

OPHA NEWS

Ontario Public Health Association

March/April/May 2004

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OPHA

Ontario Public Health Association
l'Association pour la santé publique de l'Ontario
Established/Établi 1949

Founded in 1949, the Ontario Public Health Association is a voluntary, charitable association that provides leadership on issues affecting the public's health and strengthens the impact of people who are active in public and community health throughout Ontario.

OPHA News is the monthly newsletter of the Ontario Public Health Association (OPHA). The newsletter highlights Association news and upcoming events in public and community health in Ontario, and offers thought-provoking articles on public health issues and in-depth reports on Association positions .

President - Peter Wiebe
Editor - Sophie Bart

The NEW OPHA News

To better serve our membership, the OPHA has decided to streamline activities by merging its two publications, *OPHA News* and *HealthBeat*.

The Association will continue to produce monthly issues of *OPHA News*. This new *OPHA News* will include articles that would previously have been published in *HealthBeat*, such as the quarterly President's Column.

If you would like to help produce the newsletter, submit articles or provide feedback, please contact Sophie Bart, Managing Editor, at (416) 367-3313 / 1-800-267-6817, ext. 237 or sbart@opha.on.ca.

President's Column

Perhaps a starting point for this article would be to introduce myself. I am Peter Wiebe, the new President of OPHA. I am currently the manager of dental programs in Public Health and Community Services in the City of Hamilton. Although not new to OPHA, I am certainly new to the daunting task of being President for the next two years. Given the history of the preceding presidents, I have a formidable task of proving myself and upholding the ideals of OPHA. I must begin with a difficult task of announcing that we do not have an Executive Director at the moment.



Peter Wiebe
President

On April 8th, 2004, David MacKinnon left the Executive Director position after he and the Association agreed that the OPHA would benefit from a change in leadership.

The Board of Directors noted Mr. MacKinnon's intention to retire. The Board thanked him for his service and hopes he will experience a happy and healthy retirement in the years to come.

For his part, Mr. MacKinnon indicated that the Association's financial status and advocacy programming had both been strengthened over the past six months and that new leadership coming from the public health community should be able to make substantial further progress. He expressed his appreciation for the opportunity to work in public health and he wished the Association and the public health community well.

Continued on page 2

As you are probably aware, the OPHA has developed a strategic vision to carry us through for the next three years – until 2006. These identified goals and objectives should keep us focused and directed. If you have not yet seen the plan, please visit our website and update yourselves.

There are several issues and events occurring at the moment and I would like to give a brief update of two or three and highlight some others, if I may.

You may not be aware of the fact that we were not able to find a health unit able to host our annual OPHA conference and we were fearful that this prime event would fall by the wayside. However, the Chief Medical Officer of Health assured funding and help in hosting the event this year in Toronto. As a result our conference will be coupled with the Ministry of Health and Long-Term Care Education Day in the fall. The Ministry Education Days are dropping from two to one and our conference is also decreasing from two and a half days to two days and the two events will be joined to form a three-day event. We trust that by joining the two events there will be a synergistic effect and each will benefit from the other and result in a very successful three days. I look forward to meeting many of you there, November 23rd and 24th, at the Marriott Toronto Eaton Centre Hotel. Please make a point of attending our Annual General Meeting on November 23rd as well.

The Public Health Research, Education and Development (PHRED) Program has been most generous in offering to take the lead in the program planning part of the conference. We have a wonderful line-up of keynote speakers, posters and concurrent sessions. The theme for this year's conference is *Public Health: The Best Health Investment*. The subthemes are Thinking Fast, Thinking Smart, Thinking New.

Another major undertaking has been the Core Competencies Task Group. The OPHA Board of Directors identified a need to define the core competencies for the public health system in Ontario. Generous funding came from Health Canada and thus a Core Competencies Task Group was struck. The Task Group will outline the skills, knowledge and attitudes necessary to ensure an effective public health workforce and to assure a public health capacity to respond to emerging communicable disease threats and manage chronic diseases and other health promotion issues. It is anticipated that a consensus set of core competencies will be a starting point from which individuals, employers, discipline groups and educators

can develop a modified list of competencies specific to their needs.

