References

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Aboriginal youth in Winnipeg's inner city experience poverty, unemployment, as well as the effects of colonization, racism, and alienation. To meet their families' economic needs, many have been pushed into activities that place them at high risk for contact with the justice system. Typically, these young men are not seen as community builders; the personal, family and community issues they experience while working to build community illustrate the multiple barriers faced in enhancing the physical and social health of neighbourhoods. We interviewed young Aboriginal men who had grown up in the inner city, to understand their past experiences, current realities, and how they saw the future of their neighbourhoods. Together, multiple challenges exist for Aboriginal youth in disadvantaged urban neighbourhoods that serve as barriers to community health. (English) ABSTRACT FROM AUTHOR; La jeunesse autochtone des quartiers centraux de Winnipeg est aux prises avec le chômage et la pauvreté et subit les effets de la colonisation, du racisme et de l'aliénation. Afin de répondre aux besoins économiques de leurs familles, nombre de jeunes ont été entrainés dans des activités qui les exposent a un risque élevé de se retrouver aux prises avec l'appareil judiciaire. Plus souvent qu'autrement, ces jeunes hommes ne sont pas considéréés comme des acteurs participant activement au développement communautaire. Les problèmes personnels, familiaux et communautaires qu'ils éprouvent sont autant de barrières à franchir vers l'amélioration de la santé physique et sociale du quartier. Nous avons interviewé plusieurs jeunes hommes autochtones qui ont grandi dans les quartiers centraux dans le but de comprendre leur expérience, leur réalité et comment ils entrevoient le futur de leur communauté. Plusieurs défis et obstacles au développement d'une communauté saine existent pour la jeunesse autochtone. (French) ABSTRACT FROM AUTHOR; Copyright of Canadian Journal of Urban Research is the property of University of Winnipeg, Institute of Urban Studies and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

Access to adequate, affordable housing is an essential first step in the re-settlement process for immigrants and refugees. It is the basis from which newcomers look for jobs, language training and other services. Without such housing, newcomers may have limited security of tenure, compromised health, jeopardized education and employment opportunities and impaired social and family life. Refugees generally face the greatest challenges of all newcomers and find their housing choices constrained by many factors. This article presents the results of a study of refugee housing circumstances in Winnipeg. Key socio-economic, housing and neighbourhood characteristics important to successful re-settlement are documented and analyzed. The longitudinal nature of the study facilitates exploration of trajectories in a variety of indicators over time. The picture that emerges is one of the improving trajectories in many key indicators but also of very difficult circumstances that negatively affect the re-settlement process and the effective integration of refugee households. The article ends with suggestions for policy and program changes that would improve the housing circumstances of newly arrived refugee
Most refugees arriving in Winnipeg settle in the inner city, an area of substantive urban decline. The attraction of the area is the affordable, but poor quality, housing and proximity of service agencies. The area is characterized by unemployment, poverty, crime, and safety issues. It is also the destination of a significant influx of Aboriginal people, also seeking affordable housing and services. This study tracks refugee households over a three-year period, documents trajectories in labour force participation, income and poverty trends, neighbourhood experiences, and housing circumstances. It also examines the dynamic related to the competition for affordable housing that exists with a marginalized Aboriginal population. The picture that emerges is one of improving trajectories over time but also very difficult circumstances and sacrifices in housing and neighbourhood choices. The affects of settling in declining neighbourhoods and the competition for affordable housing complicates the resettlement process. The findings suggest a range of policy and program changes that would improve the housing circumstances of newly arrived refugees, and facilitate their resettlement and integration into a new society. ABSTRACT FROM AUTHOR; Copyright of Journal of Immigrant & Refugee Studies is the property of Taylor & Francis Ltd and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

