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Canadian Public Health Association 2012 Annual Conference

Public Health in Canada: Creating and Sustaining Healthy Environments

Shaw Conference Centre, Edmonton, Alberta • June 11-14, 2012

In collaboration with the:

- ✦ Canadian Institute for Health Information – Canadian Population Health Initiative
- ✦ Canadian Institutes of Health Research – Institute of Population and Public Health
- ✦ National Collaborating Centres for Public Health
- ✦ National Specialty Society for Community Medicine
- ✦ Public Health Agency of Canada

In association with the Alberta Public Health Association

CALL FOR ABSTRACTS

The Conference Steering Committee invites submissions for oral and poster presentations.

Submissions

Online submission system is now open.

Deadline for submissions:

Friday, December 2, 2011

DISPONIBLE EN FRANÇAIS



conference.cpha.ca

Collaborators



The **Canadian Public Health Association (CPHA)** is the national, independent, not-for-profit, voluntary association, representing public health in Canada with links to the international public health community. CPHA's members believe in universal equitable access to the basic conditions which are necessary to achieve health for all Canadians.

CPHA is pleased to host its 2012 Annual Conference in collaboration with:



Canadian Institute for Health Information (CIHI) – Established in 1994, CIHI is an independent, not-for-profit corporation that provides essential information on Canada's health system and the health of Canadians. Funded by federal, provincial and territorial governments, CIHI is guided by a Board of Directors made up of health leaders across the country. CIHI's vision is to help improve Canada's health system and the well-being of Canadians by being a leading source of unbiased, credible and comparable information that will enable health leaders to make better-informed decisions. Through their Canadian Population Health Initiative (CPHI), CIHI aims to foster a better understanding of factors that affect the health of individuals and communities, and to contribute to the development of policies that reduce inequities and improve the health and well-being of Canadians.



Canadian Institutes of Health Research – Institute of Population and Public Health (CIHR-IPPH) – The vision of the IPPH is to be recognized as a world-class institute that demonstrates excellence, innovation, and leadership in the generation and application of population and public health evidence to improve health and promote health equity in Canada and globally. IPPH is one of 13 institutes of the CIHR, Canada's major federal funding agency for health research. CIHR's mandate is to excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products and a strengthened Canadian health care system.



National Collaborating Centres
for Public Health
Centres de collaboration nationale
en santé publique

The **National Collaborating Centres (NCCs) for Public Health** promote and improve the use of scientific research and other knowledge to strengthen public health practices and policies in Canada. The six Centres are located across Canada, with each focusing on a different priority area: aboriginal health, environmental health, infectious diseases, healthy public policy, determinants of health and methods and tools. The NCCs translate existing knowledge to produce and exchange relevant, accessible, and evidence-informed products with practitioners, policy makers and researchers. The Centres identify knowledge gaps to highlight areas where research is needed. They also foster and promote networks to facilitate the exchange of knowledge between the public health community, researchers and other actors. The NCCs are funded by the Public Health Agency of Canada.



The **National Specialty Society for Community Medicine (NSSCM)** represents the interests of Royal College community medicine specialists and public health physicians in Canada. The NSSCM promotes the inclusion of a population and public health perspective in the development and implementation of health policy. The mission of the NSSCM is to establish and promote Canadian Community Medicine Specialists as recognized and respected leaders in health protection and promotion, and disease and injury prevention.



Public Health
Agency of Canada

Agence de la santé
publique du Canada

The **Public Health Agency of Canada (PHAC)** serves to promote and protect the health of Canadians. As the federal government's lead on public health, PHAC pursues a vision of healthy Canadians and communities in a healthier world. PHAC is led by the Chief Public Health Officer, who reports to and advises the Minister of Health and communicates with Canadians on public health matters.

This conference is presented in association with:



The **Alberta Public Health Association (APHA)** is a voluntary, non-profit organization that preserves and promotes public health in Alberta through education, collaboration and advocacy. The APHA seeks to empower its members and engage decision-makers and partners to improve health and reduce health inequities in the province.

