

# PUBLIC HEALTH 2017

6-8 JUNE | HALIFAX  
WORLD TRADE & CONVENTION CENTRE

FINAL PROGRAM

---

[CONFERENCE.CPHA.CA](http://CONFERENCE.CPHA.CA)



# Next-level thinking for tomorrow's public health leaders

Learn more about the  
**Master of Public Health  
Program** today



- 12 months full-time
- Intensive case-based learning
- Career placement assistance
- 12-week practicum
- Networking with public health leaders
- Integrated workshops and seminars

Visit our website today:  
[www.schulich.uwo.ca/publichealth](http://www.schulich.uwo.ca/publichealth)



# WELCOME TO PUBLIC HEALTH 2017!

The field of public health is inherently social and political. Public health funding, which significantly determines the scope of public health practice, is generally determined by the political realm. I have always appreciated that the field of public health focuses some of its research and interventions upstream on social and political factors, such as income, education, and race. However, this public health approach is often pushed aside in favour of behavioural and prevention activities like immunization and anti-smoking campaigns. We could have a much bigger role in positively impacting social change with support for our upstream approach. Regrettably, we have seen public health being asked to take a back seat and make room for clinical and acute health care services and technologies.

Over the course of Public Health 2017, we will have many opportunities to discuss where and how the field of public health is, and should be, shaping social norms. From different ways of knowing to race relations to mental wellness, public health can bring a unique perspective that helps to solve some of society's biggest challenges. Today's biggest racial challenge in Canada is addressing the institutional and systemic racism faced by Indigenous peoples. CPHA is taking this issue seriously and is engaged in consultations with leaders from the Indigenous communities to build positive and reconstructive relationships.

Thank you to everyone who made this Conference possible, including the members of the Steering and Scientific Committees who spent countless hours planning for and developing the rich program that is being presented. Thank you to the Conference sponsors and exhibitors for supporting the annual conference. Last but not least, thank you to the delegates for devoting your time and energy to the numerous sessions and activities being offered.

It is my hope that we will come away from the Conference feeling energized and equipped to ensure that public health is at the forefront of social change. Building a more just and healthy society depends on it.



**SUZANNE F. JACKSON, PH.D.**  
Chair, Canadian Public  
Health Association



**#PublicHealth17**

# COLLABORATORS & COMMITTEES



CPHA is pleased to host Public Health 2017 through a unique and effective collaboration with:



Assembly of First Nations



Canadian Alliance for Regional Risk Factor Surveillance



Canadian Institute for Health Information



Canadian Institutes of Health Research



Inuit Tapiriit Kanatami



Métis National Council



Métis Nation of Ontario



National Collaborating Centres for Public Health



Pan American Health Organization



Public Health Agency of Canada



Public Health Association of Nova Scotia



Public Health Physicians of Canada

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, grounded in a high-calibre scientific program.

## STEERING COMMITTEE

- Ian Culbert, Chair, Canadian Public Health Association
- Ann Pederson, CPHA Board of Directors
- Sara Kirk, Scientific Chair, Dalhousie University
- Marlene Larocque, Assembly of First Nations
- Bernard Choi, Canadian Alliance for Regional Risk Factor Surveillance
- Deena Hinshaw, Canadian Alliance for Regional Risk Factor Surveillance
- Jean Harvey, Canadian Institute for Health Information, Canadian Population Health Initiative
- Marisa Creatore, Canadian Institutes of Health Research, Institute of Population and Public Health
- Jennifer Morgan, Canadian Institutes of Health Research, Institute of Population and Public Health
- Anna Claire Ryan, Inuit Tapiriit Kanatami
- Eduardo Vides, Métis National Council
- Connie Clement, National Collaborating Centres for Public Health
- Pemma Muzumdar, National Collaborating Centres for Public Health
- Dionne Patz, Pan American Health Organization, World Health Organization
- Russell Mawby, Public Health Agency of Canada
- Charmaine McPherson, Public Health Association of Nova Scotia (up to January 2017)
- Odette Laplante, Public Health Physicians of Canada
- Ielaf Khalil, CPHA Student Representative
- Hope Beanlands, CPHA Member-at-Large
- Trevor Arnason, CPHA Member-at-Large

## SCIENTIFIC COMMITTEE

- Sara Kirk, Dalhousie University (Chair)
- Bernard Choi, Canadian Alliance for Regional Risk Factor Surveillance
- Marisa Creatore, Canadian Institutes of Health Research, Institute of Population and Public Health
- Karen Weir, Canadian Institute for Health Information, Canadian Population Health Initiative
- Luis Gabriel Cuervo, Pan American Health Organization
- Margaret Haworth-Brockman, National Collaborating Centres for Public Health
- Odette Laplante, Public Health Physicians of Canada
- Sue Street, Public Health Association of Nova Scotia

# SPONSORS

## PUBLIC HEALTH CHAMPION



## FRIEND OF PUBLIC HEALTH



## PUBLIC HEALTH PATHFINDER



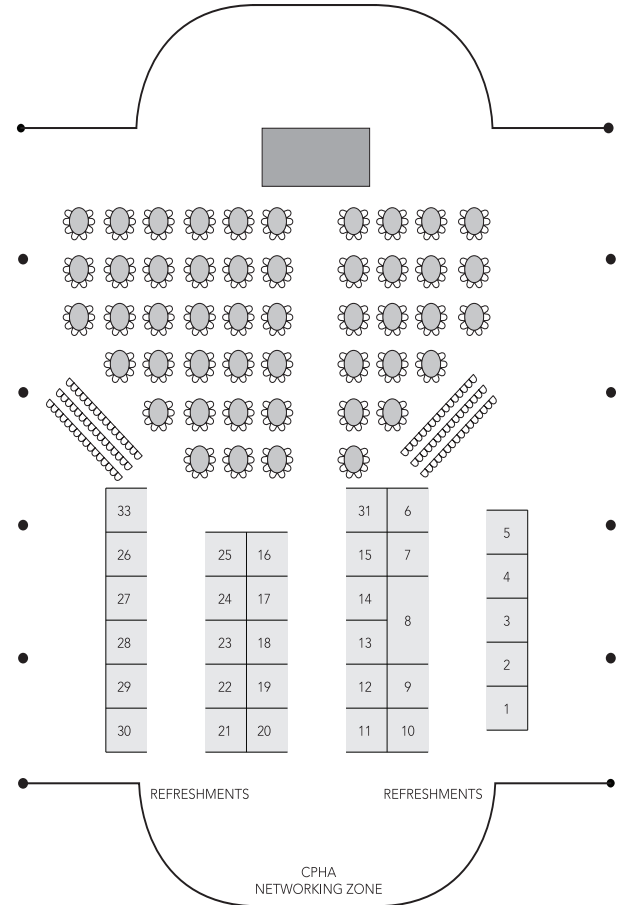
## PUBLIC HEALTH SUPPORTER



# EXHIBIT HALL

## ORGANIZATION BOOTH#

Building Research for Integrated Primary Healthcare	16
Canadian Agency for Drugs and Technologies in Health	20
Canadian Alliance for Regional Risk Factor Surveillance	17
Canadian Institute of Health Information	7
Canadian Institute of Health Research	6
Canadian Public Health Association Networking Zone	
CardioMed Supplies	19
Economical Select	9
Health Canada	2-3
Healthy Populations Institute	18
Heart & Stroke	13
Immunize Canada	15
Institut de recherche en santé publique/L'école de santé publique de l'Université de Montréal	25
Inuit Tapiriit Kanatami	22
Lakehead University	4
Mental Health Commission of Canada	33
Merck Canada Inc.	10
National Collaborating Centre for Aboriginal Health	29
National Collaborating Centre for Infectious Diseases	28
National Collaborating Centre for Methods and Tools	27
National Collaborating Centres for Public Health	26
Northern Health Authority (B.C.)	14
Pan American Health Organization	8
Public Health Association of Nova Scotia	5
Public Health Physicians of Canada	23
Sanofi Pasteur Limited	11
Schulich Interfaculty Program in Public Health, Western	1
Seqirus/Novartis	21
Tableau	24
University of Waterloo	31
University of Alberta	30
University of Victoria	12



## SHOW HOURS

Tuesday, June 6	Wednesday, June 7
10:00–18:30	10:00–15:00

## DEDICATED SHOW HOURS

Tuesday, June 6	Wednesday, June 7
10:00–10:30	10:00–10:30
12:00–13:15	12:00–13:45
17:00–18:30	



#PublicHealth17

# PROGRAM-AT-A-GLANCE

MONDAY 5 JUNE

TUESDAY 6 JUNE

WEDNESDAY 7 JUNE

THURSDAY 8 JUNE

<p>7:00 - 17:00 PRE-CONFERENCE SESSIONS</p>	<p>8:30 - 10:00 OPENING CEREMONY PLENARY I</p>	<p>8:30 - 10:00 PLENARY II</p>	<p>7:30 - 8:45 MORNING SESSION</p>	
	<p>10:00 - 10:30 BREAK</p>	<p>10:00 - 10:30 BREAK</p>	<p>9:00 - 10:30 CONCURRENT SESSION 6</p>	
	<p>10:30 - 12:00 CONCURRENT SESSION 1</p>	<p>10:30 - 12:00 CONCURRENT SESSION 3</p>	<p>10:30 - 11:00 BREAK</p>	
	<p>12:00 - 13:30 NETWORKING LUNCH WITH EXHIBITORS</p>	<p>12:00 - 13:45 CPHA ANNUAL GENERAL MEETING</p>	<p>12:00 - 13:45 LUNCH WITH EXHIBITORS</p>	<p>11:00 - 12:30 CONCURRENT SESSION 7</p>
	<p>13:30 - 15:00 NETWORKING WITH POSTER PRESENTERS</p>	<p>13:45 - 15:30 CONCURRENT SESSION 4</p>	<p>12:30 - 14:30 LUNCH AND PLENARY III</p>	
	<p>15:00 - 15:15 BREAK</p>	<p>15:30 - 15:45 BREAK</p>	<p>15:00 - 17:30 RURAL, REMOTE &amp; NORTHERN PUBLIC HEALTH NETWORK</p>	
	<p>15:15 - 17:00 CONCURRENT SESSION 2</p>	<p>15:45 - 17:15 CONCURRENT SESSION 5</p>		
	<p>17:00 - 18:30 NETWORKING RECEPTION WITH EXHIBITORS</p>	<p>17:30 - 19:00 BOOK LAUNCH</p>		
	<p>17:00 - 21:30 NETWORKING AND DINNER EVENTS</p>	<p>19:00 - 21:00 PUBLIC FORUM</p>		



#PublicHealth17

# MONDAY JUNE 5

## PROGRAM OVERVIEW

PRE-CONFERENCE SESSIONS	
7:00 - 8:30 Room 202 & 203	Public Health Physicians of Canada Annual General Meeting
9:00 - 17:00 Room 202 & 203	Nightmares and dreams in public health practice
9:00 - 17:00 Room 101	Annual Meeting of Network of Schools and Programs of Population and Public Health
9:00 - 17:00 Room 301	Effective data visualization for public health decision-making
9:00 - 16:30 Room 302	Public health equity leadership and capacity: Do tools catalyze action?
9:00 - 12:00 Room 200 C1	Setting the scene – Why is it important to advance sexual health promotion in Canada?
13:00 - 16:00 Room 200 C1	Improving sexual health among LGBTQ populations through culturally competent and transformative public health policies, practices and programs
13:00 - 16:00 Room 200 C2	Conducting quality peer reviews of quantitative manuscripts
14:00 - 16:00 Room 303	National Population Health Data: An overview of the Canadian Partnership for Tomorrow Project and the Atlantic Partnership for Tomorrow's Health
15:00 - 17:00 Regency Room, Prince George Hotel	The art of networking: Making the right connections as a trainee
NETWORKING AND DINNER EVENTS	
17:00 - 18:30 Main Floor, Prince George Hotel	Student and Trainee Reception
17:30 - 20:30 Windsor Room, Prince George Hotel	Making Connections – A Networking Dinner
18:30 - 21:30 Summit Suite 8 <sup>th</sup> Floor, WTCC	PHPC Networking Dinner



[destinationhalifax.com/showyourbadge](http://destinationhalifax.com/showyourbadge)

### SHOW YOUR BADGE

Halifax is a friendly and welcoming city, so Destination Halifax has teamed up with local vendors to give you the best hospitality and deals during your conference stay!

Simply show your conference delegate badge at participating local businesses and save! From local food tours to souvenirs for friends and family back home, special offers have been designed just for you.



# MONDAY JUNE 5

## PUBLIC HEALTH PHYSICIANS OF CANADA SESSIONS

7:00 - 8:30

ROOM 202 & 203



### PUBLIC HEALTH PHYSICIANS OF CANADA

Annual General Meeting

9:00 - 17:00

ROOM 202 & 203

### NIGHTMARES AND DREAMS IN PUBLIC HEALTH PRACTICE

This session will engage public health and preventive medicine specialists and other physicians working in public health and provide a forum to discuss specific public health practice scenarios and cases that resulted in exceptional outcomes – good or bad. These cases will provide lessons learned related to the decisions made, external factors, or system issues.

The session will be structured as a Public Health M & M Rounds, with presentations and discussions on a variety of topics relevant to public health physicians in Canada.

#### Learning objectives:

- Apply the lessons learned in the areas of management, health systems, and quality improvement.
- Improve understanding of a variety of public health practice content areas.
- Identify areas for improvement in planning, preparedness, and response to public health emergencies.
- Be aware of strategies for managing personal and political consequences of public health crises.

*Additional registration fee required: Resident - \$100; Physician - \$200*

18:30 - 21:30

SUMMIT SUITE  
8<sup>TH</sup> FLOOR, WTCC

### PHPC NETWORKING DINNER

Join the networking dinner for public health and preventive medicine specialists and other physicians working in public health.

*Additional registration fee required: Resident - \$85; Physician - \$100*

9:00 - 17:00

ROOM 101

### ANNUAL MEETING OF THE NETWORK OF SCHOOLS AND PROGRAMS OF POPULATION AND PUBLIC HEALTH (NSPPPH) - CANADA

The NSPPPH is a network of institutions principally focused on preparing the next generation of population and public health students, professionals and academic leaders.

*By invitation only. For more information contact [Greg Penney](#).*

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

9:00 - 17:00

ROOM 301

### EFFECTIVE DATA VISUALIZATION FOR PUBLIC HEALTH DECISION-MAKING

The Canadian Alliance for Regional Risk Factor Surveillance (CARRFS) session will include abstract presentations on the topic of local risk factor and health determinant surveillance and keynote speakers on the topic of data visualization. Building data visualization capacity is important for communicating surveillance data to policy makers and public health professionals, locally and across all provinces/territories of Canada.

The morning will be dedicated to hearing from presenters involved in developing the process and content of local surveillance systems across Canada. In the afternoon, keynote speakers will discuss cutting-edge progress in methods and use of data visualization techniques, followed by discussion among participants on effective ways to produce compelling data visualization. One or more keynote presentations will be shared across Canada through webcasting.

#### Learning objectives:

- Learn ways to more effectively communicate the results of data analysis to public health decision makers and the general public, including data visualization techniques and “storytelling” with data.
- Learn about various ways in which risk factor and health determinants surveillance data is being collected and used across Canada, and efforts by CARRFS to support such initiatives.

*Additional registration fee required: Student \$25; Participant \$40 (coffee breaks and lunch provided); Webcasting - \$25*

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

9:00 - 16:30

ROOM 302

### PUBLIC HEALTH EQUITY LEADERSHIP AND CAPACITY: DO TOOLS CATALYZE ACTION?

Just as knowledge doesn't equal behaviour and action, the existence of tools doesn't address health equity. The use of tools can be a catalyst for conversation on shifting practice to address health equity as well as a strategy through which to take action on the social determinants of health, yet precursors must be in place to support effective application of tools. Addressing health equity through public health interventions requires leadership and organizational capacity to support meaningful action through program planning and implementation.

This workshop will discuss factors that impact taking action on health equity, how organizational capacity impacts the effective integration of health equity approaches, and the role of leadership to support action. This session is intended as a workshop for frontline practitioners as well as formal leaders and decision makers. The session will not introduce basic equity and determinants concepts; participants should have moderate (or advanced) knowledge of health equity and public health systems.

#### Learning objectives:

- Deepen understanding of how organizational capacity and change processes influence the use of tools to address health equity.
- Explore barriers and facilitators for the use of tools for action on health equity.
- Identify opportunities at an organizational and leadership level to shift public health practice to address health equity.
- Critically reflect on how public health practice can influence the structural processes that create inequities.

*Additional registration fee required: Participant \$40 (coffee breaks and lunch provided)*

**Presented by:** The National Collaborating Centre for Determinants of Health, ELPH (Equity Lens in Public Health), National Collaborating Centre for Methods and Tools and the Nova Scotia Health Authority

**9:00 - 17:00**

**ROOM 200 C1**

### **SETTING THE STAGE TO ADVANCE SEXUAL HEALTH PROMOTION IN CANADA**

It is widely acknowledged that the health outcomes among sexual and gender-minoritized populations such as lesbian, gay, bisexual, transgender and queer (LGBTQ) populations tend to be worse than their age-matched cisgender, heterosexual peers. However, what is less well understood is the role public health policies, programs and interventions can play in addressing poor sexual health outcomes among LGBTQ populations in Canada.

During this CME accredited interactive workshop, participants will review and discuss nationally and internationally recognized health equity tools, gender transformative approaches and case study examples to address system-level barriers to sexual health care.

#### **Learning objectives:**

- Increase knowledge of a sexual health promotion approach to STBBIs.
- Identify gaps in STBBI prevention and sexual health promotion in the context of public health in Canada.
- Increase knowledge on sexual health promotion that helps inform and improve public health practice, research, policy and/or programming approaches.
- Determine key actions and directions needed to advance sexual health promotion in Canada.

*Additional registration fee required (Lunch provided for full-day participants).*

- *Full-day session – Participant \$40; Student: Free*
- *AM or PM session only – Participant \$25; Student: Free*

**Presented by:** The Gender and Health Promotion Studies Unit, Faculty of Health Professions, Dalhousie and the National Collaborating Centre for Infectious Diseases

**9:00 - 12:00**

### **PART I - SETTING THE SCENE - WHY IS IT IMPORTANT TO ADVANCE SEXUAL HEALTH PROMOTION IN CANADA?**

Presenters will describe the purpose and goals of sexual health promotion, what it encompasses and why it should be a priority in Canada. The session will explore the difference between a medical-model approach to STBBI prevention and testing and a sexual health promotion approach and define strategic directions to improve sexual health and reduce STBBI burden in Canada.

**13:00 - 16:00**

### **PART II - IMPROVING SEXUAL HEALTH AMONG LGBTQ POPULATIONS THROUGH CULTURALLY COMPETENT AND TRANSFORMATIVE PUBLIC HEALTH POLICIES, PRACTICES AND PROGRAMS**

This afternoon session focusing on sexual health promotion will consist of presentations, small group discussion and problem-based learning formats to advance comprehensive and integrated STBBI prevention efforts in Canada. Concrete examples of actions/models to improve sexual health among LGBTQ populations will be explored.

## PRE-CONFERENCE SESSIONS

13:00 - 16:00

ROOM 200 C2

### 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.

**Presented by:** The Canadian Journal of Public Health

14:00 - 16:00

ROOM 303

### NATIONAL POPULATION HEALTH DATA: AN OVERVIEW OF THE CANADIAN PARTNERSHIP FOR TOMORROW PROJECT AND THE ATLANTIC PARTNERSHIP FOR TOMORROW'S HEALTH

The Canadian Partnership for Tomorrow Project (CPTP) is a multi-centred prospective cohort study which has produced Canada's largest population health research platform.

This cohort study will follow participants over a period of 30 years, providing an opportunity to better understand how genetics, environment and lifestyle factors interact to impact the development of chronic health outcomes. The CPTP involves five regional cohorts in eight provinces, including the Atlantic Partnership for Tomorrow's Health (Atlantic PATH), Alberta's Tomorrow Project, the Ontario Health Study, British Columbia's Generations Project, and CARTaGENE (Quebec).

The CPTP has data for more than 300,000 participants aged 30-74 from across Canada, including extensive survey data, physical measurements, and biological samples (blood, urine and saliva). Atlantic PATH also collected toenail samples which can be used as an indicator of environmental exposure to trace elements, and water samples which were analyzed to determine the distribution of metal contaminants.

**Presented by:** The Atlantic Partnership for Tomorrow's Health (Atlantic PATH)

15:00 - 17:00

REGENCY ROOM,  
PRINCE GEORGE  
HOTEL

### THE ART OF NETWORKING: MAKING THE RIGHT CONNECTIONS AS A TRAINEE

This session will be created and led by trainees, for trainees. Executive members of the Canadian Injury Prevention Trainee Network will lead this networking session that is applicable to trainees from all disciplines. The session will give participants the necessary information and tools to gain confidence in making professional connections with researchers, stakeholders, knowledge users, and other trainees. The session will include the knowledge and practical skills necessary to be successful in networking in research and non-research contexts.

**Presented by:** York University

17:00 - 18:30

MAIN FLOOR  
PRINCE GEORGE  
HOTEL

### STUDENT & TRAINEE RECEPTION

We invite students and trainees to meet other delegates and engage with leaders in the field of public health. This event is a great opportunity to hone your networking skills and develop new collaborations.

**Presented by:** York University, CPHA and the six NCCs for Public Health

17:30 - 20:30

WINDSOR ROOM,  
PRINCE GEORGE  
HOTEL

### MAKING CONNECTIONS – A NETWORKING DINNER HOSTED BY THE SIX NATIONAL COLLABORATING CENTRES FOR PUBLIC HEALTH (NCCS)

Join us at the award-winning Prince George Hotel for Making Connections, the perfect opportunity to meet other delegates before Public Health 2017 begins on Tuesday morning.

