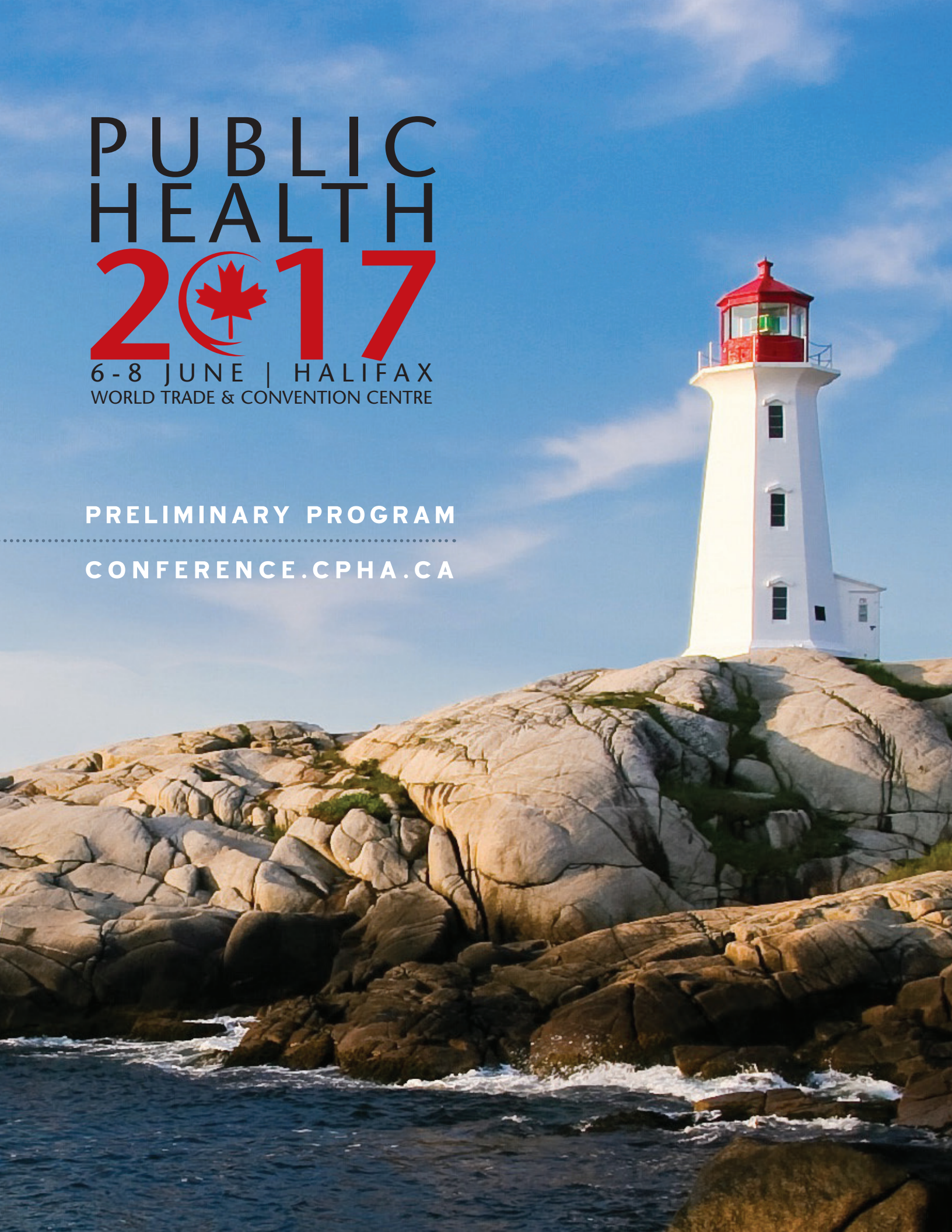


PUBLIC HEALTH 2017

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PUBLIC HEALTH 2017

CONFERENCE OBJECTIVES

Public Health 2017 will provide:

- a dynamic setting to profile action-oriented best practices, successful strategies and new research from both domestic and global settings;
- an occasion to explore evidence-informed interventions focused on addressing key public health challenges;
- a supportive environment for sharing innovative ideas and approaches to public health practice, policy and research that encourage further collaborations across and within sectors;
- a forum that supports reflection and critical dialogue;
- an inclusive networking and knowledge exchange forum at the national level to identify and discuss current public health issues across a range of disciplines and sectors;
- an opportunity to interact with individuals from different sectors and systems from across Canada and around the world; and
- a venue for public health professionals at all stages of their careers to collaborate, innovate and help shape the health and well-being of Canadians.

LEARNING OBJECTIVES

Public Health 2017 will provide delegates the opportunity to:

- articulate the current status of public health evidence, research, policy and practice;
- identify public health challenges and related solutions, trends, emerging issues and gaps;
- learn how to utilize effective evidence-based public health programs, practices, structures and systems; and
- identify strategies for knowledge translation and exchange.

PUBLIC HEALTH 2017

PROGRAM SCHEDULE

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

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



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. Sustainable 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 demonstrate strength and resilience in the face of daunting challenges and historical inequities. Some communities have experienced remarkable holistic improvements in some aspects of their health, even though much remains to be done.