Public Health in Canada

Creating and Sustaining Healthy Environments

“Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. ... The overall guiding principle for the world, nations, regions and communities alike, is the need to encourage reciprocal maintenance – to take care of each other, our communities and our natural environment.”

– The Ottawa Charter for Health Promotion, 1986

Public health and environmental health professionals, researchers, policy-makers, academics and students from across the country and around the world will meet in Edmonton, Alberta for the 2012 Annual Conference of the Canadian Public Health Association.

In 1990, CPHA’s membership approved a motion declaring the Association’s concern for the global environment as an issue with serious public health implications. The membership subsequently requested that the Association form a task force to prepare a report on the human health implications of global ecological change. Released in 1992, the task force report “Human and Ecosystem Health: Canadian Perspectives, Canadian Action” was based on the concept of sustainable development and improved health at a global and national level. The final section of the report laid out a strategic framework for addressing the threats to ecosystem and human health and what could be done by public health.

Two decades after the release of this report, the CPHA 2012 Annual Conference will explore the role of public health in creating and sustaining a diverse range of healthy environments using the following tracks:

- ✦ Built Environment;
- ✦ Economics & Development;
- ✦ Ecosystem Health;
- ✦ Leadership & Communications; and
- ✦ Society & Culture.

Public health is based on the premise that we should anticipate and act to prevent health problems, protect people from health hazards and promote health and well-being. Conference presenters will be encouraged to showcase accomplishments and to challenge delegates to identify required actions and solutions.

Conference Objectives

- ✦ To put forward the latest research, programs, approaches and policies proven to have a positive impact on environmental conditions affecting health.
- ✦ To profile successful strategies, policies and initiatives aimed at safeguarding or improving environmental conditions at the local, regional, provincial/territorial, national and global levels.
- ✦ To provide networking and knowledge exchange opportunities for those with an interest in public health and/or the environment including those who work in research, those who devise and implement policy, and those who advocate and act across a wide range of disciplines.

Learning Objectives

On completion of their participation in the CPHA 2012 Annual Conference, delegates will be able to:

- ✦ identify public health/environmental health trends and emerging issues;
- ✦ articulate the current status of public health/environmental health research, policy and practice;
- ✦ utilize effective research-based education programs and health promotion practices;
- ✦ evaluate strategies for knowledge translation;
- ✦ develop and access a network of colleagues and partners for initiating or expanding public health initiatives; and
- ✦ For students: become actively engaged in a community of public health/environmental health professionals and learn more about the wide range of public health careers available.

Scientific Program

The scientific committee of the CPHA 2012 Annual Conference encourages the submission of abstracts for presentations that:

- ✦ identify innovative research, programs, approaches and policies that help maintain and improve environmental health conditions;
- ✦ demonstrate collaboration and engagement across sectors, whole-of-government approaches, and community and civil society partnerships; and
- ✦ address future health human resource requirements by creating an interest in and sense of excitement about population and public health careers, and by nurturing a new generation of public health practitioners who have the knowledge and skills to innovate.

Conference Tracks

The Conference Steering Committee has developed the following conference tracks that look at five core aspects of environmental health and the role of public health in creating and sustaining healthy environments. These tracks underscore the vital connections between research, policy and practice and suggest the integrated actions required to take evidence-based action when addressing the needs of communities.

The Conference Steering Committee encourages submissions that address these areas and may also address cross-cutting themes such as: life stages, Aboriginal (First Nations, Inuit and Métis) and Indigenous peoples, immigrant populations, disadvantaged populations, mental health, equity, measuring the health of the environment and how we measure progress, and environmental justice.

Built Environment

Different aspects of the built environment are gaining attention among the complex web of interconnected factors that influence health. We now recognize that land use and infrastructure, neighbourhood design and housing, as well as traditional and active modes of transportation all contribute to the health and vitality of the communities in which we live, work, learn and play. We are also learning to understand the differences between rural, urban and suburban built environments and the unique needs of each of these communities. Adopting more thoughtful land use practices and implementing infrastructure design that considers issues such as walkability, active transportation, sustainability, air pollution, traffic congestion, crime, land values and legislation will help to address a multitude of population and public health issues including homelessness, obesity, cardiovascular disease and asthma. Recognizing and responding to the health impacts of our built environment is critical to building healthy and sustainable communities in Canada.

