In May 2006, I assisted Chief Joe and Elder Jean Crane in a Teaching Circle at the NLCAHR (Newfoundland and Labrador Centre for Applied Health Research) conference in Goose Bay, Labrador. I have been fortunate to have both Chief Joe and Jean as teachers for almost fifteen years and we have worked together, sharing our knowledge and understandings of the ways we create and recreate everyday life. We are working towards developing processes of helping and healing that integrate western and traditional healing approaches and techniques.

(Continued on page 5)
From the Board

Welcome to the Fall, 2006 edition of the Bulletin. In this issue, we feature highlights from the CSEB sponsored symposium at the 2006 Congress of Epidemiology held in Seattle, Washington in June. The topic was “Chronic Disease in Canadian Aboriginals: Current Issues”. The CSEB board would like to thank Drs. Loraine Marrett and Alain Demers for their work in organizing this successful symposium. At the Congress, Dr. Rebecca Fuhrer (Vice President of CSEB) participated in a meeting with leaders from a number of epidemiology, public health, and biostatistics societies and organizations in North America. This group plans to continue meeting via phone conferences to discuss items such as: principals of large epidemiology congresses, plans for the next congress, joint policies across epidemiology societies (e.g., issues of advocacy, funding, resources, etc), and other issues of common interest.

Preparations are well underway for the Biennial CSEB meeting being held at the University of Calgary on May 28-31. The theme of the 2007 conference is epidemiology in a changing world. The plenary speakers are lined up and the topics sound very exciting. The plenary speakers include:

- Dr. Michael Kramer, McGill University
  Title: Fetal and Infant “Programming”: Evidence and Controversies
- Dr. Allison McGeer, Mount Sinai Hospital, Toronto
  Title: Science versus Evolution: Infectious Disease Epidemiology in the 21st Century
- Dr. Reg Sauve, University of Calgary
  Title: Infant Mortality Rates in Canada: Things are Seldom What They Seem
- Dr. John McLaughlin, University of Toronto
  Title: Gene-Environment Interactions: Do They Matter to People and Populations?
- Dr. William Ghali, University of Calgary
  Title: The Methodological Detours of a Health Services Research Team: Adventures in Survival Analysis

In addition to the plenary talks, the concurrent oral sessions and the poster sessions, there will be a social evening at the Calgary Zoo including dinner and an evening presentation. More details about this conference will be circulated in October, 2006. The abstract deadline will be in February, 2007. Many thanks to Conference Co-Chairs, Drs. Christine Friedenreich and Scott Patten, as well as the rest of the local organizing committee for all of their hard work. I am sure the meeting will be a success! We hope to see you in Calgary in May.
Student News

It is that time of the year again where we put on our academic hats and focus on courses and thesis work. While you are preparing for the coming year, I would like to draw your attention to future activities that are currently being planned:

- **4th Biennial CSEB National Student Conference (May 2007, Calgary Alberta):** Get your abstracts ready, Danielle Southern and her colleagues at the University of Calgary are currently planning for our next national student conference.
- **19th Biennial CSEB Central Region Student:** Currently being planned for spring/summer of 2008. Darren Brenner and his colleagues at Brock University will likely be the host of this conference.

For those of you who could not attend the 18th Biennial CSEB Central Region Student Conference (June 9th, 2006) at University of Guelph’s Veterinary College, you can still browse through the types of research projects that our fellow students are engaged (see the report on the 18th Biennial CSEB student conference below).

Wishing you all a productive coming academic year!

