Response to Editor's Page: Health Equity Does Matter

Dear Editor:

We were very pleased to see the Strategic Plan for the Canadian Institutes of Health Research-Institute of Population and Public Health (CIHR-IPPH) profiled on the Editor's page in the November/December 2009 issue of CJPH (Vol.100, No.6, pg.404). It provides a succinct, thorough and accurate summary of our new directions with one important exception. The Editor indicates that global health is a "glaring omission" from the plan. We would argue that global health is infused throughout the new IPPH strategic plan. In the process of renewing our strategy, the IPPH in consultation with the health research community took the bold step of integrating global health research across our strategic research priorities. Our vision and mission statement express this approach, as does our specific commitment to foster the refinement of ethical frameworks for population health interventions in Canada and globally.

We are reminded daily of the importance of a global health lens for our public health work. Whether we are talking about issues of tobacco control, food security, harm reduction, emerging infectious diseases, or natural disasters, global health concerns directly influence how we might consider approaching public health problems. These global challenges transcend national boundaries and affect the health of Canadians and citizens around the globe. The first strategic plan for IPPH identified global health research as a stand-alone priority. Several IPPH funding opportunities were specifically directed at global health research. In addition, the Global Health Research Initiative was established. This is a cooperative partnership between CIHR, the International Development Research Centre (IDRC), the Canadian International Development Agency, Health Canada (and more recently the Public Health Agency of Canada). Through the Global Health Research Initiative, joint funding mechanisms for global health research have been created such as the Teasdale Corti Team program and leadership awards. CIHR is involved in other global health research initiatives as well. Recent examples include: CIHR's involvement as a founding partner in the Global Alliance for Chronic Disease, which aims to coordinate international research funding priorities in chronic diseases; and, the International Research Initiative on Adaptation to Climate Change, co-led by CIHR (with IPPH as the lead), the Social Sciences and Humanities Research Council of Canada, the National Sciences and Engineering Research Council of Canada and the IDRC.

As we continue to integrate global health research within the work of our Institute, we look forward to many fruitful learning exchanges and collaborative initiatives involving partners from Canada and lower- and middle-income countries.

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Student Declarations of Absence in Lieu of Doctors' Notes

Dear Editor:

University of Toronto began planning in the spring of 2009 to mitigate the impact of a possible H1N1 outbreak. As it was expected that individuals suffering from flu-like symptoms may be told by Public Health or by their physicians not to visit a physician's office, the university determined that it would not require a medical certificate for absences due to suspected H1N1. In lieu of a medical certificate or doctor's note, a process was put in place through the student registrarial system (ROSI) whereby students were directed to make a declaration of illness. For the purposes of the declaration, symptoms of H1N1 flu were defined to include fever, runny nose, coughing, sore throat, fatigue, nausea/vomiting, and diarrhea. The declaration included a statement that the student understood that making a false declaration would constitute academic misconduct. All 77,826 students were advised of the H1N1 declaration mechanism and had access to the system beginning the first day of classes in September 2009.

The data were extracted from the student registrarial system in a manner whereby no record could be directly attributable to an individual student. As the source data are in a DB2 database, SQL was used to extract and summarize the data. Data on exam deferrals are not centrally available at University of Toronto. Consequently, registrars of the large arts and science divisions were asked to compare requests for exam deferrals with previous years.

The absence declaration report in Figure 1 is a timeline chart that displays the number of students who declared that they were absent due to experiencing flu-like symptoms. Dips in October, November and December occurred on days when students were not expected to be in classes. Student absences peaked in the first week of November, which parallels data from public health sources regarding the peak weeks for consultations for flu-like symptoms, lab specimens received for H1N1 and Influenza A testing, and confirmed cases of H1N1 and Influenza A in the general population in Ontario.¹ Data reported by the American College Health Association also illustrates a similar peak in late October and early November 2009.² The number of days absent ranged from 1-23 with a mean of 2.61 (SD 2.03). The majority of students (4,538) declared an absence on one occasion and 1,009 declared two absences. Fifteen students (less than 0.02% of the student population) declared absences on 6 or more occasions.

At the peak, student absences represented 0.57% of the total student population. In total, 7.63% of the student population reported at least one absence during the Fall 2009 term. There were no significant differences in student absence declarations between male and female students ($X^2 = 0.15$, $p = 0.70$). Of the total students living on campus, 8.78% reported at least one absence compared to 7.52% of off-campus students ($X^2 = 6.67$, $p = 0.01$). Graduate and professional students were least likely to declare an absence (1.87% of students). First-year undergraduate students were significantly less likely to make a declaration at 6.80% of the student body ($X^2 = 506.52$, $p = 0.0001$), while 10.93%, 11.02% and 9.42% of second-, third- and fourth-year students, respectively, declared absences. Students who reported absences were significantly younger ($X^2 = 1095.52$, $p = 0.0001$), which is consistent with the demographics of confirmed cases of H1N1 and Influenza A in the general population in Ontario.¹

Figure 1. Timeline

Registrars were polled to determine the number of deferred examinations during the 2009 exam period in comparison to previous years in the two large undergraduate departments that allow exam deferrals and in previous years have required the provision of a doctor's note. No significant change in numbers of deferred exams was reported for students using the online declarations this year when compared with previous years in which doctors' notes were required.

Conclusion

Based on the findings of this study, it appears that during a possible pandemic, requiring students to make a formal declaration of absence rather than seek a doctor's note confirming that their absence was due to illness is a measure that is used responsibly by students. This is an important finding as the use of a declaration in lieu of a doctor's note during a threatened pandemic not only increases the likelihood that students will remain at home rather than infect others, but also helps ensure that the time and efforts

of medical professionals are appropriately directed in periods of high demand.

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