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2016
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DALLA LANA SCHOOL OF PUBLIC HEALTH
Public Health 2016 offers the ideal environment for delegates to build their networks and connect with members of the public health community who share similar priorities and face comparable challenges. Join over 900 public health professionals, researchers, policy-makers, practitioners, academics and students to foster dialogue and action on public health at Canada’s largest public health gathering.

Public Health 2016 is the meeting place for the public health community to connect, collaborate, innovate, inspire, share and learn. It is a gathering of leaders and change agents from public, private and voluntary organizations that contribute to health and wellness.

Public Health 2016 is the national public health forum where people come together to strengthen efforts to improve health and well-being, to share the latest research and information, to promote best practices and to advocate for evidence-based public health issues and policies.

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

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

Collaborate

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

Innovate

Public health is a movement that is continually evolving, facing ongoing and new challenges, and reinventing itself. Public Health 2016 will present an innovative program that includes experts from our own community but also thought-provoking speakers from outside of public health who will inspire and challenge us. The scientific program builds on the success of past CPHA conferences and has evolved based on feedback received by past delegates and other global conference trends.

Learn

Public Health 2016 provides a range of interactive abstract sessions, panels and workshops on a wide variety of topics, including evidence-informed practice, family health, public health education, food safety, youth and gender-related issues, innovation in vaccines, health equity, best practices in health promotion and prevention, and much more!

Share

Extend the reach of Public Health 2016 and share key learnings using #PublicHealth16
CONFERENCE OBJECTIVES  Public Health 2016 will provide:

• a dynamic setting to profile best practices, successful strategies and new research, and to inspire innovation;

• a supportive environment for innovative ideas and approaches to public health practice, policy and research that encourage further collaborations across and within sectors;

• an inclusive networking and knowledge exchange forum at the national level to identify, discuss and troubleshoot current public health issues across a range of disciplines and sectors;

• an opportunity to interact with individuals from different sectors and systems; and

• a venue for public health professionals at all stages of their career to collaborate, innovate and help shape the health and well-being of Canadians.

LEARNING OBJECTIVES  Public Health 2016 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 evidence gaps;

• utilize effective evidence-based public health programs and practices;

• identify strategies for knowledge translation; and

• develop and access a network of colleagues and partners for initiating or expanding public health initiatives.

PROGRAM SCHEDULE  Here is a quick overview of what is happening at Public Health 2016.

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CONFERENCE TRACKS

Public Health 2016 is organized in a track-based format and multiple sessions will be offered for each of the learning tracks. Conference attendees will have the opportunity to attend all sessions in one track, or to select sessions of professional interest across several of the following tracks:

**Building Public Health System Capacity** is crucial in order to meet the challenges of improving population health and well-being and reducing health inequities. Capacity and leadership development and innovation is required in a number of key areas, including governance, organizational structures, workforce, financial resources, partnerships, knowledge development and translation and public health education and pedagogy. Innovation is key as Public Health evolves. As we reach the 30th anniversary of the 1986 Ottawa Charter, this track will also provide an opportunity to reflect on the achievements and challenges of the last three decades of public health in Canada.

**First Nations, Inuit, and Métis Communities** face unique cultural, social, economic and environmental issues that impact their health and well-being. These communities, however, demonstrate strength and resilience in the face of daunting challenges and historical inequities. Some communities have seen remarkable improvements in some aspects of their physical, mental, social, emotional and spiritual health even though much remains to be done. The 2015 release of the Truth and Reconciliation Commission's findings and calls to action as well as the 20th anniversary of the Royal Commission on Aboriginal Peoples provide starting points to address these public health challenges.

**Health Assessment, Disease Surveillance, Program Evaluation and Research** is used to monitor the health status of populations (including determinants of health and inequalities), detect outbreaks of communicable disease or other health-related issues, the effectiveness of public health programs and services, and contribute to new public health knowledge. These components of public health are a form of evidence used to enhance knowledge and improve decision making about public health programs and services.

**Policy and Program Interventions** include the implementation of population health and prevention actions to shift the distribution of 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).

**Health Promotion**, defined as "the process of enabling people to increase control over and improve their health" ([Ottawa Charter for Health Promotion, 1986](#)), creates living and working conditions that enable people to make healthy life choices, and then support 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. It does so by invoking the power of the state to legislate, regulate, tax, inspect, enforce and sanction those who put the health of their fellow citizens at risk. The focus is on protecting identified populations living in vulnerable contexts that are at high risk.

