Canadian Public Health Association · Association canadienne de santé publique

DAY 3

The DAILY

Mapping the Future of Public Health

Canadian Institute for Health Information · Institut canadien d'information sur la santé

Government of Canada · Gouvernement du Canada

Freewheeling discussion is designed to challenge us

With public health at an historic turning point, this morning's question-and-answer forum will give participants a chance to explore the strengths and weaknesses of current public health research and practice in Canada.

"I think setting up forums where we reflect and question ourselves is really smart," said panellist Dr. Penny Hawe, Markin Chair in Health and Society at the University of Calgary. "If 90% of what we cover at conferences is figured out beforehand, then we're not incorporating what we're observing and learning from each other every day."

"Many of us come from disciplines where we expect a high degree of certainty," Dr. Hawe said. "We want everything explained before we jump in. But the science and practice of public health is about how to advance when things are still contested and there's still some uncertainty about what to do."

While there will always be debates over the ideal course of action, she added, "my sense is that inaction is the greatest harm."

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Decter highlights the power of statistics

From low birth weight babies to hospital wait times, positive changes in health policy and practice are reinforced by solid, trusted statistics, said Michael Decter, Chair of the Health Council of Canada.

In the data user plenary Tuesday morning, Mr. Decter credited Statistics Canada with highlighting a life expectancy gap of nearly 10 years between Aboriginal and non-Aboriginal populations that is "both startling and saddening for the nation." Although both groups are now living longer, "the gap has been stubborn and persistent, and it will not be solved by more health services. It will be solved by education, by employment, by things that reduce poverty in those communities."

Mr. Decter recalled a study of low birth weight babies in Winnipeg, conducted by the Manitoba Centre for Health Policy, that correlated the incidence of low birth weight with neighbourhood incomes.

"You could get at that issue because you could link the census data," he said. "You knew which neighbourhoods had certain social and economic characteristics. So instead of engaging in a broad advertising program to expectant mothers, there was an ability to target. That's exactly what the Winnipeg Regional Health Authority did," with the result that the gradient between neighbourhoods was levelled.

"It was a remarkable achievement that could only have been managed with really high-quality, detailed data, because the program had to be very targeted and focused where the problem was."

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Painting a picture of health: *It's more than just a weather map – Hon. Carolyn Bennett, Minister of State for Public Health, cuts the ribbon to officially inaugurate the Public Health Agency of Canada's new Public Health Map Generator. David Lewis of the Agency's Centre for Surveillance Coordination gave a short technology demonstration before the afternoon plenary Tuesday.*

Daily newsletter of the 96th Annual Conference of the Canadian Public Health Association · September 18-21, 2005 · Ottawa

Brought to you by the Canadian Public Health Association in partnership with the Canadian Institute for Health Information (Canadian Population Health Initiative), the Canadian Institutes of Health Research (Institute of Population and Public Health), the Public Health Agency of Canada, and in association with Statistics Canada's Health Statistics Data User's Conference 2005.

In conversation with… Dr. David McCoy

Dr. David McCoy was one of the two managing editors of the Global Health Watch. He appeared at the Public Forum, September 19.

Q: What factors led to the formation of Global Health Watch?

A: There was a great deal of concern that the WHO had lost its way. It seemed to have forgotten the principles and rationale behind primary health care, and was unduly influenced by an inappropriate closeness to the corporate, for-profit sector. We saw an alternative world health report as an opportunity to throw down the gauntlet to WHO to respond to concerns expressed by many health workers in developing countries, and to re-establish itself as the 'health conscience' of the world.

It was also conceived as a 'report about the people who usually write the reports'. In that sense, it's less a report about the state of health, and more a report about what is being done about health, or not. Although there have been positive changes with WHO, the principle of critiquing its performance as a 'critical friend' remains valid.

Q: How would you characterize the relationship between public health and civil society?

A: We all have multiple identities. Health professionals have an identity that allies them to their own organizations, but we are also all members of civil society. We are seeking to strengthen that second identity.