As proud collaborators for Public Health 2017, the six NCCs are pleased to provide delegates with the opportunity to network with colleagues from across the country. Participants will hear highlights and updates from across the NCCs and will be invited to share their ideas to mobilize knowledge and evidence, and strengthen public health across Canada. A full dinner will be served.

Please note that while this event is subsidized by the NCCs for Public Health, an additional registration fee of \$20 is required. For more information, please contact [Pemma Muzumdar](#).



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

# TUESDAY JUNE 6

## PROGRAM OVERVIEW

8:30 - 10:00 Scotiabank Centre	<b>OPENING CEREMONY AND PLENARY I</b> <b>DAVID BUTLER-JONES SYMPOSIUM: WAYS OF KNOWING</b> Janet Smylie   Jennie Popay   Louise Potvin
10:00 - 10:30	<b>REFRESHMENT BREAK</b>
10:30 - 12:00	<b>CONCURRENT SESSIONS</b>
Room 303	<i>CPHA presents:</i> Current challenges in HIV and STBBI prevention in Canada 2017
Room 200 D	<i>CIHR presents:</i> Charting the course: Population and public health research in Canada – How do we build healthy cities and communities?
Room 200 E	<i>NCCPH presents:</i> Making the case: Population mental health promotion for youth as an essential focus for public health practice
	<b>SYMPOSIUMS</b>
Room 202 & 203	Approaches to community well-being: Preventing infectious diseases
Room 302	Canadian 24-hour movement guidelines for children and youth: An integration of physical activity, sedentary behaviour, and sleep
Room 101	Fusing trauma-informed and gender-informed responses to substance use
Room 301	Healthy eating at school is cool...and comprehensive!
Room 204 & 205	Strategies in continuing professional development of the Canadian public health workforce
	<b>WORKSHOPS</b>
Room 304 - 306	Applying implementation science frameworks to public health research
Room 200 C1	Environmental public health: Health risk assessment for emerging hazards and exposures
Room 200 C2	Unsettling assumptions: Unpacking your engagement with the stigma of mental illness
12:00 - 13:30 Scotiabank Centre	<b>NETWORKING LUNCH WITH EXHIBITORS</b>
12:15 - 13:30 Room 200 D	<b>LUNCH SESSION: Moving upstream: Primary Prevention and Canada's opioid crisis</b>
13:30 - 15:00 Room 100	<b>NETWORKING WITH POSTER PRESENTERS</b>
15:00 - 15:15	<b>BREAK</b>
15:15 - 17:00	<b>CONCURRENT SESSIONS</b>
Room 200 D	<i>CARRFS presents:</i> Communities to continents: Coordinated approaches in public health surveillance
Room 200 E	<i>PHPC presents:</i> From pain to crisis: A trans-border conversation on the opioid epidemic
Room 202 & 203	Health Canada's Healthy Eating Strategy – Making the healthier choice the easier choice
Room 101	<i>NCCID presents:</i> Public health and antimicrobial resistance: Understanding the burden and risks
	<b>ORAL PRESENTATIONS - See pages 29-31</b>
17:00 - 18:30 Scotiabank Centre	<b>NETWORKING RECEPTION WITH EXHIBITORS</b>
19:00 - 21:00 Room 200 D	<b>PUBLIC FORUM: ENDING GUN VIOLENCE: A PUBLIC HEALTH APPROACH TO PROMOTING COMMUNITY SAFETY</b>

### WELCOME REMARKS:

- Suzanne Jackson, Chair, Canadian Public Health Association
- Tom Quade, President, American Public Health Association
- Hernando Nieto, President, Colombia Public Health Association
- Brian Condran, President, Public Health Association of Nova Scotia
- Awards Presentation – R.D. Defries Award: Trevor Hancock

### DAVID BUTLER-JONES SYMPOSIUM: WAYS OF KNOWING

There is growing recognition of the need to consider different forms of evidence to improve how we understand population and public health and the policies and programs we develop to help improve it. Science is one way of knowing, but we need to challenge how we apply science. Acknowledging different ways of knowing means accepting various sources of information – professionals are no longer the only source of information – and understanding how to measure the validity and appropriate uses of different types of knowledge.

In this plenary session, speakers will highlight different ways of knowing and will confront the realities of how people access “expertise” and apply evidence. Delegates will hear a compelling rationale for considering other ways of knowing – including Indigenous perspectives – that may confront the inherent assumptions of population and public health but which are essential to understand if we want our policies and practices to enable meaningful change and improvement in the health of our communities.

### Learning objectives:

- Appraise different ways of knowing and forms of evidence that influence population and public health policies and programs.
- Describe how to measure the validity and appropriate uses of different types of knowledge.

### Moderator



**David Butler-Jones,**  
*Senior Medical Officer, First Nations and Inuit Health Branch, Health Canada*

### Presenter:



**Jennie Popay,**  
*Professor of Sociology and Public Health, Institute for Health Research, Lancaster University*

### Presenters:



**Janet Smylie,**  
*Associate Professor, Centre for Research on Inner City Health/Li Ka Shing Knowledge Institute*



**Louise Potvin,**  
*Editor-in-Chief, Canadian Journal of Public Health; Professor, School of Public Health, University of Montréal*

Dr. David Butler-Jones was named the first Chief Public Health Officer of Canada when the Public Health Agency of Canada was created in 2004. Over his 10 years in that role, Dr. Butler-Jones was credited with helping to “...build and shape the Public Health Agency of Canada into a world-class organization that is respected and admired globally... Dr. Butler-Jones worked tirelessly to build networks with his provincial and territorial counterparts, other health agencies and organizations, as well as with officials on the international stage.” Dr. Butler-Jones has always believed in the importance of bringing together a wide range of people with a broad skill set to help improve public health practice.

In recognition of his contributions to public health, the Public Health Agency of Canada is partnering with CPHA to host a Symposium on foundational issues in public health. The Symposium provides a forum to bring together recognized leaders in public health and other disciplines to share, discuss and develop ideas for building Canada’s capacity to improve the health of Canadians and their communities.

### Presented by:

**Public Health Agency of Canada**

## ROOM 303



### CURRENT CHALLENGES IN HIV AND STBBI PREVENTION IN CANADA 2017

Sexually transmitted and bloodborne infections (STBBIs) are of increasing concern in Canada. Reported rates of chlamydia, gonorrhoea and syphilis are rising; HIV rates remain unchanged, and HPV is one of the most common STIs – an estimated 70 per cent of sexually active Canadian men and women will have a sexually transmitted HPV infection at some point in their lives. What are some key challenges in addressing STBBI infection rates? How can we collectively address these challenges?

This workshop will provide participants with an opportunity to explore current challenges in STBBIs, including related stigma and to discuss potential areas of action.

#### Learning objectives:

- Describe key challenges for reducing STBBIs in Canada.
- Identify priority actions, strategies, and areas of focus in reducing STBBIs in Canada.
- Identify the different types of stigma related to STBBIs.

#### Presenters:

- Rachel MacLean, Project Officer, CPHA
- Michelle Proctor-Simms, Director, Nova Scotia Advisory Commission on AIDS
- Marc Steben, Directeur médical, Clinique A
- Margaret Gale-Rowe, Acting Director, Centre for Communicable Diseases and Infection Control, Public Health Agency of Canada

#### Session Chair:

- Greg Penney, Director of Programs, CPHA

## ROOM 200 D



### CHARTING THE COURSE: POPULATION AND PUBLIC HEALTH RESEARCH IN CANADA – HOW DO WE BUILD HEALTHY CITIES AND COMMUNITIES?

The Institute of Population and Public Health (IPPH) at the Canadian Institutes of Health Research has recently undertaken a cross-country listening tour and a series of consultation activities to chart the future of population and public health research in Canada and to inform future investments in this area. One theme that emerged from across the country was the need for a greater understanding of how to build healthy and resilient cities. This session will feature informal panel presentations and group discussions on this topic. Participants will hear important perspectives on healthy cities and communities research from professionals in the area of public health, urban planning, community safety, food policy and healthy aging. Participants will come out of this session with a better understanding of the key research and policy issues in this area and the importance of intersectoral collaboration, and will be able to discuss potential solutions and the role of research in achieving those solutions. As IPPH is refreshing their strategic plan, participants will also have the opportunity to inform future research directions and better describe research priorities and ways to enable action.

#### Learning objectives:

- Reflect on the gaps in healthy cities and communities research in Canada identified through IPPH's cross-Canada listening tour, and identify any other priority areas that are missing.
- Identify opportunities for intersectoral collaboration between researchers, policy makers, and practitioners in the area of health, urban planning, community safety, transportation.
- Learn about successful examples of intersectoral projects in Canada and internationally.
- Define potential roles for public health and public health research in helping to build healthy, vibrant, and resilient communities.



**Presenters:**

- Gaynor Watson-Creed, A/Deputy Chief Medical Officer of Health, Nova Scotia Health Authority
- Jacob Ritchie, Urban Design Program Manager, Halifax Regional Municipality
- Ted Upshaw, Public Safety Officer Advisor, City of Halifax
- Louise Potvin, Editor-in-Chief, Canadian Journal of Public Health; Professor, Department of Social and Preventive Medicine, Faculty of Medicine, University of Montréal
- Leia Minaker, Assistant Professor, School of Planning, University of Waterloo

**Session Chair:**

- Steven J. Hoffman, Scientific Director, Canadian Institutes of Health Research – Institute of Population and Public Health; Director, Global Strategy Lab; Associate Professor of Law, Medicine and Public & International Affairs, University of Ottawa

**ROOM 200 E**



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

**MAKING THE CASE: POPULATION MENTAL HEALTH PROMOTION FOR YOUTH AS AN ESSENTIAL FOCUS FOR PUBLIC HEALTH PRACTICE**

Mental health is a public health priority requiring frontline staff confident and competent to work with communities to build healthy, resilient places, and engage with individuals and families to provide appropriate supports. However, public health practitioners report uncertainty about how to integrate mental health promotion effectively into their practice, and significant structural and operational challenges.

Join the National Collaborating Centres (NCCs) for Public Health as we explore opportunities and challenges for public health engagement in mental health promotion using the lenses of youth mental health and health equity. Participants will be introduced to a new NCC resource collection, Population Mental Health Promotion for Children and Youth (working title), which explores the evidence, gaps in knowledge, public health roles and resources in relation to mental health promotion for children and youth.

Panelists will reflect on their experience promoting youth mental health in relation to equity issues (poverty, gender and sexual identity, colonialism, racism, and the urban/rural divide in Canada), the challenge of working in partnership across sectors, and the adequacy of current public health resources/organizational structures to promote positive mental health for youth. Participants and panelists will identify opportunities to prioritize mental health among youth as an essential focus for public health practice.

**Learning objectives:**

- Explore the evidence on the determinants of positive mental health for children and youth and public health interventions to support mental well-being for youth.
- Debate potential roles and priorities for public health to improve mental health promotion for youth.
- Describe opportunities for promoting youth mental health through public health partnership and collaboration.

**Presenters:**

- Jacqueline Gahagan, Professor of Health Promotion; Interim Director, HAHP; Interim Assistant Dean, Faculty of Health, Dalhousie University
- Margaret Barry, Professor of Health Promotion and Public Health, National University of Ireland Galway
- Madi Sutton, BScN Candidate, Dalhousie University; Youth Council Member, Mental Health Commission of Canada

**Session Chair:**

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



## ROOM 202 & 203

### APPROACHES TO COMMUNITY WELL-BEING: PREVENTING INFECTIOUS DISEASES

This symposium will provide an overview of a First Nations-governed public health system called Approaches to Community Well-being and outline the transition plan of communicable disease control from Health Canada under First Nations governance and management within the Ontario context. The transition of communicable disease control requires that personal health information about clients be shared with the Sioux Lookout First Nations Health Authority (SLFNHA). This presents a problem, as the legal authority to do so comes from provincial legislation, whereas SLFNHA works under the authority of the Sioux Lookout area Chiefs.

The presenters from SLFNHA, the Thunder Bay District Health Unit, and the First Nations and Inuit Health Branch will provide their perspectives on the barriers associated with this transition, and the approaches we have discussed in overcoming these challenges. The participants can use this information if undertaking similar transitions of services, or to build more culturally appropriate methods of working with First Nations.

#### Learning objectives:

- Explore the First Nations approach to public health.
- Evaluate the provincial legislation related to public health, and the barriers it creates for First Nations governance.
- Identify approaches to overcome barriers to the transition of services under First Nations governance.

#### Presenters:

- Emily Paterson, Director of Approaches to Community Wellbeing, Sioux Lookout First Nations Health Authority
- Janet Gordon, Chief Operating Officer, Sioux Lookout First Nations Health Authority
- Janet DeMille, Medical Officer of Health, Thunder Bay District Health Unit
- Lee Cranton, Director of Northern Operations, First Nations Inuit Health Branch – Ontario Region

#### Session Chair:

- Elizabeth Walker, Director, Public Health Planning and Liaison Branch, Ontario Ministry of Health and Long-Term Care

---

## ROOM 302

### CANADIAN 24-HOUR MOVEMENT GUIDELINES FOR CHILDREN AND YOUTH: AN INTEGRATION OF PHYSICAL ACTIVITY, SEDENTARY BEHAVIOUR, AND SLEEP

The new Canadian 24-Hour Movement Guidelines for Children and Youth: An Integration of Physical Activity, Sedentary Behaviour and Sleep emphasize the integration of all movement behaviours that occur over a whole day. This new paradigm presents an opportunity to use the new guidelines in more innovative ways, to reinvigorate the conversation about active living, and to open new avenues for intervention. For example, a practitioner may begin counselling an inactive child to become more active by encouraging the child to get a good night's sleep.

This session will detail the new guidelines, including the background research completed, the process followed, the consultations made, the final outcome (guidelines), future dissemination and activation plans, and implications for the public health sector moving forward. Participants will use the information learned in the session as a foundation for future research as well as in practice as professionals, practitioners, and organizations in the public health setting.

#### Learning objectives:

- Describe the relationships between movement behaviours (i.e., light, moderate, and vigorous physical activity, sedentary behaviour, and sleep) and health indicators in children and youth.
- Summarize the key elements of the guideline development process.
- Recall the new Canadian 24-Hour Guidelines for Children and Youth: An Integration of Physical Activity, Sedentary Behaviour, and Sleep and identify strategies for applying the guidelines in research and public health practice.

**Presenters:**

- Mark Tremblay, Professor and Scientist, Director of the Healthy Active Living and Obesity (HALO) Research Group, CHEO Research Institute
- Veronica Poitras, Research Manager, HALO Research Group, CHEO Research Institute
- Valerie Carson, Assistant Professor, University of Alberta (via recording)

**Session Chair:**

- Mark Tremblay, Professor and Scientist, Director of the Healthy Active Living and Obesity (HALO) Research Group, CHEO Research Institute

---

**ROOM 101**

**FUSING TRAUMA-INFORMED AND GENDER-INFORMED RESPONSES TO SUBSTANCE USE**

This session will begin by establishing current thinking on gender- and trauma-informed approaches, and will engage all in learning how trauma-informed and gender-informed approaches are relevant to the substance use field. This will be illustrated by health promotion, prevention and treatment responses to drug and alcohol use, to reflect the trauma backgrounds and gendered concerns and requirements of patients and clients.

It will examine examples of both theory and practice in generating fused understanding and application of these TI and GI approaches in the substance use field. It will engage practitioners in describing how policy and programming can be shifted to accomplish this fusion. This information will assist participants in shifting their own programs, policies and systems to incorporate these two approaches, and to more effectively tailor their responses and prevention efforts in substance use. This information is transferable to other fields in public health.

**Learning objectives:**

- Describe basic principles of trauma-informed practice.
- Describe basic principles of gender-informed practice and gender-transformative approaches.
- Apply techniques to fuse these two approaches.
- Explain the benefits and challenges in fusing these two approaches in various practical applications in the substance use field.
- Apply learnings about TI and GI to other areas of public health.

**Presenters:**

- Lorraine Greaves, Senior Investigator, Centre of Excellence for Women's Health
- Nancy Poole, Director, Centre of Excellence for Women's Health
- Holly Murphy, Advanced Practice Leader, Trauma Informed Care, IWK Health Centre
- Rose Schmidt, Research Manager, Centre of Excellence for Women's Health
- Natalie Hemsing, Research Associate, Centre of Excellence for Women's Health

**Session Chair:**

- Lorraine Greaves, Senior Investigator, Centre of Excellence for Women's Health

---

**ROOM 301**

**HEALTHY EATING AT SCHOOL IS COOL...AND COMPREHENSIVE!**

School food programs aim to provide students with food that supports healthy development and learning, and increasingly are becoming embedded within schools' educational mandates. This session provides an overview of a comprehensive school health approach to programs, followed by diverse Atlantic success stories: Kids Eat Smart Newfoundland and Labrador, Nourish Nova Scotia, Le District scolaire francophone Sud in collaboration with Le réseau des cafétérias communautaires, and Eel Ground First Nations Healthy Bodies, Minds & Spirits.

Speakers will describe their partnerships with health professionals and others who enable them to undertake garden projects, local food fundraisers, student engagement (the cool factor!) school-community health initiatives, student food-skill building and entrepreneurial initiatives and other activities. Speakers will share evaluation successes, including risk reduction for Type 2 diabetes among Indigenous students, program challenges, and sources of support. Participants will be invited to share current practices, discuss future opportunities, and will receive a 'Comprehensive School Food Program Tool' to help with future planning.



**Learning objectives:**

- Describe innovative practices that are part of a comprehensive approach to supporting student health within school food programs.
- Identify existing and potential partners from health and other sectors that can support school food programs.
- Assess current practices using the program tool to determine opportunities for the future.

**Presenters:**

- Mary McKenna, Professor, University of New Brunswick
- Celina Stoyles, Executive Director, Kids Eat Smart Newfoundland and Labrador
- Margo Riebe Butt, Executive Director, Nourish Nova Scotia
- Chad Duplessis, Project Coordinator, Eel Ground First Nations Healthy Bodies, Minds & Spirits, New Brunswick
- Rachel Schofield Martin, Coordonnatrice – saine alimentation et entrepreneuriat social au District scolaire francophone Sud, Nouveau-Brunswick

**ROOM 204 & 205**

**STRATEGIES IN CONTINUING PROFESSIONAL DEVELOPMENT OF THE CANADIAN PUBLIC HEALTH WORKFORCE**

In March 2016, the Canadian Network of Schools and Programs in Public Health released a report entitled *Understanding the Role of Public Health Schools in Supporting a Skilled Public Health Workforce: A Report of the Meeting of the Canadian Network of Schools and Programs of Population and Public Health*. The report confirmed a continued and significant gap in Continuing Professional Development (CPD) in Canada.

A desired outcome identified in the report was the creation of a business case for CPD, including the determination of topic priorities, addressing competency gaps and how to prioritize training delivery. All jurisdictions — local, provincial and federal — are expected to coordinate efforts to develop and maintain a highly skilled public health workforce that has the capacity to provide essential services and can facilitate a quick and effective response to public health threats in any part of the country. While collaborative planning has long been identified as essential, the opportunities for public health employers to participate in CPD activities have diminished.

The panel will share current data on public health training demands, gaps in CPD to meet new/evolving public health issues and best practice strategies to provide CPD to meet the priorities of professional practitioners and the needs of the public health workforce.

**Learning objectives:**

- Describe the challenges of providing CPD for public health practice.
- Explore the employer side of the public health workforce to maintain a workforce for both essential services and effective response to public health threats.
- Explain the role of non-governmental organizations and key service providers.
- Identify current/future strategies to support continuing professional development of public health practitioners.

**Presenters:**

- Andrew Papadopoulos, Coordinator, Master of Public Health Program, University of Guelph; Chair, Canadian Network of Schools and Programs in Population and Public Health
- Ilya Plotkin, Assistant Director, TRAIN, Public Health Foundation
- Beverly Bryant, Manager Education and Research, Peel Public Health
- Sandra Allison, Chief Medical Health Officer, Northern Health

**Session Chair:**

- Malcolm Steinberg, Program Director, Public Health Practice; Chair, Masters of Public Health, Simon Fraser University



**ROOM 304 - 306**

**APPLYING IMPLEMENTATION SCIENCE FRAMEWORKS TO PUBLIC HEALTH RESEARCH**

The purpose of this knowledge sharing workshop is to mobilize the findings of a critical synthesis on how Implementation Science frameworks can inform population health intervention research. During this 90-minute session, findings from the review will be shared, and participants will have opportunities to apply this knowledge through participatory engagement activities. The activities will provide an interactive and collaborative learning experience to explore and appraise the applicability and use of Implementation Science frameworks in public health research, policy and practice. The objective is to stimulate a deeper understanding in participants of how they can apply Implementation Science frameworks to their work in population health.

The workshop invites professionals in research, policy, and practice related to population health. Participants will be able to apply the information they learn in the workshop when they generate research proposals that integrate implementation science frameworks, and develop, implement, or evaluate programs and policies.

**Learning objectives:**

- Examine and discuss research on Implementation Science frameworks so participants can evaluate the applicability of the frameworks for improving public health research, policy and practice.
- Appraise the relevancy of implementation science frameworks through participatory exercises that involve sharing experiences working in policy and practice.
- Identify key opportunities to strengthen the implementation of research findings in policy and practice by using Implementation Science frameworks.