Minh T. Do  
CSEB Student Representative

18th Biennial CSEB Central Region Student Conference:  
University of Guelph

Congratulations to James Valcour and his colleagues at the Veterinary College of University of Guelph who hosted a fantastic 18th Biennial CSEB Central Region Student Conference. The one-day conference (June 9th, 2006) was complete with a keynote speaker (David Walter-Toews) and oral presentations from 20 students. The diverse topics of student presentations included:

- Two-stage case-control study assessing association between selective serotonin reuptake inhibitors (SSRIs) and breast cancer (Janet Ashbury, Queens University);
- Presence of Eating Disorders and Influence of Social Support Mechanisms (Sandy L. Kovacs, Brock University);
- The Health of Canadians with Deafness and Hearing Loss: An analysis of the Canada Community Health Survey (Jason D. Pole, University of Toronto);
- Spatial and Temporal Analyses of Sleeping Sickness Re-emergence in South-Eastern Uganda, 1970-2003 (Lea Berrang Ford, University of Guelph);
- Health Risk Behaviours: Explaining the social gradient in bladder and colorectal cancers? (Jennifer Goy, Queens University);
- Temperature related risk factors for the occurrence of Campylobacter in broilers in Iceland (Michele Guerin, University of Guelph);
- Injury among 1107 Canadian adolescents with self-identified disabilities (Sudha R. Raman, Queens University);
- Exploring the Risk Factors for West Nile Virus Disease (Myrna Dyck, University of Manitoba);
- Case-control Study on Occupational Risk Factors for Soft-tissue Sarcoma (M. Alomgir Hossain, University of Saskatchewan);
- Towards a Standardized Approach: Subgroup Analyses by Sex and Gender in Cardiovascular Trials (Amandev Aulakh, McMaster University);
- Population requirement and provision of hip and knee arthroplasties in Ontario (Ngoc-Thy Vu Dinh, Queens University);
- Evaluating Food Consumption Patterns and Food Safety Practices in the Regional Municipality of Waterloo (Andrea Nesbitt, University of Guelph);
- Epidemiologic study of determinants of melatonin levels (Maria I. Sanchez, Queens University);
- Influence of condom usage on STDs spread in a sexual partnership network (Fatemeh Jafargholi, University of Guelph);
- Potential protective effects of non-steroidal anti-inflammatory drugs on prostate cancer progression in curatively treated patients. (David Stock, Queens University);
- Comparison of Daily Milk Weight Data with the Multiple Trait Prediction Model (Melanie
The conference received support from GlaxoSmithKline Canada, Stata Statistical Software, and Cytel Statistical Software. The Public Health Agency of Canada also set up a booth to provide information about PHAC for the delegates.

On behalf of the CSEB, I would like to thank James and his colleagues for all their hard work that went into making this conference a great success.

Minh T. Do
CSEB Student Representative

Chronic Disease in Canadian Aboriginals: Current Issues

CSEB-sponsored Symposium at the Joint Congress of Epidemiology in Seattle, WA June 21-24 2006

On behalf of the CSEB, Alain Demers of CancerCare Manitoba and Loraine Marrett of Cancer Care Ontario, planned and co-chaired the symposium “Chronic Disease in Canadian Aboriginals: Current Issues” at the Congress of Epidemiology 2006. The talks focused on selected aspects of the looming challenge around chronic diseases in Canada’s Aboriginal populations.

This symposium was competing with six others scheduled concurrently, many of which focused on topics of broader interest. However, we were pleased that about 30 people attended the CSEB symposium, many but not all Canadian, and provided lively discussion and positive feedback.

Loraine Marrett started the session with some background facts about Canada’s Aboriginal people – demographic, socioeconomic and health status indicators - prepared by Alain Demers, who was unable to attend. Highlights included the disparities with the Canadian population as a whole: the Aboriginal population is younger and less urbanized, and has lower educational attainment and labour force participation. Aboriginal people also have higher rates of mortality for infectious, respiratory, cardiovascular and endocrine disorders, and suicides, homicides and accidents; and lower mortality from cancer.

Diet and the Inuit: A world in transition and its potential impact on chronic disease.
Grace Egeland
(Centre for Indigenous Peoples’ Nutrition and Environment, McGill University, Montreal)

Grace Egeland’s talk about her work with Canadian Inuit was fascinating. Grace has spent considerable time with the Inuit and her slides conveyed her love of the people and their part of Canada. Her story of the cohort-wise
transition from traditional to modern diet and some of the early indicators of resulting health problems, such as obesity and other markers of metabolic syndrome, was touching and troublesome.