Health Assessment and Disease Surveillance monitors 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 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 promotion action means building healthy public policy, creating supportive environments, strengthening community actions, developing personal skills and reorienting health services.

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. This can include risks related to the ecological determinants of health as well as communicable and non-communicable diseases. 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.

Partnerships and Collaborations with health and other sectors (e.g., education, social services, housing) are essential to public health programs and services. Public health promotes community capacity-building by fostering meaningful and respectful engagement with Indigenous communities and other partners. Such capacity building requires commitment from partners as well as a range of skills and processes to ensure that partnerships and collaborators are functional and effective in achieving their goals. Collaboration provides the mechanism for designing comprehensive strategies that strengthen the health system.

Policy and Program Interventions include the implementation of population health and prevention actions to reduce health risk. These interventions, and their evaluation, address the underlying social, economic and environmental conditions that are needed to build the evidence base. They might be designed and developed in the health sector, in other sectors such as education, housing or employment or in collaboration with a number of sectors and partners. Interventions (and evaluations) 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).



#PublicHealth17

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 2017 through a unique and effective collaboration with:

CONTRIBUTING PARTNERS



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](#) (IPPH) represents CIHR on the CPHA Conference Steering Committee. 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.



Established in 2005 and funded through the Public Health Agency of Canada, the six [National Collaborating Centres](#) (NCCs) for Public Health work together to promote the use of scientific research and other knowledge to strengthen public health practices, programs and policies in Canada. A unique knowledge hub, the NCCs identify knowledge gaps, foster networks and provide the public health system with an array of evidence-based resources, multi-media products, and knowledge translation services. The NCCs are located across Canada, and each focuses on a different public health priority.

The six centres are:

- [NCC for Aboriginal Health](#) – University of Northern British Columbia
- [NCC for Determinants of Health](#) – St. Francis Xavier University
- [NCC for Healthy Public Policy](#) – L'Institut national de santé publique du Québec
- [NCC for Environmental Health](#) – BC Centre for Disease Control
- [NCC for Infectious Diseases](#) – University of Manitoba
- [NCC for Methods and Tools](#) – McMaster University

COLLABORATORS



The [Assembly of First Nations](#) (AFN) is a national advocacy organization representing First Nation citizens in Canada, which includes more than 900,000 people living in 634 First Nation communities and in cities and towns across the country. First Nation leaders (Chiefs) from coast to coast to coast direct the work of AFN through resolutions passed at Chiefs Assemblies held at least twice a year.



The [Canadian Alliance for Regional Risk Factor Surveillance](#) (CARRFS) is a network of public health professionals interested in regional/local risk factor and health determinants surveillance in Canada. CARRFS collaborates with health agencies across jurisdictions to identify innovations, promote successful experiences, and support linkages with existing surveillance systems in order to improve their quality, visibility and usefulness. CARRFS allows members to interact, support and exchange ideas with colleagues working on surveillance from across Canada through a social network platform, online tools/resources, training and the CARRFS annual symposium.



The [Inuit Tapiriit Kanatami](#) (ITK) is the national representational organization for Canada's 60,000 Inuit, the majority of whom live in four regions of Canada's Arctic, specifically, the Inuvialuit Settlement Region (Northwest Territories), Nunavut, Nunavik (Northern Quebec), and Nunatsiavut (Northern Labrador). Collectively, these four regions make up Inuit Nunangat, our homeland in Canada. It includes 53 communities and encompasses roughly 35 percent of Canada's land mass and 50 percent of its coastline.

The comprehensive land claim agreements that have been settled in Inuit Nunangat continue to form a core component of our organization's mandate. ITK represents the rights and interests of Inuit at the national level through a democratic governance structure that represents all Inuit regions. ITK advocates for policies, programs and services to address the social, cultural, political and environmental issues facing our people.



The [Pan American Health Organization](#) (PAHO), founded in 1902, is the specialized international health agency for the Americas. PAHO engages in technical cooperation with its member countries to fight communicable and non-communicable diseases and their causes, to strengthen health systems, and to respond to emergencies and disasters. PAHO is committed to ensuring that all people have access to the health care they need, when they need it, with quality and without fear of falling into poverty.

To advance these goals, PAHO promotes technical cooperation between countries and works in partnership with ministries of health and other government agencies, civil society organizations, other international agencies, universities, social security agencies, community groups, and other partners.

The mission of PAHO 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.



Since 1983, the [Métis National Council](#) (MNC) has represented the Métis Nation nationally and internationally. It receives its mandate and direction from the democratically elected leadership of the Métis Nation's governments from Ontario westward. Specifically, the MNC reflects and moves forward on the desires and aspirations of these Métis governments at the national and international level.



Overall, the MNC's central goal is to secure a healthy space for the Métis Nation's ongoing existence within the Canadian federation.

COLLABORATORS



The [Public Health Agency of Canada](#) (PHAC) helps protect and improve the health and safety of all Canadians and contributes to strengthening public health capacities across Canada. Its activities focus on preventing chronic diseases, like cancer and heart disease, preventing injuries and responding to public health emergencies and infectious disease outbreaks.



