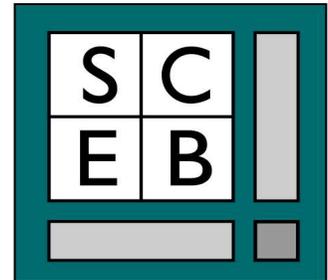


Bulletin

Fall 2003



Canadian Society for Epidemiology
and Biostatistics



Société Canadienne d'Épidémiologie
et de Biostatistiques



Partaking of a little seaside rest and relaxation at the CSEB 2003 conference in Halifax, June 8-11, were Linda Dodds (Board Member-at-Large), Kristan Aronson, Jack Siemiatycki, Loraine Marrett (Vice-President), Stephen Walter, Liz McGregor, Christine Friedenreich, Nazeem Muhajarine (Board Member-at-Large), and Rick Gallagher (Past-President).

Halifax Conference a Huge Success

Much hard work by the local organizing committee and the program planning committee resulted in a scientifically and financially successful Halifax conference.

Prior to the main conference, more than 50 students from all parts of the country participated in the 2nd National CSEB Student Conference. They were blessed by the wisdom of Dr. Jack Siemiatycki, guest speaker and folk hero among cancer epidemiologists. From among the many wonderful presentations, Sujitha Ratnasingham's was chosen as the Student Prize Paper. Congratulations to her, to the student planning committee from Dalhousie University's Department of Community Health and Epidemiology, and to the other students for making this one of the best student conferences ever.

Also prior to the CSEB main meeting, attendees from across the country took part in a pre-conference workshop on cluster randomization methods (presented with flair by Alan Donner and Niel Klar). They were joined by more than 180 colleagues for the main conference where they participated in a wide range of plenaries and paper/poster sessions.

In this issue...

| | |
|---|-----------|
| Halifax Conference a Huge Success | 1 |
| From the Editor | 2 |
| From the President | 3 |
| Student Works | 3 |
| The Epidemio-L Listserv – An On-line Discussion Group | 4 |
| Calendar of Events | 4 |
| An Invitation from the International Epidemiological Association | 5 |
| Meet the Canadian Institute for Health Information | 6 |
| The National Diabetes Surveillance System (NDSS) | 9 |
| The Rapid Risk Factor Surveillance System (RRFSS) | 10 |
| Public Health Studies at l'Université de Montréal | 12 |
| Book Review | 13 |
| Business as Usual | 13 |

Cette publication est aussi disponible en français.

The *CSEB Bulletin* publishes, in both English and French, articles and notices on topics of interest to Canadian epidemiologists and biostatisticians. The *CSEB Bulletin* is also posted on the website of the Canadian Society for Epidemiology and Biostatistics (www.cseb.ca).

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Guidelines for submissions: Contributions may be submitted in English, French or both languages. All articles must be attributable to the writer, who is responsible for accuracy and for ensuring that any necessary approvals to submit the material have been obtained. Articles should be less than 1000 words.

Format: Unformatted *WordPerfect*, *Word* or plain text. Photos may be submitted electronically as high-resolution zipped files or as prints. Prints will be returned if accompanied by a self-addressed, stamped envelope. Graphics and logos are accepted in various formats.

Style: The *CSEB Bulletin* uses, as a guide, *The Canadian Style* produced by the Secretary of State, and *the Gage Canadian Dictionary*.

Submit contributions throughout the year to:

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The plenary sessions created some interesting discussion; the Sydney session even saw presenters asking people from the floor to answer questions. The plenary on confidentiality and privacy that closed the meeting was very well attended and offered insights into these difficult issues. The social event at Pier 21, with Celtic Dancers and Dan McKinnon, was a highlight.

I would like to offer my personal thanks to all who attended, with special thanks to the plenary speakers, for making the conference such a success. Thanks go also to the co-host, Cancer Care Nova Scotia, for the support it provided and to Dalhousie University and Health Canada for their generous financial sponsorship.

Ron Dewar
Conference Chair, Halifax

From the Editor

It is a pleasure to take the position of Editor of the *Bulletin*. My first task is to thank Yang Mao, the past Editor, Shirley Huchcroft, the continuing Managing Editor, the Associate Editors and all those who contributed material for making the *Bulletin* an increasingly important vehicle for communication among CSEB members.

You will notice some differences with this issue of the *Bulletin*. Firstly, we have decided to distribute it electronically in pdf format. Secondly, this issue is shorter than previous ones. Thirdly, we will be producing 3 rather than 2 issues per year. These changes will allow us to save money while improving timeliness of the content.

We hope that you will approve of these changes. Suggestions for additional enhancements or information for inclusion are always welcome. Please email them to either me or Shirley.

