

Oral Abstract Presentations

Monday, May 29 10:30 – 12:00

Neighbourhood Influences/Health Inequities

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3. Global Income Related Health Inequalities – *Dr. Jalil Safaei*
4. De la recherche à la politique : l'exemple du Centre Léa Roback – *D^{re} Marie-France Raynalt*
5. Éthique et indemnisation des travailleurs immigrants victimes de lésions professionnelles – *Sylvie Gravel*

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Aboriginal Health Indicators

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Youth Health

1. Do Adolescents' Responses to Paper Surveys About Tobacco Consumption Mean What We Think They Do? – *Rashid Ahmed*
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Monday, May 29 10:30 – 12:00

Reporting on Injuries in Canada

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2. Effectiveness of a School-based Safety Curriculum in Injury Prevention: Evidence from the ThinkFirst For Kids Intervention Program in Ontario – *Dr. Michael Cusimano*
3. Childhood Unintentional Injuries Among Aboriginal and Non-Aboriginal Communities in Newfoundland and Labrador – *Dr. Reza Alaghebandan*
4. Characteristics of Recurrent Injury Among Children in BC – *Dr. Guanghong Han*
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Infectious Diseases – Test and Trends

1. Secular Trends in the Epidemiology of Shingles in Alberta – *Dr. Margaret Russell*
2. Utility of a New Blood Test to Assist Public Health Investigators of Tuberculosis Exposure in Oncology Settings – *Jason Garay*
3. Hepatitis B Knowledge, Testing and Vaccination Practices in Chinese Adults in Vancouver, BC – *Dr. Gregory Hislop*
4. Investigation of the Emergence and Spread of *Cryptococcus Gattii* in BC: A Collaboration Between Public Health and Academic Professionals – *Dr. Eleni Galanis*
5. Access Issues for Aboriginal People Seeking Primary Care Services in an Urban Centre – *Dr. Vicki Smye*

Workshop Presentation

Monday, May 29 10:30 – 12:00

The Role of Law in Influencing the Public's Health – *Nola Ries*

Oral Abstract Presentations

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Neighbourhood Influences/Health Inequities

1. Spatial units, measures of deprivation, and health disparities in the Vancouver CMA

Presenting Author: Ms. Lisa Oliver

Co-Authors: Dr. Michael Hayes, Dr. Nadine Schuurman

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Objective:

Focusing upon the Vancouver Census Metropolitan Area, the purpose of this study is to assess the extent to which effects of area deprivation on health are dependent upon the choice of spatial unit and measure of deprivation.

Methods:

Data from the Statistics Canada Canadian Community Health Survey 2.1 (2003) were linked to two units of census geography, larger Census Tracts and smaller Dissemination Areas. Respondents aged 18 to 74 residing in the Vancouver Census Metropolitan Area are included. General health status was estimated using an item assessing self-rated health. Socio-economic data was obtained from Statistics Canada 2001 databases. Deprivation was estimated using a single indicator, median family income, and two indices developed in Canada (SEFI & Pampalon). Hierarchical modelling(HLM) was used to test for place effects.

Results:

A gradient of increasing prevalence of 'fair or poor' self-rated health by increasing quintiles of deprivation was consistent across all indicators of deprivation for both CTs and DAs. In lowest SEFI quintile DAs 15.7% of respondents report 'fair or poor' self rated health compared to 5.5% in the highest (14.8 vs. 6.2 for CTs). Hierarchical analysis found that compared to living in a middle SEFI quintile DA, the odds ratio of reporting 'fair or poor' health is 1.537 (CI 1.118, 2.112) if living in the lowest quintile and 0.689 (CI 0.510, 0.930) if living in the highest.

Interpretation:

Gradients appear are slightly stronger for DAs than CTs. Gradients and place effects are stronger for indices of deprivation than the single indicator (income).

2. Moving Forward on the Social Determinants of Health Equity in Alberta

Presenting Author: Mrs. Stasha Donahue

Co-Authors: Sharon Yanicki, Robert Campbell

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Objective:

The purpose of this project is to promote health equity and increase capacity within Alberta to impact the social determinants of health (SDOH).

Rational:

Canada and many developed countries are seeing a widening of income gaps, and a decline in civic engagement. In Alberta, a group of organizations have come together to work with community members. The Alberta Social & Health Equity Network and its many partners, including the Alberta Public Health Association, are moving forward with a process focussed on social inclusion, building capacity and developing a Charter on the SDOH.

Methods:

Strategies will be presented that helped to engage 'experienced people' (living in poverty or experiencing social exclusion) to participate in a variety of unique approaches to address equity. Experienced people were linked with community practitioners and researchers at a provincial conference. The arts [music, drama, art work] have been used as a successful part of the process of giving voice to experiences of inequity and promoting shared understanding among diverse partners. Forums have been held to build consensus on key strategies to be addressed through the Charter. A project is also underway to engage vulnerable youth in their communities and build local and provincial capacity for action on social policy by vulnerable youth in Alberta.

Significance for Practice:

We believe the capacity building strategies used in Alberta could be useful information for other jurisdictions, provinces and countries.

3. Global income related health inequalities

Presenting Author: Dr. Jalil Safaei
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Objective:

The purpose of this study was to estimate income related health inequalities worldwide.

Methods:

This study uses cross sectional population health data from the UN Human Development Report 2005 and WHO Health Report 2005 for 160 countries to estimate international income related health inequalities in a number of population health outcomes. It uses (population weighted) data for the year 2003 to estimate concentration indices as measures of income related health inequality for six mortality rates and four life expectancies. The estimated health inequalities are then decomposed into inequalities in the determinants of health based on regressions that estimate the impacts of health determinants on health outcomes, using a smaller sample of 122 countries for which the relevant data is available.

Results:

The results of the study strongly support the existence of worldwide income related health inequalities that favour the higher income countries. The estimated inequalities are substantial for various mortality rates. With the exception of child mortality rate, estimated inequalities are greater for women than men. Decompositions of health inequalities identify inequalities in income as the main source of health inequality along with inequalities in education and degree of urbanization.

Conclusions:

The study's findings imply that policies to reduce the income gaps between the poor and rich nations could greatly improve the health of many poor and low income countries around the world and narrow the global health divide. Since income related health inequalities are inequitable, such policies would not only help promote global health, but also global justice.

4. De la recherche à la politique : l'exemple du Centre Léa Roback

Auteure présentatrice : D^{re} Marie-France Raynault

Auteurs additionnel : Marie-France Raynault

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Le Centre Léa Roback a été créé dans le cadre de l'initiative de centres de développement de la recherche des IRSC. Axé sur la réduction des inégalités sociales de santé et déjà fortement implanté dans la direction de la santé publique de Montréal, le Centre s'est donné comme mission particulière d'innover dans les relations avec les décideurs montréalais afin d'accélérer le transfert des connaissances dans les domaines des politiques sociales et des politiques publiques en alimentation, transport urbain et aménagement de la ville.

Objectif :

Exposer les différentes stratégies utilisées par le Centre pour rejoindre les décideurs, les intégrer à la planification de la recherche, à sa facilitation et à son utilisation.

Méthode :

Étude de cas.

Contenu :

Description des séries « Projets d'avenir », « Visiteurs de passage », « Comprendre Montréal » et « Recherche en action ». Dans chacune des séries, l'objectif spécifique, le déroulement des séances ainsi que les évaluations seront présentés. Les rôles de la spécialiste en communication, des chercheurs, des praticiens seront exposés de même que des exemples concrets de retombées pour la formulation de politiques publiques favorables à la santé au niveau de Montréal.

