



# PUBLIC HEALTH 2018 SANTÉ PUBLIQUE

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MÉTIS NATIONAL COUNCIL  
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Network of Schools and Programs of  
Population and Public Health  
Canada



Pan American  
Health  
Organization



World Health  
Organization  
REGIONAL OFFICE FOR THE  
Americas



Public Health  
Agency of Canada

Agence de la santé  
publique du Canada



Public Health Physicians of Canada **PHPC** Médecins de santé  
**MSPC** publique du Canada

# COLLABORATORS | COLLABORATEURS

A conference of this magnitude is the result of hard work and commitment from the dedicated members of the conference Steering and Scientific Committees. Our ongoing collaboration continues to create a unique knowledge exchange opportunity, grounding in a high-calibre scientific program.

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Front cover: Vieux-Montréal et Vieux-Port - Place Jacques-Cartier | © Susan Moss Photography

# EXHIBITS HALL | SALLE D'EXPOSITION

Exhibitor / Exposit	Booth / Stand
Association pour la santé publique du Québec	9
Canadian Alliance for Regional Risk Factor Surveillance / Alliance canadienne de surveillance régionale des facteurs de risque	29
Canadian Institute for Health Information / Institut canadien d'information sur la santé	19
Canadian Institutes of Health Research / Les Instituts de recherche en santé du Canada	18
Canadian Nurses Association / Association des infirmières et infirmiers du Canada	23
Canadian Public Health Association / Association canadienne de santé publique	Lounge
CardioMed Supplies Inc.	25
Centre for Addiction and Mental Health / Centre de toxicomanie et de santé mentale	32
École de santé publique de l'Université de Montréal – Institut de recherche en santé publique	13
Economical Select / Economical Sélect	16
Edgewood Health Network / Nouveau départ – EHN Canada	5
Health Canada / Santé Canada	27-33-34
Immunize Canada / Immunisation Canada	24
Johnson & Johnson	4
Lakehead University	12
McGill University / Université McGill	10
Merck Canada Inc.	3
Métis National Council / Ralliement national des Métis	14
National Collaborating Centre for Aboriginal Health / Centre de collaboration nationale de la santé autochtone	20
National Collaborating Centres for Public Health / Centres de collaboration nationale en santé publique	21-22
Pan American Health Organization / Organisation panaméricaine de la santé	8
Pfizer Canada Inc.	26
Public Health Agency of Canada / Agence de la santé publique du Canada	7
Public Health Physicians of Canada / Médecins de santé publique du Canada	17
Sanofi Pasteur	1
Schulich Interfaculty Program in Public Health, Western University	2
Sequirus Canada Inc.	6
Springer	31
Thunderbird Partnership Foundation	11
University of Calgary	28
University of Saskatchewan	30
University of Victoria	15

↑ PLENARY HALL / SALLE PLÉNIÈRE ↑

## REFRESHMENTS / RAFRAÎCHISSEMENTS

6	5	4	3	2	1
7	8	9	10	11	12

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REFRESHMENTS /  
RAFRAÎCHISSEMENTS

34	33	32	31
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13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
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# PUBLIC HEALTH 2018 SANTÉ PUBLIQUE

## PROGRAM SCHEDULE | HORAIRE DE PROGRAMME

	MAY 28 MAI	MAY 29 MAI	MAY 30 MAI	MAY 31 MAI
PRE-CONFERENCE SESSIONS SÉANCES PRÉPARATOIRES	✓			
PLENARY SESSIONS SÉANCES PLÉNIÈRES		✓	✓	✓
SCIENTIFIC SESSIONS SÉANCES SCIENTIFIQUES		✓	✓	✓
POSTERS AFFICHES		✓	✓	✓
EXHIBIT HALL SALLE D'EXPOSITION		✓	✓	
NETWORKING BREAKS PAUSE-RAFRAÎCHISSEMENTS		✓	✓	✓
LUNCH DÉJEUNER		✓	✓	✓
CME CREDITS CRÉDITS DE FMC		✓	✓	✓

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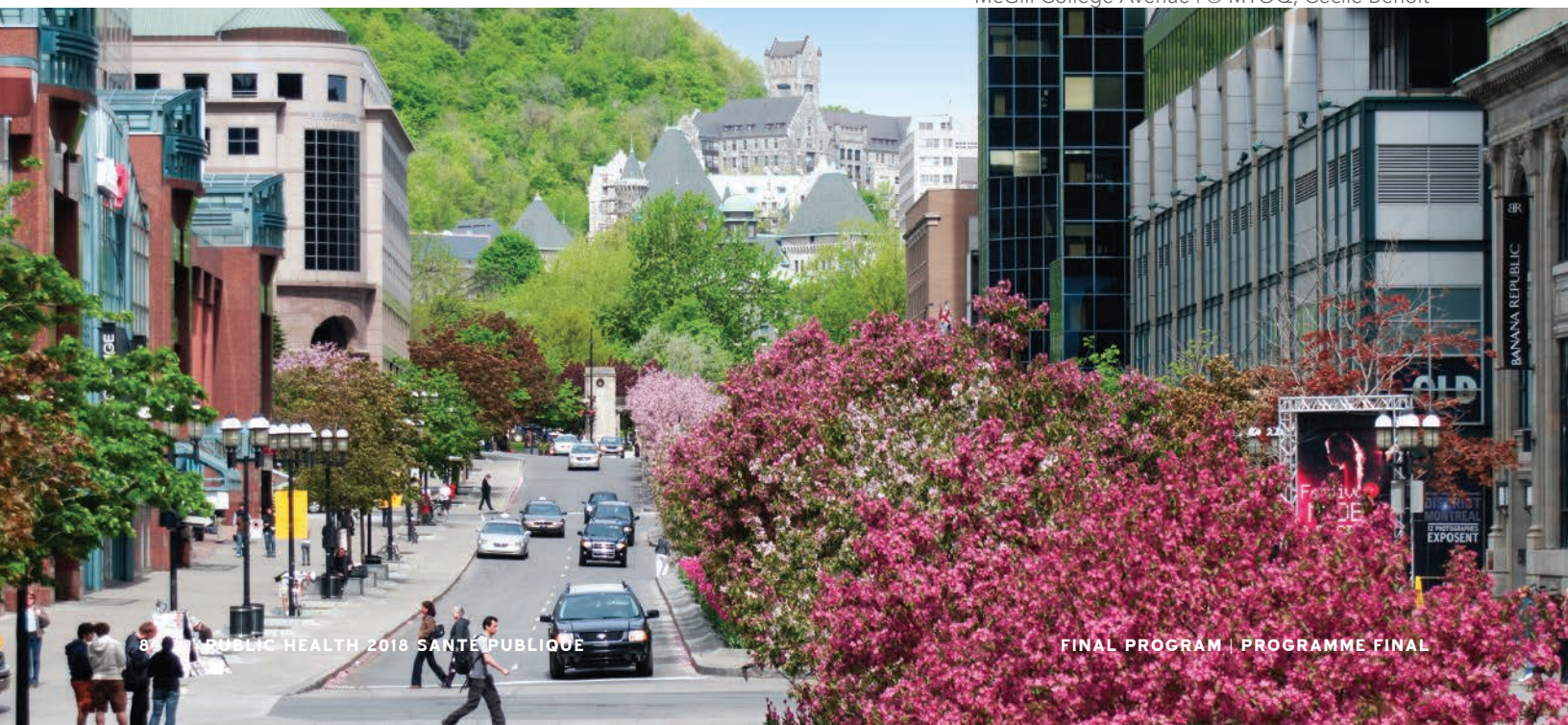
COM/235

# MONDAY, MAY 28 | LUNDI 28 MAI

Sessions will be presented in the language as indicated by their respective titles.  
Les séances seront présentées dans la langue de leur titre.

SUNDAY 27 MAY   DIMANCHE 27 MAI	
8:30 - 16:30 Saint-Paul/ Sainte-Catherine	Public Health Physicians of Canada CPD Symposium Day 1
MONDAY 28 MAY   LUNDI 28 MAY	
9:00 - 12:00 Van-Horne	Innovations in public health education: Arts and multi-media methods to support engaged learning
13:00 - 16:00 Duluth	Canada's lower-risk cannabis use guidelines: Supporting implementation after legislation
14:00 - 17:00 Van-Horne	Navigating academia: Developing a roadmap for students and early career professionals
14:00 - 16:00 Saint-Paul	Restricting marketing of unhealthy foods to children
FULL-DAY SESSIONS / JOURNÉE ENTIÈRE	
9:00 - 16:00 Crescent	Annual Meeting of Network of Schools and Programs of Population and Public Health
9:00 - 16:00 Viger	Public Health Physicians of Canada CPD Symposium Day 2
9:00 - 16:00 Diese	Engaging youth with lived experience in public health policy, programs and knowledge translation
9:00 - 16:00 Sainte-Catherine	Filling information gaps with environmental and occupational health surveillance
9:00 - 16:00 Notre-Dame/ Saint-Denis	Testing innovation: Addressing gaps and inspiring innovation in STBBI testing in Canada

McGill College Avenue | © MTOQ, Cécile Benoit





# TUESDAY, MAY 29 | MARDI 29 MAI

Sessions will be presented in the language as indicated by their respective titles.  
Les séances seront présentées dans la langue de leur titre.

8:30 - 10:00 Place du Canada	PLENARY I: LIVING WELL WITHIN LIMITS PLÉNIÈRE I : BIEN VIVRE DANS DES LIMITES RAISONNABLES Daniel O'Neill
10:45 - 12:15	CONCURRENT SESSIONS   SÉANCES SIMULTANÉES
Centre-Ville, 1 <sup>st</sup> Floor	Addressing the ecological determinants of health in contemporary public health training and practice: Principles, methods, resources
Laurier	CIHR presents: Exploring the ethics of AI approaches in public health
Viger	AFN presents: Our stories: Our health
Duluth	ASPQ présente : Vers une économie humaniste de la prévention pour une santé durable ASPQ presents: Towards an economy of prevention for sustainable health
See pages 15 & 16	Oral Presentations   Présentations de résumés oraux
12:15 - 14:00 Centre-Ville, 1 <sup>st</sup> Floor	CPHA ANNUAL GENERAL MEETING   ASSEMBLÉE GÉNÉRALE ANNUELLE DE L'ASCP
12:30 - 13:30 Place du Canada	NETWORKING LUNCH   DÉJEUNER CONTACTS
14:00 - 15:30	CONCURRENT SESSIONS   SÉANCES SIMULTANÉES
Viger	Fostering public health ethics: Assessing needs and informing solutions that support today's and tomorrow's public health professionals
Laurier	Health professionals: On the front lines of action for a healthy climate
See pages 18 - 20	Oral Presentations   Présentations de résumés oraux
16:00 - 17:30	CONCURRENT SESSIONS   SÉANCES SIMULTANÉES
Crescent	<i>Conversations save lives</i> : British Columbia First Nations in the opioid overdose emergency and a system-wide framework for action
Notre-Dame/ Saint-Denis	Engaging youth with lived experience in public health policy, programs and knowledge translation
Sainte-Catherine	NSPPPH presents: How do we assess learning in public health education: Mapping learning objectives to assessments of learning
Van-Horne	Rapid reviews 101
Mansfield/Sherbrooke	Sugary drink levies: Do they have a place in healthy eating strategies in Canada?
Viger	Supporting Canadian urban transformations and building healthier cities: Introducing the MUSE team and program of research and knowledge translation strategy
Saint-Paul	Tackling alcohol-related harm by implementing effective policies
Duluth	CARRFS presents: What's next? All you need to know about the future of public health surveillance
17:40 - 19:30 Terrace, 3 <sup>rd</sup> Floor	Making Connections: National Collaborating Centres for Public Health "5 à 7" Créer des liens : le 5 à 7 des Centres de collaboration nationale en santé publique



COLLABORATOR SESSION



ORAL ABSTRACTS



SYMPOSIUM



WORKSHOP

Simultaneous interpretation will be available for this session.  
L'interprétation simultanée sera disponible pour cette séance.

## Welcome Remarks | Mot d'ouverture

- Suzanne Jackson, Chair, Canadian Public Health Association
- Lilianne Bertrand, Présidente, Association pour la santé publique du Québec
- Jean Harvey, Director, Canadian Population Health Initiative, Canadian Institute for Health Information
- Steven J. Hoffman, Scientific Director, Canadian Institutes of Health Research, Institute of Population and Public Health
- Connie Clement, Secretariat lead, National Collaborating Centres for Public Health
- Awards Presentations: CPHA Honorary Awards

## LIVING WELL WITHIN LIMITS

There are very large health costs to our current way of life, and thus very large potential health benefits from a shift to a more sustainable society. What changes would be needed to achieve a sustainable economy within planetary boundaries in recognition of the relationships between resource use and human well-being? What role can public health play in achieving a steady-state economy where resource use and waste emissions are stabilized and kept within ecological limits? While economic growth is the dominant mantra in wealthy nations, there are a number of good reasons to question this perspective.

Environmentally, we are already exceeding four of nine 'planetary boundaries' related to key ecosystem processes (climate change, biodiversity loss, land-use change, and the nitrogen/phosphorus cycle). Socially, while per capita gross domestic product (GDP) has more than tripled in wealthy countries since 1950, people have not become any happier. Practically, economic growth is the exception in world history, not the norm. Dr. O'Neill will explore ways in which we can achieve a high quality of life for all people without economic growth.

## Speaker | Orateur

- Daniel O'Neill, Lecturer in Ecological Economics, School of Earth and Environment, University of Leeds

## Moderator | Animateur

- Steven J. Hoffman, Scientific Director, CIHR Institute of Population and Public Health

## BIEN VIVRE DANS DES LIMITES RAISONNABLES

Comme notre mode de vie actuel comporte des coûts très élevés, le passage à une société plus durable pourrait engendrer de très grands bienfaits pour la santé. Quels seraient les changements nécessaires pour atteindre la durabilité économique sur la planète, sachant que l'utilisation des ressources et le bien-être humain sont liés? Quel pourrait être le rôle de la santé publique pour parvenir à une « économie stable », où l'utilisation des ressources et les émissions de déchets seraient stabilisées et resteraient à l'intérieur de limites écologiques? Bien que la croissance économique soit toujours le mot d'ordre dans les pays riches, il existe de bonnes raisons de remettre cette perspective en question.

Sur le plan environnemental, nous avons déjà franchi quatre des neuf « frontières planétaires » liées aux grands processus écosystémiques (le changement climatique, la perte de biodiversité, l'évolution de l'utilisation des sols et les cycles de l'azote et du phosphore). Sur le plan social, bien que le produit intérieur brut (PIB) par habitant ait plus que triplé dans les pays riches depuis 1950, les gens ne sont pas plus heureux. En pratique, la croissance économique est l'exception et non la norme dans l'histoire du monde. Daniel O'Neill explorera les moyens d'en arriver à une bonne qualité de vie pour tous, sans croissance économique.

10:00 - 10:45

REFRESHMENT BREAK WITH EXHIBITORS

SQUARE DORCHESTER/

10 h à 10 h 45

PAUSE-RAFRAÎCHISSEMENTS AVEC LES EXPOSANTS

MONT-ROYAL A



## CENTRE-VILLE, 1<sup>ST</sup> FLOOR

### ADDRESSING THE ECOLOGICAL DETERMINANTS OF HEALTH IN CONTEMPORARY PUBLIC HEALTH TRAINING AND PRACTICE: PRINCIPLES, METHODS, RESOURCES

Growing recognition of the imperative of the ecological determinants of health (EDoH) has not been matched by commensurate changes in public health training, education and professional development. Building public health workforce that can engage with both ecological and social determinants of health requires targeted education and training efforts focused on public health implications and effective responses, strengthening capacity for intersectoral collaboration, and working with unusual allies. In particular, public health is challenged with how to foster new ways of seeing, relating and doing that recognize living systems as foundational to human health.

This interactive workshop, co-led by members of the pan-Canadian group, EDGE (Ecological Determinants Group on Education), will share insights from an analysis of challenges and opportunities for educational reform posed by the EDoH, and will profile and discuss a range of resource materials, relevant publications, competency considerations and sample course outlines that are relevant to addressing EDoH as an integral part of public health training and practice. Intended for teachers, students, and practitioners, the workshop will focus on what needs to be put in place to equip public health practitioners to respond to emerging challenges, as well as work that is already underway to address this.

#### Learning Objectives:

- Address burning questions in education, training and professional development around the ecological determinants of health.
- Discuss key features of the EDGE initiative and alignments to other areas of public health practice and partnerships.
- Identify and describe key resources for education and training, specifically:
  - The EDGE website and resources, including an environmental scan of EDoH education, training and professional development for public health and health care professionals;
  - Proposed core competencies for EDoH for MPH programs; and
  - Resources to profile EDoH across the public health community, such as a Commentary paper submitted to *CJPH*.

#### Speakers:

- Margot Parkes, University of Northern British Columbia; Co-founder, CoPEH-Canada; Co-Chair, Ecological Determinants Group on Education (EDGE)
- Blake Poland, University of Toronto; Co-Chair, Ecological Determinants Group on Education (EDGE)
- Sandra Allison, Northern Health, BC; President, Public Health Physicians of Canada; Co-Chair, EDGE Working Group on Continuing Professional Development in Public Health
- Trevor Hancock, University of Victoria; Lead author, *CPHA Report on the Ecological Determinants of Health*
- Courtney Howard, CAPE, NWT; Co-Chair, EDGE Working Group on targeted training & education for healthcare professionals
- Andrew Papadopoulos, University of Guelph, ON: Chair, NSPPH; Chair, NCCEH; Co-Chair, EDGE Working Group on core curriculum for MPH programs and related graduate public health training



## LAURIER

### EXPLORING THE ETHICS OF AI APPROACHES IN PUBLIC HEALTH

**Presented by:** Canadian Institutes of Health Research

With the explosion of big data, and the use of social media, smart phones, wearable technologies and other innovations, there is an increasing interest in exploring how Artificial Intelligence (AI) approaches such as machine learning and natural language processing can be used to address public health challenges. Yet, despite the exciting opportunities that new technologies and data present, we face a new set of challenges and the potential for unintended consequences. In addition to the broad challenges faced by all sectors working to incorporate these new approaches and technologies, public health may face a unique set of challenges. One particularly pressing question is: what will be the impact of AI on health equity?

Join CIHR's Institute of Population and Public Health and the Canadian Institute for Advanced Research (CIFAR) in a discussion of the ethical challenges of incorporating AI into public health research and practice. Examining issues including access, bias, and representation, participants can expect to further their understanding of the impact that AI, and the increasing reliance on big data, may have on equity. We will also explore the role that stakeholders from various sectors can play to promote health equity in the age of AI.

#### Learning Objectives:

- Increase awareness of ethical challenges related to public health posed by AI approaches.
- Develop a greater understanding of potential impacts of AI on health equity.
- Identify potential roles for public health practitioners, policymakers, ethicists, researchers, and private/innovation stakeholders to address ethical challenges in AI.

#### Speakers:

- David Buckeridge, Professor of Epidemiology and Biostatistics, McGill University
- Erin Kelly, CEO, Advanced Symbolics
- Joëlle Pineau, Professor, School of Computer Science, McGill University; Senior Fellow, CIFAR Learning in Machines & Brains Program
- Bryn Williams-Jones, Professor and Director of Bioethics, Université de Montréal
- Denis Roy, Vice President Science and Clinical Governance, Institut national d'excellence en santé et en services sociaux

#### Session Chair:

- Steven J. Hoffman, Scientific Director, CIHR Institute of Population and Public Health
- 



## VIGER

### OUR STORIES: OUR HEALTH

**Presented by:** Assembly of First Nations

Advancing the health and wellness of First Nations in Canada is a shared commitment among communities, partners in the jurisdictional continuum and politically mandated organizations. This session aims to demonstrate how policies and programs generated with First Nations' meaningful participation can shape culturally responsive and competent public health systems that uphold the wholistic health needs of First Nations.