Loraine Marrett

The 2007 CSEB meeting

The CSEB needs a site for its 2007 meeting. Precedent indicates that the meeting should be held somewhere in Western Canada. Previous western hosts have included Vancouver in 1999 and Edmonton in 1991. If you or your institution is interested in acting as host, please contact the CSEB President (Yang Mao) or Vice-President (Loraine Marrett) as soon as possible.

From the President

Founded in 1988, the CSEB is now entering its teen age of 15. Now that we are out of infancy and childhood, it is time to take on more responsibility and grow from a friendly social group to a professional society - an organization structured in a family style but providing professional services and leadership to epidemiologists and biostatisticians in Canada. While the Board and Society members will continue a sympathetic relationship, Board members will take a more diligent approach to conducting the Society's affairs; the Communications Committee will promote the *Bulletin*, website and a regular letter to members informing them of what is happening in the epidemiology world both inside and outside the Society. The Membership Committee aims to recover membership and return to 500 members within the next two years. The Privacy committee will push the world to develop favourable privacy and confidentiality policies to ease epidemiological research.

It is more than a tradition that the Board of the CSEB has vigorous passion in supporting activities for the development of junior epidemiologists and biostatisticians in Canada. In the next few years, the society will continue to facilitate and expand workshops and conferences for students. Attention will also be directed towards epidemiologists and biostatisticians who work in remote and/or isolated locales in Canada. Establishing collaborations with the Statistical Society of Canada, the Society for Epidemiologic Research and other epidemiology-oriented societies is another target for action.

The Board faces several structural changes. The Secretary-treasurer position is now split into Secretary and Treasurer and Ken Johnson and Barbara Roston are taking over these duties. Loraine Marrett has returned to the Board as Vice-president and is chairing the Communications Committee. The new student representative is Jason Pole. Not only is he responsible for the organization of student workshops, but also, he is involved heavily in communications and membership work. Welcome to new board Members-at-large - Linda Dodds and Lise Gauvin. We are delighted that Ron Dewar and Nazeem Muhajarine are

remaining with us for another term as Members-at-large.

Thanks go to outgoing President Rick Gallagher, Secretary-treasurer Joan Lindsay, Student Representative Vicki Kristman and Members-at-large Jennifer O'Loughlin and Paul Demers. Although we will miss their physical presence at Board meetings, we sincerely hope that their expertise and experience will continue to be available to the Society.

Yang Mao

Student Works

Hello to all student members of the CSEB from your new student representative. In my first contribution to the *Bulletin* in this capacity, I want to alert you to some upcoming student activities over the next two years.

Early in the Spring of 2004, the University of Ottawa will host the *17th Biennial CSEB Central Region Student Conference*. This conference will feature presentations of student works, from the proposal stage up to and including finished work. Delegates will be mainly from schools in Ontario and Québec, but if students from other regions of Canada would like to join us you are most welcome. Look for more information on the CSEB website in the weeks to come.

In June of 2005 the CSEB will be holding their Biennial conference as a *joint meeting with SER* in Toronto. Coupled with this joint meeting will be the *3rd Biennial CSEB National Student Conference*. The joint and student conferences attract health professionals from across North America and beyond. Start planning to attend - you will not want to miss this exciting meeting.

Development is underway that will see the collection and publication of information pertaining to careers in the health sciences. I am not talking about simple job advertisements. We hope to make this a resource that answers the *real* questions facing professionals under transition to the labour market. What is negotiable in terms of benefits and salary? What is an appropriate salary range for your skills and experience in the current labour market? What are the positive

and negative aspects of working for the private sector? Government? Not-for-profit?

The career information idea was brought forward by a fellow student member. The best ideas of how CSEB can serve the student members come from the student members themselves. If you have suggestions or comments please contact me or any board member.

I look forward to serving you over the coming months.

Jason Pole
Student Representative

The Epidemio-L Listserv – A Discussion List

Epidemio-L Listserv is an on-line discussion group originating from the University of Montreal that focuses on methodologic issues relevant to population health studies.

Discussions encompass approaches and procedures relevant to studying determinants of health or illness, outcomes of interventions, and the organization of the health care delivery system.

The term *methodology* is used in its generic sense. As such, it includes the armamentarium of approaches and related procedures used to develop knowledge in a logical, systematic and coherent manner. It addresses the validity of scientific work through the material (data) collected (e.g. classification and bias); the study design and data analysis (e.g. design specifications, statistical and mathematical approaches); and the inferences drawn (e.g. modeling, interpretations and causality). Discussions around substantive epidemiology are also encouraged, provided they address methodology issues. Other acceptable topics include conceptual and epistemological issues and paradigms that underlie current epidemiologic research.

Subscription to the list

This list originates from a French-speaking university; therefore, many discussions will be held in the French language. Feel free to use English if you are more comfortable. This group does not have a designated moderator.

The list resides on a SYMPA list server (public domain software) at Université de Montréal. SYMPA lists have an intuitive, self-documented, and multilingual (French, English) web interface.