Conclusions :

Dans le cadre d'un centre de recherches en santé publique, une stratégie de communication complexe ainsi que des compétences professionnelles spécifiques permettent de profiter au maximum du temps limité des chercheurs et des décideurs pour améliorer le niveau général des connaissances sur la réduction des inégalités sociales de santé et leur intégration rapide dans la pratique.

5. Éthique et indemnisation des travailleurs immigrants victimes de lésions professionnelles

Auteure présentatrice : M^{me} Sylvie Gravel

Auteurs additionnel : D^r Louis Patry

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Objet de l'étude :

L'étude porte sur les inégalités sociales et de santé engendrées chez les travailleurs immigrants victimes de lésions professionnelles par les problèmes d'accessibilité aux services d'indemnisation.

Méthode :

Une étude rétrospective comparant les difficultés d'accès à l'indemnisation entre des travailleurs immigrants et non immigrants a été menée, à partir d'entrevues dirigées, auprès d'un échantillon de 104 travailleurs montréalais, 53 immigrants et 51 non immigrants, ayant réclamé des indemnités. Les parcours d'indemnisation des sujets ont été évalués par des experts de la santé et la sécurité au travail issus du milieu médical, juridique et administratif. Ces évaluations ont permis d'établir des scores cumulés des difficultés. Ces scores ont été soumis à des analyses de distribution, de correspondances et des études de cas.

Résultats :

Tous les résultats convergent vers le même constat : les travailleurs immigrants rencontrent des difficultés d'accès à l'indemnisation supérieures aux travailleurs non immigrants tout au long du processus, de la consultation médicale à la réinsertion au travail. Plusieurs se font congédiés parce qu'ils sont jugés moins productifs à cause des limitations et des douleurs conséquentes à leurs lésions.

Conclusion :

Ces résultats posent des problèmes éthiques et d'équité aux pays, comme le Canada, qui recrutent de plus en plus une main-d'oeuvre étrangère. Ces travailleurs quittent leur pays dans l'espoir de développer leurs «capabilités», au sens de l'éthique économique tel que développé Armataya Sen (2003), et se retrouvent, une fois blessés et sans indemnités, sans espoir de réintégrer le marché de l'emploi. Il s'agit d'une situation d'inégalité sociale qui engendre de l'appauvrissement.

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Global Health – Upstream Factors

1. The Migration of Health Professionals from Sub-Saharan Africa to Canada: Facts, Figures and Policy Options

Presenting Author: Dr. Ron Labonte

Co-Authors: Dr. Arminee Kazanjian, Dr. Lars Apland, Dr. Tom McIntosh, Dr. David Zakus, Dr. Ted Schrecker, Dr. Corinne Packer, Mr. Nathan Klassen, Ms. Justina Adalikwu, Ms. Joelle Walker

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The out-migration of health professionals from sub-Saharan Africa is one of the major contributors to health system decline in the region; the most authoritative estimate is that an additional 1 million health workers are needed to achieve the Millennium Development Goals for health. Canada is one of only a handful of major recipient countries of health human resource migrants from the region and the numbers are rising each year. This means the costs of training these skilled individuals has been borne largely by other States. Despite Commonwealth Code commitments to refrain from recruiting health professionals from resource poor countries, Canada continues to recruit foreign-trained health workers and is taking steps to facilitate recruitment in future.

Along with a description of the extent to which health professionals working in Canada are immigrants from sub-Saharan Africa, this paper reports on research conducted to establish the reasons for their migration decisions; describes relevant policies at the federal level and in a number of key provinces; and summarizes stakeholders' preliminary assessments of a range of policy options to address the adverse consequences of out-migration on African health systems. Of fundamental concern is scoping a narrow range of bilateral or multilateral policy options that are fair insofar as they maximize the equitable enjoyment of the right to health by the greatest number, while minimizing any loss in this enjoyment, in both source and receiving countries.

2. Global health governance and the challenge of meeting the MDGs: The case of HIV/AIDS in China and India

Presenting Author: Mr. Daniel Markel

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Objectives:

1. To describe the current socio-political-economic and epidemiological context in which HIV/AIDS continues to spread in China and India;
2. To identify select factors, which make the situation in both countries a serious concern;
3. To outline the social and economic implications of not enhancing commitments to the MDGs, nor investing greater amounts of resources to prevent and combat the spread of HIV/AIDS, and;
4. To provide policy recommendations as to how to address the situation from a domestic and global perspective.

Methods:

This study is a follow-up to a previous research project, which focused on HIV/AIDS prevention interventions, their effectiveness, and considerations for designing a prevention and control strategy. Based on subsequent conversations with several international development scholars, consultants, and HIV/AIDS project managers focus for this study was gained, and additional research on the situation in China and India carried out. The findings for this study are based on the aforementioned and stem from a comprehensive, multidisciplinary literature review that was conducted on global health governance, global public goods, the MDGs, knowledge translation, and health systems development.

Conclusions:

Both China and India share similar problems in terms of access to health services, the strength of health systems, the means by which HIV/AIDS has predominantly been transmitted, harm reduction policies, political neglect, and the Not In My Back Yard syndrome. In fact, both countries share many more demographic, social, political and economic risk factors, which together highlight the necessity for immediate action, and global health governance, if an unprecedented HIV/AIDS disaster is to be prevented, the current situation contained, and the MDGs met.

3. Addressing Health Inequities = Addressing Global health

Presenting Author: Ms. Maria Herrera
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"Toronto Public Health (TPH) improves the health of the whole population and reduces health inequalities." This is the mission stated in the TPH Strategic Plan 2005-09. This oral presentation will provide an overview of how TPH applies the principles of social change to promote and protect the public's health and facilitate civic engagement of the most vulnerable members of the Toronto's community. New immigrant and refugee communities arrive in Toronto due to global political, economic and socio-cultural forces. TPH must be able to respond to this changing community health needs. This presentation will illustrate the multi-faceted approach TPH is undertaking to address determinants of health and also builds capacity at a local level. The approach addresses issues related to governance, policy development, program planning and implementation and human resources. Strategies that will be highlighted will include the need to continue to support citizen engagement with the Board of Health through the Local Health Committee structure; the integration of social inclusion and community capacity building (CCB) in TPH programs and services; and the implementation of three year project "Path to Excellent Public Practice: Embracing Diversity & Building on Strength." The deliverables of the project will be shared. They are the Toronto Public Health Practice Framework which provides template to understand the many elements to reduce health inequalities and address determinants of health; inclusive program planning tools to assist staff provide accessible and equitable programs; diversity curriculum and training to increase staff's diversity competence; communication campaign to promote positives work environment.

4. Gender Differences in Depressive Symptoms in Older Adults in Latin America

Presenting Author: Dr. Beatriz Alvarado
Co-Authors: Dr. Maria Victoria Zunzunegui, Dr. Francois Beland, Dr. Lourdes Tellechea
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Objective:

We tested the hypotheses that women are more exposed and more vulnerable than men to socio-economic factors related to depression.

Methods:

The analysis uses a cross-national survey data of urban elders aged 60 and more in six Latin America cities, collected in 1999-2000. Childhood, adulthood and current socio-economic conditions along with health variables were examined as exposures. The Geriatric Depression Scale (GDS) with a cutoff of 10/11 was used to classify respondents with high depressive symptoms. Data were pooled after testing homogeneity of effects across cities. A multivariate model was fitted using logistic regression analysis. Analysis was performed in 84% (n=7649) of the sample with complete data.

