Oral Abstract Presentations

Monday, May 29 14:00 – 15:30

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2. Assessing the Effectiveness of a Community-based Physical Activity Health Promotion Strategy – Linda Martin
3. Connecting Children to Recreational Activities: Results of a Cluster Randomized Trial – Deborah McNeil
4. Decreasing Physical Inactivity Through “Team Spirit” – Sydney Millar
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Tobacco Control Best Practices
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Partnerships for Advocacy and Community Action
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2. Coming Together to Improve the Health of Canadians: Results of the Trans Fat Task Force – Stephen Samis
3. Challenges of the “Real World”: Barriers to Evidence-based Advocacy by Health Care Professionals – Dr. Natalie Yanchar
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Addressing Infectious Diseases: Lessons Learned
1. SARS in a Health Science Faculty: Policy and Practice Implications for Outbreaks of Emerging Diseases – Betty Burcher
2. Pediatric SARS: Lessons Learned and Policy Implications – Dr. David Nicholas
3. Toronto’s Legionnaires Outbreak – Ron de Burger
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5. Childhood and Adult Immunization Rates in Manitoba – Elaine Burland
Workshop Presentation

Monday, May 29 14:00 – 15:30

Effective Alcohol Policy and Advocacy – Denise DePape
1. **Down by the Riverside: Increasing Older Adult Physical Activity in the River Valley through Environmental Design**

**Presenting Author:** Ms. Marie Carlson  
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**Purpose:**  
The “River Valley” project operationalized the principle of enhancing physical and social environments to increase physical activity of older adults within a small urban centre northeast of Edmonton, AB. The intersectoral partnership between The River Valley Alliance (RVA), Capital Health, and the Cities of Edmonton and Fort Saskatchewan demonstrates a successful collaboration that achieves a common goal across three diverse organizational mandates.

**Background and Process:**  
The “River Valley” project identified an alignment between the RVA’s desire to develop an integrated plan to preserve and enhance the environment, and Capital Health’s population health priority to address chronic disease prevention through increasing physical activity. A steering committee consisting of representation from the key stakeholders, University of Alberta, and a community representative was formed. Principles of community consultation, evidence based practice and building internal capacity informed the project process and development.

**Results:**  
A successful sod-turning ceremony, followed by a ribbon cutting event, were held to celebrate the opening of an access trail, rest-stop and boat launch in Ft. Saskatchewan’s river valley. Formative evaluation was incorporated into the Steering Committee’s Terms of Reference and will inform future RVA, Capital Health and municipality partnership projects. An impact assessment is being planned for the one year anniversary of the launch.

**Significance for Practice:**  
Capital Health is committed to the application of population health principles to create social and physical change to enhance positive and collective health outcomes. The River Valley project is an example of a project that applies these principles at a community level.

2. **Assessing the effectiveness of a community-based physical activity health promotion strategy**

**Presenting Author:** Mrs. Linda Martin  
**Co-Authors:** Dr. Karen Chad, Dr. Kevin Spink, Mrs. Catherine Gryba, Mrs. Lynne LaCroix, Mr. Russ Kisby  
**Address:** Saskatoon Health Region  
701 Queen St  
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Purpose:
To assess the effectiveness of a community-based physical activity health promotion strategy in a mid-sized Canadian health region.

Methods:
Telephone surveys were conducted to assess the physical activity levels of residents age five and older. The initial/baseline survey was conducted in the Spring of 2000 (n=1759) before the launch of the community-wide physical activity initiative called in motion. In motion is a comprehensive approach that uses public awareness, education and motivation strategies, in combination with target audience strategies and continual research to reach all corners of the community. As the initiative continues, follow-up surveys will be conducted every two years. To date two surveys in 2002 (n=2037) and 2004 (n=1627) were completed.

Results:
The baseline survey (2000) illustrated that 77% of Saskatoon residents believed themselves to be regularly physically active while upon further investigation only 36% were found to be active enough to receive health benefits. The follow-up surveys showed that physical activity levels increased from 49% (2002) to 50% (2004). Furthermore, 60% indicated that in motion had helped make positive changes in their health behaviours.

Conclusion:
In five years the Region's population increased their health benefit levels of physical activity by 39%. Therefore the in motion strategy has been proven to positively change physical activity levels through its combination of health promotion, targeted strategies, capacity building, and partnerships.

3. Connecting Children to Recreational Activities: Results of a Cluster Randomized Trial

Presenting Author: Ms. Deborah Mc Neil
Co-Authors: Ms. Brenda Wilson, Dr. Jean Mah, Ms. Jodi Siever
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Objective:
To identify if outreach support increases school aged children’s participation in self directed activities.

Methods:
Sixteen schools in vulnerable neighborhoods in the City of Calgary were randomized to either an intervention or control group. Healthy children, in grade four classrooms, and their families were invited to participate. Following informed consent, children in intervention schools were assigned a “connector” (outreach worker) to facilitate participation in outside school activities. The Children’s Assessment of Participation and Enjoyment (CAPE) was used to assess the effect of the intervention and was measured at baseline, mid, and end of the one year program. Demographic information, body mass index, child physical and psychosocial health, coordination, and self esteem were also measured.

