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HYATT REGENCY HOTEL

PRELIMINARY PROGRAM

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WELCOME TO PUBLIC HEALTH 2015

PUBLIC HEALTH 2015

MAY 25-28 | VANCOUVER
HYATT REGENCY HOTEL

Public Health 2015 is the meeting place for the public health community to connect, collaborate, innovate, inspire, share and learn. It is a gathering of leaders and change agents from public, private and voluntary organizations that contribute to health and wellness.

Public Health 2015 is the national public health forum where people come together to strengthen efforts to improve health and well-being, to share the latest research and information, to promote best practices and to advocate for public health issues and policies grounded in research.

Together, our goal is to improve the health of the entire population and to reduce health inequities, unfair and avoidable differences in health outcomes, among population subgroups. In order to reach these objectives, we examine and act upon the broad range of factors and conditions that have a strong influence on our health.

While significant contributions have been made to our global understanding of what determines health and human development across the life course, inequities in health outcomes continue to persist. In order to optimize the health and well-being for all, we need to build a foundation for structural changes to address a broad array of policies and practices that reduce health inequities.

SPONSORS

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WELCOME TO PUBLIC HEALTH 2015

WHO SHOULD ATTEND

Anyone who is interested in improving the health and well-being of the entire population should be attending this conference. **Public Health 2015** is the meeting place for a wide range of disciplines and sectors, at various career stages, all striving for a common goal. The conference may be of particular interest to academics and researchers; students/trainees; policy-makers, administrators and managers; health promotion workers; front-line public health workers; media; people working in urban, rural, remote, and small communities, and, anyone with an interest in public health!

CONNECT

Public Health 2015 is much more than its plenary and scientific sessions. It is a meeting place where long-time colleagues have the chance to reconnect and new connections are made. It is the largest annual public health gathering in Canada and a key knowledge exchange event.

COLLABORATE

Much of what determines health and well-being lies outside of the realm of health. We acknowledge, therefore, that we need to involve multiple partners and stakeholders from diverse sectors such as employment, education, and housing, to look at the root problems and discover new ways of preventing disparities in health status.

Effective collaborations are essential in public health and many innovative partnerships have been established or strengthened in the hallways and session rooms of our conference. **Public Health 2015** is your opportunity to share research findings, to learn about best practices, and to network with future collaborators.

INNOVATE

Public health is a movement that is continually evolving, facing ongoing and new challenges, and reinventing itself. **Public Health 2015** will present an innovative program that includes experts from our own community but also thought-provoking speakers from outside of public health who will inspire and challenge us. The scientific program builds on the success of past CPHA conferences and has evolved based on feedback received by past delegates and other global conference trends.

INSPIRE

Your work will reach a large audience of practitioners, academics and policy makers in public health from across Canada and internationally. **Public Health 2015** offers a real opportunity for your work to have a sustained impact beyond your own community and to inform change and development in public health.

SHARE

Networking is a key feature of **Public Health 2015**. Lively debate and discussion, sharing of best practices and forming valuable relationships are all integral to the experience. Presenting at the conference will open your work to valuable feedback from others in the field working from the local to a global level.

LEARN

Public Health 2015 provides a range of interactive abstract sessions, panels and workshops on a wide variety of topics, including evidence-informed practice, family health, public health education, food safety, youth and gender-related issues, innovation in vaccines, health equity, best practices in health promotion and prevention, and much more!

CONFERENCE OBJECTIVES

Public Health 2015 will provide:

- a dynamic setting to profile best practices, successful strategies and new research, and to inspire innovation;
- a supportive environment for innovative ideas and approaches to public health practice, policy and research that encourage further collaborations across and within sectors;
- an inclusive networking and knowledge exchange forum at the national level to identify, discuss and troubleshoot current public health issues across a range of disciplines and sectors;
- an opportunity to interact with individuals from different sectors and systems; and
- a venue for public health professionals at all stages of their career to collaborate, innovate and help shape the health and well-being of Canadians.

LEARNING OBJECTIVES

Having attended Public Health 2015, delegates will be better prepared to:

- articulate the current status of public health evidence, research, policy and practice;
- identify public health challenges and related solutions, trends, emerging issues and evidence gaps;
- utilize effective evidence-based education programs and health promotion practices;
- identify strategies for knowledge translation; and
- develop and access a network of colleagues and partners for initiating or expanding public health initiatives.

CONFERENCE TRACKS

Building Public Health System Capacity is crucial in order to meet the challenges of improving population health and well-being and reducing health inequities. Capacity development is required in a number of key areas, including leadership and governance, organizational structures, workforce, financial resources, partnerships, knowledge development and translation and public health education and pedagogy.

First Nations, Métis, and Inuit Communities face unique cultural, social, economic and environmental issues that impact their health and well-being. These communities, however, demonstrate strength and resilience in the face of daunting challenges and historical inequities. Some communities have seen remarkable improvements in some aspects of their physical, mental, social, emotional and spiritual health, even though much remains to be done.

Health Assessment and Disease Surveillance monitors the population health status, detects and responds to outbreaks of disease or other health-related issues, and contributes to assessing the effectiveness of public health programs and services.

Health Interventions include population health and prevention interventions. Population health interventions are policies and programs that shift the distribution of health risk by addressing the underlying social, economic and environmental conditions. They might be designed and developed in the health sector or in sectors elsewhere, such as education, housing or employment. Prevention interventions that are relevant for public health comprise strategies designed to prevent disease, illness or health problems from developing (primary prevention) or to reduce or slow the progress of the condition after it has developed (secondary prevention).

Health Promotion, defined as “the process of enabling people to increase control over and improve their health” (WHO, 1986), creates living and working conditions that enable people to make healthy life choices, and then supports them in that choice. The focus tends to be on groups or communities, rather than on individuals, and on changing the social norms that ultimately shape behaviour and have the potential to promote health equity.

Health Protection protects people from involuntary risk posed by both natural and human-created hazards that are an actual or potential threat to their health. It does so by invoking the power of the state to legislate, regulate, tax, inspect, enforce, sanction and, if need be, punish those who put the health of their fellow citizens at risk. Again, the focus tends to be both population-wide and on protecting identified populations at high risk living in vulnerable contexts.

COLLABORATORS

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

CPHA IS PLEASED TO HOST PUBLIC HEALTH 2015 IN COLLABORATION WITH:

The **Canadian Institute for Health Information** (CIHI) collects and analyzes information on health and health care in Canada and makes it publicly available. Canada's federal, provincial and territorial governments created CIHI in 1994 as a not-for-profit, independent organization dedicated to forging a common approach to Canadian health information. CIHI's goal: to provide timely, accurate and comparable information. CIHI's data and reports inform health policies, support the effective delivery of health services and raise awareness among Canadians of the factors that contribute to good health.

The **Canadian Institutes of Health Research** (CIHR) is the Government of Canada's health research investment agency. CIHR's mission is to create new scientific knowledge and to enable its translation into improved health, more effective health services and products, and a strengthened Canadian health care system. Composed of 13 Institutes, CIHR provides leadership and support to more than 14,100 health researchers and trainees across Canada. The CIHR-Institute of Population and Public Health represents CIHR on the CPHA Conference Steering Committee. CIHR-IPPH's mandate is to support research into the complex biological, social, cultural and environmental interactions that determine the health of individuals, communities and global populations, and to apply knowledge to improve the health of individuals and populations through strategic partnerships with population and public health stakeholders and innovative research funding programs. CIHR-IPPH aims to improve the health of populations and promote health equity in Canada and globally through research and its application to policies, programs, and practice in public health and other sectors.

The **First Nations Health Authority** (FNHA) is the first province-wide health authority of its kind in Canada. In 2013, the FNHA assumed the programs, services, and responsibilities formerly handled by Health Canada's First Nations Inuit Health Branch – Pacific Region. FNHA's vision is to transform the health and well-being of BC's First Nations and Aboriginal people by dramatically changing healthcare for the better. FNHA plans, designs, manages, and funds the delivery of First Nations health programs and services in BC. These community-based services are largely focused on health promotion and disease prevention, such as:

- Primary Care Services
- Mental Health and Addictions Programming
- Health Infrastructure Environmental Health and Research
- Non-Insured Health Benefits

The six **National Collaborating Centres for Public Health** (NCCPH) promote and support the use of scientific research and other knowledge to strengthen public health practices and policies in Canada. The six Centres are located across Canada, with each focusing on a different priority area: Aboriginal health (NCCAH), environmental health (NCCEH), infectious diseases (NCCID), healthy public policy (NCCHPP), determinants of health (NCCDH) and methods and tools (NCCMT). The NCCPH's mission is to translate relevant evidence produced by researchers so that it can be used by public health practitioners and policy makers. The Centres aim to make public health programs and policies more effective by:

- Increasing awareness of new and existing knowledge;
- Identifying and helping address public health priorities;
- Collaborating with established public health networks; and
- Identifying gaps in knowledge and relevant applied research.

Pan American Health Organization (PAHO), founded in 1902, is the world's oldest international public health agency. It provides technical cooperation and mobilizes partnerships to improve health and quality of life in the countries of the Americas. PAHO is the specialized health agency of the Inter-American System and serves as the Regional Office for the Americas of the World Health Organization (WHO). Together with WHO, PAHO is a member of the United Nations system. PAHO's mission is to lead strategic collaborative efforts among Member States and other partners to promote equity in health, to combat disease, and to improve the quality of, and lengthen, the lives of the peoples of the Americas.