To subscribe to the list, send an email to:

SYMPA@LISTES.UMONTREAL.CA

and include the following message:

subscribe epidemio-l

plus your first and last name.

Pierre Philippe
Owner of the discussion list
EPIDEMIO-L@listes.umontreal.ca

Calendar of Events

Spring 2004:

- 17th Biennial CSEB Central Region Student Conference, Ottawa.

June 16-18:

- Society for Epidemiologic Research (SER), Salt Lake City.

June 2005:

- CSEB Biennial conference and joint meeting with SER, Toronto.
- 3rd Biennial CSEB National Student Conference, Toronto.



An Invitation from the International Epidemiological Association

Analogous to the role Canadians play in world affairs, CSEB members appreciate the privilege of contributing their expertise to service and research that seek to improve health care delivery in under-privileged parts of the world. However, with our busy research, service, and teaching agendas focused on local academic and public health communities, it is easy to overlook our international health community.

This is where our older sister society, the International Epidemiological Association (IEA), can help us reach out. The IEA is the largest and only truly worldwide professional society for epidemiologists and biostatisticians. The IEA exists to facilitate communication among those engaged in epidemiological research and teaching throughout the world.

Considering the size of its epidemiological community relative to other world regions, North America, is relatively underrepresented in the IEA membership. Therefore, I urge us to increase our presence and influence as a region.

The several benefits of membership in the IEA are listed below. In particular, I would like to mention that IEA Regional Councilors maintain a network of professional colleagues who can be contacted to assist in the development of specific multi-national action plans. As IEA Council member representing North America, I will be happy to mediate the process of identifying institutional partners for CSEB members via my fellow IEA Councilors for other regions, e.g., Latin America, Africa, Eastern Mediterranean, Southeast Asia, Western Pacific, and Europe.

From etiology to prevention, from molecular to social epidemiology, the IEA is an important voice to all epidemiologists and one of the most influential societies in international health. Please promote the IEA to your colleagues and students. You can learn more about the Association by visiting/exploring its website at <http://www.IEAWeb.org>.

Eduardo L. Franco
McGill University, Montreal
Elected IEA Council Member representing
North America

As an IEA member, you can

- **participate** with an eclectic mix of over 1500 professionals from more than 100 countries in a broad range of substantive and methodological areas in epidemiology and public health
- **speak** to and for epidemiologists engaged in international health issues
- **access** a platform for international health research studies
- **provide** opportunities for graduate students to develop international projects focusing on underprivileged populations and inequalities in health
- **contribute** to how epidemiology will evolve outside North America through the IEA's ongoing discussions on practice boundaries, peer review, professional conduct and ethics
- **receive** the International Journal of Epidemiology
- **enjoy** substantially reduced registration fees for the triennial World Congress of Epidemiology and the 2 or 3 annual regional IEA meetings held throughout the world
- **assist** fellow epidemiologists from developing countries via a portion of the membership fee



Meet the Canadian Institute for Health Information

Do you want to know how long a person is expected to live in one region compared to another or to compare health services and procedures across regions of Canada? If these are the types of questions that interest you, are you aware of how the Canadian Institute for Health Information (CIHI) might help?

CIHI is Canada's national health information agency – the largest single source of information and expertise in the country on our healthcare system and the health of Canadians. CIHI's goal is to provide timely, reliable and relevant information that researchers, health policy makers, health system managers and the public can use to shed light on issues in population health or health services.

CIHI was created in 1994 by Canada's health ministers as an arm's-length, pan-Canadian, not-for-profit organization. It is governed by a 15-member Board, whose members include federal and provincial Deputy Ministers, health-system executives, and other policy leaders from across the country. The Board is currently chaired by Michael Decker, a former Ontario Deputy Minister of Health.

CIHI's core functions include gathering coded extracts of personal health information from a variety of sources such as hospitals, governments and professional registration bodies. CIHI manages the major national data holdings on healthcare institutions and their personnel, patients and clients. CIHI also works with Statistics Canada to analyze and publish information from their extensive data holdings, including the Canadian Population Health Survey.

Setting Standards

CIHI also plays a central role in establishing national standards for financial, statistical and clinical data as well as standards relating to health information technology. Such standards

include *Guidelines for Management Information Systems in Canadian Health Service Organizations*, *Canadian Classification of Health Interventions* (CCI), and grouping methodology standards (e.g. Case Mix Groups (CMGTM) and Day Procedure Groups). CIHI is also an international affiliate of HL7 (the standard for the electronic exchange of clinical and administrative data in North American health services).

CIHI is Canada's national health information agency – the largest single source of information and expertise in the country on our healthcare system and the health of Canadians.

Protecting Privacy

CIHI works with ministries of health to identify health information needs and to ensure that CIHI's personal health information protection practices comply with relevant legislation. CIHI also works with researchers to facilitate secure, responsible access to data in support of *bona fide* research. CIHI undertakes a detailed review of the requests in relation to its privacy and confidentiality policies and also requires recipients to sign agreements covering their obligations to keep the data confidential and secure.