The [Public Health Association of Nova Scotia](#) (PHANS) believes that public health is a product of a healthy community, a healthy environment, and a healthy economy. Each of us has a role to play in making public health a fact of life in Nova Scotia. PHANS envisions public health as an integral part of the process of planning, evaluation, service delivery and decision making in all sectors affecting our health, including a reformed health system. This depends on communities and individuals taking responsibility for working together.

PHANS is committed to building public health capacity and making progress on the determinants of health. The membership uses the Public Health Capacity Framework and the Nova Scotia Accountability Framework as its lens for planning and monitoring progress.



The [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.





STUDENT AND TRAINEE EVENTS

MONDAY, JUNE 5, 2017

15:00 - 17:00

**The Art of Networking:
Making the right connections
as a trainee**

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

17:00 - 18:30

Student and Trainee Reception

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

WEDNESDAY, JUNE 7, 2017

10:30 - 12:00

**Careers in public health:
Focusing your career search**

Careers in public health are limitless. Learn from two career development professionals with experience in public health how best to focus your career interests and find your next job in public health. In this session, you will hear a presentation entitled 'Focusing your Career in Public Health', and apply a hands-on method to assist you with narrowing your career interests. Following this introspection, you will interact with seasoned public health professionals, who will offer guidance and advice during small group breakout sessions. You will be able to move next into further career research and networking to achieve success in pursuing the public health career of your choice.

THURSDAY, JUNE 8, 2017

7:00 - 08:15

**You've got a taste of public
health, now what?**

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

11:00 - 12:30

**Dr. John Hastings
Student Award Session**

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

PROGRAM-AT-A-GLANCE

MONDAY 5 JUNE

TUESDAY 6 JUNE

WEDNESDAY 7 JUNE

THURSDAY 8 JUNE

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



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MONDAY JUNE 5

PROGRAM OVERVIEW

PRE-CONFERENCE SESSIONS				
7:00 – 17:00	7:00 – 8:30 Public Health Physicians of Canada Annual General Meeting	9:00 – 17:00 Annual Meeting of Network of Schools and Programs of Population and Public Health		9:00 – 17:00 Effective data visualization for public health decision-making
	9:00 – 17:00 Nightmares and dreams in public health practice	9:00 – 16:30 Public health equity leadership and capacity: Do tools catalyze action?		9:00 – 12:00 Setting the scene – Why is it important to advance Sexual Health Promotion in Canada?
	13:00 – 16:00 Improving sexual health among LGBTQ populations through culturally competent and transformative public health policies, practices and programs	13:00 – 16:00 Conducting quality peer reviews of quantitative manuscripts	14:00 – 16:00 National Population Health Data: An Overview of the Canadian Partnership for Tomorrow Project and the Atlantic Partnership for Tomorrow's Health	15:00 – 17:00 The Art of Networking: Making the right connections as a trainee
NETWORKING AND DINNER EVENTS				
17:00 – 21:00	17:00 – 18:30 Student and Trainee Reception	17:30 – 20:30 Making Connections – A networking dinner	18:30 – 21:00 PHPC Networking Dinner	



7:00 - 8:30

PUBLIC HEALTH PHYSICIANS OF CANADA ANNUAL GENERAL MEETING



9:00 - 17:00

NIGHTMARES AND DREAMS IN PUBLIC HEALTH PRACTICE

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

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

Learning objectives:

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

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

18:30 - 21:30

PHPC NETWORKING DINNER

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

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



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9:00 - 17:00

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

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

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

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

9:00 - 17:00

EFFECTIVE DATA VISUALIZATION FOR PUBLIC HEALTH DECISION-MAKING

Presented by:
The Canadian Alliance for Regional
Risk Factor Surveillance

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

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

Learning objectives:

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

Additional registration fee required: Student \$25; Participant \$40 (Coffee breaks and lunch provided)

Webcasting - \$25



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9:00 - 16:30

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

Presented by:

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

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

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

Learning objectives:

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

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



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9:00 - 17:00

SETTING THE STAGE TO ADVANCE SEXUAL HEALTH PROMOTION IN CANADA

Presented by:
The Gender and Health Promotion
Studies Unit, Faculty of Health
Professions, Dalhousie

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

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

Learning objectives:

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

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

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

9:00 - 12:00

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

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

13:00 - 16:00

IMPROVING SEXUAL HEALTH AMONG LGBTQ POPULATIONS THROUGH CULTURALLY COMPETENT AND TRANSFORMATIVE PUBLIC HEALTH POLICIES, PRACTICES AND PROGRAMS

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

13:00 - 16:00

CONDUCTING QUALITY PEER REVIEWS OF QUANTITATIVE MANUSCRIPTS

Presented by:
The Canadian Journal of Public Health

Reviewers play a critical role in ensuring published manuscripts are of high quality. In this workshop, organized and led by the Editor-in-Chief and a senior editor of the Canadian Journal of Public Health, participants will develop skills to conduct a quality peer review of a quantitative-type manuscript. Participants will engage in a facilitated exercise to conduct a review of a manuscript and will learn the do's and don'ts of reviewing a manuscript.