Objective: Francophones may experience poorer health due to social status, cultural differences in lifestyle and attitudes, and language barriers to health care. Our study sought to compare mental health indicators between Francophones and non-Francophones living in the province of Manitoba. Methods: Two populations were used: one from administrative datasets housed at the Manitoba Centre for Health Policy and the other from representative survey samples. The administrative datasets contained data from physician billings, hospitalizations, prescription drug use, education, and social services use, and surveys included indicators on language variables and on self-rated health. Results: Outside urban areas, Francophones had lower rates of diagnosed substance use disorder (rate ratio [RR] = 0.80; 95% CI 0.68 to 0.95) and of suicide and suicide attempts (RR = 0.59; 95% CI 0.43 to 0.79), compared with non-Francophones, but no differences were found between the groups across the province in rates of diagnosed mood disorders, anxiety disorders, dementia, or any mental disorders after adjusting for age, sex, and geographic area. When surveyed, Francophones were less likely than non-Francophones to report that their mental health was excellent, very good, or good (66.9%, compared with 74.2%). Conclusions: The discrepancy in how Francophones view their mental health and their rates of diagnosed mental disorders may be related to health seeking behaviours in the Francophone population. Community and government agencies should try to improve the mental health of this population through mental health promotion and by addressing language and cultural barriers to health services.

In 2002, the City of Winnipeg commissioned a study to find an economical way to repair and replace its infrastructure for sport and recreation. The result was a detailed report, the Public Use Facilities Study. In 2005, the Winnipeg Free Press ran a series of twelve articles that investigated public responses to the plan. In this article, we examine how sport and recreation is discursively constructed in PUFS and the WFP, and how these discursive events subtly but firmly reinforce the boundaries between those who have access to sport and recreation and those who do not, particularly Aboriginal youth. (English) ABSTRACT FROM AUTHOR; En 2002, la ville de Winnipeg
a commandé une étude pour trouver un moyen économique de réparer et de remplacer ses infrastructures destinées aux sports et aux loisirs. Le résultat en a été un rapport détaillé appelé Public Use Facilities Study (étude sur les installations d'utilité publique). En 2005, le Winnipeg Free Press a publié une série de douze articles qui examinaient les réactions du public face à ce projet. Dans cet article, nous examinons la manière dont les sports et les loisirs sont présentés de manière discursive dans cette étude et dans ce journal et la façon dont ces événements discursifs renforcent de manière subtile mais ferme les limites entre ceux qui ont accès aux sports et aux loisirs et ceux qui n'ont pas accès, en particulier les jeunes Autochtones. (French)

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This paper examines how modern urban Indigeneity is influencing the integration of immigrant newcomers in Western settler cities. Using a case study of Ka Ni Kanichihk Inc. (KNK), an Indigenous organisation in the city of Winnipeg, Canada, this research contributes to the emerging framework of intercultural urbanism. Indigenous peoples and newcomers are living side-by-side in many neighbourhoods, with common histories of colonialism, racism and socioeconomic challenges. Interviews with staff and focus groups with Indigenous and newcomer participants of KNK programmes indicated that they are beginning their co-existence, mostly in inner-city neighbourhoods, with low levels of interaction, mutual misunderstanding, misperceptions, segregation and tension among youth in high schools. Through the initiatives of KNK and partner organisations, cross-cultural understanding and relationships are being built, overcoming social distance. There is great potential for building intercultural relationships among Indigenous peoples and immigrant newcomers as a means of decolonising Western cities. © 2013 Urban Studies Journal Limited.

OBJECTIVE: Analysis of regional variations in use of prenatal care to identify individual-level and neighbourhood-level determinants of inadequate prenatal care among women giving birth in the province of Manitoba. METHODS: Data were obtained from Manitoba Health administrative databases and the 1996 Canadian Census. An index of prenatal care use was calculated for each singleton live birth from 1991 to 2000 (N = 149,291). Births were geocoded into 498 geographic districts, and a spatial analysis was conducted, consisting of data visualization, spatial clustering, and data modelling using Poisson regression. RESULTS: We found wide variation in rates of inadequate prenatal care across geographic areas, ranging from 1.1% to 21.5%. Higher rates of inadequate care were found in the inner-city of Winnipeg and in northern Manitoba. After adjusting for individual characteristics, the highest rates of inadequate prenatal care were among women living in neighbourhoods with the lowest average family income, the highest proportion of the population who were unemployed, the highest rates of recent immigrants, the highest percentage of the population reporting Aboriginal status, the highest percentage of single parent families, the highest percentage of the population with fewer than nine years of education, and the highest rates of women who smoked during pregnancy. CONCLUSION: Social inequalities exist in the use of prenatal care among Manitoba women, despite there being a universally funded health care system. Regional disparities in rates of inadequate prenatal care emphasize the need for further research to determine specific risk factors for inadequate prenatal care in socioeconomic disadvantaged neighbourhoods, followed by provision of effective targeted services.