Public Health Physicians of Canada (PHPC) represents the interests of Royal College public health and preventive medicine specialists and public health physicians in Canada. The PHPC promotes the inclusion of a population and public health perspective in the development and implementation of health policy. The mission of the PHPC is to establish and promote Canadian Public Health and Preventive Medicine Specialists as recognized and respected leaders in health protection and promotion, and disease and injury prevention.

The **Public Health Association of British Columbia** (PHABC) is a voluntary, non-profit, non-government organization whose mission is to preserve and promote the public's health. The Association works toward this mission through its activities in disease and injury prevention, health promotion, health protection, and advocacy for healthy public policy. The Board of Directors is composed of public health leaders from various locales including Health Authorities, the Ministry of Healthy Living and Sport, post-secondary institutions, and the non-profit sector. The Association was founded in 1953 and is a provincial branch of the Canadian Public Health Association (CPHA). PHABC has close to 500 members and its website averages over 150,000 page views per month.

PROGRAM AT A GLANCE

TIME	MONDAY 25 MAY	TUESDAY 26 MAY	WEDNESDAY 27 MAY	THURSDAY 28 MAY
07:00		BREAKFAST SESSIONS	CPHA ANNUAL GENERAL MEETING	
07:30				
08:00				
08:30		PLENARY II		
09:00			CONCURRENT SESSIONS	POST-CONFERENCE SESSION
09:30				
10:00				
10:30		BREAK	BREAK	BREAK
11:00		CONCURRENT SESSIONS	CONCURRENT SESSIONS	POST-CONFERENCE SESSION
11:30				
12:00	OPENING CEREMONY AND PLENARY I			
12:30		LUNCH WITH EXHIBITORS & POSTER PRESENTERS	LUNCH WITH EXHIBITORS & POSTER PRESENTERS	
13:00				
13:30		CONCURRENT SESSIONS	CONCURRENT SESSIONS	
14:00	BREAK			
14:30	CONCURRENT SESSIONS			
15:00		BREAK	BREAK	
15:30	BREAK	CONCURRENT SESSIONS	PLENARY III	
16:00	CONCURRENT SESSIONS			
16:30				
17:00		NCCPH NETWORKING EVENT (17:00) AND HEALTHY NETWORKING 101 (18:00)		
17:30	WELCOME RECEPTION &STUDENT MENTOR NETWORKING EVENT			
18:00				
18:30				
19:00	PREVENTION OF VIOLENCE CANADA PUBLIC FORUM		PHABC COMMUNITY EVENT	
19:30				
20:00				
20:30				

SUNDAY, MAY 24

09:00 – 15:00 PRE-CONFERENCE SESSION

PHPC MSPC

PHPC Pre-Conference Session

This session will engage public health and preventive medicine (PHPM) specialists in sharing, responding to and discussing key public health issues. The role of PHPM specialists, and contexts in which they practise, will be emphasized throughout.

Learning Objectives:

- Identify and discuss current and emerging public health issues from a public health physician perspective.
- Learn about the role of public health physicians in implementing innovative approaches in response to these issues.
- Leave participants with key resources for future reference and continued learning.

The session will consist of short presentations providing a synopsis of a number of topic areas followed by interactive discussion.

This Group Learning Activity is intended for PHPM specialists and public health physicians.

Additional registration fee required (Resident - $100; Physician - $150).

Presented by the Public Health Physicians of Canada

MONDAY, MAY 25

09:30 – 11:45 PRE-CONFERENCE SESSION

Containing growth in medical care spending to invest more in the social determinants of health

There is a growing risk that medical care spending crowds out fiscal capacity to invest in the social determinants of health. Canadians now publicly spend over $40 billion more per year on medical care than we would have had we maintained government spending at the percentage of our economy it represented in 1976. Total general revenue for governments remained flat during the same period.

Canada ranks above average among OECD countries for total public medical care spending per capita. But Canada ranks below average for per capita doctor consultations, access to MRIs, CT scans, etc. Many countries that spend less per capita achieve higher levels of patient satisfaction.

Such evidence invites questions about the value we get for increased investment in health care, along with opportunity costs that result from not investing outside the health care system. Spending on the social determinants of health, especially for younger generations, has not kept pace with medical care spending. Since 1976, data reveal decreases in GDP allocated in combination to family services, cash transfers to families, and education.

This session will feature leading experts to explore why we should consider containing growth of medical care spending to invest more in the social determinants, along with the most equitable, efficient and politically pragmatic opportunities to facilitate reallocation.

Learning Objectives:

- Examine medical care spending in the context of total government social spending as urged by the “health in all policies” framework recommended by the Rio Declaration.
- Examine the most promising policy opportunities to contain the growth of medical care spending, or disinvest, for the purpose of reallocation to policies that shape the social determinants of health.
- Explore interventions that have potential to build cultural support for slowing the growth in medical care spending and increasing investment in social determinants.

Presented by Generation Squeeze, Association for Generational Equity, Human Early Learning Partnership, Office of the Provincial Health Officer of BC and Public Health Association of BC.

MONDAY, MAY 25

12:00 – 14:00 OPENING CEREMONY AND PLENARY I

Public health in the Anthropocene:
Responding to the ecological determinants of health

Changes in the Earth's ecological systems are driven principally by our social and economic systems, and by the collective values and institutions that underlie them – in other words, by the social determinants of health. By expanding its concerns to the natural world, public health will be in a position to address the health challenges of the 21st century, including human-induced global climate change, resource depletion, ecotoxicity and loss of biodiversity. In the face of both growing inequity and an ecologically unsustainable way of life, valuable lessons can be learned from such concepts as OneHealth and EcoHealth. Panelists will discuss public health's need to adopt an ecosocial approach to health that links and addresses the social and ecological determinants of health at all levels from the local to the global. This plenary will encourage delegates to lead the charge to integrate the social determinants of health with the ecological determinants of health to transform health equity for future populations.

Learning Objectives:

- Describe the role of public health to address the health challenges in the 21st century.
- Explore how an ecosocial approach can address the social and ecological determinants of health.
- Identify opportunities to integrate the social determinants of health with the ecological determinants of health to impact health equity.

Speakers:

Anthony Capon, Director, International Institute for Global Health, United Nations University

Margot Parkes, Canada Research Chair in Health, Ecosystems and Society, Associate Professor, School of Health Sciences, University of Northern British Columbia

David Waltner-Toews, Professor Emeritus, Ontario Veterinary College, Department of Population Medicine, University of Guelph

Moderator:

Trevor Hancock, Professor and Senior Scholar, School of Public Health and Social Policy, University of Victoria

14:00 – 14:15 TRANSITION BREAK

14:15 – 15:45 CONCURRENT SESSIONS

PHPC MSPC

Ebola in Canada: What have we learned from this outbreak that we didn't know before?

The Ebola virus disease outbreak(s) in West Africa have raised several issues for public health and health care, especially with respect to infection prevention and control in health and other settings. The issues have ranged from world travel policy to personal protective equipment protocols. As with many similar public health events in the past (e.g., SARS, H1N1 influenza), the scientific foundations, valid and relevant surveillance data, estimates of risk and burden, effectiveness of interventions, principles and ethics, priorities and goals should provide the basis for evidence-informed, wise and fair decisions. These decisions may result in reaffirmation or change of policies, programs and practice and often have many consequences, including levels of preparedness and response, resource allocation, protocol changes, and specific education and advice for health practitioners and others working and living in the settings of everyday life. These, in turn, can be expected to affect attitudes and behaviour in society. What have we learned (or should we learn) from this outbreak that we didn't know (or should have known) before? To address these issues from a knowledge translation perspective, panel members will provide the stimuli for interactive responses from the audience and other members of the panel for what promises to be an engaging and educational event.

Learning Objectives:

- Describe the scientific, practical, political and ethical considerations for policy and program decisions for a low-probability, high-consequence public health event in Canada.
- Debate the balance of roles and responsibilities of Canadian public health practitioners and health care providers between outbreak control in another country and preparedness/response at home.
- Assess how well we have learned lessons from previous outbreaks at home and abroad – and how well we have advanced our ability to apply those lessons.
- Identify what is new about the Ebola outbreak that requires new ways of thinking about public health preparedness and response in Canada and beyond.

This panel is co-sponsored with PHPC by the National Collaborating Centre for Infectious Diseases, International Centre for Infectious Diseases.

Public Health: Towards systems thinking 6.0

This panel is the sixth in an ongoing series at this conference that examines why public health in Canada still feels like and operates as a collection of parts rather than as an integrated system. The following themes emerged from previous panels:

- Challenges of the system(s) – 'horizontality' and 'verticality' – still persist;
- Need for improved governance for health – an overly health-centric system creates barriers to working with other sectors;
- Need for sound evidence to inform advocacy and action – moving towards providing practical solutions to decision-makers; and
- Better collaboration among the actors in public health is required.

This year's panel will examine health promotion and well-being strategies and attempt to better understand how *systems thinking* can be applied to reinforce the infrastructure of health promotion for better health. The panelists will reflect on the changes needed in the way public health thinks and acts to inform future research, policy and practice efforts.

Learning Objectives:

- Identify current horizontal and vertical system challenges facing public health system(s) in Canada.
- Analyze and examine how *systems thinking* can be applied to health promotion and well-being strategies in public health services to improve population health problems.