Another issue of great interest is the roundtable discussions the Honourable Carolyn Bennett, Minister of State (Public Health) has been having across the country and internationally to develop options for a Canadian Public Health Agency. OPHA was able to take part in these discussions twice recently. The issues and suggestions that appeared repeatedly were: to develop a clear mandate and determine the scope of the agency; to ensure that the Chief Public Health Officer have arms-length authority and autonomy; that the funding be adequate; that the agency look at the broad determinants of health, health promotion, prevention and protection, injury and chronic disease prevention and surveillance, and emergency response. It was suggested the federal agency set the goals and standards and then allow the provinces to determine how they would reach and meet these goals and standards. Above all, the process was to be transparent, inclusive and accountable. In the end, you must have a strengthened public health system for Canada.

A third current priority of the Association is the development of the Ontario Chronic Disease Prevention Alliance. The Alliance includes the main non-governmental organizations directed at these diseases and all want a more co-ordinated attack on chronic disease to better reflect the common risk factors that they share.

Lastly, there is a Canadian Public Health Association (CPHA) meeting this June 1st in St. John's, Newfoundland. I look forward to meeting the CPHA Board and working with them on behalf of OPHA.

As we all know, the only constant is change and with that I look forward to the next two years and hopefully through OPHA, play a role in shaping the future of public health in Ontario, as well as Canada.

(Additional information regarding the OPHA Conference and Core Competencies Project is available on the OPHA website at www.opha.on.ca/conference and www.opha.on.ca/corecompetencies).



Peter Wiebe
President ◀

Association Updates

Public Health: The Best Health Investment *Thinking Fast - Thinking Smart - Thinking New*

54th Annual OPHA Conference
November 23 - 24, 2004
Marriott Toronto Eaton Centre

Call for Abstracts - deadline: May 17, 2004

The OPHA has released the Call for Abstracts for our 54th Annual Conference. The Call is available for download from the OPHA website at www.ophya.on.ca/conference.

To be considered, all abstracts must be submitted electronically by completing the form available on our website. If you cannot access the website, please contact Sophie Bart at sbart@ophya.on.ca or (416) 367-3313/1-800-267-6817, ext. 237.

PHRED Studentship (Sponsored by the Provincial PHRED Program)

Goal: To recognize the work of graduate and undergraduate students in applied public health research and evaluation.

Award Amount: The winner will be awarded \$1,000.⁰⁰ which will be presented during the OPHA conference awards luncheon.

Studentship Process: Undergraduate and graduate students are invited to submit an abstract and indicate that it is to be considered for the studentship. The OPHA Abstract Review Committee will review all abstracts entered for the studentship, and will make selections for the competition. These students will be invited to prepare a written paper, due August 13th. The papers will be rated, and the highest rated paper will be awarded the studentship. The winner of the studentship will be expected to present their paper during one of the concurrent sessions at the conference.

Keynote Speakers

Lieutenant-General Roméo

Dallaire: General Dallaire served in the Canadian Forces before retiring after over three decades. He led the peacekeeping effort in Rwanda and is author of the bestselling book *'Shake Hands With the Devil'*.

Dr. Peter L. Monette: With a doctorate degree in ethics, Dr. Monette works in the field of bioethics with particular interest in research involving humans, and is currently a senior policy analyst with the Health Sciences Policy Division of Health Canada.

The OPHA Core Competencies Task Group: This Task Group is working to define Public Health Core Competencies: Enhancing the system today for improved population health tomorrow. ◀

Dr. Chaviva Hosek: President and Chief Executive Officer, Canadian Institute for Advanced Research, Dr. Hosek has also served as Director of Policy and Research in the Prime Minister's Office and as Ontario's Minister of Housing.

Diane Lynn Dupuy: Ms. Dupuy is the extraordinary founder of the Famous PEOPLE Players, the unique theatre group that employs performers who are developmentally-challenged.