**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 partnerships and collaborating with community partners, including the voluntary sector, non-governmental organizations, local associations, community groups, and networks. 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. (Description based on a definition from the Ontario Public Health Standards of the Ontario Ministry of Health and Long-Term Care.)
Effective collaborations are essential in public health and many innovative partnerships have been established or strengthened in the hallways and session rooms of our conference. Public Health 2016 is your opportunity to share research findings, to learn about best practices, and to network with future 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 2016 through a unique and effective collaboration with:**

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 AFN National Executive is made up of the National Chief, 10 Regional Chiefs and the chairs of the Elders, Women’s and Youth councils. Regional Chiefs are elected every three years by Chiefs in their regions. Chiefs, who are elected by the citizens and members of their respective communities, elect the National Chief every three years. The role of the National Chief and the AFN is to advocate on behalf of First Nations as directed by Chiefs-in-Assembly. This includes facilitation and coordination of national and regional discussions and dialogue, advocacy efforts and campaigns, legal and policy analysis, communicating with governments, including facilitating relationship building between First Nations and the Crown as well as public and private sectors and general public.

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 Canada’s federal funding agency for health research. 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 13,700 health researchers and trainees across Canada. The CIHR-Institute of Population and Public Health (IPPH) and the Institute of Aboriginal Peoples’ Health (IAPH) represent CIHR on the CPHA Conference Steering Committee.

CIHR-Institute sponsors of Public Health 2016:

The CIHR-Institute of Population and Public Health 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. To learn more about CIHR-IPPH and its research priorities, please check out our newly released Institute Strategic Plan on the CIHR-IPPH website.

The CIHR-Institute of Aboriginal Peoples’ Health fosters the advancement of a national health research agenda to improve and promote the health of First Nations, Inuit and Métis peoples in Canada, through research, knowledge translation and capacity building.
The CIHR- Institute of Nutrition, Metabolism and Diabetes supports research to enhance health in relation to diet, digestion, excretion, and metabolism; and to address causes, prevention, screening, diagnosis, treatment, support systems, and palliation for a wide range of conditions and problems associated with hormone, digestive system, kidney, and liver function.

The CIHR - Institute of Infection and Immunity supports research and helps to build research capacity in the areas of infectious disease and the body’s immune system. Through the Institute’s programs, researchers address a wide range of health concerns related to infection and immunity including disease mechanisms, disease prevention and treatment, and health promotion through public policy.

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

The Ontario Public Health Association (OPHA) is a not-for-profit organization that provides a strong, unified, independent voice for all citizens, public-health professionals and volunteers committed to improving the health of Ontarians. OPHA has a very active Board of Directors that accomplish its governance responsibilities and fulfill its strategic plan.

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

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.
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### MONDAY JUNE 13

#### PROGRAM OVERVIEW

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|               | 9:00 - 12:30 Addressing the ecological determinants of health: Implications for ongoing public health education and practice
|               | 8:30 - 12:30 Creating and implementing an evidence base for improved built environment standards and codes
|               | 9:00 - 12:00 How to evaluate the impact of sex and gender effects on health outcomes using secondary data
|               | 8:30 - 12:30 Public health programming in the Canadian Arctic: Progress, challenges and opportunities
|               | 9:00 - 13:00 Outdoor play, risky play and healthy child development
|               | 8:30 - 13:00 Student and early-career researchers’ forum
|               | 10:00 - 12:00 We now have more HIV prevention options in our toolbox: New evidence and implications for service providers
| 13:30 - 15:00 | PLENARY I: TECHNOLOGY AND PUBLIC HEALTH  
|               | David Buckeridge
| 15:00 - 15:30 | BREAK
| 15:30 - 17:00 | CONCURRENT SESSIONS

**Collaborator Sessions**

*CIHR presents: Interrogating context and consequences of population health solutions: Where to next?*

**Symposia**

- Geography, land, and environment as determinants of Indigenous peoples’ health and well-being in Canada
- Health promotion: Passing the torch to the next generation
- Hepatitis C: It’s a whole new world
- How can we contain health costs and improve health equity?
- Innovative partnerships to reach high-priority populations with barriers to smoking cessation supports: A Documentation of Practice study

**Workshops**

- Applying a framework to promote effective communication of public health guidance to emergency department clinicians
- “Data Jam”: Interactive tools for monitoring health status and health inequalities in Canada
- From message to behaviour change: A systematic approach to evaluating the impact of health communication efforts
- Leadership and influence: Building capacity for policy engagement
- TB elimination in Canada: Time to get serious about it

| 17:00 - 19:00 | NCCPH Networking Dinner

#PublicHealth16
8:30 – 13:00

Addressing Indigenous health inequities: The role of health professionals and educators in Canada and Australia

Presented by:
Schulich Interfaculty Program in Public Health, Western University in partnership with Health Sciences and Medicine, Bond University, Australia

This session uses interactive group learning exercises exploring strategies to address Indigenous health inequities, aimed at roles of public health professionals and educators.