**Workshop Facilitators:**

- Grace Warner, Associate Professor in the School of Occupational Therapy; Co-Lead, Implementation Science Research Cluster Healthy Populations Institute, Dalhousie University
- Jessie-Lee Mclsaac, Postdoctoral Fellow; Co-Lead, Implementation Science Research Cluster, Healthy Populations Institute, Dalhousie University
- Robin Urquhart, Assistant Professor in the Department of Surgery; Associate Research Scholar, Healthy Populations Institute, Dalhousie University
- Logan Lawrence, Doctoral Candidate, Faculty of Health Professions; Student Research Scholar, Healthy Populations Institute, Dalhousie University
- Robyn Burns, Masters Candidate in the School of Health and Human Performance, Dalhousie University
- Brad Meisner, Assistant Professor in the School of Health and Human Performance; Co-Lead, Youth and Aging Research Cluster Healthy Populations Institute, Dalhousie University

---

**ROOM 200 C1**

**ENVIRONMENTAL PUBLIC HEALTH: HEALTH RISK ASSESSMENT FOR EMERGING HAZARDS AND EXPOSURES**

This workshop is designed to provide an overview of molecular and statistical level methodological explorations of environmental risk assessment using a multitude of sampling and analytical techniques, tools and epidemiologic methods.

The workshop presentations include: (1) profiling toenail arsenic speciation among Atlantic Canadian well water users, aged 35-69 years, to understand odds of four different types of cancers and diabetes; (2) profiling volatile organic compound speciation and exposures for children and adults in an indoor residential environment; (3) understanding the impact of urban and waste disposal pollutant exposures on asthma morbidity; and (4) an integrated approach that combines a predictive toxicity system and a new systemic tool to address adverse outcomes and risks associated with airborne nanoparticle exposures.

Participants will learn how physical environments impact disease manifestation through molecular and statistical level applications. Arsenic and VOC speciation will generate new knowledge in physical environment health risk assessment, and ambient pollutant and asthma morbidity data will help to broaden knowledge on public health risk warning using air quality health index measures.



**Learning objectives:**

- Examination of indoor environment VOC speciation in Canadian homes and the relationship between children's, adults and accompanying cats' exposure, so that cats can be used as surrogates for children with sensitivities.
- Explore the relationship between arsenic levels of well water users and cancer and diabetes.
- Explore Air Quality Health index use as a risk assessment tool for asthma hospital admissions in urban and waste disposal pollutant exposure areas.
- Describe how nanoparticle exposures lead to adverse health outcomes at various levels of biological organization (from cellular and molecular levels to populations) and how the human body modifies these responses to maintain homeostasis (host-defense).

**Workshop Facilitators:**

- Swarna Weerasinghe, Associate Professor, Department of Community Health and Epidemiology, Dalhousie University
- Adam Aitchison, MSc Candidate, Department of Community Health and Epidemiology, Dalhousie University
- Nathan Smith, MSc Candidate, Department of Community Health and Epidemiology, Dalhousie University
- Marianne Parent, Doctor of Veterinary Medicine; MSc Candidate, Community Health and Epidemiology, Dalhousie University

**Session Chair:**

- Swarna Weerasinghe, Associate Professor, Department of Community Health and Epidemiology, Dalhousie University

---

**ROOM 200 C2**

**UNSETTLING ASSUMPTIONS: UNPACKING YOUR ENGAGEMENT WITH THE STIGMA OF MENTAL ILLNESS**

This interactive and experiential workshop showcases how work and life can be impacted by stigma. Through three interactive activities, participants will unpack personal assumptions and engage with stigma. The purpose of this session is to unseat how stigma is thought of and created through social norms.

Participants will be able to apply the skills learned to improve service provision and to analyze how their social position interacts with disadvantaged populations to better support and provide non-judgmental care for people with mental health issues. Participants will also have an increased understanding of how social positions and societal structures interact to create specific forms of stigma.

**Learning objectives:**

- Explore how participants perceive and enact behaviours related to mental illness stigma in their work and life.
- Describe how social positions can interact with their attitudes and behaviour to influence mental illness stigma.
- Identify how self-described words have power in their lives and how to challenge the power of those words.

**Workshop Facilitators:**

- Cindy Jiang, Research Intervention Associate, Strength in Unity Study, Simon Fraser University
- Peter Hoong, Research Intervention Associate, Strength in Unity Study, Simon Fraser University
- Nimesh Patel, Research Intervention Associate, Strength in Unity Study, Simon Fraser University

## MOVING UPSTREAM: PRIMARY PREVENTION AND CANADA'S OPIOID CRISIS

### PRE-REGISTRATION REQUIRED

Canada's opioid crisis has taken a devastating toll on communities and families in the rates of overdoses and deaths across the country. While the frontline response to this complex issue is saving lives, our focus must expand to primary prevention. This crisis calls for collaborative and evidence-informed actions that address the root causes of substance use and addiction, including the social and economic conditions that impact well-being.

In this session, participants will join Canada's Interim Chief Public Health Officer and a panel of leaders from government and community-based organizations in a dynamic dialogue on progress, challenges and opportunities to prevent substance misuse and target upstream determinants. Bringing together diverse perspectives of those who have undertaken initiatives to address the crisis in the short and long term, this session will both showcase solutions and explore new ideas on a range of fronts to prevent and stem crises of this kind in the future.

#### Introduction:

- Robert Strang, Chief Medical Officer of Health, Nova Scotia Health Authority

#### Presenters:

- Mark Tyndall, Executive Medical Director, BC Centre for Disease Control; Professor, University of British Columbia School of Population and Public Health
- Benedikt Fischer, Senior Scientist, Institute for Mental Health Policy Research, Centre for Addiction and Mental Health; Professor, Department of Psychiatry, University of Toronto
- Barbara Yaffe, Director of Communicable Disease Control and Associate Medical Officer of Health, Toronto Public Health
- Natasha Touesnard, Outreach and Support Worker, Mainline Needle Exchange and Direction 180, Halifax

#### Moderator:

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

## CANADIAN PUBLIC HEALTH ASSOCIATION

CANADA'S OPIOID CRISIS | EARLY CHILDHOOD EDUCATION & CARE  
| MEDICAL ASSISTANCE IN DYING | ECOLOGICAL DETERMINANTS OF  
HEALTH | PUBLIC HEALTH APPROACH TO CANNABIS LEGALIZATION &  
REGULATION | HOUSING | POVERTY REDUCTION | E-CIGARETTES | TOBACCO  
CONTROL | ALCOHOL | SEX WORK | ACCELERATED PHASE-OUT OF COAL-  
FIRED POWER PLANTS | MANAGING ILLEGAL PSYCHOACTIVE SUBSTANCES

The Voice of Public Health  
cpha.ca

The dedicated poster session and networking event will enable presenters to engage with delegates and present research, program, best practices or policy innovation in a more dynamic setting. Less structured than an oral presentation and with more presentation time, poster presentations allow delegates to network, and exchange innovative ideas, while facilitating productive discussion and feedback.

1. Community members guiding maternal health research in rural Nepal – [Sunisha Neupane](#)
2. H.E.R. Pregnancy Program: A harm reduction success story: 10 lessons learned – [Nadine Santin](#)
3. Impact of postnatal exposure to household cleaning products on infant gut microbiota composition at 3-4 months – [Mon Tun](#)
4. Evidence-informed decision-making in a rural public health network: Advancing a Baby Friendly Initiative (BFI) – [Sionnach Lukeman](#)
5. Portrait of preterm birth in Quebec, 1981 to 2012 – [Safyer McKenzie-Sampson](#)
6. Enjeux éthiques reliés à la mise en place d'une mesure populationnelle du développement des enfants québécois de 2 ans : répercussions sur le choix d'outils – [Genevieve Tardif](#)
7. Understanding how children with special health care needs are supported within Early Years Centres in Nova Scotia – [Janet Green](#)
8. Utilizing the health impact pyramid to inform recommendations for oral healthcare reform in Nova Scotia – [Shauna Hachey](#)
9. On track: Examination of demographics of Ontario kindergarten children with adequate development – [Magdalena Janus](#)
10. Are today's youth becoming increasingly sleep deprived? Findings from the COMPASS study – [Karen Patte](#)
11. Taking bullying by the horns: Examining the prospective relationship between childhood bullying behaviours and subsequent physician-diagnosed internalizing disorders – [Julia Kontak](#)
12. Towards reducing the burden of youth violence and bullying: Identifying common risk factors in victims and perpetrators in Ontario – [Heather Manson](#)
13. Childcare access and affordability issues for young parents in two British Columbian communities – [Jean Shoveller](#)
14. Young parents' housing experiences in two BC communities: A qualitative analysis – [Jean Shoveller](#)
15. Populations at risk: Aging out of the child welfare system and incarceration among a prospective cohort of people who use drugs – [Jean Shoveller](#)
16. "Us helping us – That's what it should be": Expanding peer involvement in harm reduction service delivery at Ottawa Public Health – [Aideen Reynolds](#)
17. Using participatory methods to enhance knowledge translation in harm reduction research – [Sonya Ishiguro](#)
18. Creating the BC Facility Overdose Response Box Program: Giving non-healthcare service providers access to naloxone in response to a provincial overdose emergency – [Sonya Ishiguro](#)
19. Participant perceptions of study findings in the SALOME clinical trial testing the non-inferiority of hydromorphone to diacetylmorphine for severe opioid-use disorder – [Heather Palis](#)
20. A quasi-experimental evaluation of school-based marijuana use prevention programming changes on students' current marijuana use within the COMPASS study – [Sarah Aleyan](#)
21. Regulation of a legal recreational cannabis industry: Causes for concern – [Mike DeVillaeer](#)
22. Patterns and factors of problematic marijuana use in the Canadian population: Evidence from three cross-sectional surveys – [William Ian Andrew Bonner](#)
23. Understanding community readiness for cannabis legalization: Supporting a public health approach – [Polly Leonard](#)
24. Reducing barriers to commercial tobacco cessation among First Nations, Inuit, and Métis populations through a participatory approach: An application of the Interactive Systems Framework – [Megan Barker](#)
25. Evaluating the strength of school tobacco policies in Ontario and Alberta: Evidence from the COMPASS study – [Adam Geoffrey Cole](#)
26. Perceptions toward a smoking cessation app for LGBTQ+ youth and young adults: A qualitative framework analysis of focus groups – [N. Bruce Baskerville](#)
27. Building support for smoke-free outdoor festivals and events: A documentation of practice study – [Irene Lambraki](#)
28. Integrating managed alcohol programs into acute care settings: What does the literature say? – [Hannah Brooks](#)
29. The effects of alcohol trading hours and days on diverse alcohol-related harms: A systematic review – [Diana Sanchez Ramirez](#)
30. Alcohol - Is our favourite drug a carcinogen? – [Marcia Bassier-Paltoo](#)
31. The economic burden of five risk factors for chronic diseases in British Columbia: Excess weight, tobacco smoking, alcohol use, physical inactivity and low fruit and vegetable consumption – [Drona Rasali](#)
32. Self-reported injuries in the population (12+ years of age) of British Columbia over time from 2007/08 to 2013/14 – [Drona Rasali](#)

33. Enhancing chronic disease surveillance practice for better informing and supporting healthy living strategies in British Columbia (BC) – [Drona Rasali](#)
34. Breast cancer awareness for young women – [Lorna Larsen](#)
35. “Animated Shan”: A social media breast cancer awareness strategy to reach young women – [Lorna Larsen](#)
36. A common approach to investigating suspected non-communicable disease clusters in Ontario – [Elaina Macintyre](#)
37. Differences in colorectal cancer screening rates across income strata by rural and urban status: Results from the Canadian Community Health Survey (2013/2014) – [Jonathan Simkin](#)
38. Knowledge, attitude and practices on cancer education and prevention – A cross-sectional survey – [Soumita Ghose](#)
39. Effectiveness of the CANRISK tool in assessing dysglycemia risk in Canadians aged 20 to 39 years old in three high-risk ethnic groups – [Heather Orpana](#)
40. Prospective associations between individual and neighbourhood-level socioeconomic factors on risk of type 2 diabetes in older British men – [Danielle Roberts](#)
41. Assessing a community-based participatory research project using social movement-building indicators: The case of the Kahnawake Schools Diabetes Prevention Project – [Marie-Claude Tremblay](#)
42. The COMPASS Study as an intervention: Using knowledge exchange strategies to enhance the impact of school health research – [Kristin Brown](#)
43. Cultural relevancy within health-promoting schools – [Rachel Malena-Chan](#)
44. Indicators for health promotion: A narrative approach – [Rachel Malena-Chan](#)
45. Health promotion impact stories: Saskatoon Mothers’ Centre – [Rachel Malena-Chan](#)
46. Climate change engagement: Narrative frameworks for population health promotion – [Rachel Malena-Chan](#)
47. Carbon monoxide monitoring and response in long-term care facilities: Implementing a health-protective management strategy in Canada – [Daniel Fong](#)
48. Indoor air quality in ice arenas – [Aaron Wilson](#)
49. Rights of tenants and housing quality: A cross-sectional study – [Catherine Habel](#)
50. Cohort Profile: The Atlantic Partnership for Tomorrow’s Health (Atlantic PATH) Study – [Ellen Sweeney](#)
51. Sleep and obesity in the Atlantic PATH cohort – [Vanessa DeClercq](#)
52. Fruit and vegetable intake and obesity among populations in Eastern Canada: The Atlantic Partnership for Tomorrow’s health study – [Zhijie Michael Yu](#)
53. Social correlates of leisure-time sedentary behaviours in Canadian adults – [Michael Szafron](#)
54. “Let’s call it ‘fuck off’, then”: Preliminary findings of arts-based ‘Beyond the present fat: Risk & body-size stigma in public health’ research – [Debra Kriger](#)
55. Nutrition environment measures survey in rural communities: A systematic review – [Rebecca Harris](#)
56. A comparison of physical activity and sitting time correlates among Atlantic Canadians with and without a history of cancer – [Cynthia Forbes](#)
57. Les effets sur la santé respiratoire du travail de moniteur/sauveteur en eau récréative au Québec – [Gabrielle Bureau](#)
58. Measuring active offer and access to French rehabilitation services in francophone minority communities in Northeastern Ontario – [Anie Coutu](#)
59. Association between physical activity and self-rated health in Atlantic Canadians – [Yunsong Cui](#)
60. Effects of physical activity and exercise on mental health outcomes in older females with arthritis – [Barbara Piasecka](#)
61. How do you like your ‘hood? - Perception of built environment and the influence on health and well-being across Metro Vancouver, BC – [Maritia Gully](#)
62. Embedding health equity strategically within healthy built environments – [Julie Kryzanowski](#)
63. Health equity self-assessment tool for health promotion practitioners – [Julie Kryzanowski](#)
64. Case-based learning in public health: The learner’s perspective – [Purathani Shanmuganathan](#)
65. Building evaluation capacity in Ontario public health units – [Louise Simmons](#)
66. Snapshots: An interactive information product to improve public health practice and decision-making – [Jeremy Herring](#)
67. Understanding the determinants of undergraduate nursing students’ choice of a career in community health nursing – [Josephine Etowa](#)
68. Promoting oral health by supporting dental education: A mixed methods approach to understanding student perspectives and needs in communication skills learning (CSL) – [Caitlyn Ayn](#)
69. What happened to personal networks in the return to social context in public health? An empirical investigation – [Valerie Haines](#)
70. The use of mobile apps in the workplace: A process and outcome evaluation – [Kaleigh Meisner](#)



71. The impact of including cell phone interviews on the sample representativeness and results of a telephone-based public health survey – [Michael King](#)
72. Health Promotion Canada, Atlantic chapter engagement and establishment – [Morgane Stocker](#)
73. Health Promotion Canada: (drum roll, please) Introducing a consortium to empower health promoters across Canada – [Thierry Gagné](#)
74. Medical assistance in dying and social work practice – [Amanda Cramm](#)
75. Scientific literacy in the Canadian legal profession – [Jacob Shelley](#)
76. Follow-up on recommendations made by the Missing Women Commission of Inquiry – [Sarah Riddell](#)
77. “Minority Stress” and its impact on the health and well-being of women of African ancestry living in Nova Scotia – [Barb Hamilton-Hinch](#)
78. A utilization-focused toolkit for evaluating small NGOs in international development – [Stephanie Lu](#)
79. Examining the complexities of labour migration for Canadian families: New opportunities for health promotion – [Christina Faye Murray](#)
80. Help-seeking struggles of Portuguese-speaking women experiencing intimate partner violence in the post-migration context – [Sepali Guruge](#)
81. A Canadian knowledge exchange forum on syphilis: Lessons learned from rural and urban perspectives – [Geneviève Boily-Larouche](#)
82. Reaching the HIV undiagnosed: Scaling up effective programming approaches to HIV testing and linkage to prevention and care in Canada – [Laurie Edmiston](#)
83. We’re here: Subjugation and resistance in older HIV-positive gay men’s experiences of seeking and receiving care across health care settings – [Hannah Kia](#)
84. Childhood maltreatment and psychological distress: Exploring the mediating effect of self-compassion among gay and bisexual men in Toronto – [Syed Noor](#)
85. Insomnia among men with HIV: Psychosocial factors associated with insomnia above and beyond HIV status among gay and bisexual men in Toronto – [Syed Noor](#)
86. Canadian health professionals’ knowledge and clinical practices related to HIV screening and testing – [Margaret Gale-Rowe](#)
87. Sexually Transmitted and Bloodborne Infections (STBBIs) in Canada: Mapping the landscape, changing the discourse – [Alexandra Musten](#)
88. What difference are we making? Evaluating the impact of client interaction with an STBBI case management public health nurse – [Leslie Tilley](#)
89. Chlamydia workload assessment and practice change: A retrospective and prospective study – [Leslie Tilley](#)
90. Impact and effectiveness of the quadrivalent human papillomavirus vaccine: A review of 10 years of real-world experience in Canada – [Marc Steben](#)
91. Improving pathways to LGBTQ health in Nova Scotia: Implications for public health practitioners – [Jacqueline Gahagan](#)
92. International students at Dalhousie University: Their perceptions and experiences in accessing sexual health services in Halifax, N.S. – [Stefanie Machado](#)
93. Factors associated with risky sexual behaviours among adolescents in Latin America: A cross-sectional study – [Luis Ganoza](#)
94. “It shouldn’t be this difficult to be who you are”: Transgender adults’ experiences with discrimination in the Nova Scotia healthcare system – [Lois Jackson](#)
95. Planting seeds for healthy youth: Exploring parents’ perceptions of a community-based program in Halifax, Nova Scotia – [Lois Jackson](#)
96. Exploring Healthy Kids Community Challenge program implementation: Results of in-depth interviews with key program stakeholders across Ontario – [Michelle Vine](#)
97. Evaluating implementation of the Healthy Kids Community Challenge: Findings from a survey with community stakeholders across Ontario – [Michelle Vine](#)
98. Implementation and perceived benefits of a mobile food market in low-income neighbourhoods in Ottawa, Ontario – [Jane Platts](#)
99. Enabling policy for healthier retail food environments in the city-region of St. John’s, NL – [Nathan Taylor](#)
100. Accounting for recall bias in foodborne outbreak investigation – [Patrick Seitzinger](#)
101. Edutainment & the use of a zombie pandemic scenario to promote emergency preparedness: A cautionary tale – [Frank Houghton](#)
102. The makeCalgary Network: A collaborative research platform for healthy cities – [Jason Cabaj](#)
103. Developing an Integrated Mobility Plan (IMP) for Halifax – [Alison Shaver](#)
104. Collaboration a key to building capacity in a rural ferry-dependent community – [Brenda Fowler](#)
105. 2011 update to the Ontario Marginalization Index – [Trevor van Ingen](#)
106. Healthy aging and social connectedness in a Northern context: Considerations for municipal planning – [Nathaniel Pollock](#)
107. A place to cook: A scoping literature review – [Lindsey Vold](#)
108. Reducing mental health stigma and creating conversations among Asian men in Vancouver through workshop-based interventions – [Nimesh Patel](#)

- 109.** Wanted: Program theory for a realist synthesis of implementing public health interventions – [Marjorie MacDonald](#)
- 110.** Predicting chronic homelessness – A preventive approach – [Annie Duchesne](#)
- 111.** Implementing a clinical tool to screen for poverty and intervene in primary and non-primary care settings – [Helen Coo](#)
- 112.** Aboriginal relationship and cultural competency courses – [Michelle Rand](#)
- 113.** Path to prevention – Recommendations for reducing chronic disease in First Nations, Inuit and Métis – [Michelle Rand](#)
- 114.** Ilusittiarinniq: Inuit chronic disease prevention and management framework – [Anna Claire Ryan](#)
- 115.** Improving cancer screening rates with mobile cancer screening services for remote and underserved Indigenous communities in Northwestern Ontario – [Julia Bailey](#)
- 116.** Manitoba trends in Index angiograms among status First Nations people and all other Manitobans – [Elizabeth McGibbon](#)
- 117.** A scoping review of adult Indigenous heart health literature: Mapping the worldviews shaping our knowing and practices – [Elizabeth McGibbon](#)
- 118.** Community consultation with regards to tuberculosis (TB) in an Inuit community in Nunavik, Quebec – [Anne Fortin](#)
- 119.** Engaging Indigenous community participation when conducting research using health administrative data – [Sarah Funnell](#)
- 120.** An Indigenous model of emergency and disaster planning – [Stephanie Montesanti](#)
- 121.** Socioeconomic inequalities in health among off-reserve Indigenous Canadians: Trends and determinants – [Mohammad Hajizadeh](#)
- 122.** Meaningful youth involvement in health promotion – Cuystwi (Let's go!): Indigenous Youth Wellness Project – [Gabriella Emery](#)
- 123.** Strength Within: Community-based suicide prevention with young Aboriginal adults of Northern British Columbia – [Henry Harder](#)
- 124.** Cancer in Inuit: Risk factors and screening – [Caroline Cawley](#)
- 125.** An assessment of the first year of a ban on the use of tanning beds and lamps among adolescents in Ontario – [Caroline Cawley](#)
- 126.** A content analysis of indoor tanning health warning labels across Canada – [Jennifer McWhirter](#)
- 127.** Evaluating the comprehensiveness and stringency of indoor tanning legislation across Canada – [Jennifer McWhirter](#)
- 128.** Coffee consumption: A hot topic for chronic diseases in the western world – [Josiah Marquis](#)
- 129.** Development of Canada's first national Low-Risk Gambling Guidelines – [Shawn Currie](#)
- 130.** Reframing reducing harms from gambling as a public health priority – [Jess Voll](#)
- 131.** Online safety and young parents – [Devon Greyson](#)
- 132.** What information is influential to vaccine-hesitant mothers? – [Devon Greyson](#)
- 133.** Equity-based childhood immunization policy-making in urban centres across the Canadian Prairies: A comparative analysis – [Thilina Bandara](#)
- 134.** Parent-reported pain management practices during infant vaccinations – [Caitlin McNair](#)
- 135.** Parent-reported reasons for not using pain mitigation interventions during infant vaccinations – [Horace Wong](#)
- 136.** Parent-reported willingness to use pain mitigation interventions during infant vaccinations: Is it predictive of future use? – [Anna Taddio](#)
- 137.** Telling individuals to look or not to look during vaccination: Is there a difference in fear and pain? – [Priyanjali Mithal](#)
- 138.** Promoting flu shot awareness and accessibility using an incentive-based mHealth application in British Columbia – [Lauren White](#)
- 139.** Narrowing the policy gap: Lessons from years 2 and 3 of the British Columbia Influenza Prevention Policy – [Haley Farrar](#)

## ROOM 200 D



### **COMMUNITIES TO CONTINENTS: COORDINATED APPROACHES IN PUBLIC HEALTH SURVEILLANCE**

This session uses case studies to highlight the importance of coordination and collaboration of individuals, organizations, governments and countries in enhancing public health surveillance, featuring the experience of a number of surveillance collaborations in BC, the Rapid Risk Factor Surveillance System (RRFSS) in Ontario, the Canadian Alliance for Regional Risk Factor Surveillance (CARRFS) across Canada, and the Pan American Health Organization (PAHO) in the Region of the Americas. Speakers will present key challenges and factors for success in their context. There will be ample time for discussion on multidisciplinary team-building for success.