Letters and Releases

The OPHA has recently issued letters and releases on the following:

- The government commitment to a provincial public health plan;
- Postpartum home visits by nurses;
- The health and safety of infants in the Trial to Reduce Insulin-Dependent Diabetes in the Genetically at Risk;
- The sustainability of Ontario's energy future;
- Chronic disease prevention; and
- The contribution the Canada Public Health Agency can make to reducing alcohol-related problems and their associated costs to the health and legal/justice systems

To view the full text of the documents, visit www.ophya.on.ca/advocacy/letters.html

New Activities

- The OPHA has joined the Ontario Chronic Disease Prevention Alliance (OCDPA). The mission of the OCDPA is to improve the health of Ontarians through leadership that supports collaborative action to promote healthy living and to address the determinants of health necessary for chronic disease prevention. Further details are available online at www.ophya.on.ca/ocdpa.html.
- The OPHA is hosting the Children's Environmental Health Policy Analyst position for the Canadian Partnership on Child Health and Environment. For more information, see page 6. ◀

Waterloo Region Consumers Keen on Buying Local Food.

Submitted by the Region of Waterloo Public Health Department

Residents of Waterloo Region believe it is very important to buy local food and are making significant efforts to do so, according to results of a survey commissioned by Region of Waterloo Public Health (ROWPH).

ROWPH commissioned six questions on the 2003 Kitchener-Waterloo Metropolitan Area Survey dealing with consumer attitudes and practices related to buying local food. A fact sheet describing these results was released in February and is now available (see below).

87.1% of Waterloo Region residents believe it is either somewhat (49.2%) or very (37.9%) important to buy local food. Reasons they do so include supporting local farmers (88.6%), believing local food is fresher (58.0%), and wanting to preserve local farmland (43.6%).

This information is encouraging to the Region's Medical Officer of Health, Dr. Liana Nolan. "We know that the way food is grown and distributed has an effect on health," she explained. "Increasing consumption of local food reduces air pollution, helps the local economy, and encourages social interaction, all of which contributes to our health."

Despite consumer efforts to buy local food, however, significant barriers exist. Consumers indicate that buying local food is difficult because either the food they like doesn't grow here (66.4%), it isn't always available (64.4%), or because much of it is seasonal (58.4%).

These results suggest that increasing consumption of local food may require several different strategies. Consumer education may be helpful to help identify which foods are local, and to promote the acceptance of preserved local foods in the off-season. Labelling local food is one strategy that may help educate consumers: 71.3% of consumers report a willingness to buy more local food if it were labelled as local.

The Region of Waterloo is already involved in initiatives that support what the survey confirms residents want. For example, the Regional Growth Management Strategy aims to create initiatives to protect the Region's countryside, and the Region continues to support Foodlink's Buy Local! Buy Fresh! Map, which directs consumers directly to local food producers.

ROWPH intends to work with other stakeholders in the food and agriculture sector to address the barriers to accessing local food identified by the survey.

Marc Xuereb, a Health Promotion Officer with the Region who analyzed the survey findings, thinks the survey suggests a path toward Public Health's goal of increasing consumption of local food. "The survey tells us that we really are beyond the need for raising people's awareness of the importance of buying local food," Xuereb explained. "Consumers want to buy local food. We need to focus on making it easier for them."

Print copies of the Local Food Buying fact sheet may be obtained from the Public Health Resource Centre (email: phrc@region.waterloo.on.ca, tel: 519-883-2374). You may also view the Fact Sheet in the Resources (Health Determinants, Planning and Evaluation) section of the ROWPH website at www.region.waterloo.on.ca/ph. ◀

National Volunteer Week

April 18 - 24, 2004

Thank you to the many Ontarians who donate their time, energy and resources to association advocacy, research and administration activities.

Your contributions are invaluable and are what make the OPHA the *Voice of Public Health since 1949!*

External Announcements

New Reports

Canadian Pandemic Influenza Plan (Health Canada): The Canadian Pandemic Influenza Plan was developed jointly by federal, provincial and territorial governments. www.hc-sc.gc.ca/english/diseases/flu

Fatal Indifference: The G8, Africa, and Global Health (Labonte R., Schrecker T., Sanders D., Meeus W.): *From the website:* "This book provides a 'report card' of commitments over the past three G8 summits with a preliminary assessment of the most recent 2002 summit in Kananaskis, Canada." www.spheru.ca.

Improving the Health of Canadians 2004 (Canadian Population Health Initiative): The report focuses on four themes: income and health; early childhood development; Aboriginal Peoples' health; and obesity, and summarizes the best available evidence on health determinants, discusses the policy experience and identifies gaps in knowledge. www.cihi.ca/ihc2004.