Part 1: 8:30 – 10:30

Indigenous Health Equity in Canada: Advancing the Recommendations of the Truth and Reconciliation Commission

Participants will learn to identify Indigenous specific determinants of health, and how public health and health service providers can effectively address these inequities. The facilitators will guide participant reflection on the recommendations from the TRC, in the context of current health service barriers for Indigenous people, using results from both recent media stories as well as field research in Ontario. Participants will explore strategies to address the priority Indigenous health issues from the Truth and Reconciliation Commission Calls to Action (i.e., closing the health gap; addressing residential school legacies; Indigenous representation and cultural competency in health care and health education).

Part 2: 11:00 – 13:00

Education and Practice to Address the Indigenous Determinants of Health in Australia

This session will examine Indigenous health issues in Australia, with an emphasis on the challenges in rural and remote communities. Presenters will demonstrate education and practice that uses an Indigenous and social determinants of health lens to effectively tackle health inequities. Australia has had over a decade of mandated Indigenous health medical education from which to draw lessons for curriculum development in Canada. The session will consider strategies in both teaching and services to achieve Indigenous health equity in Canadian and Australian contexts.

9:00 – 12:30

Addressing the Ecological Determinants of Health - Implications for ongoing Public Health Education and Practice

Presented by:
CPHA, Canadian Community of Practice in Ecosystem Health (CoPEH-Canada), and Network of Schools and Programs of Population and Public Health

Public health will increasingly be expected to augment its scope in addressing the ecological determinants of health with the same vigour that has animated work on the social determinants of health. A CPHA working group report comprehensively lays out the scope of the challenge, key drivers of ecological change, and many emerging practices for addressing ecological determinants in a timely, comprehensive, collaborative way. Realizing CPHA’s vision of healthier, more sustainable, more just societies will demand transitions both within and outside public health.

In this pre-conference workshop, we will focus our work on the report’s recommendations in two key areas: (a) training and professional development implications (to build capacity and competencies to address ecological determinants of health), and (b) implications for public health practice, with an emphasis on intersectoral collaboration. Emphasis will be placed on connecting report recommendations and existing innovations in education, policy and practice with the everyday concerns, activities and ideas of workshop participants in their current contexts.
8:30 – 12:30
Creating and implementing an evidence base for improved built environment standards and codes

Presented by: Jake Pauls Consulting Services

Failures in the built environment affect individuals, families and communities. Experience shows that public health interventions pertaining to the built environment, and especially as concerns building and safety codes, cannot be left to voluntary implementation and compliance. But developing and presenting the ‘public health case’ for improved building and safety codes has its challenges. For example:

• Lack of evidence specific to injuries poses major challenges for improved building and safety codes;
• The available data under-represent societal burden of injuries and fail to link contexts and circumstances of injuries; and
• Widely differing metrics are used by the building and health sectors.

The international, authoritative expert panellists will present a variety of perspectives on these challenges. The session will include breakout round-table sessions during which participants will interact with each of the five speakers, participating in small (10-person) group discussions, e.g., in three rounds of 20 minutes each. Session participants will be better informed and able to help advance public health interventions, utilizing standards and codes, in an inadequately examined but pervasive context, the built environment, especially our homes.
MONDAY JUNE 13

PRE-CONFERENCE SESSIONS

9:00 - 12:00

How to evaluate the impact of sex and gender effects on health outcomes using secondary data

Presented by:
Dr. Peter Smith,
University of Toronto
CIHR - Institute of Gender and Health

Disentangling the impacts of sex (biological factors) and gender (social factors) in understanding male and female differences is increasingly recognized as an important aspect of reducing gender/sex inequalities in health outcomes. However, examining the impacts of both gender and sex when conducting analyses with secondary data, such as administrative data or population-based surveys, can be challenging. This is because while information on “sex” (male/female) is often available, direct measures of gender (such as masculinity or femininity) are not. Stratifying analyses to examine the relationships between work and health separately for men and women has been proposed as one approach to better take sex/gender into account. However, it is recognized that this approach does a better job of understanding “sex” differences than it does “gender” differences.

This session will provide an overview of approaches to integrate both sex and gender into analyses that involve secondary data, where no direct measure of gender is available. In doing so, participants will be equipped with tools that will help them toward better understanding of the relative contribution of both sex and gender in their future analytical approaches.

