program's effectiveness.

The *Journal of Urban Health* is published quarterly, and a subscription to the journal is included with membership in the ISUH. For more information on ISUH membership, see page 7 of this issue of ISUH Connections. ■

DRAFT VERSION OF MISSION, VISION, AND BY-LAWS

The leadership committee for the International Society for Urban Health has developed a document that states the mission, vision, and by-laws of the Society. These are currently in draft form, and are presented here for review and comment. Current plans call for members of the Society to vote to approve the final version of this document at the meeting of the ISUH to be held on Friday, October 22, 2004, during the 3rd International Conference on Urban Health in Boston.

Mission and Vision

The International Society for Urban Health (ISUH) is an association of researchers, scholars, professionals and community members, workers and activists from various disciplines, roles and areas of the world whose work is directly related to the health effects of urban environments and urbanization. Membership in the ISUH is open to anyone who is interested in the health of urban populations. Since the poor are overrepresented among urban

populations and this has critical implications for health, one of the priority areas of the ISUH is to address health of the urban poor and associated social justice issues.

The goal of 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 and to foster training of the next generation who will provide leadership in urban health.

Aims

- to study the effects of urbanization on health and health behavior
- to develop and refine theoretical frameworks for urban health
- to evaluate and help develop programs and policies which decrease urban health risks, promote well-being of people living in urban areas and reduce health disparities between groups
- to facilitate the exchange of interdisciplinary, community and

other perspectives, research methods, and data on the study of health in urban areas

- to promote the translation of new knowledge about urban health into public health and health systems and to introduce urban health knowledge into urban planning practice and related areas of public policy
- to actively engage decision-makers in a dialogue about evidence-based urban health policy, health services, and interventions
- to encourage teaching in urban health and to encourage junior researchers to pursue work in urban health
- to serve as a resource for information about urban health

By-Laws

The proposed by-laws of the ISUH, together with the above mission and vision statement, are appended to this newsletter.

Your comments are welcome and may be sent to Dr. Sandro Galea at: sgalea@nyam.org

NOTICES AND EVENTS

THE URBAN AFFAIRS ASSOCIATION

The Urban Affairs Association (UAA) is an international professional organization for urban scholars, researchers, and public service providers. UAA provides leadership in the field of urban affairs, encourages the dissemination of information about urbanism and urbanization, and supports university-based education, research, and service programs in urban affairs. Based at the University of Delaware, the UAA includes members from colleges and universities around the world. UAA holds an annual meeting each spring and sponsors the *Journal of Urban Affairs*. Further information is available at: www.udel.edu/uaa

HEALTHY WOMEN: A MANDATE FOR AFFORDABLE HEALTH CARE FOR ALL

This symposium, to be held on June 15, 2004 from 4-9 pm at New York University, NYC, aims to encourage women and others to be informed and active in the need for affordable health care for all and to promote that need as a mandate for national US health reform. A panel of experts will speak on the cost of health care and other topics pertinent to women's health throughout the lifespan. Presidential candidates and women Senators have been invited to present their platforms on health. For more information, call 212-998-7546. Register by email at: healthywomen2004@yahoo.com.

2004 NATIONAL HEALTH CARE FOR THE HOMELESS CONFERENCE

This annual conference, which will be held June 17-19, 2004, in New Orleans, Louisiana, is designed for Health Care for the Homeless professionals, including administrative, clinical and support staff, board members and clients. It will also be of value to others who provide health care and support to homeless people, as well as government officials and advocates. For more information, access the conference website at: <http://www.bphc.hrsa.gov/hchirc/conference/default.htm> ■

FELLOWSHIPS AND TRAINING PROGRAMS

Graduate Students

TRAINING PROGRAM ON THE HEALTH OF MARGINALIZED POPULATIONS, INNER CITY HEALTH RESEARCH UNIT, ST. MICHAEL'S HOSPITAL & UNIVERSITY OF TORONTO (TORONTO, CANADA)

The goal of this program is to train a new generation of health researchers to be able to conduct transdisciplinary research that improves the health of marginalized populations. Fellowships are available for graduate students with relevant research interests.

The objectives of this one-year program are to expose young researchers to the methodological approaches, language, and values of different disciplines, to foster genuine transdisciplinary health research teams that include social scientists, health services researchers, health care professionals and policy-makers, and to enhance skills in knowledge transfer and exchange with relevant policy-makers and community organizations.

Contact:

Tania Xerri, xerri@smh.toronto.on.ca or Stephen Hwang, MD, MPH, hwangs@smh.toronto.on.ca

Undergraduate and Graduate Students

THE INSTITUTE ON URBAN HEALTH RESEARCH, NORTHEASTERN UNIVERSITY (BOSTON, MA)

The Institute on Urban Health Research at Northeastern University provides undergraduate and graduate research fellowships on a competitive basis to students enrolled at Northeastern University. The one-year Fellowship on Urban Health Research covers a combination of tuition and/or stipend and provides opportunities for hands-on experience working in the field of urban health research. Fellows participate in ongoing research, learn about the preparation of grant applications, attend seminars, receive mentoring from experienced researchers, and meet local and national experts in the field.

For Further Information:

www.iuhr.neu.edu/learning.html

Contact: Mathea Quiñones
Telephone: 617-373-7621

Undergraduate and Graduate Students, and Medical Professionals

NEW YORK CITY DEPT. OF HEALTH AND MENTAL HYGIENE (NEW YORK, NY)

The Public Health/Preventive Medicine Residency Program trains physicians who will become leaders in preventing disease and promoting health of individuals and populations. Trainees acquire epidemiologic administrative and clinical skills needed to understand and reduce the risks of disease, disability, and death for individuals and groups. The two year program consists of a 35 hour/week practicum and concurrent academic work toward a Master of Public Health (MPH) Degree. Training reimbursement consists of a stipend, medical insurance, and full tuition for the Master's degree.

For Further Information:

www.nyc.gov/html/doh/html/phmrp/phmrp1.html

Contact: Dr. Andrea Lyman
Director, Public Health/Preventive Medicine Residency Program
E-mail: healthrp@health.nyc.gov

MEMBERSHIP IN THE INTERNATIONAL SOCIETY OF URBAN HEALTH

The International Society for Urban Health (ISUH) is an association of researchers, scholars, and professionals from various disciplines and areas of the world who study the health effects of urban environments and urbanization. The goals of the ISUH are to encourage research, interventions, and program evaluations that lead to healthier cities in the twenty-first century. Our aim is to facilitate the exchange of perspectives on the study of diseases in urban areas, to

study the effects of urbanization on health, and to evaluate and help develop programs that promote the well-being of people living in urban areas.

Membership is open to anyone interested in the health of urban populations. The annual membership fee is US\$150 (US\$100 for students). Membership in ISUH includes a valuable subscription to the Journal of Urban Health.

The Journal of Urban Health has a unique focus on the emerging field

of urban health and epidemiology from both clinical and policy perspectives, filling a previously neglected niche in the literature. The Journal, which is published quarterly, addresses health issues such as substance abuse, teenage pregnancy, HIV, tuberculosis, and violence in the context of social and economic determinants of health.

To become a member of ISUH, submit your application online at www.isuh.org, or complete the application form on page 8. ■