Results:
A total of 362 children participated in the study. A greater proportion of children in the intervention group compared to the control group increased their physical activity (34% vs. 22% Chi 2 p 0.03). Children in the intervention group who increased their physical activity were more likely to have high rather than low frequency of contact with the connectors (49% vs. 19% Chi2 p 0.003).
Conclusion:
Children and their families living in vulnerable neighborhoods can be engaged through outreach workers and connected to programs that increase their physical activity.

Significance:
Physical activity is an important factor in maintaining health and preventing chronic disease over the lifetime. Innovative programs aimed at increasing physical activity in children, who are at risk for low activity levels, may stimulate positive life-long health behaviors. Further research is needed to assess the long-term implications of such programs.

4. Decreasing Physical Inactivity through "Team Spirit"

Presenting Author:  Ms. Sydney Millar
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           228-1367 West Broadway
           Vancouver, BC  V6H 4A9

Objective:
High rates of physical inactivity among Aboriginal girls and young women increases their risk for developing chronic disease. Unfortunately, few initiatives, programs, and services adequately address the social and economic determinants of physical activity for this target group. Results from “Team Spirit: Aboriginal Girls in Sport”, a national project to increase community sport opportunities for Aboriginal girls and young women, will be shared.

Methods:
Qualitative data on the gaps in knowledge and practice was collected through focus groups and interviews. A literature review and environmental scan indicated additional gaps, but also identified promising practices and opportunities for action. Outcomes and evaluation findings from five “Team Spirit” community-based programs were also analyzed.

Results:
While many organizations are committed to decreasing physical inactivity in Aboriginal communities, few have the capacity to address the specific determinants of physical activity for girls and young women. To increase capacity, partnerships at the national, provincial/territorial and community level were built and resources to increase awareness about unique needs, interest and experiences of Aboriginal girls and young women were developed.

Conclusions:
This analysis highlights the importance of considering the impact of gender, socio-economic status and race/ethnicity when developing successful physical activity interventions. Key learnings, promising practices, and practical tips and strategies with relevance for practitioners and policy makers will be shared.

5. Focus groups with new mothers to identify the relationship between physical activity and postpartum smoking relapse prevention

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Objective:
The purpose of this study was to understand the role that physical activity plays in preventing smoking relapse during the postpartum period. This study aimed to: (1) Identify the factors contributing to maternal postpartum smoking relapse, (2) Determine women’s values regarding physical activity during the postpartum period and (3) Determine the barriers to engaging in physical activity during the postpartum period.

Methods:
Eight focus-group interviews were conducted with 51 new mothers and analyzed for common themes. All participants had smoked prior to becoming pregnant and quit smoking during their pregnancy. Thirty-one of these participants were non-relapsers while twenty participants had resumed smoking after birth of their baby. A structured interview guide and prompts were developed to address 2 topical areas: Factors related to smoking behaviour and factors related to their level of physical activity. The focus group analysis is descriptive and summarizes how 51 women expressed their interpretation, perceptions and meanings about smoking cessation and relapse during the postpartum period.

Results:
The findings from this study reveal some important themes and issues that are related to postpartum smoking relapse and the potential influence of physical activity in prevention of relapse.

Conclusions:
The findings highlight the need for future smoking cessation interventions targeted at pregnant women to incorporate physical activity interventions in order to minimize the chances of postpartum smoking relapse. The data is being used to inform the development of future program interventions aimed at preventing smoking relapse among postpartum women.
Tobacco Control Best Practices

1. Creating Evaluation Standards: Learnings from Tobacco Control

Presenting Author: Dr. Chris Lovato
Co-Authors: Tobin Copley, Shawn O'Connor, Cheryl Moyer, Louise Guyon, Ann Royer, Robert Sparks, Oonagh Maley, Steve Manske, Allison McKinnon, Tom Stephens, Bob Walsh
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When selecting programs and/or identifying courses of action, practitioners and policy makers are often hindered by the use of different evaluation and measurement tools that make comparisons difficult if not impossible. If surveillance systems, program evaluators and researchers used some common measures, we would be in a better position to identify best practices, gaps and opportunities.

In 2002, the Canadian Tobacco Control Research Initiative (CTCRI) established a National Advisory Group of evaluation experts to address these types of challenges in tobacco control monitoring and evaluation. In this presentation, a set of indicators and measures identified by the Advisory Group for use in monitoring prevention, protection, cessation and denormalization at the national, provincial and territorial levels will be presented. The process of identifying the core indicators and measures from the Canadian Community Health Survey (CCHS), the Canadian Tobacco Use Monitoring Survey (CTUMS), and the National Population Health Survey (NPHS) will be outlined along with implications for practice. A report outlining the indicators and measures (published by the CTCRI in 2006) will be provided to attendees.

This presentation will be of interest to researchers and practitioners wanting to know more about surveillance and evaluation, and how the use of common indicators can facilitate the identification of best practices.

