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PHERO Public Health and Epidemiology Report Ontario

Youth to Youth: Learning About AIDS
Healthy Sexuality Program
Peel Health

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Youth to Youth:
Learning About AIDS An AIDS Awareness Week Forum

In early March 1999, Peel Health, Healthy Sexuality Program invited the Peel District School Board and Peel HIV/AIDS Network to join in planning a collaborative event for AIDS Awareness Week 1999 targeted to youth.

The main goals of the event were :

- To increase awareness and knowledge of HIV and AIDS;
- To increase practical skills for dealing with the issues surrounding HIV/AIDS;
- To promote and demonstrate leadership amongst the students attending; and
- To empower students to go back to their respective schools and plan local activities implementing ideas gathered from the session.

A model was developed based on an existing forum the school board successfully used in the past. Each of the 30 public secondary schools in the region were invited to send 4 student delegates, grades 11-OAC, to a half day forum held in October. The forum was one month before AIDS Awareness Week. This allowed one month for planning for local activities and events in their schools. A half day session was workable based on the students' timetable and the budget (morning snacks were provided rather than lunch). Students were responsible for their own transportation to and from the event. They car-pooled, took local public transportation and came with teachers.

Agenda

The agenda for the morning started with welcoming remarks from the Director of Education, a school board trustee and Peel Health. For 45 minutes a three-person panel from Positive Youth Outreach in Toronto shared their personal stories and answered questions from the audience. After a break, the Hope Theatre Group from the AIDS Committee of Simcoe County presented a series of vignettes depicting relationship situations. Discussion followed on some details of the vignettes including safer sex, condom use, peer pressure and abstinence. The last 45 minutes of the morning were called "moving to action" where groups of students from each school joined with a facilitator (the public health nurse assigned to their school) to work through planning a "sample" event such as organizing a red ribbon sale or an assembly. The morning wrapped up with evaluations and distribution of door prizes donated from various organizations.

Communication

The school board played a key role in communication as members have a direct link to the school staff and students. A presentation was made to the Peel District School Board of Trustees meeting after initial departmental level approval was obtained. This was done to obtain "buy in" on the concept from the trustees and to increase their awareness of the issues in the event of any repercussions from staff, students and parents. A long-standing trustee and the two student trustees were identified as being able to assist with the event. They provided opening remarks and thanked speakers. Communications services from the school board and the Region of Peel worked together to develop a visual identifier, letterhead, invitations and press releases.

Resource materials

A delegate package was assembled for each participant including: a letter of welcome, an agenda for the morning, a letter from the Minister of Education, a fact sheet about HIV/AIDS, learning resources (books, films) available in the school system, suggested AIDS Awareness Week activities for students, local AIDS resources, a sample press

release, an event planning checklist, evaluation forms and 2 pamphlets, "What is National AIDS Awareness Week?" and "Basic Facts about AIDS" from the AIDS Clearinghouse. All materials in the package were approved by the Board of Education. Unfortunately no materials were ready from the national campaign.

Displays by the Healthy Sexuality Program and Peel HIV/AIDS Network were set up in the foyer for students to look at as they checked in, at break and at the end of the presentation. More specific literature that was not approved by the board for the delegate package was available for self-selection at the displays.

Budget

The final budget was $1800 with the majority being paid for by Peel Health. Expenses included print and package materials, snacks and honorariums for speakers.

Media coverage

The event resulted in a variety of venues for publicity. From the presentation at the Board of Trustees meeting, mention was made in their minutes and published on the school's award winning website. Press releases resulted in coverage of The day in the three local newspapers, along with some footage on City TV Magazine and City Pulse News. The Region of Peel had a follow up story on their intranet, available for all staff. Out of respect for the speakers' anonymity from Positive Youth Outreach, no media were allowed in the room at the time they presented. Arrangements were made for interviews after the session with a local person living with AIDS who was comfortable meeting with the press. The two student trustees were identified as official spokespeople on behalf of the students.

Evaluation

Two evaluation forms were included in the delegate packages: one for the day and the other for after AIDS Awareness Week when they had finished their events.

Attendance for the event numbered over 90 students representing 17 secondary schools, a few teachers, guests from the separate school board, school resource and administrative staff and 16 public health nurses who work in the schools.