**Colorectal cancer and metabolic syndrome: an emerging issue in Canadian Aboriginal health?**

Gail McKeown-Eyssen and Anthony Hanley (Departments of Public Health Sciences and Nutritional Sciences, University of Toronto, Toronto)

Gail McKeown-Eyssen and Tony Hanley collaborated to paint a picture of two apparently disparate problems in Ontario First Nations: rising colorectal cancer incidence and concerning levels of diabetes and markers of metabolic syndrome – and then persuaded us that these two phenomena were almost certainly related – with worse on both counts probably yet to come unless public health actions are taken swiftly. Gail finished with a poignant quote from a Blackfoot Elder: “My grandfather was diagnosed with diabetes in his sixties. I got mine in my forties. My son was in his twenties when his diabetes came. I look at my grandson, and wonder when will be his time?” It is to be hoped that opportunities for primary and secondary prevention can avoid a related occurrence of colorectal cancer.

**Cancer survival in Ontario First Nations people: another health disadvantage?**

Loraine Marrett, Diane Nishri and Bo Green (Division of Preventive Oncology, Cancer Care Ontario, Toronto).

Loraine Marrett demonstrated the poor cancer survival experienced by Ontario First Nations people. While the same disadvantage has been demonstrated in other indigenous populations in North America and Oceania, no research has yet identified all the reasons: in research where the stage distribution has been found to be less favourable, stage-specific survival remains poorer; when differences in treatment-for-stage have been accounted for, the survival disadvantage remains. Clearly, there is multitude of underlying reasons for poorer prognosis, and these must be identified if improvements are to be made. A proposed comprehensive study to identify reasons for the discrepancy in breast cancer survival between Ontario First Nations people and the general population was described.

**Reflections from Teaching Circle**

*(continued from page 1)*

The teaching Circle in Labrador focused on the barriers to meaningful partnerships between academic institutions and aboriginal communities. The circle provides an opening where protective distances collapse, providing an opportunity to reveal hidden intimacies and reconnect in sacred kinship. Some of the comments made by Chief Joe, Jean Crane and myself in the Circle are summarized below.

Chief Joe began by passing a beach stone around the circle, asking us to experience the energy of the stone and its meaning to us. Chief Joe teaches that touch strengthens and heals and he often takes time in Circle to demonstrate the language and power of touch. Stories, poetry and songs are gifts of the Circle. Chief Joe and Jean frequently narrate stories or poems with many layers, their stories and poems seem to be an invitation to a subtle rhythm, to an awakening to the immenseness of being fully present and to allowing trust in the kinship with mother earth and each other.

My sharing in the circle began with a heartfelt expression of gratitude –on this occasion I was grateful to be back among friends and family in Labrador and assisting Chief Joe and Jean. Labrador has always been magical for me, the largeness of the land seemingly a reflection of the largeness of the hearts of its peoples. I was particularly happy to be sharing the circle with a friend who I had not seen for some time, the Labrador poet, Shirley Flowers. Shirley gave me a poem which I shared with the circle.
What is a Trickster?
By: Shirley Flowers

The Trickster is denial
It is loneliness
It is pride and arrogance
It is jealousy and envy.

The Trickster can be fatal
It is also dry drunk
It is shallow lusts
The trickster is greed
The trickster turns a blind eye
And a deaf ear to the truth
And it covers up
And lets things slide.

We see the trickster’s face in stubbornness
When we try to prove we are right no matter what
When we think we know what’s best
Even when we know deep down it isn’t
It is anger gone crazy
It is murderous rage
It is suicide.

The Trickster is selfish
It does not care what or who is in its’ path
It will destroy whatever is in its way
It wants power and control.

The Trickster shows up to try and change our direction
It leads us off the path
It will take us backwards in split seconds
The trickster’s path can be destruction and devastation.

The Trickster lives in the mind
It can talk us into false beliefs
It can make us take the easy way out
It takes the path of laziness and least resistance.

The Trickster is a liar and plays dangerous games
The Trickster sees through eyes that do not look into the soul
The Trickster lives in fear of exposure.