2. Canadian Smokers’ Helplines: Collaborating for Improving a Smoking Cessation Service

Presenting Author: Ms. Cheryl Moyer
Co-Author: Robin Reece, Network Manager, Canadian Network of Smokers’ Helplines
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Objective:
To describe an innovative collaborative approach to providing a smoking cessation service that enables provincial variations, sharing of best practices, and a common evaluation framework.

Methods:
The 10 smokers’ helplines in Canada, each linked to their provincial tobacco strategies and networks, agreed to collaborate to maximize access to and effectiveness of quitline services for all Canadians, within the framework of the Canadian Network for Smokers’ Helplines. This model describes the key activities of the Network, the roles of a Secretariat and smokers’ helplines, and processes for communication and decision-making. The
presentation will review the roles, activities and products of the Network over its first two years, including international collaborations.

Results:
Products from the first two years include the identification of current ‘best practices’ for quitlines world wide; analysis of costs and benefits of this type of cessation service; development of a minimal data set of information that will be collected from all North American helplines to enable comparability of different service models; and research and development of promotion materials including audience preferred messaging for smokers and health professionals; and recommendations for research priorities.

Conclusions:
Quitlines are a social equalizer. Services are cost free [no fees, no need for travel or child care] and as 96.3% of Canadian households have either regular telephones or a cell phone (Statistics Canada, 2004) they are very accessible. Collaborative efforts to increase the effectiveness of the services, target messages for key audiences and outreach to the community will increase public health impact.

3. Smoking Cessation Among Neglected Populations: Employed and Unemployed Young Adults 18-24 years

Presenting Author: Mrs. Pearl Bader
Co-Authors: Dr. Harvey Skinner, Heather Travis, PhD Candidate
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Objective:
This study systematically reviewed and synthesized the evidence regarding effective strategies for smoking cessation with young adults aged 18-24 years who are employed or unemployed. This age group has the highest rate of smoking in Canada and the U.S. (and several other countries) and an increased vulnerability to marketing efforts by the tobacco industry. Yet, there is a deficiency of data to guide decision-making for effective interventions for this age group.

Methods:
A knowledge synthesis was conducted using three main sources of information:
1. systematic review of the literature,
2. expert opinion through a Delphi process, and
3. focus groups involving 18-24 year old young adult smokers.

Results:
A scarcity of studies was found on 18 to 24 year olds: only 12 intervention studies, 11 natural history, 5 on health beliefs and only 1 study on engaging this population. Through the Delphi process, 27 experts reached consensus on priorities for research, practice and policy. Overall priorities included engagement, recruitment, and innovative interventions. Examples of themes that emerged from the six focus groups included: interventions being relevant to young adults, not “forced” and highlighting positive aspects of quitting, rather than “scare tactics” regarding the negative consequences of smoking.

This study illustrates the value of using different and complementary approaches (literature review, expert opinion, target population), especially in an area of high importance, but with limited empirical studies to date. The findings help set the agenda for targeting research, improving practice and informing policy for smoking cessation among young adult smokers.
4. What are the Effects of Tobacco Policies on Vulnerable Populations?

Presenting Author: Dr. Lorraine Greaves
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This presentation will discuss the results of a better practices review of the evidence of the effectiveness of three tobacco control policies (sales restrictions, taxation and pricing, location restrictions) on diverse groups of male and females particularly vulnerable to smoking: Aboriginal people, adolescents, and individuals from low socioeconomic backgrounds. Evidence was drawn from literature describing tobacco control policy and related intervention strategies, as well as from broader theoretical literature. Three methodologies were utilized: gender-based analysis (GBA), diversity analysis and Better Practices review methods.

Findings confirmed that tax increases reduce smoking initiation and cigarette consumption among teenagers and encourage cessation among people living on low income. However, further research is needed to determine the effect among Aboriginal peoples, as tax-exempt tobacco products are available on reserves. Sales restrictions limiting sales to minors are effective in decreasing successful purchase attempts by adolescents; however, it is not clear how restrictions may differentially affect cigarette availability for girls and boys. Smoking location restrictions appear to decrease smoking initiation among teens. Evidence indicates that restrictions on smoking in the home may decrease youth smoking initiation, particularly for girls, but it remains unclear as to whether school smoking bans are effective in reducing teen smoking.

Based on our findings, we present recommendations for Better Practices in research, evaluation, and policy in tobacco control. We conclude that ongoing commitments to the development of ethical gender- and diversity-sensitive tobacco control policies will better address tobacco use and the health needs of Canada’s vulnerable groups and communities.

5. The relationship between retail point-of-purchase environment and secondary school smoking prevalence: a five province study

Presenting Author: Ms. Helen Hsu
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Objective:
The purpose of this study was to examine the relationship between the point-of-purchase (POP) characteristics in the Canadian retail environment and secondary school smoking prevalence.