The evaluations for the day revealed that 72% thought the delegate package excellent. The presentation by the Hope Theatre Group was favourably received by 92% of the delegates and there was unanimous agreement in the section "moving to action". All but one student said they would plan some event in their school (the one student was a maybe!). The students had a positive response to the timing of the half-day. There were no difficulties identified in travel arrangements.

The second evaluation was to be returned after AIDS Awareness Week and their planned events. Only 11 evaluations representing 7 of the 17 schools were returned despite the incentive of a draw prize. Feedback on the events planned and held at the schools however was overwhelming, with such activities as displays, red ribbon sales, assemblies, drama events, speakers, classroom teaching to junior grades, daily announcements, peer teaching, lunch and learns, raffles, banners in the school, student presentations, healthy sexuality clinic displays, games such as "sexual pursuit", and local website updates.

The School Board members were very pleased with the day and the concept. They

commented on the value of youth presenting to youth, on the empowerment and interaction of the day and on the unique way to address an important health issue. School board officials present were visibly moved with the stories from the young speakers and the impact and frankness of their presentations.

Future Plans

In a wrap up meeting, the school board wholeheartedly expressed a willingness to repeat this event next year with the school board taking the lead in planning and delivering the same type of forum. The Healthy Sexuality Program will act as a consultant regarding content and resources and will provide any assistance or facilitation necessary for future events.

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Comment:

This collaborative event planned by Peel Health provides an example of activities that meet some of the requirements of both the Sexual Health and the Sexually Transmitted Diseases programs of the Mandatory Health Programs and Services Guidelines, December 1997. They not only worked with community partners but also used health promotion strategies such as the provision of a workshop, encouragement for student-led activities, use of the media, and the inclusion of policy makers, to promote sexual health and to reduce the incidence of and complications from STDs, including HIV/AIDS.

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Communiqué
Public Health Research, Education and Development Program Pilot Evaluation of the Information and Sexual Health Centres in Hamilton-Wentworth

Introduction

Sexual health education and service provision continues to spark controversy among both opponents and proponents alike. During 1998, sexual health services in Hamilton-Wentworth were the subject of much scrutiny. In particular, family planning centres were under scrutiny related to their cost-effectiveness and the types of services provided. In response, the Hamilton-Wentworth Social and Public Health Services Division undertook a pilot evaluation of their four main "Information and Sexual Health Centres". The objective was to examine three distinct components of sexual health services, i.e. demographic indicators, client satisfaction, and awareness.

Hamilton-Wentworth is served by a total of 7 Social and Public Health Services Information and Sexual Health Centres. These centres provide sexual health counselling and services to adolescents (15-19) and young adults (20-24). Three of the 7 centres are small sites, located within community and recreation centres, and open to clients one afternoon per week only. At the time of the pilot evaluation, these "satellite" centres were in the beginning phases of their respective inceptions and were not included for evaluation purposes. The four remaining Information and Sexual Health Centres have been open for many years, the youngest site being in its sixth year of operation.

The sites evaluated included Information and Sexual Health Centres located on the east Hamilton Mountain, in Dundas, Stoney Creek and in downtown Hamilton. The Hamilton mountain site, Mounteen, is unique in that it is a collaborative project with Stonechurch Family Health Centre with sexual health services at the centre being provided by both Public Health and Stonechurch employees. The Dundas Information and Sexual Health Centre and the Stoney Creek Information and Sexual Health Centre are managed and operated solely by Public Health. The downtown Hamilton site, contracted by the Region of Hamilton-Wentworth to the Planned Parenthood Society of Hamilton, is located in the core of the city and has been in operation for over sixty-five years.

Method

Demographic Indicators

Key demographic and sexual health outcome indicators were determined for the catchment areas for each of the 4 Information and Sexual Health Centre sites using 1996 Census Tract Data (1) and 1995 Ontario Live Births and Therapeutic Abortions Databases (2) from the Ontario Ministry of Health and Long-Term Care. Selected indicators included pregnancy, fertility and abortion rates, household income, family composition, unemployment rate, school attendance and youth population distribution.

See Figure 1 footnotes for geographic definitions of each catchment area.