Presented by the Canadian Public Health Association

14:15 – 15:45 ORAL ABSTRACT SESSIONS

Session details to follow

15:45 – 16:00 TRANSITION BREAK

MONDAY, MAY 25

16:00 – 17:30 CONCURRENT SESSIONS

Lifecycle of social determinants and its impacts on First Nations, Inuit and Métis children's health

Today, there are more First Nations, Inuit and Métis (FNIM) children in care than there were at the height of residential schools (Blackstock, 2008). We know that indigenous children under 14 years of age represent over 50% of children-in-care, while indigenous peoples represent only 4.3% of Canadians. This highlights the need to ensure that child welfare includes linkages with their communities and traditional ways of knowing, as well as safe environments and opportunities to mitigate the negative outcomes that impact future health outcomes.

The session will examine the pathway starting from pre-pregnancy through pregnancy, infancy and childhood, including First Nations, Inuit and Métis children in care and how this impacts their health through to adulthood. The session will incorporate indigenous and traditional ways of knowing, sharing and learning as participants listen from first-hand stories. The panelists will use pictures and objects to anchor their stories and catalyze a discussion on lessons learned, existing interventions, and how to continue to develop innovative solutions to improve ultimate health outcomes for children-in-care.

Learning Objectives:

- Describe the impact on health of children-in-care and how it affects First Nations, Inuit and Métis over the full life course, from pre-natal through pregnancy, childhood and adulthood.
- Identify existing barriers and systems that contribute to the lifecycle from childhood through adulthood for children in care.
- Describe innovations and success stories that can be used to improve public health interventions with First Nations, Inuit and Métis communities across the country.

Presented by the Canadian Institutes of Health Research – Institute of Population and Public Health

WORKSHOP

Research methods workshop: Creating vignettes for today's intractable public health policy controversies

This workshop will offer practical training in vignette-based interviewing, a method that generates discussion on beliefs, values, and persuasive argumentation which can be applied to examine all sides of a debate in public health policy controversies. Those new to the method will learn about potential applications, and those with previous vignette experience will find value in the creative exercise that is part of this workshop.

Drawing on examples of vignette applications in our own research, we will outline the process of vignette development. We will then engage delegates through a facilitated open-space technique to identify intractable policy controversies in their public health work, and then draft vignettes for deliberation in small groups. The session will conclude with a debrief of the draft vignettes developed by attendees, and group discussion on the potential utility of this method in their work.

Learning Objectives:

- Identify examples of intractable policy issues that can be examined using vignettes.
- Describe the principles of vignette design and application.
- Create their own vignettes applying to an intractable policy issue related to their own practice, policy or research activities.

16:00 – 17:30 CONCURRENT SESSIONS

PANEL

"Share, Poke, Tag": Social media and sexual health promotion

This panel draws on the expertise of health researchers, advocates and program managers working with clients of sexual health promotion programs across the country. Presenters will speak briefly about their own work in the use of social media for prevention and control of STIs, with particular emphasis on factors that lead to success and ongoing challenges. The moderator will help to connect key issues from each presentation and facilitate a conversation among the presenters to identify promising practices as well as opportunities for new knowledge. The moderator will then initiate a discussion with the audience to allow for a more robust, free-flowing conversation on drawbacks and advantages of using social media.

Topics will include how social media has been used for contact tracing, encouraging testing, providing information on sexual health, and alerting users to health services. Issues and questions regarding appropriate evaluation methods will be a focus encouraged by the moderator.

Learning Objectives:

- Describe how social media are used in sexual health promotion programs.
- Identify and compare the outcomes of social media programs in STI prevention and control.
- Assess gaps and opportunities for measuring success (evaluating) social-media-based sexual health programs.

WORKSHOP

Starting from square one: An equity model of burden of disease

In follow-up to the development of methods and concept papers, the National Collaborating Centre for Infectious Diseases (NCCID) explores the utility of an alternate model of burden of disease (BOD) applied to a case example of influenza. This workshop will include short presentations and group work to engage participants in creative, analytical exercises to unpack standard methods and discourses on BOD, and to help shape a novel model and framework for analysis.

Facilitated discussion will centre on the model's potential for prompting sufficiently inclusive and fair measurement of outcomes attributable to influenza, for associating upstream determinants with the burden of influenza, and for identifying BOD that may be modifiable through public health intervention. Participants may weigh in on the model's clarity, utility, feasibility or relevance for their own role in health assessment or public health decision-making. A full-group discussion will consider the model's broader utility for public health intervention and opportunities to reduce inequities.

Learning Objectives:

- Distinguish commonality and/or variability in the discourse on burden of disease.
- Define standard methods used to estimate the burden of disease.
- Identify gaps and limitations in standard methods to estimate BOD, with consideration of applications in public health and infectious disease control.
- Assess a new model of BOD for its u[illegible] upstream determinants and equity.

MONDAY, MAY 25

16:00 – 17:30 CONCURRENT SESSIONS

WORKSHOP

Strengthening organizational capacity for evaluative thinking and practices in public health and health systems

The focus of this workshop is building capacity for developing evaluative thinking and practices at an organizational level for improving public health and health systems. Participants will engage in interactive, case-based learning using the Public Health Agency of Canada's new learning and improvement strategy for its multisector partnership program. By the end of the workshop, participants will be able to a) identify learning needs of different audiences for multisector partnership initiatives, b) translate principles of learning organizations into strategy and action, and c) apply components of a learning and improvement strategy to their own setting.

Workshop leaders from research, policy and practice sectors will use varied formats, including brief presentations, small- and large-group discussions to engage participants and achieve the workshop objectives. Early experiences from designing and implementing the PHAC strategy will be shared, and participants will have an opportunity to identify insights that they can apply to their own initiatives.

Learning Objectives:

- Identify learning needs of different audiences for evaluating multisector partnership initiatives.
- Translate principles of learning organizations into evaluation strategy and action.
- Apply components of a learning and improvement strategy within their own evaluation practice and settings.

PANEL

Surveillance of pharmaceutical opioid-associated harms in Canada: A public health imperative

Opioid analgesic medications are invaluable in managing pain. However, their rising use in Canada in recent years has been paralleled by increases in associated morbidity and mortality. Pharmaceutical opioid use and harm surveillance is of paramount importance in understanding and responding to this urgent public health challenge. Surveillance of pharmaceutical opioid-related harms includes identifying relevant sources of information; collecting, analyzing, and interpreting the data; and sharing findings with key stakeholders. These processes are fundamental to developing, implementing, and evaluating evidence-based strategies to prevent or reduce harms associated with pharmaceutical opioids. A coordinated approach to this issue must involve engagement and collaboration across various sectors and disciplines. Accordingly, this panel brings together experts in research, harm reduction, public health, and health services to present current knowledge, describe existing and planned surveillance strategies, and discuss varying perspectives in addressing this complex issue.

Learning Objectives:

- Describe recent trends in opioid prescribing practices and related harms in Canada, drawing on evidence from a variety of sources.
- Appraise current capacity for assessment and surveillance of pharmaceutical opioid-associated harms and indicate future directions for developing capacity.
- Identify key elements of a comprehensive surveillance framework and discuss potential strategies for implementation at local, provincial, and national levels.

16:00 – 17:30 CONCURRENT SESSIONS

PANEL

Tackling health inequities: The role of research in shrinking the gap

In 2011, CIHR's Institute of Population and Public Health and partners funded several programmatic grants that addressed two strategic research priorities: pathways to health equity and population health intervention research.

This panel brings together scientists from four of those teams to discuss lessons learned to date with regard to strategies that both improve health and reduce health inequities. Each team is focused on different approaches for tackling inequity: Brownell and Nickel's research evaluates programs aimed at improving child health vis-à-vis their impact on health inequity; Kaufman's work examines social policies around the world aimed at addressing poverty and gender inequities; Browne's team explores how the health effects of structural inequities can be addressed through primary health care interventions with diverse populations; Pauly's research examines the role that public health services – particularly prevention of harms of substance use and mental health promotion – play in reducing inequities. Similarities and differences in conceptualization and measurement of equity, and the impact of interventions to address health equity, will be discussed among panel members.

Learning Objectives:

- Differentiate between the concepts of health inequity and health inequality.
- Describe various conceptualizations of health equity.
- Explain different approaches to measuring health equity, health inequities, and health equality and the rationale/considerations behind each approach, e.g., measuring equity across socio-economic gradient; examining how inequities vary within and across groups; measuring gender inequity.
- Describe methods for assessing changes in health equity over time and measuring a program's impact on health equity.
- Describe strategies that have been successful at reducing health inequities in a variety of contexts.

The ecological determinants of health: Taking public health action

The CPHA discussion paper on the ecological determinants of health (EDH) makes a number of recommendations for public health action. Within the public health professions, these actions range from amended ethical codes through improved education about and research into the EDH, to routine monitoring and reporting of the EDH and environmentally responsible health care systems.

In the wider context of population health promotion, panelists will present and discuss recommendations for public health professionals and organizations to work together to establish policies and methods that create more ecologically sustainable and healthy societies and communities. Delegates will be encouraged to use their roles and responsibilities to protect the population from the adverse impacts of ecological change and policies and practices that harm health.

Learning Objectives:

After attending the session, participants will be able to:

- Explain the actions that can be taken to address the global ecological changes that threaten the health of the population.
- Identify steps that can be taken to establish ecologically sustainable and healthy societies and communities.