It's impossible to characterize the public health community as a single, homogenous group. But perhaps one could say that the general conception of public health is too narrow, too focused on interventions to modify individual behaviour and the proximal determinants of health. What is missing from public health is a clearer vision of its role in influencing the nature and distribution of political and economic power and engaging with public policy, for example, challenging the lack of an evidence base behind neo-liberal policy reforms.

Q: The People's Health Charter places equity, sustainability, and peace at the heart of its vision for a better world. How do we get from here to there?

A: There are no magic, silver bullets. But public health professionals, and the health community as a whole, are well placed to take the lead in addressing some of these factors. For example, the work by some health-related NGOs to document the civilian casualties of the Iraq war will not create peace, but it can help shape the future direction of conflict.

Q: What can public health practitioners in Canada and North America learn from experience at the international level?

A: They have a particularly important role because of their responsibilities as citizens of the United States and Canada. A major battle to be fought in the war against poverty and AIDS is in the corridors of power of Washington, and for the minds of the American people.

Public health by the numbers

How we live and die

Number of Canadians who experienced food insecurity, 2000-2001: 3.7 million

- Approximate percentage of population: 15
- Approximate percentage of poorer households: 40

Firearm deaths in Canada, 2002: 816

- Among men: 767

Rate of male firearm deaths per 100,000 population in Canada, 2002: 4.9

- In 1979: 10.6

Approximate percentage of firearm deaths that are suicides: 80

Firearm homicides per 100,000 population, in Canada, 2000: 0.5

- In the United States: 3.8

Percentage of Canadians 12 and older who used alternative health providers, 2003: 20

- In 1994-1995: 15

Percentage who consulted chiropractors: 11

- Who consulted massage therapists: 8
- Who consulted acupuncturists: 2
- Who consulted naturopaths or homeopaths: 2

Source: Statistics Canada, www.statcan.gc.ca

The Daily is the official newsletter of the 96th Annual Conference of the Canadian Public Health Association (CPHA), September 18-21, 2005, taking place in Ottawa. Views expressed are those of the individuals and organizations cited.

Editor in Chief: Judy Redpath, CPHA

Editorial and Production: InfoLink: The Conference Publishers, www.infolink.ca

Panel brings place-based lens to health

In Montreal, researchers have identified a 12-year gap in life expectancy in neighbourhoods separated by just a few kilometres, said Dr. Nancy Ross of McGill University. She explained that a three to four per cent variation in health status (based on the health utilities index) is attributable to neighbourhood.

Researchers did not find evidence for "deprivation amplification" (poorer outcomes specifically for the lowest-income people living in low-income neighbourhoods) around health as an outcome—although this was a factor affecting smoking as an outcome. However, interestingly, they found evidence for a "healthy immigrant neighbourhood effect": an amplification of health for both immigrants and non-immigrants living in certain neighbourhoods featuring high populations of immigrants.

Discussing the policy implications of these findings, Dr. Ross said that one important policy direction is to maintain reasonably similar urban infrastructure across neighbourhoods through fiscal equalization schemes.

Looking at rural environments, Dr. Judy Guernsey of Dalhousie University cited *Understanding Health and Its Determinants,* a report due out this fall, which shows a significant increased risk in standardized mortality ratios in the more rural regions of Canada. At the same time, she warned against generalization, noting that vital statistics data for BC show areas of significantly higher mortality adjacent to those with significantly lower mortality.

The rural population health landscape is different from the urban environment, and features characteristics such as declining primary-resource reliant economies, changing demographics, and unmonitored physical concerns such as long-range transport air pollution. Urban-based population health strategies may not work in rural Canada, said Dr. Guernsey, so more research is needed to explore health issues in rural, remote, and northern communities.

Discussing the role of the community in rural health research, Dr. Madine VanderPlaat of Saint Mary's University emphasized that people have the right and duty to participate individually and collectively in the planning and implementation of their health care, and that such participation is vital to their health.

