

Canadian Public Health Association
93rd Annual Conference

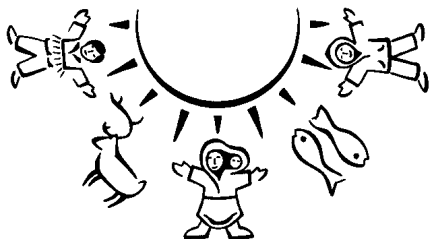


93^e conférence annuelle de l'Association
canadienne de santé publique

Our Environment, Our Health Notre environnement, notre santé

Abstracts ~ Résumés

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Conference Themes

For those with a long enough memory, you will do a double take on our conference theme thinking it is suspiciously similar to the one from our last conference ten years ago. It is, in fact, identical and with good reason.

Our area of the world continues to be challenged by broad issues of environment and its relationship to our health. We believe that while details may vary with local/regional geography, all peoples are challenged in a similar fashion. It is time and the opportunity to refocus on this ongoing challenge.

The sub-themes chosen to refine this general focus are:



Healthy Beginnings – at the core of public health is the struggle to get things right from the beginning and avoid the costs in human suffering and additional resources involved in correcting the problem.



Globalization – let us put the human face/reality check on this popular buzzword in the context of our environment and health.



Linking Environment and Health – too often we draw artificial boundaries between these, which can and does lead to confusion and competition. Let us bring a renewed understanding to the inter-relationships between these areas at the broadest level possible.



Evolution of Health Governance – progress in public health has been challenged by the political and societal forces that are, we suspect, driven chiefly by need for effective resource allocation relative to services. Governments continue to struggle for the magic formula in government systems. This is an opportunity for public health to, if not show the clear path to enlightenment, at least shine a bright light on it.

Each of these areas will provide an opportunity to share the evidence for best practice by critically looking at the challenges and successes in research, community action and policy development.

Thèmes de la conférence

À ceux d'entre vous qui ont une bonne mémoire, le programme de la conférence de cette année rappellera étrangement notre programme d'il y a dix ans. De fait, ils sont identiques, et avec raison.

Notre coin du monde est encore menacé par les grands problèmes écologiques et leurs répercussions sur la santé. La nature de cette menace peut changer selon la région ou la localité, mais nous croyons que tous les habitants de la Terre ont un défi semblable à relever. Le moment est venu de nous concentrer à nouveau sur ce défi toujours présent.

Pour illustrer notre propos, nous avons choisi les thèmes secondaires suivants :



Naître et grandir en santé – la santé publique s'efforce avant tout de donner un bon départ aux gens dans la vie, évitant ainsi les coûts humains et financiers qu'il faudrait engager pour corriger la situation par la suite.



La mondialisation – confrontons la réalité et donnons un visage humain à ce mot à la mode; situons-le par rapport à notre environnement et notre santé.



Le lien environnement-santé – trop souvent, nous traçons des frontières artificielles entre ces deux domaines, ce qui porte à confusion et engendre des rivalités mal venues. Jetons un nouveau regard, le plus général possible, sur l'interdépendance entre la santé et l'environnement.



Évolution de l'administration de la santé – les progrès réalisés en santé publique sont menacés par des forces politiques et sociales qui, nous le craignons, ne visent qu'à assurer une répartition efficace des ressources en fonction des services. Les gouvernements tentent encore de trouver la formule magique qui règlera leurs systèmes. Voici donc une occasion pour la santé publique d'éclairer la voie à suivre, à défaut de la faire accepter à l'unanimité.

Chacun de ces thèmes nous donnera l'occasion de partager les résultats de pratiques exemplaires en jetant un regard critique sur les défis et les réussites de la recherche, de l'action communautaire et de l'élaboration des politiques.