Economics & Development

The health impacts of economic, political and social environments are well established. We can no longer ignore the influence of globalization and of social, economic, political and cultural systems on access to society's resources and, by extension, health status. There is a need to make explicit the factors that work together to create and sustain marginalization, disparity and inequalities related to health. Society's increasing focus on globalization, production, wealth and consumption has intensified inequalities and led to the social exclusion of many. Ideologies that view low socioeconomic status as the failure of individuals to thrive in capitalist societies ignore the role that unequal life opportunities play in perpetuating these outcomes.

Ecosystem Health

The rapid increase in the human population places extreme demands on our earth and is altering terrestrial and marine ecosystems globally. These changes, along with the impact of climate change, are having detrimental effects on ecosystem and human health, effects that are likely to worsen in the future. There is an urgent need to change the way we look at creating and sustaining healthy environments. Access to safe food, clean water, land and air is an increasing challenge globally, as is disease regulation of vectors, pests and pathogens.

Leadership & Communications

Vital to building a strong and sustainable public health system and advancing the role of public health in times of both calm and crisis is the need to recruit and support public health leaders and to use their collective knowledge and experience. Strong public health leaders must have a wide array of skills, including the ability to: position public health internally and externally; recognize the importance of and enhance the public health organizational culture; provide coordinated leadership among diverse populations, disciplines and sectors; use innovative communication strategies; and be prepared to communicate to the public about health promotion, risks to the population's health, and how to respond in public health emergency situations. The fields of environmental public health, health advocacy, and social marketing provide some cues on how to successfully frame the public health message and ensure that it is heard.

Society & Culture

Now more than ever, we understand that health and well-being are associated with the social and cultural conditions that surround us but lie outside the realm of traditional health systems. Social exclusion and discrimination directed at individuals and groups in society have serious consequences for health, while traditional cultural beliefs and practices are gaining recognition as potentially health protective for many groups. In a world in which individualistic tendencies have increased, social capital and social support are also neglected but vital components of healthy societies. Health literacy and a range of other factors related to society and culture also impact health both in proximate terms and from a life course perspective.

Conference Presentations

Abstracts accepted for the CPHA 2012 Annual Conference may be presented in the form of either an Oral or Poster Presentation. Submission of an abstract implies the submitter's agreement to register for the conference, pay the appropriate conference registration fee, and make this presentation as scheduled.

Oral presentations

Oral presentations will focus on issues related to research, practice and policy. **Each presentation will be 10 minutes in length followed by a 5-minute discussion period.**

Poster presentations

Each poster will be displayed Tuesday–Thursday. Presenters will be asked to be available at their posters at designated times during the conference to answer questions. Posters may include photographs, statistical tables, figures, charts or other graphic material relevant to the project. The abstract should address: purpose of the study, methods or approach, and findings.

Abstract content

- ✦ Research and policy-based abstracts should include: project objectives, methods or approach, results and conclusions.
- ✦ Practice-based abstracts should include: project objective, target groups, activities and deliverables.
- ✦ Initiatives that bridge research, policy and/or practice perspectives are particularly encouraged.

Guidelines for Online Abstract Submission

- ✦ Each individual may submit a maximum of two (2) abstracts as Presenting Author. As a co-author, a person can be included on a maximum of two (2) additional submissions.
- ✦ All abstracts must be submitted electronically by completing the online submission form at <http://register.cpha.ca/AbstractSubmission>
- ✦ Use short, specific titles and standard abbreviations.
- ✦ Select the Conference Track that is addressed by your abstract.
- ✦ The submitting author certifies that all co-authors agree to submit the abstract.
- ✦ Submissions **MUST NOT** exceed 250 words (excluding title).
- ✦ The abstract document **MUST NOT** contain authors' names.
- ✦ The abstract document **MUST BE in WORD.doc format**. Any other file type **CANNOT** be accepted.
- ✦ Deadline for abstract submission is **Friday, December 2, 2011**.
- ✦ After you complete your submission, you will receive an e-mail that confirms your submission was successfully received.
- ✦ Keep a copy of your abstract submission for your records.