#### **Learning objectives:**

- Identify and describe key challenges and success factors in surveillance collaboration.
- Apply lessons learned from surveillance collaborations at local, national and international levels to their own work.

#### **Presenters:**

- Maritia Gully, Regional Epidemiologist, Public Health Surveillance Unit, Vancouver Coastal Health
- Drona Rasali, Director, Population Health Surveillance & Epidemiology, BC Centre for Disease Control, Provincial Health Services Authority
- Kate Smolina, Director, BC Observatory for Population and Public Health, BC Centre for Disease Control, Provincial Health Services Authority
- Michael King, Epidemiologist, Sudbury & District Health Unit
- Jostein Algroy, Senior Analyst, Fiscal Oversight and Performance Branch, Ontario Ministry of Health and Long-Term Care
- Bernard Choi, Senior Research Scientist, Public Health Agency of Canada; Special Advisor to the Pan American Health Organization

#### **Session Chair:**

- Deena Hinshaw, Medical Officer of Health, Alberta Health Services

## ROOM 200 E



### **FROM PAIN TO CRISIS: A TRANS-BORDER CONVERSATION ON THE OPIOID EPIDEMIC**

The United States and Canada are the two largest per capita-consuming nations of prescribed opioids. The over-prescription of these highly addictive medications has fuelled an unprecedented, iatrogenic epidemic of overdose-related mortality and morbidity in communities throughout both countries. This has created a public health problem requiring significant coordination between multiple stakeholders in deploying an effective response.

This collaborator session is jointly hosted by the American College of Preventive Medicine and the Public Health Physicians of Canada, and will bring together leading experts from both countries to compare and contrast the contexts, strategies, and outcomes from the field, through research and evaluation. The session will provide participants an opportunity for in-depth learning around the epidemic and a forum to discuss joint strategies going forward.

#### **Learning objectives:**

- Compare and contrast the differing approaches used in responding to the opioid epidemic in Canada and the United States, and situate these within the relevant issues and contexts that supported the creation of these response strategies.
- Describe the common elements that gave rise to the crisis on both sides of the border, and state and compare key goals envisioned by the Canadian and American responses.
- Identify potential areas for collaboration between Canadian and American stakeholders in responding to the opioid epidemic.

#### **Presenters:**

- Theresa Tam, Interim Chief Public Health Officer, Public Health Agency of Canada
- Bonnie Henry, Deputy Provincial Health Officer, Province of British Columbia
- Robert Carr, President, American College of Preventive Medicine

#### **Session Chair:**

- Lawrence Loh, Medical Officer of Health, Peel Public Health

## ROOM 202 & 203

### HEALTH CANADA'S HEALTHY EATING STRATEGY – MAKING THE HEALTHIER CHOICE THE EASIER CHOICE

As announced by the Minister in October 2016, Health Canada is working to improve the food environment in Canada. The Healthy Eating Strategy is a comprehensive, multi-year plan that will use new regulations, policy guidance and education tools to address a range of nutrition issues, including initiatives on:

- improving healthy eating
- protecting vulnerable populations
- strengthening labelling and claims
- improving nutrition quality standards
- supporting increased access to and availability of nutritious foods

For more information on Health Canada plans to accomplish these goals, see [Health Canada's healthy eating strategy](#). Representatives from Health Canada will describe the new strategy and share updates on the revision to Canada's Food Guide, restricting the commercial marketing of unhealthy foods and beverages to children (M2K), nutrition labelling, sodium reduction, elimination of industrially produced trans fats, and enhanced labelling on sugars.

#### Learning objectives:

- Describe Health Canada's approach to improving food environments for healthy eating.
- Update on some key nutrition initiatives, including revising Canada's Food Guide, restricting M2Ks and on new labelling initiatives.
- Describe our commitment to openness and transparency in our communications with stakeholders.

#### Presenter:

- Hasan Hutchinson, Director General, Office of Nutrition Policy and Promotion, Health Canada

## ROOM 101



National Collaborating Centre  
for Infectious Diseases  
Centre de collaboration nationale  
des maladies infectieuses

### PUBLIC HEALTH AND ANTIMICROBIAL RESISTANCE: UNDERSTANDING THE BURDEN AND RISKS

This is the first of two sessions that will bring together physicians, nurses, students and others who work in healthcare settings or are engaged in public health policy, and those who play a role in promoting the effective use of antimicrobials (e.g. through influencing prescribing behaviour, public and patient education, etc.). There will be a brief overview of antimicrobial resistance (AMR), its spread in communities and hospitals, and the four pillars of the federal government's framework and action plan to tackle AMR. There will also be an overview of the federal, provincial and territorial perspectives on surveillance systems and stewardship programs.

This session will also unpack our understandings of inappropriate antimicrobial usage that leads to resistance, morbidity and mortality related to AMR, as well as the burden of financial costs and other impacts on health systems, patients, and society.

#### Learning objectives:

- Evaluate background information about AMR to identify common microorganisms resistant to specific drugs, explain modes of spread to various settings, mechanisms of resistance and describe the importance of surveillance information to identify emergent resistance patterns.
- Recognize the federal response to combat AMR, the four major pillars of the federal framework, and plans for implementing coordinated stewardship activities in Canada.
- Distinguish those elements and principles that contribute to effective antimicrobial stewardship programs.



**Presenters:**

- David Patrick, Professor, School of Population and Public Health, University of British Columbia; Medical and Epidemiological Lead in Antimicrobial Resistance, British Columbia Centre for Disease Control
- Jacqueline Arthur, Manager, Antimicrobial Resistance Strategic Issues, Centre for Communicable Diseases and Infection Control, Public Health Agency of Canada
- Richard Rusk, Medical Officer of Health, Manitoba Health, Seniors and Healthy Living
- Andrew Morris, Professor, School of Medicine, University of Toronto; Medical Director, Sinai Health System – University Health Network Antimicrobial Stewardship Program

**Session Chair:**

- Yoav Keynan, Scientific Lead, National Collaborating Centre for Infectious Diseases; Assistant Professor, Departments of Internal Medicine, Medical Microbiology and Community Health Sciences, University of Manitoba



**ROOM 204 & 205**

**ORAL PRESENTATION 1 – PUBLIC HEALTH WORKFORCE**

- Sustainably scaling workforce development to build public health workforce capacity: A network model – [Ilya Plotkin](#)
- Leadership competencies for public health practice in Canada and LEADS: A comparison – [Ardene Robinson Vollman](#)
- Health Promotion Canada, Atlantic chapter engagement and establishment – [Amanda Hudson-Frigault](#)
- Exploring global health competencies through the voices of nursing students – [Christina Faye Murray](#)
- Preparing students for future careers in healthy public policy – New tools to support course instruction by Schools of Public and Population Health – [Kendall Tisdale](#)
- Enhancing quality and safety through the creation of Standard Operating Procedures (SOPs) – [Nadine Romaine](#)

**ROOM 200 C1**

**ORAL PRESENTATION 2 – FIRST NATIONS, INUIT, AND MÉTIS COLLABORATIVE STRATEGIES**

- Where do we start?: Meaningfully involving Indigenous people in public health decision-making – [Alycia Fridkin](#)
- Effective knowledge translation approaches and practices in Indigenous health research: Findings from a systematic review – [Melody Morton Ninomiya](#)
- The transformation of governance in First Nations health care in BC – [John O'Neil](#)
- “I feel safe just coming here because there are other Native brothers and sisters”: Findings from a community-based evaluation of the Niwin Wendaanimak Four Winds Wellness Program – [Jessica Syrette](#)
- Hardwiring First Nations perspectives on health and wellness in indicator selection and reporting: A renewed population health and wellness – [Evan Adams](#)
- Closing the gap: The significance of culturally relevant community health reporting and data collection in First Nations communities – [Laura McQuillan](#)

## ROOM 200 C2

### ORAL PRESENTATION 3 – PUBLIC HEALTH AND TOBACCO

- Evaluating the impact of changes in school-based tobacco programming on smoking susceptibility outcomes among never smokers between year 2 and year 3 of COMPASS study – [Sarah Aleyan](#)
- Effect of a mobile phone intervention “Crush the Crave” on quitting smoking in a young adult population of smokers: Randomized controlled trial – [N. Bruce Baskerville](#)
- A novel approach from tobacco control for documenting public health practice for learning, improvement and impact – [Jennifer Boyko](#)
- Evaluating the susceptibility construct for cigarette, e-cigarette, and any tobacco or e-cigarette use among Ontario youth – [Adam Geoffrey Cole](#)
- Do young adults represent a missed opportunity? Trends in smoking initiation in Canada – [Thierry Gagné](#)
- Adopting tobacco-free campus policies: The power of champions, partnerships and shared vision – [Irene Lambraki](#)

## ROOM 301

### ORAL PRESENTATION 4 – PUBLIC HEALTH AND FOOD

- Thirteen Muesli: A qualitative study of a food-based social enterprise program for marginalized youth – [Aganeta Enns](#)
- The role of context in Canadian food retail environment interventions: Results from a realist review of the literature – [Rebecca Hasdell](#)
- Igniting imagination for restoring food environments and food narratives – [Kathleen Kevany](#)
- Eating out: Frequency of consuming foods prepared away from home, reasons for food outlet selection, and associations with dietary and weight outcomes in a population-based sample from Waterloo Region – [Leia Minaker](#)
- The failure of the Children’s Food and Beverage Advertising Initiative on children’s preferred websites – [Monique Potvin Kent](#)
- Restricting food advertising to children: What’s being proposed and what’s possible? – [Jacob Shelley](#)

## ROOM 302

### ORAL PRESENTATION 5 – REFUGEE AND IMMIGRANT PUBLIC HEALTH PROGRAMS

- How are we responding to the health concerns of Syrian newcomers to Ontario? – [Sepali Guruge](#)
- The Canadian Refugee Child, Youth and Family Research Coalition: Bringing research, services and policy together to create a rapid response to the health needs of young refugees – [Kristin Hadfield](#)
- The Monarch Collaboration: An international research program to promote immigrant and refugee health through immunization – [Cindy Jardine](#)
- Insights into the “healthy immigrant effect”: Variation over time? – [Nasim Khatibsemnani](#)
- Refugee public health in Canada: A knowledge exchange and translation initiative – [Sheikh Muhammad Zeeshan Qadar](#)
- Working together to prevent adverse childhood events among immigrant and refugee families – [Sara Torres](#)

## ROOM 303

### ORAL PRESENTATION 6 – SEXUAL HEALTH

- Investigating the medicalization of trans identity – [Kinnon Ross MacKinnon](#)
- The sex you want: An Ontario response to gay men’s sexual health – [Dane Griffiths](#)
- Attitudes and beliefs of health professionals regarding LGBTQ populations accessing healthcare: Improving patient-provider interactions – [Matthew Lee](#)
- Improving pathways to LGBTQ health in Nova Scotia: Implications for public health practitioners – [Jacqueline Gahagan](#)
- A Critical Ethnography of the work of Case Management Nurses in the “War on HIV/AIDS” – [Linda Juergensen](#)
- Criminalization of HIV non-disclosure: Narratives from young men living in Vancouver, Canada – [Rod Knight](#)

ROOM 304 - 306

**ORAL PRESENTATION 7 – PUBLIC HEALTH PREVENTION AND HARM REDUCTION**

- Promoting healthy public policy readiness: Changing knowledge, attitudes, and beliefs of policy influencers in Alberta, Manitoba, and Québec (2009-2014) – [Candace Nykiforuk](#)
- Equity and education as means of cancer risk reduction: A focus on average Canadians and vulnerable populations – [Dor David Abelman](#)
- Impact of an alcohol-restrictive policy on unintentional injuries in Wetaskiwin, Alberta – [Diana Sanchez Ramirez](#)
- How does proximity to alcohol retailers affect binge drinking in Vancouver, BC? – Results from My Health My Community – [Maritia Gully](#)
- A municipal alcohol policy guide for Nova Scotia municipalities: Speaking the language of communities and municipalities to inspire alcohol policy action – [Kate Johnston](#)
- Reducing alcohol-related cancer: What can public health advocates, policy makers and cancer charities do? – [Marcia Bassier-Paltoo](#)

17:00- 18:30

**NETWORKING RECEPTION WITH EXHIBITORS**

**SCOTIABANK CENTRE**

Wrap up an exciting day of sessions with a casual networking reception with exhibitors. Meet fellow attendees from across the country and sample food and beverage selections as you mingle, network and make lasting connections.

19:00 - 21:00

**PUBLIC FORUM**

**ROOM 200 D**

**ENDING GUN VIOLENCE: A PUBLIC HEALTH APPROACH TO PROMOTING COMMUNITY SAFETY**

Gun violence is a significant social challenge in the Halifax region and other communities across Canada. This violence, however, is a symptom of deep-rooted social challenges that need to be addressed if public safety is to be achieved in the long term. While efforts to promote community safety will continue to rely on policing and access to safe and supportive services for individuals who have experienced violence, successful efforts to prevent interpersonal and structural violence must also address issues such as poverty, education, racism, social inclusion, and affordable housing. Public health can play an important role in helping communities prevent population-level violence through early identification and the use of evidence-informed interventions.

This session will explore the root causes of violence and provide an opportunity for community members to talk about violence prevention in a new light. Making the link between the social determinants of health and violence prevention, participants can discuss practical steps that can be taken to prevent violence and promote safe, healthy communities. Together, we can help drive social change in a way that will have a lasting impact on future generations.

**Presenters:**

- Yvonne Atwell, Executive Director, Community Justice Society
- Carlos Beals, Senior Outreach Worker, CeaseFire Halifax
- Donald Clairmont, Emeritus Professor, Dalhousie University
- Peter Donnelly, President and Chief Executive Officer, Public Health Ontario
- Ted Upshaw, Public Safety Advisor, Halifax Municipality
- Gaynor Watson-Creed, A/Deputy Chief Medical Officer of Health, Nova Scotia Health Authority

# WEDNESDAY JUNE 7

## PROGRAM OVERVIEW

8:30 - 10:00 Scotiabank Centre	<b>PLENARY II: MENTAL WELLNESS – LEARNING FROM INDIGENOUS COMMUNITIES</b> Natan Obed   Carol Hopkins   Jennifer St. Germain   Shelley Gonneville
10:00 - 10:30	<b>REFRESHMENT BREAK</b>
10:30 - 12:00	<b>CONCURRENT SESSIONS</b>
Room 303	<i>CPHA presents:</i> Accessing children’s play – A policy perspective
Room 200 D	<i>CIHI presents:</i> Alcohol harm in Canada: Measurement, policy and practice
Room 204 & 205	<i>PAHO presents:</i> Mental health as a public health issue in the region of the Americas
	<b>SYMPOSIUMS</b>
Room 101	A Canadian EDGE: Towards next-generation ecosocial approaches to public health education, research, and practice development
Room 202 & 203	Educating health professionals on Indigenous health in Canada – Partners in public health respond to the Truth and Reconciliation Commission of Canada’s Call to Action
Room 301	Learning as we grow: Comparing approaches to creating and implementing integrated children’s centres across Canada
Room 302	The HIV and STBBI landscape in Canada
	<b>WORKSHOPS</b>
Room 304 - 306	Careers in public health: Focusing your career search
Room 200 C1	Complex systems approaches to support public health decision making
Room 200 C2	Effective argumentation for policy change in public health
Room 200 E	Making health equity tools work for you: Considerations for preparing, using and evaluating health equity tools in the public health context
12:00 - 13:45 Room 100	<b>CPHA ANNUAL GENERAL MEETING</b>
12:00 - 13:45 Scotiabank Centre	<b>NETWORKING LUNCH WITH EXHIBITORS</b>
13:45 - 15:30	<b>CONCURRENT SESSIONS</b>
Room 200 D	<i>CPHA presents:</i> Selling cannabis – A public health perspective
Room 202 & 203	<i>NCCID presents:</i> Public health’s role in improving antimicrobial use through antimicrobial stewardship programs
Room 200 E	<i>MNO presents:</i> Research collaborations to enhance Métis health and well-being
	<b>ORAL PRESENTATIONS - See pages 44-45</b>
15:30 - 15:45	<b>BREAK</b>



## PROGRAM OVERVIEW

15:45 - 17:15	<b>CONCURRENT SESSIONS</b>
Room 200 D	<i>ITK presents:</i> Towards health equity for Inuit: Creating a health system that supports Inuit-specific approaches
Room 204 & 205	<i>PHANS presents:</i> Equity beyond health: Sharing lessons learned and developing capacity for multisectoral action on health equity
	<b>SYMPOSIUMS</b>
Room 303	Decolonizing our relationships through lateral kindness
Room 301	Public health and harm reduction: Current challenges and future needs
Room 302	The drive and desire to partner with business and academia
Room 101	The public health and human impact of influenza: The case for better prevention in Canada for seniors
	<b>WORKSHOPS</b>
Room 200 C1	A collaborative approach to mental wellness for immigrant and refugee families
Room 200 C2	Collaborative action evaluation: A catalyst for health and social change
Room 304 - 306	FRESH-IT: A workshop on evidence-informed population health intervention development for the retail food environment in smaller municipalities
Room 200 E	Introducing an interactive multimedia tool overviewing the public health landscape In Canada
Room 202 & 203	Shifting space – Facilitating organizational capacity for health equity in environmental public health
17:30 - 19:00 Windsor Room, Prince George Hotel	<b>BOOK LAUNCH: ANDRÉ PICARD, HEALTH COLUMNIST, <i>THE GLOBE AND MAIL</i></b>

# immunize.ca

for reliable information on immunizations for all ages.

Sign up

## ONLINE

to receive our  
e-newsletter for  
healthcare providers



## WELCOME REMARKS

- Jean Harvey, Director, Canadian Population Health Initiative, Canadian Institute for Health Information
- Steven J. Hoffman, Scientific Director, CIHR Institute of Population & Public Health, Canadian Institutes of Health Research
- Isabella Danel, Deputy Director, PAHO/WHO
- Awards Presentation: Honorary Life Membership – Shannon Turner
- Awards Presentation: National Public Health Hero – The Honourable Terry Lake

## PLENARY II: MENTAL WELLNESS – LEARNING FROM INDIGENOUS COMMUNITIES

In light of alarming rates of attempted and completed suicide in Canadian society, particularly among Indigenous youth, strategies to reinforce mental wellness are critical. Mental wellness is recognized as a state of well-being in which the individual realizes his or her own potential, can cope with the normal stresses of life, and is able to make a contribution to her or his own community. In this plenary, delegates will hear three strength-based responses that each take a holistic approach rooted in culture and history to promote mental wellness and prevent suicide.

Delegates will hear an Inuit-specific response based on the National Inuit Suicide Prevention Strategy and its six priority areas for action, a First Nations response grounded in the First Nations Mental Wellness Continuum Framework, and how mental wellness is perceived in the Métis community. Delegates will come away with culturally-informed strategies and actions that can help to promote mental wellness and reduce the rates of suicide in society.

### Learning objectives:

- Describe what public health interventions can be developed based on the implementation of Indigenous strategies and models for mental wellness and suicide prevention.
- Describe social inequities that face our health system and various Indigenous population subgroups.