Public health surveillance and measures estimate that First Nations experience high rates in many disease profiles (diabetes, sexually transmitted infections, mental wellness and infectious diseases). Indigenous world views, practices and ways of knowing can counter health inequities through diverse strategies that encourage strengths based approaches to improve First Nations well-being.

## Learning Objectives:

- Identify the opportunities and challenges associated with improving the individual and collective health of First Nations.
- Describe the significance of appropriate data collection methods to inform First Nations public health priorities and activities.
- Determine methods that support health data governance in a First Nations context.

## Speakers:

- Marie-Jeanne Disant, Development Agent, First Nations of Quebec and Labrador Health and Social Services Commission
- Kyla Marcoux, Program Manager, Survey Management, First Nations Information Governance Centre

## Session Chair:

- Marlene Larocque, Policy Analyst, Assembly of First Nations



## DULUTH

L'interprétation simultanée sera disponible pour cette séance.  
Simultaneous interpretation will be available for this session.

### VERS UNE ÉCONOMIE HUMANISTE DE LA PRÉVENTION POUR UNE SANTÉ DURABLE

**Présenté par :** Association pour la santé publique du Québec

L'Association pour la santé publique du Québec (AS PQ) vous convie à une rencontre dialogue autour des bénéfices liés à une économie de la prévention au service de la santé durable pour tous.

La santé durable est un droit collectif, un actif social et économique. Comme la prévention, elle implique une responsabilité individuelle et collective. En conséquence, il incombe aux gouvernements, aux entreprises, aux communautés et aux citoyens d'assumer, collectivement et solidairement, la responsabilité supérieure de maintenir et d'améliorer la santé de tous, celle des générations futures, sur tout le cycle de vie. Bâtir la santé durable est le fruit d'un travail d'équipe qui requiert la mobilisation de l'ensemble de la société autour d'enjeux environnementaux, politiques, sociaux, économiques et culturels.

### TOWARDS A HUMANISTIC ECONOMY OF PREVENTION FOR SUSTAINABLE HEALTH

**Presented by:** Association pour la santé publique du Québec

The Association pour la santé publique du Québec (AS PQ) invites you to a session regarding the benefits linked to an economy in prevention towards sustainable health for all.

Sustainable health is a collective right, a social and economic asset. Like prevention, it implies responsibilities, both individual and collective. As a result, it is up to governments, businesses, communities and citizens to jointly and unitedly take responsibility for maintaining and improving health for all, especially that of future generations, throughout the entire life cycle.

Building sustainable health is the result of teamwork, which requires the mobilization of society as a whole around key environmental, political, social, economic and cultural issues.

Comme l'aura démontré Dan O'Neil en plénière, le modèle économique actuel, fondé sur le produit intérieur brut (PIB), contribue plutôt à la dégradation de l'environnement et à l'augmentation des inégalités sociales et économiques. Un nouveau paradigme s'impose. Pour Dan O'Neil, François Reeves, Marie France Raynault et Laure Waridel, il est possible de créer une économie humaniste de la prévention au service d'une santé durable. Plusieurs exemples d'initiatives porteuses de changement seront présentés.

## Objectifs d'apprentissage :

- Définir la santé durable pour tous.
- Expliquer l'économie humaniste de la prévention.
- Déterminer le rôle de la santé publique, de l'environnement dans cette économie nouvelle.
- Établir des liens entre l'économie humaniste de la prévention et la santé durable.

## Speakers | Orateurs et oratrices

- Marie-France Raynault, Chef du Département de médecine préventive et santé publique du CHUM; Directrice du Centre Léa-Roback sur les inégalités sociales de santé; Professeure, Département de médecine sociale et préventive, Université de Montréal
- Laure Waridel, Écosociologue, professeure associée à l'UQAM, chercheur au CINBIOSE (Centre de recherche interdisciplinaire sur le bien-être, la santé, la société et l'environnement), auteure et co-fondatrice d'Équiterre
- François Reeves, Cardiologue d'intervention et professeur agrégé de médecine à l'Université de Montréal avec affectation conjointe au Département de santé environnementale
- Daniel O'Neill, Lecturer in Environmental and Ecological Economics, School of Earth and Environment, Faculty of Environment, University of Leeds

## Moderator | Animateur

- Lucie Granger, Directrice générale, Association pour la santé publique du Québec

As Dan O'Neil demonstrated in his plenary session, the current economic model, based on Gross Domestic Product (GDP), contributes to environmental degradation and increased social and economic inequality. A new paradigm is needed. Dan O'Neil, François Reeves, Marie-France Raynault and Laure Waridel believe that it is possible to create a humanistic economy in prevention of sustainable health. Several examples of initiatives to bring about change will be presented.

## Learning Objectives:

- Define sustainable health for all.
- Explain the humanistic economy of prevention.
- Determine the role of public health and the environment in this new economy.
- Establish links between the humanistic economy of prevention and sustainable health.

Cruise - MS Maasdam | © David Giral





## VAN-HORNE

### ORAL PRESENTATION 1

- The association between social norms regarding pregnancy and pregnancy attitudes among youth experiencing homelessness – [Stephanie Begun](#)
  - Development of an online perinatal mental health toolkit for local public health practice – [Cassie Ogunniyi](#)
  - Early predictors of mental illness in women: The case of preeclampsia and late-onset depression – [Aimina Ayoub](#)
  - Delivering the Nurse-Family Partnership Program in rural communities – [Karen Campbell](#)
  - Power and knowledge: Understanding how migrant and Canadian-born women participate in obstetrical decision-making – [Priatharsini Sivananthajothy](#)
- 



## MANSFIELD/SHERBROOKE

### ORAL PRESENTATION 2

- Can community resources mitigate the effects of household poverty on adverse childhood experience incidence? – [Alexandra Blair](#)
  - Redressing the achievement gap through early social emotional learning: Building a foundation with early childhood educators in a professional learning community – [Jessie-Lee Mclsaac](#)
  - Breaking down the relationship between sex, neighbourhood socioeconomic status, and early child development across Canada – [Simon Webb](#)
  - The potential for adult role models and community involvement to mitigate the effects of economic disadvantage on children's social and emotional competence – [Lisa Ritland](#)
  - Social determinants of development of children with Autism Spectrum Disorder: A population-level study – [Ayesha Siddiqua](#)
- 



## CRESCENT

### ORAL PRESENTATION 3

- Creating healthier food environments in Canada: The Food-Environment Policy Index – [Lana Vanderlee](#)
  - An assessment of the retail food environment in a functional region of Northern British Columbia, Canada – [Rebecca Hasdell](#)
  - An assessment of the rural consumer food environment in Newfoundland and Labrador – [Catherine Mah](#)
  - Development and monitoring of nutritional targets for Quebec food products – [Mylène Turcotte](#)
  - Impact of a mandatory policy on calorie labelling in restaurants: evidence from a prospective quasi-experimental cohort in Canada – [David Hammond](#)
- 



## NOTRE-DAME/SAINT-DENIS

### ORAL PRESENTATION 4

- Assessing interdisciplinarity in global health training – [Erica Di Ruggiero](#)
- CSIH MentorNet Program: Exploring the application of the module-based curriculum for mentoring students and young professionals in global health – [Yoshith Perera](#)
- Experiential Learning for Public Health Professionals: An evaluation of educational value – [Miranda Loutet](#)
- Teaching public health ethics in Canadian universities: Are the current means meeting the needs of future public health professionals? – [Louise Ringuette](#)
- Developing a research trainee competency framework in population health: A student-led initiative – [Christie Silversides](#)

# TUESDAY, MAY 29 | MARDI 29 MAI

10:45 - 12:15

CONCURRENT SESSIONS

10 h 45 à 12 h 15

SÉANCES SIMULTANÉES



## SAINTE-CATHERINE

### ORAL PRESENTATION 5

- The rise of overdose deaths involving fentanyl and the value of early warning – [Matthew Young](#)
- Impacts of an unsanctioned overdose prevention site in Toronto: A preliminary analysis – [Gillian Kolla](#)
- Identifying, piloting, and evaluating a Real-time Drug Alert & Response (RADAR) system in Vancouver, BC – [Rebecca Thomas](#)
- Inter-disciplinary administration/dispensing/distribution of intramuscular naloxone across multiple programs – [Jessica Bridgeman](#)
- Safety profile of injectable hydromorphone and diacetylmorphine for long-term severe opioid use disorder – [Eugenia Oviedo-Joekes](#)



## SAINT-PAUL

### ORAL PRESENTATION 6

- Using a whole-of-government approach to remove barriers for individuals with complex needs in northern Canada – [Katie-Sue Derejko](#)
- Can local public health units and health care partners improve population health together? – [Vera Etches](#)
- The necessary factors for effective social prescribing – [Jessica Runacres](#)
- A “poisoned chalice”? How systems thinking was useful to study key factors that influenced health promotion in Australia – [Lori Baugh Littlejohns](#)
- Healing Together: Identifying the value of partnerships between rural Australian Aboriginal communities, services and researchers to co-design, implement and evaluate programs to reduce substance-related harms – [Alice Munro](#)

12:15 - 14:00

CPHA ANNUAL GENERAL MEETING

12 h 15 à 14 h

ASSEMBLÉE GÉNÉRALE ANNUELLE DE L'ACSP

AGORA/CENTRE-VILLE, 1<sup>ST</sup> FLOOR



CPHA's Annual General Meeting (AGM) is open to all participants at the conference; however only CPHA members may vote. Prior to the start of the session, members are asked to check in at the AGM desk to obtain their voting cards. CPHA members whose membership has lapsed but who wish to attend the AGM and be eligible to vote may renew their membership just before the AGM. Anyone wishing to take out a new CPHA membership can do so by May 28, 2018 at the registration desk. Lunch will be provided.

L'assemblée générale annuelle (AGA) de l'ACSP est ouverte à tous les participants de la conférence, mais seuls les membres de l'ACSP peuvent y voter. Avant le début de la séance, les membres sont priés de se présenter au bureau de l'AGA pour obtenir leur carte de vote. Les membres dont l'adhésion est caduque, mais qui souhaitent assister à l'AGA et pouvoir y voter peuvent renouveler leur adhésion juste avant l'AGA. Toute personne qui n'a jamais été membre de l'ACSP peut le devenir avant le 28 mai 2018 en se présentant au kiosque des inscriptions. Le déjeuner sera servi.

12:15 - 14:00

NETWORKING LUNCH

12 h 15 à 14 h

DÉJEUNER CONTACTS

PLACE DU CANADA





## VIGER

### FOSTERING PUBLIC HEALTH ETHICS: ASSESSING NEEDS AND INFORMING SOLUTIONS THAT SUPPORT TODAY'S AND TOMORROW'S PUBLIC HEALTH PROFESSIONALS

This symposium will explore the current state of public health ethics education in Canadian institutions and abroad. Participants will be engaged to discuss the impact of ethical decision-making, promising strategies to enhance capacity development and recommend ways to integrate public health ethics into practice. Panelists will discuss empirical results from two 2017 pan-Canadian surveys and present promising solutions to support ethical decision-making in public health. This session will identify resources that are successfully utilized by today's practitioners and evaluate what resources or training is needed to support the next generation of professions.

During this symposium, we will inform and engage participants in a discussion of:

- The state of public health (PH) ethics education in Canadian university PH schools and programs;
- What PH ethics resources are used by today's practitioners in Canada, and what resources or training might be needed; and
- The essential PH ethics skills for PH professionals and how to contribute to their acquisition.

After presenting empirical results drawn from two 2017 pan-Canadian surveys, panellists will lead a collective discussion of the survey findings and on the most promising solutions to support ethical decision-making in PH. The goal is to assess and identify how we can collectively support the continuing education of current professionals and the teaching of PH ethics to future researchers and PH professionals.

#### Learning Objectives:

- Interpret expressed needs for PH ethics resources in the Canadian context and describe the state of PH ethics education in Canada and abroad.
- Differentiate the needs and tools relevant to current public health professionals from those of the next generation of professionals currently in training.
- Discuss, evaluate and recommend promising solutions to support PH ethics capacity development in Canada.

#### Speakers:

Session presenters can respond to questions in either English or French.

Les présentateurs et présentatrices des séances peuvent répondre aux questions en français ou en anglais.

- Olivier Bellefleur, Administrative and Scientific Lead, National Collaborating Centre for Healthy Public Policy
- Louise Ringuette, Graduate Student and Research Assistant, Bioethics Programs, School of Public Health, Université de Montréal
- Jean-Christophe Bélisle-Pipon, Visiting Researcher, Petrie-Flom Center, Harvard Law School
- Bryn Williams-Jones, Full Professor, Director of the Bioethics Program, School of Public Health, Université de Montréal

#### Session Chair:

- Michael Keeling, Research Officer, National Collaborating Centre for Healthy Public Policy



## LAURIER

### HEALTH PROFESSIONALS: ON THE FRONT LINES OF ACTION FOR A HEALTHY CLIMATE

In late 2017, the Canadian Public Health Association partnered with the Lancet Countdown on Health and Climate Change (which is publishing yearly international data-driven reports between now and 2030 on a range of climate-health indicators) to produce the *Lancet Countdown Policy Brief: Canada in 2017*, which outlines 7 clear recommendations for action for a healthy climate in the Canadian context. Action led by health professionals is underway to see these recommendations realized.

This workshop will go over the report's recommendations, then outline successful initiatives by health professionals around coal phase-out, the expansion of Montreal's cycling network, and work to study and minimize the health impacts of hydraulic fracturing in British Columbia. Key evidence, strategies, and partnerships in these efforts will be described. Participants will then have the opportunity to choose two of the four topic areas to discuss in small groups and consider how to apply lessons learned in their home contexts.

#### Learning Objectives:

- Describe key targets for action for a healthy climate in Canada.
- Identify essential elements of effective climate-health initiatives and campaigns.
- Describe options for action for a healthy climate in the participants' home communities.

#### Workshop Facilitators:

Session presenters can respond to questions in either English or French.

Les présentateurs et présentatrices des séances peuvent répondre aux questions en français ou en anglais.

- Courtney Howard, Emergency Physician; President, Canadian Association of Physicians for the Environment
- Trevor Hancock, Professor and Senior Scholar, School of Public Health and Social Policy, University of Victoria
- Jean Zigby, Palliative Care Physician; Past President, Canadian Association of Physicians for the Environment
- Eric Notebaert, Emergency Physician; President-Elect, Canadian Association of Physicians for the Environment
- Margot Parkes, Co-Chair, Environment, Community, Health Observatory Network; Co-Chair, Ecological Determinants of Health Group on Education
- Sandra Allison, Co-Chair, Environment, Community, Health Observatory Network; President, Public Health Physicians of Canada



## DULUTH

### ORAL PRESENTATION 7

- Non-linear association between objective physical activity and mental health in a population-based study of Canadian adults – [Paquito Bernard](#)
- Is older adults' physical activity during transport compensated during other activities? A comparison between 3 countries using GPS and accelerometer data – [Ruben Brondeel](#)
- Income-related inequalities in falls injury hospitalizations in Canada: The case of seniors living with dementia – [Alexey Dudevich](#)
- Impact of a mobility-focused knowledge translation intervention on physical activity levels of older adults: The Move4Age study – [Rawan Farran](#)
- The epidemiology of sensory and cognitive aging: Social and lifestyle risk factors – [Anni Hamalainen](#)

14:00 - 15:30  
14 h à 15 h 30

CONCURRENT SESSIONS  
SÉANCES SIMULTANÉES



## VAN-HORNE

### ORAL PRESENTATION 8

- Hijacked and leveraged: A case study of alcohol industry sponsorship – [Jonnie-Lyn Baron](#)
  - Estimating the harms and the economic burden of substance use in Canada (2006-2015) – [Matthew Young](#)
  - Cannabis Legalization: Industry and Regulatory Failure in the Protection of Public Health – [Mike DeVillaer](#)
  - Sex, gender and harm reduction responses to cannabis, tobacco and opioids – [Lorraine Greaves](#)
  - Proposed guidelines for metrics to evaluate the potential harms and benefits of cannabis regulation in Canada – [Stephanie Lake](#)
- 



## MANSFIELD/SHERBROOKE

### ORAL PRESENTATION 9

- No Strings Attached: The Impact of an Unconditional Prenatal Income Supplement on First Nations Birth and Early Childhood Outcomes – [Marni Brownell](#)
  - Principles for Indigenous Approaches to Fetal Alcohol Spectrum Disorder Prevention: Enacting the Truth and Reconciliation Commission's Call to Action 33 – [Nancy Poole](#)
  - Do Home Visiting Programs Improve the Well-Being of First Nations Children and Parents? – [Marianne Chartier](#)
  - Exploring children's welfare — The case of families from Indigenous off-reserve, African Nova Scotian, and immigrant and refugee backgrounds – [Sara Torres](#)
  - To have a C-section or not? Understanding planned C-section experiences of migrant and Canadian-born women in Edmonton, Alberta – [Priatharsini Sivananthajothy](#)
- 



## CRESCENT

### ORAL PRESENTATION 10

- Mapping Health Equity Discourses in Canadian Public Policy – [Elizabeth McGibbon](#)
  - Is 'Health Equity' Bad for the Public's Health? A Qualitative Study of Public Health Policymakers' Perspectives – [Maxwell Smith](#)
  - Improving timely care and access for Trans\* and Gender Diverse Populations in Primary Health Care in Halifax, Nova Scotia, Canada – [Jacquie Gahagan](#)
  - Health Policy by the Homeless: Empowering the Marginalized to Become Policymakers through Research and Theatre – [Rahat Hossain](#)
  - Sharing health information with community organizations to promote healthy living for all – [Mustafa Hirji](#)
- 



## NOTRE-DAME/SAINT-DENIS

### ORAL PRESENTATION 11

- Understanding gentrification in resident-led urban health interventions – [Kayonne Christy](#)
- Building health through planning data: The Healthy Development Monitoring Project – [Maria Mukhtar](#)
- Co-creating smart healthy cities using the living labs approach of the United Nations Committee on Peaceful Uses of Technology – [Chandana Unnithan](#)
- INTERACT: A comprehensive urban intervention research framework for healthy and sustainable cities – [Yan Kestens](#)
- Recruiting participants for a cohort study on the health impacts of an urban form intervention: Lessons learned – [Karen Laberee](#)

# TUESDAY, MAY 29 | MARDI 29 MAI

14:00 - 15:30

CONCURRENT SESSIONS

14 h à 15 h 30

SÉANCES SIMULTANÉES



## SAINTE-CATHERINE

### ORAL PRESENTATION 12

- Making a case for cardiorespiratory fitness surveillance among children and youth – [Justin Lang](#)
- Precipitation, demographics and built environment features are associated with sedentary behaviour in 9- to 14-year-old children — The longitudinal study on Seasonality and Saskatoon Kids – [Larisa Lotoski](#)
- Examining weight loss method engagement among young adults in Canada – [Amanda Raffoul](#)
- Adverse effects of caffeinated energy drinks among youth and young adults in Canada – [Jessica Reid](#)
- Understanding children's perceived barriers to physical activity in varying environments – [Leah Taylor](#)



## SAINT-PAUL

### ORAL PRESENTATION 13

- Opportunity costs: Underemployment, a determinant of mental health inequities between immigrant and Canadian-born labour force participants – [Farah Mawani](#)
- Working Well Together: A workplace health promotion initiative – [Vamini Selvanandan](#)
- Primary health care providers' perspectives on delivering care to newly arrived Syrian refugee women – [Ielaf Khalil](#)
- The experiences of newcomer Syrian refugees and service providers with a new Refugee Preventive Health Clinic model – [Sharon Yanicki](#)

15:30 - 16:00

REFRESHMENT BREAK WITH EXHIBITORS

SQUARE DORCHESTER/

15 h 30 à 16 h

PAUSE-RAFRAÎCHISSEMENTS AVEC LES EXPOSANTS

MONT-ROYAL A

16:00 - 17:30

CONCURRENT SESSIONS

16 h à 17 h 30

SÉANCES SIMULTANÉES



## CRESCENT

### CONVERSATIONS SAVE LIVES: BRITISH COLUMBIA FIRST NATIONS IN THE OPIOID OVERDOSE EMERGENCY AND A SYSTEM-WIDE FRAMEWORK FOR ACTION

In April 2016, the opioid emergency was declared a public health emergency by the British Columbia (BC) Provincial Health Officer under the *Public Health Act* due to the unprecedented increase in overdoses and deaths in the province. Since then, organizations across the province have been working toward providing emergency response and improved services to prevent overdose and death due to opioid use. This symposium will focus on the impact the opioid crisis has had on First Nations in BC and provide an overview of a partnered system-wide response to address it.