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Oral Presentation
Healthy Beginnings
Monday, July 8
10:30-12:00

Présentation orale
Naître et grandir en santé
Lundi 8 juillet

Oral Presentation
Industrial Toxins
Monday, July 8
10:30-12:00

Présentation orale
Toxines industrielles
Lundi 8 juillet

A Chart Audit of Middlesex-London Family Physician's Documentation of Developmental Milestones at the 18-month Well-baby Visit

Judy Sutton, Bernadette Stringer, The University of Western Ontario, London

BACKGROUND: If developmental problems are not detected in the early years, school failure and adjustment difficulties result. Yet developmental screening in family physician's offices is controversial. In 1993 the Canadian Task Force on the Periodic Health Examination found insufficient evidence to recommend the inclusion in routine well-baby visits. Current validated instruments still find 15-30% of screened children give false-positive results. Yet the Ontario Ministry of Health and Long-Term Care (MOHLTC) is proposing mandatory use of an un-validated tool for 18-month developmental screening.

METHODS: An audit of 18-24 month old children's charts from a convenience sample of family physician practices in Middlesex-London was completed in November 2001. Data on the type and number of developmental indicators, deficits detected and referrals made is being analyzed.

RESULTS: It appears that a majority of family physicians are currently documenting on 3 or more developmental areas (fine motor, receptive and expressive language) and referring appropriately when deficits are detected.

DISCUSSION: Data from this audit will be used to assess whether the Ministry's proposed instrument can be expected to improve recognition of developmental problems. To date, this is equivocal.

Reproductive and Psychosocial Health Impacts of the Tar Ponds/Coke Ovens Site in Sydney, Nova Scotia

Tara Burra, Susan J. Elliott, John D. Eyles, Pavlos S. Kanaroglou, Henry Muggah, Bruce Wainman, McMaster Institute of Environment and Health, Hamilton, Helen Mersereau, University College of Cape Breton, Sydney

The Tar Ponds/Coke Ovens site in Sydney, Nova Scotia contains approximately 700,000 tonnes of toxic waste, including polycyclic aromatic hydrocarbons (PAHs), volatile organochlorines and various heavy metals, produced by the local steel industry over the past century. Members of the Sydney community have expressed concerns about the possible impact of these toxins on their reproductive and psychosocial health. In response to these concerns, a multi-phase, mixed methods health study to investigate the reproductive and psychosocial impacts of exposure to the contaminants from the Tar Ponds/Coke Ovens site on Sydney residents has been initiated. A quantitative survey was administered in September 2001 to a random sample of women (N = 500, stratified by area of residence) in the Cape Breton Regional Municipality. The survey documented intra-urban variations in adverse reproductive outcomes, psychosocial health, and perceptions of the health risks of living in proximity to the site. This presentation will examine environmenta-health relationships with respect to the determinants (e.g., proxies for exposure to environmental contaminants, socioeconomic status, lifestyle, and self-reported medical history) of adverse outcomes in this population. The implications of these results for the targeted implementation of environmental health public education programs will also be addressed.

**Oral Presentation
Industrial Toxins
Monday, July 8
10:30-12:00**

**Présentation orale
Toxines industrielles
Lundi 8 juillet**

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Residential Proximity to Petroleum Factory and Bladder Cancer Risk in Five Canadian Provinces

Anne-Marie Ugnat, [Wei Luo](#), Robert Semenciw, Health Canada, Ottawa

The purpose of this study is to assess the risk of developing bladder cancer from living near petroleum industrial facilities. This is a population-based case-control study with a special feature of restriction to female population to minimize the confounding effect of occupational risk factors. The patient and control records were retrieved from the National Enhanced Cancer Surveillance database. The environment pollution exposure index was calculated involving individuals' residential history and the Environmental Quality database. Data from five Canadian provinces (British Columbia, Alberta, Saskatchewan, Manitoba and Nova Scotia) were included in the study. The environmental exposure was defined in three levels; 1. High exposure: individuals who lived inside 2.5 km from a petroleum factory for 10 years or more; 2. Moderate exposure: Individuals who lived inside 2.5 km from a petroleum factory for less than 10 years; and 3. Low exposure: individuals who never lived inside 10 km distance from a petroleum factory. Risk estimation was adjusted for province, age, smoking, education, coffee and tea consumption. Compared to low exposure group, we found a statistically significant increase in the risk of developing bladder cancer (OR=2.34, 95%CI 1.17-4.68) among high exposure group and had a slight, non-significant excess bladder cancer risk (OR=1.41, 95%CI 0.85-2.36) among moderate exposure group. These preliminary findings raise the possibility that general environmental exposure associated with certain industrial activities may elevate the risk of developing bladder cancer.