Background: The reasons why women do not obtain prenatal care even when it is available and accessible are complex. Despite Canada’s universally funded health care system, use of prenatal care varies widely across neighborhoods in Winnipeg, Manitoba, with the highest rates of inadequate prenatal care found in eight inner-city neighborhoods. The purpose of this study was to identify barriers, motivators and facilitators related to use of prenatal care among women living in these inner-city neighborhoods.

Methods: We conducted a case-control study with 202 cases (inadequate prenatal care) and 406 controls (adequate prenatal care), frequency matched 1:2 by neighborhood. Women were recruited during their postpartum hospital stay, and were interviewed using a structured questionnaire. Stratified analyses of barriers and motivators associated with inadequate prenatal care were conducted, and the Mantel-Haenszel common odds ratio (OR) was reported when the results were homogeneous across neighborhoods. Chi square analysis was used to test for differences in proportions of cases and controls reporting facilitators that would have helped them get more prenatal care.

Results: Of the 39 barriers assessed, 35 significantly increased the odds of inadequate prenatal care for inner-city women. Psychosocial issues that increased the likelihood of inadequate prenatal care included being under stress, having family problems, feeling depressed, "not thinking straight", and being worried that the baby would be apprehended by the child welfare agency. Structural barriers included not knowing where to get prenatal care, having a long wait to get an appointment, and having problems with child care or transportation. Attitudinal barriers included not planning or knowing about the pregnancy, thinking of having an abortion, and believing they did not need prenatal care. Of the 10 motivators assessed, four had a protective effect, such as the desire to learn how to protect one's health. Receiving incentives and getting help with transportation and child care would have facilitated women's attendance at prenatal care visits.

Conclusions: Several psychosocial, attitudinal, economic and structural barriers increased the likelihood of inadequate prenatal care for women living in socioeconomically disadvantaged neighborhoods. Removing barriers to prenatal care and capitalizing on factors that motivate and facilitate women to seek prenatal care despite the challenges of their personal circumstances may help improve use of prenatal care by inner-city women.


To describe women presenting to an obstetric triage unit with no prenatal care (PNC), to identify gaps in care, and to compare care provided to World Health Organization (WHO) standards. We reviewed the charts of women who gave birth at Women’s Hospital in Winnipeg and were discharged between April 1, 2008, and March 31, 2011, and identified those whose charts were coded with ICD-10 code Z35.3 (inadequate PNC) or who had fewer than 2 PNC visits. Three hundred eighty-two charts were identified, and sociodemographic characteristics, PNC history, investigations, and pregnancy outcomes were recorded. The care provided was compared with WHO guidelines. One hundred nine women presented to the obstetric triage unit with no PNC; 96 (88.1%) were in the third trimester. Only 39 women (35.8%) received subsequent PNC, with care falling short of WHO standards. Gaps in PNC included missing time-sensitive screening tests, mid-stream urine culture, and Chlamydia and gonorrhea testing. The mean maternal age was 26.1 years, and 93 women (85.3%) were multigravidas. More than one half of the women (51.4%) were involved with Child and Family Services, 64.2% smoked, 33.0% drank alcohol, and 32.1% used illicit drugs during pregnancy. Two thirds of the women (66.2%) lived in inner-city Winnipeg. Only 63.0% of neonates showed growth appropriate for gestational age. Two pregnancies ended in stillbirth; there was one neonatal death, and over one third of the births were preterm. Most women who present with no PNC do so late in pregnancy, proceed to deliver with little or no additional PNC, and have high rates of adverse outcomes. Thus, efforts to improve PNC must focus on facilitating earlier entry into care. This would also improve compliance with WHO guidelines for continuing care. Treatment protocols could improve gaps in obtaining urine culture and in Chlamydia and gonorrhea testing.