Only a true Warrior can take on the Trickster
Only a true warrior can recognize
The sly cunning ways of the Trickster
And the masks the Trickster wears
Only a true warrior can see beyond the skin deep beauty
And expose the ugly intentions of the Trickster.

The Trickster cannot stand up to good medicine
And honesty and honour
It has no real roots because it is shifty
It cannot rest because it has to constantly be pretending
To be something else
It supports itself on stolen souls
And blinded beings
The Trickster is our greatest challenge
And our greatest test of strength and faith.

I chose to bring this poem to the Circle because it captured my struggles to bridge academic and other worlds. The culture and coinage of the academic world often conflicts with healing traditions in the everyday life of other cultures. I was made aware of these conflicts in my early days as a student arriving from a small, isolated community on the southwest coast of Newfoundland. I quickly adopted the academic belief system which was presented as superior and neutral and dismissed the traditional knowledge I had learned from my grandmothers and others as outdated and superstitious. It was years before I learned that the academic belief system was just another system and no more neutral than any other. With the help of Chief Joe and Jean Crane, I came to see that traditional healing knowledge and practices of peoples was key to understanding and healing their individuals, families and communities. I came to understand that the academic world and its main stream models of research and helping most often overlooked and many times conflicted with ancient knowledge and practices. I spoke of some of these conflicts in the Circle and will share several here.

Chief Joe, Jean and others teach that silence is healing. The academic world, on the other hand, has an intense need to analyze and express. When I first began working with Chief Joe and Jean, my first impulse was to dissect every experience. I had been trained in family therapy and group work to facilitate a process of examination of relationships for change. Chief Joe, on the other hand, maintains that repeatedly scraping off scars is often harmful and helping people to sit in silence offered more opportunity for healing. Consequently, one of the first tasks assigned to me by Chief Joe was to sit without speaking for several days and nights, sometimes in the company of others who were speaking, sometimes not. It took time but I began to remember visiting elders as a child when we sat for long periods without speaking while experiencing a profound sense of peace and understanding. Since then I have come to value the power of silence for self-retrieval and revitalization, deepening awareness of and compassion for oneself and others.
Compassion and kindness are not often found in the everyday language of the academic world. Love is rarely discussed in academic models of helping, spirituality even less so. Yet, Chief Joe and Jean teach that loving is spiritual work and provides the cooperation, vitality, strength and compassion required for transformation in the everyday life of individuals, families and communities. This is in sharp contrast to the competitive nature of the academic world. Both Chief Joe and Jean use language that is poetic, expressive and humorous, inviting others to view the world and each other in loving and healing ways. They also express caring for and sharing with others in healing and teaching circles through concrete acts such as cooking and sharing traditional foods and explaining the importance of food (berries etc) as connections to land, animals and community. They teach that taking time to lovingly prepare food and to fully experience eating together is an essential part of the spiritual work of loving and healing.

Chief Joe and Jean teach that the trickster lives in all the worlds including their own. They also view the trickster lovingly as a teacher who illuminates our patterns of blindness and hurtfulness, patterns which thwart loving relationships. In order for academics to have meaningful partnerships with aboriginal and non-aboriginal community we must also become students of the trickster, allowing ourselves to take responsibility for the construction of our images and how we use them within the academic world and without.

Our partnership which draws from Micmac, Inuit, Celtic and academic traditions, knowledge and practices is a long term collaboration which requires ongoing conscious effort and mutual respect from all participants for each other. Each tradition is contributing to innovative and balanced approaches to personal and social transformation in aboriginal and non-aboriginal communities.

**Aboriginal Component of the National Diabetes Surveillance System**

Diabetes is a growing health concern in the Aboriginal population which consists of First Nations, Métis, Inuit, and non-Status/non-Treaty Indians and Status/Treaty Indians. Diabetes prevalence in some Aboriginal populations is three to five times the national rate and is described as an epidemic. The National Diabetes Surveillance System (NDSS), coordinated by the Public Health Agency of Canada, was developed to track diabetes and its complications in each Province, Territory and in the Aboriginal community. The Aboriginal component of the NDSS is a method by which diabetes among Aboriginal people can be tracked. The surveillance data can then be used by Aboriginal communities to develop effective and long-term diabetes prevention, care and control strategies.