14:00 - 16:00

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

Presented by:

The Atlantic Partnership for Tomorrow's Health (Atlantic PATH)

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

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

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

15:00 - 17:00

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

Presented by:

York University

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

17:00 - 18:30

STUDENT & TRAINEE RECEPTION

Presented by:

York University, CPHA and NCCPH

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

17:30 - 20:30

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

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

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

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

TUESDAY JUNE 6

PROGRAM OVERVIEW

8:30 - 10:00	OPENING CEREMONY AND PLENARY I DAVID BUTLER-JONES SYMPOSIUM: WAYS OF KNOWING Janet Smylie Jennie Popay Louise Potvin				
10:00 - 10:30	REFRESHMENT BREAK				
10:30 - 12:00	CONCURRENT SESSIONS				
Collaborator Sessions	NCCPH presents: Making the case: Population mental health promotion for youth as an essential focus for public health practice			CIHR presents: Charting the course: Population and public health research in Canada - Where do we go from here?	
Symposiums	Approaches to community well-being: Preventing infectious diseases	Canadian 24-hour movement guidelines for children and youth: An integration of physical activity, sedentary behaviour, and sleep	Learning as we grow: Comparing approaches to creating and implementing integrated	Strategies in continuing professional development of the Canadian public health workforce	
Workshops	Applying implementation science frameworks to public health research	Environmental public health: Health risk assessment for emerging hazards and exposures	FRESH-IT: A workshop on evidence-informed population health intervention development for the retail food environment in smaller municipalities	Unsettling assumptions: Unpacking your engagement with the stigma of mental illness	
12:00 - 13:30	NETWORKING LUNCH WITH EXHIBITORS				
13:30 - 15:15	NETWORKING WITH POSTER PRESENTERS				
15:15 - 17:00	CONCURRENT SESSIONS				
CPHA Session	Current challenges in HIV and STBBI prevention in Canada 2017				
Collaborator Sessions	CARRFS presents: Communities to continents: Coordinated approaches in public health surveillance		PHPC presents: From pain to crisis: a trans-border conversation on the opioid epidemic		NCCID presents: Primer on antimicrobial resistance: defining the problem, disentangling drivers and burden
Oral Abstract Sessions	Building public health system capacity	First Nations, Inuit, and Métis Communities	Health assessment and disease surveillance	Health promotion	
	Health protection	Partnerships and Collaboration	Policy and program interventions		
17:00 - 18:30	NETWORKING RECEPTION WITH EXHIBITORS				
19:00 - 21:00	PUBLIC FORUM				

DAVID BUTLER-JONES SYMPOSIUM: WAYS OF KNOWING

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

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

Learning objectives:

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

Speakers:

- Jennie Popay, Professor of Sociology and Public Health, Institute for Health Research, Lancaster University
- Janet Smylie, Associate Professor, Centre for Research on Inner City Health/Li Ka Shing Knowledge Institute
- Louise Potvin, Editor-in-Chief, CJPH; Professor, Department of Social and Preventive Medicine, Faculty of Medicine, University of Montréal

Moderator

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

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

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



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

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

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

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

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

Learning objectives:

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



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CHARTING THE COURSE: POPULATION AND PUBLIC HEALTH RESEARCH IN CANADA - WHERE DO WE GO FROM HERE?

The Institute of Population and Public Health (IPPH) at the Canadian Institutes of Health Research embarked on a cross-country listening tour and undertook other consultation activities to chart the future of population and public health research in Canada and to inform future investments in this area. This session will feature informal panel presentations and group discussions to explore the provisional outcomes from this process.

By attending, participants will be able to refine the outcomes, discuss emerging and priority public health issues of interest to researchers, policymakers, and practitioners, and reflect on how these priorities could be pursued in a way that reflects their own research areas and communities. Possible priority areas for discussion include healthy cities research, novel knowledge translation approaches, big data analysis in population health, and cannabis legalization. Participants will have the opportunity to inform future research directions and better describe research priorities and ways to enable action in these areas.

Learning objectives:

- Analyze the current PPH research climate in Canada.
- Identify emerging themes and priorities in population and public health research of interest to researchers, policy makers, and practitioners.
- Evaluate current proposed IPPH initiatives.



APPROACHES TO COMMUNITY WELL-BEING: PREVENTING INFECTIOUS DISEASES

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

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

Learning objectives:

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

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

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

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

Learning objectives:

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



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

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

Learning objectives:

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

STRATEGIES IN CONTINUING PROFESSIONAL DEVELOPMENT OF THE CANADIAN PUBLIC HEALTH WORKFORCE

In March 2016, the Canadian Network of Schools and Programs of Population and Public Health released a report that reviewed the current status and gaps between the academic and practice of public health.¹ The report confirmed a continued and significant gap in Continuing Professional Development (CPD) in Canada.

A desired outcome identified in the report was the creation of a business case for CPD, including the determination of topic priorities, addressing competency gaps and how to prioritize training delivery.

All jurisdictions—local, provincial and federal—are expected to coordinate efforts to develop and maintain a highly skilled public health workforce that has the capacity to provide essential services and that can facilitate a quick and effective response to public health threats in any part of the country. While collaborative planning has long been identified as essential, the opportunities for public health employees to participate in CPD have diminished.