Conflict of Interest

To ensure balance, independence, objectivity and scientific rigor, you must disclose any conflict(s) of interest that may have a direct bearing on the subject matter of your presentation. This includes relationships with any company whose products or services are related to the subject matter of your presentation. This policy is not intended to prevent a presentation and the information you disclose will not influence the review of your abstract.



Selection Criteria & Review Process

Abstracts will be peer reviewed according to:

- ✦ Relevance to overall conference theme, objectives and conference tracks;
- ✦ Potential for advancement of advancement of population and public health research, policy and/or practice;
- ✦ Clarity, originality and quality of content.

All abstracts will be reviewed against seven criteria. CPHA reserves the right to revise the criteria as necessary.

Each criterion is assigned a score using a scale of 1 to 6. All criteria are weighted equally.

1. The objectives are clearly described and appropriate.
2. The methods/target groups are clearly described and appropriate.
3. The results/activities are clearly described and appropriate.
4. The conclusions/deliverables are relevant and appropriate for the advancement of population and public health research, policy and/or practice.
5. The relevance to the specified conference track and overall conference theme *"Public Health in Canada: Creating and Sustaining Healthy Environments"*.
6. The abstract is relevant to public health practice in Canada.
7. The abstract represents original research or a novel concept.

The Scientific Review Committee reserves the right to determine if there is sufficient balance across conference tracks to ensure that all conference objectives are met. The Committee also reserves the right to accept only one (1) abstract per presenter.

Abstract Acceptance

- ✦ Final decisions regarding acceptance of abstracts and presentation format will be made by the Scientific Subcommittee.
- ✦ Submitters will be notified of abstract selection by January 26, 2012. All communication will be with the presenting author as indicated on the submission.
- ✦ Successful presenters must confirm their intent to participate by registering and submitting the appropriate program registration fee by April 9, 2012 in order to be included in the conference program.
- ✦ Due to time constraints in the scientific program, only one (1) author will be permitted to present the accepted submission. All correspondence will be forwarded to the presenting author only.



Presentation Guidelines

- ✦ An LCD data projector, microphone, computer (PC), screen and an audio-video connection are included as part of the standard audio visual package in each session room. Additional equipment will be at the presenter's expense.
- ✦ PowerPoint presentations for oral presentations must be submitted electronically to the CPHA-assigned Presentation Management Provider in advance of the conference. Additional information about this process will be provided to successful presenters.
- ✦ Accepted abstract submissions will be posted on the CPHA conference website. Consent by the presenting author, on behalf of all authors, is assumed to post the abstract and PowerPoint presentation.

Example Abstract Submissions

- ✦ Research and policy-based abstracts should include: project objectives, methods or approach, results and conclusions.
- ✦ Practice-based abstracts should include: project objective, target groups, activities and deliverables.
- ✦ Initiatives that bridge research, policy and/or practice perspectives are particularly encouraged.

EXAMPLE 1

From Modal Shift to Multi-modal Transportation: Complexity of Transportation Behaviours Associated with Implementation of the BIXI Public Bicycle Share Program in Montreal

Objective:

The purpose of this study was to examine and discuss self-report transportation behaviours of users of a newly implemented public bicycle share program in Montreal called BIXI (Bicycle-taXI) and to examine transportation consequences of the BIXI program.

Methods:

A population-based sample of adults participated in a telephone survey. The sampling plan involved random digit dialing for individuals residing on the Island of Montreal and 25% oversampling of telephone numbers where BIXI was available. Data was collected October 8th to December 12th 2009. The response rate was 34.6%. The sample included 2502 adults (Mean age=44.4 years, 58.5% female). Percentages of BIXI users and sustainable transportation modes were computed.