Presented by the Canadian Public Health Association

MONDAY, MAY 25

16:00 – 17:30 CONCURRENT SESSIONS

PANEL

What values drive public health practice? The Ontario experience

Research has demonstrated that personal values "silently give direction to hundreds of decisions made at all levels of the organization" and that value congruence (i.e., alignment between personal values and organization/system values) is critical for ensuring employee satisfaction and organizational performance. However, given its importance, surprisingly little is known about the core values that 'drive' public health practice. To address this knowledge gap, extensive work has been done in Ontario over the past two years to assess the public health workforce's core values at the provincial, organizational and personal levels. This includes the development of Ontario's first provincial public health strategic plan.

In this engaging presentation, public health leaders and scholars will present and discuss a) the importance of values congruence, b) the approaches and results of their extensive values identification work, and c) how values can be operationalized to improve employee engagement and public health performance across Canada.

Learning Objectives:

- Explore public health values research, the importance of "value congruence," and how values relate to public health and population health ethics.
- Describe how Ontario and the Middlesex-London Health Unit assessed and identified core public health values (as well as the results of this work, and how these values were operationalized to improve public health service delivery).
- Discuss approaches and tools that can be applied in their organizations to identify core values and link their values to practice.

WORKSHOP

You don't get harmony when everybody sings the same note: Partners and process in foodborne outbreak investigations

Foodborne outbreaks occur across Canada on a regular basis. On rare occasions, these outbreaks result in media headlines. Typically such outbreaks are investigated by public health professionals and any actionable findings are communicated to the public through recalls or alerts in ways that allow the public to take clearly defined actions to reduce their risk of illness. Outbreak investigations are complex, with many different agencies and partners playing different roles. While the goal of controlling the outbreak remains the same throughout the outbreak investigation, the objectives change as the outbreak investigation progresses.

Understanding the roles of partners and the steps taken during outbreak investigations is key to the success of an outbreak investigation. This workshop will use an interactive approach to work through a real foodborne illness outbreak and allow participants the rare opportunity to engage in some of the challenging decision making that is required during an outbreak investigation.

Learning Objectives:

- Describe the steps in a foodborne outbreak investigation.
- Explain the roles of different partners during an outbreak investigation.
- Assess outbreak-associated information, including its application to policy, communications, and local public health practice.

17:30 – 19:00 STUDENT MENTOR NETWORKING EVENT

Join us at the Networking Event and engage with public health leaders from across the country. During round-table discussions, students and trainees will have the opportunity to build a professional network and gain insight from the experts working in the field of public health. Food will be provided to fuel the conversation between current and future public health leaders.

17:30 – 19:00 WELCOME RECEPTION AND NETWORKING WITH EXHIBITORS

Wrap up the first 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 PREVENTION OF VIOLENCE CANADA PUBLIC FORUM

Experts, advocates and musicians will share the stage to highlight violence prevention efforts in Canada. The Prevention of Violence Canada Town Hall is the national opportunity to discuss progress on the World Health Organization's recommendations for violence prevention. Representation from the Public Health Agency of Canada and coalition partners will help to ensure a rich and constructive dialogue. A progress report on social media, new legislation and the National Violence Prevention Charter process will help to foster dialogue on this important public health issue.

Presented by the Prevention of Violence Canada, Canadian Public Health Association, Public Health Association of BC, Canadian Red Cross, Bridge for Health

07:00 – 08:15 BREAKFAST SESSIONS

Meet and greet for Alberta delegates and friends

Join us for coffee and conversation. Information about the Alberta Public Health Association (APHA) and the O'Brien Institute for Public Health (O'Brien Institute) will be provided, and input into APHA's ongoing strategic planning will be sought. All are welcome, including members of APHA and/or the O'Brien Institute, as well as those interested in learning more about APHA and/or the O'Brien Institute. This session is sponsored by the Alberta Public Health Association and the O'Brien Institute for Public Health.

Presented by the Alberta Public Health Association and the O'Brien Institute for Public Health, University of Calgary

Public Health Strategies for Measles Prevention

This session will identify public health interventions in response to recent measles outbreaks in Canada, and discuss their impact on immunization coverage reducing the risk of disease transmission.

Presented by Immunize Canada

08:30 – 10:30 PLENARY II

The dawn of a new era in BC First Nations health: Lessons from our story

Over the last several years, First Nations leadership has worked with the federal and provincial governments to take significant steps towards changing the way health care is delivered to First Nations People in British Columbia. Reflecting on the First Nations health policy context prior to the Transformative Change Accord, this session will explain the need for a new approach and discuss the creation and evolution of a new First Nations health governance structure, which marks an unprecedented moment in the history of First Nations health in Canada. Together, the First Nations Health Authority, First Nations Health Council, and First Nations Health Directors Association are working to address some of the key public health issues affecting BC First Nations, with the vision of healthy, self-determining and vibrant BC First Nations children, families and communities in mind.

Learning Objectives:

- Review the historical context of First Nations health in BC and the transformation of the current health system, which is being led by the First Nations Health Authority in partnership with the federal and provincial governments.
- Describe the unique structure and approach of the First Nations Health Authority, including the emphasis on a First Nations Perspective on Wellness.
- Explore some of the key public health issues affecting BC First Nations and be inspired by some innovative initiatives being undertaken to address them.

Speaker:

Joe Gallagher, Chief Executive Officer, First Nations Health Authority

TUESDAY, MAY 26

10:30 – 11:00 REFRESHMENT BREAK

11:00 – 12:30 CONCURRENT SESSIONS

Current challenges and future directions for public health education in Canada

Public health practice and research is evolving to meet the local and global challenges of new infectious, environmental and behavioural threats superimposed on rapid changes in demographic and epidemiological knowledge. While there has been an observed threefold expansion in the number of public health schools in Canada, with a rich variety of subject areas of focus and degree options, it is not clear whether public health education is adapting to the changes in practice and the needs of a public health workforce. It is important to track and understand the evolving public health education system in Canada in order to determine its role in supporting a competent public health workforce. New trends and technology advances in learning and an increased demand for supportive professional education are also leading a push for innovation in public health education.

Panelists will identify the current challenges and predict the future of public health education and training in Canada.

Learning Objectives:

- Examine the impact of a threefold increase in Canadian schools offering public health education on public health practice in Canada.
- Understand the challenges in sustaining relevant public health education to train the future public health workforce.
- Discuss the future direction of public health education in Canada.

Presented by the Canadian Public Health Association and the Public Health Agency of Canada

Population mental health and public health practitioners: What are the needs?

As "there is no health without mental health," all public health practitioners should consider population mental health in their day-to-day practice. Poor mental health and mental disorders are among the top disease burdens in the world and in Canada. Together they greatly impact societies' social and economic functioning, as well as general health and well-being, and have a disproportionate effect on those who are socially and economically disadvantaged. In this challenging context, the National Collaborating Centres for Public Health (NCCPH) support public health practitioners in their roles and activities aimed at population mental health.

To assess public health practitioners' needs, a survey was conducted between June and October 2014. Through panel presentations, facilitated dialogue and group discussion, this session will highlight the findings of the needs assessment from the six NCC perspectives and offer participants th opportunities to collectively discuss and deepen the analysis of emerging needs, while also reflecting upon their own public health practices.

Learning Objectives

- Recognize the links between mental health and public health.
- Identify public health practitioners' needs for population mental health.
- Analyze the implications of public health practitioners' needs for various settings and contexts.

Presented by the National Collaborating Centres for Public Health

11:00 – 12:30 ORAL ABSTRACT SESSIONS

Session details to follow

12:30 – 13:30 NETWORKING LUNCH WITH EXHIBITORS

Buffet lunch included

12:30 – 13:30 PAHO FILM SESSION

Best practices on public health in the Region

A collection of short videos produced by the Pan American Health Organization (PAHO) highlighting public health initiatives in the Americas will be presented. This presentation will provide participants with a visual perspective of PAHO's work with governments, communities and other partners. The films will be followed with a Q & A session. Lunch will be provided. Videos will include:

- Paraguay: Improving Health and Access to Health Services in the Paraguayan Chaco
- Honduras: No worms, Healthy Children. Deworming Campaign
- Peru: Health for the Most Vulnerable Populations in the Amazon Region
- Colombia: Bringing Health Care to Indigenous Communities in the Orinoco and Amazon Regions

Presented by the Pan American Health Organization

13:30 – 15:00 CONCURRENT SESSIONS

WORKSHOP

BalancedView: Addressing weight bias and stigma in health care

Weight bias and stigma in health care settings are well documented in the literature. Evidence suggests that health care professionals may endorse stereotypes and negative attitudes about overweight and obese patients and that there is a significant impact of weight bias on mental and physical health. The development and implementation of effective strategies for reducing weight bias and stigma in the health system is a priority to promote overall health and well-being of patients.

BC Mental Health and Substance Use Services (BCMHSUS) has developed an evidence-informed, online resource to address weight bias and stigma in the health care setting. *BalancedView* is a resource designed to:

- educate health professionals about the prevalence of weight bias and stigma in health care;
- increase awareness of the potential harms associated with weight bias and stigma; and
- provide tools for reducing weight bias and stigma in practice.

Participants will engage in dialogue and experiential activities. Discussion will focus on reflections on weight bias and stigma in health care, and discussion of barriers/enablers to implementing health-centred approaches.

Learning Objectives:

- Understand weight bias and stigma within health care.
- Reflect on personal attitudes/beliefs about weight and body size.
- Identify strategies for reducing weight bias and stigma in practice.
- Discuss the *BalancedView* resource in the context of health care.