A panel, representing academic, professional and employers perspectives, are asked to share current data on public health training demands, gaps in CPD to meet new/evolving public health issues, and best practice strategies to provide CPD to meet the priorities of professional practitioners and the needs of the public health workforce.

Learning objectives:

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

¹ Understanding the Role of Public Health Schools in Supporting a Skilled Public Health Workforce: A Report of the Meeting of the Canadian Network of Schools and Programs of Population and Public Health March 4, 2016. Toronto, Ontario.



APPLYING IMPLEMENTATION SCIENCE FRAMEWORKS TO PUBLIC HEALTH RESEARCH

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

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

Learning objectives:

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

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

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

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

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

Learning objectives:

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



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

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

Learning objectives:

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

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

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

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

Learning objectives:

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



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TUESDAY JUNE 6

13:30 - 15:15

NETWORKING WITH POSTER PRESENTERS

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

15:15 - 17:00

CPHA SESSION



CURRENT CHALLENGES IN HIV AND STBBI PREVENTION IN CANADA 2017

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

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

Learning objectives:

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



COLLABORATOR SESSIONS



COMMUNITIES TO CONTINENTS: COORDINATED APPROACHES IN PUBLIC HEALTH SURVEILLANCE

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

Learning objectives:

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



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

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

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

Learning objectives:

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



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

PRIMER ON ANTIMICROBIAL RESISTANCE: DEFINING THE PROBLEM, DISENTANGLING DRIVERS AND BURDEN

This is the first of three sessions that will bring together physicians, nurses, students and others who work in healthcare settings or are engaged in public health policy, and those who play a role in promoting the effective use of antimicrobials (e.g. through influencing prescribing behaviour, public and patient education, etc.). A brief overview of the concern with antimicrobial resistance (AMR) and spread in communities and hospitals will be shared. This session will also unpack our understandings of inappropriate antimicrobial usage that leads to resistance, morbidity and mortality related to AMR, as well as the burden of financial costs and other impacts on health systems, patients, and society.

Learning objectives:

- Evaluate background information about AMR, such as common microorganisms resistant to specific drugs, mechanisms of resistance and the spread of resistant organisms in various settings.
- Identify trends of antimicrobial agents in community, hospitals, long-term care facilities, etc.
- Describe the growing efforts of the federal government organized under four major pillars of the Action Plan to fight AMR in Canada.



ORAL ABSTRACT SESSIONS

Building Public Health System Capacity	First Nations, Inuit, and Métis Communities	Health Assessment and Disease Surveillance	Health Promotion
Health Protection	Partnerships and Collaboration	Policy and Program Interventions	

TUESDAY JUNE 6

17:00- 18:30

NETWORKING RECEPTION WITH EXHIBITORS

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

19:00 - 21:00

PUBLIC FORUM



PROGRAM OVERVIEW

8:30 - 10:00	PLENARY II: MENTAL WELLNESS – LEARNING FROM INDIGENOUS COMMUNITIES Natan Obed Carol Hopkins TBD			
10:00 - 10:30	REFRESHMENT BREAK			
10:30 - 12:00	CONCURRENT SESSIONS			
CPHA Session	Accessing children’s play – a policy perspective			
Collaborator Sessions	CIHI presents: Alcohol harm in Canada: Indicators, policy and practice		PAHO presents: Mental health as a public health issue in the region of the Americas	
Symposiums	A Canadian EDGE: Towards next-generation ecosocial approaches to public health education, research, and practice development	Educating health professionals on indigenous health in Canada – Partners in public health respond to the Truth and Reconciliation Commission of Canada's Call to Action	Fusing trauma-informed and gender-informed responses to substance use	The HIV and STBBI landscape in Canada
Workshops	Careers in public health: Focusing your career search	Complex systems approaches to support public health decision making	Effective argumentation for policy change in public health	Making health equity tools work for you: Considerations for preparing, using and evaluating health equity tools in the public health context
12:00 - 13:45	CPHA ANNUAL GENERAL MEETING			
12:00 - 13:45	NETWORKING LUNCH WITH EXHIBITORS			
13:45 - 15:30	CONCURRENT SESSIONS			
CPHA Session	Selling cannabis – A public health perspective			
Collaborator Sessions	NCCID presents: Public health’s role in improving antimicrobial use through antimicrobial stewardship programs		MNC presents: Research collaborations to enhance Métis health and well-being	
Oral Abstract Sessions	Building public health system capacity	First Nations, Inuit, and Métis Communities	Health assessment and disease surveillance	Health promotion
	Health protection	Partnerships and Collaboration	Policy and program interventions	
15:30 - 15:45	REFRESHMENT BREAK			
15:45 - 17:15	CONCURRENT SESSIONS			
Collaborator Sessions	ITK presents: Towards health equity for Inuit: Creating a health system that supports Inuit-specific approaches		PHANS presents: Equity beyond health: Sharing lessons learned and developing capacity for multisectoral action on health equity	

PROGRAM OVERVIEW

15:45 - 17:15	CONCURRENT SESSIONS			
Symposiums	Decolonizing our relationships through lateral kindness	Healthy eating at school is cool...and comprehensive!	Public health and harm reduction: Current challenges and future needs	The drive and desire to partner with business and academia
Workshops	A collaborative approach to mental wellness for immigrant and refugee families	Collaborative action evaluation: A catalyst for health and social change	Creating space – Enabling organizational capacity for health equity in environmental public health	Introducing an interactive multimedia tool overviewing the public health landscape In Canada