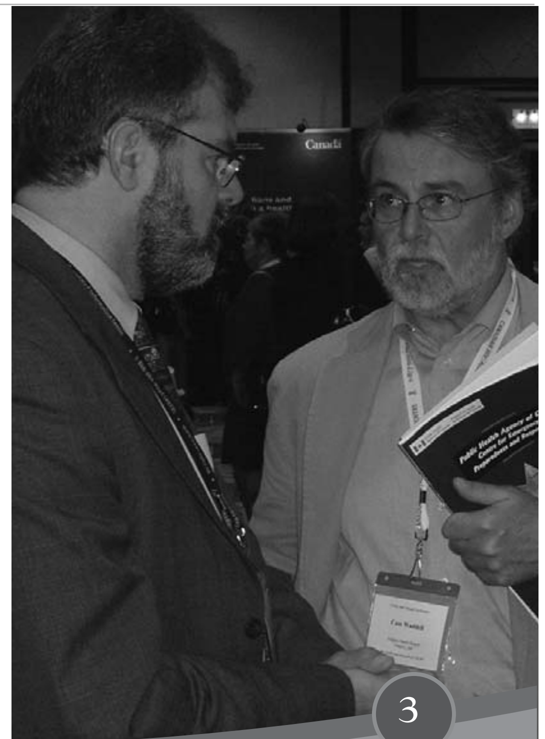
She outlined some features and challenges of participatory research, which features four key elements: community participation, research, education, and action. It demands a different approach, where the researcher must also play the role of social activist, and where the relationship between researcher and community is characterized by mutual empowerment and reflexivity (awareness of the effects of one's research).

Mapping the Future of CPHA

CPHA has been working over the past 18 months to revitalize the association on a number of different fronts which include a major governance review and the development of a business plan to take us into the future. The new way of governing the association takes into account the importance today of operating in a global, pan-Canadian, regional and local context.

Yesterday's Annual General Meeting was attended by 89 members who gave strong support in a vote for the Board of Directors' new governance structure as reflected in the new bylaws. Important feedback was also received from members, which will guide and shape the transition process and final policies of the new board structure.

On behalf of CPHA's current Board members, CPHA President Sheilah Sommer thanks all CPHA members for their input and requests their continued involvement. Ms. Sommer also encourages all who believe in the vision of CPHA and who would like to be a part of our future to join us and become a member.



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Power of statistics

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For community advocates, however, the story didn't end there. Data on educational outcomes showed that early gains were not sustained through early high school. "We have a lot more to do to make sure kids stay in school, that the quality of education is equivalent across neighbourhoods," he said, and an ability to gather statistical evidence was the key to that insight.

Vox Populi

Did the discussion at the Public Forum change the way you will do your job or think about public health?

"The Forum was a reminder for me of the global context of public health work, and of how important it is. I don't think there's a quick and easy answer. But one specific point that comes to mind is the phrasing of making Canada the healthiest place on earth, and Canadians the healthiest people on earth. If we're going to do that at the expense of people elsewhere, or at the expense of a fairer distribution of the determinants of health, we should rethink that expression as part of our overall goal-setting."

- Winnipeg

"The one piece that's missing from the (Canadian) Health Goals so far is that they don't address the very issue that Ilona Kickbusch was challenging us on: What is Canada's obligation in the global arena? We're only looking at health goals domestically, and that's going to be the next big challenge for the Public Health Agency."

- Toronto

Freewheeling discussion

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One thing public health can do is to promote greater public literacy about health. "We need greater support for population and public health interventions in prevention," she said. "We have people 'going the distance' to get a cure for cancer. They aren't running to say that we need whole school interventions to promote health or better public policy."

But how do we build greater understanding? Data sets might be one starting point. "Most of what we collect is about problems," Dr. Hawe said. "I'd like to see us set up a system that allows us to see better, at a glance, how well we are delivering the solutions. We are too accustomed to public health being invisible."