Purpose: This study seeks to determine how process and latent errors in the interpersonal,
organizational, health system, and public health domains impact doctor/patient communication and patient safety. Design/methodology/approach: There were 278 physicians from Manitoba, Canada who completed a self-report questionnaire during 2006. The largest specialty was family medicine, followed by internal medicine and pediatrics. Mean years of practice was 16, and 60 percent of the respondents were male. Respondents indicated the extent to which difficulties were encountered when communicating with patients. Findings: The study finds that physicians had more difficulties with patients in the 0-20 year age bracket on 12 of the 18 communication statements. Psychiatry and pediatrics reported more difficulties with language interpreters. Pediatrics reported more difficulties with patients using culturally-based alternative medicine. Internal medicine had more difficulty with patients not appearing to trust or participate in treatment decisions. Patients in the 41-60 years age bracket had the highest mean for non-adherence to treatment plans, health maintenance and needed lifestyle change. The female physician-female patient dyad had fewer communication difficulties on all statements. Research limitations/implications: Further research should examine how family structure influences health-care delivery and health outcomes. Health care organizations can contribute to improving quality of care by seeking out and correcting sources of latent errors, and by supporting professional development and practice interventions. Originality/value: Few studies exist that have linked communication difficulties to adverse events. This study provides insight on sources of interpersonal errors in communication that directly impact the physician/patient relationship and which may represent threats to patient safety. © Emerald Group Publishing Limited.


Objectives. We explored differences in health and education outcomes between children living in social housing and not, and effects of social housing’s neighborhood socioeconomic status. Methods. In this cohort study, we used the population-based repository of administrative data at the Manitoba Centre for Health Policy. We included children aged 0 to 19 years in Winnipeg, Manitoba, in fiscal years 2006–2008 to 2008–2009 (n = 13 238 social housing; n = 174 017 others). We examined 5 outcomes: age-2 complete immunization, a school-readiness measure, adolescent pregnancy (ages 15–19 years), grade-9 completion, and high-school completion. Logistic regression and generalized estimating equation modeling generated rates. We derived neighborhood income quintiles (Q1 lowest, Q5 highest) from average household income census data. Results. Children in social housing fared worse than comparative children within each neighborhood income quintile. When we compared children in social housing by quintile, preschool indicators (immunization and school readiness) were similar, but adolescent outcomes (grade-9 and high-school completion, adolescent pregnancy) were better in Q3 to Q5. Conclusions. Children in social housing had poorer health and education outcomes than all others, but living in social housing in wealthier areas was associated with better adolescent outcomes.