This year the second NDSS report entitled: *Responding to the Challenge of Diabetes in Canada* will have prevalence, prevalence projections, incidence, mortality and co-morbidity information from two First Nations groups: one in BC and the other from a small region of northern Quebec. This is the first time information pertaining to Aboriginal groups will be featured in an NDSS report. Results indicate that diabetes rates among BC First Nations are increasing over time. Moreover, BC First Nations people at younger ages are more likely than average to develop diabetes as well as develop more severe complications from the disease. The results showed significant differences in diabetes across the country, with First Nations people in BC having much lower rates than other people in parts of eastern Canada.

Participation in the NDSS by Aboriginal groups is limited to date and due to factors such as concerns about ownership, control, access and

Chief Misel Joe
Council of the Conne River Micmacs
Elder Jean Crane
Nunatsiavut
Dr. Sharon Taylor
Memorial University of Newfoundland
possession of information and the capacity (i.e., human and financial resources etc.) to conduct surveillance activities. However involvement is expected to grow in the future once capacity issues are addressed.

The Surveillance Division within the Public Health Agency of Canada is collaborating with the Métis Nation of Ontario in an NDSS related project and the Métis National Council has recently expressed interest in having its associated 5 Métis regions participate in the NDSS.

The rate of diabetes is expected to increase in the future if steps are not taken to address the disease. By using surveillance, as a tool to track and gather information about diabetes, the information can then be used by Aboriginal communities to increase awareness, develop prevention programs and target treatment and care plans tailored specifically to the needs of their people.

Judy Niles
Public Health Agency of Canada

Epidemiology Abroad:
Meningitis Surveillance in Nigeria

It feels good to be home after a hot three months in Nigeria. I was on an overseas mission with Médecins Sans Frontières (MSF). MSF is an international humanitarian aid organisation, providing emergency medical assistance to populations in danger around the world (see www.msf.ca). This would be my first mission as an epidemiologist, having worked for MSF before as a nurse.

I recently obtained my MSc in Community Health & Epidemiology from Queen’s University, so I called MSF to say that I am available for a mission. Their call came shortly afterwards; MSF needed an epidemiologist in northern Nigeria to investigate outbreaks of meningitis. As I soon learned, every year between February and June there is a seasonal rise in cases of meningococcal meningitis in the African meningitis belt, and about every ten years there is a large epidemic. The last epidemic in Nigeria was ten years ago with over 100,000 recorded cases and over 10,000 deaths. It took the world by surprise, and now, ten years later, we wanted to be ready.

I flew to Berlin for my briefing. It sounded easy enough: report on the national surveillance system, figure out how we can detect outbreaks early, and then coordinate the project. That night I enjoyed fine German beer, and then was up early to catch a plane for Nigeria. When the plane touched down, I was awestruck by the heat. I met the MSF team in Nigeria, and set out with a driver to visit government health officials and report on the meningitis surveillance system. I quickly learned that the surveillance system, while seeming okay on paper, was fraught with problems and dangerously inadequate. I recommended two mobile MSF surveillance teams to conduct field investigations of meningitis cases. I travelled with one team and coordinated our movements with an HF radio and satellite phone.

We met local health workers and community leaders to inquire about active cases of meningitis. In a typical day, we parked our landcruiser on the edge of the village (there were no roads, only paths through the villages), and headed in on foot, escorted by hundreds of excited children. The children directed us to the tukul (hut) of the village leader, while the village elders arrived to greet us. We removed our shoes to enter the tukul; it was always a pleasure to feel the cool inside. The village leader sat in a prominent place, and several minutes were spent with introductions and greetings (I had help from an interpreter). Children crowded the entrance of the tukul, anxious to get a glimpse of this strange foreigner inside. Meningitis is well
known and dreaded, and we were always warmly welcomed.