This session will share how First Nations health organizations are exercising self-determination and responding with community-driven, nation-based programming that speaks to their unique community needs and is reflective of their own culturally relevant tools. Participants can expect to learn about the First Nations Health Authority's system-wide framework for action, which includes 4 key action areas: 1) Prevent people who overdose from dying; 2) Keep people safe when using substances; 3) Create an accessible range of treatment options; and 4) Support people on their healing journey.

## Learning Objectives:

- Explore the provincial and community response to the opioid crisis in BC.
- Illustrate how First Nations communities are developing a community-driven, nation-based response to the opioid crisis, including naloxone distribution sites, town hall engagements, and community tools.
- Determine at least two ways to apply the FNHA Framework for Action areas in participants' specific research, public health or community setting to address the opioid overdose emergency.

## Speakers:

- Bonnie Henry, Provincial Health Officer, BC Ministry of Health
- Kim Brooks, President, First Nations Health Directors Association; Department Head, Yúustway Health Services, Squamish Nation
- Sonia Isaac-Mann, Vice-President, Programs and Services, First Nations Health Authority

## Session Chair:

- Shannon McDonald, Acting Chief Medical Officer, First Nations Health Authority



## NOTRE-DAME/SAINT-DENIS

### ENGAGING YOUTH WITH LIVED EXPERIENCE IN PUBLIC HEALTH POLICY, PROGRAMS AND KNOWLEDGE TRANSLATION

Though national and international bodies articulate the need for the engagement of persons with lived experience of illness into the design of their own care, young people have traditionally been excluded from shaping public health policy and/or programs in a significant way. Yet youth engagement is recognized in various disciplinary areas as an effective strategy for individual and community development and improved health outcomes.

This session will demonstrate the why and how of youth engagement in a way that is adaptable to diverse organizations or projects. We will draw upon lessons learned from different examples, including the Wisdom2Action's Youth Advisory Committee. Participants will hear about this essential topic directly from youth and from professionals with in-depth youth engagement experience.

## Learning Objectives:

- Discover and compare different degrees of youth engagement/youth-adult partnerships in the creation of policies, programs and knowledge translation initiatives designed to increase the well-being of youth populations.
- Interpret and apply the levels of engagement described to their own organizational context, in order to determine the viability of YE/YAP in participants' current practices and processes.
- Identify applicable (and sustainable) youth engagement best-practices and techniques to implement within participants' organization or project.

## Workshop Facilitators:

Session presenters can respond to questions in either English or French.

Les présentateurs et présentatrices des séances peuvent répondre aux questions en français ou en anglais.

- Lisa Lachance, Executive Director, Wisdom2Action
- Eugenia Canas, Coordinator, Centre for Research on Health Equity and Social Inclusion (CRHESI), London InterCommunity Health Centre and the Faculty of Health Sciences, Western University



## SAINTE-CATHERINE

### HOW DO WE ASSESS LEARNING IN PUBLIC HEALTH EDUCATION: MAPPING LEARNING OBJECTIVES TO ASSESSMENTS OF LEARNING

**Presented by:** Network of Schools and Programs of Population and Public Health

Curriculum mapping demonstrates links between different parts of the curriculum, including learning outcomes and/or objectives, opportunities for learning, curriculum content, and the assessment of learning. Public health education attempts to support learners attaining public health competencies. Learning objectives usually map out for learners how this will be achieved in relation to one or more competencies. Less frequently are learners able to identify how this learning is mapped onto assessments of learning.

During this workshop, participants will be exposed to curriculum mapping frameworks and approaches with the opportunity to apply them to selected areas of public health education. This workshop will be of interest to public health educators and public health learners seeking to appreciate the coherence of a learning opportunity, including enhancing assessment options to support self-directed learning.

#### Learning Objectives:

- Describe an educational planning framework and approach.
- Map the connections between assessments of learning and intentions of learning.
- Identify ways to use this approach to educational planning in participants' current and future educational programming.

#### Workshop Facilitators:

- Barbara Berry, Educational Consultant to Faculty of Health Sciences, Simon Fraser University
- Malcolm Steinberg, Chair, MPH Program, Faculty of Health, Simon Fraser University
- Fran Scott, Associate Professor, Department of Health Research Methods, McMaster University



## VAN-HORNE

### RAPID REVIEWS 101

As public health organizations across Canada adopt and implement evidence-informed approaches to public health decision-making, there is a need for up-to-date evidence that can be applied to local contexts. While the most rigorous approach is to find or do a systematic review, timelines and resources often dictate a rapid review of the literature. Rapid reviews are tailored for a shorter timeline, but still use rigorous and transparent methodology to ensure that the best available research evidence is used in decision making. Join us for an overview and hands-on practice of the rapid review process.

Participants will learn about and practice several steps of a rapid review. Resources required to support the rapid review process will be outlined so that participants can apply new knowledge and skills in their work settings.

#### Learning Objectives:

- Describe, apply and identify resources to support the steps to conduct a rapid review of the literature.
- Define a focused research question and identify sources of evidence to answer that research question.
- Appraise and synthesize evidence for a clearly focused research question.

#### Workshop Facilitators:

- Olivia Marquez, Research Coordinator, The National Collaborating Centre for Methods and Tools
- Kristin Read, Research Coordinator, The National Collaborating Centre for Methods and Tools



## MANSFIELD/SHERBROOKE

### SUGARY DRINK LEVIES: DO THEY HAVE A PLACE IN HEALTHY EATING STRATEGIES IN CANADA?

As Canada and provinces/territories designs new healthy eating strategies, questions have been raised around the role of a sugary drink levy. This interactive session will explore the value, challenges, support and opposition to a sugary drink levy in Canada. A brief overview of the current context of sugary drink taxes will be followed by assessment of consumption trends, the evidence base, discussion of implications, feasibility of taxation, and benefits – and challenges – to nutrition, health systems sustainability, health equity and food security.

This session will allow participants to gain a better understanding of the issues around a sugary drink levy, to assess the merits and drawbacks of this measure from different viewpoints, and to consider what gaps in knowledge need to be closed in order to enable a better understanding of the issue. Participants will debate what lessons can be applied from other public health issues. The session can support researchers, policy makers, practitioners and advocates as they consider how to adopt, implement and support strategies, programs and policies to improve public health nutrition among Canadians.

#### Learning Objectives:

- Critical assessment of evidence related to the sugary drink levies around the world.
- Analyze the implications of a sugary drink levy through various lenses.
- Evaluate the merits of a sugary drink levy in Canada and how revenues could be used to improve public health.

#### Speakers:

- David Hammond, Professor, CIHR-PHAC Chair in Applied Public Health, University of Waterloo
- Natalie Riediger, Assistant Professor, Department of Community Health Sciences, Manitoba First Nations Centre for Aboriginal Health Research, University of Manitoba
- Kathryn Scharf, Chief Operating Officer, Community Food Centres Canada

#### Session Co-Chairs:

- Kim Raine, Professor and Associate Dean, Public School of Health, University of Alberta; Chair, Heart & Stroke, COMPASS
- Lesley James, Senior Manager, Health Policy, Heart & Stroke Foundation; Doctoral researcher, London School of Hygiene and Tropical Medicine, Faculty of Public Health Policy



#PHSP2018



## VIGER

### **SUPPORTING CANADIAN URBAN TRANSFORMATIONS AND BUILDING HEALTHIER CITIES: INTRODUCING THE MUSE TEAM AND PROGRAM OF RESEARCH AND KNOWLEDGE TRANSLATION STRATEGY**

Cities today are key engines of economic activity, action towards environmental sustainability, cultural revival and vitality, and indeed human progress itself. Their centrality in Canadian life combined with accelerated change has led to a renewed interest in making cities healthier by recommitting to building physical and human infrastructure that promotes health in a way that is equitable and sustainable for future generations.

Partnering with Chief Medical Health Officers in four Canadian cities (Montreal, Toronto, Saskatoon, and Vancouver), this symposium will introduce a program of research and knowledge translation strategy that is premised on building healthier cities through knowledge developed by understanding intersectoral partnerships aimed at transforming built environments and, in turn, comprehending citizens' responses to built environment changes. Multisectoral Urban Systems for Health and Equity in Canadian Cities/Multisectorielles et urbaines : approches pour la santé et l'équité dans les villes canadiennes (or MUSE) aims to understand how urban built environment interventions are developed and implemented, and how they are received by citizens in Canadian cities.

#### **Learning Objectives:**

- Explain how intersectoral partnerships act as a key driver of built environment transformations in Canadian cities.
- Explain how the *MUSE Collaboratory* is a useful resource for public health officials working on built environments, health, and health inequalities.
- Explain how some of the findings might be helpful in policy advocacy efforts in one's own city.

#### **Speakers:**

- Lise Gauvin, Full Professor & Vice-Dean Research, School of Public Health, Université de Montréal; Researcher and Associate Scientific Director, Population Health Research, Centre de recherche du Centre Hospitalier de l'Université de Montréal (CRCHUM)
- Nazeem Muhajarine, Professor, Community Health and Epidemiology, University of Saskatchewan; Director, Saskatchewan Population Health and Evaluation Research Unit (SPHERU)
- Marie-France Raynault, Director, Léa Roback Research Centre on Social Inequalities in Health, Montreal; Professor, Département de médecine sociale et préventive, School of Public Health, Université de Montréal
- Richard Massé, Chief Medical Officer of Health, Direction de santé publique, Centre intégré universitaire de santé et services sociaux, Centre-sud-de-l'Île-de-Montréal
- Cory Neudorf, Lead Medical Health Officer, Saskatoon Area, Saskatchewan Health Authority

#### **Session Chair:**

- Lise Gauvin, Full Professor & Vice-Dean Research, School of Public Health, Université de Montréal; Researcher and Associate Scientific Director, Population Health Research, Centre de recherche du Centre hospitalier de l'Université de Montréal (CRCHUM)





## SAINT-PAUL

### TACKLING ALCOHOL-RELATED HARM BY IMPLEMENTING EFFECTIVE POLICIES

Alcohol is a leading cause of disease, trauma and social problems, involving harm to the drinker and others. However, effective controls are being eroded. The public is not aware of the range of harms. Resources for effective action are often limited. This symposium involves presentations and time for discussion: emerging Canadian data on alcohol-related harm, international evidence on alcohol policies, association between marketing and youth drinking, and a framework for assessing the provinces with regard to effective responses. A CIHI-based presentation will provide new data on alcohol issues with provincial/territorial analysis. International evidence on alcohol pricing, physical availability, control system, marketing controls and impaired driving laws will be highlighted. Results will be presented on the influence of alcohol marketing on subsequent drinking behaviours among youth. An assessment of the 10 provinces on 10 alcohol policy dimensions will be summarized, and a second phase outlined with broader foci and updated dimensions.

#### Learning Objectives:

- Define the range of harms from alcohol, including trauma, chronic disease and social problems.
- Identify evidence-based responses, including a combination of population-level measures, focused interventions and recent status of responses across Canada.
- Participants will have an opportunity to discuss how to raise awareness of alcohol issues and stimulate effective responses at all levels.

#### Speakers:

Session presenters can respond to questions in either English or French.

Les présentateurs et présentatrices des séances peuvent répondre aux questions en français ou en anglais.

- Chantal Couris, Manager, Indicator Research and Development, Canadian Institute for Health Information
- Norman Giesbrecht, Emeritus Scientist, Institute for Mental Health Policy Research, Centre for Addiction and Mental Health
- Samantha Cukier, C. Everett Koop Postdoctoral Research Fellow, Department of Biomedical Data Science, Geisel School of Medicine, Dartmouth College
- Ashley Wettlaufer, Research Coordinator, Institute for Mental Health Policy Research, Centre for Addiction and Mental Health

#### Session Chair:

- Norman Giesbrecht, Emeritus Scientist, Institute for Mental Health Policy Research, Centre for Addiction and Mental Health



#PHSP2018

16:00 - 17:30

CONCURRENT SESSIONS

16 h à 17 h 30

SÉANCES SIMULTANÉES



## DULUTH

### WHAT'S NEXT? LET'S TALK ABOUT THE FUTURE OF PUBLIC HEALTH SURVEILLANCE

**Presented by:** Canadian Alliance for Regional Risk Factor Surveillance

This session will present a story about the past and present practice in public health surveillance, and will engage participants to join in the discussion about its future. In small groups, participants will explore topics of broad and current interest led by experts in the CARRFS network, such as the challenges in conducting surveillance in Quebec and in French-speaking populations across Canada; new and innovative data sources; emerging issues in surveillance; environmental health; multiple source data linkage; future data analysis methods; and knowledge translation.

#### Learning Objectives:

- Identify and describe key challenges and success factors in surveillance in past and present practice.
- Inspire future work from lessons learned in surveillance.
- Discuss the future of public health surveillance in terms of the challenges in conducting surveillance in Quebec and in French-speaking populations across Canada, emerging surveillance issues, environmental health, data linkage, data analysis methods, and knowledge translation.

#### Speaker:

- Meg Sears, Senior Clinical Research Associate, Ottawa Hospital Research Institute

#### Session Chair:

- Michelle Canac-Marquis, Knowledge Translation Officer, Research Institute of the McGill University Health Centre, CHILD-BRIGHT SPOR Network

17:45 - 19:30

MAKING CONNECTIONS: NATIONAL COLLABORATING CENTRES "5 À 7"

17 h 45 à 19 h 30

CRÉER DES LIENS : LE 5 À 7 DES CENTRES DE COLLABORATION NATIONALE

### TERRACE, 3<sup>RD</sup> FLOOR [SQUARE VICTORIA RAIN BACK-UP]

Join the six National Collaborating Centres for Public Health (NCCs) for a dual language, interactive "5 à 7" networking event. Meet and connect with NCC staff and conference speakers and participants. Learn about projects and collaborative opportunities to strengthen public health across Canada. Light refreshments will be served and a cash bar will be available. Please note that registration is required as space is limited.

Venez assister au 5 à 7 bilingue et interactif des six Centres de collaboration nationale (CCN) en santé publique. Rencontrez le personnel des CCN et les orateurs et les participants de la conférence et renseignez-vous sur des projets et des possibilités de collaboration qui visent à renforcer la santé publique au Canada. Des rafraîchissements seront servis, et il y aura un bar payant. Veuillez noter qu'il faut s'inscrire, car les places sont limitées.

# WEDNESDAY, MAY 30 | MERCREDI 30 MAI

Sessions will be presented in the language as indicated by their respective titles.  
Les séances seront présentées dans la langue de leur titre.

9:00 - 10:30	CONCURRENT SESSIONS   SÉANCES SIMULTANÉES
Mansfield/Sherbrooke	PAHO presents: Achieving equity beyond rhetoric: Leaving no one behind in the region of the Americas
Duluth	Building on best practices: Education for frontline workers in the overdose emergency
Viger	The Canadian Urban Environmental Health Research Consortium – Setting the stage for a new era of environmental health research
Notre-Dame/ Saint-Denis	Conducting quality peer reviews of quantitative manuscripts
Laurier	CPHA presents: Disruptive technologies and public health – What’s the problem?
Saint-Paul	Epidemiology and Indigenous health: What’s measured matters
Sainte-Catherine	Training the next generation of public health professionals: The role of law in public health pedagogy
Crescent	Understanding and interpreting indicators for chronic diseases
Van-Horne	NCCPH presents: Working together on a shared agenda: The NCCs and their partners discuss the roles of public health in population mental health promotion
11:15 - 12:30 Place du Canada	PLENARY II: MÉTIS NATION APPROACHES TO ADDRESSING HEALTH AND WELLNESS PLÉNIÈRE II : LES STRATÉGIES DE SANTÉ ET DE MIEUX-ÊTRE DE LA NATION MÉTISSE Clément Chartier & Clara Morin Dal Col
12:30 - 13:30 Place du Canada	NETWORKING LUNCH   DÉJEUNER CONTACTS
13:30 - 15:15	CONCURRENT SESSIONS   SÉANCES SIMULTANÉES
Duluth	Les avancées de la santé publique sur les jeux de hasard et d’argent : Nommer les préjudices, mesurer les impacts, prévenir et agir sur les environnements
Laurier	CPHA Policy Forum
Viger	CIHI presents: Measurement as a tool to drive improvements in population health and health equity at the local level
See pages 37 - 38	Oral Presentations   Présentations de résumés oraux
15:45 - 17:15	CONCURRENT SESSIONS   SÉANCES SIMULTANÉES
Duluth	Can bigger and better data make healthier cities?
Saint-Paul	A critical discussion of the future of health promotion in Canada
Sainte-Catherine	Education for reconciliation: An experiential learning exercise and transforming empathy to social action
Crescent	The International Food Policy Study: Evidence on population-level food behaviours to evaluate policy in Canada, USA, UK, Mexico and Australia
Viger	Legalized cannabis: Challenges and opportunities for environmental health
Notre-Dame/ Saint-Denis	Learning that sticks: Team simulation training for public health professionals
Mansfield/Sherbrooke	Reducing stigma through trauma- and violence-informed care: Practical applications in family violence, sexual health and harm reduction
Van-Horne	MNC presents: Ta Saantii – Métis Health
17:30 - 19:00 Centre-Ville 1 <sup>st</sup> Floor	DR. JOHN HASTINGS STUDENT AWARDS SESSION SÉANCE DE REMISE DU PRIX DES ÉTUDIANTS JOHN-HASTINGS
17:30 - 19:30 Terrace, 3 <sup>rd</sup> Floor	RURAL, REMOTE AND NORTHERN PUBLIC HEALTH NETWORKING RECEPTION





## MANSFIELD/SHERBROOKE

### ACHIEVING EQUITY BEYOND RHETORIC: LEAVING NO ONE BEHIND IN THE REGION OF THE AMERICAS

**Presented by:** Pan American Health Organization

In this session, the Pan American Health Organization will discuss approaches to reduce inequalities to improve the health and wellbeing of the people in Latin America and the Caribbean. The 2030 Sustainable Development Agenda of Leaving No One Behind and the centrality of equity and health inequality monitoring capacity at country and sub-country levels to ensure accountability to this commitment will be examined.

Presenters will discuss the connection of the sustainable development goal indicators with health inequality reduction; how this impacts efforts to promote social inclusion, as well as social and health equity; and, the information requirements.

#### Learning Objectives:

- Describe the regional situation on health equity and the interlinkage between determinants of health.
- Examine the mechanisms to collect data and evidence-based reviews on health inequalities, including recent advances in the Region of the Americas.
- Discuss implications for changing public health practices in the Region.

