



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

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ISUH Connections

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ICUH 2008 A Great Success!

Nicole Schaefer-McDaniel, Lauren Freedman, and Andrew Quinn



ICUH 2008 Chair Dr. Anita Palepu presented the ISUH Humanitarian Award to Dr. Trevor Hancock for his groundbreaking work in urban health.

The 7th International Conference on Urban Health (ICUH) took place from October 29-31, 2008 at Vancouver's greenest hotel, the Westin Bayshore Resort & Marina. The ICUH 2008 was chaired by Dr. Anita Palepu, Professor of Medicine at the University of British Columbia and past president of the ISUH.

Almost 500 registrants from many nations, including Brazil, India, Iran, Nigeria, and the United Kingdom, met to discuss successful interventions in urban health that are relevant to urban centers around the globe.

Conference organizers received more than 550 abstracts and selected 180 for oral presentation and over 150 for poster presentation. Presentations focused on child and adolescent health, best practices in meeting urban health challenges, community approaches to urban health,

and urban physical and social environments. New this year was a paper track on "Enforcement, Security, and Urban Health" as well as a pre-conference tour to visit innovative health service programs for patients with complex needs in Vancouver including a stop at *Insite*, North America's first legal supervised injection site.

Seven highly renowned plenary speakers (Drs. Jo Ivey Boufford; Alex Chika Ezeh; Trudy Harpham; Jacob Kumaresan; Roderick Lawrence; Julio Montaner; and Anthony Zwi) spoke on the conference theme "Knowledge Integration: Successful Interventions in Urban Health." Next year's conference will focus on "Meeting Urban Health Needs through Innovative Research, Policies, and Interventions" from October 19-23, 2009 in Nairobi, Kenya - we hope to see you there!

New MPH Program in Urban Health

Northeastern University in Boston, Massachusetts has enrolled its first class of 20 graduate students in their new Master of Public Health Program in Urban Health. The program focuses on addressing the most compelling public health problems facing cities today including complex air, water, and food quality management issues; control of infectious diseases; prevention and treatment of chronic diseases; illnesses associated with the built environment; health threats connected to density and poverty including substance abuse, community violence, and the potential of international terrorism; racial and ethnic health disparities; the challenges of effective health education and promotion for diverse populations; and access to timely, appropriate health services.

Central to addressing all of these concerns, but in particular those associated with

racial and ethnic health disparities, is the commitment the program undertakes to build a diverse and activist public health workforce, well-trained in the complex issues associated with disparate health status and health care access.

The program trains public health professionals who are committed to advocacy and evidence-based practice and research and who are motivated by the urgent need to reduce racial, ethnic, and class-based health disparities that currently burden urban populations in the United States and globally.

The curriculum has been designed such that graduates have both the technical expertise to address specific issues as well as the strategic and cultural competency needed to interact effectively with, and be an advocate for diverse urban populations. A unique component of the program is a mentoring system in which

each student will work with a mentor (selected from practicing urban public health professionals) engaged in education, service or research in the student's area of interest. This mentor-mentee relationship is designed to facilitate students/ professional development and complement the support and guidance students receive from the interdisciplinary MPH program faculty.

Graduates from the program enjoy a number of employment opportunities in diverse settings including health agencies, university and colleges, hospitals, community-based organizations, and private foundations.

The program is directed by ISUH member Shan Mohammed, MD, MPH. For more information, visit <http://www.northeastern.edu/bouve/programs/MPH/mpubhealth.html>, or contact Shan Mohammed at s.mohammed@neu.edu.

"The program focuses on the most compelling public health problems facing cities today."

Highlights from the Journal of Urban Health

The July/August 2008 issue of the *Journal* featured a special section on the impact of corporate practices on urban health. The range of issues discussed included: cigarette advertising and smoking attitudes among black women in Cape Town, South Africa; the marketing

of breastfeeding; and alcohol advertisements in public transit and their impact on youth. Other articles focused on neighborhood road environments and physical activity among youth and early onset of obesity among children in New York City.

The September/October

2008 issue included a study that examined the associations between neighborhood economic characteristics, racial composition, residential stability and stress. Another study examined the relationship between residential transience and depression.



Corporations and Health Watch Tracks Industry Influences on Health

Nicholas Freudenberg, Hunter College, The City University of New York (CUNY)

At the start of the twenty-first century, 51 of the 100 largest economies in the world were corporations and the combined sales of the world's top 200 corporations were larger than the combined economies of all countries except the biggest 10. Today, corporations influence every aspect of human experience, from diet, air pollution, work, and health care to personal identity, life style, sexuality, and governance. Decisions that the executives of large multinational corporations make about production, marketing, and investment may now have greater influence on patterns of health and disease than the actions of public health officials. Since cities house the most dense populations and concentrations of media, corporations target urban populations for their advertising and retail distribution, making the city/corporation nexus worthy of scrutiny by urban health professionals and researchers.