New Energy Directions: This report offers a low-cost, low-risk electricity strategy for Ontario to ensure consistent supplies at reasonable cost with maximum conservation and minimal environmental impact. www.cleanairalliance.org.

Measuring Community Capacity: State of the Field - Review and Recommendations for Future Research (Health Policy Research Program, Applied Research and Analysis Directorate, Health Canada): Measuring community capacity permits the assessment of the capacity of the community to act on health determinants and the overall health status of the community. The synthesis study identified eleven key themes and four main gaps in the literature. www.hc-sc.gc.ca/iacb-dgiac/arad-draa/english/rmdd/finalreport/esmith.html.

Call to Action: Creating a Healthy School Nutrition Environment (Ontario Society of Nutrition Professionals in Public Health): The Call to Action challenges the provincial government, boards of education, school communities and public health to acknowledge and act on their roles in establishing an environment that is supportive of healthy eating in Ontario schools. www.osnpph.on.ca/position.html.

Nowhere to Turn? (Canadian Council on Social Development): This report, focusing on immigrant and visible minority women and partner violence, outlines problems facing those working in settlement services, shelters, healthcare services and policing, and outlines an action plan. www.ccsd.ca/pubs/2004/nowhere/pr.htm.

The Social Determinants of Health: An Overview of the Implications for Policy and the Role of the Health Sector (Health Canada): This release summarizes a series of research papers and presentations on nine social determinants of health, and includes an overview paper that ties all of the issues together under a population health approach. www.hc-sc.gc.ca/hppb/phdd/whatsnew.html.

New Resources

Community Prevention of Childhood Obesity website (Calgary Health Region): The Calgary Health Region formed a multisectoral Steering Committee to address the issue of childhood obesity. Their mandate is "to lead and support community based prevention of childhood obesity through partnership and advocacy". www.calgaryhealthregion.ca/childobesity.

Health of the Nation, A Population Health Perspective (Canadian Institute for Health Information): This new newsletter aims "to provide a pan-Canadian voice, perspective, and forum for dialogue on population health issues." www.cihi.ca (Research & Reports, Population Health).

Preventing Chronic Disease (National Center for Chronic Disease Prevention and Health Promotion, CDC): This peer-reviewed electronic journal provides a forum for public health researchers and practitioners to share study results and practical experience. www.cdc.gov/pcd.

Request for Proposals

Advanced Clinical/Practice Fellowships (ACPF) for Nurses (Registered Nurses Association of Ontario): The ACPF is a nurse mentoring experience aimed at developing and promoting nursing knowledge and expertise, and improving client care and outcomes in Ontario. There are now three types of fellowship available through this project: Clinical; Leadership; and Best Practice Guideline Implementation Fellowships.

The deadline for proposal submissions is May 26, 2004. Proposal Writing Workshops will be offered from April 21 until May 17, 2004. Applicants will be notified of approvals by July 16, 2004 so please do not propose a start date earlier than August 2004. www.rnao.org/acpf. ◀

New Work on Children's Environmental Health

Submitted by Susanne Burkhardt, CPCHE Children's Environmental Health Policy Analyst and OPHA Environmental Health Workgroup Co-Chair.

The OPHA is pleased to announce that it is hosting the Children's Environmental Health Policy Analyst position for the Canadian Partnership on Child Health and Environment (CPCHE) this year (see www.healthyenvironmentforkids.ca). This position is designed to assist CPCHE build its capacity on policy issues related to children's environmental health, coordinate the preparation of joint statements and recommendations on policy issues, and support individual CPCHE partners to actively participate in the public policy process.

Why Focus on Children's Environmental Health?

"Children are not little adults" – this phrase is found in most texts, reports, presentations, and papers on children's environmental health. It refers to the fact that children are growing and developing in ways and at a pace that makes them more vulnerable than adults to environmental contaminants such as metals (eg. lead, mercury), pesticides, persistent organic pollutants (eg. dioxins, PCBs), outdoor air pollutants and environmental tobacco smoke.