8:30 - 12:30

Public health programming in the Canadian Arctic - Progress, challenges and opportunities

Presented by:
Government of Nunavut
Department of Health

The rapid social and cultural changes, limited access to resources and opportunities, and certain lifestyle factors in the Arctic have largely contributed to the disproportionate burden of ill health on Canadian Inuit. Compared to other Canadians in the South, Inuit have lower life expectancies, higher rates of infant mortality, the highest suicide rates of any group in Canada, and disproportionately higher rates of chronic illnesses such as lung cancer, heart disease, diabetes, and respiratory problems.

This session will highlight various innovative approaches being utilized by the Government of Nunavut and its key partners to strengthen health systems, promote health and improve the quality of life of Nunavummiut.

9:00 - 13:00

Outdoor play, risky play and healthy child development

Presented by:
KidActive / Canadian Outdoor Play Working Group

Risky play is defined as outdoor, unstructured, child-directed play that allows children to explore their environment, and understand their physical limitations and risk tolerance, which will support them in adulthood. Evidence supports a direct correlation between outdoor play, risky play and healthy child development. This pre-conference workshop will examine local level and systemic barriers that limit access to outdoor play, including risky play within the context of public health. It will share the research that supports the connection between risky play and children’s social, mental and physical health and well-being.

Through an evidence-based, population health framework, this workshop will provide a knowledge-sharing opportunity and share case studies and tools to strengthen our understanding of the benefits of risky play. Case studies and community stories on how the Position Statement on Active Outdoor Play is being used across Canada to improve access to outdoor play and risky play will be shared. We will reframe concepts of risk and provide simple definitions of what is and is not risky play.

This session will provide an opportunity for dedicated discussion on terminology and deconstruction of the language required to understand and communicate concepts and misconceptions related to risky play. The pre-conference session will target multi-sector stakeholders and comprehensively address issues of liability, duty of care and risk management within a public health and community context.
MONDAY JUNE 13

PRE-CONFERENCE SESSIONS

8:30 – 13:00

Student and early career researchers’ forum

Presented by:
Canadian Public Health Association and the CIHR - Institute of Population and Public Health

Public Health 2016 is Canada’s premiere public health conference for researchers, policy-makers, academics, students and trainees. The conference is a prime opportunity for students and early career researchers to network, exchange knowledge, and gain visibility by presenting high-quality work to established professionals renowned in Canadian academia and public health practice.

The Forum will showcase three different strategies to disseminate research using a hands-on workshop format. Louise Potvin, Scientific Editor of the Canadian Journal of Public Health, will be joined by an editor of an open-access journal and a social media strategist to explore the three distinct avenues to publish and share research findings with a broader audience.

During a networking luncheon, participants will have the opportunity to connect and engage with presenters to further delve into the opportunities for publication.

Students with top-rated abstracts will also have the opportunity to present their research through poster presentations. Awards will be offered for the best presentations.

10:00 – 12:00

We now have more HIV prevention options in our toolbox: New evidence and implications for service providers

Presented by:
CATIE

We now have more options when it comes to preventing HIV transmission: condoms, undetectable viral load, pre-exposure prophylaxis (PrEP). But just how effective are they? New and emerging evidence has implications for the way that public health professionals deliver HIV prevention programs and messages. This session (open to the general public) will summarize the best available evidence on the effectiveness of these HIV prevention methods, and outline how service providers in Canada might adapt their programs and messaging to incorporate this evidence. This interactive session will lead participants through a series of case studies to enhance learning, and the session will provide ample time for participant questions and discussion.
TECHNOLOGY AND PUBLIC HEALTH

Technology plays an important role in shaping public health. The explosion of technological innovations in recent years has heightened this relationship. Health and wellness programs that utilize technology to improve health can extend the reach of health professionals and improve program quality and efficiency while reducing costs. But is this enough? What are we missing? With the use of illustrative examples, this plenary session will explore the current and predicted future role of technology and digital media in shaping the public’s health including opportunities and risks. This understanding is critical to ensure a productive uptake of technology and appreciation of where its application can be most helpful. Ideally technology can be used to lessen rather than inadvertently expand health inequities.

But is this enough? What are we missing? While technology and the use of digital media have the potential to expand reach into the population, its use may also come with risks. An understanding of how social media networking influences attitudes, behaviour and health and of the pros and cons of these approaches is critical to ensure we engage with the public in a transformational and not just a transactional way.

This plenary session will explore the current role of technology and digital media in shaping the public’s health and discuss the potential for the future. As technology evolves, what regulatory, policy and practice changes will we need to follow and do we have the training capacity to meet our future needs? How can we use it to bridge rather than inadvertently expand health inequities, to understand the power and risks of social networking in order to promote dialogue and engage with the population?