### Moderator:



**Margo Greenwood,**  
Academic  
Leader, National  
Collaborating  
Centre for  
Aboriginal Health

### Presenters:



**Natan Obed,**  
President, Inuit  
Tapiriit Kanatami



**Carol Hopkins,**  
Executive  
Director,  
Thunderbird  
Partnership  
Foundation



**Jennifer St.  
Germain,**  
Director,  
Education and  
Training, Métis  
Nation of Ontario



**Shelley  
Gonneville,**  
Manager of  
Operations,  
Healing and  
Wellness, Métis  
Nation of Ontario

## ROOM 303



### ACCESSING CHILDREN'S PLAY – A POLICY PERSPECTIVE

Active, unstructured, child-led (risky) play is essential for child development. It provides children with the opportunity to explore risky behaviours, understand their personal limits, and develop interpersonal skills. Children's access to this play is being increasingly limited due to a confluence of over-protective parenting and parental peer pressure, municipal and school board liability concerns, injury prevention, and risk aversion.

Over the past 18 months, CPHA, with support from the Lawson Foundation, has been investigating these changes in attitudes through a series of literature reviews, structured interviews and surveys of parents. Our goal has been to use these results to identify concerns and develop a policy framework to mitigate them for use at the community level. The purpose of this session is to review our findings to date, from a public health perspective, and identify levers that can be used at the local level to reopen children's access to risky play at school and in the community.

#### Learning objectives:

- Describe the reasons why children's access to risky play is essential.
- Identify possible barriers to this type of play.
- Explore approaches to improving access to unstructured, child-led play.

#### Presenters:

- Christine Pentland, Project Officer, CPHA
- Frank Welsh, Director of Policy, CPHA

## ROOM 200 D



### ALCOHOL HARM IN CANADA: MEASUREMENT, POLICY AND PRACTICE

For most alcohol-related diseases and injuries, increasing consumption leads to increased risk. To mitigate this risk, Canada established low-risk drinking guidelines for women and men in 2011. Despite these guidelines, in 2013, more than 3 million Canadians drank enough alcohol to be at risk for immediate injury and harm, and more than 4 million drank enough to be at risk for chronic health effects.

Join a discussion about drinking levels and patterns across provinces and territories, alcohol-related harm, specifically hospitalizations caused by alcohol, alcohol-associated cancer burden, cancer risk perceptions, and the role of alcohol policies and programs to mitigate alcohol harm for populations at risk.

Staff from the Canadian Institute for Health Information (CIHI) will partner with researchers and clinicians to discuss alcohol harm from measurement, policy and population health perspectives. Panelists will reflect on recent work from CIHI examining hospitalizations caused by alcohol and policies from a pan-Canadian perspective, including regional results and socio-demographic variations. The epidemiology of alcohol and cancer, about which there is limited public awareness, will be discussed by Cancer Care Ontario and the Alcohol Working Group of the Toronto Cancer Prevention Coalition. Finally, health system leaders will highlight a range of evidence-based strategies, including population-level public policy and health system interventions, which governments, public health, NGOs and others can implement to reduce alcohol harm.

#### Learning objectives:

- Examine pan-Canadian variations in alcohol consumption and drinking patterns and risk for alcohol-associated cancers.
- Explore recent pan-Canadian work on measuring hospitalizations caused by alcohol at the provincial/territorial and regional levels.
- Discuss evidence-based and cost-effective strategies to reduce harm, and explore how these strategies are implemented and the importance of monitoring.

#### Presenters:

- Robert Strang, Chief Medical Officer of Health, Nova Scotia Health Authority
- Dana Riley, Senior Analyst, Canadian Population Health Initiative, Canadian Institute for Health Information
- Marcia Bassier-Paltoo, Policy Specialist, Prevention, Cancer Care Ontario

#### Session Chair:

- Jean Harvey, Director, Canadian Population Health Initiative, Canadian Institute for Health Information

## ROOM 204 & 205



### MENTAL HEALTH AS A PUBLIC HEALTH ISSUE IN THE REGION OF THE AMERICAS

In this session, the Pan American Health Organization (PAHO) will discuss approaches to address mental health from global and regional perspectives. In addition to examining the situation and challenges in the Region, strategies and interventions will be presented that focus on mental health policy, evidence-based decision making, community-based services, and promotion and prevention to bridge persisting mental health gaps. Presenters will discuss the treatment gap in the Americas, community-based service models, and opportunities for mental health integration between sectors within the context of the sustainable development goals.

#### Learning objectives:

- Review the global and regional perspectives and experiences on addressing mental health & wellness.
- Examine how mental health has been integrated in primary health care in the Region, including best practices at the country level.
- Discuss implications for changing public health practices in the Region.

#### Presenters:

- Claudina Cayetano, Advisor on Mental Health, Pan American Health Organization
- Marc Laporta, Director, WHO/PAHO Collaborating Centre for Research and Training in Mental Health, McGill University, Douglas Institute
- Myrna Cunningham, Vice-President, Fund for the Development of Indigenous Peoples of Latin America and the Caribbean

#### Session Chair:

- Isabella Danel, Deputy Director, PAHO/WHO

Publishing space for CPHA students and early career professionals

# STUDENTS!

We want to hear from YOU!

CPHA is developing a web space for publications by students and early career professionals! Any CPHA member that identifies as a student/early career professional is encouraged to submit pieces under the following broad categories:

- Transition Pieces
- Current Issues
- Student Opportunities
- Career Advice
- Public Health Research

Selected pieces will be published quarterly. Submissions will be accepted on a rolling basis. Note that submissions do not need to be original content and may have been published elsewhere, for example, you may consider adapting a paper you wrote for coursework. We look forward to hearing from you! Don't delay... submit NOW!

If you have any questions about submissions, please contact [students@cpha.ca](mailto:students@cpha.ca).



## ROOM 101

### **A CANADIAN EDGE: TOWARDS NEXT-GENERATION ECOSOCIAL APPROACHES TO PUBLIC HEALTH EDUCATION, RESEARCH, AND PRACTICE DEVELOPMENT**

Attention to ecological determinants of health reflects a growing demand for ecosocial approaches to public health, including, but not limited to, Ecological Public Health, Ecohealth, Ecosystem Approaches to Health, Planetary Health, Healthy Settings, Ecosyndemics, and One Health. Building on the CPHA's 2015 Discussion Document, "Global Change and Public Health: Addressing the Ecological Determinants of Health", the Canadian Ecological Determinants Group on Education (EDGE) is informed by holistic, integrative and Indigenous perspectives on health and wellness, and is committed to an inclusive approach, respecting diverse knowledges and ways of knowing.

This session will orient participants to the EDGE initiative, its working group structure and early development focused on graduate student training, and continuing professional development options for public health and healthcare providers, address 'burning questions' in education for ecological determinants of health, and provide examples of promising practice.

#### **Learning objectives:**

- Discuss the difference and overlaps between environmental health, ecological determinants of health, social determinants of health, and ecosocial approaches to health.
- Explain why explicit attention to ecological determinants of health is timely and relevant to public health education, research and practice, using specific examples from graduate public health training and continuing professional development for public health or healthcare providers.
- Identify key education and training needs and opportunities related to the creation of a competent public health work force in the ecological determinants of health.

#### **Presenters:**

- Andrew Papadopoulos, Associate Professor & Coordinator MPH Program University of Guelph; Co-Chair, EDGE Working Group, MPH Program Curriculum and Public Health Training
- Sandra Allison, Northern Health, BC; President, Public Health Physicians of Canada; Co-Chair, EDGE Working Group, Continuing Professional Development
- Margo Greenwood, Academic Leader, National Collaborating Centre for Aboriginal Health; Professor, First Nations Studies, University of Northern British Columbia

#### **Session Chair:**

- Margot Parkes, Co-chair, Ecological Determinants Group on Education; Canada Research Chair in Health, Ecosystems & Society, University of Northern British Columbia

---

## ROOM 202 & 203

### **EDUCATING HEALTH PROFESSIONALS ON INDIGENOUS HEALTH IN CANADA – PARTNERS IN PUBLIC HEALTH RESPOND TO THE TRUTH AND RECONCILIATION COMMISSION OF CANADA'S CALLS TO ACTION**

The panel showcases two partnerships between education and public health organizations addressing the Truth and Reconciliation Commission (TRC) Call to Action #24. The first exemplifies a unique interactive curriculum for pediatric residents. Spearheaded by the Montreal Children's Hospital and the Canadian Paediatric Society, with the support of the National Collaborating Centre for Aboriginal Health (NCCAH), the goals are to increase pediatric residents' knowledge of historical factors that play a role in the health of Indigenous peoples, to inform them about common medical conditions among Indigenous children, and to encourage them to become advocates for Indigenous children.

The second exemplifies strategies and successes in arts-based teaching and learning dedicated to increasing understanding about Indigenous peoples and what determines their well-being. The NCCAH, in partnership with the Michael Smith Foundation for Health Research, has focused on experiential education to increase cultural competencies in (especially non-Indigenous) future health care professionals. Placing non-Indigenous medical and health care students in remote northern First Nations Communities allows them to gain a grounded understanding of the public health issues within these communities.

**Learning objectives:**

- Illustrates the potential for cross-sectoral partnerships to implement TRC Calls to Action and for closing the health gap between Indigenous children and non-Indigenous children.
- Provides examples for engaging and reciprocal sharing of information between students and Indigenous communities.
- Identifies ways to address the culturally safe care of Indigenous peoples.

**Presenters:**

- Sam Wong, Pediatrician, Canadian Paediatric Society
- Sarah de Leeuw, Associate Professor, Northern Medical Program/Research Associate, National Collaborating Centre for Aboriginal Health

**Session Chair:**

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

---

**ROOM 301**

**LEARNING AS WE GROW: COMPARING APPROACHES TO CREATING AND IMPLEMENTING INTEGRATED CHILDREN'S CENTRES ACROSS CANADA**

Despite evidence highlighting the need to create optimal conditions that support families and enable children to reach their potential during the early years and beyond, how we are able to meet these needs depends greatly on resources, geographical landscapes, the relational culture of a region, and the local values and beliefs influencing early child care and education. Responding to the 'Partnerships and Collaboration' conference track, this symposium will investigate how different regions in Canada support integrated children's centre models that aim to integrate 'early years' services and supports under one roof to better meet the needs of young children and their families. Participants will be engaged in reflection and discussion on the strengths and challenges of the models shared. To encourage a cross-pollination of ideas and solution sharing, an opportunity will be provided for participants to share their own experiences as they strive to meet the needs of young children and their families.

**Learning objectives:**

- Describe the importance of investing in early childhood development as a means to improve public health.
- Distinguish the strengths and challenges of the models presented as they relate to regional resources, geography, relational culture, and local values and beliefs influencing early child care and education.
- Identify approaches that address known challenges influencing the establishment of optimal care and learning environments for young children and their families.

**Presenters:**

- Sara Kirk, Professor, School of Health and Human Performance, Dalhousie University
- Jessie-Lee McIsaac, Postdoctoral Fellow, Healthy Populations Institute, Dalhousie University
- Brenda Poon, Assistant Professor, School of Population and Public Health, Human Early Learning Partnership (HELP), University of British Columbia

**Session Chair:**

- Jane Bertrand, Program Director, Margaret and Wallace McCain Family Foundation; Member of the Directing Committee of the Centre for Excellence for Early Childhood Development



**#PublicHealth17**

**ROOM 302**

**THE HIV AND STBBI LANDSCAPE IN CANADA: IS IT TIME FOR A NATIONAL SEXUAL HEALTH PROMOTION STRATEGY IN SUPPORT OF PROVIDERS WITH PATIENTS USING SELF-DIRECTED HIV AND STBBI TESTING APPROACHES?**

This interactive symposium will provide a platform for discussion about Canada's current HIV&STBBI landscape, the need for a National Sexual Health Promotion Strategy, an exploration of current self-directed approaches developed and piloted in Canada, and the utility of self-testing devices in the Canadian context. Participants will not only learn about how these approaches will impact the relationship between patients and providers, but also what can be done to support effective linkages and retention in care for those who test positive for HIV/STBBIs.

Participants will be able to engage in a dialogue about the possible pathways of self-directed approaches and the possible entry-points at which individuals may engage with the public health system and healthcare providers. Participants will be able to identify the core elements and parameters of the proposed National Sexual Health Promotion Strategy that can be used as a framework to develop regionally specific public health training and guidelines.

**Learning objectives:**

- Analyze the potential for self-directed HIV&STBBI testing approaches and determine the entry-point at which an individual will engage with a healthcare provider for the Canadian context.
- Assess and identify gaps in training and education that may be barriers to advancing self-directed HIV&STBBI testing approaches in relation to a proposed National Sexual Health Promotion Strategy.
- Identify core elements and parameters for the proposed National Sexual Health Promotion Strategy in relation to HIV&STBBI testing in order to develop context-specific training and guidelines that will enable public health to deliver effective care and support.

**Presenters:**

- Deborah Kelly, PharmD, AAHIVP, Associate Professor, Memorial University
- John Kim, Chief, National Laboratory for HIV Reference Services, Public Health Agency of Canada
- Nitika Pant Pai, Associate Professor, McGill University
- Marc Steben, Directeur médical, Clinique A

**Session Chair:**

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



**#PublicHealth17**



**ROOM 304 - 306**

**CAREERS IN PUBLIC HEALTH: FOCUSING YOUR CAREER SEARCH**

Careers in public health are limitless. Learn from two career development professionals with experience in public health how best to focus your career interests and find your next job in public health. In this session, you will hear a presentation entitled 'Focusing your Career in Public Health,' and apply a hands-on method to assist you with narrowing your career interests.

Following this introspection, you will interact with seasoned public health professionals, who will offer guidance and advice during small group breakout sessions. You will be able to move next into further career research and networking to achieve success in pursuing the public health career of your choice.

**Learning objectives:**

- Apply technique to assist with focusing their interests in public health and will examine their career goals through a practical individual exercise.
- Identify career interests in terms of area of public health practice, subject area, type of organization, population of interest, and geographical location.

**Workshop Facilitators:**

- Lisa Metselaar, Career Development Coordinator, Western University, Master of Public Health Program
- Kalpita Gaitonde, Practicum Coordinator, University of Waterloo, Professional Graduate Programs

**Guest Speakers:**

- David Butler-Jones, Senior Medical Officer, First Nations and Inuit Health Branch, Health Canada
- Connie Clement, Scientific Director, National Collaborating Centre for Determinants of Health
- Deena Hinshaw, Zone Lead Medical Officer of Health, Alberta Health Services
- Ellen Wodchis, President, OPHA Board of Directors; Director, Chronic Disease & Injury Prevention, Public Health, Niagara Region
- Maureen Summers, Managing Director, Healthy Populations Institute, Dalhousie University

---

**ROOM 200 C1**

**COMPLEX SYSTEMS APPROACHES TO SUPPORT PUBLIC HEALTH DECISION MAKING**

Participants will be introduced to complex systems approaches in public health, using suicide prevention as an example. During the first part of the workshop, participants will be introduced to basic concepts in complex systems approaches, their benefits, and one approach to modelling a complex system (causal loop diagrams). Practical applications of complex systems approaches in public health will be discussed.

For the second part of the workshop, participants will work through a series of activities to develop a complex systems model of suicide prevention using the concepts presented in the first part of the workshop. Vensim software will be demonstrated to show how systems can be easily visualized. The skills acquired in this workshop can be applied to any area of public health for either research or decision making. These skills will allow participants to articulate the systems within which they work, which will in turn facilitate decision making in a complex environment.

**Learning objectives:**

- Describe a systems approach in public health.
- Create a basic systems model of suicide prevention using causal loop diagrams.
- Apply concepts from a systems approach to other areas of public health.

**Workshop Facilitator:**

- Heather Orpana, A/Manager, Science Integration Division, Public Health Agency of Canada; Adjunct Professor, School of Psychology, University of Ottawa





## ROOM 200 C2

### EFFECTIVE ARGUMENTATION FOR POLICY CHANGE IN PUBLIC HEALTH

This workshop will introduce practical messaging and argumentation strategies from the Canadian political and policy context. We will facilitate a discussion on effective messaging for policy action, with a focus on examples from household food insecurity debates, including school food, guaranteed annual income, and food waste diversion. Participants will have an opportunity to practice policy communication techniques, using positions that they advocate for, as well as constructing realistic arguments against their positions.

Attendees will gain insight into strategies that interdisciplinary coalitions might use to advance policy for food insecurity, as well as other topics of public health concern. These skills are highly relevant to the public health function of health promotion, which through the Ottawa Charter for Health Promotion highlights the importance of healthy public policy and empowerment through collective action.

#### Learning objectives:

- Identify key elements of a persuasive argument for public health policy.
- Describe at least two examples of how arguments are used in debating public health policy issues.
- Dissect at least one of the 'hard' arguments in a policy controversy on food insecurity.
- Formulate, with other participants, a workable messaging strategy to influence a contested public health policy domain.

#### Workshop Facilitators:

- Lynn McIntyre, Professor Emerita of Community Health Sciences, University of Calgary
- Catherine L. Mah, Assistant Professor, Health Policy, Division of Community Health and Humanities, Faculty of Medicine, Memorial University of Newfoundland

---

## ROOM 200 E

### MAKING HEALTH EQUITY TOOLS WORK FOR YOU: CONSIDERATIONS FOR PREPARING, USING AND EVALUATING HEALTH EQUITY TOOLS IN THE PUBLIC HEALTH CONTEXT

This workshop will provide participants with an overview of critical health equity concepts and a collection of over 100 health equity tools published over the past 10 years in the peer-reviewed and grey literature. Workshop attendees will explore the range of tools collected, including metaphors, communication and community engagement approaches, program and policy planning frameworks, health equity impact assessments, surveillance, and program evaluation tools. Activities will include the critical analysis and application of assessment criteria to help with the selection and implementation of appropriate metaphors and tools that are fit for specific purposes and audiences. Participants will leave the workshop feeling more confident in their ability to identify, adapt and implement health equity tools to local needs and contexts.

#### Learning objectives:

- Critically examine the use of health equity metaphors, lenses, guides and frameworks for promoting understanding and action on health equity.
- Identify the range of health equity tools available for public health practitioners and leaders.
- Increase ability to select, assess, adapt and implement health equity tools for specific contexts.

#### Workshop Facilitators:

- Bernie Pauly, Associate Professor, School of Nursing; Scientist, Centre for Addictions Research of British Columbia
- Marjorie MacDonald, Professor, School of Nursing, and Scientist, Centre for Addictions Research of British Columbia, University of Victoria
- Dianne Oickle, Knowledge Translation Specialist, National Collaborating Centre for Determinants of Health
- Sana Shahram, Michael Smith Foundation for Health Research Postdoctoral Research Fellow, Equity Lens in Public Health (ELPH) research project, Centre for Addictions Research of British Columbia

CPHA's AGM is open to all delegates 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 noon on June 6, 2017 at the registration desk. Lunch will be provided.

**ROOM 200 D**



**SELLING CANNABIS – A PUBLIC HEALTH PERSPECTIVE**

Legislation to legalize and regulate the sale and use of cannabis in Canada was introduced and received first reading in Parliament on April 13, 2017. These proposals are based on the recommendations of the Task Force on Cannabis Legalization and Regulation. They address many areas of health promotion, harm reduction and enforcement, but leaves the issue of defining the sales model for cannabis up to provinces and territories.

Building on an April webinar co-sponsored by CCSA, and CPHA, this session will continue exploring the major issues associated with legalizing and regulating cannabis, as they will affect public health practice in the community. Facilitated discussion groups will investigate core public health issues and identify community concerns.

**Learning objectives:**

- Explore the public health implications of the proposed models for cannabis distribution and access under a legal regulatory framework.
- Describe the principles for a public health response to these concerns.
- Identify issues and concerns that can be addressed at the community level.

**Presenters:**

- Karine Diedrich, National Priority Advisor, Canadian Centre on Substance Abuse
- François Gagnon, Agent de recherché, Institut national de santé publique du Québec

**Session Chair:**

- Frank Welsh, Director of Policy, CPHA

**ROOM 202 & 203**



National Collaborating Centre  
for Infectious Diseases  
Centre de collaboration nationale  
des maladies infectieuses

**PUBLIC HEALTH'S ROLE IN IMPROVING ANTIMICROBIAL USE THROUGH ANTIMICROBIAL STEWARDSHIP PROGRAMS**

This session is the second of two sessions that will bring together physicians, nurses, students and others who work in healthcare settings or are engaged in public health policy, and those who play a role in promoting the effective use of antimicrobials (e.g. through improving prescribing behaviour, or by developing public and patient education etc.). The speakers will provide different perspectives on how an antimicrobial stewardship program can be initiated, some challenges to anticipate in different health services settings and patient populations, how programs are evaluated, and factors contributing to how they can be effective in achieving the main goal of reducing antimicrobial resistance.



**Learning objectives:**

- Distinguish the core elements and overarching principles that can guide the development of an antimicrobial stewardship program, and considerations for different settings/patient populations.
- Describe stakeholder engagement strategies and processes involved in implementation of an effective antimicrobial stewardship program.
- Identify relevant lessons and useful tools for implementation of an antimicrobial stewardship program in the distinct health care delivery settings in which they work—including acute care, rural health authorities, and community-based service settings.
- Recognize potential challenges in evaluating the impacts of antimicrobial stewardship programs.