This heightened vulnerability is due to several factors: they can have greater opportunities for exposure to environmental contaminants than adults; their rapidly developing bodies can be particularly sensitive to contaminants; and they have more years of life ahead of them and therefore have a longer time period during which an exposure can bring on an illness. Most scientists agree that the time between conception and six months of age represents a period of particular vulnerability to environmental contaminants. But they also believe that older infants, children and adolescents are also at greater risk than adults because of the huge physiological and developmental changes they are experiencing.

Concern about the impacts of environmental contaminants on child health is rising. This is fuelled, in part, by an increasing awareness of the link between environment and health, unexplained disease trends in children, and a rapidly expanding body of scientific literature on children's environmental health. Evidence is also emerging that highlights the significant costs associated with environment-related

illnesses in children. All of this has contributed to the recognition of the importance of children's environmental health as a policy issue.

Policy Focus Over the Next Year

CPCHE hopes to examine the many ways in which public policies at the municipal, provincial and federal levels can be used to better understand, assess and protect children from adverse health outcomes that can result from environmental exposures. At this point CPCHE is focused on the review of a number of significant pieces of federal legislation that together shape the framework for children's environmental health protection on the national level: the proposed Canada Health Protection Act and the Canadian Environmental Protection Act. This creates a window of opportunity for the integration of a children's environmental health perspective into Canada's federal legislative framework. In concrete terms, this includes:

- a) the need for more research on exposure to contaminants and their effects;
- b) application of the precautionary principle i.e. taking a proactive, precautionary and preventive approach to the assessment and regulation of substance and product production, use and disposal; and
- c) application of risk assessment and risk management methods that account for the unique exposures and vulnerabilities of children.

National Legislation Under Review

1. The proposed Canada Health Protection Act (CHPA)

Health Canada has just completed consultations on its proposed Canada Health Protection Act. The intent is to replace the Food and Drugs Act, the Hazardous Products Act, the Quarantine Act and the Radiation Emitting Devices Act with a health protection regime based on a new Canada Health Protection Act (see <http://renewal.hc-sc.gc.ca>). These changes have significant implications for children's environmental health. As written, the current proposal does not directly

address children's unique vulnerabilities and specific needs with respect to environment and health.

2. The Canadian Environmental Protection Act (CEPA)

The CEPA regulates hazardous substances, making it a powerful tool in preventing and limiting child exposures to potentially toxic substances. In 2004, it is scheduled for its five-year review. This creates a valuable opportunity to incorporate a children's environmental health perspective into this legislation. Such an update could increase the consideration of child health in the assessment and management of toxic substances.

Under CEPA, all substances used in Canada must be assessed with respect to their impact on the environment and on human health. Those deemed CEPA-toxic are subject to regulatory control and may be restricted or prohibited. Under CEPA, substances are either "new" or "existing". The 23,000 existing substances make up what is known as the Domestic Substances List (DSL). New substances are assessed for toxicity as they enter the market, however existing substances with a history of use in Canada are in the process of being prioritized to determine the order in which they will be assessed (to be completed by September 2006) The incorporation of a child health perspective into this process would allow for earlier assessment and regulation of many substances known and suspected to be toxic to children.

OPHA Role

In March of this year the OPHA submitted extensive comments on the proposed Health Protection Act. This response specifically addressed some of the Act's inadequacies with respect to child health and the environment (see www.opha.on.ca/advocacy/hpa/response.html). OPHA also supported the CPCHE response to the Act, which outlined Canada's national and international commitments on children's environmental health, emphasized the need for the integration of a children's environmental health perspective in the proposal and made a number of recommendations as to how this could be accomplished (see www.opha.on.ca/advocacy/cpche.html).

As a CPCHE partner and as the host agency for the

CPCHE Children's Environmental Health Policy Analyst, the OPHA will continue to play a role in the development of these federal legislative changes that will inevitably impact on public health, and in particular the field of environmental health.

For more information on this project please contact Susanne Burkhardt at s.burkhardt@sympatico.ca. ◀



DIPLOMA PROGRAM IN ENVIRONMENTAL HEALTH

*McMaster Institute of Environment and Health
McMaster University*

The Diploma Program in Environmental Health is a distance education program designed to provide new and/or upgraded skills and knowledge in the principles and practice of environmental health.