Methods:
This was a cross-sectional study that surveyed grade 10-11 students from 82 Canadian schools to determine school smoking prevalence (% of daily and experimental smokers) and its relationship to tobacco POP activities in retail environments (price per cigarette, in-store promotional activities, government health warning signage) obtained from observational data collected in 491 retail stores located in surrounding areas of the schools. Median household income and sex were included as confounding factors. Pearson correlations and hierarchical
multiple regression analysis were used to determine association between outcome and explanatory variables and to model school smoking prevalence.

**Results:**
Results from correlational analysis were as expected, school smoking prevalence had moderate negative correlations with price per cigarette ($r=\text{-}0.45$), government health warning signage ($r=\text{-}0.35$), and was positively correlated with in-store promotions ($r=0.35$). The final regression model was significant and explained 26.9% of the variation in school smoking prevalence in our study. Consistent with the literature, the strongest predictor in the final model was price per cigarette ($\beta=0.28$).

**Conclusions:**
This study supports current policy decisions banning POP marketing in retail stores. Point-of-purchase activities are a sophisticated tobacco marketing strategy designed to counteract current advertising restrictions and tobacco control policies. These findings are consistent with previous research that found relationship between POP activities and smoking.
Addressing Gambling and Substance Abuse

1. Gambling Decisions: An Early Intervention Program for Problem Gamblers Results of a Three Community Study

Presenting Author: Dr. Joy Edwards
Co-Author: Ms. Ellie Robson
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Objective:
The objective of the Gambling Decisions Program was to evaluate the effectiveness of this early intervention program delivered from the three different community agencies including public health, addictions and counseling.

Methods:
In response to advertisements about the program, prospective clients called in and were screened by phone to identify those with moderate dependency on gambling using the DSM-IV criteria. Severely dependent pathological gamblers were excluded. Fifty people called in for the program and thirty-three people completed the program.

Results:
The results from the one year follow-up will be presented at the conference in May. Preliminary data indicates significant reductions in both time and money spent gambling.

Recruitment for his Early Intervention Program was most successful with the counselling agency.

Relevance:
This Abstract is relevant to the Chronic Disease and Injury Prevention stream. Canada has experienced a dramatic increase in legalized gambling from the 1900’s onward, primarily because of governments’ need to increase revenue without additional taxation (Korn 2000). A public health approach recognizes there are health, social and economic costs and benefits regarding gambling. Intervention strategies must try to balance these factors.

Vulnerable populations for gambling problems include those of lower socio-economic status, various ethnocultural groups, older adults, youth and women. Suicide rates of problem gamblers are 5 times the National Average.

Part of a Public Health approach should be the adopting of a harm reduction and early intervention approach to minimize the harmful effects of gambling. This should include implementing early intervention programs like Gambling Decisions.

2. Cannabis use is associated with adverse driver behavior in sober drivers

Presenting Author: Dr. Michel Bédard
Co-Authors: Sacha Dubois, Bruce Weaver
Background/objective:
Cannabis has detrimental effects on human performance and may affect driving adversely. However, studies designed to examine this issue have provided equivocal findings. We set up this study to further determine the effect of cannabis on driving.

Methods:
We used a cross-sectional, case-control design with drivers aged 20-49 who were involved in a fatal crash in the United States from 1993 to 2003; drivers were included if they had been tested for the presence of cannabis and had a confirmed blood alcohol concentration of zero. Cases were drivers with at least one potentially unsafe driving action recorded in relation to the crash (e.g., speeding); controls were drivers who had none recorded. We calculated crude and adjusted odds ratios (ORs) of any potentially unsafe driving action in drivers who tested positive for cannabis. For the adjusted OR we controlled for age, sex, and prior driving record.

Results:
Five percent of drivers tested positive for cannabis. The crude OR of a potentially unsafe action was 1.39 (99% CI = 1.21, 1.59) for drivers who tested positive. After controlling for age, sex, and prior driving record, cannabis remained associated with potentially unsafe driving actions (OR = 1.29, 99% CI = 1.11, 1.50).

Conclusion:
Cannabis had a negative effect on driving as predicted from human performance studies. This finding supports the need for interventions to decrease the prevalence of driving under the influence of cannabis, and indicates that further studies should be conducted to investigate the dose-response relationship between cannabis and safe driving.

3. Exploring the opportunity and allure of video lottery terminal (VLT) gambling among youth in Montréal.

Presenting Author: Ms. Dana Helene Wilson
Co-Authors: Dr. Nancy A. Ross, Dr. Jason A. Gilliland, Dr. Jeffrey L. Derevensky, Dr. Rina Gupta
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Montreal, QC H3A 2K6

Objectives:
This paper presents results from on-going research that examines youth video lottery terminal (VLT) gambling in Montréal. We consider gambling a public health issue that is best understood by examining the environmental and social contexts within which gambling takes place. Our study explores environmental and individual factors associated with youth VLT gambling, as well as gambling attitudes and norms shared by youth.

Methods:
Multilevel models of VLT use were created based on a cross-sectional survey of Montréal high school students conducted in 2004 coupled with environmental measures of Montréal neighbourhoods. Information on gambling behaviour as well as demographic, social and behavioural characteristics was obtained from the survey while neighbourhood characteristics were derived from both census data and provincial data describing...
the location of VLT access points across Montréal. We next examined youth gambling attitudes and norms through qualitative focus group discussions in high schools held in 2006.