Results:

Results showed that 6.5% (n=163) of respondents had used BIXI at least once. Users predominantly shifted their primary mode of transportation to BIXI use from public transportation (42%). Nine percent shifted from motor vehicle use. Thirty three percent of BIXI users integrated public transportation into their trips. Non users of the BIXI program (n=2339) reported that the program had encouraged them to increase the number of trips they made by bicycle (3.6%).

Conclusions:

Results indicated that the effect of the BIXI intervention was complex. Users tend to shift from other sustainable modes of transportation. Only 9% shift away from motor vehicles. However, multi-modal trips may confound modal shift results. A potential positive consequence of the program is a small increase in cycling among non BIXI users. The BIXI intervention showed changes in sustainable transportation which may have cumulative population health benefits.

EXAMPLE 2

Using Electronic Feedback Reporting to Support Clinicians' Ability to Understand and Improve Population Patient Care in Primary Health Care

Objective:

The Canadian Institute for Health Information (CIHI) collaborates with clinicians, researchers and jurisdictions to improve the use of electronic medical records (EMRs) for patient care, quality improvement and practice management. CIHI's Quality Management Improvement Compass (QMIC) enables clinicians to generate dynamic reports and evidence out of their EMRs to evaluate effectiveness, access, and outcomes of care for their patient population.

Target Groups:

Primary health care (PHC) clinicians, researchers, policy makers, research funders and program decision-makers.

Activities:

In response to the information needs of clinicians and in consultation with an interdisciplinary team of experts and future users of the tool, CIHI designed the QMIC tool.

As a result, five quality improvement dimensions of care were identified: effectiveness, access, service utilization, care coordination and efficiency. The QMIC comparative reports provide aggregate and patient level information on clinical measures such as modifiable risk factors, medication use, blood pressure and diagnostic lab results.

Deliverables:

- An interactive, electronic quality improvement tool used to inform and improve population patient care in primary health care.
- A qualitative evaluation of the effectiveness of this electronic tool based on user's perceptions of the benefits to patient care and clinical practice.
- Lessons learned that will inform other quality initiatives aimed at transforming practice to evidence to practice.

EXAMPLE 3

Improving Global Health Aid Effectiveness Through an Understanding of Informal and Formal Assistance Experiences of Bangladeshi Ultrapoor Female Heads of Household

Objective:

To examine the experience of formal and informal assistance related to health needs of ultrapoor Bangladesh female heads of household in order to better understand why formal government and non-governmental health improvement efforts in Bangladesh frequently fail to reach those living in extreme poverty.

Methods:

We conducted individual ethnographic interviews with 43 ultrapoor Bangladeshi female heads of household and inquired about suggestions for helping women like them. Their answers related to health needs were analyzed using conventional qualitative content analysis.

Results:

Although the women often asserted, 'no one helps us,' we documented various forms of assistance from family, children, neighbours, and landlords at times of health need. Family assistance depended strongly on having good relations with healthy relatives residing in close proximity who had resources to spare. Many women expressed that government healthcare facilities offered only limited assistance; none of the women reported outreach provided by non-governmental health services.

Discussion:

The poor in Bangladesh are typically viewed by the non-poor as either *ochol* (not going anywhere) or *shochol* (capable of mobility). *Ochol* households, which would include ultrapoor female-led households, are unlikely to receive assistance even from programs targeting the poorest of the poor because of the emphasis that government, NGOs, elites, and aid donors place on productivity and potential.

Conclusions:

While the aid industry may not be aware of how *ochol/shochol* thinking might affect programming, reflection on whether or not such judgements are incorporated into health assistance programs may lead to a reconsideration of aid targeting and aid deservedness.



Population and Public Health Student Awards and the Dr. John Hastings CPHA Student Award

The purpose of these awards is to recognize excellence in the next generation of population and public health researchers, policy-makers and practitioners. There are three categories:

- ✦ Dr. John Hastings CPHA Student Award
- ✦ Population & Public Health Student Awards – Masters Level
- ✦ Population & Public Health Student Awards – PhD Level

The Dr. John Hastings CPHA Student Award will be presented to one successful PhD student for the best abstract as determined by the CPHA Scientific Review Committee. Travel, accommodation and registration fees will be covered by CPHA up to a maximum of \$1500. The successful applicant will also receive a 1-year CPHA membership and a \$1000 bursary.