Blood Lead Survey of Children Living on a Former Oil Refinery Tank Farm

[Brent Friesen](#), Tim Lambert, George Cembrowski, Calgary Health Region, Calgary

In June 2001 a blood lead survey of children seven years and under was carried out in response to public concerns about exposure to lead contamination in their neighbourhood. The residential area had been developed on a former oil refinery tank. A recent environment assessment had revealed lead and hydrocarbon contamination of the superficial soils. Issues that arose interpreting the results of the blood lead study included the potential effect of seasonality on blood lead levels as well as the delay between implementation of measures to reduce further exposure and the collection of blood lead levels. The lack of appropriate recent Canadian data on blood lead levels in children further complicated interpretation of the results. The need for Canadian data similar to that collected in the US will be discussed.

Poster #3
Tuesday, July 9
09:00-17:00

Affiche N° 3
Mardi 9 juillet

Reducing the Idling of Motor Vehicles in Waterloo Region—The Results of a Public Survey

Jennifer Yessis, Smaller World Communications, Richmond Hill, Jean Andrey, Laura Johnson, University of Waterloo, Waterloo

An intercept survey of residents in Waterloo Region was conducted to provide input to the local Citizens' Advisory Committee on Air Quality. The poster will describe the survey results as they relate to three themes: residents' knowledge, attitudes and idling behaviour.

Overall, 1059 adults participated in the survey. The sample includes a broad cross-section of residents aged 18 to 80 (and over) with a gender split that mirrors the population at large (51% females and 49% males). A key study objective was to obtain public input on the potential effectiveness and acceptability of different anti-idling strategies. Respondents considered five different strategies. Two involved fines (\$100 and \$20), two involved signage (signs in visible location such as parking lots, and stickers for inside the car) and the fifth strategy was a public education campaign. The most effective strategies and those with the highest levels of support as judged by survey participants will be identified. The poster ends with a discussion of the value of these results in designing anti-idling strategies.

Poster #4
Tuesday, July 9
09:00-17:00

Affiche N° 4
Mardi 9 juillet

Web-based Nutrition Courses for First Nations and Inuit Communities

Mary Trifonopoulos.¹, Jeff Martin¹, Sue Hamilton¹, Aileen Collier¹, Natalie Kishchuk¹, Elsie De Roose², Timothy A. Johns,¹ Harriet V. Kuhnlein, (¹Centre for Indigenous Peoples' Nutrition and Environment (CINE), McGill University; ²Department of Health and Social Services, Government of the Northwest Territories (GNWT))

There is an increasing need for many workers in northern Indigenous communities to upgrade or acquire skills and knowledge in the areas of nutrition, environment and health. Barriers to health-related field workers attending workshops and face-to-face courses include the high cost of travel and the difficulty spending time away from home. The emergence of the Internet over the last several years has created an opportunity to respond to this need by providing quality training through online courses that are flexible, learner-centred, and adapted to the needs (e.g. culture, language, literacy) of target learners. Within this context, CINE collaborated with the Department of Health and Social Services of the GNWT, to develop, deliver and evaluate online training for NWT Canada's Prenatal Nutrition Program – First Nations and Inuit Component – Project Workers. A steering committee representing Aboriginal organizations, regional nutritionists, as well as CINE and GNWT, assisted in all phases of the project. Key components of the online course, *Traditional Food and Nutrition for Northern Aboriginal Women*, included presentation of nutrition information through story-telling, online quizzes, and asynchronous (time-independent) online discussions in an area of the web site called the "Meeting Room". There were both formative and summative evaluations completed, which included consulting the target audience during course development, as well as at the end of the course. In spite of challenges such as unreliable computer and Internet access, participants in the online course found it was a very positive learning experience. More knowledge of what is involved in developing effective online training for NWT CPNP workers has resulted, especially with regards to ensuring workers have the incentive, motivation, and support they need to participate successfully. The online course provides a model that can guide the development and delivery of future courses related to nutrition and health for First Nations and Inuit groups across Canada.