**Results:**
The multilevel models revealed the joint contribution of individual characteristics (male gender, peer influences, engaging in other risky behaviours like smoking and drinking) and neighbourhood characteristics (socio-economic conditions, VLT opportunities), in the uptake of VLT gambling by youth. The results of the focus group discussions demonstrated how the attitudes and beliefs held by youth concerning gambling and VLT accessibility and acceptability may further shape gambling-related behaviour.

**Conclusions:**
Gambling as a public health issue has both individual and societal level origins. The successes of public health interventions aimed at changing individual behaviours have historically been modest at best and so we suggest that policy directed at preventing societal gambling problems must include strategies to alter physical (e.g., accessibility) and social (e.g., norms) environments in which gambling behaviour takes place.

4. **A Public Health Approach to Drug Control in Canada**

**Presenting Author:** Dr. Brian Emerson  
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**Abstract:**
The Health Officers Council of BC has recently examined the spectrum of drug control policy options from a public health perspective. Tobacco and alcohol exist towards one end of the spectrum in a legal, for profit economy. Illegal drugs exist towards the other end of the spectrum in a criminal-prohibition, black-market economy. A more centrist public health approach to currently illegal as well as legal drugs, where policies are set to minimize harms, could be achieved. The balance point would be that which minimizes the prevalence of harmful use and negative health impacts, and also minimizes any indirect or collateral harms to society from regulatory sanctions. Studies support public health harm reduction strategies, but their implementation is hindered by the criminal status of drugs in popular use. Current conditions are right to enter into serious public discussions regarding the creation of a regulatory system for currently illegal drugs in Canada, with better control and reduced harms to be achieved by management in a tightly controlled system. The removal of criminal penalties for drug possession for personal use could both aid implementation of programs to assist those engaged in harmful drug use, and reduce secondary unintended drug-related harms to society that spring from a failed criminal-prohibition approach. This would move harmful illegal drug use from being primarily a criminal issue to being primarily a public health issue. A review of Canadian reports, articles and poll results indicates a readiness to explore new approaches. A comprehensive public health approach for drug control should be adopted.

5. **Proposal for an innovative public health nursing approach to the lack of methadone maintenance options in northern rural communities.**

**Presenting Author:** Ms. Heather Peters  
**Co-Author:** Bruce Self  
**Address:** Social Work Program  
University of Northern British Columbia  
South-Central Region
Objective:
To outline a proposed innovative public health nursing program to address the lack of methadone prescribing physicians in northern rural communities.

Methods:
The proposed program is based on an historical case study of a small northern and rural BC community where the departure of the only Methadone Maintenance Therapy (MMT) prescribing physician left several recovering drug addicts without local care.

Abstract summary:
The benefits of MMT to the recovery of clients from an opiate addition are well documented. However, the requirements necessary for a physician to be able to prescribe methadone mean that small, northern and rural communities often have no physician in this capacity. Rural MMT clients without a physician must either move to a larger centre away from their support network or discontinue MMT and risk returning to their drug addiction. The argument will be made that support of clients accessing MMT fits with the mandate of public health and with the skills of public health nurses. The presentation will describe an innovative and viable option for including public health nurses in supervising stable ongoing MMT clients and reporting to a physician who may be in another community. Preliminary discussions with one health region, a Medical Health Officer and the College of Physicians indicate that the program is a viable option. Creation and implementation of appropriate policy would need to be addressed in order for this program to become operable. A public health MMT program serves to maintain the recovery of opiate addicted clients and thus is a chronic disease prevention tool.
Partnerships for Advocacy and Community Action

1. Salt of the Earth, Fat of the Land: Risks and Opportunities in Regulations on the Composition of Processed and Staple Foods

Presenting Author: Mr. Bill Jeffery  
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Objective:  
Recent appreciation of the health and economic consequences of poor diet has, in turn, attracted meagre analytical and political attention to public policy solutions. Scant emerging policy discourse has mainly focussed on adjusting the food information environment (i.e., selectively augmenting and limiting various kinds of food-related information), and, to some extent, manipulating fiscal levers in favour of healthful dietary choices. The purpose of this study is to evaluate and contextualize current and prospective regulation of food composition.

Methods:  
I will review existing regulations related to food composition and evaluate them against indicia of population health outcomes. Case studies include polices governing salt, trans fat, micro-nutrient fortification, caffeine, and “quality/identity” standards, and various staple foods.

Results:  
Legally binding food composition standards are sometimes naïvely or mischievously dismissed as too overbearing to achieve public health goals in liberal society. However, in practice, such standards have long been applied to many foods in Canada and elsewhere to achieve much less ambitious aims, aims that sometimes actually undermine efforts to achieve health goals. If compositional standards are designed to achieve health outcomes, they can be extremely effective in reducing rates of premature death. When other priorities prevail, often grave outcomes result.

