

10028-Trauma and disease-the context of organized violence and flight

The purpose of my study, done 2001, is to examine the relationship between traumatic events during war, exposure to very special living conditions in the host country Germany and mental health of refugees from Kosovo.

Although research has established that refugees are more prone to psychiatric illnesses than the general population, little has been written about the refugees from Kosovo living in Germany.

Methods: A total of 100 refugees were randomly selected from Refugee camps in Germany. The Harvard Trauma Questionnaire and the Hopkins Symptom Checklist-25 were used to assess levels of traumatization and mental health status. Typical of refugees of war and persecution, participants reported suffering a large number of various traumas. Children specific symptoms are regarded as well as gender specific symptoms and experiences. The prevalence rates of anxiety, depression, and posttraumatic stress disorder are described, compared and linked with social environmental experiences during resettlement in Germany. Exposure – response relationships are investigated by different methods.

The interactions on the mental health and social functioning subscales are investigated and the challenge for public health is described. Protective and risk factors that may affect the manifestation of mental illness symptoms after exposure to organized violence are highlighted.

Conclusions: Mental health related to experiences of war and violence need to be addressed from a Public Health perspective to enable a stable and productive environment. Some of the most important factors in producing psychological morbidity in refugees are investigated. These factors may be alleviated by planned, integrated rehabilitation and policy programmes.

10337-“TOXICOLOGICAL PROFILE OF CHILDREN MONITORED FOR LEAD EXPOSURE. CITUC, 1998-2000”

Rojas, M^{1,2} Espinosa, C¹, Seijas, D¹

- 1.- Centre for Toxicological Investigations of the University of Carabobo (CITUC)
- 2.- Director CITUC

Postal address:

CITUC: Calle 144 # RIO-211. La Ceiba, Valencia, Venezuela

Telef. 58-241-8247256

Telefax: 58-241-8237530

E mail: martini@telcel.net.ve

ABSTRACT

High risk human populations to lead exposure include children. The objective of this study was to identify risk factors (mainly socio-demographic) that contribute to high blood lead (PbB) levels in Venezuelan children. The concentration of PbB was determined in 243 children (ages 5.94 ± 2.78 years), coming from Valencia District. The required analysis was performed at the Centre for Toxicological Investigations of the University of Carabobo (CITUC), in Venezuela, between January 1st, 1998 to December 31st, 2000. The relationship between these concentrations and socio-demographic parameters was established. Living areas were classified according to sectors (total=31) and socio-economical status. A Geographical Information System (GIS) was used for mapping of the data. One hundred and fifty [150=61.7%] children resulted with PbB levels above the permissible concentration (LAPC) and this amount was significantly elevated regarding total number of subjects studied. Average PbB was significantly higher than the permissible levels. In 4 sectors (all from stratus C=“critic poverty”), more than 80% of the children showed LAPC of PbB. Sectors 12 and 16 (status C), resulted with the highest percentage of subjects with LAPC (14.66 and 11.33% respectively). Logistic regression analysis between LAPC and status, showed a significant association of sectors 12, 16 and 28 (all from C). Odds ratio proved that children from status C are 7.28 times more likely to have LAPC of PbB than the ones coming from A or B. It was found that 47.62% of children having PbB > 19 ug/dl and 51.92% having between 14-19 ug/dl, belong to the group of 5-8 years of age. Thirty-four (34%) of children with LAPC come from status C which is considered the most critical from the exposure risk point of view. Analysis of factors that influence susceptibility to toxic effects such as: poverty, residence location, education level, health and nutrition was made. This study confirms that GIS and epidemiological-statistical methods extend the possibilities of contaminants' adverse health effects prevention. It also shows that correlating geo-environmental and health data, we can identify “high risk” areas, leading to a pro active public health action.

10802-National program for supporting and monitoring initiatives for health inequality reduction in Brazil.

Rômulo Paes-Sousa (1); Elisabeth Carmen Duarte (1, 2); Walter Massa Ramalho (1);

Jarbas Barbosa-Silva (1)

(1) National Center of Epidemiology/Ministry of Health, DF (Brazil)

(2) University of Cuiabá, MT (Brazil); TROPICA - MT (Brazil)

Recently it has been recognized that the determinants of health inequalities in Brazil reach beyond socio-economic and demographic (SED) factors. The health care system seems to constitute an additional and important factor in the genealogy of health inequality process. Therefore, the issue of health inequalities must be addressed by decision-makers within the health sector. In order to respond to this need, the Brazilian Ministry of Health created a program for supporting and monitoring initiatives for health inequality reduction, aiming at: i) describing the differentials and associations between health indicators and SED variables across the country; ii) making available to decision-makers the methodologies for studying health inequalities, including the Geographical Information System (GIS) tools; iii) bringing the issue back to the academic agenda, supporting studies to examine, in detail, variations across and within regions, at state and municipality levels. For the first objective, a secondary data-based ecological analysis was carried out and an Atlas of Health Inequality is being developed. The comprehensiveness, reliability and completeness of available data was evaluated in two stages: first including only data from the 27 states, and second, expanding to include those for municipalities as well. The following databases were used: population census, mortality data, stillbirth data, notifiable disease reporting data, health service procedures/resources data. For the second objective, four training centers were selected to provide appropriate training for health professionals at the national, state and municipal levels. The development of this training program will be based on a collaborative work between universities and public health professionals. For the third objective, a thematic Inter-disciplinary committee has been settled at the Health Information Inter-Agency Network (RIPSA). This committee aims at: i.) Identifying and evaluating methods for investigating health inequality; and ii.) providing support for the development of health

policies designed for reducing health inequality in the country. Preliminary results from the secondary data analysis (above) showed: i.) states of the country have become more homogeneous in terms of life expectancy; ii.) that urbanisation is associated with emerging patterns of mortality, specifically increased mortality due to homicides, cancer and cardiovascular diseases, and iii.) that health services procedures/resources are unevenly distributed across the country. The health inequality pattern has inter and intra region polarisation and a clear juxtaposition of diseases related to development and poverty. In order to decrease inequalities, health policy makers should concentrate resources for improving access to health care and providing and/or updating health care facilities and equipment in the regions where most needed.