Results:

Depression was more frequent in women than men (Pooled OR: 2.26; IC95%: 1.70-2.86). Women were more exposed to social and material disadvantages in the life course than men, but not more vulnerable than men to them. Current socio-economic and health conditions mainly explained gender differences in the prevalence of depression. Experiencing poor health (OR: 1.36; IC95%: 1.08 -1.71) and hunger during childhood (OR: 2.18; IC95%: 1.72-2.78); being illiterate (OR: 1.38; IC95%: 1.02-1.88), not having a partner (in Havana and Montevideo) and perceiving current financial strain (OR: 2.73; IC95%: 2.00-3.73) were related to depression.

Conclusions:

Cumulative life course exposure to material disadvantage is related to current socio-economic circumstances that in turn explain the higher frequency of depression in women. Reduction of the gender gap in depression could be attained with egalitarian policies for men and women at all life stages.

5. Study of the socioeconomic status and household health needs cycle in Kerala, India

Presenting Author: M^{me} Florence Tanguay
Co-Authors: Slim Haddad, D Narayana, Katia Mohindra
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Objective:

The aim of this study was (1) to assess household health needs and; (2) to study to what extent health needs are unequally distributed across socioeconomic groups.

Methods:

Data came from a “census” household survey conducted on 3352 household in a rural municipality of Wayanad located in northern Kerala. In order to assess household health needs, we computed an index from items measuring self assessed health and health status of members and tested by a reliability and a factor analysis

(Cronbach's alpha of 0.7802). The index was validated by studying how household health needs vary across several well-established health determinants. Finally, inequalities in household's health needs were studied using concentration curve and concentration index.

Results:

Our index provides an assessment of household's health needs and shows that they tend to increase with the size of the household and decrease with head's education and household's socioeconomic status. Moreover, it was found that even in this relatively egalitarian context, inequalities persist. Indeed, we obtain a concentration index for income distribution of 0.2345 and one for health needs distribution of -0.0524 . These results confirm that income inequalities are in favour of richer households and health needs inequalities in detriment of poor households.

Conclusions:

As resources used to maintain and restore health are usually shared by the whole household, a study linking poverty to health needs at the household level is inventive and original. Moreover, findings are consistent with our hypothesis that despite the hard work done by the Keralites to eliminate inequalities and disparities in its population, household's health needs are still constrained by the socioeconomic status.

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Health Trends

1. Trends in Life Expectancy of the Inuit-Inhabited Areas of Canada 1991-2001

Presenting Author: Jean-Marie Berthelot

Co-Authors: Sacha Sénécal, INAC, Russell Wilkins, Statistics Canada, Philippe Finès, Statistics Canada, Éric Guimond, INAC

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Objective:

Although Inuit live in all Canadian provinces and territories, most live within the Canadian circumpolar region. Because administrative data sources often do not allow the identification of Inuit, few health measures are available for this population. This project uses an alternative, partly ecological approach to derive life expectancy estimates for Inuit-inhabited areas.

Methods:

Because of the particular characteristics of Inuit settlements, we can use geographic codes present on existing administrative databases to identify "Inuit-inhabited areas" which are predominantly Inuit in population and within which most of the Inuit people of Canada live. Using vital statistics death data and census population data, we calculated life expectancy for these areas for 1991, 1996, 2001.

Results:

Interesting patterns emerge upon close inspection of these estimates. While the Canadian population as a whole experienced an increase in life expectancy from 1991 to 2001, this was not the case for the Inuit-inhabited areas: a small (but not statistically significant) decrease in life expectancy was observed in these areas over this period.

Conclusion:

These estimates represent the first national level life expectancy estimates concerning Canadian Inuit since the early 1980s. The results, while intriguing, clearly reflect the specific conditions Inuit are living in and outline the challenges to be addressed by public policy.

2. Deuxième rapport sur la santé des francophones de l'Ontario

Auteure présentatrice : M^{me} Isabelle Michel

Auteurs additionnels : Gratien Allaire, Louise Picard

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Objet de l'étude :

Avec l'appui du Consortium national de formation en santé, le Programme de recherche, d'éducation et de développement en santé publique et l'Institut franco-ontarien ont complété une mise à jour du premier Rapport sur la santé des francophones de l'Ontario (2000). Cette étude, dont le rapport a été lancé en 2005, présente une première occasion de faire un suivi sur l'état de santé et les besoins uniques de la population franco-ontarienne.

Méthode :

Les données de l'étude sont tirées de l'Enquête sur la santé dans les collectivités canadiennes (Cycle 1.1. 2001) et le Recensement du Canada (2001). L'analyse a été menée en conformité avec les directives de Statistique Canada. Les analyses comparent les francophones à l'ensemble de l'Ontario selon certains indicateurs sociodémographiques ainsi que les données du premier rapport au deuxième.

Résultats :

Les résultats confirment que la population franco-ontarienne continue à différer des autres groupes linguistiques lorsqu'il s'agit de certains indicateurs tels l'auto-perception de la santé et le tabagisme. Il y a toutefois des résultats encourageants relatifs au niveau de scolarité et au taux d'activité sexuel parmi les adolescents.

Conclusions :

Il continue à exister des disparités importantes sur le plan de la santé dans la population franco-ontarienne. Cette présentation intéressera tous ceux qui planifient et élaborent les services en santé publique et en prévention de maladies chroniques. La présentation portera sur les stratégies recommandées relatives à la recherche, les politiques et la pratique, qui visent à répondre aux besoins de cette population vulnérable.

3. Surveillance of Sexually Transmitted Infections (STI) in Canada: Improving Data for Action

Presenting Author: Ms. Maritia Gully

Co-Authors: Maureen Perrin, Jennifer Siushansian, Dr. Tom Wong

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Abstract:

Objective:

To provide an overview of continuing improvements in national STI surveillance, and to highlight implications for public health interventions.

Methods:

A federal/provincial/territorial working group was convened in 2003 to review STI surveillance. To augment the core data elements previously developed for all nationally notifiable diseases, an STI minimum data set consisting of four variables was proposed by the working group. Cases of gonorrhoea and infectious syphilis reported nationally between 1995-2004 were analyzed, using core variables of age, sex, disease and jurisdiction of report. Three variables from the STI minimum data set (antimicrobial resistance, staging and site/specimen type) were included to assess: 1) the extent to which jurisdictions have implemented the proposed STI minimum dataset and 2) data quality (completion rate=# completed fields/# of records).

Results:

In 2004, the rates for gonorrhoea and infectious syphilis continued a pattern of increase that started in 1997. Preliminary review, using 2003 data for the nine jurisdictions that report case data, indicate that gonorrhoea can be linked to antimicrobial resistance (5 jurisdictions; 50% completion rate), site of infection (3; 95%), and

specimen type (4; 94%). Analysis of infectious syphilis cases can be further explored using the staging variable (9; 97%) and site of infection.

Conclusions:

The proposed STI minimum data set was developed to assist in the interpretation of trends and to better inform prevention and treatment efforts by ensuring standardized reporting. Higher completions rates, and inclusion of data from more provinces/territories, will improve quality and ultimately strengthen decision making for developing targeted interventions.

4. Health Literacy - What Does It Mean? How Can It Be Measured?

Presenting Author: Ms. Brenda Kwan

Co-Authors: Deborah L. Begoray, Michael Hayes, Arminee Kazanjian, Karen Kelly, Jennifer Mullet, Bruno Zumbo

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Objective:

The purpose of the study was to conceptualize and measure “health literacy” appropriate to the Canadian context and for different population groups.