Speaker:

- David Buckeridge, Associate Professor, Department of Epidemiology, Biostatistics and Occupational Health, McGill University & CIHR-IPPH/PHAC Applied Public Health Chair

Moderator:

- Nancy Edwards, Scientific Director, CIHR-Institute of Population and Public Health
INTERROGATING CONTEXT AND CONSEQUENCES OF POPULATION HEALTH SOLUTIONS: WHERE TO NEXT?

To improve population health and health equity globally, public health professionals need to be well versed in the “science of solutions” – which focuses on research about how policies, programs and practices work, for whom, under what contextual circumstances and at what cost and scale, within and outside of the health sector. This session will build on the outcomes of an international summit organized by the CIHR-Institute of Population and Public Health entitled Sparking Population Health Solutions. The summit will take place in April 2016 and is expected to identify critical questions that will shape the fields of population health and health equity research, including population health intervention research.

This session will critically explore the following two Summit themes through an Indigenous health lens:

Context matters. What features of context(s) are most important to understand and measure – why and how?

Tackling the deep roots of inequities requires new approaches to examine how historical, contemporary and dynamic contexts intersect with population health interventions to affect health and health equity. Rather than “controlling” or “adjusting” for features of context, we need to generate evidence to answer the question: What features of context(s) are most important to understand and measure – why and how?

The good, the bad, and the ugly. What are the unintended consequences of population health policies and programs?

Research from many countries highlights persistent yet avoidable inequities in health and challenges with access to resources for health. As we drive for more innovative, equitable, ethical, and impactful population health solutions, we need to consider what populations are being included and excluded, and who will benefit and who will be harmed. We need to learn from past successes and failures to answer the question: What are the unintended consequences of population health policies and programs?
GEOGRAPHY, LAND, AND ENVIRONMENT AS DETERMINANTS OF INDIGENOUS PEOPLES’ HEALTH AND WELL-BEING IN CANADA

This expert panel takes the approach that existing literature is focused on how the “social” determines human (ill) health or (lack of) well-being, often to the exclusion of, or marginalization of other forces, such as colonization, ecology, geography, and Indigenous peoples’ relationships to and knowledge systems of the land. Dr. Sarah de Leeuw will argue for the need to reorient thinking about the determinants of health for Indigenous peoples that accounts for the important role played by geography, including the physical places and spaces as experienced by Indigenous communities and individuals. Dr. Chantelle Richmond will further this discussion by presenting how reduced access to land, and opportunities for land-based activities, have compromised the special relationship that Indigenous peoples have with the environment. She will examine how ongoing environment disruptions impact culture, traditional knowledge, and the health and well-being of the Indigenous people, and in particular, young people.

HEALTH PROMOTION: PASSING THE TORCH TO THE NEXT GENERATION

At the 2011 CPHA Conference, in a special plenary session focussed on the 25th anniversary of the Ottawa Charter for Health Promotion, Trevor Hancock suggested that although the Charter has stood the test of time, “its time has not yet really come”. His message to the next generation of public health professionals was: “Here, catch! It’s yours, and do a better job that we have in realizing the ideals of the Ottawa Charter over the next 25 years.” This session, on the 30th Anniversary of the Ottawa Charter, will provide an opportunity for members of the next generation of health promotion practitioners, researchers and policymakers to discuss and debate with each other and the audience what they have done to catch the torch and what else might be done individually and collectively to “catch the torch” of the Ottawa Charter using innovative ideas and approaches.

HEPATITIS C: IT’S A WHOLE NEW WORLD

Hepatitis C contributes to a significant burden of illness both because of the rate of infection and the sequelae of chronic infection. A number of direct-acting antiviral treatments are now available which can achieve high cure rates, thereby preventing both ongoing hepatitis C transmission and the development of chronic sequelae. However, barriers to successful treatment include undiagnosed infections, challenges in accessing comprehensive care (particularly for high risk groups), and the high costs of the medication. Because treatment can prevent ongoing transmission of hepatitis C (referred to as “treatment as prevention”), the role of public health in supporting treatment requires further examination.

In this session, the epidemiology of hepatitis C in Ontario and Canada will be reviewed. An overview of direct-acting antiviral treatments will be presented, as well as systems for providing clinical care. Potential roles for public health in supporting access to, and compliance with, hepatitis C treatment will be explored.

HOW CAN WE CONTAIN HEALTH COSTS AND IMPROVE HEALTH EQUITY?

This session explores the evidence and ethics behind how we proportion, or think we should proportion, our investments in health. The session will include presentations about macro-economic forces affecting health budgets, and about the experiences of senior provincial health leaders grappling with how to lower costs and improve health. The public health decision-makers will speak to the evidence and arguments they are using to advocate for greater investments in upstream work, counter arguments they are facing, and where they need more evidence. The speakers will share experiences with increasing demands for acute and chronic disease care dollars, and the evidence that investments in health protection are key to a health system focused on equitable health.