**Presenters:**

- Yoshiko Nakamachi, Program Manager, Sinai Health System – University Health Network Antimicrobial Stewardship Program
- Michael Routledge, Medical Officer of Health, Southern Health-Santé Sud
- Karey Shuhendler, Policy Advisor, Canadian Nurses Association
- Kim Dreher, Program Coordinator, British Columbia Centre for Disease Control

**Session Chair:**

- David Patrick, Professor, School of Population and Public Health, University of British Columbia; Medical and Epidemiological Lead in Antimicrobial Resistance, British Columbia Centre for Disease Control

**ROOM 200 E**



**RESEARCH COLLABORATIONS TO ENHANCE MÉTIS HEALTH AND WELL-BEING**

Until recently, Métis-specific data have been scarce to non-existent. Such data are essential to support evidence-based policy, programming, and service delivery. To address this gap, for over a decade, the Métis Nation of Ontario (MNO) has been working with partners from the Institute for Clinical Evaluative Sciences, Cancer Care Ontario, and the University of Waterloo (among others), to enhance chronic disease surveillance for Métis, as well as Métis data holdings, through the development of the MNO linked data base of approximately 20,000 Métis individuals in Ontario. This work is being complemented by the 2017 MNO Household Survey to assess determinants of health, issues of access, equity, and service gaps, for Métis people across the province.

This multidisciplinary, multi-sectoral collaborative research effort is unique in this country, and is doing much to increase our knowledge of key factors related to the health and well-being of the at-risk Métis population of Ontario.

**Learning objectives:**

- Increase knowledge of Métis health status, determinants, health challenges, and service gaps.
- Highlight and provide examples of 'best practices' in collaborative health research and surveillance with Métis and other Indigenous populations.
- Identify effective mechanisms to support culturally relevant, collaborative health research and surveillance with Métis and other Indigenous populations.
- Explore ways in which the results of health research and surveillance can be effectively mobilized to improve policy development, public health practice, and service delivery, for at-risk Métis and other Indigenous populations.

**Presenters:**

- Storm J. Russell, Senior Policy and Research Analyst, Métis Nation of Ontario
- Martin Cooke, University of Waterloo

**Session Chair:**

- Michelle Rand, Senior Analyst, Aboriginal Cancer Control Unit, Cancer Care Ontario

## ROOM 101

### ORAL PRESENTATION 8 – PUBLIC HEALTH CAPACITY

- Public health investments in Quebec: Trends over the past 10 years – [Julie Fiset-Laniel](#)
- Enhancing healthy public policy capacity at the Montreal Public Health Unit: Lessons from of a multidisciplinary community of practice – [Ak'ingabe Guyon](#)
- Building evaluation capacity in Ontario public health units – [Louise Simmons](#)
- Supporting the use of Continuous Quality Improvement (CQI) in public health units (PHUs) – [Madelyn Law](#)
- Relational ethics: A promising approach to address everyday tensions of public health practice – [Wanda Martin](#)
- Measurement and collaboration to inform progress on Choosing Wisely Canada recommendations – [Sara Grimwood](#)

## ROOM 204 & 205

### ORAL PRESENTATION 9 – PUBLIC HEALTH AND TECHNOLOGY

- Webinars are an effective knowledge translation strategy to build capacity for evidence-informed public health – [Emily Clark](#)
- Engaging public health decision makers with interactive Twitter infographics disseminating actionable messages from systematic reviews – [Olivia Marquez](#)
- Capacity building in knowledge translation and evidence-informed public health decision making using online learning – [Jennifer Salerno](#)
- Connecting culture: A review on the relationship between organizational culture and organizational change – [Kristin Read](#)
- The Carrot Rewards app: Multi-sectoral partnerships and new technologies to drive effective public health practice – [Lauren White](#)

## ROOM 200 C1

### ORAL PRESENTATION 10 – FIRST NATIONS, INUIT, AND MÉTIS COMMUNITIES

- Post-secondary school supports for Indigenous students in Canada: A scoping review – [Bridget Irwin](#)
- School food programs in Indigenous communities: An instrument of decolonization? – [Mary McKenna](#)
- The Nuluaq Project – Mapping Inuit community-based food security initiatives – [Lauren Goodman](#)
- “Mama, I eat junk food. I sneak it!” Uptake of public health messaging and priority setting practices in urban Indigenous family contexts – [Elizabeth Cooper](#)
- Providing Aboriginal dental services – Including a new funding model – [Nancy Kennedy](#)

## ROOM 200 C2

### ORAL PRESENTATION 11 – PUBLIC HEALTH PROMOTION AND COLLABORATION

- From knowledge to action: Increasing mental health supports for Ontario's at-risk Métis population – [Lisa Pigeau](#)
- Engaging Indigenous community participation when conducting research using health administrative data – [Sarah Funnell](#)
- BC Observatory for Population and Public Health: The new kid on the block – [Kate Smolina](#)
- Quality improvement as a health promotion opportunity to re-orient the health system – [Julie Kryzanowski](#)
- Applying quality improvement within health promotion – [Julie Kryzanowski](#)
- Patient advocacy: Building positive networks and relationships between patients, families, and healthcare professionals in Alberta – [Angelica Martin](#)

## ROOM 301

### ORAL PRESENTATION 12 – MENTAL HEALTH AND PHYSICAL HEALTH PROMOTION

- Everybody present: Using mindfulness meditation to promote positive mental health among university students – [Paula Gardner](#)
- Measuring positive mental health in Canada: Psychometric analyses of the Mental Health Continuum – Short Form – [Heather Orpana](#)
- Service needs of families in Ontario with a youth with mental health and/or addictions issues – [Kendyl Dobbin](#)
- Development of a mental health module for the COMPASS system: Improving youth mental health trajectories – [Karen Patte](#)
- The associations between neighbourhood built characteristics and physical activity among adults: A systematic review of Canadian evidence – [Brenlea Farkas](#)
- Bridging the social cohesion and network schools of social capital: Neighborhood social capital, network social capital and mental health – [Valerie Haines](#)

## ROOM 302

### ORAL PRESENTATION 13 – PUBLIC HEALTH PROTECTION

- The West African Ebola epidemic: Response of countries to the World Health Organization's international travel recommendations – [Wendy Rhymer](#)
- Responding to Zika: A cross-jurisdiction scan of policies and provisions for public health surveillance of emerging infectious diseases in Canada – [Shivoan Balakumar](#)
- From promise to practice: A case study of inter-sectoral latent tuberculosis infection care at a refugee health facility in Manitoba – [Shivoan Balakumar](#)
- A comparison of common cluster detection methods for infectious diseases – [Liam Rémillard](#)
- A time-trend cluster analysis of sexually transmitted infections in Ontario – [Liam Rémillard](#)
- From rhetoric to reality: Advancing human rights within Canada's response to the HIV epidemic – [Rod Knight](#)

## ROOM 303

### ORAL PRESENTATION 14 – PUBLIC HEALTH PLANNING

- Developing a Health Impact Assessment of Halifax's Centre Plan: An emerging role for public health – [Valerie Blair](#)
- My Health My Community – Informing partnerships outside public health to guide healthy public policy and local-level planning – [Maritia Gully](#)
- Barriers and supports to physical activity in adults following residential relocation: a mixed methods study – [Grazia Salvo](#)
- The Rapid Risk Factor Surveillance System (RRFSS) – 15 years of “filling in the gaps” to inform local public health decision-making – [Michael King](#)
- So how's that plan going? A framework for measuring health and equity impacts of a municipal active transportation plan – [Josh Marko](#)
- The process of developing an Active Transportation and Health Indicators report for Halifax – [Alison Shaver](#)

## ROOM 304 - 306

### ORAL PRESENTATION 15 – PUBLIC HEALTH AND SUBSTANCE USE

- Reducing the risk of overdose and intervening to save lives in Ottawa: Increased and Coordinated Access to Take-Home Naloxone – [Cynthia Horvath](#)
- Evaluation of the Take Home Naloxone pilot in BC Corrections; recommendations for naloxone program improvement and implementation in Canadian prisons – [Sonya Ishiguro](#)
- Beyond informed consent: Ethical dilemmas in a clinical trial testing the effectiveness of injectable opioid assisted treatment for long-term opioid dependence – [Kirsten Marchand](#)
- Treatment effectiveness of injectable hydromorphone and diacetylmorphine for severe opioid use disorder and its relationship with gender in the SALOME clinical trial – [Heather Palis](#)
- Evaluation of mainline needle exchange: Implications for Atlantic Canada's harm reduction landscape in the context of a changing and growing opioid epidemic – [Caroline Ploem](#)
- Canada's pain epidemic: Musculoskeletal health as a public health priority – [Wanda Lee MacPhee](#)

## ROOM 200 D



### TOWARDS HEALTH EQUITY FOR INUIT: CREATING A HEALTH SYSTEM THAT SUPPORTS INUIT-SPECIFIC APPROACHES

Inuit imagine a health system that has an Inuit-specific approach to health and wellness, and recognizes the foundational importance of Inuit values, culture and ways of knowing. In order to address the many health challenges faced by Canadian Inuit, the health system needs take a holistic approach to wellness that addresses the social determinants of Inuit health. Additionally, collaborative, consent-based policy approaches between Inuit and governments are necessary to create an effective health system that is responsive to Inuit needs.

This interactive workshop will share current Inuit public health priorities, Inuit-specific solutions for a more progressive health system and innovative practices that are advancing health equity for Inuit in Canada.

#### Learning objectives:

- Explore Inuit governance processes and identify Inuit public health priorities.
- Identify ways of addressing Inuit health inequities.
- Recognize promising health care approaches and initiatives that are making positive changes for Inuit communities.

#### Workshop Facilitators:

- Anna Claire Ryan, Senior Policy Advisor, Inuit Tapiriit Kanatami
- Anna Fowler, Director, Health & Social Development, Inuit Tapiriit Kanatami
- Lauren Goodman, Senior Policy Advisor, Inuit Tapiriit Kanatami
- Kathy Kettler, Mental Wellness, Inuit Tapiriit Kanatami
- Terry Ma, Senior Policy Advisor, Inuit Tapiriit Kanatami
- Barry Pottle, Senior Policy Advisor, Inuit Tapiriit Kanatami

## ROOM 204 & 205



### EQUITY BEYOND HEALTH: SHARING LESSONS LEARNED AND DEVELOPING CAPACITY FOR MULTISECTORAL ACTION ON HEALTH EQUITY

Promoting health equity within Canada necessitates collaborative work which involves partners from outside 'traditional' public health agencies. These "non-traditional" partners include community-based and grassroots organizations, as well as agencies and organizations from the education, environment and community service sectors. While this collaborative work presents new challenges, Canada's provincial and territorial public health associations are ideally situated to support development of these partnerships, as they sit on the border between 'traditional' and 'non-traditional' health sectors.

This session will provide participants the opportunity to discuss how Canada's provincial/territorial public health associations can help build diverse partnerships to advance health equity agendas in their respective jurisdictions. This session will seek to answer the question "What role can your local public health association play in helping you build and develop diverse partnerships for health equity work?"

#### Learning objectives:

- Share experiences in building and developing diverse partnerships.
- Learn from successes and challenges encountered across the country.
- Identify opportunities for interprovincial/territorial collaboration in advancing diverse multisectoral partnerships and addressing complex issues related to health equity.

#### Presenters:

- Lynn Vivian-Book, Past President, NLPHA; Lecturer, MUN School of Nursing
- Connie Clement, Scientific Director, National Collaborating Centre for Determinants of Health
- Christine Johnson, Chair, PHANS Health Equity Working Group
- Ellen Wodchis, President, OPHA Board of Directors; Director, Chronic Disease & Injury Prevention, Public Health, Niagara Region

#### Workshop Facilitator:

- Brian Condran, President, Public Health Association of Nova Scotia



## ROOM 303

### DECOLONIZING OUR RELATIONSHIPS THROUGH LATERAL KINDNESS

Lateral kindness is an approach to address lateral violence, based on Indigenous values that promote social harmony and healthy relationships. Lateral violence impacts people around the world, but it manifests in unique ways for Indigenous people because of colonization, racism and intergenerational trauma. Organizations are exploring how to incorporate lateral kindness into various levels of their work and communities to support health governance systems, empowerment and inclusiveness.

BC First Nations organizations have developed innovative and meaningful work in coining the term “lateral kindness,” supporting the development of it as a concept, and promoting it as a way to address lateral violence and improve First Nations health governance in British Columbia. This session will share how First Nations health organizations in BC are championing lateral kindness in practice, policy, partnerships, and professional development in health services, and what factors support promoting lateral kindness and ending lateral violence.

#### Learning objectives:

- Explain the concepts of lateral kindness and lateral violence.
- Determine at least two ways to apply lateral kindness in their work through practice, policy, partnerships or professional development.

#### Presenters:

- Madeline Dion Stout, Honorary Professor, School of Nursing, University of British Columbia & Dion-Stout Reflections Inc.
- Joe Gallagher, Chief Executive Officer, First Nations Health Authority
- Emmy Manson, Regional Mental Wellness Advisor, First Nations Health Authority
- Virginia Peters, Interim Elder Advisor, First Nations Health Directors Association

#### Session Chair:

- Kim Brooks, President, First Nations Health Directors Association

---

## ROOM 301

### PUBLIC HEALTH AND HARM REDUCTION: CURRENT CHALLENGES AND FUTURE NEEDS

The information shared by experts in the field, and discussed at this symposium, will paint a picture of the challenges in maintaining and scaling up harm reduction services. The symposium will provide information about the opioid overdose public health crisis in Canada, and the types of harm reduction services that are essential. We will describe the successful engagement of people with lived experience in harm reduction programmes and policies, and the impact of health and enforcement policies on their lives.

The collaborative efforts between public health and other sectors will be part of the symposium, and will help participants understand the role they can play in their day-to-day research and public health setting. The symposium will highlight the challenges to moving evidence about harm reduction into public health policies, as well as the opportunities for participants to utilize evidence in practice.

#### Learning objectives:

- Identify 3 key current challenges in maintaining and/or scaling up evidence-based and needed harm reduction services for individuals who use drugs.
- Explain 3 key roles for public health in developing/supporting harm reduction programmes and policies.
- Illustrate how public health professionals can apply one or more of the roles in their specific public health setting (research or practice).

**Presenters:**

- Lynne Belle-Isle, National Programs Manager, Canadian AIDS Society; Research Affiliate, Centre for Addictions Research of BC, University of Victoria
- Cindy MacIsaac, Executive Director, Direction 180
- Donald MacPherson, Executive Director, Canadian Drug Policy Coalition, Simon Fraser University
- Fiona Martin, Associate Professor, Department of Sociology and Social Anthropology, Dalhousie University
- Robert Strang, Chief Medical Officer of Health, Nova Scotia Health Authority
- Natasha Touesnard, Project Coordinator, Halifax Area Network of Drug Using People (HANDUP)

**Session Chair:**

- Lois Jackson, Professor, School of Health and Human Performance, Dalhousie University

---

**ROOM 302**

**THE DRIVE AND DESIRE TO PARTNER WITH BUSINESS AND ACADEMIA**

Businesses are seeking opportunities to increase socially responsible practices, academics are seeking new methods for ensuring their research is relevant and applied to real world issues, and public health organizations are seeking innovative ways to improve population health outcomes with limited resources. There is both a drive and a desire for these sectors to partner for mutual benefit. Public health leaders and practitioners possess valuable health (and health system) knowledge that business leaders and academics require. New partnerships with academia can produce applied knowledge for innovation; new partnerships with business can leverage available human and organizational capital. This session will explore the advantages and opportunities for partnership, along with recommended methods for partnering.

Participants will reflect on current partnerships and consider how to expand their work through collaboration. Case studies and facilitated group work will be used to encourage brainstorming and guide the development of new ideas for partnership.

**Learning objectives:**

- Describe advantages and opportunities for partnering with business and academia.
- Explore frameworks for the development of partnerships and identify how these apply to public health practice.
- Identify business and academic partners that could be approached to address complex public health issues in innovative ways.

**Presenters:**

- Madelyn P. Law, Associate Professor, Department of Health Sciences, Brock University
- Roger Wheeler, Professor, Okanagan School of Business, Okanagan College



## ROOM 101

### THE PUBLIC HEALTH AND HUMAN IMPACT OF INFLUENZA: THE CASE FOR BETTER PREVENTION IN CANADA FOR SENIORS

Influenza prevention is a priority for public health in Canada and seniors represent a particularly important target as 70% of influenza-related hospitalizations and 90% of influenza-related deaths are among those over 65 years of age. While more than half of seniors get immunized against influenza, age-related declines in their immune responses render seniors more vulnerable to infections and less responsive to standard vaccines. As a result, standard influenza vaccine effectiveness among older adults is generally half of that of younger adults under 65 years of age.

This session will explore the hidden burden of influenza by examining the impact that influenza can have in triggering cardiovascular outcomes (stroke, MI) and exacerbating a host of underlying chronic conditions. The session will review the influenza vaccines available in Canada for seniors and NACI's most recent position on influenza vaccines available to adults over 65 in Canada. As a high-dose influenza vaccine was recently authorized for use in Canada in 2015, this session will summarize clinical and 'real-world' field evidence from the US experience, where this vaccine has been available since 2009 and where more than 60% of immunized seniors are now receiving the high-dose vaccine.

#### Learning objectives:

- Review the human impact, the role of frailty and the spiral of dependency caused by influenza among the elderly.
- Examine the clinical evidence for immunization against influenza among adults 65 and older and review NACI's position on vaccine options for seniors.
- Assess and evaluate the US experience and evidence of the impact of the high-dose influenza vaccine.

#### Presenters:

- Shelly McNeil, Clinician Scientist, Canadian Center for Vaccinology; Professor, Department of Medicine (Infectious Diseases), Dalhousie University
- Stefan Gravenstein, Professor of Medicine, Brown University's Warren Alpert Medical School and the Brown School of Public Health; Adjunct Professor of Medicine, University Hospitals Cleveland Medical Center, Case Western Reserve University.

#### Session Chair:

- Durhane Wong-Rieger, President and CEO of The Institute for Optimizing Health Outcomes





## ROOM 200 C1

### A COLLABORATIVE APPROACH TO MENTAL WELLNESS FOR IMMIGRANT AND REFUGEE FAMILIES

Mental health and wellness needs of immigrant and refugees are often not adequately met. Our research demonstrated that service providers feel poorly equipped to meet the array of needs of refugees. Services are often fragmented and collaboration between health and social services is limited, thus leading to poor continuity of care.

This workshop discusses the mental health and wellness challenges facing immigrants and refugees in Canada. The facilitators will provide information on successful strategies for a transcultural model of collaborative care that brings together health and social service providers to address family mental health needs. A number of case scenarios will be distributed to the participants for team-based discussion and role play. The workshop will engage participants through the exploration of cases that present mental health challenges among immigrant and refugee families. Participants will gain skills in applying transcultural and collaborative strategies for families experiencing trauma.

#### Learning objectives:

- Recognize current needs of immigrant and refugee families in the area of mental health and wellness.
- Explore new approaches to service delivery through a collaborative practice approach in mental health and wellness services. Apply these strategies through case-based transcultural team role play exercises.
- Compare and discuss team approaches to the cases, and identify culturally appropriate mental health and wellness service delivery and practice strategies applicable in community and care settings. Reflection on if and how these approaches can inform practice of the workshop participants.

#### Workshop Facilitators:

- Lloy Wylie, Schulich Interfaculty Program in Public Health, Western University
- Rita Van Meyel, Clinical Lead, Transcultural Mental Health Consultation Service, London Health Sciences Centre
- Nada Nessian, Transcultural Mental Health Consultation Service, London Health Sciences Centre
- Alfredo Marroquin, Transcultural Mental Health Consultation Service, London Health Sciences Centre

---

## ROOM 200 C2

### COLLABORATIVE ACTION EVALUATION: A CATALYST FOR HEALTH AND SOCIAL CHANGE

Evaluations are conducted for many reasons. For the most part, evaluations are focused on programs and their outcomes particularly trying to determine if the program being evaluated was successful in meeting its objectives, or what outcomes were achieved, or what approach worked best in a given situation. Evaluation, particularly of community programs, is often required as part of accountability and funding structures. Program evaluation is typically conducted by an external expert who uses a systematic process to assess the effectiveness of programs by gathering and analyzing data and returning a verdict about the impact of the program.

Challenging this traditional approach and viewing evaluation as an empowering participatory process that concerns not just programs but people and their practices requires that evaluators re-think the relationship between themselves and those who offer the programs. It also necessitates that they examine perceptions about evidence for practice and what constitutes evidence upon which to base practice.

In this workshop, participants will apply the Collaborative Action Evaluation process by creating a plan for evaluating a program, practice or project that is a challenge in their workplace.

#### Learning objectives:

- Apply the principles of CAE to a particular workplace challenge.
- Compare and contrast orthodox evaluation frameworks from Collaborative Action Evaluation.
- Create a plan for evaluating a workplace practice, program or project.

#### Workshop Facilitators:

- Marcia Hills, Professor, School of Nursing, University of Victoria
- Simon Carroll, Assistant Teaching Professor, Department of Sociology, University of Victoria



**ROOM 304 - 306**

**FRESH-IT: A WORKSHOP ON EVIDENCE-INFORMED POPULATION HEALTH INTERVENTION DEVELOPMENT FOR THE RETAIL FOOD ENVIRONMENT IN SMALLER MUNICIPALITIES**

Retail food environments have received growing research and policy interest in Canada as an important contributor to population diets and health. The retail food sector is a challenging setting for population health interventions. It is a competitive, heterogenous, and rapidly changing business sector that typically requires intersectoral collaboration for intervention success. This workshop is organized by the Food Retail Environments Shaping Health—Intervention Toolkit (FRESH-IT) team including project leaders from Newfoundland and Labrador and Ontario, and academics and practitioner champions who are involved in regional pilot projects. Workshop participants will have the opportunity to share and deliberate upon their own regional experiences developing interventions to increase healthy food access or reduce unhealthy food exposures in retail environments. Our particular focus will be collaboratively identifying key needs and supports for small and mid-sized municipalities, to help inform priorities for the FRESH-IT network moving forward.