TUESDAY, MAY 26

13:30 – 15:00 CONCURRENT SESSIONS

Building health systems resilience in Latin America and the Caribbean

In this session, the Pan American Health Organization (PAHO) will present and discuss two priority areas for Latin America and the Caribbean (LAC) and highlight Canada's significant role in supporting the health of the peoples of the Americas.

PAHO Member States recently approved the resolution on Universal Access to Health and Universal Health Coverage (October 2014), where Canada played a leadership role. This resolution calls for health systems to implement actions based on four recommendations pertaining to access, stewardship and governance, financing and multisectoral coordination. Presenters will describe the conceptual framework and implications for its application.

In response to the WHO declaration of the Ebola Virus Disease outbreak in West Africa, the PAHO Director instructed the Secretariat to prioritize technical cooperation to Member States to enhance preparedness to respond to epidemiological outbreaks in LAC. This presentation will explore the steps taken to ensure coordination across the Region.

Learning Objectives:

- Review the Strategy for Universal Access to Health and Universal Health Coverage in LAC and its implications.
- Examine the threat of Ebola in LAC and how to build preparedness for an event that has not occurred.
- Discuss implications for public health practice in the Region.

Presented by the Pan American Health Organization

Key factors that promote children's mental health

A lifetime of well-being and the resilience to address unforeseen events is based on the foundations that are established growing up. The return on investment associated with mental health and resiliency is great, with direct costs saving of 7 to 1 and a total return of 36 to 1; these figures do not include the emotional and social costs. CPHA members recognize this relationship and have asked the Association to establish policy and advocacy directions for child and youth mental health promotion. Although some of our partners and stakeholders have made significant progress in de-stigmatizing mental illness and developing programs and services to treat mental illness in children, there have been fewer coordinated and focused investments in mental health promotion.

Promoting mental health is an upstream activity which promises to create an atmosphere in Canada that will truly foster long-term well-being in children and their families. CPHA wants to contribute to a coordinated policy position to promote children's mental health. The purpose of this session is to discuss policy and program initiatives in Canada that promote children's mental health, and identify leading factors for policy work by CPHA in this area. The session presenters will direct facilitated table discussions to gain your feedback.

Learning Objectives:

- Explain the existing initiatives associated with child and youth mental health promotion in Canada.
- Identify the key factors for policy development related to child and youth mental health promotion.

Presented by the Canadian Public Health Association

13:30 – 15:00 CONCURRENT SESSIONS

PANEL

Life after Housing First: How can we better support the integration and participation of formerly homeless citizens in our communities?

Supported housing programs, such as Housing First, have demonstrated success in helping transition the most vulnerable homeless individuals into independent housing. The Housing First model offers choice and immediate access to housing in the community, with flexible recovery-oriented services. However, evidence suggests that many homeless citizens with mental health issues face ongoing challenges integrating into the community once housed, and can often remain socially isolated.

This session will explore key components and dimensions of community integration from a recent scoping review. Discussion will be informed by front-line insights on unmet and continuing needs of formerly homeless individuals. Former participants from the Vancouver site of the national At Home/Chez Soi project will also contribute their peer expertise, sharing first-hand experiences and impacts of Housing First in their lives, thus strengthening the dialogue on research, policies and practices to more effectively integrate formerly homeless persons into the broader community. The role of public health in supported housing will be discussed.

Learning Objectives:

- Illustrate the importance of housing as a social determinant of health and mental health.
- Identify the hidden health and social needs of vulnerable populations.
- Discuss the role of supported housing as a population/public health intervention and mechanism towards community integration and long-term recovery.

WORKSHOP

Notifiable disease reporting in Canada: Online resources and an exploration into the past, present and future of national notifiable disease policy and data

Notifiable disease surveillance is a core priority and function of public health in Canada. As our capacity to monitor and respond to infectious disease outbreaks and epidemics is improved, it is important to keep in mind that surveillance data should always be interpreted within the context of its collection, and not be seen as an absolute 'truth'. The Public Health Agency of Canada (PHAC) and the National Collaborating Centre for Infectious Diseases (NCCID) have both created online resources to assist public health practitioners, researchers and decision makers interpret past and present data on notifiable diseases in Canada.

This workshop will demonstrate the functionality of these resources, and orient participants to data limitations, nuances and other considerations that are critical when interpreting notifiable disease rates and trends. Public health students, analysts and specialists will benefit from this user-friendly session, involving a combination of didactic presentations, hands-on learning opportunities and interactive discussions.

Learning Objectives:

- Locate and operate two useful Canadian public health resources for notifiable disease information.
- Recognize the context and potential limitations of notifiable disease reporting in Canada so as to facilitate interpretation and stimulate discussion about past and present notifiable disease trends.

13:30 – 15:00 CONCURRENT SESSIONS

WORKSHOP

Organizational capacity for public health equity action: Are MPH graduates prepared?

In this workshop, participants will reflect on how Master of Public Health (MPH) graduates contribute to public health capacity to reduce health inequities. The workshop is aimed at participants who are currently enrolled in a Canadian MPH program, have graduated from an MPH program, are responsible for hiring MPH graduates, or who work with MPH graduates.

The session will describe the Conceptual Framework of Organizational Capacity for Public Health Equity Action (OC-PHEA), focusing on workforce development, and summarize what is known about the equity focus in current Canadian MPH programs. Participants will then have an opportunity to a) use the OC-PHEA framework to reflect on current and/or desired knowledge and skills related to promoting health equity in MPH programs, and b) recommend minimum expectations for revising current MPH program guidelines to strengthen the equity focus.

Learning Objectives:

- Describe current Canadian MPH program guidelines and summarize key findings of a MPH program scan, regarding equity content.
- Apply the Conceptual Framework of Organizational Capacity for Public Health Equity Action (OC-PHEA) to analyze how MPH programs currently provide necessary knowledge/skills for graduates to contribute to public health capacity to reduce health inequities in the Canadian public health setting.
- Recommend minimum expectations to revise current MPH guidelines to strengthen equity content.

PANEL

Preventing overdose deaths by expanding access to community-based naloxone programs

Naloxone is a safe, prescription-only medication that restores breathing in the event of an opioid overdose. The BC Take Home Naloxone (THN) program began in August 2012 to reduce deaths and other harms associated with opioid overdose. At participating sites, clients are trained on how to prevent, recognize and respond to an opioid overdose, and eligible clients receive a naloxone kit. By January 2015, the program has been implemented at over 62 sites across BC; over 2,700 people have been trained, 1,700 kits dispensed and 162 overdose reversals reported. This panel will share the successes and challenges of implementing similar programs in Canada, as well as showcase some unique ways in which this life-saving service is being provided despite regulatory barriers.

Learning Objectives:

- Explain the basic requirements for setting up a THN program.
- Describe the utility of THN programs in reducing harms and deaths from problematic opioid use.
- Identify ways to reduce barriers for people who use opioids to access naloxone.

13:30 – 15:00 CONCURRENT SESSIONS

WORKSHOP

Program sustainability in chronic disease prevention: Lessons learned from five years of CLASP

Many chronic disease prevention interventions cease to exist after short funding periods or are interrupted by changes from political cycles. Influencing program and policy change is an effective method to sustain efforts from these interventions beyond the end of their initial implementation. In addition, population and public health professionals may lack crucial skills in program sustainability. Through the Coalitions Linking Action and Science for Prevention (CLASP) initiative, many lessons have been learned related to program sustainability in Canada.

During this session, speakers will share lessons learned and tools from successful sustainability efforts of three completed CLASP projects. Participants will then have an opportunity to build their skills in program sustainability and apply an internationally recognized tool on sustainability to their own work during an interactive component of the workshop. Participants should come prepared with a program in mind to assess its sustainability.

Learning Objectives:

- Participants will learn from CLASP sustainability experiences and be able to apply key aspects of program sustainability to their chronic disease prevention work.
- Participants will be able to identify their program's sustainability strengths and weaknesses by using an internationally recognized sustainability assessment tool.
- Participants will identify and discuss program sustainability actions and next steps informed by their sustainability assessment results and CLASP learnings.

PANEL

Realist synthesis: A methodology for the systematic review of public health evidence in complex systems

This session is an interactive forum, where a panel of leading researchers in the area of the application of realist synthesis in public health will come together for a dialogue about the emerging experiences, opportunities and challenges in using this approach to the systematic review of evidence in relation to complex public health topics.

The panelists are leading researchers, holding peer-reviewed funding from the Canadian Institutes of Health Research to conduct realist syntheses on a variety of public health topics. They will use their collective knowledge to share with the audience the rationale for, and some of the exciting results emerging from, the use of this approach. In particular, the panel will explore how and why realist synthesis offers a way of addressing the difficulties of synthesizing evidence of public health interventions/policies that are themselves complex adaptive intervention systems intervening in complex adaptive social systems.

Learning Objectives:

- Describe the rationale for using realist synthesis for complex public health topics.
- Appraise the emerging findings of several realist syntheses.
- Identify several key challenges and opportunities in using the realist synthesis approach in public health.

TUESDAY, MAY 26

13:30 – 15:00 CONCURRENT SESSIONS

PANEL

Re-thinking determinants of Indigenous Peoples' health in Canada

Contributors to the 2015 National Collaborating Centre for Aboriginal Health (NCCAH) book, *Determinants of Indigenous Peoples' Health in Canada: Beyond the Social*, demonstrate that colonialism continues to be a fundamental determinant of Indigenous health and well-being in Canada and that Indigenous knowledges and ways of being in the world are the primary frame of reference for understanding current health realities in Indigenous communities.