Figure #1

Overview of Risk Indicators For Center Catchment Areas Based On Analysis Of Census Data, 1996

	Downtown	East Mountain	Stoney Creek	Dundas	Hamilton-Wentworth	Ontario
Percentage of Low-Income Familes	37.2%	18.0%	10.8%	6.9%	18.5%	14.8%
Average Household Income	$19,525	$48,030	$58,483	$65,378	$49,231	$54,291
Percentage of Lone Parent Families*	39.6%	23.8%	14.1%	16.4%	23.8%	21.8%
Percentage of 15-24 yr. Olds Unemployed	24.0%	19.1%	15.5%	12.3%	18.5%	17.8%

Percentage of 15-24 yr. Olds Not Attending School	45.5%	33.1%	28.0%	31.5%	33.3%	31.7%

*Percentage of familes with children headed by a lone parent

Geographic definitions of catchment areas:
Downtown: bounded on the west by Queen Street, east by Ottawa Street, north by Hamilton Bay and south by escarpment (along James Street South and Aberdeen Ave to Queen). Census tracts: 35537031.00 to -039.00, -048.00, -049.00, -050.00 to -053.00, -059 to -064.00, -066.00 to -068.00.

East Mountain: bounded on the west by Upper Wentworth Street, on the east along the Niagara Escarpment and Trinity Church Road, on the south by the Hamilton-Glanbrook city limits and extends north to the Niagara Escarpment. Same boundaries as East Mountain nursing team (excluding Glanbrook). Census tracts: 35537001.01, -001.02, -001.03, -001.06, -001.07, -005.01, -005.02, -005.03, -006.00, -007.00, -008.00, -009.00, -021.00, -022.00, -023.00, -024.00.

Stoney Creek : the City of Stoney Creek

Dundas: includes the Town of Dundas, the Township of Puslinch, the Flamborough Census Tracts 142 and 143 (which include Tory, Freelton, Milgrove and part of Lynden) and the Ancaster Census Tract 121 (which includes the remaining part of Lyndedn and part of Jerseyville). The Town of Ancaster if NOT included in this area. Part of Jerseyville is not included in this area due to the Census Tract geography.

Client Satisfaction

Client satisfaction with the Information and Sexual Health Centres was evaluated using the valid and reliable 8-item Atkisson scale (3). This tool was located via the Health and Psychological Instruments (HAPI) Database and selected for its excellent internal consistency and usefulness as a general satisfaction tool. In addition, a list of 25 "clinic features" (location, hours, confidentiality, etc.) was rated by clients in terms of importance to them personally and of the clinic's ability to provide the feature. Clients were also asked to indicate the total number of visits they had made to the centre and include personal demographics. The self-administered surveys were inserted into the charts of clients seen at the Information and Sexual Health Centres in the month of March 1999. Clients were asked by the receptionist to voluntarily complete the anonymous survey either while they were waiting for their appointment or by the nurse at the end of their appointment. To ensure confidentiality, a closed drop-box was placed in the reception area. When clients dropped the completed survey into the box, the receptionist presented them with a $1.00 voucher valid at Tim Horton's.

Both the receptionist and the nurses exercised clinical judgement when asking clients to complete the survey. For example, if a client had presented to the clinic in a crisis situation or had received a distressing diagnosis, the client was not asked to complete the survey.

Awareness

Two nursing students, one male and one female, from McMaster University's School of Nursing administered the awareness survey as a component of their nursing research course. The interviews were conducted at locations near both a separate and a public secondary school. These secondary schools were in the catchment area of one of the four Information and Sexual Health Centres involved in the pilot evaluation. The survey questions were developed by the evaluation team to determine the awareness level of 15-19 year olds regarding sexual health services available in their school area.

All questions were asked on a one-to-one basis in an open-ended manner. Upon completion of the survey, respondents received a voucher for $1.00 valid at Tim Horton's.

Awareness was also assessed through the use of a self-administered survey to groups of students attending the Information and Sexual Health Centres for "tours" as part of their secondary school "health" curriculum. Surveys were administered to the students as soon as they arrived and assembled for their tour.

