

THE DAILY

Canadian Public Health Association 2007 Annual Conference

September 19, 2007



Dr. Lynn Marshall (l) traced her own path in environmental health and epidemiology. Ambassador Ingrid Iremark said a "tough, active environmental policy" crosses political boundaries in Sweden.

Keep up the pressure, Suzuki urges

Health and environment have reached the top of the public agenda, and Dr. David Suzuki urged nearly 1,500 participants in last night's public forum to keep up the pressure, regardless of who wins the next federal election.

"Politicians have heard your concern about health and the environment," he said. "The important thing is to keep it there when this election comes, and after the election, to make sure they understand that it continues to be your number one concern."

Suzuki said it's a mistake to see humans as separate from the air, water, and land on which our lives depend. "You can't draw a line and say the air ends here and I begin there," he said. "There is no line. The air is in us, it's fused to us, and it's circulating through our bodies. *We are the air.*"

As humans, we see ourselves as an intelligent species. But "what intelligent creature, knowing that we are air, would proceed to use air as a toxic dump? That's the crisis we have."

Rather than buying bottled water at a higher cost per litre than gasoline, he said Canadians should get serious about water quality, particularly in Aboriginal communities.

Swedish Ambassador Ingrid Iremark said the need for "tough, active environmental policy" crosses political boundaries in her country. In 1999, the Swedish parliament resolved unanimously that "the overall aim is to hand over to the next generation a society in which the major environmental problems have been solved."

Sweden has adopted a series of environmental quality objectives, including specific indicators dealing with clean air, a non-toxic environment, safe groundwater, and a healthy built environment.

Dr. Lynn Marshall of the Ontario College of Family Physicians traced her own path toward a specialty in environmental health and epidemiology. The College website now includes an exposure



Suzuki: "We are the air."

IN THE HALLS

What will you do in the weeks ahead to take action on what you've learned at this year's conference?

"I write systematic reviews of the public health literature. So for me, the greatest value was the people I met who I might be able to contact, as academic content experts or front-line practitioners, for the particular issue I'm writing about."

- Hamilton, Ontario

"We shouldn't be complacent. We need to be self-critical and realistic about our strengths and our weaknesses. We've got a lot of things to sort out in public health. We're not going to gain credibility with our partners and peers if we appear to be self-righteous."

- Winnipeg, Manitoba

"I see the old cohort and the new cohort of public health practitioners, policy developers, researchers, and I guess my question is what kind of tools and opportunities we're providing to these younger folks that will enable them to really move the bar forward in the future. To me, the work from this conference is how we equip that next generation to be successful in meeting the challenges of tomorrow."

- Ottawa, Ontario

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Canadian Public Health Association

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Ontario Public Health Association
Association pour la santé publique de l'Ontario



Visibility, credibility depend on continued funding

Even when public health problems are well understood, effective action still depends on coordination among governments, health professionals, and the general public, Dr. Mathias Somé of the Burkina Faso Public Health Association (BFPHA) told a Tuesday morning breakout session.

On issues from tobacco addiction to HIV/AIDS, action begins with a common understanding that solutions exist, followed by deliberate mobilization of key partners and society at large. Some of the BFPHA's recent work has focused on access to urgent obstetrical care for women with limited incomes, and on the large number of children missed by international immunization prog-

rams. Dr. Somé reported coverage rates below 50% for some immunization programs, despite research results that suggest 80% coverage.

In the years ahead, the BFPHA will need additional resources to take on a wider range of public health initiatives and reinforce the link between research and action, Dr. Somé said. The association has gained national profile from some of its recent work, but will need adequate funding to sustain its visibility and credibility.

Moderator Jim Chauvin, Director of the CPHA's Global Health Programs, traced CPHA's international work back 24 years, to a joint initiative with the Sudanese public health association

to improve capacity among occupational health inspectors.