Dr. Charlotte Reading examines historical and contemporary root causes of health disparities experienced by Aboriginal peoples in Canada, including racist colonial policies and practices and the lasting legacies which continue to place First Nations, Inuit and Métis peoples at marked disadvantage in the present day. Métis scholar Dr. Brenda Macdougall charts the importance of stories and narrative genealogy to the health and well-being of Indigenous peoples in Canada. Shirley Tagalik points to Inuit Qaujimajatuqangit, or Inuit worldview, which confirms the central role of holism – relationality and reciprocity – in all aspects of Inuit life. As part of this exploration, Tagalik shows how core concepts of connectedness, belonging, and respectful relationship building are essential to Inuit understandings of well-being.

Learning Objectives:

- Compare mainstream and Indigenous understandings of social determinants of health.
- Examine how legacies of colonialism perpetuate marked health disparities between Indigenous and non-Indigenous peoples in Canada.
- Explore health and wellness through Indigenous epistemologies, narratives and worldviews.

15:00 – 15:30 BEVERAGE BREAK

15:30 – 17:00 CONCURRENT SESSIONS

From research to action: Examining the link between the early years, population health and health system performance

The early years of life are crucial in influencing a range of health and social outcomes across the life course. Many challenges in adult society – mental health, obesity/stunting, heart disease, criminality, competence in literacy and numeracy – have their roots in early childhood. This influences the burden and cost to society, including the health system. The social determinants of health are central to such challenges that Canadian children face with respect to their health. This session will highlight new findings from a pan-Canadian comparison of vulnerability rates in children, discuss research being done and shine light on promising programs and interventions. It will discuss some of the federal and provincial policies that support families with young children and key drivers in effective implementation of interventions that can create vital, productive communities for our children.

Learning Objectives:

- Examine the link between early child development and the health system, including new information on findings from a pan-Canadian comparison of vulnerability rates in children.
- Describe recent research and promising programs and interventions in the area of early child development.
- Discuss the catalysts for action in building communities for healthier children in Canada.

Presented by the Canadian Institute for Health Information

15:30 – 17:00 CONCURRENT SESSIONS

Publishing in the Canadian Journal of Public Health: Tips from senior editors

As the only Canadian peer-reviewed publication dedicated to public health in Canada, the *Canadian Journal of Public Health* (CJPH) should be a venue of choice for Canadian researchers and graduate students to publish original results from their research projects. Publishing in peer-reviewed journals, however, is often a hazardous journey. Typically, the CJPH receives 400 papers per year for consideration, two thirds of which are rejected outright, i.e., without being sent to peer review. In this workshop, senior editors from CJPH will share with participants some of the basic rules for developing and successfully submitting a manuscript for a peer-reviewed journal.

Learning Objectives:

- Identify key aspects of presenting a manuscript to CJPH.
- Compose an informative abstract.
- Develop a manuscript to publish results of original quantitative or qualitative research.

Presented by the Canadian Journal of Public Health

15:30 – 17:00 ORAL ABSTRACT SESSIONS

Session details to follow

17:00 – 20:00 NETWORKING EVENT

Making connections: The National Collaborating Centres for Public Health networking event

Join the NCCs for Public Health on May 26 for a networking dinner!

The six National Collaborating Centres for Public Health (NCCs) have served public health staff across Canada for almost a decade. A unique knowledge hub, the NCCs provide the public health system with an array of evidence-based resources, multi-media products, project networks, and knowledge translation services.

As proud collaborators for Public Health 2015, the NCCs are pleased to provide delegates with an opportunity to network with colleagues from across the country and explore options for the future.

Looking to the next five years:

- How can the NCCs help you apply knowledge and evidence in your everyday practice?
- What are the opportunities for the NCCs to mobilize public health knowledge across Canada?

Join us for a not-to-be-missed dinner event on Tuesday, May 26, starting at 5 p.m. Please note that space is limited and that event registration must be completed during the Public Health 2015 conference registration process.

For further information, please contact Pemma Muzumdar, Communications Coordinator, at pmuzumd@stfx.ca.

Presented by the National Collaborating Centres for Public Health

17:00 – 18:30 NETWORKING EVENT

Healthy Networking 101

A healthy networking environment needs three things: cocktails, canapés and conversation. We're providing the first two – we just need you to start the conversations.

Once again, the School of Public Health is pleased to host this informal get-together for conference delegates. Join Dean Kue Young for a healthy dose of discussion and idea sharing, and maybe some laughs too. Networking is good for you. Come and get (re)connected with the University of Alberta's School of Public Health.

Presented by the University of Alberta School of Public Health

WEDNESDAY, MAY 27

07:00 – 08:45 CPHA ANNUAL GENERAL MEETING

CPHA's Annual General Meeting (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 May 26th, 2015 at the registration desk. Breakfast will be provided.

09:00 – 10:30 CONCURRENT SESSIONS

WORKSHOP

Assessing capacity to consent for health care in individuals who misuse substances

Individuals who misuse substances and who are homeless or unstably housed (IMSH) are at risk of acquiring communicable diseases such as HIV, sexually transmitted infections and blood-borne infections. They have greater health needs than the general population but are often reluctant to access health care facilities, especially when substance use is involved. BC law states that individuals who are 19 years of age or older have the right to consent to or refuse health care, provided they do not lack the capacity to consent. Many health care providers find assessing clients' capacity to consent for health care challenging as, until recently, no clear guidelines have been available.

This workshop will assist clinicians with understanding the unique needs that some clients have related to consent. The Capacity Assessment Instrument for People who misuse Substances (CAIPS) aims to reduce health inequities among IMSH by reducing the risk of clients being refused care due to substance use or receiving care that they did not consent to. CAIPS will be introduced and participants have the opportunity to use the interactive instrument and then discuss the assessments through facilitated dialogue.

Learning Objectives:

- Describe concepts that are essential to assessing whether clients have capacity to consent to health care.
- Apply the concepts by scoring the CAIPS instrument for hypothetical clinical encounters via video clips.

PANEL

Canadian children's oral health: Where good partnerships matter!

First, a review of the current oral health status of Canadian children will be presented through different reports and studies, with a special emphasis on Indigenous populations. Next, panel members will discuss two examples where collaboration and partnership have been successful in implementing oral health projects addressing health inequalities. The Trilateral First Nations Health Senior Officials Committee (TFNHSOC) includes opportunities for all three levels of government (First Nations, provincial, and federal) to work together. Within the priority area of public health, a major focus of the committee has been on improved dental services.

Two Northern Ontario Dental Projects will be discussed as examples of collaboration through this trilateral process. Another example will look at the BC experience with the Children's Oral Health Initiative through research and clinical field-worker perspectives. A general discussion will then follow looking at how collaborations are established and work to impact and improve children's oral health.

Learning Objectives:

- Analyze and interpret the current oral health data relating to children's oral health in Canada.
- Recognize the relevance of creating strong collaborations with diverse partners.
- Identify the role of social determinants of health.

09:00 – 10:30 CONCURRENT SESSIONS

WORKSHOP

Facilitating dialogue to promote health equity: A workshop about workshops

A skilled and enabled workforce at all levels of a public health organization is essential for taking action to promote health equity action. Winnipeg Regional Health Authority's Population and Public Health held a staff development half-day session to engage staff in dialogue about taking action to promote health equity. In this workshop, facilitators will guide participants through a mini-workshop using WRHA's staff engagement process. By reflecting on lessons learned and walking through the workshop process, participants will gain knowledge and skills in facilitating health equity learning events.

Participants will examine presentation slides about key health equity concepts, discuss facilitation techniques, and review other materials used to support the development and implementation of health equity workshops (facilitator's guides and evaluation forms). Using an innovative format of "workshopping a workshop", participants will engage in dialogue about building workforce capacity to promote health equity.

Learning Objectives:

- Explore the use of networking processes to share information and ideas about advancing health equity at different levels of a public health organization.
- Apply facilitation techniques to generate dialogue about promoting health equity actions within public health organizations.
- Examine presentation slides about key health equity concepts; review facilitator's guides to support workshop development; and assess evaluation forms to gather participant feedback.

WORKSHOP

Introduction to practical ethics for public health

In this session, presented by the National Collaborating Centre for Healthy Public Policy (NCCHPP), participants will consider some of the whats, whys and hows of practical ethics for public health practitioners. The goal is to help participants to identify and address ethical issues in their sectors. Examples from various sectors of public health practice will be used throughout. The field of ethics is vast, and rather than selecting one approach over another, we will consider how different theories, approaches, principles and frameworks in public health ethics can have different implications. We will briefly introduce and then practice applying:

- theories such as utilitarianism and deontology;
- principle-based ethical frameworks; and
- key values and principles relating to public health.

In the second half of the session, smaller groups will deliberate on a case study in order to practise applying principles using an ethics framework.

Learning Objectives:

At the end of this session, participants will have gained experience in:

- Identifying and distinguishing key concepts for public health ethics.
- Applying those concepts to public health practice-specific cases in order to identify ethical issues, make ethical judgements, and justify the decisions they make.
- Ethical deliberation in small groups.

WEDNESDAY, MAY 27

09:00 – 10:30 CONCURRENT SESSIONS

PANEL

Public engagement: Promoting social innovation towards health and well-being for all

Intersectoral collaboration in public health and public policy requires different methods, tools and approaches to promote meaningful engagement and action across sectors. This panel will highlight several initiatives taking place across Canada to gain better understanding of tools, processes and theories that drive public engagement to strengthen representative democracy and promote health and well-being in communities. This session will include a panel discussion, as well as an interactive dialogue session using fishbowl format to be able to fully engage the audience in the discussion.