Results

Demographic Indicators

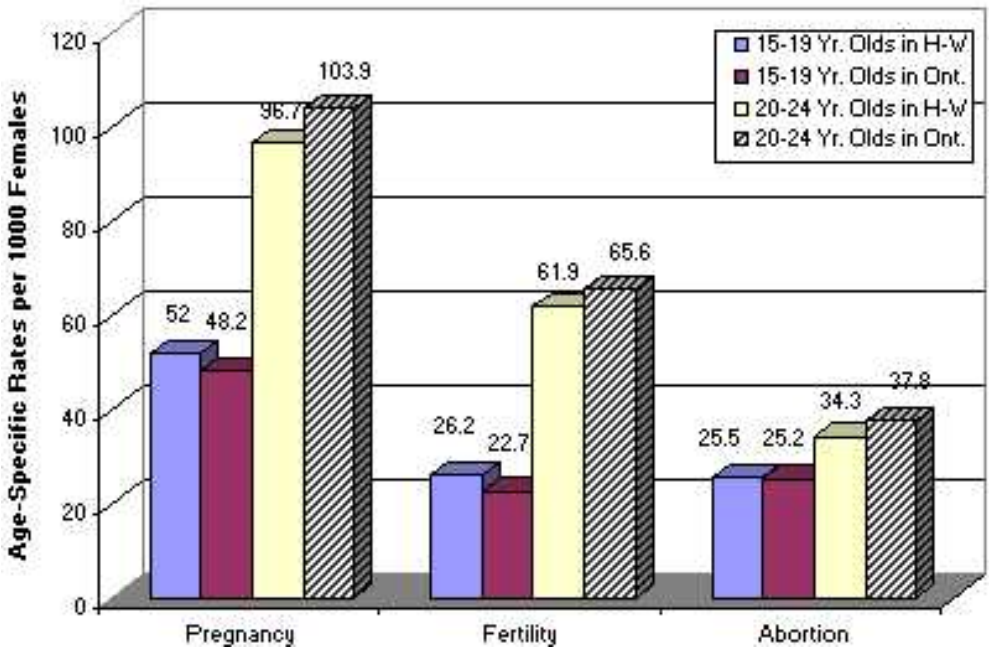
An overview of the risk indicators examined including percentage of low-income families, percentage of lone parent families (among families with children), percentage of youth unemployment and percentage of youth not attending school illustrates a consistent pattern (Figure 1). The catchment areas for the downtown and the east mountain sites show at-risk, marginalized populations in contrast to the Dundas and Stoney Creek sites. Furthermore, the downtown and, to some degree, the east mountain catchment areas also exhibit rates of poverty, lone parent families and youth unemployment that are higher than both the region of Hamilton-Wentworth and the province of Ontario.

Overall, 24% of families in Hamilton-Wentworth (HW) are headed by a single parent and 19% of families have incomes below the poverty line. The poverty rate for HW is higher than both the provincial and national poverty rates. Of youth aged 15-24, 19% are unemployed. School attendance for this same group is 61% in full-time school, 6% in part-time school and 33% not attending any type of school.

In addition, Hamilton-Wentworth has higher rates of teen pregnancy, teen fertility and teen abortions than the province of Ontario. Conversely, the province has higher rates of pregnancy, fertility and abortion in comparison to the region of Hamilton-Wentworth when referring to females aged 20-24 (Figure 2).

Figure #2

1995 Rates of Pregnancy Fertility and Abortion in Hamilton-Wentworth Compared to Ontario



Client Satisfaction

A total of 292 surveys were completed across the four sites during the month of March 1999 with 100% of the respondents being female. The average age of the respondents was 20 years with the range including 14 years of age to 30 years of age. Eighty four percent (84%) of those surveyed had attended their respective Information and Sexual Health Centre three or more times. Most respondents (72%) were living with their families and lived in the catchment area for the centre they attended. The level of education of respondents varied from currently in grade 10 to attending University. On the whole, respondents scored high levels of satisfaction with the four Information and Sexual Health Centres. With a possible maximum score of 32, the mean total score across the four centres was 30 (range 29.8 - 30.9). The highest mean score for each centre was for the question "If a friend were in need of similar help, would you recommend our clinic to him or her?"

When rating the "clinic features" the five most important features, consistent across all centres, included: respectful nurses, clients made to feel comfortable, low cost oral contraceptives, respectful doctors and clients feel understood. On the other hand, the five least important "clinic features" across all centres included: peers to answer questions, being able to book in advance, that the site is in a private location, that they see the same staff person(s) every visit, and that the site is on a bus route.