#### Speakers:

- Oscar Mujica, Regional Advisor, Social Epidemiology, Health Analysis and Statistics, Department of Evidence and Intelligence for Action in Health, Pan American Health Organization/World Health Organization
- Cesar Victora, Professor Emeritus and Director, International Center for Equity in Health, Federal University of Pelotas; Commissioner, PAHO Independent Commission on Equity and Health Inequalities in the Americas
- Sandra Girón, Director, Epidemiology and Demography, Ministry of Health and Social Protection, Colombia

#### Session Chair:

- Isabella Danel, Deputy Director, PAHO/WHO
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## DULUTH

### BUILDING ON BEST PRACTICES: EDUCATION FOR FRONTLINE WORKERS IN THE OVERDOSE EMERGENCY

Participants in this workshop will be offered the opportunity to learn and discuss key education topics needed for preparing staff working in the overdose crisis. A brief overview of a large education project undertaken in Interior Health BC will be provided. Following this, two key activities will be facilitated with the group – Integrating Harm Reduction Principles into Health Settings and How Theories of Substance Use Influence our Treatment Directions.

Upon completion of the workshop, participants will be able to facilitate the two guided activities in their workplace. Participants will receive a take-away summary and complete facilitator manual for the *Building on Best Practices* program to apply in their day-to-day practice.

#### Learning Objectives:

- Identify opportunities to apply harm reduction principles to a variety of cross-portfolio health settings.
- Create facilitated conversations on harm reduction principles.
- Explain the role of theories of substance use and their role in influencing treatment decisions and outcomes for people who use drugs.

## Workshop Facilitators:

- Kate Fish, RSW, Regional Harm Reduction Coordinator, Population Health, Interior Health Authority
- Jacqueline Mackinnon, RSW, Regional Knowledge Coordinator, Mental Health Substance Use, Interior Health Authority
- Jessica Bridgeman, RPN, Regional Harm Reduction Coordinator, Population Health, Interior Health Authority
- Gillian Frosst, MPH, Epidemiologist, Population Health, Interior Health Authority



## VIGER

### THE CANADIAN URBAN ENVIRONMENTAL HEALTH RESEARCH CONSORTIUM – SETTING THE STAGE FOR A NEW ERA OF ENVIRONMENTAL HEALTH RESEARCH

The Canadian Urban Environmental Health Research Consortium (CANUE) is a new initiative funded by the Canadian Institutes of Health Research (2016 - 2021). CANUE is gathering and developing measures of urban environmental factors such as air pollution, noise, greenness/blueness, walkability, and weather for every neighbourhood in Canada, and making these data freely available for research purposes. Understanding the complex interactions among these factors and how they impact health is key to producing effective, evidence-based strategies for planning healthy cities and towns, today and in the future.

This symposium will highlight key features of CANUE and provide three concrete case studies showing how CANUE data can be used to inform public health policy. Participants will identify opportunities and barriers for incorporating CANUE data and associated study results into local public and population policy through a facilitated group session following the presentation of selected case studies.

## Learning Objectives:

- Describe CANUE environmental data.
- Define how CANUE data can be used to monitor population exposures and assess health risks.
- Explore how CANUE data can be used in knowledge transfer mapping tools.

## Speakers:

Session presenters can respond to questions in either English or French.

Les présentateurs et présentatrices des séances peuvent répondre aux questions en français ou en anglais.

- Eleanor Setton, Managing Director, CANUE
- Dany Doiron, Research Associate and Data Linkage Specialist, Maelstrom Research group at the Research Institute of the McGill University Health Centre, CANUE
- Audrey Smargiassi, Associate Professor, University of Montreal, Département de santé environnementale et santé au travail, École de santé publique de l'Université de Montreal.
- Eric Robitaille, Researcher, Institut national de santé publique du Québec; Département de médecine sociale et préventive, École de santé publique de l'Université de Montréal

## Session Chair:

- Stéphane Perron, Chief Medical Officer, Urban Environment and Healthy Lifestyle Division, Santé publique de Montréal; Adjunct Professor, University of Montreal

9:00 - 10:30

CONCURRENT SESSIONS

9 h à 10 h 30

SÉANCES SIMULTANÉES



## NOTRE-DAME/SAINT-DENIS

### CONDUCTING QUALITY PEER REVIEWS OF QUANTITATIVE MANUSCRIPTS

Reviewers play a critical role in ensuring published manuscripts are of high quality. In this workshop, organized and led by the Editor-in-Chief and a senior editor of the Canadian Journal of Public Health, participants will develop skills to conduct a quality peer review of a quantitative-type manuscript.

Participants will engage in a facilitated exercise to conduct a review of a manuscript and will learn the do's and don'ts of reviewing a manuscript.

#### Learning Objectives:

- Describe the peer-review process of a public health journal.
- Define the elements of a high-quality review.

#### Workshop Facilitators:

Session presenters can respond to questions in either English or French.

Les présentateurs et présentatrices des séances peuvent répondre aux questions en français ou en anglais.

- Louise Potvin, Editor-in-Chief, *Canadian Journal of Public Health*; Professor, School of Public Health, Université de Montréal
- Nazeem Muhajarine, Professor, Department of Community Health and Epidemiology, University of Saskatchewan; Director, Saskatchewan Population Health and Evaluation Research Unit



## LAURIER

### DISRUPTIVE TECHNOLOGIES AND PUBLIC HEALTH – WHAT'S THE PROBLEM?

Artificial intelligence, robotics, big data, genomics, nanotechnology ... Scientific and technological developments over the past 20 years have affected how people work, communicate and interact. Whether it's the application of information technology to surveillance of disease or the influence of robotics on people's work and livelihood, these advances will dramatically impact health and the work of public health. The purpose of this session is to review the emerging disruptive technologies and their implications for public health. A World Café will provide those in attendance an opportunity to express their views on the influence of disruptive technologies on public health. The result of these discussions will influence the development of a CPHA discussion paper on this subject.

#### Learning Objectives

- Explore emerging disruptive technologies and the implications for public health.
- Describe the potential impacts of information technology on the health of Canadians.
- Define opportunities to explore personal views and influence the development of a CPHA discussion paper.

#### Speakers:

- Thomas Piggott, Public Health and Preventive Medicine Resident, McMaster University
- Mark Speechley, Professor, Department of Epidemiology & Biostatistics, Schulich Interfaculty Program in Public Health, Western University

#### Session Chair:

- Frank Welsh, Director of Policy, Canadian Public Health Association



## SAINT-PAUL

### EPIDEMIOLOGY AND INDIGENOUS HEALTH: WHAT'S MEASURED MATTERS

Truth and Reconciliation Commission Call to Action #19 calls for the creation of goals with indicators and regular reporting to close the gap in health outcomes between Indigenous and non-Indigenous people. Working with Indigenous health data offers unique opportunities and challenges. This symposium explores how to respectfully work with Indigenous health data. Different perspectives on the subject will be presented, including those of a First Nations Community Wellness Director, a regional health authority, an epidemiologist, and a provincial data custodian.

These panelists have different perspectives on Indigenous health data through their own individual experiences and their shared experience in Mamow Ahyamowen. Mamow Ahyamowen (meaning *Everyone's Voices*) is an epidemiology partnership of nine First Nations health service organizations serving 74 First Nations from across Northern Ontario. Participants will learn about a model they can apply in their own work to respectfully support the data needs of Indigenous leaders who are striving to achieve health equity.

#### Learning Objectives:

- Describe key challenges and opportunities associated with measuring First Nations health status.
- List several ways in which First Nations are successfully accessing their health data.
- Summarize how organizations can respectfully support First Nations data needs.

#### Speakers:

- Fern Assinewe, Community Wellness Director, Sagamok Anishnawbek First Nation
- Janet Gordon, Chief Operating Officer, Sioux Lookout First Nations Health Authority (SLFNHA)
- Cai-lei Matsumoto, Epidemiologist, Sioux Lookout First Nations Health Authority (SLFNHA)
- Jennifer Walker, Core Scientist, Institute for Clinical Evaluative Sciences (ICES)

#### Session Chair:

- Stephen Moore, Project Manager, Mamow Ahyamowen
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## SAINTE-CATHERINE

### TRAINING THE NEXT GENERATION OF PUBLIC HEALTH PROFESSIONALS: THE ROLE OF LAW IN PUBLIC HEALTH PEDAGOGY

Law plays a critical role in public health, and yet many public health programs do not include legal training as part of the core curriculum. This symposium reflects on the importance of incorporating law as part of the training public health practitioners receive. It will identify the reasons for including legal training in public health education, reflect on the challenges of teaching law to public health students, and identify the benefits that public health practitioners can realize from legal education.

This discussion will draw on the experiences of Western University's Master of Public Health Program, which includes law as part of the core curriculum, with reflections from the program's director, law instructor, and a graduate of the program. Participants will gain an appreciation for the importance of legal training, and will be given guidance for how to incorporate legal training into their own programs and/or practices.

9:00 - 10:30

CONCURRENT SESSIONS

9 h à 10 h 30

SÉANCES SIMULTANÉES

## Learning Objectives:

- Define the importance of law in public health in Canada, and explore how legal education can help better train public health practitioners and researchers.
- Explain why incorporating legal training in public health curricula is essential to ensuring public health practitioners can meet the core competencies identified by the Public Health Agency of Canada.
- Identify ways in which law can be taught in public health curricula, and to explore and discuss case studies illustrating the importance of legal training for public health practitioners, researchers, scholars, and advocates.

## Speakers:

- Jacob Shelley, Assistant Professor, Faculty of Law & School of Health Studies, Western University
- Amardeep Thind, Professor, Department of Epidemiology & Biostatistics, Western University; Director, Master of Public Health Program, Western University

## Session Chair:

- Lisa Metselaar, Career Development Coordinator, Master of Public Health Program, Western University



## CRESCENT

### UNDERSTANDING AND INTERPRETING INDICATORS FOR CHRONIC DISEASES

As this session has an interactive component, organizers request that participants bring a laptop to utilize the application that will be profiled in the session.

Participants will review basic concepts about chronic disease indicators and work with real data to illustrate strategies for interpreting indicators. We will begin with a presentation on current and emerging methods for calculating indicators, along with strategies for interpreting indicators. Then, participants will use the Population Health Record to complete two exercises, with a moderated group discussion following each exercise.

The first exercise will focus on analyzing indicators within a region and understanding how different types of indicators (e.g., prevalence, incidence, mortality) can be used to set priorities. The second exercise will focus on analyzing indicators across regions and understanding the use of benchmarks and standardization in comparisons between regions. We will close with a brief review highlighting the learning objectives addressed. The skills and knowledge learned in this workshop will help participants to interpret chronic disease indicators appropriately and use them effectively for surveillance and planning within and across regions.

## Learning Objectives:

- Describe how chronic disease indicators are calculated, including limitations of current methods and emerging methods.
- Examine chronic disease indicators within a region and describe how different types of indicators can be used to identify priorities.
- Compare chronic disease indicators across regions and understand how benchmarks and standardization can be used in this process.

## Workshop Facilitators:

Session presenters can respond to questions in either English or French.

Les présentateurs et présentatrices des séances peuvent répondre aux questions en français ou en anglais.

- David Buckeridge, Associate Professor, McGill University, Medical Consultant, INSPQ, INESSS, CIHR Applied Public Health Chair in eHealth Interventions
- Valerie Émond, Chef d'unité scientifique, Surveillance des maladies chroniques et traumatismes, Bureau d'information et d'études en santé des populations, Institut national de santé publique du Québec (INSPQ)
- Guido Powell, Research Assistant, McGill University
- Mengru Yuan, Research Assistant, McGill University



9:00 - 10:30

CONCURRENT SESSIONS

9 h à 10 h 30

SÉANCES SIMULTANÉES



## VAN-HORNE

### WORKING TOGETHER ON A SHARED AGENDA: THE NCCS AND THEIR PARTNERS DISCUSS THE ROLES OF PUBLIC HEALTH IN POPULATION MENTAL HEALTH PROMOTION

**Presented by:** National Collaborating Centres for Public Health

Promoting mental health and wellbeing for all, preventing mental illness and addictions and intervening early is critical to achieving significant population-level impact for Canadians. The Canadian public health workforce's role in promoting mental health at a population level is fundamental but insufficiently supported or clarified. Recently, a national forum was hosted by the National Collaborating Centres for Public Health in collaboration with four partners, the Public Health Agency of Canada, the Mental Health Commission of Canada, the Centre for Addictions and Mental Health, and the Canadian Mental Health Association.

Participants in this session will learn about the forum, which brought together key stakeholders, including pan-Canadian public health practitioners, and will have the opportunity to discuss, support and clarify the role of public health in population mental health promotion, reflecting on their own practice and mechanisms to support involvement in population mental health. Participants will also hear the knowledge and expertise that was shared at the forum as highlights are presented from different partners' perspectives.

#### Learning Objectives:

- Recognize challenges and opportunities for public health practice in population mental health
- Establish public health's role through the lens and perspectives of various stakeholders.
- Appraise their own practice and mechanisms to support their and their organizations involvement in population mental health.

#### Workshop Facilitators:

Session presenters can respond to questions in either English or French.

Les présentateurs et présentatrices des séances peuvent répondre aux questions en français ou en anglais.

- Connie Clement, Scientific Director, National Collaborating Centre for Determinants of Health
- Bonnie Hastrawser, Manager, Prevention of Problematic Substance Use, Public Health Agency of Canada
- Tamar Meyer, Supervisor, Evidence Exchange Network, Provincial System Support Program, Centre for Addiction and Mental Health
- Francine Knoops, Senior Policy Advisor, Mental Health Commission of Canada
- Fardous Hosseiny, National Director Research and Public Policy from CMHA

#### Session Chair:

- Margaret Haworth-Brockman, Senior Program Manager, National Collaborating Centre for Infectious Diseases

10:30 - 11:15

REFRESHMENT BREAK WITH EXHIBITORS

SQUARE DORCHESTER/

10 h 30 à 11 h 15

PAUSE-RAFRAÎCHISSEMENTS AVEC LES EXPOSANTS

MONT-ROYAL A

Simultaneous interpretation will be available for this session.  
L'interprétation simultanée sera disponible pour cette séance.

## Welcome Remarks | Mot d'ouverture

- Isabella Danel, Deputy Director, PAHO/WHO
- Shannon Turner, Executive Director, Public Health Association of British Columbia
- Awards Presentation: NCCPH Knowledge Translation Graduate Student Awards

## MÉTIS NATION APPROACHES TO ADDRESSING HEALTH AND WELLNESS

The Métis Nation is actively addressing the health and wellness of Métis people and communities through evidence- and culture-based approaches. The Métis Nation is committed to improving health and wellness outcomes in collaboration with federal and provincial governments and other partners. The Canada-Métis Nation Accord provides a distinctions-based, nation-to-nation mechanism to effectively advance health and wellness through Métis governments.

In this plenary, participants will hear why Métis are a distinct culture and explore their holistic approach rooted in culture and history to promote health and wellness and reduce the burden of illness. Panelists will explore a Métis-specific health model, and how health and wellness is perceived in Métis communities. Participants will come away with culturally-informed strategies and actions that can help to promote Métis health and wellness and reduce health disparities in Canadian society.

## LES STRATÉGIES DE SANTÉ ET DE MIEUX-ÊTRE DE LA NATION MÉTISSE

La Nation métisse s'affaire activement à la santé et au mieux-être individuel et collectif des Métis au moyen de stratégies fondées sur les données probantes et la culture. Elle s'emploie à améliorer les résultats de santé et de mieux-être en collaboration avec le gouvernement fédéral, les gouvernements provinciaux et d'autres partenaires. L'Accord Canada-Nation métisse prévoit un mécanisme de nation à nation fondé sur les distinctions pour faire progresser efficacement la santé et le mieux-être par l'entremise des gouvernements métis.

Durant cette plénière, les participants entendront pourquoi les Métis constituent une culture distincte et exploreront leur approche holistique, ancrée dans la culture et l'histoire, pour favoriser la santé et le mieux-être et réduire le fardeau des maladies. Les panélistes discuteront d'un modèle de santé spécifiquement métis et des perceptions de la santé et du mieux-être dans la communauté métisse. Les participants y puiseront des stratégies et des interventions culturellement pertinentes pouvant favoriser la santé et le mieux-être des Métis et réduire les disparités de l'état de santé dans la société canadienne.

## Speakers | Orateur et oratrice

- Clément Chartier, President of the Métis National Council
- Clara Morin Dal Col, Métis National Minister of Health and President of Métis Nation British Columbia

## Moderator | Animateur

- Dale Drown, Chief Executive Officer, Métis Nation British Columbia



## DULUTH

Simultaneous interpretation will be available for this session.

### ADVANCES IN PUBLIC HEALTH RESEARCH ON GAMBLING: NAMING HARMS, MEASURING IMPACTS, PREVENTING AND CREATING SUPPORTIVE ENVIRONMENTS

#### LES AVANCÉES DE LA SANTÉ PUBLIQUE SUR LES JEUX DE HASARD ET D'ARGENT : NOMMER LES PRÉJUDICES, MESURER LES IMPACTS, PRÉVENIR ET AGIR SUR LES ENVIRONNEMENTS

Ce symposium offre un aperçu des avancées de la réflexion et de la recherche dans le domaine des jeux de hasard et d'argent (JHA). Nous présenterons la perspective du jeu préjudiciable (ou « harmful gambling »), développée simultanément au Québec et à l'international, qui se distingue des approches sociologiques ou médicales. Les travaux qui en découlent seront présentés; menés à l'aide de méthodes novatrices, ils illustrent les impacts des JHA sur la santé et la qualité de vie des populations et en révèlent les dimensions collective et environnementale.

Les participants profiteront donc de réflexions et de données de recherche éclairantes pour une meilleure prévention du jeu préjudiciable et la création d'environnements plus favorables. Ces réflexions sont susceptibles d'être appliquées dans leurs propres milieux de pratique et travaux sur l'étiologie, la commercialisation et la prévention d'autres produits à risque, notamment dans les nombreux travaux actuellement en cours sur le cannabis.

#### Objectifs d'apprentissage :

- Définir le concept du jeu préjudiciable, décrire les outils (recherche et surveillance) et les plus récents résultats obtenus avec cette nouvelle perspective.
- Dégager les impacts sanitaires potentiels du jeu dans certains sous-groupes de la population.
- Discuter des implications de la nouvelle perspective du jeu préjudiciable sur les normes sociales, la prise de décision, les interventions de santé publique et les politiques publiques.

#### Intervenants :

- Élisabeth Papineau, Chercheure, Institut national de santé publique du Québec
- Jean-François Biron, Agent de programmation, de planification et de recherche, Direction régionale de la santé publique, CIUSSS du Centre-Sud-de-l'Île-de-Montréal
- Éric Robitaille, Chercheur d'établissement, Institut national de santé publique du Québec

#### Président de la séance :

- Richard Lessard, Médecin consultant en santé publique, Direction régionale de la santé publique, CIUSSS du Centre-Sud-de-l'Île-de-Montréal



## LAURIER

### CPHA POLICY FORUM

The Policy Forum is an opportunity for participants to have direct influence on CPHA's policy initiatives. During this session, participants will be asked to provide comments on proposals that are currently under development. The results of the discussions will be used to adjust the proposals to better reflect participants' concerns before review and approval by CPHA's Board. Those who attend will receive written summaries of these subjects prior to Public Health 2018. The session will wrap up with a Rapid-Fire Policy Round, where participants will be given 30 seconds each to present one issue of particular interest to them.

13:30 - 15:15

CONCURRENT SESSIONS

13 h 30 à 15 h 15

SÉANCES SIMULTANÉES

## Learning Objectives:

- Explore CPHA's policy development process by participating in the development of alternatives for current initiatives.
- Describe current concerns of public health practitioners by helping to develop the Association's perspective on select initiatives.