Conclusion:  
Federal and provincial governments should conduct a review of existing compositional standards for foods, and measure those against contemporary scientific understanding about the relationship between health and both nutrients and food ingredients. The review should assess options for reforming compositional standards to ensure they promote, not undermine, public health goals.

2. Coming Together to Improve the Health of Canadians: Results of the Trans Fat Task Force

Presenting Author: Mr. Stephen Samis  
Co-Authors: Manuel Arango, Sally Brown  
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Heart disease represents one of the leading chronic diseases and causes of death in Canada. Trans Fatty Acids (trans fats) pose a significant risk to heart health. Canadians consume more trans fats per capita than any other...
population in the world. In November 2004, the Canadian House of Commons passed a Motion that led to the establishment of a Trans Fat Task Force, co-Chaired by the Heart and Stroke Foundation and Health Canada. The mandate of the Task Force was to provide evidence-based recommendations to the Minister of Health for the virtual elimination of trans fatty acids in processed foods in Canada. Many other countries, including the European Union, are watching closely Canada's action on this issue.

This presentation will outline:
- The health risks posed by trans fats:
- The unique nature of this NGO-government collaboration: and
- The key recommendations of the Task Force.

In addition, the presentation will identify actions public health practitioners can take to ensure that dangerous trans fats are dramatically reduced in the food supply in Canada.

3. Challenges of The “Real World”: Barriers to Evidence-Based Advocacy by Health Care Professionals

Presenting Author: Dr. Natalie L. Yanchar
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Objective:
By exposing recent highly publicized debates in Nova Scotia, this presentation will describe “real world” challenges to invoking evidence-based changes in public health policy as advocated by health care professionals.

Methods:
Recently, Nova Scotia witnessed an unprecedented advocacy campaign by a broad-based medical and allied health care community to prohibit the operation of all-terrain vehicles (ATVs) by children, using arguments based on epidemiologic evidence and a population health approach. Policy development was hindered, however, by arguments of other stakeholders such as industry, local business, alternative off-highway vehicle user groups, and passionate pleas from ATV operators, often using anecdotal stories, misinterpretation of injury data, and misconstrual of the child safety issue at stake. Public and committee debates between injury prevention and child health advocates, user groups, industry, and politicians, dominating both print and televised media, depicted the problem of ATV-related injuries in children as a public health issue while simultaneously overshadowing it by alternate interests.

Results:
Pendulous swings in policy direction to deal with pediatric ATV-related trauma in Nova Scotia occurred over the period of these debates. The resultant “compromised” position may satisfy few and must be left up to time to determine its effectiveness.

Conclusions:
Advocacy by the health care community to enhance public safety may be challenged when alternative interests are threatened. Adhering to the principles of professionalism and basing arguments on sound epidemiologic evidence and fact must form the basis of the clinician’s role in advocacy. At the same time, the medical profession must become educated about the fundamentals of politics, factors influencing the media and the cultural milieu of their community in order to effectively translate evidence into public policy.

**Presenting Author:** Dr. Sid Frankel

**Co-Authors:** Ms. Laurel Rothman, National Director, Campaign 2000, Dr. Harvy Frankel, Associate Dean, Faculty of Social Work, University of Manitoba

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**Objectives:**
a. To describe poverty and economic inequality as determinants of child health
b. To place family and child poverty in Canada in international perspective
c. To describe Campaign 2000 as a coalition and a social movement
d. To describe the policy advocacy strategies of Campaign 2000 and evaluate their strengths and limitations.
e. To describe Campaign 2000’s policy reform package and its rationale

**Methods:**
Case study methodology is utilized considering Canada as a particular case among countries and Campaign 2000 as a case of an advocacy-based coalition with many characteristics of a social movement. Data comes from two sources: the multi-disciplinary professional and academic literature and participant observation by two of the authors who are the national director and a steering committee member of Campaign 2000

**Results:**
Results demonstrate clear evidence that family poverty is a significant determinant of child health through both materialist and social-psychological pathways, and that Canada has higher rates than many advanced industrial nations. Campaign 2000 exhibits key characteristics of both a coalition and social movement, and utilizes classical rationalist policy formulation and social action strategies. Its policy reform package is defensible, but has not focused on changes in health care policy or resource utilization. Implementation is strengthened by the activation of a pan-Canadian set of partners and limited by resources and contested definitions of poverty.

**Conclusions and Discussion:**
Lessons will be drawn from the experience of Campaign 2000 related to policy formulation, policy advocacy, coalition formation, and coalition maintenance.