Methods:

First, a definition of “health literacy” was developed based on a literature review, and on discussions within the research team, who have experience with seniors (the selected population group), and in health promotion, education, nursing, and measurement. Health literacy was defined as “the ability to access, understand, appraise, and communicate information to engage with the demands of health contexts to promote health across the life-course.” This definition guided the development of questions (measures). These questions were tested using face-to-face interviews with seniors. Two hundred, twenty-nine seniors participated in the interviews in response to posters/ads. Quantitative data were analyzed using SPSS.® Qualitative data were analyzed using NVivo.®

Results:

The presentation will discuss the results of interviews with seniors, specifically on the issues of accessing, understanding, appraising and communicating health information. We will also relate lessons learned in the development of a measure of health literacy with seniors.

Conclusions:

This study is an important first step in the conceptualization and measurement of health literacy. The next step is to continue to refine and test our measures. The data also provide insight into seniors’ experiences in seeking information and in how that information is processed and passed on. Our results have potential implications for policy and practice, such as how health information can best be presented and the venues through which it can be effectively presented.

5. An analysis of published Canadian research articles on Aboriginal children and youth health 1996-2005

Presenting Author: Ms. Nicki Sims-Jones

Co-Authors: Madeleine Dion-Stout, Nadine Jodoin, Michael Garrard, Heather McCormack, Dawn Walker
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Objective:

To provide an analytical review of published studies with Aboriginal children and youth in Canada over the past decade. This review will assist in assessing research priorities for Aboriginal children's and youth health research.

Methods:

Secondary research was conducted using the Internet, medline and other data bases. The studies identified through the database search were reviewed according to the inclusion criteria. Information on aboriginal identity, location and origin of research, study age group, gender, and focus of the study formed the core of the analysis.

Results:

There were 146 Canadian research articles on Aboriginal child and youth health published between 1996 and 2005 included in the review. Most of the studies described in these articles focussed on First Nations populations living on-reserve. There were few studies on Aboriginal populations living in urban centres or on Metis children and youth. A strong research emphasis on diabetes, environmental exposures and issues related to growth and development was also evident.

Conclusions:

Research on Aboriginal children and youth is not reflective of the geographic location or representative of all Aboriginal populations. Results from this review also indicate that research priorities suggested by available morbidity data, including unintentional injuries, allergies, asthma, mental health and social determinants of health have received little attention in the research literature.

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Monday, May 29 10:30 – 12:00

Aboriginal Health Indicators

1. Community Health Indicators for Use by First Nations Organizations: Reflections on Partnership Development

Presenting Author: Dr. Sylvia Abonyi

Co-Author: Dr. Bonnie Jeffery, Faculty of Social Work/SPHERU, University of Regina

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Objective:

The First Nation's Health Development project, originated with senior health managers at the Prince Albert Grand Council (PAGC) and the Athabasca Health Authority (AHA). These organizations wanted to better understand how health and human services contribute to health, and to determine, from the community viewpoint, the information that should be monitored to assess ongoing progress on community health/wellness.

Methods:

The research, funded by the CIHR, the Saskatchewan Health Research Foundation, and Northern Medical Health Services, took place in nine northern Saskatchewan communities. Research activities included extensive literature reviews, key informant interviews, and focus groups with community-based health managers; who played a key role in designing the framework, identifying relevant indicators, and facilitating pilot-testing. In conducting the study, we identified six key factors that we feel are important to consider in planning research activities that will support uptake of the research results. These are not necessarily novel (they largely replicate good community practice known by non-researchers for decades), however, they are worth some discussion within the frame of research/community relationships and the impact on knowledge translation.

Results and Conclusion:

We reflect here on our experiences with building trust, involvement of community members, time requirements, level of community readiness, ongoing partnership development, and an iterative dissemination strategy as key partnership development factors that influence uptake of the major project deliverable: a toolkit of a framework and indicators that can be used by managers and community-based staff in the First Nations and provincial communities participating in the project.

2. Collaborating in the development of Aboriginal women's health indicators

Presenting Author: Ms. Ellisa Johnson

Co-Authors: Ms. Claudette Dumont-Smith, Dr. Stephanie Austin

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Objective:

The purpose of this presentation is to describe an exploratory project undertaken collaboratively between NWAC (Native Women's Association of Canada) and Health Canada toward the creation of a framework for the development of Aboriginal women's health indicators.

Contextual background:

Health disparities persist between First Nations, Inuit, Métis and non-Aboriginal peoples in Canada. Aboriginal women are especially vulnerable to the negative health consequences of historic, cultural, social, economic and political inequities. Civil society, community-based and non-governmental organizations are eager to respond to these health inequities. Collaborative research on the development of Aboriginal women's health indicators is one means of identifying and developing actions to address preventable differentials in health determinants and outcomes.

Approach:

This project led by NWAC (Native Women's Association of Canada) and supported by Health Canada (First Nations and Inuit Health Branch & Bureau of Women's Health and Gender Analysis, Health Policy Branch) was designed to respond to the lack of culturally-relevant and gender-sensitive health indicators used in health research, planning, and policy.

Results:

This presentation will highlight the processes involved in collaborating to establish a culturally-relevant and gender-based framework for developing a set of indicators for Aboriginal women's health and the need to set up and promote effective research within Aboriginal organizations and communities.

Relevance for the CPHA Conference:

The presentation as proposed meets conference objectives by fostering exchange of knowledge and experience on Aboriginal women's health indicators among public health practitioners, policymakers and researchers; showcasing innovative approaches to policy-relevant research; profiling capacity building strategies in Aboriginal health at the community level; increasing understanding of the social influences on health within diverse Aboriginal contexts; and building upon partnerships and collaboration to enhance population and public health specific to First Nations, Inuit, and Métis. Our presentation will encompass conference sub-themes (people, places, and social change), with a specific concentration on Aboriginal Health.

3. Action Oriented Indicators of Health and Health System Development for Indigenous Peoples in Australia, Canada, and New Zealand

Presenting Author: Dr. Marcia Anderson

Co-Authors: Dr. Janet Smylie, Dr. Ian Anderson, Dr. Sue Crengle, Dr. Mihi Ratima, Mary Denechezhe, Raven Sinclair, Dr. Bonnie Jefferey, Dr. Caroline Tait, Dr. Carmel Martin

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Objectives:

The goal of this study is to conceptualize and pilot a health indicator development cycle that will contribute to effective health information, surveillance, and monitoring systems and translate into action to improve the health of Indigenous peoples in Canada, Australia, and New Zealand.

Methods:

In each of the three countries background information was gathered through review of the literature and key informant interviews. The information sought included: currently used Indigenous health indicators; how Indigenous understandings of health influenced the development of current indicators; the gaps and barriers identified in the current health measurement systems; and previous methodologies for collaborative indicator development and use. This background information was combined into a format understandable by the partner community in order to develop a set of community-specific health indicators which was piloted in the

community over a three month period. At the conclusion of the pilot period an external evaluation of the process was conducted by an independent researcher.

Results:

Preliminary results include the successful engagement of the community research partner in the development and implementation of a set of health indicators that are culturally relevant and immediately useful at the community level. The background information from Canada, Australia, and New Zealand revealed a tension between health information collection that is driven by accountability to non-Indigenous national and regional health agencies, and health information collection that allows for local and regional health assessment and planning by Indigenous stakeholders.