We were taken to see active cases of meningitis, usually in the local health station. The local health station, a modest cement or clay building, was on the edge of the village, staffed by a local health worker. These health workers had minimal medical training, yet were called upon to diagnose and treat every patient coming through the door, with limited or no resources. The other option for patients was a long and expensive trip to the nearest hospital, beyond the reach of most villagers. We were shown children lying on mats on the floor, some in a coma, others close to it. Sitting to their sides were mothers or sisters, fanning away flies, looking exhausted and frightened. We quickly assessed these children to confirm meningitis. In order to establish the type of meningitis, we obtained samples of cerebrospinal fluid by lumbar puncture, and tested them using our portable Pastorex test kit. We found that most samples were positive for N. meningitidis serogroup A. We provided free treatment of oily chloramphenicol.

I made a line listing to capture information about age, sex and date of onset, in order to calculate the weekly incidence rates to see if we’re beyond the epidemic threshold. In a few villages, the incident rate was beyond the epidemic threshold, and MSF provided assistance. We conducted vaccination campaigns, set up large tents serving as field hospitals, and provided medical supplies, drugs, nurses, and doctors.

Near the end of my mission, the incidence rate gradually declined. Then the rainy season began, which marks the end of the meningitis season. I wrote my final report and flew to Berlin for debriefing. This mission was an exhilarating experience; despite the hardships, I had the pleasure of working with exceptional people, travelling across Nigeria, and surviving a bout of malaria. My support and enthusiasm for MSF is renewed, and I’m looking forward to future missions.

John Pringle
MSF and Queen’s University

Public Health Research, Policy and Practice Initiative

(A joint initiative of the Public Health Agency of Canada-Office of Public Health Practice & the Canadian Institutes of Health Research-Institute of Population & Public Health)

Threats to the public’s health continue to be highlighted in Canada’s media. These threats include the contaminated water in Walkerton, SARS and influenza, increases in chronic diseases such as obesity and diabetes and shifts in their underlying socioeconomic, cultural, and environmental determinants. These trends have underscored the critical importance of public health but also highlighted the vulnerability of our public health infrastructure. A number of federal, provincial, and territorial commissions and committees have produced reports with several recommendations to address the public health system’s weaknesses. These reports recommend infrastructure renewal to more effectively execute the five essential functions of public health – population health assessment, health promotion, disease and injury, health protection and health surveillance. One of the key recommendations is to ensure an adequate supply of public health professionals with the right knowledge, skills and relevant education and mentorship opportunities to actively contribute to a revitalization of Canada’s public health infrastructure. With the expansion of Masters of Public Health programs and emerging Schools of Public Health across the country, universities are clearly responding to this challenge but must ensure the appropriate public health faculty complement to fulfill the required mentoring, education, and research responsibilities.

The CIHR-Institute of Population and Public Health (IPHP) and the Public Health Agency of Canada’s Office of Public Health Practice (OPHP) are dedicated to strengthening public health research, policy and practice capacity in Canada. To this end, we have launched several complementary initiatives, with this overall purpose in mind. These include:

Priority Announcement - the purpose of this program is to strengthen public health research
capacity thereby supporting the next generation of public health researchers, and stimulating public health policy- and practice-relevant research across the country.

**Doctoral research awards**

The maximum amount awarded will be $22,000 per annum, including a stipend of $21,000 and an research allowance of $1,000, per award for up to 3 years.

Timelines: to be re-launched at a later date.

**Post-doctoral research awards**

The maximum amount awarded will be $60,000 per annum, including a stipend of $21,000 - $55,000 (stipend levels vary depending on degree(s) and licensure held and location of study) and a research allowance of $5,000, per award for up to 5 years (length of term varies depending on degree(s) and licensure held by the applicant).

Timelines: Re-launched in June 2006.