New Initiatives

In addition to managing the existing databases and setting standards for data collection, CIHI is also building new databases and indicators such as the National Prescription Drug Utilization Database (NPD UIS) which will publish its first report next year. Through the Canadian Population Health Initiative, CIHI commissions research and conducts independent analyses to help inform policy on major public health issues such as obesity. CIHI is also supporting the ongoing process of health reform, with new measures of access to services and other indicators to evaluate progress in implementing the First Ministers' Accord of February 2003.

Another growing part of CIHI's work involves improving our understanding of the determinants of health. The Canadian

Population Health Initiative examines the broad factors that determine the health of individuals and communities such as income, labour market experiences, and early childhood development. It does this by supporting research, providing information to decision-makers, and publishing reports to increase public awareness and understanding of these factors.

We're here to help

Since March 1999, CIHI and Statistics Canada have been working in collaboration with governments, regional health authorities, caregivers, managers and others, to fill information gaps and to answer two key questions: how healthy are Canadians, and how healthy is Canada's health care system? We've made significant progress over the past few years. We now collect information on 63 regions across the country, representing 90% of Canada's population.

At CIHI, we work with researchers every day on a huge range of projects. If you think any of our data holdings could help you address a research question, we want to hear from you. Visit our website at www.cihi.ca or send specific requests to communications@cihi.ca. For those interested in obtaining data from CIHI, the first step involves filling out a data request form, which is then reviewed by a program manager. To access this form please visit:

http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=reqdata_e

Steve Buick
Communications Manager, CIHI

CIHI's broad mandate

- coordinate and promote the development and maintenance of national health information standards for collecting, processing and sharing health information;
- analyze information, conduct special studies, and participate in, or support, health care system research;
- fund and facilitate population health research and analysis, conduct policy analysis and develop policy options;
- contribute to the development of population health information systems and infrastructure;
- publish reports on health and health care and share the key findings with Canadians; and
- offer an education program for clients and participate in or co-sponsor conferences on emerging key issues in health care.

CIHI's Data Holdings

Health Services

Discharge Abstract Database (DAD) hospital discharges (inpatient, acute, chronic, rehabilitation) and day surgeries.

Hospital Morbidity Database (HMDB) patients separated (through discharge or death) from a hospital, listed by the primary morbidity (disease) diagnosed.

National Ambulatory Care Reporting System (NACRS) hospital-based and community-based ambulatory care: day surgery, outpatient clinics and emergency departments.

National Rehabilitation Reporting System (NRRS) client data collected from participating adult inpatient rehabilitation facilities.

Continuing Care Reporting System (CCRS) patient data collected from designated continuing care beds across Canada.

Canadian Organ Replacement Register (CORR) level of activity and outcomes of vital organ transplantation and renal dialysis.

Hospital Mental Health Database (HMHDB) hospitalization data for mental illness across Canada.

National Trauma Registry (NTR) national statistics on injuries in Canada.

Therapeutic Abortions Database (TADB) demographic and medical characteristics of Canadian patients obtaining therapeutic abortions in Canada and the United States.

Canadian Joint Replacement Registry (CJRR) Hip and knee replacements, revision rates and outcomes.

Ontario Trauma Registry (OTR) trauma (injuries) in Ontario.

Health Professionals

National Physician Database (NPDB) fee-for-service physician payments.

Southam Medical Database (SMDB) supply, distribution and migration patterns of physicians.

Registered Nurses Database (RNDB) supply and distribution of registered nurses.

Licensed Practical Nurses Database (LPNDB) supply and distribution of licensed practical nurses.

Registered Psychiatric Nurses Database (RPNDB) supply and distribution of registered psychiatric nurses in BC, Alberta, Saskatchewan and Manitoba where they are considered a separate profession.

Health Personnel Database (HPDB) number of health care professionals.

Health Expenditures

National Health Expenditures (NHEX) all health spending by spending category and source of finance.

Canadian MIS Database (CMDB) Financial and statistical data on hospitals and regional health authorities.

Organization for Economic Co-operation and Development (OECD) Health Database (Canadian Segment) health care spending, health care services and health status among member countries of the OECD (maintained by CIHI and Statistics Canada).

The National Diabetes Surveillance System (NDSS) – A Response to the Challenge of Diabetes in Canada

Over a million Canadians (about 5% of the Canadian population aged 20 years and over) have diagnosed diabetes, and as many as 30% more are undiagnosed. For First Nations people, prevalence is 3 to 5 times the national rate. Rates are even higher for some First Nations language groups and there is a north-south gradient, with people in the south having higher diabetes rates than in isolated northern communities.

Type 2 diabetes generally occurs in people over the age of 40. In contrast to persons with type 1 diabetes, who do not produce enough insulin, people with type 2 diabetes are referred to as “insulin resistant”.