Conclusions:

The ability of the health care system to respond to the disparities in health of the Indigenous Peoples of Australia, Canada, and New Zealand is limited by the availability of good quality, culturally relevant health information. Engaging Indigenous communities in identifying community health priorities and appropriate health indicators is one way of generating health indicators which can inform health policy and planning at local and regional levels.

4. Understanding Effective Public Health Practice in Indigenous Community Contexts

Presenting Author: Dr. Janet Smylie

Co-Authors: Kelly McShane, Dr. Carmel Martin, Conrad Prince, Dr. Caroline Tait, Dr. Nili Kaplan-Myrth, Dr. Gail Valaskakis, Dr. Peter Tugwell, Inuit Family Resource Centre, Metis Nation of Ontario – Ottawa Council, Pikwakanagan First Nation

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Rationale:

Public health strategies to amend inequities between Indigenous and non-Indigenous health status in Canada have met with limited success. We assert that one major reason for this failure is that externally imposed strategies are inadequately reconciled to local Indigenous community knowledge and systems.

Objectives:

To develop, implement and evaluate models of health knowledge translation that are formatively linked to local Indigenous contexts.

Methods:

Multi-method participatory action case studies in three diverse Indigenous communities combined with two national key stakeholder meetings. Baseline qualitative assessment of local health information systems through focus groups and key informant interviews. Customized design, implementation, and evaluation of specific public health interventions in each community. Customized mixed method evaluation of each intervention by pre-post focus groups, key informant interviews, and surveys.

Results:

Baseline consultations generated distinct and striking data regarding local systems of health and health information. The participatory approach successfully engaged community partners in the development, implementation, and evaluation of public health interventions. Preliminary evaluation findings indicate these strategies were positively received by community members and contributed to local capacity. The first national

stakeholders meeting highlighted the importance of local Indigenous knowledge, learning styles, and dissemination methods. The second national stakeholder meeting, designed to generate policy recommendations, is scheduled March 2006 with NAHO, Health Canada, and CIHR-IAPH.

Conclusion:

A participatory model that built on formative understandings of local community knowledge and systems contributed to effective public health programs in three diverse Indigenous communities. Contextually relevant knowledge translation strategies are a key priority of national stakeholders.

5. Who influences decision-making in Aboriginal community-based participatory research? Process evaluation of the Kahnawake Schools Diabetes Prevention Project (KSDPP).

Presenting Author: Dr. Margaret Cargo

Co-Authors: Treena Delormier, Tracee Diabo, Kahente Horn-Miller, Lucie Lévesque, Ann C. Macaulay

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Objectives:

To assess perceived influence of KSDPP partners across six domains of project decision-making, perceived ownership of KSDPP in its sustainability phase and whether perceived control varied across KSDPP partners.

Method:

Self-report surveys were administered to project partners involved in KSDPP decision-making during CIHR (Community Alliance for Health Research) funding. Project partners (n=51) included Community Advisory Board (CAB), KSDPP staff, academic researchers and supervisory board members. Key measures included: a) self-reported participation; b) perceived influence of each partner across decision-making domains of intervention, research, annual plans, project operations, partnership ethics and CAB activities (α range=0.74-0.96); c) perceived control (α=0.82); and d) perceived primary ownership. Open-ended comments were content analysed using qualitative procedures. The response rate was 75 percent.

Results:

KSDPP staff shared similar levels of influence with a) CAB on maintaining partnership ethics and CAB activities and b) academic researchers on research and dissemination activities. KSDPP staff carried significantly more influence than other partners on decisions related to annual activities, program operations and intervention activities (adjusted p <0.05). CAB (53%) and KSDPP staff (39%) were the perceived owners of KSDPP (X²=52.4df=3 p<.0001). Participation was associated with perceptions of project partner influence. Perceived control didn't vary across KSDPP partners.

Conclusions:

Study findings are inconsistent with the tenet of community-based participatory research which suggests that decision-making should be shared among project partners. KSDPP is a community controlled project with shared decision-making on some, but not all, project domains. This presentation will discuss implications for the practice of Aboriginal community-based intervention research.

Oral Abstract Presentations

Monday, May 29 10:30 – 12:00

Youth Health

1. Do adolescents' responses to paper surveys about tobacco consumption mean what we think they do?

Presenting Author: Mr. Rashid Ahmed

Co-Authors: Paul McDonald, Cheryl Madill, Karen Peters, Stephanie Filsinger

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Objective:

Identifying effective tobacco control programs requires valid and reliable measures of smoking behaviour. Current policies are based on youths' responses to questionnaires that use adult cigarette consumption questions, including items about the amount of smoking during the past 7 or 30 days. While these items may be useful for adults with well-established smoking patterns, their validity and reliability with irregular smokers (especially youth) are problematic.

Methods:

Adolescent smokers (mean age of 17) from 19 schools in Ontario, Canada submitted daily responses via a wireless, handheld email device ("a Blackberry") regarding cigarette consumption. At one month intervals participants completed paper questionnaires related to 7- and 30-day smoking frequency. Spearman rank correlation coefficients described the relationship between the questionnaire and Blackberry data. Correlated t-test and regression analyses were performed to assess differences in reporting and the strength of association between the paper and pager data incorporating several covariates such as gender, age and baseline smoking behaviour.

Results:

Students who completed all four paper surveys (n=64) were not statistically different from those who dropped out (n=47). Responses to the paper questionnaires and the pager device were highly correlated for 7-day data ($r=0.73$, $p<0.0001$) and 30-day data ($r=0.68$, $p<0.0001$). Our results suggest that youth tended to over-estimate their smoking behaviour on the paper questionnaire as opposed to the pager device ($p<0.04$), and that responses to questions about smoking during the past 30 days were more reflective of smoking behaviour during the previous day alone. Results were similar for males and females.

Implications:

Without some correction for biases in paper surveys, estimates of youth smoking consumption may not clearly reflect their true smoking behavior. Research into a series of smoking behaviour questions that can accurately portray actual cigarette consumption among individual adolescents is key to developing valid and reliable instruments on which to base health policy.

2. Making a difference with Youth

Presenting Author: Ms. Linda Young
Co-Authors: Ms Janice Silver, Ms Caryll Tawse
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Abstract:

Objective:

The Youth Health Centre (YHC) initiative addresses the questions: How can schools and communities better support youth? How can Public Health influence decision making among youth?

Methods:

The Halifax Regional School Board and Capital District Health Authority are collaborating to improve youth health through school-based YHCs. YHC coordinators are based in all 16 high schools to support youth through health promotion, health assessment and interventions, and capacity building initiatives.

Results:

As 50% of the members on school committees, students have an opportunity to explore broad health issues, and demonstrate a sophisticated understanding of the factors that influence health. The participation data are staggering: in 2004/05, 30% of students used the YHC in their school. There were 11,000 individual visits, 3,200 referrals, 21,000 participants in group activities and 17,000 in classroom sessions. Virtually all health determinants and aspects of physical and mental health have been raised.

Student and teacher surveys (2004, 2005) tell us about the impact of YHCs:

"...terrific initiative and service for students. I like the way there is student ownership of the centre" Teacher
"Without the YHC I would not have been able to finish school & I would have made a huge mistake." Student

Conclusions:

YHCs have become an integral part of the school environment, and they challenge Public Health staff to work differently: to engage youth; to collaborate in the school setting; to build a foundation of trust in a safe and welcoming place; and to be adaptable in this dynamic environment. Effectiveness of a School-based Safety Curriculum in Injury Prevention: Evidence from the ThinkFirst For Kids Intervention Program in Ontario.