8:30 - 10:00 PLENARY II

PLENARY II: MENTAL WELLNESS – LEARNING FROM INDIGENOUS COMMUNITIES

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

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

Learning objectives:

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

Speakers

- Natan Obed, President, Inuit Tapiriit Kanatami
- Carol Hopkins, Executive Director, Thunderbird Partnership Foundation
- TBD, Métis Nation of Ontario

10:00 - 10:30 REFRESHMENT BREAK



ACCESSING CHILDREN'S PLAY – A POLICY PERSPECTIVE

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

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

Learning objectives:

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





ALCOHOL HARM IN CANADA: INDICATORS, POLICY AND PRACTICE

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

Join a discussion about drinking levels and patterns across provinces and territories, alcohol-related harm (including alcohol-attributable hospitalizations), and the role of policies and programs to mitigate alcohol harm for populations at risk.

Staff from the Canadian Institute for Health Information (CIHI) will partner with researchers and clinicians to discuss alcohol harm from measurement, policy and population health perspectives. Panelists will reflect on recent work from CIHI examining alcohol-attributable hospitalizations and policies from a pan-Canadian perspective, including regional results and variations by equity stratifiers. In addition, health system leaders will highlight alcohol harm reduction strategies at the local level.

Learning objectives:

- Examine pan-Canadian variations in alcohol consumption and drinking patterns.
- Explore recent pan-Canadian work on measuring alcohol-attributable hospitalizations at the provincial/territorial and regional levels.
- Discuss evidence-based and cost-effective strategies to reduce harm and explore how these strategies are implemented.
- Discuss and promote the measurement of alcohol harm in Canada to inform alcohol strategy and policy monitoring.



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

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

Learning objectives:

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



A CANADIAN EDGE (ECOLOGICAL DETERMINANTS GROUP ON EDUCATION): TOWARDS NEXT-GENERATION ECOSOCIAL APPROACHES TO PUBLIC HEALTH EDUCATION, RESEARCH, AND PRACTICE DEVELOPMENT

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

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

Learning objectives:

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

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

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

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

Learning objectives:

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



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

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

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

Learning objectives:

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

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

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

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

Learning objectives:

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



CAREERS IN PUBLIC HEALTH: FOCUSING YOUR CAREER SEARCH

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

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

Learning objectives:

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

COMPLEX SYSTEMS APPROACHES TO SUPPORT PUBLIC HEALTH DECISION MAKING

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

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

Learning objectives:

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

EFFECTIVE ARGUMENTATION FOR POLICY CHANGE IN PUBLIC HEALTH

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

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

Learning objectives:

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

WEDNESDAY JUNE 7

10:30 - 12:00



WORKSHOPS

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

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

Learning objectives:

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

12:00 - 13:45

CPHA ANNUAL GENERAL MEETING

CPHA's AGM is open to all delegates at the conference; however only CPHA members may vote. Prior to the start of the session, members are asked to check in at the AGM desk to obtain their voting cards. CPHA members whose membership has lapsed but who wish to attend the AGM and be eligible to vote may renew their membership just before the AGM. Anyone wishing to take out a new CPHA membership can do so by June 7, 2017 at the registration desk. Lunch will be provided.

12:00 - 13:45

NETWORKING LUNCH WITH EXHIBITORS

13:45- 15:30

CPHA SESSION



SELLING CANNABIS – A PUBLIC HEALTH PERSPECTIVE

Legislation to legalize and regulate the sale and use of cannabis in Canada will be introduced into Parliament during the spring 2017 session. The Task Force on Cannabis Legalization and Regulation has provided a list of recommendations which, if implemented, would define a public health approach to this issue. Areas of concern include approaches to the sale and marketing of all forms of cannabis, as well as health promotion, harm reduction and enforcement perspectives.

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

Learning objectives:

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



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

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

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

Learning objectives:

- Explain core elements and overarching principles that can guide the development of an antimicrobial stewardship program, and considerations for different settings/patient populations.
- Discuss stakeholder engagement and processes involved in implementation of an effective ASP.
- Define how an ASP can be implemented for distinct health care delivery settings, including acute care, rural health authorities, and community-based service settings.
- Explore how others navigate challenges in evaluating the impacts of antimicrobial stewardship programs.