Background: Homeless populations have complex and diverse end-of-life care needs. However, they typically die outside of the end-of-life care system. To date, few studies have explored barriers to the end-of-life care system for homeless populations. This qualitative study involving health and social services professionals from across Canada sought to identify barriers to the end-of-life care system for homeless populations and generate recommendations to improve their access to end-of-life care. Methods: Semi-structured qualitative interviews were conducted with 54 health and social services professionals involved in end-of-life care services delivery to homeless persons in six Canadian cities (Halifax, Hamilton, Ottawa, Thunder Bay, Toronto and Winnipeg). Participants included health administrators, physicians, nurses, social workers, harm reduction specialists, and outreach workers. Interviews were audio-recorded, transcribed verbatim and analysed thematically. Results: Participants identified key barriers to end-of-life care services for homeless persons, including: (1) insufficient availability of end-of-life care services; (2) exclusionary operating procedures; and, (3) poor continuity of care. Participants identified recommendations that they felt had the potential to minimize these barriers, including:
Mikulec, P., Diduck, A. P., Froese, B., Unger, H., & MacKenzie, K. (2013). Legal and policy barriers to community gardening in Winnipeg, Canada. Canadian Journal of Urban Research, 22(2), 69-89. Community gardening can provide important social, economic, and environmental benefits, including enhanced community cohesion, greater food security, and reclamation of vacant lots. More and more cities in North America are recognizing these benefits, and Winnipeg is no exception. In 2009 it adopted a policy stating that it views community gardens as beneficial for supporting healthy communities and improving the quality of life in neighbourhoods. This research investigated the extent to which the legal and policy framework governing community gardening enables or hinders gardening initiatives. The focus of the work was the inner city. Our methods were an analysis of legislation and policy documents, participant observation, focus groups with gardening coordinators, City officials and gardeners, and key informant interviews. The results revealed important legal and policy barriers, e.g., the use of license agreements rather than leases to grant access to City land, the short-term nature of the agreements, incentives for infill development in the inner city, and lack of political and planning support for establishing more green space in the city. Lowering the barriers will require better dialogue and partnerships among neighbourhood associations, gardeners and the City. It will also require the City to fully integrate community gardening into its environmental planning framework. (English) ABSTRACT FROM AUTHOR; Le jardinage communautaire peut fournir des bénéfices économiques, sociaux, et environnementaux importants. Ceux-ci incluent une cohésion fortiﬁée de la communauté, une meilleure sécurité alimentaire et la récupération de terrains non bâtis. De plus en plus de villes en Amérique du Nord reconnaissent les avantages du jardinage communautaire et Winnipeg n’en fait pas exception. Winnipeg a adopté en 2009 une politique qui affirme que les jardins communautaires peuvent promouvoir des collectivités saines et améliorer la qualité de vie dans les communautés. La présente recherche examine jusqu’à quel point les cadres législatifs et stratégiques qui régissent les jardins communautaires permettent ou entravent les initiatives de jardinage. L’objet de notre recherche est le centre-ville. Nos méthodes ont compris une analyse de la documentation stratégique et juridique, l’établissement de groupes témoins avec des responsables de jardins, les fonctionnaires municipaux, des jardiniers, et des entrevues avec des témoins privilégiés dans ce domaine. Les résultats ont révélé des obstacles stratégiques et judiciaires tels que l’usage des conventions de droits d’utilisation au lieu des baux accordant le droit aux propriétés de la Ville, des ententes à court terme, des subventions pour encourager le développement sur terrain intercalaire, et le manque de support stratégique et politique pour l’établissement des espaces verts dans la ville. Pour réduire les obstacles, il faudra encourager le dialogue et les partenariats entre les diverses associations communautaires, les jardiniers et la Ville. Il faudra aussi que la Ville intègre les jardins communautaires dans sa planiﬁcation environnementale. (French) ABSTRACT FROM AUTHOR; Copyright of Canadian Journal of Urban Research is the property of University of Winnipeg, Institute of Urban Studies and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

Mumtaz, Z., O’Brien, B., & Higginbottom, G. (2014). Navigating maternity health care: A survey of the Canadian prairie newcomer experience. BMC Pregnancy and Childbirth, 14(1) Background: Immigration to Canada has signiﬁcantly increased in recent years, particularly in the Prairie Provinces. There is evidence that pregnant newcomer women often encounter challenges when attempting to navigate the health system. Our aim was to explore newcomer women’s experiences in Canada regarding pregnancy, delivery and postpartum care and to assess the