## Speakers:

- Ian Culbert, Executive Director, CPHA
- Frank Welsh, Director of Policy, CPHA



## VIGER

### MEASUREMENT AS A TOOL TO DRIVE IMPROVEMENTS IN POPULATION HEALTH AND HEALTH EQUITY AT THE LOCAL LEVEL

**Presented by:** Canadian Institute for Health Information

The majority of Canadians live in cities, which have experienced rising income inequality. Come and hear about a new initiative exploring trends in inequalities in cities and how the use of this data has contributed to improvements in policy and practice. Learn about developments in health inequalities measurement and its practical application to your work.

The session will highlight collaborative work examining how socioeconomic inequalities in health vary across and within Canada's major cities. Understanding these differences supports policy development and planning to reduce inequalities and works toward achieving health equity. Measurement is key and this session will highlight CIHI's work on health equity stratifiers (age, sex, gender, income, education, and geographic location) and a measurement toolkit you can use to identify health inequalities across population sub-groups. The session will also demonstrate how health data can lead to collaboration between public health and urban planning sectors. This collaboration encourages more equitable and inclusive urban design, leading to improvements in population health and health equity.

## Learning objectives:

- Define the importance of data and measurement to identify and quantify inequalities as an important step for driving improvements in population health and health equity.
- List ways to apply best practice tools to health inequalities measurement.
- Describe how stakeholders from health and other sectors use health information to improve policy and practice.

## Speakers:

- Charles Plante, Postdoctoral Fellow, Urban Public Health Network (UPHN)
- Sara Grimwood, Program Lead, Canadian Population Health Initiative, CIHI
- Inge Roosendaal, Program Development Officer, Communication and Community Engagement, Ottawa Public Health
- Cory Neudorf, Medical Health Officer, Saskatoon Area, Saskatchewan Health Authority; Associate Professor, Department of Community Health and Epidemiology, College of Medicine, University of Saskatchewan

## Session Chair:

- Jean Harvey, Director, Canadian Population Health Initiative, Canadian Institute of Health Information (CIHI)

13:30 - 15:15

CONCURRENT SESSIONS

13 h 30 à 15 h 15

SÉANCES SIMULTANÉES



## VAN-HORNE

### ORAL PRESENTATION 14

- Infectious Questions – Lessons from a Canadian Public Health Podcast – [Margaret Haworth-Brockman](#)
  - Utilizing multi-media tools in Indigenous youth health and wellness promotion – [Gabriella Emery](#)
  - Impact evaluation: Reach and effectiveness of a mass media campaign promoting family meal planning to Canadian parents – [Melissa Fernandez](#)
  - The Use of Digital Marketing to Increase Understanding and Uptake of the new Canadian 24-Hour Movement Guidelines – [Rebecca Jones](#)
  - The Alcohol and Breast Cancer Connection: Exploring Messaging and Communication Channels that Resonate with Undergraduate Women – [Jane McCarthy](#)
  - Time to Get Checked! A publicly funded virtual clinic for sexually transmitted and blood-borne infections in British Columbia – [Mark Gilbert](#)
- 



## MANSFIELD/SHERBROOKE

### ORAL PRESENTATION 15

- First Nation parents' perceptions of a school nutrition policy – [Christina Davey](#)
  - Disparities in the availability of school-based health-promoting interventions in public schools in Québec: A preliminary analysis – [Hartley Dutczak](#)
  - A tailored physical education program enhances elementary students' attitudes, self-efficacy, and motivation to engage in physical activity – [Shannah Dutrisac](#)
  - Applying a complex systems lens to school food environments in Nova Scotia – [Jessie-Lee McIsaac](#)
  - Evaluating the implementation of the Ontario school food and beverage policy in Peel Region schools using the consolidated framework for implementation research: Qualitative results – [Renata Valaitis](#)
  - The Ontario school nutrition policy: Using concept mapping to guide co-creation of an evaluation agenda – [Michelle M. Vine](#)
- 



## CRESCENT

### ORAL PRESENTATION 16

- The Wequedong Lodge Cancer Screening Program: An opportunistic cancer screening pilot program in Northwestern Ontario – [Lauren Beach](#)
- Prevention System Quality Index: Health equity – [Marie Chu](#)
- Decision-makers' perspective on how to optimize the eventual implementation of a genetic risk stratification approach for breast cancer detection and prevention in Quebec – [Julie Hagan](#)
- Increasing cancer screening uptake in the Métis Nation of Ontario – [Laura Senese](#)
- The built environment and cancer prevention: A scoping review – [Alexander Wray](#)

13:30 - 15:15

CONCURRENT SESSIONS

13 h 30 à 15 h 15

SÉANCES SIMULTANÉES



## NOTRE-DAME/SAINT-DENIS

### ORAL PRESENTATION 17

- Educating a Workforce: "Building on Best Practice: Working through the Overdose Emergency" – [Kate Fish](#)
- Rapid implementation of enhanced opioid overdose surveillance in emergency departments in British Columbia – [Gillian Frosst](#)
- Opioids, Benzodiazepines (BZD) and Z-Drugs, Oh My! Alberta physicians' attitudes and opinions upon receipt of their MD Snapshot Personalized Prescribing Profile – [Nicole Kain](#)
- Patient-centred care for injectable opioid assisted treatment – [Kirsten Marchand](#)
- Investigation of sociodemographic and event factors preceding severe residential overdose events among males in Fraser Health, British Columbia, Canada, 2015-2017 – [Michelle Murti](#)
- Gender-informed and gender-transformative approaches to the opioid crisis: Implications for messages, practice and policy – [Rose Schmidt](#)



## SAINTE-CATHERINE

### ORAL PRESENTATION 18

- Defining public health systems – [Elizabeth Alvarez](#)
- High-performing public health teams in a complex health system – [Malcolm Steinberg](#)
- Supervisors: Facilitators of public health practice transformation – [Beverley Bryant](#)
- Supporting organizational change in public health – [Olivia Marquez](#)
- Organizational change readiness and resistance: Models, frameworks, and theories – [Kristin Read](#)
- Organizational stewardship and well-being: Implications for health promotion – [Leah Simpkins](#)



## SAINT-PAUL

### ORAL PRESENTATION 19

- L'itinérance au féminin : portrait de la complexité des trajectoires et des facteurs favorisant la transition vers la stabilité résidentielle – [Katherine Maurer](#)
- Événements météorologiques extrêmes associés aux changements climatiques : impacts psychosociaux négatifs sur les travailleurs du Québec – [Leylâ Deger](#)
- L'angle citoyen de la lutte à la facturation en santé : Agir politiquement sur un enjeu d'accès et d'équité en santé – [Geneviève McCready](#)
- L'évaluation de l'impact de la démarche ÉIS sur les processus décisionnels municipaux – [Kareen Nour](#)
- Évaluation des coûts de suivis de grossesse chez les femmes enceintes sans assurance médicale à Médecins du Monde – [Mike Okenge Shonda](#)
- L'évaluation d'impact sur la santé en Montérégie : un processus appuyé sur le courtage de connaissances – [Émile Tremblay](#)

15:15 - 15:45

REFRESHMENT BREAK

15 h 15 à 15 h 45

PAUSE-RAFRAÎCHISSEMENTS

SECOND FLOOR FOYER



## DULUTH

### CAN BIGGER AND BETTER DATA MAKE HEALTHIER CITIES?

This interactive symposium will stimulate dialogue and new thinking on how bigger and better data can be harnessed to guide decision-making, citizen engagement, and action on healthy, equitable cities. We will use a rapid, engaging presentation format known as Ignite (20 slides x 15 seconds) to engage researchers and knowledge users who bridge public health, geography, computer science, and urban planning. These thought leaders will offer diverse evidence and perspectives on the challenges and opportunities for using more precise and timely data to advance understanding and action on smart, sustainable, and healthy cities for all.

Through interactive discussion, participants will explore the tension between whether bigger data means better data and the potential for improved public health intelligence to inform and transform action on major urban health challenges.

#### Learning Objectives:

- Discover how data is being harnessed to guide decision-making, citizen engagement, and action on healthy, equitable cities.
- Explore the tension about whether bigger data means better data in a public health context.
- Assess the potential for more precise public health intelligence to inform and transform action on major urban health challenges.

#### Speakers:

Session presenters can respond to questions in either English or French.

Les présentateurs et présentatrices des séances peuvent répondre aux questions en français ou en anglais.

- Yan Kestens, CIHR Applied Public Health Chair in Urban Interventions and Population Health; Principal Scientist, Centre de recherche du Centre hospitalier de l'Université de Montréal (CRCHUM)
- Meghan Winters, Michael Smith Foundation for Health Research Scholar, Associate Professor, Faculty of Health Sciences, Simon Fraser University
- Daniel Fuller, Canada Research Chair in Population Physical Activity; School of Human Kinetics and Recreation, Memorial University
- Nazeem Muhajarine, Professor, Department of Community Health and Epidemiology, University of Saskatchewan; Director, Saskatchewan Population Health and Evaluation Research Unit
- Peter Marriott, Social Planning Analyst, City of Vancouver
- Madeleine Bird, PhD Candidate, École de santé publique, Université de Montréal
- Kevin Stanley, Associate Professor, Department Head, Department of Computer Science, University of Saskatchewan
- Louis Drouin, Médecin spécialiste en santé publique, CIUSS du Centre-Sud-de-l'Île-de-Montréal

#### Session Chair:

- Meredith Sones, Manager, Knowledge Mobilization - Interventions, Research, & Action in Cities Team (INTERACT); PhD student, Simon Fraser University



## SAINT-PAUL

### A CRITICAL DISCUSSION OF THE FUTURE OF HEALTH PROMOTION IN CANADA

This interactive symposium on the future of health promotion will highlight the relevance of health promotion in Canada in 2018 and beyond, the opportunities and challenges that may arise, and promising concrete future directions for health promotion in Canada.

This symposium will be particularly useful to those working in health promotion research and practice, as well as in policy and public health more broadly. Discussions will be inspired by the 4<sup>th</sup> edition of *Health Promotion in Canada*, released in November 2017.

#### Learning Objectives:

- Explore varying perspectives from a group of intergenerational and interdisciplinary health promotion actors in Canada.
- Examine the future relevance, directions, opportunities and challenges of the field of health promotion.
- Identify ways of addressing issues and taking advantage of opportunities to inform and advance the future of health promotion in Canada.

#### Speakers:

Session presenters can respond to questions in either English or French.

Les présentateurs et présentatrices des séances peuvent répondre aux questions en français ou en anglais.

- Trevor Hancock, Professor, School of Public Health and Social Policy, University of Victoria
- Marie-Claude Tremblay, Assistant Professor, Department of Family Medicine and Emergency Medicine, Université Laval
- Josée Lapalme, PhD candidate, School of Public Health, Université de Montréal
- Sume Ndumbe-Eyoh, Senior Knowledge Translation Specialist, National Collaborating Centre for Determinants of Health

#### Session Chair:

- Katherine Frohlich, Professor, Department of Social and Preventive Medicine, School of Public Health, University of Montreal; Researcher, Institute of Public Health Research, University of Montreal



## SAINTE-CATHERINE

### EDUCATION FOR RECONCILIATION: AN EXPERIENTIAL LEARNING EXERCISE AND TRANSFORMING EMPATHY TO SOCIAL ACTION

This workshop will draw upon decolonizing, Indigenous and engaged pedagogies to walk participants through an experiential learning exercise aimed at enhancing intercultural capacity, understanding, empathy and respect for the immediate and inter-/trans-generational impacts on Indigenous peoples' health. The experiential exercise is a 30-minute simulated walk-through of a series of colonial historical events that have impacted Indigenous peoples in Canada. The exercise engages participants in reflecting on their own experience in order to build empathy, understanding, and mutual respect, and encourages participants towards transformation and social action.

The experiential exercise is followed by 60 minutes of reflection, deconstruction and discussion of the exercise.



15:45 - 17:15

CONCURRENT SESSIONS

15 h 45 à 17 h 15

SÉANCES SIMULTANÉES

## Discussion topics include:

1. Identity: deconstructing racism, stereotypes and their impacts on health and well-being.
2. Grief and Loss: Inter-/trans-generational impacts of trauma.
3. Impacts of colonialism: power/powerlessness.
4. Indigeneity: resistance; reclaim, restore, revive and thrive; empowerment.
5. Reconciliation: moving forward together to improve the health and well-being of all.

## Applicability of the exercise:

- Builds personal intercultural understanding that can be applied when working with Indigenous populations in Canada.
- Transforms misconceptions/misunderstanding towards empathy and mutual respect, which can be applied to Culturally Safe Care.
- A lesson plan will be provided to all participants for those interested in conducting this exercise in their classrooms or institutions.

## Learning Objectives:

- Examine and transform intercultural understanding and understanding of how colonialism has impacted Indigenous people's health and well-being.
- Engage public health providers and researchers in a conversation on what reconciliation means to them.
- Plan and prepare public health instructors with an exercise that can be utilized in the classroom (or within their organizations) on education and reconciliation.

## Workshop Facilitator:

- Jennifer Leason, University of Calgary



## CRESCENT

### THE INTERNATIONAL FOOD POLICY STUDY: EVIDENCE ON POPULATION-LEVEL FOOD BEHAVIOURS TO EVALUATE POLICY IN CANADA, USA, UK, MEXICO AND AUSTRALIA

The symposium will present findings from the first annual wave of the IFP study. Findings will be presented on several policy-relevant domains, including patterns of dietary intake, food labelling, food environment and activity spaces, exposure to food marketing and sources of nutrition information, sugary drink consumption and perceptions, food security, and public support for food environment policy.

In each of these domains, evidence will be presented from Canada and comparisons will be made with other countries, with an emphasis on differences between countries with and without specific policy measures, such as sugary drink taxes or differences in food labelling. The symposium will discuss implications for Canadian food policies under development, as well as implications for evaluating population-level policies using online cohort studies and smartphone technology.

## Learning Objectives:

- Describe key food policies that are being developed in Canada, and describe policy-relevant evidence examining the impact of policy on consumer knowledge and behaviours and policy support.
- Identify novel food policies implemented in other Western countries and assess how Canada compares on policy-relevant outcomes.
- Illustrate research methodologies for conducting population-based studies examining the impact of food policies using quasi-experimental designs, as well as how novel technologies can be integrated into prospective cohort surveys.

15:45 - 17:15

CONCURRENT SESSIONS

15 h 45 à 17 h 15

SÉANCES SIMULTANÉES

## Speakers:

- David Hammond, University of Waterloo
- Christine White, University of Waterloo
- Rachel Acton, University of Waterloo
- Michael Widener, University of Toronto
- Monique Potvin Kent, University of Ottawa
- Christine Czoli, University of Ottawa
- Lana Vanderlee, University of Toronto
- Jasmin Bhawra, University of Waterloo

## Session Chair:

- Kim Raine, University of Alberta



## VIGER

### LEGALIZED CANNABIS: CHALLENGES AND OPPORTUNITIES FOR ENVIRONMENTAL HEALTH

Policy for cannabis legalization has been complicated by historical prohibition of this substance, which has hindered our ability to collect data and subsequently limited our understanding of its effects and consequences. In particular, environmental health perspectives are often lacking, as much of the available research focuses on clinical effects. Accordingly, new policy has relied heavily on “lessons learned” from other jurisdictions, parallels with tobacco and alcohol, and the precautionary principle. Above all, there is a recognized need for “agile” policy development as new data become available through legalization itself.

As such, public health professionals have an imperative to identify and exploit old and new sources of information to improve nascent cannabis policy. This session will focus on some of the practice challenges faced by environmental health professionals due to data gaps and the types of comprehensive, collaborative information-gathering necessary to fill these gaps and continually improve cannabis policy in Canada.

## Learning Objectives:

- Identify some of the key environmental health risks related to cannabis legalization, specifically in the phases of cultivation, processing, storage, and use.
- Distinguish and explain some of the complex practice challenges encountered by environmental public health professionals in the realms of clinical practice, health surveillance, and inspection.
- Explore some of the still-remaining data gaps and be able to identify new sources of information or evidence to inform subsequent policy improvements.

## Speakers:

- Fareen Karachiwalla, Associate Medical Officer of Health, Kingston, Frontenac and Lennox & Addington Public Health
- Darcy Garchinski, Director of Environmental Public Health (Edmonton Zone), Alberta Health Services
- Tom Kosatsky, Medical Director of Environmental Health Services, BC Centre for Disease Control; Scientific Director, National Collaborating Centre for Environmental Health

## Session Chair:

- Anne-Marie Nicol, Environmental Health and Knowledge Translation Scientist, National Collaborating Centre for Environmental Health; Associate Professor, Faculty of Health Sciences, Simon Fraser University



## NOTRE-DAME/SAINT-DENIS

### LEARNING THAT STICKS: TEAM SIMULATION TRAINING FOR PUBLIC HEALTH PROFESSIONALS

Public health often involves working with multi-disciplinary teams and across different sectors who frequently have limited experience working together. Cross-sectoral differences are compounded by the need to work by correspondence, in crisis and in fast-paced volatile situations to protect or promote global public health.

Experiential learning through simulations provides a safe environment where team members can work together to identify and overcome issues, apply new skills and knowledge, and ultimately perform more effectively in real-world situations. Participants will be introduced to the basic principles of experiential learning and simulation activities, and how Sims can contribute to improved team collaboration and functioning. Activities include developing a mock scenario, then presenting it to other participants, in order to receive constructive feedback and maximize the learning outcomes. The workshop will conclude with discussing how Sims could be applied to different areas of public health practice. The workshop was developed by the Global Health Sim team, including David Oldenburger (presenter), Thomas Piggott (presenter), Miranda Loutet, and Julie Zhang. Global Health Sim ([ghsim.com](http://ghsim.com)) is a Canadian non-profit organization that aims to improve global health collaboration through experience-based capacity-building activities for health professionals.

#### Learning Objectives:

- Discuss how to design and facilitate simulation exercises to enhance public health team functioning.
- Develop a simulation exercise on a topic relevant to public health.
- Present the simulation to peers in attendance at the workshop to receive critical feedback.

#### Workshop Facilitators:

- David Oldenburger, Operations, Global Health Sim; Registered Nurse and medic, Canadian Armed Forces
- Thomas Piggott, Chair, Global Health Sim; Resident Doctor, Public Health and Preventive Medicine, McMaster University



## MANSFIELD/SHERBROOKE

### REDUCING STIGMA THROUGH TRAUMA- AND VIOLENCE-INFORMED CARE: PRACTICAL APPLICATIONS IN FAMILY VIOLENCE, SEXUAL HEALTH AND HARM REDUCTION

Stigma negatively impacts health and well-being and is a significant barrier to the uptake of sexually transmitted and blood-borne infection (STBBI), sexual health and harm reduction services. Trauma- and violence-informed care (TVIC), which can be used to reduce stigma, has emerged from conceptual and empirical work in the area of health equity and trauma-informed practice in substance use and mental health settings, and draws attention to the impacts of both trauma (especially interpersonal violence) and structural violence.

During this interactive workshop for health and social services providers and leaders, participants will explore the relationship between trauma and stigma, and discuss the principles of TVIC in relation to individual provider and organizational practices. The Public Health Agency of Canada-funded VEGA Project, which integrated TVIC principles into its evidence-based guidance in family violence, will serve as a case example to promote participant reflection and dialogue on TVIC integration. Participants will engage in facilitated activities and discussions and leave with practical tools to build the skills needed for integration of TVIC in the areas of sexual health, harm reduction and STBBIs.