Participants will learn about various local, regional and online public engagement platforms and be able to identify limitations and opportunities that arise when engaging across various levels of government, businesses and civil society. The conclusion of the discussion will create opportunities to collaborate towards building a stronger democracy that supports a health equity agenda.

Learning Objectives:

- Examine the power and pitfalls of social data, social media and public engagement.
- Assess how democracy is supported by engaging communities, businesses and municipalities.
- Appraise social innovation tools and processes to democratize health.

The BC First Nations perspective on wellness

In partnership with BC First Nations, the First Nations Health Authority (FNHA) is working towards the vision of healthy, self-determining and vibrant BC First Nations children, families and communities using a holistic wellness approach. The First Nations Perspective on Wellness recognizes that wellness starts from every human being taking responsibility, yet it also means paying attention to social, cultural, economic and environmental determinants of health. The FNHA is working to improve First Nations public health by focusing on wellness and addressing First Nations public health issues at various levels. This session will highlight some FNHA wellness initiatives that have been impactful in transforming the wellness of individual First Nations people and communities in BC, as well as work being done in partnership with the provincial government to address the social determinants of First Nations health at a broader policy level.

Learning Objectives:

- Discuss the First Nations Perspective on Wellness and Wellness Streams as a unique approach to addressing First Nations public health and social determinants of health issues.
- Explore the importance of a two-way dialogue on the Perspective on Wellness in contributing to greater cultural safety of the health system and greater health literacy amongst First Nations citizens.
- Identify wellness initiatives supported by the First Nations Health Council and FNHA that have been successful in improving First Nations wellness at an individual and community level in BC.

Presented by the First Nations Health Authority

09:00 – 10:30 CONCURRENT SESSIONS

WORKSHOP

The McMaster Optimal Aging Portal: Learn how to use this one-stop shop for evidence-based information on healthy aging

This workshop will teach participants how to use the McMaster Optimal Aging Portal to access the best available evidence on optimal aging. Launched in October 2014 as part of the Labarge Optimal Aging Initiative, the Portal is a website that provides citizens, caregivers, clinicians, public health professionals and policy makers with easy-to-understand information, based on the best available scientific evidence. The Portal offers a combination of features that no other single site provides, and is a one-stop shop for high-quality information about how to remain healthy, active and engaged as we grow older.

Participants are encouraged to bring a smart device to participate in a live demonstration of the site features, perform practice searches with example scenarios, learn how to access research evidence and filter out low-quality information, and propose strategies for how the Portal could best fit within their own scope of practice.

Learning Objectives:

- Explore the content available on the Portal and identify the highest-quality, most trustworthy and reliable information about optimal aging.
- Perform practice searches on the Portal using example scenarios.
- Develop skills to search for, use, and put into action what we learn online.

PANEL

Three perspectives on integrating equity into reporting: Community, public health and research

Purposeful reporting has been identified as a promising practice to drive action on the social determinants of health and improve health equity. The National Collaborating Centre for Determinants of Health (NCCDH) hosted a year-long learning circle to explore this further, and subsequently led a collaboration with the other NCCs to develop an “action framework” that describes the components of an equity integrated approach to population health status reporting.

The action framework includes three main sectors that are essential to the effective integration of equity into reporting that results in action on the social determinants of health. This panel will include representatives from each of the three sectors (community, public health, research), and each panelist will share their personal experiences integrating equity issues into population health status reporting. Participants will be introduced to the framework and will have an opportunity to discuss in small groups how this framework can be applied in an operational setting.

Learning Objectives:

- Apply the “action framework” for integrating health equity into population health status reporting in the local operational context.
- Recognize the important role each sector plays in population health status reporting that integrates health equity and drives action on the social determinants of health.

WEDNESDAY, MAY 27

09:00 – 10:30 CONCURRENT SESSIONS

What is stigma and how does it impact STBBI prevention efforts in Canada?

CPHA's project *Impacting attitudes and values: Engaging health professionals to decrease stigma and discrimination and improve sexually transmitted and blood-borne infection (STBBI) prevention* aims to enhance STBBI prevention and reduce the stigma and discrimination that often hamper individuals' access to and use of available STBBI prevention services in Canada.

This workshop will explore STBBI-related stigma, including the many types of stigma, the levels at which it may manifest and impact STBBI prevention efforts, and the various ways in which stigma may be reduced at individual and organizational levels. Participants will be provided with an opportunity to complete a new stigma self-assessment tool and, in turn, reflect on the potential impact of their own attitudes and values on STBBI prevention efforts.

Learning Objectives:

- Discuss the various forms of stigma and the levels at which it may manifest and be confronted.
- Describe the potential impact of attitudes and values on STBBI prevention efforts and engage in an exercise of self-reflection.
- Explore the use of a stigma self-assessment tool.

Presented by the Canadian Public Health Association

PANEL

Workplace wellness in rural and remote settings: WoWing the north through partnerships in BC, the Yukon and Northwest Territories

Workplace wellness can work outside of an office environment. Working on Wellness (WoW) will share our lessons learned to date on working in rural, remote and northern work sites. WoW benefits from a partnership approach, led by strong leaders who provide knowledge and relationships within the three WoW jurisdictions – BC, Yukon Territory and Northwest Territories. Our panelists will bring the different perspectives of their geographic and sectoral experiences and the importance they place on the workplace setting to the discussion.

WoW addresses two targets in need of a tailored approach to workplace wellness: men in rural and remote work camps – a growing trend in the NWT and BC's resource industries – who are much less likely to seek out health promotion resources. In the Yukon, through the leadership of the Council of Yukon First Nations, WoW's pilot work sites are the administrative offices within First Nations communities. All of our pilots provide new perspectives on workplace wellness in the Canadian context.

Learning Objectives:

- Describe the importance of a context-specific approach to implementing workplace wellness programs.
- Examine four different examples of workplace wellness programs – Wellness Fits, WoW BC, WoW Yukon and WoW NWT – and the requirements of adjustments for geographic and target audience differences.
- Explain the ways in which WoW has adapted to support the needs of the different target populations, and how a targeted approach will support sustainability.

10:30 – 11:00 REFRESHMENT BREAK

11:00 – 12:30 CONCURRENT SESSIONS

CPHA Policy Forum: Looking to the future

This Forum provides participants with an opportunity to express their point of view concerning the Association's policy-related activities. In preparation for this session, CPHA asked members to complete surveys to: identify their level of satisfaction with the Association's work during the past year; help prepare an advocacy playbook for the upcoming federal election; and examine possible advocacy activities for policy development following the election. This session will be used to review the results of the surveys, identify and clarify items for inclusion in the playbook and explore activities for policy development following the election. Contributions to discussions will be managed through facilitated table discussions. Both CPHA members and non-members are welcome to participate.

Learning Objectives:
After attending this session, participants will be able to:

- Explain CPHA's main advocacy themes leading up to the 2015 federal election.
- Summarize CPHA's policy initiatives and activities for the period following the election.

Presented by the Canadian Public Health Association

Social innovation and public health

The major public health challenges of our time tend to be persistent, complex and inter-related. Social innovation is emerging as a powerful force for developing the collaborative solutions required to address them. A broad approach that can involve social entrepreneurship and financing, social innovation is being used to address society's most complex issues, from reducing poverty to creating environmentally-sustainable energy sources.

This session will provide insight into the success behind social innovation, supplying participants with a new set of tools to apply to their public health challenges.

Learning Objectives:

- Explain what social innovation is and how it relates to public health.
- Describe and analyze successful examples of social innovation.
- Identify applications of social innovation that exist within, or could be applied to, their own work.

Presented by the Public Health Association of British Columbia

11:00 – 12:30 ORAL ABSTRACT SESSIONS

Session details to follow

12:30 – 13:30 NETWORKING LUNCH WITH EXHIBITORS

Buffet lunch included

13:30 – 15:00 CONCURRENT SESSIONS

WORKSHOP

Assessing food environments: Building local public health capacity through partnerships and hands-on training

Communities across Canada are beginning to recognize food environments as important determinants of public health. To date, food environment assessment and surveillance have been inconsistent, rendering it difficult to compare food environments between jurisdictions and over time. This workshop will introduce participants to a new tool designed to assess food environments in Canada, recognizing that urban, suburban, rural, and remote communities face different challenges and facilitators to assessing and improving food environments. Participants will engage with various stakeholder perspectives, learn about new and existing resources to assess and act on food environments, and will engage in active, hands-on learning to begin the process of food environment assessment in their own communities.

Learning Objectives:

- Establish a plan to assess their community's food environment.
- Identify resources available to them to conduct a food environment assessment.
- Determine the value of non-traditional partners in their contexts (including various private and public stakeholders).

PANEL

Building codes and the public's health: Lessons learned from the case of stairway dimensions

Stairs in our homes are both very common and extensively used. While stair climbing offers many public health benefits, falls and injuries on stairs can be a major threat to our health. Over 100,000 stair-related injuries are recorded annually in Canada, leading to emergency room visits totalling approximately $500 million in health care costs. The indirect burden of falls can include physical consequences and psychological effects estimated at 10 times the direct health care spending. The capacity of people to use stairs throughout their life also has comparably large societal impact, affecting public health. Current Canadian building codes are the worst among English-language building codes. This panel will provide an overview of the building code modifications first proposed decades ago to increase stair safety and usability. With these modifications having been adopted in public buildings in 1995 but not in homes, the public health community began to advocate on this issue; it was not until approximately 2002 that progress was made in addressing home stair safety code. Challenges with the Canadian Commission on Building and Fire Codes will be explored and specific examples will be presented. Panelists will discuss the important issues affecting home safety and usability and examine issues that can either facilitate or obstruct progress on stair safety.