While many researchers and advocates have focused on the health impact of a specific industry such as tobacco, food or firearms, few have regarded corporate practices themselves as a modifiable social determinant of health. To address this gap, researchers have created "Corporations and

Health Watch", a project that monitors the health impact of corporate practices. Its website, <http://www.corporationsandhealthwatch.org>, provides health and consumer advocates, researchers, and public health officials with information, case studies, interviews, and other resources on the health impact of the practices of the automobile, alcohol, firearms, food and beverage, pharmaceutical, and tobacco industries, and on advocacy campaigns that seek to change health damaging corporate practices. Industry practices that influence human health include product design (e.g., advertising, product promotion), marketing, retail distribution, and pricing

According to Nicholas Freudenberg, founder and director of "Corporations and Health Watch", and Distinguished Professor of Public Health at Hunter College, "the products of these industries have a significant impact on morbidity and mortality both in the United States and around the world. By creating a place where scientists, activists, and public health professionals can exchange information, share resources, and analyze lessons from advocacy campaigns, we hope to contribute to an evidence base for public health practice that

seeks to change corporate practices as well as individual behavior."

In May 2008, the Journal of Urban Health included a special section on Corporate Practices and Urban Health, edited by Sandro Galea, MD, DrPH, Associate Professor of Epidemiology at the University of Michigan-Ann Arbor and Freudenberg. The section included commentaries and case studies on the influence of tobacco advertising on urbanizing women in South Africa, a campaign to remove alcohol ads from the San Francisco Bay Area rapid transit system, and the development of policies to reduce the influence of infant formula companies in New York City health care institutions. According to Galea, "modern public health was founded in part to document and reduce the harmful impact of industrialization on the health of urban populations and now we need to bring this approach into the 21st century."

International Society for Urban Health members are encouraged to visit the "Corporations and Health Watch" website and submit materials for consideration for posting to response@corporationsandhealthwatch.org. For more information, contact Nicholas Freudenberg at nfreuden@hunter.cuny.edu

"Corporate products and practices have a significant impact on morbidity and mortality."

Urban Service Track at the University of Connecticut

Andrea Fuhrel-Forbis, Petra Clark-Dufner, Devra K. Dang, Ruth Goldblatt, E. Carol Polifroni, Bruce E. Gould, University of Connecticut

The Urban Service Track is an interdisciplinary initiative involving the University of Connecticut's schools of medicine, dental medicine, pharmacy, and nursing. Designed to address the growing shortage of health care professionals in urban areas by integrating interprofessional training with a service learning component, students accepted to the Urban Service Track are provided with curricular and experiential learning opportunities involving both the classroom and the clinic.

This 2-year program targets 11 areas of competency identified by clinical and academic professionals as vital to providing complete care to urban underserved populations. These competencies include knowledge of cultural and linguistic differences, health policy, population health, patient advocacy, health care finance and management, the ability to address multiple constituencies, interprofessional teamwork and leadership, professional and ethical conduct, community resources, and quality improvement tactics including translating research to practice. Urban Health Scholars are expected to develop and demonstrate competency in each of these 11 competencies.

The Urban Service Track was initiated in Fall 2007

and 24 Urban Health Scholars were enrolled in the program, including 6 medical students, 2 medical residents, 4 dental medicine students, 5 pharmacy students, and 3 undergraduate and 4 graduate nursing students.

A primary challenge of the program has been coordination of scheduled learning retreats among the different academic programs and campuses. Students in the medicine and dental medicine programs are located at the health center campus, while students in the pharmacy and nursing programs are located 40 miles east at the University's main campus; clinical experiences take place in various locations around the state of Connecticut.

Additionally, it has proved difficult to avoid conflict among the varying schedules of the 4 programs when planning learning retreats. Many nursing students are also working in hospitals and clinics, and it is complicated planning around exams and study sessions for all programs. The medical residents' schedules are exceptionally busy and attending learning retreats and specialized clinic experiences is difficult.

Another challenge faced by the program involves integrating knowledge from

the 4 disciplines in a manner appropriate for all students. Not only are students coming from different academic programs, but they have differing levels of training within their disciplines. Although the undergraduate nursing students tend to be the youngest of the group, some of them may have more clinical experience than the medical students due to the course of their respective programs. Graduate nursing students in the program have more clinical experience than most of the other students.

Feedback from the students during the first year of the Urban Service Track indicates that the majority of students feel the program provided valuable content and experiences, particularly in the area of direct exposure to and contact with members of the other health care professions.

Future directions of the program include adding a structured mentorship program whereby the 24 second year Urban Health Scholars will mentor the 30 first year Urban Health Scholars.

For more information about the program, contact Petra Clark-Dufner at clark-dufner@uchc.edu or visit http://publichealth.uconn.edu/aboutus_ust.php.