**Applied Public Health Chairs Program**

This program aims at strengthening population-level and community-level policy and program intervention research, mentoring and education capacity by supporting public health faculty in Canada. It is expected that this targeted investment will lead to increased national capacity for effective research, mentoring, education, knowledge translation and application of research evidence of relevance to the public health system. This proposed Public Health Chairs Program is one of many national initiatives, being offered by the PHAC-OPHP and CIHR-IPPH to address these and other public health challenges.


**Professional Masters of Public Health Program**

This awards program aims to strengthen public health capacity in Canada, by supporting the current and next generation of public health policy makers and practitioners. The program will build capacity for effective knowledge translation and use of research evidence by the public health system. It is being administered by CIHR and provides a number of Master’s awards based on recommendations made by Canadian institutions offering a public health professional Master’s degree program. By “public health professional Master’s degree program” we mean primarily course-oriented programs that include a practicum and are intended to prepare graduates for the practice of public health.

Timelines: to be re-launched at a later date.

Erica Di Ruggiero  
CIHR - IPPH

---

**Saskatchewan Epidemiology Association**

The Saskatchewan Epidemiology Association (SEA) was formed in 1999 by a small number of epidemiologists dedicated to promoting the development of epidemiological expertise and collaboration between human and veterinary epidemiologists. The association describes its purpose as promoting the development of epidemiological expertise, facilitating professional development and enhancing collaborative research as well as to advocate for evidence-based public policies. The group held its first symposium in 2000. Since that time, the organization has grown and now sponsors a biennial Fall Symposium and a biennial Student Symposium on alternating years. During the student symposium, current research work is presented by students and SEA provides student recognition and awards.

SEA is one of few epidemiology associations in North America that has members from both human and veterinary health involved in epidemiology and actively promotes idea-sharing and collaboration between these two groups. Symposium topics and presenters cover work in epidemiology from a diverse range of topics in veterinary and human health and members have enjoyed the benefit from seeing the overlap and appreciating the differences for these two areas. Membership is open to epidemiologists, biostatisticians, and individuals whose occupation or interests include the preparation, participation or use of epidemiological products and/or teaching of the science of epidemiology and its applications.
In 2004, SEA initiated a lifetime achievement award, ‘The Snow on Cholera’ award, to recognize those in Saskatchewan who had made a contribution to the practice of epidemiology in the province. The inaugural recipient was Dr. John Owen, a professor at the College of Medicine, University of Saskatchewan. Dr. Owen contributed greatly to the training and support of epidemiologists in the province. This year, the recipient will be Dr. John Iversen. Dr. Iversen was a veterinary epidemiologist at the Western College of Veterinary Medicine, University of Saskatchewan and a long time proponent of public health.

The Saskatchewan Epidemiology Association Fall Symposium: “An epidemiologic triad: research, policy and practice” was held in Saskatoon October 20, 2006. Mr. Steven Lewis was the keynote speaker for the symposium with his talk entitled “Out of Our Comfort Zone and Into Theirs: How to Influence the Policy Process”. In conjunction with the symposium, an introductory workshop on systematic review and meta-analysis was offered on October 21, 2006. Owing to the pressure for timely, informed decisions in public health and clinical practice and the explosion of information in scientific literature, research results must be synthesized. More information on the Symposium and Workshop can be found at www.saskepi.ca.