RESEARCH COLLABORATIONS TO ENHANCE MÉTIS HEALTH AND WELL-BEING

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

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

Learning objectives:

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

WEDNESDAY JUNE 7

13:45 - 15:30



ORAL ABSTRACT SESSIONS

Building Public Health System Capacity	First Nations, Inuit, and Métis Communities	Health Assessment and Disease Surveillance	Health Promotion
Health Protection	Partnerships and Collaboration	Policy and Program Interventions	

15:30 - 15:45

REFRESHMENT BREAK

15:45 - 17:15



COLLABORATOR SESSION



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

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

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

Learning objectives:

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



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

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

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

Learning objectives:

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





DECOLONIZING OUR RELATIONSHIPS THROUGH LATERAL KINDNESS

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

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

Learning objectives:

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

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

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

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

Learning objectives:

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



PUBLIC HEALTH AND HARM REDUCTION: CURRENT CHALLENGES AND FUTURE NEEDS

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

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

Learning objectives:

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

THE DRIVE AND DESIRE TO PARTNER WITH BUSINESS AND ACADEMIA

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

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

Learning objectives:

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



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A COLLABORATIVE APPROACH TO MENTAL WELLNESS FOR IMMIGRANT AND REFUGEE FAMILIES

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

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

Learning objectives:

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

COLLABORATIVE ACTION EVALUATION: A CATALYST FOR HEALTH AND SOCIAL CHANGE

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

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

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

Learning objectives:

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



CREATING SPACE – ENABLING ORGANIZATIONAL CAPACITY FOR HEALTH EQUITY IN ENVIRONMENTAL PUBLIC HEALTH

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

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

Learning objectives:

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

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

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

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

Learning objectives:

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

THURSDAY JUNE 8

PROGRAM OVERVIEW

7:30 - 8:45	MORNING SESSION: YOU'VE GOT A TASTE OF PUBLIC HEALTH, NOW WHAT?			
9:00 - 10:30	CONCURRENT SESSIONS			
CPHA Session	CPHA Policy forum			
Collaborator Sessions	AFN presents: Our stories: Our health			
Symposiums	Emerging leaders in health promotion in Canada: Future directions and contributions in addressing the needs of marginalized populations	Environmental racism: Health impacts and promising responses	Systems risk models for public health policy formulation and evaluation	Transforming youth mental health services: A model for overcoming sector, discipline and geographical divides to achieve improved health outcomes
Workshops	Do bad things happen to good people? Unpacking multiple understandings of 'risk' to build theory-informed health communication	Interventions for interrupting Indigenous-specific stereotyping and discrimination	Modelling tool to assess the effects of local intersectoral action to improve living environments in urban neighbourhoods	Patient engagement in community as a response to the opioid use crisis in Canada
10:30 - 11:00	REFRESHMENT BREAK			
11:00 - 12:30	CONCURRENT SESSIONS			
Oral Abstract Sessions	Building public health system capacity	First Nations, Inuit, and Métis Communities	Health assessment and disease surveillance	Health promotion
	Health protection	Partnerships and Collaboration	Policy and program interventions	Dr. John Hastings Student Award Session
11:0 - 12:30	PLENARY III AND CLOSING: RACISM IN SOCIETY Debbie Douglas Kwame McKenzie Rebecca Thomas			
12:00 - 13:45	NETWORKING LUNCH WITH EXHIBITORS			
15:00 - 17:30	RURAL, REMOTE & NORTHERN PUBLIC HEALTH NETWORK			



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

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



CPHA POLICY FORUM

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

- Review the position statement on Affordable Housing.
- Describe recommendations for the Public Health Principles for Trade Agreements statement.
- Explore the Sex and Gender Analysis Tool that will be used to evaluate future policy development outputs.

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

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

Learning objectives:

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



COLLABORATOR SESSION



OUR STORIES: OUR HEALTH

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

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

Learning objectives:

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



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

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

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

Learning objectives:

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

ENVIRONMENTAL RACISM: HEALTH IMPACTS AND PROMISING RESPONSES

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

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

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

Learning objectives:

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



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SYSTEMS RISK MODELS FOR PUBLIC HEALTH POLICY FORMULATION AND EVALUATION

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

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

Learning objectives:

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

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

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

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

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

Learning objectives:

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



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

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

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

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

Learning objectives:

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

INTERVENTIONS FOR INTERRUPTING INDIGENOUS-SPECIFIC STEREOTYPING AND DISCRIMINATION

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

Learning objectives:

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



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

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

Learning objectives:

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

PATIENT ENGAGEMENT IN COMMUNITY AS A RESPONSE TO THE OPIOID USE CRISIS IN CANADA

With the growing opioid crisis in Canada, we urgently need novel strategies. The Participatory Research in Ottawa: Management and Point-of-Care of Tobacco (PROMPT) approach is an effective harm-reduction strategy that can assist the response to the growing crisis of opioid use, in addition to improving the health outcomes of the most at-risk populations. The interactive session will include a step-by-step approach to meaningful patient engagement in a community setting, using the Ottawa Citizen Engagement and Action Model (OCEAM). The session will begin with a brief presentation on PROMPT project outcomes. PROMPT community peers and participants with lived experience will co-facilitate the workshop. Throughout the session, participants will have the opportunity to ask questions, share their experiences, and reflect.

Learning objectives:

- Describe the benefits and challenges of participating in community-based research from the perspective of the community members and researchers.
- Identify meaningful patient engagement in research.
- Recognize the importance of a multi-pronged community-oriented approach in addressing the growing opioid use crisis in Canada.