INNOVATIVE PARTNERSHIPS TO REACH HIGH PRIORITY POPULATIONS WITH BARRIERS TO SMOKING CESSION SUPPORTS: A DOCUMENTATION OF PRACTICE STUDY

The reduction of tobacco-related health inequities has been identified as a major area of concern. While there are strong calls to action to address health inequities, how to effectively reach these populations is a question raised by public health tobacco control practitioners. This symposium describes how and why three Ontario PHUs collaborated with different sectors and were able to successfully reach and motivate use of smoking cessation supports amongst low SES populations facing barriers to such services. This realist study was conducted as part of The Program Training and Consultation Centre’s Documentation of Practice Project.
APPLYING A FRAMEWORK TO PROMOTE EFFECTIVE COMMUNICATION OF PUBLIC HEALTH GUIDANCE TO EMERGENCY DEPARTMENT CLINICIANS

This workshop will expand participants’ knowledge of effective communication of public health guidance in the setting of emerging public health incidents at the local level. A developed framework based on new qualitative research will be presented to the participants, who then have the opportunity to seek clarification and provide feedback through plenary discussion. In small groups, using case scenarios, participants can apply the knowledge generated through the study findings. These scenarios will highlight different types of relevant incidents and different local public health/health-care settings. Continuing in small groups, participants will then have the opportunity to brainstorm on developing an implementation plan for their scenario, using components of the Framework. At the end of the session, participants will explore and establish the foundations for an action plan to apply the framework in practice.

"DATA JAM" - INTERACTIVE TOOLS FOR MONITORING HEALTH STATUS AND HEALTH INEQUALITIES IN CANADA

The session offers an overview of three publicly available, interactive online platforms allowing quick access to robust, national and subnational population health data: the Canadian Chronic Disease and Injury Indicator Framework (CDIIF - developed to facilitate ongoing, up-to-date, consistent reporting of indicators for chronic disease and injury, including socio-demographic breakdowns), the Pan-Canadian Health Inequalities Reporting Initiative (which provides data for 50+ health status and health determinants indicators, including measures of the magnitude and impact of inequalities at the population level), and the Health Inequalities Interactive Tool (which provides annual snapshots and trends for nine indicators of population health status and health determinants, by income level over time).

Participants will engage in group learning activities to acquire knowledge and build skills in accessing and using open data for chronic disease, injury, and health inequalities. The session will be interactive in nature, and will allow participants to examine, explore and interpret population health status, health inequality and inequality trends.

FROM MESSAGE TO BEHAVIOUR CHANGE: A SYSTEMATIC APPROACH TO EVALUATING THE IMPACT OF HEALTH COMMUNICATION EFFORTS

The Pipeline Approach to Measuring Health Communication Impact is a straightforward tool that allows public health practitioners to develop health communication campaigns with built-in evaluation tactics and processes. The campaign cycle – design, implement, evaluate – requires timely, relevant and credible evidence based on valid and reliable data collection and analysis. The tool offers a methodology to reduce uncertainty and advance the design and implementation of evidence-informed practices that will lead to optimal delivery of health communication efforts and fulfillment of specific performance expectations.

In this workshop, participants will be introduced to this methodology and will learn how to use the tool’s user-friendly worksheets to gather and integrate evidence into the campaign cycle to increase the strength of causal inferences based on available evidence. Practitioners will build their evaluation capacity within the context of evidence-informed practices and gain the necessary insights to validate the impact of their health communication efforts.

LEADERSHIP AND INFLUENCE: BUILDING CAPACITY FOR POLICY ENGAGEMENT

Public health agencies have a discrete set of programs and limited funding, but a far-reaching vision for a healthier society. Achieving our most ambitious goals will require both leveraging support from other sectors, and influencing decision-makers. Speakers will share their experiences in influencing public policy, and related learnings. Cases will include advocacy for federal policy to support young people and families, building political momentum for a Basic Income Guarantee, and shifting paradigms about climate change.

After an overview of panel members’ successes, participants will select up to four areas of public policy using interactive technology. Participants will form groups based on their interests, and will then use a negotiation/influence framework to plan next steps in their policy engagements. Materials and a process guide for this workshop will be shared with participants who wish to further disseminate these learnings.
15:30 – 17:00 WORKSHOPS

TB ELIMINATION IN CANADA: TIME TO GET SERIOUS ABOUT IT

TB rates in Canada have been slow to decline, with cases increasingly concentrated in the foreign-born from high-burden countries, indigenous Canadians particularly in the middle and high north, and the inner city poor and homeless. Threats to our progress include drug-resistant TB, complacency and competing financial demands, TB in HIV positive and other immunocompromised groups, and significant supply chain difficulties with shortages and costing of TB drugs and diagnostics. In 2014 the WHO released a framework for TB elimination in low-burden countries, including Canada. Where are we at now – what are the key populations and issues? What will it take to move us to TB elimination? Join a panel of clinical and TB program experts from the Canadian TB Elimination Network.