Awareness

A total of 460 youth were surveyed with 55.7% of the students attending a public secondary school and 44.3% attending a separate secondary school. The gender ratio of the respondents was fairly equal with 52% males and 48% females. Students ranged in grade level from 9-OAC. Just over half (52%) of those surveyed indicated that they would send a friend to a birth control clinic if they needed information on birth control or STDs, while over one-third (35%) suggested a family doctor (Figure 3). Most encouraging was the revelation that over three-quarters (78%) of the students surveyed indicated that they were aware of birth control clinics in the HW region with a gender split of 82% of females vs. 75% of males. Furthermore, 69% of public secondary school students had knowledge of where the closest birth control was located, compared to only 43% of their counterparts attending a separate high school.

Figure #3

Where Respondents Would Send a Friend for Information on Birth Control or Sexually Transmitted Diseases

Response	Frequency (Percent)
Don't Know	29 (6.3%)
Birth Control Clinic	239 (51.9%)
Doctor's Office	161 (35%)
Walk in Office	43 (9.3%)
Hospital	41 (8.9%)
Planned Parenthood	9 (1.9%)
Pharmacy	3 (0.6%)
Missing	6 (1.3%)

A total of 109 students involved in "tours" were surveyed, 57% male and 43% female. 42% of the students were aware of the Information and Sexual Health Centre prior to their tour visit with a gender split of 67% of males already aware vs. 31% of females. Over 80% of the students were correct in their knowledge of services provided at the centres. Half (51%) of the students indicated knowledge of someone else previously attending the centre and 97% responded that they would tell their friends about the centre if they had a need for the services provided. Ninety-two percent of the tour participants replied that they would use the centre themselves should they have the need, and 92% perceived the clinics to be important.

Discussion

It is clearly illustrated in Figure 1 that each Information and Sexual Health Centre is home to differing demography, resulting in the need for tailored sexual health service provision. The different populations attending the various Information and Sexual Health Centres contribute in part to differing sexual health outcome indicators. Hamilton-Wentworth is challenged to provide accessible effective sexual health services while addressing widely divergent socio-demographic indicators. This evaluation has provided direction for program planners to tailor services to the catchment centre population.

The satisfaction portion of the evaluation identified that four of the five most important "clinic features" relate to how the clients feel when they visit their respective centre. Clients clearly voiced that overall, they want to feel respected by staff and have efforts made to help youth feel comfortable and understood. Client responses also reinforce the issue of access to low cost contraception as a priority. Similarly, it is important to note the characteristics noted as least important. For example, the training and provision of peer educators to work in the Information and Sexual Health Centres has been an important yet labour intensive project for the Health Department. Client responses indicate that "having a peer to answer your questions" is of little importance. Program planners may consider eliminating this peer-education program, or redesigning the clinical component to be more conducive to client needs.

While the results from the "Awareness" component of the pilot evaluation are encouraging, with over three quarters of respondents indicating knowledge of birth control clinics in the Hamilton-Wentworth region, there continues to be room for

improvement. There is clearly an "information gap" with separate secondary school students less aware than public secondary school students of the location of and services provided by the Information and Sexual Health Centres. More work needs to be done with the Separate Board of Education indicating the inclusiveness of services offered at the centres. The importance of forging links with both Boards of Education is underscored given the high rates of teen pregnancy, fertility and abortion in Hamilton-Wentworth.

Conclusion

Although pilot data only, the information obtained through this evaluation will prove to be helpful in many facets, from program planning to service delivery. Client feedback, in combination with the MOHLTC Mandatory Health Programs and Services Guidelines and specific regional requirements are the key ingredients for providing useful and moreover, "usable" services.

Sources

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Communiqué
Public Health Research, Education and Development Program
Citizen and Inter-divisional Collaboration on Pesticide Use Reduction

Toronto Public Health has an extensive history of promoting pesticide use reduction, including applied research, the development of healthy public policy, participation in corporate and community-based initiatives, and advocacy. Since 1999, Toronto Public Health has been actively involved in a citizen and inter-divisional collaborative initiative to: a) phase out pesticide use on City green spaces, and b) promote pesticide use reduction on residential lawns and gardens.