Since then, the CPHA has developed a network of 30 international partners, becoming the only public health association (PHA) in an industrialized country with a presence in the developing world. Chauvin said the purpose of the Strengthening of Public Health Associations (SOPHA) Program is to help PHAs build capacity in their own countries, and "advocate, advocate, advocate on public health."



Adonis Souloglou, Marketing Director for Reckitt Benckiser (Lysol) in Toronto, and Debra Lynkowski, CEO of the Canadian Public Health Association, officially launch CPHA's infectious disease portal, www.infectiousinfo.cpha.ca, at the opening plenary Monday morning. Souloglou stressed Lysol's commitment to providing public information on the important role of hygiene in public health. "It's only through innovative partnerships and collaborations that we will tackle some of the challenges in front of us in this new millennium," said Lynkowski.

Integrating the next generation

By Sarah Viehbeck

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Public health is in a time of renewal on multiple levels—not only in policy and infrastructure development, but also in training the public health workforce. The next generation of public health researchers, policy-makers, and practitioners must be engaged in this renewal, to make the most of their training.

Involving the next generation is also an important step in integrating young researchers, policy-makers and practitioners into the public health community—making them feel like part of something bigger than their own day-to-day work.

At this year's conference we're building on our past efforts: students are involved on committees; the awards program is honouring several students; and over 60 student abstracts have been accepted for

presentation. Travel bursaries have also helped support the attendance of student presenters.

Public health is full of opportunities to equip students with the skills and training that will make them part of the community. Participation in this conference is one such opportunity—it's about getting familiar with the public health culture and learning about some of the most salient issues. As attendees and presenters, students are participating in that discussion.

The next generation's presence is also a signal about the future: by having students participate in the conference, we are affirming that the future of public health research, policy, and practice is rich and bright.

Sarah Viehbeck is a PhD candidate at the University of Waterloo and a member of the conference steering committee.

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Make Aboriginal health research community based, culturally appropriate



One-fifth of First Nations people have no local nurse or doctor. One-third of First Nations youth have thought about suicide by age 17, and one-tenth take their own lives. "A large part of the problem is the sense of hopelessness that communities feel and the poverty that overwhelms too many people," Phil Fontaine, National Chief of the Assembly of First Nations, told a plenary session Tuesday.

IN THE HALLS

What did you take away from the plenary session on Geographic Information Systems (GIS) and public health?

"There's a role for GIS in the present and future for public health. We have to look at more innovative ways to implement programs and target populations, including new technologies like GIS. But before we jump in, we really need to talk about the limitations, and how we make sure the technology is used properly.

"They talked about mammography, low socio-economic status, and women who weren't seeing their physicians. No one mentioned that new Canadians don't have family physicians, and most family physicians aren't taking new patients because everybody's practice is full. So you need to know what you're seeing in a location, but GIS isn't going to give you the 'why.' It gives you further questions to ask and helps you target what the questions should be."

- Ottawa, Ontario

"It's an exciting new tool. We've dabbled with GIS, but the potential utility of this tool was amplified dramatically in the plenary session. If anything, I'm now even more convinced that GIS has to become a standard tool in a variety of public health domains, ranging from injury control to our flu campaign uptake efforts."

- Montreal, Québec

Panelists explored what it means to undertake research concerning Aboriginal public health issues in Canada. All agreed that excellent research must be culturally appropriate and community based where possible, and lead to tangible health benefits for Aboriginal populations.

"Aboriginal health determinants are affected by social, economic, cultural, and historical barriers, and are also influenced by the lack of culturally appropriate health services and evidence-based Aboriginal health research to guide policies and programs," said Tina Ngaroimata Fraser, from ActNow, B.C., and the Preschool Visual Screening Initiative.

"Respecting the diversity of Aboriginal peoples and their unique needs" is one of the principles of the National Collaborating Centre for Aboriginal Health (NCCAHA), said Margo Greenwood. "We are trying to create conditions or places where transformation can occur for the overall population of Aboriginal peoples in Canada."