17:00 – 19:00 NCCPH NETWORKING DINNER

MAKING CONNECTIONS: THE NATIONAL COLLABORATING CENTRES FOR PUBLIC HEALTH NETWORKING EVENT

Join the NCCs for Public Health for the networking event of Public Health 2016.

A unique knowledge hub, the NCCs provide the public health system with an array of evidence-based resources, multimedia products, project networks, and knowledge translation services. As proud collaborators for Public Health 2016, the NCCs are pleased to provide delegates with an opportunity to network with colleagues from across the country and explore options for the future.

Participants will hear highlights and updates from across the NCCs, and will be invited to share their ideas for mobilizing knowledge and evidence, and for strengthening public health across Canada.

Pre-registration is required, as space is limited. Please note that while this event is subsidized by the NCCs for Public Health, an additional registration fee of $20 is required.

A collaborative partner in Canada’s largest health sciences research complex, the Dalla Lana School of Public Health is influencing policy in population health, prevention and health systems.

We conduct innovative research to find new approaches to prevent disease and promote healthier individuals and populations.

We work with local, national and international partners to create new knowledge and shape and promote progressive public health policy and practice.

And we deliver exceptional interdisciplinary graduate programs to prepare tomorrow’s public health leaders—researchers, practitioners, clinicians, educators and policy-makers.

• Social & Behavioural Health Sciences (Health Promotion)
• Epidemiology
• Biostatistics
• Occupational & Environmental Health
• Clinical Public Health

dlsph.utoronto.ca
<table>
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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>8:30 - 10:00</td>
<td><strong>PLENARY II: PUBLIC HEALTH AND THE PREVENTION OF VIOLENCE</strong>&lt;br&gt; Etienne Krug</td>
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<td>10:00 - 10:30</td>
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<td>AFN presents: From RCAP to the TRC: Challenges of revolutionizing First Nations public health</td>
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<td>PAHO presents: Transitioning from the Millennium Development Goals to the SDGs: What’s next for health?</td>
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<td>Symposia</td>
<td>Biomonitoring in Canada: The Canadian Health Measures Survey and the Arctic</td>
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<td>Workshops</td>
<td>Cross-sectoral advocacy: Climate change and water</td>
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PUBLIC HEALTH AND THE PREVENTION OF VIOLENCE

Violence has a major impact on global health and the wellbeing of populations. Canada spends an estimated $12 billion annually on the consequences of reported violence. The General Social Survey indicates that up to 88% of sexual assaults in persons aged 15 or older are unreported. The seemingly ubiquitous nature of violence in society might suggest to some that it is simply part of the human experience and cannot be prevented. Voices around the globe are refuting this argument and identifying concrete steps that can be taken to create a safe society.

In 2015, the United Nations passed support for sustainable development goals with specific targets for violence prevention and the World Health Organization calls for a public health approach to violence prevention. Public health has an important role to play in population-level violence prevention efforts through early identification and the use of evidence-informed interventions. As in so many other aspects of modern life, public health can drive social change in a way that will have a lasting impact on future generations.

This session will explore the practical steps that those working in public health can take to prevent violence and promote healthy communities. Making the link between the social determinants of health and violence prevention and using tools such as a collective impact framework or settings-based approaches, public health can make a difference.

Speakers:
- Alessandra Guedes, Regional Advisor, Family Violence, Pan American Health Organization
- Etienne Krug, Director, Department for Management of Noncommunicable Diseases, Disability, Violence and Injury Prevention, World Health Organization
- Sylvia Maracle, Executive Director, Ontario Federation of the Indigenous Friendship Centres

Moderator:
- Peter Donnelly, President and CEO, Public Health Ontario
FROM RCAP TO THE TRC: CHALLENGES OF REVOLUTIONIZING FIRST NATIONS PUBLIC HEALTH

Discernible health disparities in First Nations communities in Canada are attributable to complex interdependent factors known as the determinants of health. The conventional determinants of health indicators capture a snapshot in time and conceal the historical context and structural arrangements that substantiate the inferior health status experienced by First Nations in Canada.

This session will advance Indigenous-led reflection on the prospects and burdens in First Nations public health practice and policy in the context of the completion of the mandate of the Truth and Reconciliation Commission of Canada. The Royal Commission on Aboriginal Peoples in 1996 and the recent Calls to Action from the Truth and Reconciliation Commission validate the experiences, ambitions and expectations of Canada’s Indigenous peoples.