Insulin resistance is associated with inactivity and obesity which compound pre-existing risk factors for diabetes. Many cases of type 2 diabetes are preventable.

North Americans are becoming increasingly inactive. That, and the aging of the population, are expected to boost diabetes rates over the coming years.

In 1996, a number of physicians, diabetes educators, epidemiologists and researchers proposed a surveillance system for diabetes. In 1997, the National Diabetes Surveillance System (NDSS) steering committee was formed and began developing the concept of a surveillance system using administrative data.

In 1999, a feasibility study in the three prairie provinces demonstrated that administrative data could be linked to track the burden of diabetes through various client interactions (physician visits, hospitalizations etc.) within the provincial and territorial health care systems. The resulting data could provide annual estimates of the incidence and prevalence of diabetes, as well as event rates in both the diabetic and non-diabetic populations for 40 complications of diabetes and for health services use.

Since then, the model has been extended to the rest of Canada and now 8 provinces and 3 territories participate. New Brunswick and Newfoundland and Labrador, along with several Aboriginal communities are in the process of building their infrastructure and capacity to participate.

The NDSS has several features that distinguish it from other surveillance systems:

Methods developed to date have demonstrated that responsible surveillance using personal information is possible without sacrificing privacy.

- The provinces and territories, Aboriginal groups and Health Canada jointly manage the project, with Health Canada assuming the central co-ordinating role.
- Capacity in data capture and analysis is developed within the provinces and territories and Aboriginal groups.
- The NDSS is a network of regionally-distributed diabetes surveillance systems rather than a central repository.
- Health data related to individuals are held exclusively within the domain of the provinces and territories and no personal health data are transferred outside a province or territory.
- Aggregate anonymous data are transmitted to a central location.

Most importantly, the NDSS represents the first time that Canada has undertaken a co-ordinated national use of administrative data for public health surveillance purposes.

For more information on this new undertaking, visit the website (www.ndss.ca), which should be up and running by the time you receive this issue of *the Bulletin*.

Shirley Huchcroft, Glenn Robbins
and Linda Van Til on behalf of
the National Diabetes Surveillance System

Accurate, Timely and Flexible: Key Components of the Rapid Risk Factor Surveillance System (RRFSS)

Public health units manage and deliver a wide range of programs and services focusing on disease prevention, health promotion, and health protection. But how do health units monitor the most pressing health problems in their area, identify health care gaps that need to be filled, monitor changes in health problems and determine whether they are doing a good job in responding to the health needs of their constituents? In the past, periodic health surveys have provided helpful information, but often the data were several years old by the time they were available and they did not address areas of particular concern to a region. A recent major source of information for health units in Ontario is the Rapid Risk Factor Surveillance System (RRFSS) that uses ongoing telephone surveys to collect information on the knowledge, attitudes and risk behaviours of adults.

The Rapid Risk Factor Surveillance System (RRFSS) uses ongoing telephone surveys to collect information on the knowledge, attitudes and risk behaviours of Ontario adults.

The RRFSS survey is conducted by the Institute for Social Research (ISR) at York University, on behalf of participating health units. Approximately 100 telephone interviews per health unit are conducted each month with a random sample of adults aged 18 years and older. In 2002, this amounted to over 22,800 interviews. Health units receive their data set 6 to 8 weeks after collection and perform their own analyses.

The telephone interview, which takes approximately 20 minutes, is divided into core and optional modules. Core modules are directly related to the goals and objectives of the Mandatory Health Programs and Services Guidelines from the Ontario Ministry of Health and Long-Term Care (MOHLTC) and must be asked by all participating public health units. Optional modules allow individual health units the flexibility to address local health needs or emerging public health issues. Topic areas include smoking, sun safety, use of bike helmets, water testing in private wells, etc. For a complete list of questions, visit the RRFSS website: www.cehip.org/rrfss

Questions are selected according to specified criteria; each question must have documented relevance to a health unit program objective and be amenable to a telephone survey (straightforward, easily recalled, a question people are willing to answer). Questions must tap information that needs to be monitored over time, is unavailable from other sources, and is common enough to provide a reliable estimate.

The RRFSS began in 1999 as a pilot project in joint partnership between Health Canada, the Ontario MOHLTC, Cancer Care Ontario and the Durham Region Health

Department. By January 2001, following a successful evaluation of the pilot project, the system grew to include 21 of the 37 health units and now represents over 80% of Ontario's population.

The RRFSS has no central funding. It is funded at the grassroots level by participating health units and is administered by the RRFSS Working Group. The RRFSS Working Group consists of representatives from each participating health unit. A smaller subgroup, the RRFSS Advisory Group, provides liaison with the ISR regarding questionnaire development and survey content.