# WEDNESDAY, MAY 30 | MERCREDI 30 MAI

15:45 - 17:15

CONCURRENT SESSIONS

15 h 45 à 17 h 15

SÉANCES SIMULTANÉES

## Learning Objectives:

- Identify the negative impacts of trauma, stigma and discrimination on sexual health and harm reduction efforts in Canada and the harm they cause individuals and groups.
- Describe the core principles of TVIC and explain their application to complex topics, including family violence, sexuality, substance use and STBBIs.
- Determine how to integrate the principles of TVIC into participants' practice, using specific strategies at the individual provider and organizational levels.

## Workshop Facilitators:

- Rachel MacLean, Senior Project Officer, Canadian Public Health Association
- Marilyn Ford-Gilboe, Professor, School of Nursing, University of Western Ontario
- Colleen Varcoe, Professor, School of Nursing, University of British Columbia
- Nadine Wathen, Professor, Faculty of Information and Media Studies, University of Western Ontario



## VAN-HORNE

### TA SAANTII – MÉTIS HEALTH

**Presented by:** Métis National Council

Métis people make up 1/3 of the Aboriginal population in British Columbia. Recognized by the Métis National Council (MNC), the Provincial Government of British Columbia and the Federal Government of Canada, the Métis Nation British Columbia (MNBC) is the official governing body of the Métis in BC. MNBC is one of the five Governing Members of MNC and represents nearly 90,000 self-identified Métis people in British Columbia, of that, nearly 17,000 are provincially registered Métis Citizens with MNBC.

As assumptions are made that Métis people receive programming and services from the First Nations Health Authority, the session will explore the need to move away from subsuming Métis under First Nations/Aboriginal programming and policies. Health information on Métis will be shared as well as why there is a need for Métis-specific policy, programs and services in cultural safety training in British Columbia.

## Learning Objectives:

- Explore how Métis people are a distinct culture and describe the need to move away from classifying Métis under First Nations/Aboriginal programming and policies.
- Identify the importance of implementing Métis-specific policy, programs and services.
- Discuss ways to address culturally safe training and care of Métis people.

## Speakers:

- Tanya Davoren, RN, Director of Health, Métis Nation British Columbia
- Susie Hooper, Minister of Health, Métis Nation British Columbia

17:30 - 19:30

ANCILLARY EVENTS

[PRE-REGISTRATION REQUIRED]

**AGORA/CENTRE-VILLE 1<sup>ST</sup> FLOOR**

**DR. JOHN HASTINGS STUDENT AWARDS SESSION**

**TERRACE, 3<sup>RD</sup> FLOOR [SQUARE VICTORIA RAIN BACK-UP]**

**RURAL, REMOTE AND NORTHERN PUBLIC HEALTH NETWORKING RECEPTION**

# THURSDAY, MAY 31 | JEUDI 31 MAI

Sessions will be presented in the language as indicated by their respective titles.  
Les séances seront présentées dans la langue de leur titre.

8:30 - 10:30 Place du Canada	PLENARY III: HEALTH FOR ALL AND THE FUTURE OF PUBLIC HEALTH PLÉNIÈRE III : LA SANTÉ POUR TOUS ET L'AVENIR DE LA SANTÉ PUBLIQUE
10:30 - 12:15 Laurier/ Square Dorchester/ Mont-Royal A	POSTER PRESENTATIONS   PRÉSENTATIONS D'AFFICHES
12:15 - 13:00 Place du Canada	NETWORKING LUNCH   DÉJEUNER CONTACTS
13:00 - 14:30	CONCURRENT SESSIONS   SÉANCES SIMULTANÉES
Notre-Dame/ Saint-Denis	Adopting the federal government's sex- and gender-based analysis framework in public health policy: Examples from the field
Crescent	CPHA Presents: Children's unstructured play: From policy to practice
Van-Horne	Curing the Zombie City: Planning for healthy communities in the sprawling edges of Canadian cities
Viger	PHPC presents: Shaping the future of public health services
Mansfield/Sherbrooke	Sharing mite achimowin (Heart Talk): First Nations women's expressions on cardiovascular health
Duluth	PHAC presents: Upstream Prevention of Problematic Substance Use, DBJ Symposium on Public Health
Centre-Ville, 1 <sup>st</sup> Floor	Using experiential knowledge to improve mental health policies and interventions among vulnerable populations
14:45 - 16:30 Place du Canada	PLENARY IV: WAYS TO HEALTHY CITIES: BUILDING COMMUNITIES, FOSTERING INNOVATION, AND SUSTAINING A VISION PLÉNIÈRE IV : VERS LES VILLES SANTÉ : CONSTRUIRE DES COMMUNAUTÉS, FAVORISER L'INNOVATION ET MAINTENIR UNE VISION



Simultaneous interpretation will be available for this session.  
L'interprétation simultanée sera disponible pour cette séance.

## Welcome Remarks | Mot d'ouverture

- The Honourable Ginette Petitpas Taylor, Minister of Health
- Awards Presentation: CIHR-IPPH Trailblazer Award in Population and Public Health Research

## HEALTH FOR ALL AND THE FUTURE OF PUBLIC HEALTH

Public health service delivery has evolved over time from its original focus on the prevention of infectious disease. In the 1970s and 80s, the concepts embodied in the *Ottawa Charter for Health Promotion* sparked a renaissance in the organization and delivery of these services along with an increased emphasis on health equity as embodied in the clarion call of "Health for All."

During the 20<sup>th</sup> century, Canadians gained an average of 30 years of life; 25 of those years were attributable to advances in public health. These advances were generally the result of the intersectoral, multidisciplinary, collaborative approach core to a public health approach. Since it is unlikely that we will gain another 30 years of life over the next century, the question becomes, "How must public health services be structured to reduce persistent health inequities and improve population health outcomes, including quality of life, for *all* Canadians?"

The panelists will identify some specific principles, actions and themes that led to success over the past 25 years and will propose some principles for the future structure of public health services that will result in improved population health outcomes and health equity.

## LA SANTÉ POUR TOUS ET L'AVENIR DE LA SANTÉ PUBLIQUE

Les services de santé publique ont évolué depuis leur accent original sur la prévention des maladies infectieuses. Dans les années 1970 et 1980, les concepts enchâssés dans la *Charte d'Ottawa pour la promotion de la santé* ont donné lieu à une renaissance de l'organisation et de la prestation de ces services et à un intérêt accru pour l'équité en santé, proclamée dans l'appel en faveur de la « Santé pour tous ».

Au 20<sup>e</sup> siècle, les Canadiens et les Canadiennes ont gagné en moyenne 30 années de vie, dont 25 sont imputables aux progrès en santé publique. Ces progrès ont résulté pour la plupart de l'approche intersectorielle, pluridisciplinaire et concertée qui est au cœur de la démarche de santé publique. Comme il est peu probable que nous gagnerons 30 années de vie supplémentaires au cours du prochain siècle, une nouvelle question se pose : « Comment structurer les services de santé publique pour réduire les inégalités de santé persistantes et améliorer les résultats de santé, y compris la qualité de vie, de toute la population canadienne? »

Les panélistes décriront des principes, des interventions et des thèmes particuliers qui ont porté fruit au cours des 25 dernières années et poseront les principes de la structure future des services de santé publique susceptibles d'améliorer les résultats de santé des populations et l'équité en santé.

## Speakers | Orateurs et oratrices

- Marcia Anderson, Assistant Professor, Rady Faculty of Health Sciences, University of Manitoba
- Richard Massé, Directeur de santé publique, CIUSSS du Centre-Sud-de-l'Île-de-Montréal
- Shovita Padhi, Medical Health Officer, Fraser Health Authority

## Moderator | Animateur

- Cory Neudorf, Medical Health Officer, Saskatchewan Health Authority

10:30 - 12:15

POSTER PRESENTATIONS

LAURIER/SQUARE DORCHESTER/

10 h 30 à 12 h 15

PRÉSENTATIONS D'AFFICHES

MONT-ROYAL A

1. Mental health and caffeinated beverages: something to keep in mind – [Roshni Sandhu](#)
2. Help-seeking experiences among adults from diverse ethno-cultural backgrounds: Managing symptoms of depression, anxiety, and psychological distress in the Halifax Regional Municipality – [Jad Sinno](#)
3. Weight bias internalization: Sex differences and relationships with mental health – [Erica Szwimer](#)
4. Understanding the trend in psychiatric visits to the emergency department, 2008-2017 – [Denise Zabkiewicz](#)
5. The effectiveness of addictions interventions among the concurrent disorders population within correctional and forensic psychiatry systems – [Jasneet Kaur Dhaliwal](#)
6. Persuasion, marketization and building community capacity: Implementing a suicide prevention public health initiative – [Patti Ranahan](#)
7. Does cannabis use mitigate the effect of post-traumatic stress disorder on depression and suicide ideation? Preliminary observational evidence from a representative sample of Canadians – [Stephanie Lake](#)
8. Going beyond public health to support public health initiatives: Increasing mental health screening through partnerships and technology – [Meghan Brenner-Burgoyne](#)
9. E-Harm Reduction : Points de vue des jeunes et du terrain – [Anne Guichard](#)
10. Improving equitable participation of peers involved in harm reduction programs – [Lauren Clow](#)
11. Developing interactive case studies informed by experiences of people who use drugs to reduce stigma – [Sara Young](#)
12. Naloxone administrations by the BC Ambulance Service, 2010-2016 – [Sara Young](#)
13. Opioid-related harms in Canada – [Krista Louie](#)
14. Evaluation of British Columbia's Facility Overdose Response Box Program – [Sierra Williams](#)
15. Patterns of ambulance non-transport among illegal drug overdoses in British Columbia – [Sierra Williams](#)
16. Working with priority populations: Hamilton's supervised injection site needs assessment and feasibility study – [Elisa Berg](#)
17. Pan-Canadian trends in the prescribing of opioids, 2012 to 2016 – [Paul Sajan](#)
18. Are Canadian nurses ready for the legalization of recreational cannabis? – [Karey Shuhendler](#)
19. Are public health nurses in Ontario schools legally required? – [Dagmara Mroczkowska](#)
20. Perception of marijuana access among youth in the COMPASS study – [Amanda Stypulkowski](#)
21. Results from a pilot of the International Alcohol Control Study in Ontario: A focus on harms and attitudes – [Justin Lang](#)
22. Cardiorespiratory fitness is associated with physical literacy in a large sample of Canadian children aged 8 to 12 years – [Justin Lang](#)
23. Weight loss behaviours in children aged 8-10 years increases the risk of body dissatisfaction 2 years later – [Soren Harnois-Leblanc](#)
24. Weight loss behaviours and weight-related stress in children: Do they predict adiposity over 2 years? – [Soren Harnois-Leblanc](#)
25. Prevalence of children with special educational needs in Ontario and their developmental health at school entry – [Salmi Noor](#)
26. Support Matters: An opportunity to reinforce families through the development of social networks at physical activity programs for children with neurodevelopmental disabilities – [Michelle Chakraborti](#)
27. Utilisation et effets d'une plateforme web pour soutenir les parents d'enfants présentant des difficultés motrices – [Gabrielle Pratte](#)
28. L'impact des conditions de vie des mineurs étrangers non accompagnés sur leur santé physique et mentale à Paris : protocole pour une recherche mixte – [Lara Gautier](#)
29. Children's perspectives on barriers and enablers of bicycle helmet and booster seat use in Manitoba – [Caroline Piotrowski](#)

10:30 - 12:15

10 H 30 À 12 H 15

POSTER PRESENTATIONS

PRÉSENTATIONS D'AFFICHES

LAURIER/SQUARE DORCHESTER/

MONT-ROYAL A

30. An interrupted time series analysis of the effect of a new trampoline park on emergency department visits for trampoline-related falls in Saskatoon and surrounding areas – [Michael Schwandt](#)
31. A characterization of children's lunches at school in urban locations in Saskatchewan – [Tracy Everitt](#)
32. The importance of meeting dietary recommendations for mental health: A population-based prospective study of Canadian children – [Olivia K. Loewen](#)
33. Characteristics associated with juice intake in children 5-11 years of age – [Andrea Ziesmann](#)
34. Promoting healthy drinking habits in children: Results of the Healthy Kids Community Challenge – [Bridget Irwin](#)
35. Intake of sugar-containing beverages before 2 years of age is strongly associated with intake at 5-9 years of age – [Ruhi Kiflen](#)
36. SIDS in Alberta: A geospatial analysis of known risk factors in Aboriginal and non-Aboriginal communities – [Delshani Peiris](#)
37. Primary health care providers' perspectives on delivering care to newly arrived Syrian refugee women – [Ielaf Khalil](#)
38. Structural and social barriers to late termination of pregnancy care in Canada – [Tamar Austin](#)
39. Outdoor heat and risk of placental abruption – [Siyi He](#)
40. Effectiveness of education for health-care providers to improve rates of exclusive breastfeeding up to six months of age – [Giulia Zucal](#)
41. Organizational and community strategies to support exclusive and sustained breastfeeding: A systematic review of reviews to inform best practice guideline development – [Zainab Lulat](#)
42. Shifting the conversation: A collective responsibility for supportive breastfeeding environments – [Sionnach Lukeman](#)
43. Digital marketing to promote healthy weight gain among pregnant women in Alberta – [Jocelyn Graham](#)
44. Connecting with clients: Evaluating a parenting Facebook page – [Victoria Cole](#)
45. Social media and health promotion: Lessons from Tanzania – [Sajjad Fazel](#)
46. Promoting healthy hygiene practices in rural Guatemala – [Nancy McGee](#)
47. Innovative vaccine development in low-resource settings: An ethical perspective – [Machteld van den Berg](#)
48. A scoping review: understanding the Canadian dialogue on vaccine-injury compensation – [Sandani Hapuhenne](#)
49. User guide for big data in population and public health – [Hui Luan](#)
50. Ongoing invasive group A streptococcal infection outbreak in a homeless population in Montréal: interventions in collaboration with community partners – [Jacynthe Caron](#)
51. Government policy interventions to reduce human antimicrobial use: A systematic review – [Susan Rogers Van Katwyk](#)
52. Augmentation de la résistance à l'azithromycine chez *Neisseria gonorrhoeae* au Québec – [Brigitte Lefebvre](#)
53. Dépistage prénatal des infections à *Chlamydia trachomatis* (CT) et *Neisseria gonorrhoeae* (NG) : peut-on s'y fier pour cesser la prophylaxie oculaire aux nouveau-nés? – [Annie Claude Boulay](#)
54. Understanding the barriers to treatment adherence for individuals with latent tuberculosis infection: A systematic search and narrative synthesis of the literature – [Beverley Essue](#)
55. Community-based partnership for tuberculosis active case finding in Montréal – [Jessika Huard](#)
56. Investigating barriers to treatment adherence for latent tuberculosis: A multi-perspective qualitative study – [Debbie Milinkovic](#)
57. Évaluation d'une activité de formation sur la tuberculose offerte au personnel de santé de centres de détention provinciaux – [Nadine Sicard](#)
58. Formation des employés de parcs du Québec sur l'échantillonnage de tiques et la maladie de Lyme – [Karl Forest-Bérard](#)
59. Coughing at Attention! Adenovirus 4 outbreak at the Canadian Armed Forces recruit training centre – [Barbara Strauss](#)



10:30 - 12:15

10 H 30 À 12 H 15

POSTER PRESENTATIONS

PRÉSENTATIONS D'AFFICHES

LAURIER/SQUARE DORCHESTER/

MONT-ROYAL A

60. Measles immunization coverage in Saskatchewan – What barriers are there to achieving herd immunity threshold (92-95% coverage)? – [Marcus Ilesanmi](#)
61. The effect of timing of oseltamivir chemoprophylaxis in controlling influenza A H3N2 and influenza B outbreaks in long-term care facilities in Manitoba, Canada, 2014-2015 – [Davinder Singh](#)
62. Could the clinical impact of pneumococcal conjugate vaccines be predicted based on their serotype content? – [Shehzad Iqbal](#)
63. Looking beyond the number of serotypes: a modelling approach comparing current high-valent pneumococcal conjugate vaccines on public health outcomes – [Ashleigh McGirr](#)
64. Development of the HZ/su zoster subunit vaccine and implications for zoster prevention – [Robyn Widenmaier](#)
65. Chronic conditions among Canadian adults: A snapshot of national surveillance data – [Sharon Bartholomew](#)
66. The effects of ethnicity on incidence of pre-diabetes among immigrants living in low and high walkability in Southern Ontario – [Ghazal Fazli](#)
67. Anthropometric changes and risk of diabetes: Are there differences between men and women? A longitudinal study of Alberta's Tomorrow Project cohort – [Ming Ye](#)
68. The impacts of multi-morbidity and mental illness on emergency room admissions – [Myles Gaulin](#)
69. An environmental scan of small area analysis methods – [Brenda Lee](#)
70. Factors influencing medication use among individuals with multiple sclerosis – [Khrisha Alphonsus](#)
71. Associations between provider and hospital volumes and postoperative mortality following total hip arthroplasty in New Brunswick – [Philip Leonard](#)
72. The Canadian Primary Care Sentinel Surveillance Network Data Presentation Tool (CPCSSN-DPT) for Primary Care and Public Health Practice – [John A. Queenan](#)
73. Development and validation of a scale to measure compensatory behaviours – [Lisa Kakinami](#)
74. Aedes aegypti and Aedes albopictus in Windsor, Ontario: Harbingers of climate change in Canada? – [Mark P. Nelder](#)
75. Integrated and molecular approaches dedicated to Salmonella Heidelberg surveillance in Quebec – [Valentine Usongo](#)
76. The spatial evolution of chlamydia: Historical trends and predictive patterns – [Liam Rémillard](#)
77. Does context matter? Exploring the community-level risk factors that influence chlamydia incidence – [Liam Rémillard](#)
78. Neighbourhood environments, risk behaviours and HCV transmission among people who inject drugs in Montreal – [Nanor Minoyan](#)
79. Interventions de prévention des ITSS guidées par une cartographie (géolocalisation) des lieux de vulnérabilité aux ITSS – [Christelle Aïcha Kom Mogto](#)
80. Analysis of HIV/AIDS health promotion coverage of disabled people in Canadian newspapers and academic literature – [Syeda Farwa Naqvi](#)
81. Comparison of Depression in Sexual and Gender Minority Youth in Canada and the United States – [Sandra D'Souza](#)
82. Get Checked Online - Expanding an innovative online STBBI clinic on Vancouver Island for suburban and rural populations – [Dee Hoyano](#)
83. Nunatsiavut Sexual Health and Wellness Program – [Sylvia Doody](#)
84. The New Beginnings: Cote First Nations community-led outreach (on and off reserve) services addressing STBBIs prevention and mental health addictions in rural Saskatchewan – [Deborah Kupchanko](#)
85. Harm Reduction in Saskatchewan First Nation communities – [Deborah Kupchanko](#)
86. Mental health and substance use among an urban Indigenous population in Toronto, Canada – [Ragglan Maddox](#)
87. Engaging youth and learning from elders about Cree family values and traditional approaches to promoting non-violence in Eeyou Istchee – [Amanda Paleologou](#)
88. Addressing racism in healthcare through the Aboriginal Relationship and Cultural Competency courses – [Michelle Rand](#)