The Diploma Program is suitable for public health unit professionals, physicians, community health nurses, environmental industrial professionals and those in labour and non-governmental organizations dealing with environmental health issues. A university degree or certification in a relevant field is required. Students who meet the required standards acquire a McMaster Post-Professional Diploma.

For further information, please contact:



McMaster Institute of Environment and Health

McMaster University

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Tel: 905-525-9140, Extension 27344

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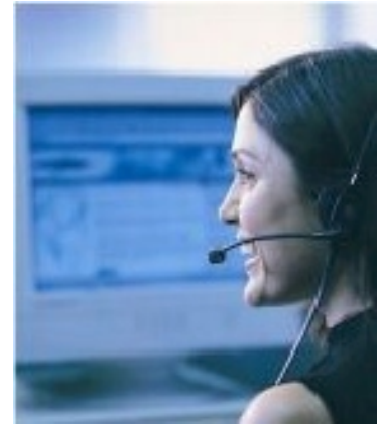
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"I want to congratulate and thank you and all those at Compustat who have been involved in the Infant Feeding Survey project with our health unit. Your team has provided excellent service, from project planning, to call centre interviews, to data analysis and reporting. Your pursuit of quality research consulting on all levels shows in your product and your service. A very important feature of your service has been commitment to collaboration and support of your clients. Rather than treating this project as merely a job to be done, I felt that you took our community assessment work as seriously as we did. These qualities make you a great fit for public service agencies who need excellent contracting support for community research to expand the knowledge base for more effective public service." **Catherine Bingle, Evaluation Specialist, Simcoe County District Health Unit**

"We had a nice comment from someone who completed the Parental Attitudes Towards Sex Education survey. She said that the interviewer was a very personable young man who clearly identified himself and the purpose of the study, was very polite, and she was very pleased with the whole experience." **Lee Sieswerda, Epidemiologist, Thunder Bay District Health Unit**

"Certainly above and beyond the call of duty!" **Alanna Leffley, Epidemiologist, Grey-Bruce Health Unit**

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Sample Survey Subject Areas

- Breastfeeding
- Car Seat Safety
- Child Health
- Dental Health
- Diabetes
- Folic Acid Use
- Food Security
- Height & Weight
- Injuries
- Parenting
- Physical Activity
- Perinatal
- Post Partum Depression
- Pre-natal
- Sexuality
- Smoking
- Sun Safety
- Women's Health

OPHA attends Stakeholder Consultation on Canada's National Implementation Plan under the Stockholm Convention

Submitted by Franca Ursitti, OPHA Environmental Health Workgroup Member

In February, Franca Ursitti, a member of the Environmental Health Workgroup, attended Environment Canada's national stakeholder consultations regarding Canada's National Implementation Plan under the Stockholm Convention. The Stockholm Convention, a global agreement that will dramatically reduce or eliminate 12 toxic substances also known as persistent organic pollutants (POPs), will come into force in May 2006.

The 12 POPs are intentionally and/or unintentionally produced and include: aldrin, chlordane, DDT, dieldrin, dioxin, endrin, furan, heptachlor, hexachlorobenzene, mirex, toxaphene and PCBs.

The Convention:

- ⇒ Sets out obligations regarding production, use, import, export, release and disposal of POPs;
- ⇒ Requires promotion and use of the best available techniques (BAT) and best environmental practices (BEP);
- ⇒ Includes provisions aimed at preventing the introduction of new POPs; and
- ⇒ Provides a process for adding other POPs to the Convention in the future.

The national implementation plan needs to be developed and implemented within two years of coming into force and there is a requirement to consult with national stakeholders. Stakeholder input is being sought through workshops hosted by Environment Canada and through written comments. There will be an additional round of consultations when the implementation plan has been drafted.

Intentionally Produced POPs

Ten of the twelve POPs are intentionally produced - aldrin, chlordane, DDT, dieldrin, endrin, heptachlor, hexachlorobenzene, mirex, toxaphene and PCBs.

The goal is the elimination of production and use of intentionally produced POPs. The Parties to the Convention have committed to:

- Prohibit and/or take the legal and administrative measures necessary to eliminate production and use and import/export; and
- Restrict its production and use - acceptable purposes specified for these chemicals (the only POP identified in this category is DDT) allows for vector control in developing countries.