This report outlines Toronto Public Health's multi-faceted roles and activities in this initiative, particularly within the context of the Mandatory Health Programs and Services Guidelines (1). This report concludes with an overview of the potential roles of local health units in promoting pesticide use reduction. In this report, the term "pesticides" refers to products such as herbicides which are used to control weeds, insecticides used to control insects, and fungicides used to control fungus.

Corporate Initiative to Phase Out Pesticide Use

In December 1998, City Council adopted in principle a ban on pesticide use on all City property and passed several recommendations, including: a) creation of a Pesticides Subcommittee of the Toronto Inter-Departmental Environment (TIE) Team; and b) requesting the Commissioners of Economic Development, Culture and Tourism, and Works and Emergency Services and the Medical Officer of Health to implement "a reasonable phase-in that would aim to achieve an end to applying pesticides on public green spaces in 1999, except in emergency situations or other exceptions".

A Pesticides Subcommittee comprised of community representatives from labour, education, non-governmental environmental groups, and the landscaping industry was convened in March 1999. The Subcommittee is chaired by senior management from the Public Health and Parks & Recreation Divisions and supported by staff from the Parks & Recreation Division, the Public Health Division, and Works & Emergency Services (2).

During 1999, the corporate strategy emphasized reductions in pesticides use by Parks & Recreation Division because of the large land acreage managed by this division, the public use of that land, and its previous track record of pesticide use reduction in some former municipalities of reducing pesticide use. The Division established an Integrated Plant Health Care (IPHC) program to ensure a healthy recreational environment for the Toronto community, as well as a healthy living environment for plant and animal life. Utilizing IPHC principles, emphasis was placed on methods of pest control that minimize risk to applicators, bystanders, the public and the environment (2).

In 1999, over 95% reductions in pesticide use were achieved on City-owned parks, sports fields and road sides based on 1998 figures. Depending on the program area, pesticide use in greenhouses, garden parks/horticulture, golf courses/bowling greens, and forestry was reduced by approximately 31%-81%. These reductions can be attributed in part to capital budget initiatives approved for 1999 and the assistance of the Pesticides Subcommittee (4).

Based on the model initiated by the Parks & Recreation Division, Toronto Works & Emergency Services staff are developing a work plan to phase out pesticide use and are utilizing the IPHC approach to accomplish this goal. Opportunities and strategies to engage other City divisions, agencies, boards and commissions in the corporate pesticides strategy are currently being explored.

Setting the Stage for the Corporate Initiative

In 1998, Toronto Public Health submitted three reports to the Board of Health: "Pesticides: A Public Health Perspective" (5), "Phasing Out Pesticide Use in the City of Toronto" (6), and "Reducing Pesticide Spraying in the Residential Sector" (7). These reports provide an overview of the health and environmental impacts of pesticide use and actions that the City of Toronto could initiate to reduce pesticide use on City-owned lands and private properties.

The reports (5,6) emphasized the potential for public and occupational exposure, the availability and effectiveness of alternatives to pesticides, and the potential to achieve substantial reductions in pesticide use as evidenced by the former municipalities of Metropolitan Toronto and North York. These reports concluded that:

> There is sufficient evidence to warrant concern about the potential health impacts of pesticides and sufficient gaps in our knowledge to warrant caution in our use of them. The range and nature of the health effects and the size of the population potentially exposed requires action to significantly reduce our reliance upon chemical pesticides. In addition, the demonstrated adverse environmental impacts, some of which are irreversible, and the limited information on the environmental fate and significance of pesticides, demands action on our part to reduce and phase out chemical pesticide use.

Two key recommendations from these reports included: 1) the formation of a Pesticides Subcommittee, with representatives from relevant departments and the public, to develop a Corporate policy and action plan for the reduction and phase out of pesticides used on City-owned lands; and 2) the development and implementation, in collaboration with community organizations, of a coordinated pesticide public education program to help residents reduce their exposures and assist them in making informed decisions about pesticide use.

Mandatory Health Programs and Services Guidelines and Pesticide Use Reduction

Toronto Public Health involvement in the corporate initiative exemplifies many of the roles and strategies discussed within the Mandatory Health Programs and Services Guidelines (1), namely, the promotion of public awareness to reduce health hazards, program planning and evaluation, community participation and collaboration, and advocacy.