**Learning objectives:**

- Apply at least one finding from the current state of evidence on retail food environments in Canada to their own practice context.
- Explain at least two barriers and two facilitators to the design and implementation of intersectoral, evidence-informed health-promoting retail food environment interventions in Canada.
- Formulate one priority action for increasing capacity among smaller municipalities to intervene in the retail food environment to promote health.

**Workshop Facilitators:**

- Catherine L. Mah, Assistant Professor, Faculty of Medicine, Memorial University
- Leia Minaker, Assistant Professor, School of Planning, University of Waterloo
- Ellen Gregg, Public Health Nutritionist, Region of Waterloo Public Health
- Stephanie Pomeroy, Research Assistant, Memorial University
- Rebecca Hasdell, PhD Student, Dalla Lana School of Public Health, University of Toronto

---

**ROOM 200 E**

**INTRODUCING AN INTERACTIVE MULTIMEDIA TOOL OVERVIEWING THE PUBLIC HEALTH LANDSCAPE IN CANADA**

This interactive workshop will introduce a new multimedia tool that centralizes information about public health in Canada, including a summary of the organization of public health systems across provinces/territories. This strategy includes a website that houses short animated educational videos produced by our research team, as well as links to resources.

Workshop participants will learn about the current landscape of public health in Canada, hear about how to incorporate the tool into their work, have the opportunity to provide feedback on the initiative, and engage in discussion to identify further possible tools required by key stakeholders to better understand and access information about public health nationally. The developed public health initiative may be of interest to students and educators across a variety of disciplines (e.g., nursing, community health, public health, and medicine), early-career professionals, and the public at large. The workshop will also introduce a series of short videos, the first of which is entitled “An Overview of Public Health in Canada”.

**Learning objectives:**

- Describe the organization of public health in Canada across provinces and territories.
- Implement and evaluate the use of an interactive multimedia tool in self-learning and teaching activities in public health.
- Identify the key priorities and stakeholders for a centralized platform for public health information.

**Workshop Facilitators:**

- Iwona Bielska, Affiliate Member, Centre for Health Services and Policy Research, Queen's University
- Robert Nartowski, Doctoral Student, University of Aberdeen
- Manasi Parikh, Student Director, Canadian Public Health Association, Undergraduate Student, McMaster University



ROOM 202 & 203

## SHIFTING SPACE – FACILITATING ORGANIZATIONAL CAPACITY FOR HEALTH EQUITY IN ENVIRONMENTAL PUBLIC HEALTH

The National Collaborating Centres for Determinants of Health and Environmental Health, along with the British Columbia Centre for Disease Control, have been exploring how environmental public health (EPH) practitioners can address health equity. This workshop will include a brief overview of health equity and the social determinants of health, discuss these concepts within the context of EPH practice (e.g., environmental health officers and public health inspectors), and explore public health organizational barriers and facilitators to addressing health equity.

Using a practice-based framework titled [Toward health equity: Practical actions for public health inspectors](#), we will highlight practical actions for everyday practice as well as long-term planning. Participants will consider how health equity can fit into a health protection mandate and then explore some of the major challenges related to organizational capacity, tools and resources, and skills needed to address health equity and the social determinants of health.

### Learning objectives:

- Recognize facilitators and challenges related to integrating the social determinants of health and health equity into EPH practice, at the individual practitioner and organizational levels.
- Identify and discuss how to apply tools that support the application of an equity lens in EPH practice.
- Implement practical actions to incorporate a health equity lens within the operational realities of an organization.

### Workshop Facilitators:

- Karen Rideout, Environmental Health Policy Analyst, BC Centre for Disease Control and National Collaborating Centre for Environmental Health
- Dianne Oickle, Knowledge Translation Specialist, National Collaborating Centre for Determinants of Health

17:30 - 19:00

## BOOK LAUNCH: ANDRÉ PICARD, HEALTH COLUMNIST, *THE GLOBE AND MAIL*

WINDSOR ROOM,  
PRINCE GEORGE  
HOTEL

In his new book, *Matters of Life and Death: Public Health Issues in Canada*, respected health journalist (and actual “Public Health Hero”!) André Picard reflects upon the interconnection between physical health, the health of society and public policy. Picard provides facts to help Canadians make knowledgeable health choices and acts as a strong voice against public policy that diminishes Canadian society. Providing an antidote to widespread fear-mongering and misinformation, *Matters of Life and Death* is essential reading for anyone with an investment in public health topics — in other words, everyone.



#PublicHealth17

# THURSDAY JUNE 8

## PROGRAM OVERVIEW

7:30 - 8:45 Room 304 - 306	<b>MORNING SESSION: YOU'VE GOT A TASTE OF PUBLIC HEALTH, NOW WHAT?</b>
9:00 - 10:30	<b>CONCURRENT SESSIONS</b>
Room 200 C1	<i>CPHA presents:</i> CPHA Policy forum
Room 200 C2	<i>AFN presents:</i> Our stories: Our health
	<b>SYMPOSIUMS</b>
Room 301	Best and promising practices in HPV vaccination program implementation
Room 101	Emerging leaders in health promotion in Canada: Future directions and contributions in addressing the needs of marginalized populations
Room 202 - 203	Environmental racism: Health impacts and promising responses
Room 204 - 205	Systems risk models for public health policy formulation and evaluation
Room 303	Transforming youth mental health services: A model for overcoming sector, discipline and geographical divides to achieve improved health outcomes
	<b>WORKSHOPS</b>
Room 200 D	Do bad things happen to good people? Unpacking multiple understandings of 'risk' to build theory-informed health communication
Room 200 E	Interventions for interrupting Indigenous-specific stereotyping and discrimination
Room 302	Modelling tool to assess the effects of local intersectoral action to improve living environments in urban neighbourhoods
10:30 - 11:00	<b>REFRESHMENT BREAK</b>
11:00 - 12:30	<b>CONCURRENT SESSIONS</b>
	<b>ORAL PRESENTATIONS</b> - See pages 59-61
12:30 - 14:30 Scotiabank Centre	<b>PLENARY III AND CLOSING: RACISM IN SOCIETY</b> Kwame McKenzie   Debbie Douglas   Darryl Leroux   Molly Peters
15:00 - 17:30 Room 304 - 306	<b>RURAL, REMOTE &amp; NORTHERN PUBLIC HEALTH NETWORK</b>

7:30 - 8:45

**MORNING SESSION**

**ROOM 304 - 306**

### YOU'VE GOT A TASTE OF PUBLIC HEALTH, NOW WHAT?

#### PRE-REGISTRATION REQUIRED

Students and trainees will come together during an interactive breakfast session to synthesize what has been learned over the course of the conference and discuss next steps. Thomas Piggott will share opportunities to remain involved and will provide tips on how students and trainees can channel their desire to effect change.

#### Invited Speaker:

- Thomas Piggott, Public Health & Preventive Medicine Residency Program, McMaster University

## ROOM 200 C1



### CPHA POLICY FORUM

The Policy Forum is an opportunity for participants to have direct influence on CPHA's key policy initiatives. This year, the Forum will focus on three subjects:

- Review the position statement for Core Housing Need.
- Discuss the public health principles that should inform trade agreement negotiations.
- Review CPHA's Sex and Gender Analysis Policy that will be used to evaluate future policy development outputs.

Participants will be provided with written descriptions of the subject areas, and then participate in facilitated discussions to obtain their input into these proposals. These results will be used to adjust the documents to better reflect participants' concerns, before review and approval by CPHA's Board.

The session will wrap up with a Rapid-Fire Policy Round, where participants will be given 30 seconds to present one issue of particular interest.

#### Learning objectives:

- Explain CPHA's main policy concerns and upcoming issues.
- Summarize CPHA's future policy initiatives and activities.

#### Co-Moderators:

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

---

## ROOM 200 C2



### OUR STORIES: OUR HEALTH

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

According to findings from current public health surveillance, it is estimated that First Nations experience high incidences of communicable and non-communicable diseases (diabetes, sexually transmitted infections, mental illness and infectious diseases). Indigenous world views, practices and ways of knowing can counter these elevated rates of disease measured through diverse strategies that encourage strengths-based approaches to improve First Nations well-being.

#### Learning objectives:

- Identify the context and challenges associated with improving First Nations health.
- Describe health-promoting approaches generated from Indigenous-informed strategies.
- Formulate effective strategies to engage First Nations in health discussions, proposals and strategies.

#### Presenters:

- Erin Tomkins, Senior Policy Coordinator, Health Sector, Assembly of First Nations
- Marie-Noëlle Caron, Public Health Advisor, First Nations of Quebec and Labrador Health and Social Services Commission
- Roslynn Baird, Executive Director, Southern Ontario Aboriginal Diabetes Initiatives

#### Session Chair:

- Marlene Larocque, Health Policy Analyst, Assembly of First Nations

## ROOM 301

### BEST AND PROMISING PRACTICES IN HPV VACCINATION PROGRAM IMPLEMENTATION

The development of the HPV vaccines is one of this century's notable biomedical success stories, and widespread vaccination has the potential to reduce the incidence of cervical and other HPV-induced cancers around the world. While there is a body of evidence on best practices for HPV program implementation in low- and middle-income countries, no such collection exists for high-income countries. This symposium will focus on the impact of HPV immunization in Canada and will highlight some recent case studies from a range of high-income settings and identify the emerging best and promising practice in program implementation.

#### Learning objectives:

- Summarize the effectiveness and safety of HPV immunization.
- Describe the uptake of current Canadian HPV immunization programs.
- Describe the emerging best and promising practices in HPV immunization program implementation.
- Discuss the challenges of program implementation.

#### Presenter:

- Marc Steben, Directeur médical, Clinique A

---

## ROOM 101

### EMERGING LEADERS IN HEALTH PROMOTION IN CANADA: FUTURE DIRECTIONS AND CONTRIBUTIONS IN ADDRESSING THE NEEDS OF MARGINALIZED POPULATIONS

The information shared at this interactive 'emerging leaders in health promotion' symposium will be used by participants in framing their own health promotion approaches and directions in Canada, particularly in relation to addressing the unique health and social care needs among marginalized populations. This information will be useful for those working in health promotion research, public health and public policy sectors aimed at addressing the health equity issues faced by a variety of marginalized populations, including those who experience poor health outcomes due to poverty, social or economic exclusion, and sexual orientation and gender identity minoritized status.

A variety of models and approaches in addressing the health promotion needs of marginalized populations, such as intersectionality, harm reduction, health advocacy, and sex- and gender-based analysis, will be shared with participants.

#### Learning objectives:

- Engage with an intergenerational group of health promotion experts and emerging leaders.
- Explore the current Canadian training and employment landscapes faced by emerging leaders in health promotion research, policy and programming.
- Apply the lessons learned to informing and advancing the future of health promotion in Canada.

#### Presenters:

- Rod Knight, Post-Doctoral Fellow, British Columbia Centre on Substance Use
- Stefanie Machado, Student, BSc Health Promotion, Dalhousie University
- Bridget Irwin, SchoolsPlus, Department of Education and Early Childhood Development; BSc Health Promotion Graduate
- Sara Brushett, Student, BSc Health Promotion, Dalhousie University
- Thierry Gagné, PhD Student, Université de Montréal
- Morgane Stocker, Founding Member, Health Promotion Canada
- Lois Jackson, Professor of Health Promotion, Head, Health Promotion Division, Dalhousie University
- Ann Pederson, Director, BC Centre of Excellence for Women's Health

#### Session Chair:

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

## ROOM 202 & 203

### ENVIRONMENTAL RACISM: HEALTH IMPACTS AND PROMISING RESPONSES

Environmental racism is the disproportionate impact of environmental hazards on people of colour. Environmental racism in Nova Scotia has resulted in a disproportionate level of health risks and disease outcomes being experienced by Indigenous and African Nova Scotians who live near toxic waste-producing industries or waste disposal sites.

A well-organized, province-wide initiative involving research, education and political action has resulted in public forums, newspaper and magazine articles, awareness events in affected communities, and the first reading of Bill 111: An Act to Address Environmental Racism in the spring of 2015. More recent efforts have focused on getting government to adopt environmental assessment protocols that consider more seriously who bears the largest burden of risk related to new industrial developments.

This session gives participants an opportunity to learn about the structural basis of environmental racism, and the initiatives to bring awareness and action in Nova Scotia. Participants will share their experiences in other provinces, and discuss the potential role of public health in addressing the interface between racism and the ecological determinants of health.

#### Learning objectives:

- Define environmental racism, explain its structural base, and give three examples of its manifestation in Canada.
- Describe three advocacy responses to the existing or proposed location of industrial projects near communities of colour.
- Advocate for a public health role in bringing attention and action to the need to address situations of environmental racism.

#### Presenters:

- Ingrid Waldron, Associate Professor, School of Nursing, Dalhousie University; Director, Environmental Noxiousness, Racial Inequities & Community Health (ENRICH) Project
- Dorene Bernard, Social Worker, National Collaborating Centre for Determinants of Health
- Louise Delisle, Founding Member of SEED; Community organizer and spokesperson, Shelburne Water Monitoring Project and Sherbourne Regional Dump

#### Session Chair:

- Karen Fish, Knowledge Translation Specialist, National Collaborating Centre for Determinants of Health

---

## ROOM 204 & 205

### SYSTEMS RISK MODELS FOR PUBLIC HEALTH POLICY FORMULATION AND EVALUATION

In this session, we explore healthcare applications of agent-based models and mental models. We will present a variety of case studies on real-world events, beliefs, and behaviours to show how modeling can help us to understand and address health-based problems. We will address and discuss problems and limitations of models, as well as best practices in constructing, understanding, and using models.

By providing varied examples for multiple diseases and applications, we hope to demonstrate the value of models which can support evidence-based policy.

#### Learning objectives:

- Describe the potential and limitations of agent-based models and mental models for describing infection spread and testing potential solutions.
- Identify different classifications of models and their basic structures.
- Analyze and interpret models more effectively and critically in a research, clinical, or policy context.

#### Presenters:

- Jamie Robinson, Graduate Student, Individualized Program, Concordia University
- Mojtaba Zargoush, Graduate Student, Mechanical and Industrial Engineering, Concordia University

#### Session Chair:

- Ketra Schmitt, Associate Professor, Centre for Engineering in Society; Director, Individualized Program at Concordia University



## ROOM 303

### **TRANSFORMING YOUTH MENTAL HEALTH SERVICES: A MODEL FOR OVERCOMING SECTOR, DISCIPLINE AND GEOGRAPHICAL DIVIDES TO ACHIEVE IMPROVED HEALTH OUTCOMES**

In Canada, and internationally, there is an emergent model of integrated mental health services that offer youth- and family-engaged models of care with interdisciplinary teams that can increase access to, and the quality of, the mental health supports young people receive.

This session will highlight the early research, implementation and policy learning from four large-scale Canadian projects: the pan-Canadian ACCESS Open Minds project, the BC Integrated Youth Services project, the CYCC Network and the international knowledge mobilization network, HYPE.

This session will:

- Share core components of integrated stepped care service hubs emerging across Canada.
- Discuss scale-up and implementation issues.
- Highlight the meaningful engagement of youth and families as part of this process.
- Discuss how these efforts link to other system-wide transformation (e.g., primary care, education, specialized mental health system).
- Identify the metrics of success for such programs and the best approaches to capture these through evaluation.

#### **Learning objectives:**

- Describe emergent models of child and youth mental health service provision.
- Explore the challenges of increasing and improving mental health services.
- Identify capacity to consider family and youth engagement in service planning.

#### **Presenters:**

- Aliçia Raimundo, Youth mental health hero and advocate, [aliciaraimundo.com](http://aliciaraimundo.com)
- Lisa Lachance, Executive Director, CYCC Network
- Joanna Henderson, Director of the Margaret and Wallace McCain Centre for Child, Youth & Family Mental Health; Interim Implementation Director of the Cundill Centre for Child and Youth Depression at CAMH

#### **Session Chair:**

- Ian Manion, Director, Youth Mental Health Research, Institute of Mental Health Research





## ROOM 200 D

### DO BAD THINGS HAPPEN TO GOOD PEOPLE? UNPACKING MULTIPLE UNDERSTANDINGS OF 'RISK' TO BUILD THEORY-INFORMED HEALTH COMMUNICATION

Do bad things happen to good people who take risks? During this workshop, we'll shed light on what your answer to that question has to do with effective health communication about risk. Participants can expect to participate in sculpting, modified life-lining (an arts-based autobiography about risk), reflection, and discussion to understand personal concepts of risk, cautionary public health tales, and their relationships to health.

Together, we will explore to what extent we each believe phenomena like luck, chance, and probability have a role in our health, and, conversely, to what extent we each believe if we, individually and professionally, have control over health outcomes. We'll paddle down to upstream risk communication.

The session will conclude with theory-informed thoughts on how these beliefs and understandings impact health risk communication, and with an invitation to compose next steps.

#### Learning objectives:

- Examine and explore personal and professional attitudes towards and understandings of risk through reflection, discussion activities, and self-recorded 'field notes' (observations, interpretations, evaluations);
- Participate in theory-informed exercises to learn how creativity and imagination help us reveal different knowledges about health and risk, and possibly build new understandings;
- Identify how and why diverse and new knowledges of risk can be applied to health communication and professional practice.

#### Workshop Facilitators:

- Debra Kriger, PhD candidate, Exercise Sciences, Faculty of Kinesiology and Physical Education, University of Toronto
- Margaret MacNeill, Associate Professor, Faculty of Kinesiology and PE; Cross-appointed, Dalla Lana School of Public Health, University of Toronto

---

## ROOM 200 E

### INTERVENTIONS FOR INTERRUPTING INDIGENOUS-SPECIFIC STEREOTYPING AND DISCRIMINATION

Drawing on anti-racist pedagogy and perspectives on cultural safety, this workshop will provide participants with a framework for recognizing and critically analyzing the process of Indigenous-specific stereotyping, as well as interrupting and responding to racism and stereotyping in a range of applied settings. Participants will be introduced to the notion of Implicit Association Testing (IAT) through an interactive exercise and explore the potential for this intervention in the context of their work. Building on this discussion, participants will work through an analytical process of applying critical perspectives to real-world examples of racism and discrimination in health and public health settings. Through this process, participants will deepen their understanding of the origins of stereotyping and the impact on Indigenous people in the context of their work. The workshop will conclude with a reflective discussion on the potential for, and implications of, cultural safety interventions in participants' work settings.

#### Learning objectives:

- Identify implicit stereotyping and discrimination towards Indigenous people.
- Analyze attitudes and behaviours to identify underlying ideologies and narratives about Indigenous people, and recognize when discrimination is occurring.
- Apply an analytical lens to work life scenarios with a view to interrupt stereotyping and discrimination.

#### Workshop Facilitators:

- Laurie Harding, Lead Facilitator, San'yas Indigenous Cultural Safety Training, Provincial Health Services Authority
- Alycia Fridkin, Policy and Research Analyst, Indigenous Health, Provincial Health Services Authority



**ROOM 302**

**MODELLING TOOL TO ASSESS THE EFFECTS OF LOCAL INTERSECTORAL ACTION TO IMPROVE LIVING ENVIRONMENTS IN URBAN NEIGHBOURHOODS**

About 30 participants interested in health promotion intervention based on intersectoral action will take part. Participants will expand their knowledge of effect-producing mechanisms. At a time when intersectoral action is at the heart of strategies to respond to many community issues, we must find ways to re-examine the mechanisms needed to increase action effectiveness. Participants will become more familiar with the modelling tool to assess the process-effects of local intersectoral action, allowing them to establish a process's capacity to have an effect, and improve the capacity of intersectoral networks to generate those effects. At the end of the workshop, participants will have the tool at their disposal and know how to use it; they will also understand its potential for monitoring and producing knowledge on the process-effect links of intersectoral action.

**Learning objectives:**

- Understand the dynamics of intersectoral action and identify the critical steps required to generate changes in living environments.
- Analyze intersectoral action in relation to the parameters provided by the tool proposed (transitional results) and uncover its dynamic sequence.
- Monitor intersectoral action and illustrate it through the chains of effects produced.