10:30 - 12:15

POSTER PRESENTATIONS

LAURIER/SQUARE DORCHESTER/

10 H 30 À 12 H 15

PRÉSENTATIONS D'AFFICHES

MONT-ROYAL A

89. Canadian medical schools: Summary of admissions and support programs for Indigenous students – [Nicole Doria](#)
90. Effectiveness of current curricula in adequately preparing Dalhousie University health professional students to work with Indigenous peoples – [Nicole Doria](#)
91. Lessons learned in operating a new urban Indigenous dental clinic – [Nancy Kennedy](#)
92. Impacts of climate-related decline of seafood harvest on nutritional status of coastal First Nations in British Columbia, Canada – [Lesya Marushka](#)
93. Our Health Counts Toronto – Using respondent-driven sampling to unmask census undercounts of an urban Indigenous population in Toronto, Canada – [Kristen O'Brien](#)
94. Exploring First Nation people's cardiac health disparities by investigating health and treatment outcomes among Manitoba index coronary angiogram recipients – [Annette Schultz](#)
95. A systematic review of resilience research among Indigenous youth in contemporary Canadian contexts – [Melody Rowhani](#)
96. Promoting resilience and positive mental health among Indigenous youth through community theatre – [Stephanie Montesanti](#)
97. Launch of a global knowledge translation and exchange platform for equity-focused health evidence and research – [Stephanie Montesanti](#)
98. Keeping up to date in a changing field: Strategies for continuous improvement of the Health Evidence™ registry – [Claire Howarth](#)
99. Getting the message out: A multipronged strategy for promoting new tools and resources to a public health audience – [Kristin Read](#)
100. #URWhatUTweat: The potential for social media to enhance higher education in public health – [Miriam Price](#)
101. Asking the “right” public health questions right – What about PICO? – [Beata Pach](#)
102. Evaluating researchers' knowledge, attitudes, and practices related to integrated knowledge translation in a biomedical study of food allergy – [Emily Shantz](#)
103. Supporting evidence-informed public health decision making in cancer prevention – [Emily Belita](#)
104. Evaluation of Ontario's online cancer risk assessment tool, My CancerIQ – [Mohammad Haque](#)
105. Burden of cancer caused by infections in Ontario – [Mohammad Haque](#)
106. Communicating a refined 3As smoking cessation model to healthcare providers in Ontario's Regional Cancer Centres – [Erin Cameron](#)
107. A systematic review of compliance with indoor tanning legislation – [Jessica Reimann](#)
108. A systematic review of the impact of indoor tanning legislation on youth – [Jessica Reimann](#)
109. Building lasting connections: Developing and implementing a student/trainee mentoring program – [Dan Johnson](#)
110. Targeting the campus community: A sexual assault awareness campaign – [Sara Bhatti](#)
111. Student-informed recommendations for reducing sugary beverage consumption at Simon Fraser University – [Marco Zenone](#)
112. Doing Health: Conceptualizing the experiences of health among postsecondary students – [Meghan Crouch](#)
113. La campagne de communication multimédia WIXX et la pratique d'activités physiques chez les jeunes Québécois – [Ariane Bélanger-Gravel](#)
114. La diversité corporelle : Soutenir pour mieux intervenir – [Karine Chamberland](#)
115. Promoting healthy body images in populations: does body-related dissatisfaction influence reactions to Quebec's Charter for a Healthy and Diversified Body Image? – [Farah Islam](#)
116. Food preparation and purchase locations among young people in five major Canadian cities – [Danielle Wiggers](#)
117. Nutrition facts table and knowledge of the percent daily value – [Brittany Cormier](#)
118. Transforming hospital retail food in Eastern Ontario – [Laurie Dojeiji](#)

# THURSDAY, MAY 31 | JEUDI 31 MAI

10:30 - 12:15

POSTER PRESENTATIONS

LAURIER/SQUARE DORCHESTER/

10 H 30 À 12 H 15

PRÉSENTATIONS D'AFFICHES

MONT-ROYAL A

119. The Costco effect: Exploring outshopping in rural retail food environment activity space exposures – Catherine Mah
120. Let's F.A.C.E. the facts on food insecurity: A strategy for mobilizing evidence on the cost of food – Meredith Sones
121. Canadians' beverage consumption: Analyses of 2004 and 2015 national dietary intake data – David Hammond
122. Shaping sleep-related behaviours to improve health outcomes in the population – Monica Augustyniak
123. Lessons from sodium and trans fat reduction efforts: Analysis of Canadian nutrition policy processes – Lesley James
124. Lessons learned through transformation: A case study of PHAC's multi-sectoral partnership initiative for chronic disease prevention – Lee Johnston
125. Applying a systems approach to chronic disease prevention in communities: An Australian story – Therese Riley
126. The Business of Sustainability: A Canadian professional association case study – Cheryl Armistead
127. A pilot study to explore the cost-benefit, cost-effectiveness, and employee well-being associated with the use of fitness trackers as an intervention in the workplace (hospital) – Kelly-Jo Gillis
128. How to use competency frameworks – Doina Malai
129. Are health equity impact assessments the answer? – Michelle Kilborn
130. Health inequity in circulatory disease mortality in British Columbia (BC), 2009-2013 – Diana Kao
131. Trends in socioeconomic inequalities in Ischemic Heart Disease, 2000-2012 – Brendan Smith
132. Meeting end-of-life needs of older gbMSM with an Inverted SES Model of Health Promotion – Kirk Furlotte
133. The importance of analyzing gender in government health and social policies: Heart disease and stroke implications – Harsha Kasi Vishwanathan
134. Understanding women's trajectories through homelessness – Katherine Maurer
135. L'angle citoyen de la lutte à la facturation en santé : agir politiquement sur un enjeu d'accès et d'équité en santé – Geneviève McCready
136. Bien communiquer, ça fait aussi partie des soins! – Marie-Michèle Mantha
137. Barrières et éléments facilitant les capacités en évaluation des organismes communautaires du Québec – David Buetti
138. Making climate change meaningful: A narrative model for engagement – Rachel Malena-Chan
139. Age-friendly, veteran-friendly communities – Linda MacLean
140. Assessing well testing behaviours and determinants among private well owners in Southern Ontario (2012-2016) – Shahryar Qayyum
141. Water testing for the people: Implementing a portable device to monitor microbial hazards in recreational water amongst citizen scientists – Sydney Rudko
142. Assessing the micro-scale environment using Google Street View: The Virtual Systematic Tool for Evaluating Pedestrian Streetscapes (Virtual-STEPS) – Madeleine Steinmetz-Wood
143. Le Téléphone santé : une technologie prometteuse pour joindre les personnes vulnérables à la chaleur et au smog – Isabelle Tardif
144. Whither climate change and health? A research agenda to assess the resilience of the Canadian health care system to the (health) impacts of climate change – Susan Elliott
145. Public and health professional opposition to community water fluoridation: An investigation of trust and perceived risk in the context of new, local research findings – Katrina Fundytus

12:15 - 13:00

NETWORKING LUNCH

12 h 15 à 13 h

DÉJEUNER CONTACTS

PLACE DU CANADA



## NOTRE-DAME/SAINT-DENIS

### ADOPTING THE FEDERAL GOVERNMENT'S SEX- AND GENDER-BASED ANALYSIS FRAMEWORK IN PUBLIC HEALTH POLICY: EXAMPLES FROM THE FIELD

Although the Government of Canada has had a long-standing commitment to sex- and gender-based analysis (SGBA) dating back to 1995, the application of SGBA+ in the development and evaluation of public health policies is quite variable. Applying SGBA+ to policy development is important because women, men and gender-diverse people can experience the same health issue differently, or a health condition may have varying impacts on diverse populations.

SGBA+ enhances policy development in public health by guiding the gathering of information and analysis needed to inform the best public health decisions. As such, SGBA+ is an important consideration for public health, particularly in relation to the Canadian public health policy context in addressing complex public health issues.

The symposium will provide participants with concrete information on the utility of SGBA+ for public health policy development and evaluation. Drawing from specific examples in the field of public health, participants will learn how to apply SGBA+ to their day-to-day public health research, policy and practice settings.

#### Learning Objectives:

- Define the policy relevance of SGBA+ measures in relation to a variety of pressing public health issues.
- Apply the principles of SGBA+ to examples of 'wicked' problems.
- Create an action plan for the further incorporation of SGBA+ into participants' public health practice.

#### Speakers:

- Lorraine Greaves, Senior Investigator, Centre of Excellence for Women's Health
- Nancy Poole, Director, BC Centre of Excellence for Women's Health
- Sara Torres, Assistant Professor of Social Work, Dalhousie University

#### Session Chair:

- Jacqueline Gahagan, Professor of Health Promotion; Interim Director, HAHP; Interim Assistant Dean, Faculty of Health, Dalhousie University



## CRESCENT

### CHILDREN'S UNSTRUCTURED PLAY: FROM POLICY TO PRACTICE

Play is an integral part of every child's healthy development and is embedded in Article 31 in the Convention on the Rights of a Child. Children and youth need time, appropriate space and opportunity to engage quality unstructured, child-led play. Children, however, are moving less, sitting more, and have more limits placed on them in and outside of school. Meanwhile, the prevalence of poor mental health and the use of mental health services have increased among Canadian children and youth.

CPHA, with the generous support from the Lawson Foundation, has been investigating the decision-making barriers to accessing unstructured play in school and municipal settings. This session will provide an overview of these barriers in Canada, with a comparison to the progress other countries have made in providing access to quality play environments. An overview of CPHA's work on developing a toolkit that supports play-related decision-making will be shared. Participants will be challenged to identify how the identified barriers can be addressed in order to make Canada more play-friendly.

## Learning Objectives:

- Define the benefits of unstructured play for healthy child development.
- Explore decision-making barriers to providing access to this type of play in school and municipal settings.
- Identify solutions that address barriers to making Canada play-friendly.

## Speaker:

- Frank Welsh, Director of Policy, Canadian Public Health Association
- 



## VAN-HORNE

### CURING THE ZOMBIE CITY: PLANNING FOR HEALTHY COMMUNITIES IN THE SPRAWLING EDGES OF CANADIAN CITIES

“Zombie” cities – places with the same light industrial and office parks – are a necessary land use to support the consumption habits and workplace needs of large Canadian cities. This workshop is intended to provide a practical and interactive setting for public health practitioners to learn about the challenges of planning for healthy communities in these zombie cities. Participants will learn about how the transition from a primarily manufacturing-based economy to service and knowledge-based industries presents an opportunity to construct healthier workplace communities.

The workshop invites all participants to learn about the techniques, skills, and theories urban planners use to design complete communities. The facilitators will guide participants through a “charrette” activity to redesign an average suburban industrial and office park for better health outcomes within a set of realistic zoning and budgetary restrictions. This is a hands-on session open to those of all skill levels and backgrounds, using LEGO™ and other aids.

## Learning Objectives:

- Apply healthy community principles and best practice in planning to a realistic urban planning challenge.
- Identify key opportunities for public health professionals to engage in industrial and office location competitions.
- Learn about and experience an alternative design-based approach to coalition and consensus building for public health and allied professions.

## Workshop Facilitators:

- Alexander Wray, Research Assistant, University of Waterloo School of Planning
- 



## VIGER

### SHAPING THE FUTURE OF PUBLIC HEALTH SERVICES

**Presented by:** Public Health Physicians of Canada

Building on the principles identified in the plenary discussion, Health for All and the future of public health, this workshop will delve deeper into the question of how to ensure that health systems are reducing persistent health inequalities and improving population health outcomes in the current climate of health system restructuring across Canada. Four public health leaders will share their perspectives on advocating for public health within health services restructuring. Participants will be asked to share ideas and best practices in breakout groups, focusing on how to best collect data to measure the success of public health systems and identifying who the national players are and what role they should play.

## Learning Objectives:

- Discuss the best practices to advocate for public health during health system reform.
- Analyze strategies for balancing integration of community services without eroding public health.
- Assess the types of data required to measure the success of public health systems.

## Speakers:

- Shovita Padhi, Medical Health Officer, Fraser Health
- Gaynor Watson-Creed, Deputy Chief Medical Officer of Health, Nova Scotia Health Authority
- Richard Musto, Chair-Elect, Canadian Public Health Association
- Claire Betker, President-Elect, CAN; Director, Population Health & Health Equity, Manitoba Health

## Session Chair:

- Cory Neudorf, Lead Medical Health Officer, Saskatoon Area, Saskatchewan Health Authority



## MANSFIELD/SHERBROOKE

### SHARING MITE ACHIMOWIN (HEART TALK): FIRST NATIONS WOMEN'S EXPRESSIONS ON CARDIOVASCULAR HEALTH

As Indigenous people around the world know, research is a messy and complicated space. In particular research done on (as opposed to with) Indigenous peoples informs the creation of additional colonizing structures through new policy or programs, particularly within health and social care fields. Once data is collected from Indigenous people, sense making and translation is often devoid of Indigenous perspectives or worldviews. When this happens, knowledge or evidence that emerges to inform healthcare practices and programs has been produced outside of, and without a relationship with, Indigenous peoples and knowledge. In this symposium, we reflect upon a community-based digital storytelling study that used oral history and arts-based research approaches to explore culturally-rooted knowledge of heart health among First Nations women.

Panelists will share a project of how Indigenous cultures and languages centred the research, resources, education and knowledge translation. Panelists will provide reflections of how public health knowledge production and translation done by First Nations communities, and is inclusive of Indigenous voices, knowledge and worldviews holds promise to transform public health policies and practices (i.e., culturally safe and trauma informed care).

## Learning Objectives:

- Re-conceptualize First Nations women's expressions of cardiovascular health knowledge.
- Reconsider what successful models for sharing First Nations public health knowledge and experiences with mainstream health professionals look like, and how to implement these.
- Envision new frameworks for engaging First Nations in the dissemination of health information.

## Speakers:

- Lorena Fontaine, Associate Professor, Indigenous Studies, MA Indigenous Governance, University of Winnipeg
- Annette Schultz, Associate Professor, College of Nursing, Rady Faculty of Health Sciences, University of Manitoba
- Roberta Stout, Research Associate, National Collaborating Centre for Aboriginal Health

## Session Chair:

- Donna Atkinson, Manager, National Collaborating Centre for Aboriginal Health



## DULUTH

Simultaneous interpretation will be available for this session.  
L'interprétation simultanée sera disponible pour cette séance.

### UPSTREAM HEALTH PROMOTION APPROACHES TO ADDRESS SUBSTANCE USE, *DBJ SYMPOSIUM ON PUBLIC HEALTH*

**Presented by:** Public Health Agency of Canada

With the pending legalization of cannabis, the ongoing opioid crisis and the impacts of alcohol, it is becoming increasingly pressing to turn our attention to upstream determinants to address substance use.

This workshop will explore the latest evidence and practices to enhance protective factors such as resilience, social connections, and childhood attachment. Participants will hear from diverse perspectives of those who have undertaken primary prevention initiatives, to those that have seen the downstream connections between substance use and social determinants of health. This session will both showcase solutions and explore new ideas to support all children and youth to reach optimal health.

#### Learning Objectives:

- Define the current evidence base, key gaps in knowledge and identify opportunities to accelerate upstream health promotion efforts to address substance use in Canada.
- Discuss experiences with effective approaches and implications for policy and practice.

#### Opening Remarks | Mot d'ouverture

- David Butler-Jones, Canada's First Chief Public Health Officer

#### Speakers | Orateurs et oratrices

- Rebecca Haines-Saah, Assistant Professor, Department of Community Health Sciences, Cumming School of Medicine, University of Calgary
- Alexandra de Kiewit, Vice President, Canadian Association of People Who Use Drugs
- Gilles Julien, Social Pediatrician and Executive Director of the Dr. Julien Foundation
- Richard Massé, Chief Medical Officer of Health, Direction de santé publique, Centre intégré universitaire de santé et services sociaux, Centre-Sud-de-l'Île-de-Montréal

#### Moderator | Animatrice

- Theresa Tam, Chief Public Health Officer, Public Health Agency of Canada

### APPROCHES DE PROMOTION DE LA SANTÉ EN AMONT POUR VISER LA CONSOMMATION DE SUBSTANCES, *SYMPOSIUM DE DBJ SUR LA SANTÉ PUBLIQUE*

**Présenté par :** Agence de la santé publique du Canada

Avec la légalisation prochaine du cannabis, la crise actuelle des opioïdes et les répercussions de l'alcool, il est de plus en plus pressant d'étudier les déterminants en amont afin de viser la consommation de substances.

Dans le cadre de cette séance, les participants se pencheront sur les dernières données probantes et des pratiques pour améliorer les facteurs de protection, comme la résilience, les relations sociales et le sentiment d'attachement durant l'enfance. Ils découvriront également le point de vue d'intervenants ayant entrepris des initiatives de prévention primaire et de ceux qui ont observé les liens en aval entre la consommation de substances et les déterminants sociaux de la santé. Finalement, ils en apprendront davantage sur les solutions à ces problèmes et étudieront de nouvelles idées dans divers domaines aider tous les enfants et les jeunes à atteindre une santé optimale.

#### Objectifs d'apprentissage :

- Identifier les données probantes actuelles, les lacunes des connaissances principales et cerner les possibilités d'accélérer les efforts de promotion de la santé en amont pour viser la consommation de substances au Canada.
- Discuter des expériences avec des approches efficaces et des implications pour la politique et la pratique.



## CENTRE-VILLE, 1<sup>ST</sup> FLOOR

### USING EXPERIENTIAL KNOWLEDGE TO IMPROVE MENTAL HEALTH POLICIES AND INTERVENTIONS AMONG VULNERABLE POPULATIONS

The World Health Organization defines health as a “state of complete physical, mental and social well-being”. However, in a recent systematic review of community engagement interventions to reduce health inequalities, only three out of the 319 interventions reviewed focused on mental health. Furthermore, the population approach to health prevention appears to create an “inequality paradox” exacerbating social health inequalities. Innovative strategies common to community psychology could be harnessed in public health to enhance equality in health.

In this session, an introduction will detail the concepts of mental health promotion, vulnerable populations and experiential (or lay) knowledge. Three presentations will then illustrate concrete examples by describing studies using peer research and mutual knowledge sharing, walk-along interviews, and the Photovoice method. A collective exercise inspired by group-level assessment will enable participants to reflect on how to integrate such innovative methods in their practice as public health professionals.

#### Learning Objectives:

- Describe the added value of experiential (or lay) knowledge of vulnerable populations in mental health prevention.
- Determine the pros and cons of innovative methods focused on experiential (or lay) knowledge in public health practice.
- Discuss the possibilities of integrating aspects of the innovative methods presented in one’s public health practice.

#### Speakers:

- Simon Coulombe, PhD, Professor, Department of Psychology, Wilfrid Laurier University
- Janie Houle, PhD, Professor, Department of Psychology, Université du Québec à Montréal
- Kadia Saint-Onge, PhD candidate, Université du Québec à Montréal
- Stephanie Radziszewski, PhD candidate, Université du Québec à Montréal

#### Session Chair:

- Janie Houle, PhD, Professor, Department of Psychology, Université du Québec à Montréal

Downtown Montréal in spring | © Tourisme Montréal, Stéphan Poulin



Simultaneous interpretation will be available for this session.  
L'interprétation simultanée sera disponible pour cette séance.

## WAYS TO HEALTHY CITIES: BUILDING COMMUNITIES, FOSTERING INNOVATION, AND SUSTAINING A VISION

There is increasing recognition that cities have a key role to play to improve society's health, equity, and sustainability. Important investments in infrastructure and built environments, at both local and regional levels, offer great opportunities for shaping local environments and designing urban systems that are conducive to citizen engagement and community building, sustainable environmental, economic and social conditions, and improved population health for all. Meanwhile, novel sensor networks, wearables, or social media generate increasing volumes of high-velocity 'big data' that document movements and interactions within cities and populations. Such data further pushes innovation – from new citizen science to artificial intelligence – possibly contributing to shaping tomorrow's smart, resilient, sustainable and healthy cities.