3. Health disparities for sexual minority youth in BC schools

Presenting Author: Dr. Elizabeth Saewyc
Co-Authors: Dr. Carol Skay, Dr. Colleen Poon, Aileen Murphy
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Objective:

This study compared a range of self-reported health and risk behaviours and protective resources in the lives of bisexual adolescents compared to heterosexual and gay/lesbian counterparts in BC.

Methods:

Data from the cluster-stratified, province-wide, BC Adolescent Health Surveys of 1992 & 1998, were used. Multivariate logistic regressions, conducted separately by gender, provided age-adjusted ORs of sexual risk and health behaviours, mental health symptoms and suicide attempts, substance use, and victimization experiences. Additional analyses compared the odds of protective factors such as family and school connectedness, religiosity, and extracurricular involvement.

Results:

Bisexual youth reported higher prevalence and higher age-adjusted odds of risk behaviors than heterosexual peers. Results compared to gay/lesbian peers were mixed. Higher prevalence of sexual abuse and other victimization experienced by bisexual teens helped explain differences in risk behaviors. We found increasing rates and odds of both teen pregnancy and suicide attempts from 1992 to 1998 among bisexual teens, even when rates declined among heterosexual peers. Bisexual youth had fewer or lower levels of protective factors in their lives.

Conclusions:

Higher stressors and fewer protective resources to buffer stress for bisexual youth compared to heterosexual teens may account for the health disparities observed. Policy and interventions should consider ways to reduce GLB-related stigma and violence and foster protective factors.

4. “That’s university, you know.” Health Issues and Practices of Post-secondary Students

Presenting Author: Dr. Joan Wharf Higgins

Co-Author: Dr. Lara Lauzon

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Objective:

The purpose of this study was to identify the health and wellness issues of post-secondary students attending the University of Victoria, and explore curricula and policy alternatives for improving their health.

Methods:

500 students from a cross-section of academic programs and years were surveyed regarding their health and wellness practices and issues. Subsequent to completing the surveys, focus groups and interviews (n = 52) were conducted to explore survey findings in more depth, and discuss potential curricula and policy alternatives for addressing the issues. Quantitative data were analyzed using descriptive and Pearson’s R procedures. Thematic and content analyses were used to make sense of the qualitative data.

Results:

This presentation will discuss the survey and focus group results currently being analyzed and interpreted. In particular, we will note statistical relationships and patterns between health issues (e.g., eating and exercise practices, perceptions of stress and emotional difficulties, and other challenges to health and wellness) and students’ programs of study, gender, and age. The qualitative data are particularly revealing in that students identified social connectedness and belonging, and affordable and accessible opportunities to engage in health promoting activities, as critical to their health. They also reflected on course content and delivery that would best support their learning about health.

Conclusions:

We will summarize the state of students' health and wellness, and outline a curriculum and policy recommendations designed specifically to address their needs and issues. This presentation is relevant to conference objective #2, and the chronic disease prevention stream.

5. Lessons Learned: The Role of Schools, Communities, and Researchers Working Together to Enhance the Health of Teens

Presenting Author: Ms. Donna Murnaghan

Co-Authors: Dr. Chris Blanchard, Dr. Philip Smith, Dr. Debbie MacLellan, Dr. Colleen MacQuarrie, Mr. Bob Gray, Dr. Wendy Rodgers, Ms. Lynn Langille

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Objective:

Identify lessons learned and better practices for designing a comprehensive school health strategy focusing on not smoking, physical activity, and healthy eating for intermediate school students (grades 7-9).

Methods:

1. Using the Better Practices Model developed by the Canadian Tobacco Control Research Initiative, a comprehensive review of the published and gray literature was conducted and key informants identified practical and plausible lessons learned. 2. Using the Theory of Planned Behaviour and the Social Ecological Model, interviews and focus groups were used to identify student beliefs that were predictive of healthy behaviour. 3. Focus groups, student interviews, and environmental scans were used to identify the school level influences (contextual environment) on not smoking, physical activity, and healthy eating.

Results:

1. Eight programs emerged from the analyses as strong examples that work in schools. 2. Students identified facilitators and barriers in their personal and school environment that influence their ability to adopt healthy behaviours. 3. Social influences within the student environment were identified as the key factors in influencing student behaviour. 4. Findings were shared at a community forum (students, teachers, parents, community leaders, and researchers).

Conclusions:

In this presentation, key findings from the study will be shared. The process and outcomes of the community forum will be discussed in relation to the critical importance on continuing the engagement of community members. This engagement is essential in moving lessons learned from research to practice.

Oral Abstract Presentations

Monday, May 29 10:30 – 12:00

Reporting on Injuries in Canada

1. Geographical, sex and income disparity in hip fracture injuries – a Manitoba population-based study

Presenting Author: Dr. Patricia Martens

Co-Authors: The Need To Know Team**, Jeremy Dacombe*, *Manitoba Centre for Health Policy (MCHP), Department of Community Health Sciences, University of Manitoba;
**This research project is one project of The Need To Know Team, a collaboration of the rural and northern Regional Health Authorities of Manitoba, Manitoba Health, and the Manitoba Centre for Health Policy, funded by the Canadian Institutes of Health Research (2001-2006)

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Objective:

To determine Manitoba's hip fracture injury incidence rates by sex, region and income groupings.

Methods:

Using anonymized administrative data in the Population Health Research Data Repository at MCHP, annual age-adjusted hospitalization rates for hip fracture (ICD-9-CM code 820) were determined for all Manitoba residents aged 40+ (n=244,201 males; 269,147 females), 1999/2000 through 2003/04. Generalized linear modeling (SAS®) included age, sex, and area or income quintile as appropriate. "Area" referred to 4 regions of Manitoba: Winnipeg; Brandon; Rural South (below the 53rd parallel); and North (above the 53rd parallel). Neighbourhood income quintile groupings were analyzed for "urban" (Winnipeg + Brandon) and "rural" (Rural South + North), using 1996 census data.

Results:

Female hip fracture injury incidence rates were higher than male rates provincially and in all regions (p<.05): Winnipeg 2.8 vs. 2.3; Brandon 2.9 vs. 2.0; Rural South 2.7 vs. 1.8; North 5.7 vs. 2.6; Manitoba 2.7 vs. 2.2 per thousand. Residents in the North had statistically higher rates than the provincial average (males 1.17 times, females 2.10 times higher). For both males and females, and for both rural and urban Manitoba, the lower the neighbourhood income group, the higher the hip fracture incidence rate (p<.01).

Conclusions:

Although females have higher rates across all regions, disparities in hip fracture injuries are also apparent by socioeconomic status and region, with the lowest income group having the highest rates for both sexes. The North (with half the population being First Nation) has particularly high rates of hip fracture injuries, especially for females.

2. Effectiveness of a School-based Safety Curriculum in Injury Prevention: Evidence from the ThinkFirst For Kids Intervention Program in Ontario.

Presenting Author: Dr. Michael Cusimano

Co-Authors: Tsegaye Bekele, Ilze Kalnins, Mary Chipman, Beverly Freedman

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Objectives:

To evaluate the effectiveness of the ThinkFirst for Kids (TFFK) injury prevention curriculum (targeted in preventing brain and spinal cord injuries) in increasing safety knowledge among elementary school children of grades 1, 2 and 3.