Learning Objectives:

- Describe the importance of the issue of home step dimensions as it impacts public health.
- Identify the factors that have impacted and improved Canadian building codes.
- Identify and recommend future advocacy and other action on the issue of step dimensions.
- Describe how Canada can be a world leader in protecting the health of Canadians using the powerful instrument of building codes.

13:30 – 15:00 CONCURRENT SESSIONS

WORKSHOP

Can poor planning lead to poor health? Considering health impacts in our transportation and development decisions

Decision-makers are often faced with a variety of trade-offs and competing priorities, particularly with respect to transportation and development. However, transportation and development decisions have the potential to impact health on both the local and regional scale. Tools like Health Impact Assessments (HIA) provide government staff with procedures to evaluate the positive and negative health impacts of proposed policies, plans, programs and projects. HIA is not yet broadly utilized in Canada, and policy-makers and health professionals report limited experience working with HIA. To facilitate HIA use in BC, Metro Vancouver, BC Healthy Communities and EcoPlan International collaborated with health authorities and planners to compile an HIA Guidebook.

This workshop will increase participants' familiarity with the use of Health Impact Assessment for assessing the health impacts of planning and/or transportation policies, plans and projects. Working from a case study, participants will walk through the key elements of an HIA, assisted by structured decision-making tools developed for the HIA Guidebook. The session presents an opportunity to discuss the common challenges and opportunities public health practitioners might face with HIAs and to look at different approaches to HIA.

Learning Objectives:

- Describe the characteristics, rationale for, and the steps of an HIA.
- Identify how they would apply an HIA process to land use and transportation in their own work.
- Identify and apply new tools for doing an HIA related to built environment and health, including the HIA Guidebook.

WORKSHOP

Evidence-informed decision-making and health equity: An interactive workshop

Using research evidence can strengthen practice and improve population health outcomes, but can be challenging when there is limited evidence on interventions that address issues related to health equity. However, there are equity-focused supports for evidence-informed practice. This workshop will review a seven-step "Evidence-Informed Public Health" (EIPH) process, and will provide an opportunity for participants to become familiar with equity-relevant methods and tools. The resources will help them find, appraise, interpret and disseminate the best available research evidence related to health equity, and help them use that evidence to address health equity issues in practice and policy decisions. This workshop is intended for participants with existing knowledge related to health equity and evidence-informed public health concepts.

Learning Objectives:

- Describe the seven-step EIPH process, including strengths and challenges in applying evidence to interventions intended to improve health equity.
- Apply equity-relevant methods and tools related to the EIPH process in their own work.
- Identify strategies for using evidence to support work to improve health equity.

WEDNESDAY, MAY 27

13:30 – 15:00 CONCURRENT SESSIONS

PANEL

Housing, health and the Aboriginal Peoples of Canada

The session will explore the complex relationship between substandard housing issues and two known environmental contaminants in Aboriginal communities on reserves and in urban environments. While primary prevention is key to protecting the health and well-being of Aboriginal peoples, remediation of mould and radon – two known environmental health risks related to housing in Aboriginal communities – has been accomplished in some instances.

The session will examine successes and challenges of remediation programs targeting mould contamination and radon exposure in homes and will identify aspects that could enable and inform future work in this area.

Learning Objectives:

- Describe housing conditions on reserve as well as off reserve (urban environments) and the complexities of First Nations community housing programs.
- Apply best practices for mould remediation in Aboriginal peoples' homes.
- Review strategies of success and those issues that challenge radon remediation work in Métis houses with detectable elevated radon levels.

PANEL

New approaches to advancing health equity and social determinants of health in Canada: Federal, provincial and local initiatives

In 2012, Canada and other World Health Organization Member States endorsed the Rio Political Declaration on Social Determinants of Health, a global commitment to address health inequities by acting on the social, economic, environmental, and other factors that shape health.

Consistent with the Rio Declaration, many public health departments across Canada are taking steps to reduce health inequities, often in partnership with other sectors and stakeholders. Initiatives are underway in many jurisdictions to better support vulnerable groups, strengthen the knowledge base through research and evaluation, raise awareness of the importance of equity for health, and foster cooperation and collaboration between sectors. This session will illustrate Canada's diverse approaches to reducing health inequities and acting on the social determinants of health by showcasing a range of recent efforts – at the federal, provincial and local levels – that are contributing to meeting Canada's Rio Declaration pledges.

Learning Objectives:

- Describe the roles of various sectors in strengthening knowledge, policy, and practice to advance health equity.
- Apply knowledge and insights from the diversity of new initiatives in Canada to improve health equity and act on the social determinants of health.

13:30 – 15:00 CONCURRENT SESSIONS

WORKSHOP

Popping the bubble wrap: Tools for promoting risky play for child health

The current generation of children's access to and opportunity for engaging in risk-taking through play has never been lower. Safety concerns and fears of litigation have resulted in overprotection by parents, schools, parks and others. There are profound unintended negative implications of this anxiety-based and limiting approach to children's risky play. Children are lacking crucial experiences that promote development, physical health and mental health.

This interactive and interdisciplinary workshop will present tools from child development, injury prevention and landscape architecture. We will review the supporting research, and teach participants skills for changing parents', educators' and policy makers' attitudes toward risky play, and for designing play spaces to promote challenge and development.

Learning Objectives:

- Defend the importance of children's risky play for health and development.
- Prepare to transform key stakeholders' attitudes toward children's risky play.
- Identify attributes of high-quality play spaces for children.

PANEL

Response to threats: Infectious disease outbreaks, and the role of Canadian research

This panel will address a number of aspects relevant to research and public health responses during infectious disease outbreaks. The panelists, representing both the research and public health sectors and with a wide range of expertise, will present multiple perspectives on how research can have an impact on the knowledge base needed to deliver an effective pandemic response, the effect on research capacity, and how synergistic agency relationships can be developed to deliver quality research programs in rapid manner.

Learning Objectives:

- Identify the benefits of inter-agency collaboration for research response and intervention in a pandemic.
- Describe the benefits of creating and supporting research infrastructure and capacity, and the impact on pandemic preparedness and response.
- Demonstrate how Canadian research expertise enabled the development of vaccines against serious public health threats.

13:30 – 15:00 CONCURRENT SESSIONS

Salt Smart Americas – Making partnerships work

The Region of the Americas has taken on the challenge of reducing illness and premature mortality due to non-communicable diseases (NCDs). Dietary salt reduction is recognized as the most cost-effective intervention to prevent or reduce hypertension rates in populations and cardiovascular disease-attributable deaths in the Region.

Since 2009, a Pan American Health Organization (PAHO) initiative has supported the countries of the Americas by providing effective tools, strategies, and interventions to reduce sodium intake levels among all people in the Region. In 2012, PAHO established the Salt Smart Consortium, in response to the global momentum to tackle NCDs with holistic "whole-of-society" approaches.

Panelists will provide an overview of the salt reduction initiative, including the program goals, actors and accomplishments. The Salt Smart Consortium will be described, including the multi-sectoral approach that contributes to the salt reduction initiatives to prevent hypertension and cardiovascular disease.

Learning Objectives:

- Describe the PAHO salt reduction initiatives to prevent hypertension and cardiovascular disease.
- Discuss cost-effective strategies for dietary salt reduction at the population level and ways to implement them.
- Provide examples of how governments, public health agencies, food companies and civil society can work together to increase demand for low-salt products and/or reduce the salt/sodium content in the food supply.

Presented by the Pan American Health Organization and Health Canada

PANEL

Social media to improve public health: A panel discussion

This panel will focus on the use of social media initiatives to improve the health of Canadians, in the context of Canada Health Infoway's Public Health Social Media Challenge. It will appeal to any public health organization looking to understand the current and future technologies that will allow them to connect with the people and populations they serve. Panelists, from public health organizations as well as a social media expert, will discuss their campaigns and the outcomes they achieved during the Challenge, and share advice for those organizations considering using social media.

Learning Objectives:

- Describe the required elements of a well-planned and well-executed social media campaign.
- Assess how to apply these in a public health setting.

15:00 – 15:30 REFRESHMENT BREAK

WEDNESDAY, MAY 27

15:30 – 17:00 PLENARY III AND CLOSING

Social Innovation

Session details to follow

THURSDAY, MAY 28

09:00 – 12:30 POST-CONFERENCE SESSION

Where public and planetary health meet: Social and technical innovation

While we have traditionally looked to technical advances to solve many of the world's problems, adding social innovation to the mix is proving a potent change-maker. Combining the best ideas of the public and private sectors, social innovation can provide the elusive alchemy required to address both public health and environmental issues. Building on Wednesday's session on Public Health and Social Innovation, and the energy of PHABC's fall conference, *"Shared Prosperity for Health and Well-Being: A Collaborative Dialogue between Business and Public Health",* this intensive half-day session will look specifically at planetary health.

What are the public health implications of a fossil fuel-based economy, and how can we work with leaders in the field of renewable energy to create a healthier world? Session leaders will walk participants through the process of identifying and applying social innovation approaches to this persistent public health challenge.

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- Group registrations will not be accepted on site at the conference.
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