**Workshop Facilitator:**

- Louise Potvin, Editor-in-Chief, Canadian Journal of Public Health; Professor, School of Public Health, University of Montréal



**ROOM 101**

**ORAL PRESENTATION 16 – PUBLIC HEALTH EQUITY**

- Toward health equity lens: From the theoretical to the practical – [Marjorie MacDonald](#)
- Saskatchewan equity study: Research evidence to inform program and policy change on the social determinants of health and in health system performance – [Cordell Neudorf](#)
- Shoot first and ask questions later: Challenges in implementing health equity on the frontline – [Bernie Pauly](#)
- Moving health equity forward: From talk to action – [Bernie Pauly](#)
- Starting a discussion on the social determinants of health: Experience of BC First Nations – [Grand Chief Doug Kelly](#)

**ROOM 202 & 203**

**ORAL PRESENTATION 17 – SEXUAL HEALTH RESEARCH, POLICY AND PRACTICE**

- Leave no one behind: Ending HIV/AIDS demands the inclusion of people of all ages and genders – [Peggy Edwards](#)
- National practice guidelines in peer health navigation for people living with HIV – [Laurie Edmiston](#)
- Strengthening the Canadian public health response to syphilis – Creating an opportunity to discuss successes and failures in programs from coast to coast – [Geneviève Boily-Larouche](#)
- Sex and gender in public health research, policy and practice: Mobilizing and transforming for system-level change – [Jacqueline Gahagan](#)
- International students at Dalhousie University: Their perceptions and experiences in accessing sexual health services in Halifax, N.S. – [Stefanie Machado](#)

**ROOM 204 & 205**

**ORAL PRESENTATION 18 – FAMILY HEALTH AND WELLNESS**

- Perinatal and postpartum health outcomes and care experiences of marginalized women in Canada: A mixed methods literature review – [Anna Dion](#)
- Health equity in pregnant and parenting women's public health services – [Sana Shahram](#)
- Indigenous parenting resources – An adaptation project to create culturally localized and respectful public health tools for Indigenous parents in Manitoba – [Lisa Murdock](#)
- Cowichan Tribes - Assessing youth wellness – [The'ye'lh Smun'eem team](#)
- Sharing the Aboriginal Children's Health and Well-being Measure with Indigenous communities – [Nancy Young](#)

**ROOM 200 C1**

**ORAL PRESENTATION 19 – PUBLIC HEALTH YOUTH AND THE COMMUNITY**

- Public policy advocacy to eradicate child poverty: A primary preventive strategy – [Sid Frankel](#)
- Gender, socioeconomic status and early child development: Are boys from low-SES neighbourhoods getting left behind? – [Simon Webb](#)
- The life satisfaction of children from various ethno-cultural backgrounds living in British Columbia – [Scott Emerson](#)
- Hubs, tools & community – How to increase community capacity to support youth mental health – [Lisa Lachance](#)
- Neighbourhoods and obesity: A longitudinal study of characteristics of the built environment and their association with adiposity outcomes in children in Montreal, Canada – [Adrian Ghenadenik](#)

**ROOM 200 C2**

**ORAL PRESENTATION 20 – SUBSTANCE USE RESEARCH, POLICY AND PRACTICE**

- Cannabis law reform: Decriminalization is still important – [Mike DeVillaer](#)
- The constitutionality of advertising restrictions on marijuana: Balancing commercial free speech and public health protection – [Melanie McPhail](#)
- Adolescence and young adult correlates of marijuana use trajectories among Canadian youth: Implications for prevention – [Kara Thompson](#)
- Caution in the wind: Researching and translating evidence on cannabis for parents – [Natalie Hemsing](#)
- Canadian Student Tobacco Alcohol and Drugs Survey (CSTADS): Significant change in pattern of substance use between PEI and Canadian students (2008/2009 to 2014/2015) – [Melissa Munro Bernard](#)

**ROOM 200 D**

**ORAL PRESENTATION 21 – PUBLIC HEALTH COMMUNITY PLANNING**

- "It is not the diet; it is the mental part we need help with." A multilevel study on obesity and psychological, emotional, and social well-being – [Kathryn Rand](#)
- Creating an urban agriculture action plan – [Wanda Martin](#)
- Collaboration a key to building capacity in a rural ferry dependent community – [Brenda Fowler](#)
- Exploring the association between rail transit investments and utilitarian walking in urban-dwelling Canadians – [Sidonie Penicaud](#)
- Coming together: Evaluating inclusion and impact in Hamilton's neighbourhood action strategy – [Nishan Zewge-Abubaker](#)

**ROOM 200 E**

**ORAL PRESENTATION 22 – PUBLIC HEALTH PREVENTION PROGRAMS**

- Gaining public support for chronic disease and cancer prevention: Evidence for segmented approaches across Canadian subpopulations – [Candace Nykiforuk](#)
- Cancer Care Ontario's 2016 Prevention System Quality Index: Monitoring Ontario's Efforts in Cancer Prevention – [Maria Chu](#)
- SOS: Summer of Smoke. A mixed-methods, community-based study investigating the health effects of a prolonged, severe wildfire season on a subarctic population – [Courtney Howard](#)
- Conceptualizing public health emergency preparedness: A Canadian framework – [Yasmin Khan](#)
- An Indigenous model of emergency and disaster planning – [Stephanie Montesanti](#)

## ROOM 301

### ORAL PRESENTATION 23 – CHILDREN AND SCHOOL PROGRAMS

- Assessing the effectiveness of Healthy Start-Départ Santé, a population health intervention to enhance healthy behaviours in children attending licensed childcare centres in Saskatchewan and New Brunswick – [Anne Leis](#)
- Factors influencing implementation of school food and nutrition policies: A scoping review – [Jessie-Lee Mclsaac](#)
- Examining 'Integrated Knowledge Translation' in a school-based population health intervention research project – [Jessie-Lee Mclsaac](#)
- Provincial youth health trend data: Evidence informed action to build healthy school communities – [Jo-Ann MacDonald](#)
- Innovative northern programming – Public health unit and school board partnerships – [Samantha Jibb](#)

## ROOM 302

### ORAL PRESENTATION 24 – IMPACT OF PUBLIC HEALTH

- Public health strategy design: Principles, evidence & practice – [Robert Schwartz](#)
- People assessing their health: Building capacity for communities to determine their health and well-being – [Anne Colleen Cameron](#)
- Public health impacts of free trade agreements – [Jia Hu](#)
- Bringing health research to policy: Understanding the role and procedures of the Federal Standing Committee on Health – [Robert Rivers](#)

## ROOM 303

### ORAL PRESENTATION 25 – PUBLIC HEALTH FOOD SECURITY, LITERACY AND PARTNERSHIPS

- Community food security interventions: What works and why? Results of a Cochrane systematic review and integrated knowledge translation – [Elizabeth Kristjansson](#)
- The value of valence in policy formation for public health problems: An analysis of household food insecurity – [Lynn McIntyre](#)
- Halifax Food Policy Alliance: Working in partnership to achieve a healthy, just and sustainable food system in Halifax – [Madeleine Waddington](#)
- Canadian adaptation of a health literacy assessment tool to inform nutrition labeling policy and education – [Elizabeth Mansfield](#)
- Promoting food literacy: Facilitators and barriers to educational interventions – [Emily Truman](#)

## ROOM 304 - 306

### DR. JOHN HASTINGS STUDENT AWARD NOMINEES

- Portrait of Preterm Birth in Quebec, 1981 to 2012 – [Safyer McKenzie-Sampson](#)
- Impact of postnatal exposure to household cleaning products on infant gut microbiota composition at 3-4 months – [Mon Tun](#)
- The COMPASS Study as an intervention: Using knowledge exchange strategies to enhance the impact of school health research – [Kristin Brown](#)
- Cultural relevancy within health-promoting schools – [Rachel Malena-Chan](#)
- Engaging Indigenous community participation when conducting research using health administrative data – [Sarah Funnell](#)
- Reducing barriers to commercial tobacco cessation among First Nations, Inuit, and Métis populations through a participatory approach: An application of the Interactive Systems Framework – [Megan Barker](#)
- Do young adults represent a missed opportunity? Trends in smoking initiation in Canada – [Thierry Gagné](#)
- Thirteen Muesli: A qualitative study of a food-based social enterprise program for marginalized youth – [Aganeta Enns](#)
- "Mama, I eat junk food. I sneak it!" Uptake of public health messaging and priority-setting practices in urban Indigenous family contexts – [Elizabeth Cooper](#)
- Barriers and supports to physical activity in adults following residential relocation: A mixed methods study – [Grazia Salvo](#)

## WELCOME REMARKS

- Connie Clement, Secretariat lead, National Collaborating Centres for Public Health; Scientific Director, National Collaborating Centre for Determinants of Health, St. Francis Xavier University
- Awards Presentation: R. Stirling Ferguson Award – Nancy Edwards
- Awards Presentation: Dr. John Hastings Student Award

## RACISM IN SOCIETY

This plenary will continue the dynamic conversation from the plenary on Health Equity, Social Justice and the Racialization of Canadian Society at Public Health 2016, motivating participants to remain engaged in anti-racism dialogue and action. Panelists will identify concrete strategies and approaches to address systemic racism – giving thought to strategies that public health can use – as well as promising approaches from other sectors. Speakers will represent a variety of voices, communities and sectors and will explore the interaction between racism and other social systems and processes (e.g. economic exclusion, Islamophobia, gender oppression, heterosexism and homophobia, etc.).

This session will motivate participants to increase their own level of understanding and to take collective action in their respective communities. Participants will come away with a deeper knowledge of what it means to be anti-racist, including strategies to dismantle certain aspects of oppressive systems and how to move towards a more racially inclusive and equitable society.

### Learning objectives:

- Assess how systemic racism is widespread in society, and its interaction with other social systems and processes.
- Identify concrete strategies and approaches to increase personal agency to respond to systemic racism.
- Illustrate how participants can effect change individually and as part of a collective to move towards a more racially inclusive and equitable society.

### Moderator:



**Sume Ndumbe-Eyoh,**  
*Knowledge Translation Specialist, National Collaborating Centre for Determinants of Health*

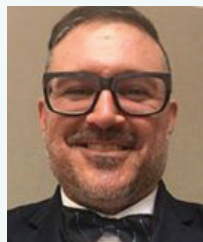
### Presenters:



**Kwame McKenzie,**  
*Professor, University of Toronto & Director, Centre for Addiction and Mental Health*



**Debbie Douglas,**  
*Executive Director, Ontario Council of Agencies Serving Immigrants*



**Darryl Leroux,**  
*Associate Professor, Saint Mary's University*



**Molly Peters,**  
*Band Council member, Paq'tnkek Mi'kmaw Nation*

## PRE-REGISTRATION REQUIRED

The inaugural face-to-face meeting of rurally involved public health physicians is provided to further develop the formalized Rural, Remote and Northern Public Health Network of Canada. The new network will fill a long-standing gap for rural public health physicians to connect and exchange knowledge, explore novel rural solutions to public health issues, and offer a platform for raising the profile of rural public health in Canada.

This event is supported by PHPC, NCCID, CPHA, PHAC, CIHR, and IPPH

# 2017 HONORARY AWARDS PROGRAM



## R.D. DEFRIES AWARD – DR. TREVOR HANCOCK

---

Dr. Trevor Hancock is an exemplary nominee for the R.D. Defries Award, a legend in the public health field. Arguably, no individual Canadian has done more to advance the public health importance of the ecological determinants of health. From first leader of the Green Party for both Canada and Ontario in the 1980s, to co-founding both the Canadian Association of Physicians for the Environment (CAPE) and the Canadian Coalition for Green Health Care, Trevor's influence has been extensive. Most recently he led a CPHA working group that wrote a comprehensive Discussion Paper on the ecological determinants health (May 2015).

He is one of the founders of the global Healthy Cities and Communities movement, having co-authored with Len Duhl the original background paper for WHO Europe in 1986. He originated the term 'healthy public policy' and in 1984 organized the first international conference on the topic. He has consulted and spoken on these and other health promotion and public health issues across Canada and around the world, and has published extensively.

In the nine years he spent as a Medical Consultant in Population and Public Health at the BC Ministry of Health, he led the development and implementation of core programs in public health and co-led the development of the country's first comprehensive clinical prevention policy. He was also Provincial Co-chair of the Population Health Promotion Expert Group of the Public Health Network of Canada. In 2015 he was made an Honorary Fellow in the UK's Faculty of Public Health.



## HONORARY LIFE MEMBERSHIP AWARD – SHANNON TURNER

---

Shannon Turner, PhD (c), is an exemplar practitioner scholar and has been a stalwart advocate for public health throughout her career. The promotion of health and social good has been foundational to Shannon's contributions to policy, research and practice. When Shannon began as President of the Public Health Association of British Columbia, there were only 20 members and very little funding. Over the course of her term, she rebuilt the Association and established a foundation for a vibrant and engaged membership. Shannon has also served four separate terms on the Board of CPHA and helped to strengthen national networks and public health service and policy throughout Canada. As the national Co-chair of Prevention of Violence Canada for over a decade, she has worked to build a Canada free of violence with a powerful health promotion engagement strategy for civil society and government.

Shannon's research efforts on violence prevention, equity and technology are focused on the power of collective voices to promote healthy public policy. Her appetite for seeking collaborative and innovative approaches to advance public health is evident in all her work. She recently co-founded Bridge for Health cooperative, a social enterprise focused on social innovation and equity. Her volunteer efforts over 30 years, combined with her professional roles as a Director of Public Health of a regional health authority in BC and Executive Director of the Public Health Association, demonstrate an unflinching commitment to public health advocacy and service to promoting the health of Canadians.



#PublicHealth17

# 2017 HONORARY AWARDS PROGRAM



## **NATIONAL PUBLIC HEALTH HERO AWARD – THE HONOURABLE TERRY LAKE, DVM**

---

The Honourable Dr. Terry Lake, Minister of Health for British Columbia has accomplished many things, but nothing with more impact on the lives of some of the most vulnerable people in BC than the unwavering support he provided for the declaration of a public health emergency and the subsequent actions to stem the tide of tragic deaths from illegal drug overdoses in BC. His understanding and compassion have helped move the public discourse on this issue from one of stigma and blame towards empathy and support. He has tirelessly spent his political capital to move his provincial, municipal and even federal counterparts to action. These actions have undoubtedly saved many lives and made access to overdose prevention, care and treatment available to many more.

Dr. Lake's knowledge of, and support for, a public health approach to addressing this crisis has enabled a broad multi-faceted response in unique partnership with public safety that addresses the myriad issues surrounding mental health and substance use. Our actions in response to this crisis are building a system of prevention and care for the future in BC and Canada. Arguably his most ground-breaking policy initiative was his Ministerial Order of December 8, 2016, requiring the establishment of "Overdose Prevention Sites", where individuals could use drugs in the presence of responders trained on overdose recognition and naloxone administration. Scores of deaths have been averted in these sites. For this exceptional support of public health we feel he is most deserving of a National Public Health Hero award.



## **THE R. STIRLING FERGUSON AWARD – DR. NANCY EDWARDS**

---

Dr. Nancy Edwards has made a significant contribution to improving and protecting the health of Canadians, in particular of seniors, through her efforts to improve building codes as a means to prevent falls. She has undertaken research to demonstrate the impact on population health of the installation of safe stairs, non-climbable guards and usability-enhancing, safer grab bars in baths and showers. She and a team of researchers published a seminal study in 2003 evaluating optimal grab bar placement in baths, which to this day remains posted on the Canadian Mortgage and Housing Corporation's website.

Dr. Edwards was instrumental in proposing successful resolutions adopted by the Canadian Public Health Association in 2003 and again in 2007, both of which prompted code change requests (one by her in 2007 and one by a colleague in 2015) before the Canadian Commission on Building and Fire Codes. She also served on a CCBFC Joint Technical Task Group that reviewed building code recommendations for stairs, ramps, handrails and guards. In a well-received, widely read Injury Prevention paper in 2008, she called for the adoption of novel indicators that bridge the metrics gap between the health and building sectors, as a means of improving public health's capacity to 'make the evidentiary case' for code changes. Dr. Edwards is a model to others, exemplifying an always gracious, always well-informed, evidence-based approach to important built environment issues, and their societal contexts, in public health.



**#PublicHealth17**



# REGISTRATION

## PROGRAM SCHEDULE

Here is a quick overview of what is happening at Public Health 2017.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
PRE-CONFERENCE SESSIONS	✓			
PLENARY SESSIONS		✓	✓	✓
SCIENTIFIC SESSIONS		✓	✓	✓
POSTERS		✓	✓	
EXHIBIT HALL		✓	✓	
REFRESHMENT BREAKS		✓	✓	✓
LUNCH		✓	✓	✓
NETWORKING RECEPTIONS	✓	✓		
SUPPLEMENTAL EVENTS	✓	✓	✓	
STUDENT EVENTS	✓		✓	✓
CME CREDITS		✓	✓	✓

## CPHA MEMBERSHIP

### Not a CPHA Member?

Take advantage of this great opportunity to join CPHA before registering for the Conference and save on your registration fee! For more information, contact CPHA's Membership Department at 613-725-3769, ext. 124 or join online today at [www.cpha.ca](http://www.cpha.ca)!

### Not ready to join CPHA yet?

No problem! When you register for Public Health 2017 at the non-member rate, we'll add on a six-month free trial membership. At no obligation, you get to try out our membership for half a year and take advantage of all the benefits available only to members of CPHA.

## FULL CONFERENCE

Register for the full conference and **SAVE!** Take advantage of *four days* of networking and knowledge exchange while you discover new solutions, innovations and partnerships to apply in your day-to-day work.

	RATE
CPHA MEMBER	\$800
NON-MEMBER	\$950

# REGISTRATION

## TWO-DAY REGISTRATIONS

Maximize your schedule and take advantage of our 2-day rates. Register for Tuesday & Wednesday OR Wednesday & Thursday and experience two days of plenary sessions, oral presentations, symposia and hands-on workshops featuring public health experts.

	RATE
<b>CPHA MEMBER</b>	<b>\$560</b>
<b>NON-MEMBER</b>	<b>\$685</b>

---

## DAILY RATES

Professional development is critical to respond more effectively to changes in the field. We understand your busy schedule and invite you to expand your knowledge with the relevant content on the day you prefer.

DAILY	TUESDAY	WEDNESDAY	THURSDAY
<b>CPHA MEMBER</b>	<b>\$375</b>	<b>\$375</b>	<b>\$300</b>
<b>NON-MEMBER</b>	<b>\$450</b>	<b>\$450</b>	<b>\$375</b>

---

## STUDENTS

CPHA is committed to engaging and fostering the next generation of public health leaders. Public Health 2017 is a prime opportunity for students to network, exchange knowledge, and gain visibility by presenting their high-quality work to senior colleagues in academia and public health practice.

*\*Proof of full-time student status required*

FULL CONFERENCE	RATE
<b>CPHA MEMBER</b>	<b>\$400</b>
<b>NON-MEMBER</b>	<b>\$475</b>

STUDENT 2-DAY	RATE
<b>CPHA MEMBER</b>	<b>\$280</b>
<b>NON-MEMBER</b>	<b>\$335</b>

STUDENT DAILY	TUESDAY	WEDNESDAY	THURSDAY
<b>CPHA MEMBER</b>	<b>\$200</b>	<b>\$200</b>	<b>\$170</b>
<b>NON-MEMBER</b>	<b>\$235</b>	<b>\$235</b>	<b>\$200</b>

---

## RETIREES

Retiree rates are available. Please contact the [CPHA Conference Department](#) for more information.

# REGISTRATION

## CANCELLATION POLICY

Requests for cancellations received by e-mail on or before **April 4, 2017** will be subject to a \$50 cancellation fee. Requests made after April 4 will be subject to a \$100 cancellation fee. No cancellations will be granted after June 1.

---

## SUBSTITUTIONS

If you're unable to attend the conference you may designate someone to attend in your place. Requests must be made by the person registered and received by e-mail on or before **May 26, 2017**. No substitutions will be granted thereafter.

Note: If you are a CPHA member and your replacement is a non-member, that person must pay any difference in fees.

---

## GROUP REGISTRATIONS

CPHA is pleased to offer a discount for staff registering from the same organization. Contact the [CPHA Conference Department](#) to learn more.

## INVOICES

- Invoices\* will be issued upon request.
- For a group registration, an invoice will be issued and only one payment (cheque or credit card) to cover all registrations will be accepted.
- Once payment is received, the delegates will be granted access to a special registration site.
- Separate registrations must be completed for each delegate.

\*\$25 administrative fee will apply.

---

## INTERNATIONAL DELEGATES

International attendees may require a visa to enter Canada. Visit [Citizenship and Immigration Canada](#) for a list of countries for which visa restrictions apply and other pertinent information you may require to complete. The visa application can take several months. **CPHA will not issue formal letters of invitation** for Visa purposes.

Once your registration is paid, you will receive an electronic confirmation of your registration. CPHA will confirm receipt of payment but this does not represent an invitation for visa purposes.

---



[destinationhalifax.com/showyourbadge](http://destinationhalifax.com/showyourbadge)

## SHOW YOUR BADGE

Halifax is a friendly and welcoming city, so Destination Halifax has teamed up with local vendors to give you the best hospitality and deals during your conference stay!

Simply show your conference delegate badge at participating local businesses and save! From local food tours to souvenirs for friends and family back home, special offers have been designed just for you.

# BUILDING A HEALTHY FUTURE. your future.

MASTER OF HEALTH EVALUATION | MASTER OF HEALTH INFORMATICS | MASTER OF PUBLIC HEALTH

The University of Waterloo knows that learning doesn't stop when you start working. With three professional programs to choose from, the School of Public Health and Health Systems can give you the skills and knowledge to enhance your career — without having to put it on hold.

Part-time. Full-time.  
Online. In-class.  
Or a combination —  
**it's your choice.**

FLEXIBILITY | INNOVATION | REPUTATION

Your future starts here: [uwaterloo.ca/public-health/professional](http://uwaterloo.ca/public-health/professional)



UNIVERSITY OF WATERLOO  
FACULTY OF APPLIED HEALTH SCIENCES  
School of Public Health and Health Systems



## IMPROVE your knowledge ADVANCE public health


### OFFERING GRADUATE DEGREE PROGRAMS:

- Doctor of Philosophy
- Master of Science
- Master of Public Health

### AND PROFESSIONAL DEVELOPMENT OPPORTUNITIES:

- Professional Certificate in Public Health
- Fellowship in Health System Improvement

To find out more, visit [bit.ly/SPHPrograms](http://bit.ly/SPHPrograms).

Follow us on Twitter  @UofAPublicHlth for live tweets during the conference.

Edmonton, Alberta | [school.publichealth@ualberta.ca](mailto:school.publichealth@ualberta.ca) | 780-492-9954