Building Public Health System Capacity	First Nations, Inuit, and Métis Communities	Health Assessment and Disease Surveillance	Health Promotion
Health Protection	Partnerships and Collaboration	Policy and Program Interventions	Dr. John Hastings Student Award Session

THURSDAY JUNE 8

11:00 – 12:30

STUDENT AWARD SESSION



DR. JOHN HASTINGS STUDENT AWARD

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

12:30 – 14:30

LUNCH AND PLENARY III

RACISM IN SOCIETY

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

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

Learning objectives:

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

Speakers:

- Kwame McKenzie, Professor, University of Toronto & Director, Centre for Addiction and Mental Health
- Debbie Douglas, Executive Director, Ontario Council of Agencies Serving Immigrants
- Darryl Leroux, Associate Professor, Saint Mary's University

Moderator:

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

15:00 – 17:30

RURAL, REMOTE & NORTHERN PUBLIC HEALTH NETWORK

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

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



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COMMITTEES

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

STEERING COMMITTEE

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

SCIENTIFIC COMMITTEE

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



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REGISTRATION

PROGRAM SCHEDULE

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

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

CPHA MEMBERSHIP

Not a CPHA Member?

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

Not ready to join CPHA yet?

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

FULL CONFERENCE

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

	EARLY BIRD RATE [†]	REGULAR RATE
CPHA MEMBER	\$725	\$800
NON-MEMBER	\$850	\$950

[†] Early Bird Rate available until April 4, 2017

REGISTRATION

TWO-DAY REGISTRATIONS

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

	EARLY BIRD RATE †	REGULAR RATE
CPHA MEMBER	\$500	\$560
NON-MEMBER	\$615	\$685

† Early Bird Rate available until April 4, 2017.

DAILY RATES

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

DAILY	TUESDAY	WEDNESDAY	THURSDAY
CPHA MEMBER	\$375	\$375	\$300
NON-MEMBER	\$450	\$450	\$375

STUDENTS

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

*Proof of full-time student status required

FULL CONFERENCE	EARLY BIRD RATE †	REGULAR RATE
CPHA MEMBER	\$350	\$400
NON-MEMBER	\$425	\$475

STUDENT 2-DAY	EARLY BIRD RATE †	REGULAR RATE
CPHA MEMBER	\$245	\$280
NON-MEMBER	\$300	\$335

STUDENT DAILY	TUESDAY	WEDNESDAY	THURSDAY
CPHA MEMBER	\$200	\$200	\$170
NON-MEMBER	\$235	\$235	\$200

† Early Bird Rate available until April 4, 2017.

REGISTRATION

CANCELLATION POLICY

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

SUBSTITUTIONS

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

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

GROUP REGISTRATIONS

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

INVOICES

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

*\$25 administrative fee will apply.

INTERNATIONAL DELEGATES

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

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



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ACCOMMODATION AND TRAVEL

ACCOMMODATION

Room blocks have been reserved for CPHA delegates at the following hotels and are all located blocks from the World Trade and Convention Centre. Rates are guaranteed until May 3, 2017. Reservations made after this date will be subject to availability and rates dictated by the hotel.

A credit card is required to guarantee your booking but will not be charged at the time of reservation. If required, you can pay your final bill with an alternate card or cash at the time of check-out. The credit card may be charged if you fail to cancel your reservation and are considered a "no show".

CAMBRIDGE SUITES HOTEL HALIFAX

1583 Brunswick Street
Halifax, NS, B3J 3P5
Telephone: (902) 420-0555
Toll Free: 1-800-565-1263

[Book Online](#)

Rate includes complimentary internet access, local calls and continental breakfast

\$179.00 Studio Guestroom

DELTA HOTELS HALIFAX

1990 Barrington Street
Halifax, NS B3J 1P2
Telephone: (800) 268-1133
[Book Online](#)

\$172 Standard Room
\$189 Harbourview Room 1 King

PRINCE GEORGE HOTEL

1725 Market Street
Halifax, NS B3J 3N9
Telephone: (902) 425-1986
Toll-Free: 1-800-565-1567

[Book Online](#)

Rate includes complimentary internet access, access to the pool and fitness centre

\$209 Deluxe Guestroom
\$259 Crown Service King Room

RESIDENCE INN HALIFAX DOWNTOWN

1599 Grafton Street
Halifax, NS B3J 2C3
Telephone: (902) 422-0493
[Book Online](#)

Rate includes hot buffet breakfast, in-room high-speed internet, daily newspaper and 24/7 fitness centre

\$175 Studio Queen Suite

CONFERENCE TRAVEL ARRANGEMENTS

Take advantage of the discounts that are available for your conference travel to and from Halifax.

PORTER AIRLINES

10% discount on travel between Halifax and any Porter destination.

Group code: **PH2017**

Restrictions: Excludes lowest class fare during a seat sale.

AIR CANADA

10% discount on travel between Halifax and any Air Canada destination.

Group code: **RGJBT8C1**

Restrictions: Discount does not apply to Tango and Executive Class lowest bookings.

WESTJET AIRLINES

10% discount on travel between Halifax and any WestJet destination.

Group code: **5XKVRQW**

Promo code (for travel agent Web use only): **YHZ01**

Restrictions: Discount does not apply to seat sales.

AIRPORT SHUTTLE

The Halifax Stanfield International Airport is a 30 minute drive to downtown Halifax. A one way ticket is \$22 or a return trip is \$40.



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To find out more, visit bit.ly/SPHPrograms.

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

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