Developing collaborative relationships, employing holistic approaches, and working with partnerships have been key to the accomplishments of the NCCAHA over the past three years.

The NCCAHA is also engaged in knowledge synthesis, translation and exchange (KSTE), and is looking at translating knowledge and knowledge bases across cultures and communities.

Sarah de Leeuw and Carla Lewis, from the Centre of Excellence for Children and Adolescents with Special Needs, presented research from the University of Northern British Columbia, focused on special needs associated with substance abuse. A particular issue is indigenous children and child welfare services. The First Nations Child & Family Caring Society of Canada noted that in 2005, "three times the number of Aboriginal children were in care than at the height of residential schooling operations."

Keep up the pressure, Suzuki urges

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history questionnaire to help front-line physicians "start to relate clinically what they're seeing in their practices."

CPHA Chair Ron de Burger said civilizations have sought to address environmental health issues since "villages first started to congregate." He stressed the need to restore the "diminished capacity" of an environmental health work force that has eroded over several decades.



Violence 'shatters the Canadian ideal'

Violence is "shattering to the Canadian ideal," Dr. Irvin Waller, Director of the University of Ottawa's Institute for the Prevention of Crime, told the Town Hall Meeting presented by Prevention of Violence Canada.

Of the 500,000 Canadian victims of hostility this year, most will go to hospital emergency rooms rather than to the police, Waller said, so it is essential to "mobilize the health world against violence."

Drs. David Butler-Jones of the Public Health Agency of Canada (PHAC) and Robert Cormier, Executive Director of the National Crime Prevention Centre, stressed the need to build cross-jurisdictional, cross-sectoral, cross-generational partnerships and direct funding to evidence-based endeavours.

A participant asked how to position the issue of violence prevention strategically given the federal government's anti-drug, essentially anti-crime, strategy. Noting that society

largely equates violence with crime, another expressed concern with "the celebration of violence in sport" and in art, film, and television.

One participant referred to the "violence we perpetuate as a result of the violence we experience." Another said that more attention should be paid to family violence, whether physical or verbal. Another invited delegates to attend the International Day of Non-Violence to be held in Toronto on October 2, 2007.

Moderator Marion Boyd said that, although crime prevention is essential, "crime prevention alone will never prevent violence." She cautioned against normalizing violence in everyday life.

Noting that "Canada leads the world in health data," Dr. Patti Janssen, Co-Chair of the Research Violence Committee, called for a Canadian conference to connect with and educate policy-makers.

Core competencies for public health in Canada formally launched

4 "Together we will make a difference," said Carla Troy, Coordinator of Core Competencies for Public Health in Canada, speaking of cooperation between the various public health disciplines in the development of core competencies. Stressing the importance of collaborating and networking, she added, "We won't let anyone get back into silos."

Claire Betker, from the Public Health Agency of Canada's (PHAC) Canadian Science Centre for Human and Animal Health, outlined the process followed for the development of the core competencies, including a broad series of consultations with public health stakeholders. Panel members from various disciplines across the country explained their roles.

Moderator Brian Emerson, a Medical Consultant with the B.C. Ministry of Health, praised the work of the panel members and fielded audience questions. Although most comments were positive, several participants suggested items to be included in the core competencies.

Speaking about what he termed the "notable failures" of some public officials to grasp what matters in public health, Dr. John Last advocated the inclusion of "political savvy" as a core competency for public health professionals.



Dr. Brian Emerson (l) of the B.C. Ministry of Health led a discussion of Core Competencies for Public Health in Canada. Dr. John Last called "political savvy" a core competency for public health professionals.

While he recognized the tremendous amount of work it would entail, one participant said he hoped that further reporting would clarify the scope of public health, necessary for the implications of funding, responsibility, and accountability.

Another participant stated that the competencies were deficient in aspects of administration, such as budgets and cost analysis. Several panel members commented that most survey participants had said the necessary skill was not to develop the budget, but to understand its context.

In conclusion, Troy said her group would continue to develop tools and promote skills enhancement.