Unintentionally Produced POPs

Four of the twelve POPs are unintentionally produced - dioxins, furans, PCBs and hexachlorobenzene.

The goal is to continue the minimization and, where feasible, "ultimate elimination" of the total releases from anthropogenic sources. The Parties to the Convention have committed to:

- The development of an action plan; and
- Promotion of:
 - Release reduction or source elimination;
 - Development & use of substitute materials, products, processes;
 - Requirement of the use of best available techniques (BAT) for new sources; and
 - Requirement of the use of BAT and best environmental practices (BEP) for existing and new sources.

The OPHA Environmental Health Workgroup will monitor the development of the National Implementation Plan with a view to reviewing the plan once it has been released for comment.

For more information visit
www.ec.gc.ca/pops/index_e.htm. ◀

Effective Public Health Practice Project

Summary Statement submitted by the Public Health Research,
Education and Development Program (PHRED)



Reference for Review in APA: Wilson, J. & Micucci, S. (2003). *Interventions to Prevent the Recurrence of Elder Abuse*. Effective Public Health Practice Project.

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Issue

Through the Mandatory Health Programs and Service Guidelines (2003-draft), a requirement/standard of public health for violence prevention is to “advocate for the adoption of policies that prevent and reduce violence.” This standard includes advocating for “violence prevention policies that encourage healthy relationships in schools, workplaces, licensed premises, recreational facilities, and the community-at-large” (2003, p.9). Advocating for interventions that are effective in reducing or preventing the recurrence elder abuse and neglect is one possible method to fulfill this mandate.

Review Content Summary

A systematic review of published and unpublished studies was completed. The databases Medline, CINAHL, PsychINFO, Sociological Abstracts, BIOSIS, Cochrane Library, EMBASE and Ageline were searched for the period of 1980 to 2003. Relevant peer-reviewed journals were handsearched, as were the reference lists for all retrieved articles. Experts in the field were contacted to provide literature. To be included, the study had to:

- Evaluate an intervention aimed at preventing the recurrence of elder abuse;
- Evaluate an intervention targeted at the victim or perpetrator and be implemented in the community, an institution, a hospital or clinic; and
- Have a prospective design and provide information on quantitative outcomes.

Comments on this Review’s Methodology

This is a methodologically strong review, employing a comprehensive search strategy, multiple raters and a good synthesis of results. Seventeen relevant articles reporting on eight different studies were found. One of the studies involved two levels of interventions, bringing the total number of interventions assessed for quality to nine. One study scored moderate overall, and the remaining eight scored as weak. Data were extracted from all studies. The majority of the interventions were community-based and provided multiple services. Most were aimed at all of physical abuse, emotional/psychological abuse, financial abuse and neglect.

General Implications

- An evaluation component should be incorporated into the design of intervention programs to allow a good quality evaluation of the intervention.
- Funding for the implementation and evaluation of interventions targeted at preventing or reducing the recurrence of elder abuse should be provided.
- Public Health units and those organizations involved in the field of elder abuse prevention should partner with each other to develop and evaluate programs to prevent the recurrence of elder abuse.

Evidence points are not weighted or ranked

What's the evidence?	Implications for practice and policy:
<ul style="list-style-type: none"> ➤ Interventions employing multiple strategies appear to be effective in preventing the recurrence of elder abuse. 	<ul style="list-style-type: none"> ➤ Multiple intervention strategies should be employed in interventions to prevent or reduce the recurrence of elder abuse. Strategies that should be considered include public and individual education, peer and/or professional counselling, case management, referral and assessment services, and legal and police services.
<ul style="list-style-type: none"> ➤ Few evaluations of interventions to end or reduce elder abuse were located. 	<ul style="list-style-type: none"> ➤ Further research into the effectiveness of interventions to prevent the recurrence of elder abuse is needed. In addition, individual intervention strategies need to be studied in isolation and in combination to determine what strategies or combination of strategies are the most effective.
<ul style="list-style-type: none"> ➤ The majority of studies evaluating the effectiveness of interventions to prevent or reduce the recurrence of elder abuse have methodological flaws. 	<ul style="list-style-type: none"> ➤ Research into the area should include randomized controlled trials. As well, longitudinal research is needed to determine the long-term impacts of interventions. Last, well defined outcome measures should be employed.
<ul style="list-style-type: none"> ➤ Out of the 8 studies, only one of the interventions employed a theoretical framework. 	<ul style="list-style-type: none"> ➤ Theoretical frameworks should be used to inform the development of intervention strategies, such as providing an understanding of the causes of elder abuse.