Population and public health research involves research with a goal to improve the health of populations in Canada and globally, achieved through a better understanding of: the interactions between social, cultural, economic, environmental and occupational factors that determine human health and development; and the population- and community-level policy and program interventions that improve the health of populations.

The Population & Public Health Student Awards (Masters/PhD) will provide up to four awards (two at the Masters level and two at the PhD level) to the successful student applicant(s). The value of each award will be \$300 (for Masters level students) and \$500 (for PhD level students). Through this award, travel, accommodation and registration fees incurred by successful applicants who attend the CPHA Conference will be covered, up to a maximum of \$1500.

Student Travel Bursaries

The CIHR Institute of Population and Public Health is pleased to sponsor a limited number of travel bursaries for full-time students whose abstracts have been reviewed and accepted for inclusion in the program. The conference currently provides a discounted registration rate to full-time students.

Travel bursaries will be supported through the IPPH Institute Community Support (ICS) Program.

Indicate on your online abstract submission if you wish to be considered for a student travel bursary. Winners of the 2012 Dr. John Hastings CPHA Student Award and Population & Public Health Student Awards are not eligible for the Student Travel Bursary.

Application Guidelines

1. Submit your abstract online
2. Send the following additional information to the address below:
 - Letter of support from your academic supervisor that includes confirmation of your current program of study and academic institution.
 - Submit your application using the “ICS Application Form” PDF (241 KB)
3. Students who wish to apply for the Student Travel Bursaries must also include:
 - Budget for travel expenses up to a maximum of \$1500. If applicable, include other confirmed sources of financial support to attend the conference; and
 - Brief statement about need for financial support (100 words or less).

Selection Criteria

- Applicant must be enrolled in a recognized Masters or PhD program in a Canadian academic institution in a discipline related to population and public health. Disciplines and fields include but are not limited to: sociology, epidemiology, nursing, nutrition, health promotion, community medicine, economics, political sciences.
- For all Student Travel Bursary applicants, consideration will also be given to geographic distribution and the applicant's ability to demonstrate need for financial support.

Applications can be submitted by mail, fax or e-mail to:

2012 PPH/Dr. John Hastings Student Award and Travel Bursary Program
c/o Kim Gaudreau
CIHR Institute of Population and Public Health
160 Elgin Street, 9th Floor, Address Locator 4809A
Ottawa, ON K1A 0W9
Telephone: (613) 957-6128 Fax: (613) 954-1800
E-mail: ippffunding@cihr-irsc.gc.ca

The deadline for applications is Friday, December 9, 2011.

General Information

Important Dates

Abstract submission deadline	December 2, 2011
Notification of abstract selection	January 26, 2012
Conference registration opens.....	February 2, 2012
<i>Special</i> Early-bird registration deadline.....	March 2, 2012
Early-bird registration deadline.....	April 9, 2012
Pre-registration deadline	May 25, 2012
CPHA 2012 Annual Conference.....	June 11-14, 2012

Registration

All Conference sessions, breakfast, lunches and nutrition breaks are included in the conference registration fee. No shared registrations are permitted.

Submission of an abstract implies the submitter's agreement to register for the conference, pay the appropriate conference registration fee, and make the presentation as scheduled.

Conference Registration Fees

	Special Early Bird Rate†	Early Bird Rate‡	Regular Rate
CPHA Member			
Full Registration	\$550	\$600	\$650
First-Time Attendee	\$525	\$575	\$625
Student	\$210	\$250	\$285
Retiree	\$400	\$450	\$500
Non-Member			
Full Registration	\$675	\$725	\$750
Student	\$260	\$300	\$335
Retiree	\$500	\$550	\$600
Daily Rates			
	Tuesday	Wednesday	Thursday
	\$325	\$325	\$275

† March 2, 2012

‡ April 9, 2012

For further information, please contact:

CPHA Conference Department
 Telephone: 613-725-3769, ext. 126
 E-mail: conference@cpa.ca