Sarah Parker
Western College of Veterinarian Medicine

### Calendar of Events

<table>
<thead>
<tr>
<th>Date</th>
<th>Place</th>
<th>Conference</th>
<th>Abstract Deadline</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mar 11-14</td>
<td>Atlanta, GA</td>
<td>International Biometric Society</td>
<td>Nov 15/06</td>
<td><a href="http://www.enar.org/meetings.htm">www.enar.org/meetings.htm</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Eastern North American Region 2007 Spring Meeting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mar 14-18</td>
<td>Halifax, NS</td>
<td>Association for Medical Microbiology and Infectious</td>
<td>Dec 4/06</td>
<td><a href="http://www.ammi.ca">www.ammi.ca</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Disease Canada Annual Conference</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apr 14 – 18</td>
<td>Los Angeles, CA</td>
<td>AACR 98th Annual Meeting</td>
<td>Nov 28/06</td>
<td><a href="http://www.aacr.org">www.aacr.org</a></td>
</tr>
<tr>
<td>May 28-31</td>
<td>Calgary, AB</td>
<td>CSEB Biennial Meeting</td>
<td>(call in 06)</td>
<td><a href="http://www.cseb.ca">www.cseb.ca</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Canada</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jun 11-15</td>
<td>Vancouver, BC</td>
<td>The 19th IUHPE World Conference on Health Promotion</td>
<td>Dec 25/06</td>
<td><a href="http://www.iuhpeconference.org/">www.iuhpeconference.org/</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>&amp; Health Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jun 18-19</td>
<td>Boston, MA</td>
<td>Society for Pediatric and Perinatal Epidemiologic</td>
<td>Feb 10/07</td>
<td><a href="http://www.sper.org/Annual_Meeting.htm">www.sper.org/Annual_Meeting.htm</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jun 19-22</td>
<td>Boston, MA</td>
<td>2007 SER Meeting</td>
<td>Feb 2/07</td>
<td><a href="http://www.epiresearch.org/">www.epiresearch.org/</a></td>
</tr>
<tr>
<td>Jun 24-27</td>
<td>Irvine, CA</td>
<td>International Biometric Society</td>
<td>TBA</td>
<td><a href="http://www.wnar.org">www.wnar.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Western North American Region Annual Meeting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jul 16-20</td>
<td>York, UK</td>
<td>RSS 2007, The International Conference of the Royal</td>
<td>TBA</td>
<td><a href="http://www.rss.org.uk">www.rss.org.uk</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Statistical Society</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jul 29-Aug 2</td>
<td>Salt Lake City, UT</td>
<td>Joint Statistical Meetings</td>
<td>Feb 1/07</td>
<td><a href="http://www.amstat.org">www.amstat.org</a></td>
</tr>
</tbody>
</table>
### Calendar of Events (cont’d)

<table>
<thead>
<tr>
<th>Date</th>
<th>Place</th>
<th>Conference</th>
<th>Abstract Deadline</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sep 5-9</td>
<td>Mexico City, Mexico</td>
<td>19th Annual Conference International Society of Environmental Epidemiology</td>
<td>Feb 15/07</td>
<td><a href="http://www.isee2007mx.org">www.isee2007mx.org</a></td>
</tr>
<tr>
<td>Nov 3-7</td>
<td>Washington, DC</td>
<td>American Public Health Association 135th Annual Meeting</td>
<td>TBA</td>
<td><a href="http://www.apha.org">www.apha.org</a></td>
</tr>
<tr>
<td>Dec 5 - 8</td>
<td>Philadelphia, PA</td>
<td>AACR Sixth Annual International Conference on Frontiers in Cancer Prevention Research</td>
<td>Sep 1/06</td>
<td><a href="http://www.aacr.org">www.aacr.org</a></td>
</tr>
</tbody>
</table>

### CSEB Board of Directors 2005-2007

- **President**: Yang Mao  
  Email: yang_mao@phac-aspc.gc.ca
- **Vice-President**: Rebecca Fuhrer  
  Email: rebecca.fuhrer@mcgill.ca
- **Secretary**: Howard Morrison  
  Email: howard_morrison@phac-aspc.gc.ca
- **Treasurer**: Barbara Roston  
  Email: treasurer@cseb.ca
- **Student Representative**: Minh T. Do  
  Email: minh.do@cancercare.on.ca
- **Members-at-Large**:  
  - Christine Friedenreich  
  Email: chris@cancerboard.ab.ca
  - Linda Dodds  
  Email: l.dodds@dal.ca
  - Lise Gauvin  
  Email: Lise.Gauvin.2@umontreal.ca
  - Cam Mustard  
  Email: cam.mustard@utoronto.ca
  - Jason Pole  
  Email: j.pole@utoronto.ca

**Website**: [www.cseb.ca](http://www.cseb.ca)

**E-mail**: [feedback@cseb.ca](mailto:feedback@cseb.ca)

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.