5. Success through Partnerships - The Canadian Safe Communities Model

**Presenting Author:** Ms. Dorry Smith

**Co-Author:** Cathy Shether, Interior Health Authority

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The Safe Communities Foundation (SCF) was founded by Paul Kells in 1996 in response to the death of his 19 year-old son, Sean. Sean died as a result of injuries sustained in a workplace explosion. Nine years later, more than 48 communities have been designated, with many more in-process across the country. Each community brings together a wide variety of committed volunteers and their own unique range of cross-sectoral partnerships to identify, reduce and eliminate the most prevalent local injuries. The coalitions target these injuries within results-oriented business plans that set achievable, measurable and sustainable goals.
One such designated community, Kamloops, BC, has been successful in their efforts to try to reduce injuries. The Kamloops Injury Prevention Network (KIPN), in the first two years of operation, chose to focus on the prevention and reduction of injuries in four target areas: (1) seniors’ falls; (2) discarded needle injuries; (3) youth recreational injuries; and (4) pedestrian rail safety. Through planning and collaboration, duplication is avoided, the approach to injury prevention is consistent, goals and targets are established and opportunities for innovative approaches are supported.

This presentation will give an overview of the Safe Communities’ model, its purpose, steps in becoming a designated Safe Community and the evidence to support the model as a best practice. Additionally, it will draw upon the experiences of Kamloops, a designated Safe Community, in developing a collaborative community coalition and effective injury prevention programs to address the reduction of injuries.
Addressing Infectious Diseases: Lessons Learned

1. SARS in a Health Science Faculty: Policy & Practice Implications for Outbreaks of Emerging Diseases

Presenting Author: Ms. Betty Burcher
Co-Author: Dr. Elizabeth Rea
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Objective:
Based on University of Toronto Faculty of Nursing experience during the SARS outbreak, we will outline policy and practice implications for outbreak planning and management of re/emerging diseases.

Methods:
This descriptive study examines the impact of a) the SARS outbreak on classroom education and clinical placements, and b) outbreak containment strategies of quarantine, surveillance, contact tracing and cohorting applied to academic health sciences institutions. The study population consisted of 670 full-time and part-time nursing students, faculty and staff, many who were also employed in health care institutions.

Results:
Following a cohort principle, undergraduate hospital placements, undergraduate and graduate classes were all suspended at various points during the outbreak. 183 undergraduate students were in 22 clinical sites. Fifty students and faculty were identified as contacts of SARS and placed in quarantine; eight students developed symptoms either in quarantine, on clinical placement or as hospital employees and were investigated as potential SARS cases; two students developed confirmed SARS following workplace exposures. Major issues included the challenge of people working and studying at multiple sites; tensions between rights and responsibilities as an employee, teacher, student or clinician; overburdened public health resources; and lack of occupational health support and surveillance for faculty, staff and students.

Implications:
Larger containment strategies should explicitly address the need of the health sciences education sector. Coherent and transparent decision-making in both the planning and acute phases is critical. The issues identified here are relevant for nosocomial infections like SARS as well as community infections like pandemic influenza.

2. Pediatric SARS: Lessons Learned and Policy Implications

Presenting Author: Dr. David Nicholas
Co-Authors: Donna Koller, PhD, Beverley Antle, PhD, RSW, Robin Gearing, PhD (cand.), RSW, Robyn Salter, MSW, RSW
Address: Department of Social Work and Research Institute
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Objective:
The purpose of this study was to examine pediatric patients, their parents, and health care providers’ experiences and perspectives about the psychosocial and service delivery consequences of the 2003 SARS outbreak in Canada. This presentation will identify health policy and patient care implications. Findings will provide guidance for future planning in the event of another health outbreak such as SARS.

Methods:
Pediatric patients, their parents and health care providers were consulted using qualitative interviews and focus groups. A total n=82 participated, including (a) pediatric patients treated during the SARS outbreak (with varying conditions as outlined in Table 1), (b) their parents, and (c) pediatric health care professionals providing care. Data analysis comprised systematic content review of verbatim transcripts including line-by-line and axial coding in which data were saturated within categories and themes.

Table 1: Clinical Areas in which Participants were Sampled

<table>
<thead>
<tr>
<th>Area</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspected or Probable SARS</td>
<td>N=23</td>
</tr>
<tr>
<td>Transplantation (Heart, Kidney, Lung)</td>
<td>N=20</td>
</tr>
<tr>
<td>Respiratory care (asthma, cystic fibrosis, chronic lung disease)</td>
<td>N=24</td>
</tr>
<tr>
<td>Critical/palliative care</td>
<td>N=15</td>
</tr>
<tr>
<td></td>
<td>N=82</td>
</tr>
</tbody>
</table>

Results:
Participants conveyed key areas in which health policy and practice were affected. These included: (1) flow of communication and strategies for responding to outbreaks; (2) emotional challenges associated with the impact of SARS policies; and (3) need for practice guidelines in optimizing treatment protocols, particularly in supporting parental involvement with the child’s care during infectious outbreaks.

Conclusions:
Given the ongoing threat of airborne viruses, preparedness strategies are clearly needed. Toward this end, lessons learned from this study will be the focus of this presentation.

3. Toronto's Legionnaires Outbreak

Presenting Author: Mr. Ron de Burger
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Toronto Public Health
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Objective:
This presentation will describe the challenges inherent in a complex environmental health investigation of an outbreak of Legionnaires' disease in Toronto in 2005. Lessons learned and recommendations for future investigations will be presented.