The success of the RRFSS can be attributed to the ongoing commitment and collaboration between the RRFSS-participating health units, the ISR and external partners. This commitment is evident in the time and effort dedicated to the following areas:

- Infrastructure support. The system's guidelines and procedures are documented continuously, recruitment of a RRFSS Coordinator is a priority for 2003, and a formative evaluation conducted in 2001/2002 is a key resource to direct further work.

- **Module Development.** In 2002, over 20 new modules were developed to meet the specific needs of health units. Special studies, in partnership with external organizations, are ongoing to validate the RRFSS modules.
- **Data Quality.** The RRFSS Analysis Group coordinates the maintenance of the data dictionary and the development of standardized data analysis syntax files.
- **Dissemination.** The RRFSS 2001 core module results are posted on the RRFSS web site: www.cehip.org/rrfss. External partnerships are key to the ongoing commitment to web-based reporting of the RRFSS results.
- **The RRFSS Workshop.** The first annual RRFSS Workshop was held in June 2002 at York University. This event was sponsored by ISR and gave the RRFSS-participating health units, staff at ISR, external partners and other interested health units and organizations an opportunity to discuss key issues of growth and sustainability of the system.

The RRFSS has become an invaluable tool for planning, implementing and evaluating public health programs. The role of the RRFSS in supporting and guiding decision-making at the local level is expanding as more health units join and data collection continues into its third cycle.

For more information, visit the web site:

www.cehip.org/rrfss

Kathy Moran
Chair, RRFSS Working Group

An example of the RRFSS data:

| Percentage of households that are smoke-free | | |
|---|------|-----------|
| Health unit | % | 95% CI |
| Halton | 61.2 | 57.5-64.8 |
| Durham | 55.0 | 51.3-58.7 |
| London | 50.7 | 46.8-54.7 |
| Ottawa | 50.1 | 46.2-53.9 |
| Haliburton, Kawartha, Pine Ridge | 46.7 | 43.0-50.5 |
| Sudbury | 41.8 | 38.1-45.5 |



Public Health Studies at l'Université de Montréal

Public health is a field of study that draws on a number of disciplines. Among other things, it can be defined as the application of social sciences, medicine, environmental and natural sciences when studying health phenomena, generally speaking, in human populations.¹

The mission of the public health sector in the Faculty of Medicine at l'Université de Montréal is to offer top-level training and research programs in:

- the administration of health services
- demography and health
- epidemiology
- biostatistics
- community health
- toxicology
- health promotion
- health and the environment
- the organization of health care and services, and
- the evaluation of health services and interventions etc..

The program focuses on:

- examining factors that influence the health of both individuals and communities
- identifying risk factors
- studying interventions, i.e., policies, programs or techniques for health promotion and disease prevention, and
- analyzing the health care system and the way it is organized and managed.²

Three departments make up the public health sector at l'Université de Montréal: Health Administration, Social and Preventive Medicine and Environmental and Occupational Health. In 1978, these three departments combined their efforts and their pedagogical and research resources to create the doctoral program (Ph.D.) in public health. This program provides for the systematic, detailed and critical study of phenomena specific to public health and their links to social, individual and environmental phenomena. It relies on in-depth studies of theories, concepts and methods used in a

discipline chosen by the student, while at the same time teaching the general concepts and methods used in public health.

The Ph.D. program in public health consists of five options, so as to allow students to specialize in a field of expertise: the organization of health care, epidemiology, health promotion, environmental toxicology and the management of health services.

The program's reputation extends beyond Quebec and Canada. Almost 40 % of students come from outside Quebec.

There are currently about one hundred students enrolled. Of those who have been enrolled for at least one year, 35 % benefit from scholarships provided

by organizations and awarded by a committee of peers. About 12 students graduate each year and between 15 and 20 are admitted annually.

The program's reputation extends beyond Quebec and Canada. Almost 40 % of students come from outside Quebec, in particular from Europe, West and North Africa, Haiti and South America. Their training is extremely varied, including, but not limited to, psychology, anthropology, mathematics, sexology, nursing, occupational therapy, political science, management, and neurological sciences.

To date, the doctoral program in public health has turned out over 100 researchers, several of whom have become leading figures in public health.

1. The new public health. *Annu. Rev. Publ. Health* 1993; 14: 469-90, page 472.

2. Report by the committee charged with examining the opportunity for and feasibility of creating a school of public health at the Université de Montréal: Proposition de création d'une école de santé publique à l'Université de Montréal, July 1996.

Pierre Philippe

<http://www.mdsocp.umontreal.ca/programme.htm>

Book Review

Epidemiology: An Introduction

by Kenneth J. Rothman

Oxford University press, 2002. 223 pp.

This book constitutes a rigorous introduction to the basic concepts and methods of epidemiology and is rich in examples illustrating how they are applied. Rothman puts the discipline in modern-day context and provides insights into current epidemiological thinking.