Promoting Public Awareness to Reduce Health Hazards

The MHSPG states the goal of health hazard investigation is: "to prevent or reduce adverse health outcomes resulting from exposure to health hazards as defined in the Health Promotion and Environmental Protection Act and including biological, physical, and chemical agents, natural or manmade". The MHSPH mandates local public health units to provide educational materials to promote public awareness of health hazards.

Historically, Toronto Public Health has initiated diverse strategies to reduce health hazards associated with pesticide use. These strategies include working at the grass-roots level to support neighbourhood and environmental group initiatives to reduce cosmetic pesticide use on residential lawns and gardens. The corporate initiative

includes a combination of strategies including: promoting staff awareness, media advocacy, development and distribution of print materials, and data collection. Using funds from Toronto Public Health, a brochure and poster, "A Green Guide to a Healthy Lawn" were developed. These resources both contain the slogan, "Work with nature and nature works with you: Reduce Pesticides". Toronto Public Health will soon conduct a survey of a random sample of Toronto residents to gather base-line information about their pest control behaviors, information needs and awareness of City initiatives related to pesticide use reduction. This information will be used to inform public awareness and by-law considerations, and a follow-up survey in subsequent years.

Program Planning and Evaluation

The MHPSG defines the goal of program planning and evaluation is "to ensure that local programs address the health needs of the community, with cost-effective, efficient evidence-based approaches".

Toronto Public Health staff are currently developing in consultation with the Pesticides Subcommittee, a plan to evaluate the effectiveness and efficiency of the IPHC Program, and the communications and public awareness activities to promote reduced pesticide use on residential lawns and gardens. Toronto Parks & Recreation will implement the evaluation plan.

Community Participation and Collaboration

The MHPSG endorses collaboration, networks, and coalitions as health promotion vehicles. Following Council's adoption of the pesticides reports, Toronto Public Health developed the terms of reference and membership for the Pesticides Subcommittee. Efforts were made to include where possible, representatives of key community organizations committed to pesticide use reduction.

The participation of community representatives (e.g., Toronto District School Board, Toronto Environmental Alliance, Organic Landscape Alliance, Landscape Ontario) on the Pesticides Subcommittee has fostered opportunities for community development and communication of the City initiative to diverse audiences. For example, Parks & Recreation Division staff will be providing technical input to support naturalization initiatives on school properties. Opportunities are being explored to ensure that pesticide use reduction is addressed within school curriculum and staff newsletters. The City initiative will be showcased at events such as the Organic Landscape Alliance conference and Canada Blooms, an annual horticultural show in Toronto attended by approximately 250,000 people.

Advocacy

Toronto Public Health staff have tried to ensure that the corporate initiative protects and promotes where possible, human health and the environment and also reflects the principles of healthy public policy and population-based health. As noted in a 1994 PHERO article (8), local boards of health can also play a role in advocating for pesticide use reduction. This can include advocating to key federal and provincial agencies, legislation, policies and programs to support municipal pesticide use reduction initiatives and to reduce exposure to pesticides. Toronto Public Health has advocated for federal pesticides regulations to disclose the names of inert ingredients on pest control product labels, and for research and implementation of economic incentives to promote the use of sustainable pest management strategies (6).

Public Health Units and Pesticide Use Reduction

As illustrated by the experience of Toronto Public Health, local health units can spearhead and contribute to municipal and community-based pesticide reduction activities in a number of ways. For example, public health units have significant roles to play in researching the health and environmental impacts of pesticide use, developing healthy public policy on environmental contaminants such as pesticides, and communicating these research findings to decision-makers and to the general public to promote reduced pesticide use and exposure to pesticides.

Public health units can also ensure that public awareness initiatives to promote pesticide use reduction are based on the principles of evidence-based health promotion. Public health units can guide the development of plans to evaluate the effectiveness and efficiency of pesticide use reduction initiatives.

In conclusion, the experience of Toronto Public Health demonstrates that public health units can play a pivotal role in stimulating public discourse and promoting municipal action on environmental health issues such as pesticide use reduction. Public health units can partner with operating departments such as municipal parks and public works, and the community to achieve significant pesticide use reductions on municipally-owned lands and to promote pesticide use reduction on residential lawns and gardens.

Acknowledgements :

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