This plenary session will explore current and future challenges and opportunities in our collective role to shape cities towards sustainability and health. We will hear from three panelists about how communities develop and grow, about how urban changes can serve as natural experiments to generate new evidence, and about how political decision-making can contribute to fostering intersectoral collaboration and innovation to tackle the future of cities and societies. If the current alignment in priorities suggests readiness for successful transformations, there is also an underlying sense of complexity – and emergency – that renders the creation of truly healthy and sustainable cities an important but exciting challenge that this plenary session will help us embrace!

### Speakers | Orateurs et oratrices

- Evelyne de Leeuw, Professor, Centre for Primary Health Care and Equity, Faculty of Medicine, University of New South Wales
- Yan Kestens, Chaire Interventions Urbaines et Santé des Populations; Professeur agrégé, Département de médecine sociale et préventive, École de Santé Publique, l'Université de Montréal
- Marianne Giguère, Conseillère de la Ville (De Lorimier); Conseillère associée au comité exécutif en matière de transport actif et de développement durable
- Christian Savard, Directeur général, Vivre en Ville

### Moderator | Animateur

- Theresa Tam, Chief Public Health Officer, Public Health Agency of Canada

## VERS LES VILLES SANTÉ : CONSTRUIRE DES COMMUNAUTÉS, FAVORISER L'INNOVATION ET MAINTENIR UNE VISION

Il est de plus en plus admis que les villes ont un rôle essentiel à jouer dans l'amélioration de la santé, de l'équité et de la durabilité dans la société. Les grands investissements dans les infrastructures et les milieux bâtis, que ce soit à l'échelle locale ou régionale, sont d'excellentes occasions de façonner les environnements locaux et de concevoir des systèmes urbains propices à la mobilisation citoyenne et au développement communautaire, à la durabilité des conditions environnementales, économiques et sociales et à l'amélioration de la santé des populations pour tous. Entre-temps, les innovations dans les réseaux de capteurs, les dispositifs portables et les médias sociaux génèrent des volumes croissants de « mégadonnées » à grande vitesse qui décrivent les déplacements et les interactions à l'intérieur des villes et des populations. Ces données favorisent elles-mêmes les innovations – des nouvelles sciences citoyennes à l'intelligence artificielle –, et il n'est pas exclu qu'elles contribuent à façonner les villes intelligentes, résilientes, durables et saines de demain.

Cette plénière porte sur les défis et les possibilités actuels et futurs de notre rôle collectif dans l'avènement de villes durables et saines. Trois panélistes expliqueront que les communautés grandissent et se développent, que les changements du milieu urbain peuvent servir d'expériences dans les conditions naturelles pour générer de nouvelles données probantes, et que les décisions stratégiques peuvent favoriser la collaboration intersectorielle et l'innovation, lesquelles détermineront l'avenir des villes et des sociétés. Si l'alignement actuel des priorités indique que nous sommes prêts pour des transformations fructueuses, il existe aussi un sentiment sous-jacent de complexité – et d'urgence – qui fait de la création de villes vraiment saines et durables un défi majeur, mais très prometteur, que cette plénière nous aidera à relever!

# AWARDS PROGRAM | PROGRAMME DES PRIX

## R.D. DEFRIES AWARD

Dr. Richard Massé has devoted the majority of his career to public health.

From 1998 to 2003, he was Québec's National Director of public health and Assistant Deputy Minister of Québec's Department of Health and Social Services. From 2003 to 2008, he was Chief Executive Officer of the Institut national de santé publique du Québec, Québec's national public health institute, and then the first Director of the University of Montréal's School of public health from 2008 to 2011.

From 2007 to 2010, he was also a consultant to the Chief Public Health Officer of Canada for the preparation of annual reports to Parliament and the public at large. From 2007 to 2013, he was a founding member of the Board of Directors of Ontario Public Health. He has also been a member and Chairman of the Research Advisory Committee of the Canadian Institutes of Health Research's Institute of Population and Public Health from 2009 to 2014.

As Montréal's Director of Public Health, he emphasized two priorities – reducing social inequalities in healthcare and in chronic disease prevention. He contributed to improving public health outcomes by directing works leading to Québec's Public Health Act – one of the first in Canada – making Québec, a pioneer in health-promotion matters. He also led the work that gave birth to Québec's first, national public-health programme, paving the way to a healthier and more-equitable Canada.

To Dr. Massé, prevention, health promotion and social justice are of the utmost importance. He emphasizes the development of public policies that promote health, in particular by assessing their impacts on health. Dr. Massé contributes to building a world of health and justice through the steps he undertakes on a daily basis.

## R.D. DEFRIES AWARD



Richard Massé

Le docteur Richard Massé a consacré la plus grande partie de sa carrière à la santé publique.

De 1998 à 2003, il a été Directeur national de santé publique du Québec et sous-ministre adjoint au Ministère de la santé et des services sociaux du Québec. De 2003 à 2008, il devient président-directeur général de l'Institut national de santé publique du Québec, puis premier directeur de l'École de santé publique de l'Université de Montréal de 2008 à 2011.

De 2007 à 2010, il a aussi été expert-conseil auprès de l'administrateur en chef de la santé publique au Canada pour l'élaboration de ses rapports annuels au parlement et à la population. De 2007 à 2013, il est membre fondateur du conseil d'administration de Santé publique Ontario. Il a aussi été membre et président du comité consultatif sur la recherche de l'Institut de recherche en santé publique et des populations des Instituts de recherche en santé du Canada de 2009 à 2014.

Directeur de santé publique de Montréal, il met l'emphase sur deux priorités soit : la réduction des inégalités sociales de santé et la prévention des maladies chroniques. Il a contribué à rehausser la santé de la population en dirigeant les travaux menant à la Loi sur la santé publique au Québec — l'une des premières au Canada — faisant du Québec un pionnier en matière de promotion de la santé. Il a également mené les travaux donnant naissance au premier Programme national de santé publique du Québec, jetant les bases d'un Canada plus sain et plus équitable.

Pour le docteur Massé, la prévention, la promotion de la santé, et la justice sociale sont d'une importance capitale. Il privilégie le développement de politiques publiques favorables à la santé, notamment par l'évaluation de leurs impacts sur la santé. Le docteur Massé contribue à bâtir un monde de santé et de justice par les actions qu'il pose au quotidien.

# AWARDS PROGRAM | PROGRAMME DES PRIX

## HONORARY LIFE MEMBERSHIP

Les nombreuses réalisations de D<sup>r</sup> Isra Levy couvrent toute l'étendue du travail en santé publique : de l'élaboration de politiques pour la santé aux mesures et interventions d'urgence. En tant que médecin-chef d'Ottawa de 2008 à 2017, il a fait preuve d'un leadership exemplaire en aidant la ville à passer à travers la pandémie de grippe H1N1, en élargissant la loi sur les espaces sans fumée et, dernièrement, en guidant l'action de la santé publique locale dans la crise des opioïdes.

Sa contribution la plus durable, bien qu'invisible au public, aura peut-être été d'améliorer les résultats organisationnels et la qualité de la pratique en santé publique. D<sup>r</sup> Levy comprend très bien la force d'une organisation de santé publique efficace lorsqu'il s'agit de créer des communautés plus saines, plus sûres et plus dynamiques. Il a favorisé une culture de gouvernance et de gestion responsables au sein de Santé publique Ottawa et misé sur des partenariats locaux vigoureux pour atteindre des objectifs communs.

Reconnu comme un chef de file du domaine, il fait généreusement bénéficier ses collègues de la santé publique provinciale et du reste du Canada de son savoir et de ses apprentissages expérientiels. Il est à la fois un enseignant et un modèle à émuler pour de nombreux étudiants et jeunes professionnels de diverses disciplines de la santé publique, faisant montre d'humilité dans son leadership, de réflexivité dans sa pratique et de sérieux dans sa méthode de résolution de problèmes. Son autodérision et son humour pince-sans-rire vont certainement nous manquer dans les cercles locaux de la santé publique lorsqu'il poursuivra le travail de sa vie en jouant un rôle national à la Société canadienne du sang.

## MEMBRE HONORAIRE À VIE



Isra Levy

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# AWARDS PROGRAM | PROGRAMME DES PRIX

## RON DRAPER HEALTH PROMOTION AWARD

Dr. Billie Thurston has long dedicated her professional life to health promotion practice and research. Prior to her academic career, she worked in addictions and family and children's services, including time spent as director of a shelter for women escaping abusive relationships in St. John's, NL. Her commitment to women's health promotion shaped her early research interests and she went on to build a long academic career in gender equity, social justice and health policy.

Dr. Thurston has greatly contributed to health promotion theory, research and practice in the prevention of gender-based interpersonal violence against women through the health sector. In leadership roles at the University of Calgary, Dr. Thurston strived to promote gender equity in the workplace, and was part of a team that conducted a trial in three Canadian universities to design and deliver sexual assault prevention education. She was the director of the Office of Gender and Equity in the Faculty of Medicine (1996-99) where she created programs to ensure a climate of fairness and equity, addressing sexual harassment, and improving employment equity.

Before retiring, Dr. Thurston's research examined Indigenous health issues, including a national study on youth resilience, best practices in addressing intergenerational trauma, and urban Indigenous homelessness.

Dr. Thurston's work extends beyond Canada as she spent more than a decade advancing the health promotion of women and communities internationally. She was a part of an international research team examining women's participation in family and domestic violence health policy development in five countries: Canada, Australia, Bangladesh, Thailand and Afghanistan. Dr. Thurston supported health promotion education and community development in collaboration with the Catholic University of Health and Allied Sciences in Mwanza, Tanzania.



Wilfreda Enid Thurston

## PRIX RON DRAPER EN PROMOTION DE LA SANTÉ

Billie Thurston a longtemps consacré sa vie professionnelle à la pratique et à la recherche dans le domaine de la promotion de la santé. Avant sa carrière universitaire, elle a travaillé en toxicomanie et dans les services à la famille et à l'enfance, notamment comme directrice d'une maison de refuge pour les femmes fuyant des relations de violence à St. John's (T.-N.-L.). Ses premiers sujets de recherche ont été inspirés par sa passion pour la promotion de la santé des femmes; par la suite, elle a bâti une longue carrière universitaire sur l'équité entre les sexes, la justice sociale et les politiques sanitaires.

M<sup>me</sup> Thurston a beaucoup contribué à la théorie, à la recherche et à la pratique de la promotion de la santé pour la prévention de la violence interpersonnelle envers les femmes par le biais du secteur de la santé. Dans des rôles directeurs à l'Université de Calgary, elle s'est efforcée de promouvoir l'équité entre les sexes en milieu de travail; elle a participé à une équipe qui a mené un essai dans trois universités canadiennes pour concevoir et exécuter des mesures de sensibilisation à la prévention des agressions sexuelles. Comme directrice du Bureau de la parité entre les sexes de la Faculté de médecine (1996-1999), elle a créé des programmes pour assurer un climat d'impartialité et d'équité, lutter contre le harcèlement sexuel et améliorer l'équité en matière d'emploi.

Avant sa retraite, M<sup>me</sup> Thurston a étudié la problématique de la santé autochtone, notamment en menant une étude nationale sur la résilience chez les jeunes, les pratiques exemplaires pour aborder les traumatismes intergénérationnels et l'itinérance autochtone en milieu urbain.

Son travail a dépassé les frontières du Canada : elle a consacré plus de 10 ans à la promotion de la santé des femmes et des communautés à l'étranger. Au sein d'une équipe de recherche internationale, elle a examiné la participation des femmes à l'élaboration de politiques sur la violence familiale et domestique dans cinq pays : le Canada, l'Australie, le Bangladesh, la Thaïlande et l'Afghanistan. Elle a également soutenu l'enseignement de la promotion de la santé et le développement communautaire en collaboration avec l'Université catholique de la santé et des sciences connexes à Mwanza, en Tanzanie.

# AWARDS PROGRAM | PROGRAMME DES PRIX

## THE R. STIRLING FERGUSON AWARD

When it comes to employing environment codes and standards for the good of public health, Dr. Jake Pauls is the pre-eminent voice in North America, if not the world. Dr. Pauls has nearly five decades of research, consulting, advocacy, teaching and codes/standards development experience directly related to built environment usability and safety (e.g., fire and building codes). He excels at bridging among ergonomics, public health and development of codes and standards for built environment usability and safety. He serves on 15 national committees in the USA and Canada, developing safety standards and model building codes. He also has strong links with leading researchers plus others contributing to and advocating for improved safety, standards and codes in Europe, Asia and Oceania.

Dr. Pauls has raised the visibility of this oft-overlooked critical determinant of public health, and led the fight for improved building and fire codes. His advocacy before the Canadian Commission on Building and Fire Codes, the National Fire Protection Association plus the International Code Council — the latter two being the code developing organizations in the USA — has led to major revisions in large building evacuation facilities and their management; stairway dimensions, lighting plus handrails; and provision of grab bars in bathrooms, which reduce risks of injuries to all, whether in home or large public settings. His five decades of work on the movement of crowds, and related large facility standards, led to a first in this field, conferring of an HonDSc, in 2017, by the world center for such work, the University of Greenwich.



Jake Pauls

## PRIX R. STIRLING FERGUSON

Jake Pauls est le principal chantre de l'utilisation des normes et des codes environnementaux dans l'intérêt de la santé publique en Amérique du Nord, et probablement au monde. Ses près de 50 ans d'expérience en recherche, en consultation, en représentation, en enseignement et en élaboration de codes et de normes sont directement liés à l'utilisabilité et à la sécurité du milieu bâti (comme les codes du bâtiment et de prévention des incendies). Il n'a pas son pareil pour rapprocher l'ergonomie, la santé publique et l'élaboration des codes et des normes afin de renforcer l'utilisabilité et la sécurité du milieu bâti. Il siège

à 15 comités nationaux des États-Unis et du Canada qui élaborent des normes de sécurité et des codes du bâtiment modèles. Il entretient aussi des rapports étroits avec des chercheurs de pointe et d'autres acteurs qui assurent ou préconisent l'amélioration de la sécurité, des normes et des codes en Europe, en Asie et en Océanie.

Jake Pauls a rehaussé la visibilité de ce déterminant essentiel, mais souvent négligé, de la santé publique et mené le combat pour améliorer les codes du bâtiment et de prévention des incendies. Ses plaidoyers devant la Commission canadienne des codes du bâtiment et de prévention des incendies, la National Fire Protection Association et l'International Code Council — les deux derniers étant les organismes d'élaboration des codes aux États-Unis — ont mené à des révisions majeures dans les installations d'évacuation des grands bâtiments et la gestion de ces installations; dans les dimensions, l'éclairage et les mains courantes des escaliers; et dans la présence de barres d'appui dans les salles d'eau, lesquelles réduisent le risque de blessures pour tous les utilisateurs, que ce soit dans les habitations ou les lieux publics. Ses 50 ans de travail sur le mouvement des foules, et les normes connexes pour les grandes installations, lui ont valu un honneur jamais encore octroyé dans ce domaine : un doctorat ès sciences honoraire décerné en 2017, par l'Université de Greenwich, le centre mondial pour ce type de travaux.

# AWARDS PROGRAM | PROGRAMME DES PRIX

## DR. JOHN HASTINGS STUDENT AWARDS SESSION

The Dr. John Hastings Student Award is named in honour and memory of Dr. Hastings and his commitment to and belief in students as the future of public health in our country. CPHA identified 10 of the top-rated student abstract submissions to be presented at this special session, where they will be judged by a panel of reviewers and conference participants. The award is valued at \$1,000. The winner will also receive a free CPHA membership.

## SÉANCE DE REMISE DU PRIX DES ÉTUDIANTS JOHN-HASTINGS

Le Prix des étudiants John-Hastings est nommé en l'honneur et à la mémoire du Dr Hastings et de son engagement envers les étudiants, qu'il considérait comme étant l'avenir de la santé publique dans notre pays. Pour cette séance spéciale, l'ACSP a identifié les 10 résumés étudiants les plus méritoires, qui seront évalués par un jury d'évaluateurs et de participants de la conférence. Le prix est d'une valeur de 1 000 \$. Le lauréat ou la lauréate recevra aussi une adhésion étudiante gratuite à l'ACSP.

- A Tailored Physical Education Program Enhances Elementary Students' Attitudes, Self-Efficacy, and Motivation to Engage in Physical Activity – **Shannah Dutrisac**, University of Saskatchewan
- An assessment of the retail food environment in a functional region of Northern British Columbia, Canada – **Rebecca Hasdell**, Dalla Lana School of Public Health
- The importance of meeting dietary recommendations for mental health: A population-based prospective study of Canadian children – **Olivia Loewen**, University of Alberta
- Precipitation, demographics and built environment features are associated with sedentary behaviour in 9-14-year-old children—the longitudinal study on Seasonality and Saskatoon Kids (SASK) – **Larisa Lotoski**, University of Saskatchewan
- Opportunity costs: Underemployment, a determinant of mental health inequities between immigrant and Canadian-born labour force participants – **Farah N. Mawani**, Dignitas International
- Neighbourhood environments, risk behaviours and HCV transmission among people who inject drugs in Montreal – **Nanor Minoyan**, Université de Montréal
- SIDS in Alberta: A Geospatial Analysis of Known Risk Factors in Aboriginal and Non-Aboriginal Communities – **Delshani Peiris**, University of Calgary
- The spatial evolution of chlamydia: Historical trends and predictive patterns – **Liam Remillard**, KFL&A Public Health, Queen's University
- Let's F.A.C.E the facts on food insecurity: A strategy for mobilizing evidence on the cost of food – **Meridith Sones**, Simon Fraser University
- Perception of marijuana access among youth in the COMPASS study – **Amanda Stypulkowski**, McMaster University

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# AWARDS PROGRAM | PROGRAMME DES PRIX

## CIHR-IPPH TRAILBLAZER AWARD IN POPULATION AND PUBLIC HEALTH RESEARCH

The CIHR-IPPH Trailblazer Award in Population and Public Health Research is a career achievement award that recognizes exceptional contributions in the area of population and public health research. Applicants must have made substantial impacts on the field of population health and its use in policy and/or practice in Canada and/or internationally. The award also recognizes the leadership, mentorship, and innovative contributions of the recipients.

### Early Career:



**Kevin Shield**, Centre for Addiction and Mental Health (CAMH), Dalla Lana School of Public Health - University of Toronto

### Mid-Career:



**Janet Smylie**, Well Living House Applied Research Centre - St. Michael's Hospital, Dalla Lana School of Public Health - University of Toronto

### Senior Career:



**Noni MacDonald**, Dalhousie University, IWK Health Centre

## PRIX DU PIONNIER EN SANTÉ PUBLIQUE ET DES POPULATIONS DE L'ISPP DES IRSC

Le Prix du pionnier en santé publique et des populations de l'ISPP des IRSC est un prix d'excellence de carrière qui reconnaît les contributions exceptionnelles dans le domaine de la recherche en santé publique et en santé des populations. Les candidats doivent avoir exercé un impact considérable dans le domaine de la recherche en santé des populations et de son application aux politiques ou aux pratiques au Canada ou à l'étranger. Ce prix récompense aussi le leadership, le mentorat et les contributions innovatrices.

## NCCPH KNOWLEDGE TRANSLATION GRADUATE STUDENT AWARDS

The objective of the NCCPH Knowledge Translation Awards is to recognize the work of graduate students in Canada.



**Paige Colley**, PhD Student, Health and Rehabilitation Science, Western University

## LES PRIX D'APPLICATION DES CONNAISSANCES DES CCNSP POUR ÉTUDIANTS DES CYCLES SUPÉRIEURS

L'objectif de ces Prix est de reconnaître le travail d'étudiants et d'étudiantes des cycles supérieurs en matière d'application des connaissances en santé publique au Canada.



**Sydney P. Rudko**, PhD Student, School of Public Health, University of Alberta



**Julia Santana Parrilla**, Masters Student, School of Population & Public Health, University of British Columbia

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