Methods:

A randomized controlled lagged-implementation study was conducted among elementary school children in 23 School boards. Schools were assigned randomly into “TFFK Program schools” to teach the TFFK Curriculum or as “Pre-program schools” to teach the regular provincial health and safety curriculum. The Intervention group taught the TFFK curriculum for three consecutive years while the Control group taught the regular curriculum for two years and the TFFK Curriculum in the third year. Pre-tests were administered to measure the baseline safety knowledge and behaviours of students in both groups. Students were taught the respective curriculums for six weeks and a post-test was administered at the end of the lessons to gage the gain in knowledge.

Results:

Results from the t-test analysis indicate that the TFFK Curriculum is effective in increasing safety knowledge. A higher mean knowledge score ($P < 0.05$) was observed among students in the TFFK program schools than students in the Control Group across all grades (i.e. grade 1, 2, and 3). The knowledge retention level was also found to be higher among children in the TFFK program schools than the control group.

Conclusion:

A School-based safety curriculum is an effective means of improving knowledge of injury and prevention. Future analysis will explore whether injury outcomes can be affected.

3. Childhood unintentional injuries among Aboriginal and non-Aboriginal communities in Newfoundland and Labrador

Presenting Author: Dr. Reza Alaghebandan

Co-Authors: Khokan C. Sikdar, M.Sc., Ph.D. (c), Don MacDonald, M.Sc., Ph.D. (c), Kayla D. Collins, M.Sc., Ph.D. (c), Annette M. Rossignol, D.Sc.

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Objective:

The aim of this study was to determine and compare rates and causes of childhood morbidity/mortality due to unintentional injuries among Aboriginal and non-Aboriginal communities in Newfoundland and Labrador (NL).

Methods:

A comparative population-based study of unintentional injuries among individuals 0-19 years was conducted among Aboriginal and non-Aboriginal communities. Hospital discharge and mortality data were analyzed for a

six-year period, April 1995 to March 2001. A Poisson regression model was used to assess the effect of various factors on the incidence of unintentional injury.

Results:

Hospitalization rates of unintentional injury in Aboriginal and non-Aboriginal communities were 1,127.1 and 614.2 per 100,000 population, respectively ($P < 0.001$). Males were at greater risk of unintentional injuries than females in both groups ($P < 0.001$). Fall and transportation injuries were the leading causes of hospitalization in both groups. The mortality rate was higher in Aboriginal communities than non-Aboriginal communities (97.6 vs. 10.2 per 100,000 population) ($P < 0.001$). Among Aboriginal communities, burn and firearm injuries (53.2 and 17.7 per 100,000 population) were the most common causes of death; transportation and drowning injuries (5.0 and 2.0 per 100,000 population) were the leading causes of death among non-Aboriginal communities.

Conclusion:

The rate of unintentional injury among children in Aboriginal communities is disproportionately higher than non-Aboriginal communities. Sex (male) and place of residence (Aboriginal communities) were strong predictors of unintentional injury. Differences between Aboriginal and non-Aboriginal communities were greatest for burn and firearm related injuries. Further studies are needed to identify more specific risk factors.

4. Characteristics of recurrent injury among children in British Columbia

Presenting Author: Dr. Guanghong Han

Co-Authors: Ian Pike, Director, BCIRPU, Mhairi Nolan, CHIRPP Coordinator, BCIRPU, Mariana Brussoni, Research Coordinator, BCIRPU

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Objectives:

To examine the characteristics and causes of recurrent injuries among children and to compare with their first injuries.

Methods:

Children who visited the emergency department (ED) of the British Columbia Children's Hospital were included in the study. The recurrent injuries were defined as new separate incidents for the same child after his/her first injury during 2000-2001. The chart number, along with gender, birthday, name abbreviation, visiting date, narrative and nature of injury, was used to identify the first and recurrent injuries. Descriptive and comparative analyses were performed.

Results:

Total of 13,780 children visited the ED for care of 14,935 injuries during 2000-2001. Of them, 979 children (7.1%) visited twice or more and 1,155 injuries were recurrent injuries (7.7%). Males had more recurrent injuries (64.3%) than females (35.7%). The recurrent injuries increased with age. The leading causes, activities when injured and places of occurrence of recurrent injuries were similar to the first injury. The recurrent injuries were more common among children who treated at ED and released (7.7%), or given advice only (7.0%) for their first injury than those who were admitted to hospital or ICU (2.9%). Admitting to hospital or ICU were lower for recurrent injuries than that for their first injuries, however the difference was not significant.

Conclusions:

The results revealed that the children appeared not to learn from their injury experiences. Further study is required to understand the underlying factors related to recurrent injuries, and to develop specific primary and secondary injury prevention initiatives.

5. Injuries and body checking in 11-year-old minor hockey players

Presenting Author: Mr. Josh Marko

Co-Authors: Brent E. Hagel, PhD, Donna Dryden, PhD, Amy B. Couperthwaite, Joseph Sommerfeldt, Brian H. Rowe, MD, MSc

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Introduction:

In 2002, Hockey Canada changed the age classifications for minor hockey. Prior to the age change, 11-year olds played at the Atom level (no body checking). After the age change, 11-year-olds were placed in the Pee Wee division (body checking allowed). The objective of this study was to examine the effect of the age change on injuries to 11-year-old hockey players and compare this information with injury trends among 10- and 12-year olds.

Methods:

The study location was the Capital Health region (CH) in Alberta. A search of the emergency department (ED) database identified 10-, 11-, and 12-year-olds admitted to seven EDs with hockey related injuries during the 2-years prior to the rule change and for the 2-years after. Rate ratios (RR) and 95% confidence intervals (95% CI) were calculated to compare post-change injury rates with pre-change rates.

Results:

The rate of injuries sustained by 11-year-olds playing at the Pee Wee level (with body checking) increased significantly compared with those who played at the Atom level (RR=1.9; 95% CI: 1.4,2.4). The rate of severe injuries was almost 3 times greater in the post-period among 11-year-old Pee Wee players (RR=2.6; 95% CI: 1.8, 3.0). Injury rates for 10- or 12-year-old players changed little over the study period.

Conclusion:

We conclude that the introduction of body checking to 11-year-olds was associated with the large increase in their injury rates. From a public health perspective, the age at which body checking is introduced should be raised.

Oral Abstract Presentations

Monday, May 29 10:30 – 12:00

Infectious Diseases – Test and Trends

1. Secular trends in the epidemiology of shingles in Alberta

Presenting Author: Dr. Margaret Russell
Co-Authors: D.P. Schopflocher, L. Svenson
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Objective:

To describe the epidemiology of non-fatal cases of shingles in Alberta for the period 1986 – 2002.

Methods:

We identified incident cases of shingles for 1986 – 2002 from provincial administrative health care data. The earliest dated utilization of a health service with ICD9-CM 053.xx or IC10-CA B02.xx codes was used as date of illness onset. Denominators for rates were estimated using mid-year population estimates from the Alberta Health Care Insurance Registry. Age- and sex-specific rates were estimated for each year. We used logistic regression analyses to explore for sex, age and year effects and their interactions.

Results:

Shingles rates increased over the period, and the increase is accelerating. Females have higher rates at every age. The difference between female and male rates appears to increase gradually with age to a maximum at age range 50 – 54 years and then decreases.

Conclusions:

Concerns have been raised that childhood chickenpox vaccination programs will result in an increase in adult shingles morbidity, by reducing the immune stimulation of exposure to wild chickenpox virus. The observed pattern of shingles incidence antedates the licensure and public funding of chickenpox vaccination in Canada and Alberta. Shingles surveillance should be included as part of the ongoing evaluation of the introduction of chickenpox vaccination programs.