References Used to Outline Issue

Ontario Ministry of Health and Long Term Care. (2003-draft). *Mandatory Health Programs and Services Guidelines*. Toronto: Queen's Printer for Ontario.

Dauvergne, M. (2002). "Family violence against older adults." In Trainor, C. (Ed.) *Family Violence in Canada: A Statistical Profile*, pp. 26-33. Ottawa: Minister of Industry. ◀

In the Spotlight

21st Annual McMaster Summer Institute on Gerontology

The McMaster Summer Institute on Gerontology provides an interdisciplinary learning opportunity in the field of aging. The Institute is designed to promote excellence in gerontological practice by bridging education with research, policy and practice. There are 4 separate themes, each with their own schedule and programs:

- Theme A: **Understanding Diversity: Effective Approaches for Supporting Older Adults.** May 10 - 11
- Theme B: **Care Management with Older Adults.** May 12 - 14
- Theme C: **Innovative Approaches to Caregiving: New and Emerging Models.** May 31 - June 1.
- Theme D: **Geriatric Mental Health and the Law.** June 2 - 3.

For more information, visit www.socsci.mcmaster.ca/gerontology.

Membership in the OPHA

Membership runs for a period of one year from the date of joining, and fees are tax deductible. Corporate memberships are not available.

Regular OPHA Membership is \$70, OPHA Constituent Society Members, \$65, Student / Retired / Unemployed, \$35. (Rates are subject to change.) For application forms, call Nolly Baksh-Singh at the OPHA office at (416) 367-3313 or toll-free 1-800-267-6817 (Ontario only) ext. 224, write to 700 Lawrence Ave West, Suite 310, Toronto, Ontario, M6A 3B4, fax (416) 367-2844 or email nolbaksh@opha.on.ca. You can also download an application from our web site at www.opha.on.ca.

Conjoint membership with the Canadian Public Health Association is available by contacting CPHA directly at 1565 Carling Ave., Suite 400, Ottawa, Ontario, K1Z 8N8. Tel: (613) 725-3769. Fax: (613) 725-9826

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Don't miss these other exciting public health events...

Access and Care: Towards a National Oral Health Strategy

Symposium on Oral Health Policy

May 13-15

University of Toronto, Toronto

[www.utoronto.ca/dentistry/
continuinged/contedcourselist.html](http://www.utoronto.ca/dentistry/continuinged/contedcourselist.html)

2nd Annual Global Health Research Conference

"Mobilizing Research to Action:
A Canadian Contribution"

May 14 - 15

Medical Sciences Building, Faculty of
Medicine, University of Toronto

[http://intlhealth.med.utoronto.ca/
GHR2004_Program1.htm](http://intlhealth.med.utoronto.ca/GHR2004_Program1.htm) or contact
j.kopelow@sympatico.ca.

Bone Health Summit - Females, Physical In/Activity, Bone Health Research & Interventions

Hosted by the Centre for Girls' and
Women's Health and Physical Activity

May 14

University of Toronto, Toronto

www.utoronto.ca/physical

HealthLink 2004: Celebrating Diversity in Community Health

Association of Ontario Health Centres
Annual Conference

June 2- 4

Holiday Inn on King, Toronto

www.aohc.org/fyi.asp.

Calls for Abstracts

2nd Canadian Conference on Literacy and Health

Canadian Public Health Association

Abstract Deadline: May 14

October 17 - 19

Ottawa

www.cpha.ca/literacyandhealth.

Fetal Alcohol Spectrum Disorder - Equality of Access: Rights and the Right Thing to Do

Interprofessional Continuing Education at
the University of British

Abstract Deadline: May 28

February 24 - 26

Victoria Conference Centre, Victoria

www.interprofessional.ubc.ca ◀