Discussion:
In late September and October 2005, the Seven Oaks municipal long-term care home in Toronto experienced an outbreak of Legionnaires’ disease, a type of pneumonia. A total of 135 people were infected, 23 residents died. For the first 10 days of the outbreak the cause was unknown. On October 6, 2005 laboratory tests done on autopsy samples from residents who had died identified the illness as Legionnaires’ disease. An intensive environmental health investigation was undertaken by Toronto Public Health. On October 21, 2005 tests confirmed that the same strain of Legionella found in specimens was present in samples from the home’s
cooling tower. In spite of the fact that Legionella was also found in the cooling towers of nearby buildings and that there were other community cases, the epidemiology of this event clearly points to the Seven Oaks cooling tower as the primary cause for this outbreak.

Conclusion:
This case study reflects the difficult challenges faced by local health departments in investigating an unusual outbreak in an institutional setting for vulnerable adults. The methodology used can serve as a best practice model for similar investigations.

4. Management of an Influenza A outbreak in the Canadian Arctic: A model for Pandemic planning

Presenting Author: Dr. Shiv Grewal
Co-Authors: Dr. Bruce Martin
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Grey Bruce Health Unit
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Abstract:
In November 2003, an influenza A outbreak occurred in Sanikiluaq, Nunavut causing illness in at least 50% of the community. This presentation will bridge the conference streams of Aboriginal Health and Infectious Diseases. The management of this outbreak by highlighting key obstacles encountered will help public health officials and community leaders exchange knowledge and build capacity in their own pandemic and emergency plans.

Outbreak management highlighted the importance of good communication between various governmental and medical organizations at the community, provincial and inter-provincial level. The early emergency response involved finding available medical personnel, organizing transportation to the community, acquiring the appropriate medical supplies before departure and predicting and dealing with delays due to the weather.

The medical team needed the capability to provide acute care for cardio-respiratory emergencies and public health expertise in effective community mobilization, communication and coordination of local services. Human resource limitations impacted the successful delivery of various essential services.

Analysis revealed that one week before the outbreak was identified the community hosted two large public meetings with participants from all over Canada. Those <4 years old or greater than 65 years old were more likely to develop influenza-like symptoms. Important public health measures included prohibition of public gatherings, closing schools and a daily live television show using a call-in format to answer questions and disseminate information. Laboratory analysis of specimens confirmed Influenza A fujian strain. Treatment for influenza A did not need to be instituted. A community influenza vaccination during the outbreak serviced 274 people.

5. Childhood and Adult Immunization Rates in Manitoba

Presenting Author: Ms. Elaine Burland
Co-Authors: Dr. Patricia Martens
Objective:
To examine immunization rates in Manitoba for children and adults.

Methods:
Using anonymized administrative data (2003/04) in the Population Health Research Data Repository at MCHP, rates of full immunization were reported for one-, two- and seven-year old children, as well as influenza vaccination rates for adults age 65+.

Results:
Overall, there was no significant difference in immunization rates for males and females: approximately 82% of one-year olds, 70% of two-year olds, and 74% of seven-year olds received their ‘complete’ immunizations. Of those 65+ years of age, approximately 67% received their influenza vaccinations. There was a significant positive relationship (p<.001) between area-level income and immunization rates for all groups – the higher the income, the higher the rate of immunization. Rates of adult influenza immunization were close to the target rate of 70% identified by the Public Health Agency of Canada, but all childhood immunization rates were substantially lower than the target of 95%. When compared to an earlier MCHP report (RHA Atlas, Martens, et al., 2003) immunization rates appear to be falling for two-year olds, one- and seven-year old rates seem to be stabilizing, and adult influenza vaccinations rates are on the rise.

Conclusions:
While it is encouraging that there is not a sex difference in rates of immunization, there appears to be a social gradient. Given that lower income people are more likely to be less healthy, it is crucial that they receive vaccines at least equal to, and arguably greater than, the rate received by higher income groups.
The purpose of this workshop is to explore effective advocacy to influence healthy public policy related to alcohol, based on two scenarios that demonstrate the use of research to inform policy and the influence of policy on injury prevention.

Recent WHO evidence demonstrates that alcohol is the third leading contributor to health burden in Canada, especially injuries and chronic disease (cancer, CVD), and that policies regulating the sale/service of alcohol and control of access, are the most effective means for preventing problems. In response to pressures from the alcohol and hospitality industries, almost all the changes related to alcohol in recent decades have been in the direction of deregulation. In this workshop we will discuss the need for public health and community agencies to take action to support healthy public policy around alcohol. In the absence of the community voice, continued deregulation will occur, along with increases in alcohol-related morbidity and mortality. This focus is particularly timely given the development of an alcohol strategy under the leadership of Health Canada and the Canadian Centre on Substance Abuse. We will emphasize advocacy and the value of collaboration to increase the strength of the public health message, and surmount barriers. Examples will include recent action on the legal limit for driving and response to a government review of alcohol distribution policies. The workshop activities will focus on effective advocacy strategies and the development of coalitions in order to have an impact on healthy public policy to reduce alcohol-related injuries and chronic disease.