2. Utility of a new blood test to assist public health investigations of tuberculosis exposure in oncology settings

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Co-Authors: Dr. Donna Reynolds, Dr. Michael Silverman, Dr. Peter Kavsak, Dr. Andrew Daly, Dr. Ian Davis
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Objectives:

Current screening for tuberculosis is carried out using the tuberculin skin test (TST). However, the TST has significant limitations resulting in false-positive and false-negative TST responses. An active case of pulmonary

tuberculosis (TB) in an oncology clinic led us to investigate whether a new blood test, the QuantiFERON-TB GOLD in tube (QFT) assay, could be used to detect latent TB infection in a high risk immunocompromised population.

Methods:

Fifty-five highly immunocompromised (HI) patients, 22 bladder cancer patients receiving BCG therapy (BCT) and 33/296 visitors were assessed using both the tuberculin skin test (TST) and QFT test. Intra- and inter-class analyses were conducted assessing agreement and association between the TST and QFT results.

Results:

For the HI patients, agreement between the TST and QFT results was moderate to high using a cut-point of 10mm induration for the TST (90.9% agreement, Kappa 0.50 (95% CI=0.13-0.87), OR=35.3 (95% CI=2.9-422.1)). All measures of agreement decreased when a TST cut-point of 5mm was used. For the BCTs, as expected, agreement between TST and QFT was poor for all indicators. Perfect agreement was observed at 10mm TST cut-points for the 33 visitors; at the 5mm cut-point, measures of agreement decreased owing to five discordant pairs.

Conclusions:

Given the limitations of the TST in BCG-treated patients and the practicalities of administering the TST to visitors, the QFT may assist in the detection of latent TB infection and is recommended for further study. For HI patients, the need to maintain high sensitivity supports the continued use of the TST.

3. Hepatitis B knowledge, testing and vaccination practices in Chinese adults in Vancouver, British Columbia

Presenting Author: Dr. T. Gregory Hislop

Co-Authors: Dr. Chong The, Angeline Low, Lin Li, Dr. Shin-Ping Tu, Dr. Yutaka Yasui, Dr. Vicky Taylor

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Objective:

The overall goal is to increase the proportion of less acculturated Chinese adults who have been tested for HBV infection and either vaccinated, screened for liver cancer, or know that they are immune to HBV. The results of a needs assessment survey will be presented for Chinese adults residing in east Vancouver.

Methods:

A random sample of Chinese households residing in east Vancouver was generated using a validated list of Chinese surnames and the Vancouver telephone directory. These households were approached for interview by a gender-matched trained trilingual interviewer. The interview included questions on experience with HBV testing and vaccination, knowledge about HBV carrier status, and knowledge about HBV transmission and the potential consequences of infection.

Results:

533 Chinese adults were interviewed (60% response rate). 55% reported having received HBV blood testing; 38.5% having been vaccinated against HBV; and 5.5% having been told that they were a HBV carrier. Significant associations will be presented for both HBV testing and vaccination and selected demographic variables (gender, age, marital status, education, length of time in North America, English proficiency, and birth country). In addition, the results of the HBV knowledge survey will be presented.

Conclusions:

The findings confirm the need for educational initiatives to reduce chronic HBV infection in high risk population groups. We are currently conducting a randomized controlled trial to evaluate the impact of an outreach worker educational intervention on HBV knowledge and testing levels among Chinese adults in Vancouver and Seattle.

4. Investigation of the emergence and spread of *Cryptococcus gattii* in BC: A collaboration between public health and academic professionals

Presenting Author: Dr. Eleni Galanis

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Objective:

To assess epidemiological, clinical, molecular and environmental factors contributing to the emergence and spread of *C. gattii* in BC.

Methods:

Cryptococcal isolates were serotyped using a slide agglutination test and genotyped using Restriction Fragment Length Polymorphism analysis. Human cases and owners of animal cases were interviewed to assess clinical and epidemiological risk factors. Cases were mapped to assess geographical distribution and spread. Environmental sampling was conducted to assess colonization, distribution and means of spread.

Results:

From 1999-2005*, 139 *C. gattii* cases with molecular types VGI and VGII were reported in humans and over 200 in animals. Most human cases were immunocompetent. 70% presented with pulmonary symptoms and 10% with meningitis. Until 2004, all cases lived or had traveled to two biogeoclimactic zones on Vancouver Island during their incubation period. Since then, 3 human and 8 animal cases were exposed on the BC mainland, indicating geographic spread. The fungus has been found in trees, soil and air on Vancouver Island and shoes and wheel wells from travelers to the Island indicating that spread may be occurring through various means.

Conclusions:

C. gattii emerged on Vancouver Island in 1999 and recently spread to the BC mainland. Genotyping has allowed identification of cases acquired in BC and has provided information on the genetic diversity of isolates, generating hypotheses on how and why it emerged. The collaboration between public health and academic professionals which allowed genotype and environmental niche characterization of this fungus is a model for the investigation of emerging diseases.

*2005 data are preliminary

5. Access Issues for Aboriginal People Seeking Primary Care Services in an Urban Centre

Presenting Author: Dr. Vicki Smye

Co-Authors: Dr. Annette Browne, Dr. Sannie Tang

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Objectives:

Access to appropriate, responsive primary care services is critical to achieving overall improvements in health status among Aboriginal populations. We are a team of Aboriginal and non-Aboriginal researchers examining access to primary care from the perspective of Aboriginal peoples seeking services at a busy, urban emergency department (ED). Our specific focus is on patients who seek care in the ED for health conditions classified as 'non-urgent' according to standards set by the ED.

Methods:

Using ethnographic approaches to explore issues of 'access', we have conducted over 300 hours of fieldwork including interviews with 37 patients and 30 healthcare providers, and observations of healthcare interactions in the ED. Using Dorothy Smith's standpoint perspective, we examine the historical, political, and socioeconomic processes that organize peoples' everyday experiences and decisions about where to go for healthcare.

Results and Conclusions:

Preliminary findings suggest that peoples' decision to access the ED for non-urgent health issues are influenced by a number of intersecting factors. Specifically, peoples' past experiences and present expectations interconnect with wider social contexts to influence healthcare decision-making. Even when a variety of healthcare services are available in close proximity, people's decisions about where and when to access healthcare cannot be explained by 'convenience' alone, but are influenced by factors such as their working and living circumstances, the ED as a 'public space', and their perception of what 'choices' are available. These findings have implications for how primary care services are designed to be more responsive to this complex interplay of factors.

Workshop Presentation

Monday, May 29 10:30 – 12:00

The Role of Law in Influencing the Public's Health

Presenting Author: Ms. Nola Ries

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We propose a panel presentation comprised of legal and public health experts to deliver presentations on the role of law in influencing the public's health. The session will include a question-and-answer period for dialogue with delegates.

Five 15-minute presentations are proposed on the following topics: (1) information sharing and personal privacy; (2) intergovernmental relations and public health; (3) international relations and infectious disease control; (4) judicial review of public health actions; and (5) genetics and public health.

By the end of the session, participants will have a greater understanding of the role of law in shaping conditions that influence the public's health. Laws restrict activities that are considered harmful to health, mandate activities that seek to promote health, and regulate vast areas of conduct in both private and public spheres. Legal instruments relevant to public health exist at all levels - local, national and international – and intergovernmental relations play a significant role in hindering or helping public health activities. Where individual rights and collective health goals conflict, the legal system becomes a forum for dispute resolution and judges are required to evaluate the legitimacy of public health activities. This session provides a meeting ground for discussing these critical issues as they relate to law and the public's health in Canada.