The book chapters are organized around eleven main themes including definition of elementary concepts and presentation of basic principles and methods of epidemiology. The first two chapters introduce the fundamental concepts and provide an overview of epistemology in science. Rothman takes this opportunity to define and highlight the concept of confounding. Continuing with epistemology (the process of scientific inference by induction and refutation), the author discusses the concepts of causation and generalization.

The next three chapters (3-6) deal with a presentation of various disease measures, study designs, and biases. In particular, Rothman reviews the well-known measures of risk, rate, incidence and prevalence, and the measures of association between risk factors and disease occurrence (risk ratio, rate ratio, odds ratio). He also describes the most important types of epidemiological study designs, i.e., cohort and case-control study.

The issues associated with systematic and random error are then considered. Systematic errors as information and selection biases and their impact on measures of association are discussed first. Methods for controlling random error (confidence intervals, p-values, and the p-value function) are compared, and the advantage of estimating confidence intervals over statistical significance testing is stressed.

The next three chapters (7-10) introduce the basic methods of data analysis, such as how to compute p-values and confidence intervals for the various measures of association. The author also presents the various methods for the control of confounding (stratification, standardization, and pooled estimates), discusses the advantages of stratification, and

underlines the common mistake of using statistical significance testing to assess confounding. Methods concerned with interaction (effect modification; multiplicative- and additive-effect models, statistical and biological interaction) are also presented.

Finally, regression models (relationships between variables, the general linear model, simultaneous control of several confounding variables, strategies for constructing multivariate analysis models) are dealt with along with a discussion of the advantage of prior stratification analysis.

The final chapter (11) expands upon the prominent role of epidemiology in clinical research; epidemiological issues relating to screening tests (sensitivity, specificity, predictive value) and clinical trials are discussed briefly in the context of disease prognosis and treatment.

The book is rife with text-boxes that elicit second-thought to some classical issues in epidemiology. It also provides meaningful information on the current/modern way of data analysis, such as the importance of confidence intervals for effect ratios in studies involving entire populations or whether one should consider more age strata with narrower boundaries in order to control for confounding more effectively.

One reservation about the book is that, if it is intended to be the core of a first epidemiology course, some themes are probably too advanced for an introductory text. Newcomers to epidemiology seeking to acquire the basic principles may be better served by a more elementary textbook. To illustrate, standardization (direct and indirect) can be hard to understand with the few details provided by Rothman's book.

These reviewers also felt that it would be appropriate to include the answers to the questions displayed at the end of each chapter.

To conclude, while the essence of this modern-day epidemiology textbook is well entrenched in the classical approach, it nevertheless bends over a few new preoccupations and attempts to challenge old conceptualizations.

Helen Trottier, PhD candidate
and Pierre Philippe
University of Montreal

Business As Usual

New Officers Elected

At the general meeting, held following the biennial conference in Halifax in June the CSEB elected the slate of officers for the next two years. We look forward to their leadership as we increase our membership and become a more vibrant and active society. Brief descriptions below will remind you of who and where the officers are. Society members are encouraged to contact their representatives with any ideas or concerns relating to our profession in Canada and the CSEB's direction. E-mail addresses can be found on the back page of this newsletter.

Yang Mao (President) is Director of the Surveillance and Risk Assessment Division within the Centre for Chronic Disease Prevention and Control at Health Canada where he has worked for 28 years. He holds adjunct positions in the departments of epidemiology at four universities, has received several professional awards, and has published more than 100 articles in peer-reviewed journals. Yang received his PhD in biostatistics from the University of Western Ontario. Yang has collaborated extensively with many groups and organizations in Canada.

Loraine Marrett (Vice-President) began her career in 1975 as a cancer epidemiologist with the Connecticut Cancer Epidemiology Unit at Yale University. She returned to Canada in 1982 to work at the Ontario Cancer Treatment and Research Foundation (now Cancer Care Ontario), where she has remained as a scientist. Loraine is also an Associate Professor in the Department of Public Health Sciences at the University of Toronto. Loraine's research has two main foci: descriptive studies based on cancer registry data (these would now largely be called "surveillance") and etiologic research, most recently focusing on skin cancer and ultraviolet radiation.

Ken Johnson (Secretary) has been a Senior Epidemiologist in the Cancer Bureau with Health Canada's Laboratory Centre for Disease Control for the last decade and is an Adjunct Professor in the Epidemiology and Community Medicine Programs at Queen's University and at the University of Ottawa. Over the last seven years Ken has been the principal scientific investigator responsible for development of the

National Enhanced Cancer Surveillance System. His research interests include passive smoking and breast cancer, chlorination by-products in drinking water, physical activity, diet and cancer, and perinatal epidemiology.

Barbara Roston (Treasurer) has worked in a variety of health care settings. Building on her undergraduate degree from McGill in microbiology and immunology, Barbara obtained an MPH from the School of Public Health at the University of Texas in Houston, worked as an infection control co-ordinator in Toronto for several years, and completed an MSc at the University of Toronto in epidemiology and biostatistics. Since then, Barbara has been involved in studies of radiation exposures and thyroid cancer, sun awareness behaviors, and alcohol and drug use, as well as program evaluation of a provincial telemedicine initiative. Barbara has also served as a member of her local board of health.