"The program is designed to produce a cadre of well qualified health care professionals committed to serving Connecticut's underserved populations."

Rapid Urbanization Poses Major Challenges in Africa

Rose Oronje, African Population & Health Research Center (APHRC)

The number of people living in cities in developing countries is growing at an unprecedented rate. According to a United Nations Population Fund (UNFPA) report published last year, 2008 marks the year when half of the world's population is expected to live in urban areas.

In Africa and Asia, the urban population is expected to double between 2000 and 2030. In Kenya, rapid urbanization is creating new forms of poverty. The UN Human Settlements Programme (UN-Habitat) estimates that more than half of Nairobi residents are living in slums, where unemployment is high, livelihoods are unreliable, and basic amenities such as running water and proper sanitation are lacking. These conditions are contributing to high infant morbidity and mortality rates. For example, out of every 1,000 live births in the slum areas, 91 will die before their first birthday, compared to 67 in Nairobi and 79 in rural areas.

While rural to urban migration has been seen as the main driver of rapid urbanization in developing countries, the UNFPA report says this accounts for only 40% of the urban population growth, and that natural increase, which is the difference between birth and death rates, accounts for

60% of the increase.

Dr. Alex Ezeh, executive director of the African Population & Health Research Center (APHRC), explains that the natural increase is largely a result of impoverished women, who wish to stop or delay child birth, not being able to access contraceptives.

Ezeh notes that across sub-Saharan Africa, the urban poor are about twice as likely as other residents to be unable to access family planning services. "Large populations of impoverished urban women who either do not want any more children or want to delay their next birth for at least two years, are at risk of getting pregnant because they are not using any method of family planning. On average, impoverished women in Kenya have two or more children than they actually desire to have."

The experience of Jane (not her real name), a 37-year old mother of seven living in Korogocho slum, attests to this. Jane is unemployed and lives with her husband, a casual worker. Jane and her husband only wanted to have four children. After delivering her fourth child, she decided to try Depo-Provera, a hormonal contraceptive birth control drug which is injected every 3 months. After the injection, Jane's monthly

period lasted 3 months. Because of this, Jane stopped using this method and got pregnant. After their fifth child, she opted for the pill, which she purchased from a local pharmacist. This method gave her severe side effects including nausea, weakness, and fever. As a result, she decided to stop using the pill and gave birth to 2 more children. Although her last born child is 6 months old, Jane has yet to start using an alternate method of birth control.

According to Ezeh, this situation presents an opportunity for governments to assist impoverished people in urban areas with family planning. He illustrates this with the Kenyan situation, where with a population of 40 million and a birth rate of 40 per 1,000, a total of about 260,000 unwanted births could be averted each year by helping people stop childbearing once they reach their desired family size.

Innovative strategies are needed to reduce the major factor driving urban population growth, which is natural increase. Such strategies will be successful if they focus on reducing poverty levels, promoting gender equality and women's rights, and improving access to reproductive health services. For more information, visit <http://www.aphrc.org>.

"On average, impoverished women in sub-Saharan Africa have two or more children than they actually desire to have."



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ISUH Connections

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

ISUH Connections welcomes submissions of brief articles relevant to the field of urban health (maximum 500 words) for consideration. Notices of events, funding opportunities, positions available or sought and other announcements are also welcome. While ISUH Connections appreciates all submissions, we reserve the right to edit content for accuracy, grammar and space. Please submit materials to Andrew Quinn at aquinn@nyam.org or Evie Gogosis at gogosis@smh.toronto.on.ca.

Notices and Events

Unite for Sight 6th Annual Global Health and Development Conference, New Haven, Connecticut, April 18-19, 2009

Join over 2,500 conference participants from more than 60 countries for a stimulating international conference. The conference will challenge students, professionals, educators, doctors, scientists, lawyers, universities, corporations, and nonprofits to develop innovative solutions to achieve global goals. The keynote speaker for this year's event is Dr. Jeffrey Sachs. For more information or to register, visit <http://www.uniteforsight.org/conference>

Global Health Council 36th International Conference on Global Health, Washington, DC, May 26-30, 2009

This year's conference will highlight the ways in which technologies in combination with best practices and evidence-based policies can improve global health. The conference will showcase new technologies for improving the health of people around the world, including computer-based technology, pharmaceuticals, medical devices, and many more. For more information, visit http://www.globalhealth.org/conference_2009

5th International Conference on the Impact of Environmental Factors on Health, New Forest, UK, September 21-23, 2009

Health problems related to the environment have become a major source of concern all over the world. This conference will provide a forum for the dissemination and exchange of information on the diverse aspects of the impact of environmental factors on health across different disciplines. Registration and abstract submission is now open. For more information or to register, visit <http://www2.wessex.ac.uk/09-conferences/environmental-health-risk-2009.html>