Multiple studies of homeless persons report an increased prevalence of a history in-care, but there is a dearth of information on associated outcomes or relevant demographic profiles. This information is critical to understanding if certain individuals are at elevated risk or might benefit from specific intervention. Here, we investigate how a history in-care relates to demographics and multiple outcome measures in a homeless population with mental illness. Using the Mini International Neuropsychiatric Interview (MINI), the Short-Form 12, and a trauma questionnaire, we investigated baseline differences in demographics and length of homelessness in the At Home/Choz Soi Trial (. N=. 504) Winnipeg homeless population with and without a history in-care. Approximately 50% of the homeless sample reported a history in-care. This group was significantly more likely to be young, female, married or cohabitating, of Aboriginal heritage, have less education, and have longer lifetime homelessness. Individuals of Aboriginal heritage with a history in-care were significantly more likely to report a familial history of residential school. Individuals with a history in-care experienced different prevalence rates of Axis 1 mental disorders. Those with a history in-care also reported significantly more traumatic events (particularly interpersonal). A distinctive high-risk profile emerged for individuals with a history in-care. Sociocultural factors of colonization and intergenerational transmission of trauma appear to be particularly relevant in the trajectories for individuals of Aboriginal heritage. Given the high prevalence of a history in-care, interventions and policy should reflect the specific vulnerability of this population, particularly in regards to trauma-informed services.


We examine three major anti-poverty initiatives in Winnipeg: Urban Renewal in the 1960s, the Neighbourhood Improvement Program (NIP) in the 1970s, and the Core Area Initiatives (CAIs) of the 1980s. Each was limited by some combination of: an over-emphasis on investment in bricks and mortar; a top-down approach that did not promote citizen participation; an under-estimation of the scale and complexity of inner-city poverty; and spatial and temporal fragmentation. Nevertheless, these initiatives funded a large number of community-based organizations that now operate in Winnipeg's inner city, and that are highly effective. These CBOs comprise an "infrastructure" that, with the knowledge gained from an analysis of the limitations of Urban Renewal, NIP and the CAIs, can be the basis of an effective long-term anti-poverty strategy. Copyright © 2009 by the Institute of Urban Studies All rights of reproduction in any form reserved.


The article presents information on the economic conditions and history of Winnipeg, Manitoba. After 1896, Eastern European immigrants arrived in large numbers in Winnipeg, settling in the
North End to work in the rail yards and associated industries. It states that poverty was widespread and housing inadequate. In the post-Second World War period, North End changed dramatically when large numbers of North End residents began moving to larger, newer houses and greener spaces of the suburbs.


**PURPOSE** Individuals of lower socioeconomic status have higher rates of hospitalization due to ambulatory care-sensitive conditions, particularly chronic obstructive pulmonary disease and asthma. We examined whether differences in patient demographics, ambulatory care use, or physician characteristics could explain this disparity in avoidable hospitalizations. **METHODS** Using administrative data from the city of Winnipeg, Manitoba, Canada, we identified all adults aged 18 to 70 years with chronic obstructive pulmonary disease or asthma, grouped together as obstructive airway disease. We divided patients into census-derived income quintiles using average household income. We performed a series of multivariate logistic regression analyses to determine how the association of socioeconomic status with the risk of obstructive airway disease-related hospitalizations changed after controlling for blocks of covariates related to patient demographics (socioeconomic status, age, sex, and comorbidity), ambulatory care use (continuity influenza vaccination and specialist referral), and characteristics of the patient's usual physician (eg, payment mechanism, sex, years in practice). **RESULTS** We included 34,741 patients with obstructive airway disease, 729 (2.1%) of whom were hospitalized with a related diagnosis during a 2-year period. Patients having a lower income were more likely to be hospitalized than peers having the highest income, and this effect of socioeconomic status remained virtually unchanged after controlling for every other variable studied. In a fully adjusted model, patients in the lowest income quintile had approximately 3 times the odds of hospitalization relative to counterparts in the highest income quintile (odds ratio = 2.93; 95% confidence limits: 2.19, 3.93). **CONCLUSIONS** In the setting of universal health care, the income-based disparity in hospitalizations for respiratory ambulatory care-sensitive conditions cannot be explained by factors directly related to the use of ambulatory services that can be measured using administrative data. Our findings suggest that we look beyond the health care system at the broader social determinants of health to reduce the number of avoidable hospitalizations among the poor. **ABSTRACT FROM AUTHOR**; Copyright of Annals of Family Medicine is the property of Annals of Family Medicine and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder’s express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)