Jason Pole (Student Member) holds an undergraduate degree in health studies from the University of Waterloo and a masters degree from the Department of Community Health and Epidemiology at Queen's University. He is now enrolled in a doctoral program at the University of Toronto where his interest in student and university governance has led to involvement in various aspects of university administration. Jason's research interests include pediatric asthma and methodologies for the use of complex data. Jason also works part time as a Research Associate at the Institute for Work & Health.

Ron Dewar (Member-at-Large) has worked in cancer registries, departments of academic research and hospital-based community health programs. Ron studied statistics in Edinburgh, and epidemiology and biostatistics at McGill. Currently he is an epidemiologist with the Nova Scotia Cancer Registry where he provides and interprets statistics to help people understand the impact of cancer at the population level. Other responsibilities include supervising epidemiology students, helping with the analysis of clinical data and collaborating on several national and international data-sharing protocols.



Meet your new Board of Directors: standing (left to right) are Yang Mao, President; Lise Gauvin, Member-at-Large; Jason Pole, Student Representative; Barb Roston, Treasurer, and Ken Johnson, Secretary. Seated (left to right) are Loraine Marrett, Vice-President; Ron Dewar, Member-at-Large, and Linda Dodds, Member-at-Large. Missing are Nazeem Muhajarine, Member-at-Large and Rick Gallagher, Past-President.

Linda Dodds (Member-at-Large) obtained a master's degree in biostatistics from the University of Washington in Seattle, worked as a biostatistician at the Ontario Cancer Treatment and Research Foundation (now Cancer Care Ontario) and then completed a PhD in epidemiology from the University of Toronto. Linda is now an Associate Professor in the Department of Obstetrics & Gynecology and Pediatrics at Dalhousie University with a cross appointment in the Department of Community Health and Epidemiology. Her main research interests are in perinatal epidemiology.

Lise Gauvin (Member-at-Large) is a Full Professor in the Department of Social and Preventive Medicine and a Research Associate in the GRIS (Interdisciplinary Research Group on Health) at the University of Montreal. She completed her doctoral work in physical activity sciences at the University of Montreal in 1985

and has held academic positions at Queen's and Concordia Universities. Lise's research focuses on socio-environmental determinants of physical activity, interventions to promote physical activity at the population level, and social determinants of eating disorders. Her work draws upon innovative quantitative methods including multilevel modeling methods and eco-metrics.

Nazeem Muhajarine (Member-at-Large) is an Associate Professor in the Department of Community Health and Epidemiology, College of Medicine, University of Saskatchewan, and a member of the research faculty in the Saskatchewan Population Health and Evaluation Research Unit.

From CSEB Meetings

Annual General Meeting, June 10, 2003, Halifax:

Finances are exceeding revenues. Main costs are for the secretariat position, the *Bulletin* and board meetings. Remedial options that could be implemented include

- hiring a management company to perform various administrative functions,
- producing the *Bulletin* in electronic format only
- an additional increase in dues

Health Canada was thanked for its support of various functions of the CSEB.

Nazeem Muhajarine reported on the workings of the membership drive committee; i.e.

- the CSEB brochure was updated
- a brochure and accompanying letter were sent to approximately 400 past members
- the brochure was included with the Spring *Bulletin* and current members were requested to recruit new members

Vicki Kristman reported that 30 student stipends (between \$300 and \$700, depending upon location) to attend the CSEB conference were awarded.

Rick Gallagher and Jack Siemiatycki will be the Canadian co-chairs of the joint SER-CSEB 2005 conference.

Electronic voting for this year's election yielded 75 votes compared to 114 for the previous election.

Board Meeting, September 12, 2003, Toronto:

Goals for the next 2 years -

- increase membership to 400 in the first year, 500 in the second
- report to the membership after each board meeting
- move to an electronic newsletter (*Bulletin*)
- upgrade the website
- negotiate mailing of the EpiMonitor to the membership
- become a resource for epidemiologists starting out and for those in isolated locations; i.e. a conduit to the epidemiology community in terms of mentoring, encouragement and help
- organize 2 student conferences per year

CSEB Board of Directors 2003-2005

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Members are reminded to forward changes in their contact info to CSEB by e-mail to ensure that our database remains up-to-date. We also encourage members to take advantage of e-mail for receiving news from the society, so make sure your e-mail address is on file with us.

- improve the financial status of the CSEB
- develop a package of information to mail to new members including history, bylaws, structure, etc.
- hold board meetings more frequently but reduce costs through teleconferencing when possible
- develop an information package for incoming board members

Joan Lindsay, Ken Johnson
& Shirley Huchcroft