This is an opportunity for public health professionals to align their practice and advocacy with Indigenous ways of knowing and conceptualizations of community well-being.

PUBLIC HEALTH – TOWARDS SYSTEMS THINKING 7.0

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

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

This year’s panel will examine the changing landscape of public health governance and financing in an attempt to better understand how systems thinking can be applied to public health integration within the health system(s) reforms. The panellists will reflect on the changes needed in the way public health thinks and acts to inform future research, policy and practice efforts.

10:30 – 12:00  ORAL PRESENTATIONS

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TUESDAY JUNE 14
TUESDAY JUNE 14

12:00 – 13:30  LUNCH SESSIONS (BUFFET LUNCH PROVIDED)

12:00 – 13:30  NETWORKING LUNCH WITH EXHIBITORS

13:30 – 15:00  COLLABORATOR SESSIONS

PUBLISHING IN THE CANADIAN JOURNAL OF PUBLIC HEALTH: TIPS FROM SENIOR EDITORS

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

TRANSITIONING FROM THE MILLENNIUM DEVELOPMENT GOALS TO THE SDGS: WHAT’S NEXT FOR HEALTH?

In this session, the Pan American Health Organization (PAHO) will discuss approaches to address the sustainable development goals (SDGs) from global and regional perspectives. In addition to examining how to approach the health-centered SDG 3, mechanisms will be identified to ensure that health remains a fundamental part of all 17 SDG, by exploring linkages between health and development. PAHO, Regional Office of the World Health Organization, adopted a Regional Plan of Action on Health in All Policies (HiAP), identified as a key enabler to achieve health equity through multisectoral coordination. Presenters will discuss how HiAP can be leveraged for the SDGs; what lessons from the MDGs can be applied; and, the information requirements.
BIOMONITORING IN CANADA: THE CANADIAN HEALTH MEASURES SURVEY AND THE ARCTIC

The Canadian Health Measures Survey (CHMS) is an on-going national survey that is led by Statistics Canada, in partnership with Health Canada and the Public Health Agency of Canada, which collects information from Canadians about their general health. In addition to an interview and direct physical measurements, blood and urine samples provide information on human biomonitoring data that contribute to our understanding of exposure to chemicals. The CHMS does not examine and is not representative of northern populations, but research initiatives through the Northern Contaminants Program provide data on biomonitoring in the circumpolar region. Data from three cycles of the CHMS are available. Public health professionals may be interested in these data for establishing baselines, analyzing trends or comparing populations. In this symposium, the key components of the CHMS and other biomonitoring in the Arctic will be presented. Delegates will be able to discuss how these data may help to inform their own work.

CANADA’S TOBACCO ENDGAME INITIATIVE

Although there have been tremendous gains in reducing smoking prevalence in Canada, tobacco products continue to be, by a wide margin, the number one single preventable cause of death and disease in Canada, and will be for the foreseeable future.

A Steering Committee for Canada’s Tobacco Endgame has been formed consisting of leaders in tobacco control, law, ethics, policy, public health, science, professional associations, and cancer control. Our goal of < 5% smoking prevalence by 2035 (“Less than 5 by 35”) will save hundreds of thousands of Canadian lives in this century.

Novel and potentially radical strategies will be needed to put a stop to the tobacco epidemic more rapidly than an incremental approach, and to reach the tobacco “endgame”. This symposium will introduce the corpus of Endgame measures being discussed and, in some cases, implemented around the world.

EVERYBODY MATTERS: ADDRESSING WEIGHT STIGMA IN PUBLIC HEALTH RESEARCH, PRACTICE AND POLICY

This symposium will highlight how weight stigma research might influence current public health research, practice and policy. Weight stigma towards individuals living with obesity is prevalent within health systems, including public health. This symposium will share current research and highlight emerging strategies to help address and reduce weight stigma within public health policies and practice.

INTEGRATING INDIGENOUS COMMUNITY PLANNING INTO A HEALTHY BUILT ENVIRONMENT

Linkages between the natural and built environment, economy and health are important considerations in Indigenous community planning. To successfully integrate health, we must use knowledge, methods and practice to promote self-reliance, resiliency and respect for culture. The importance of these linkages needs to be recognized when working with under-serviced Indigenous communities. A holistic approach considers environmental, economic, social, cultural and governance factors when approaching health and sustainability. The built environment includes community design, housing, infrastructure, air and water quality. Awareness and application of culturally appropriate practices, standards and ethics, and effective communication using oral and visual histories and traditional ecological knowledge, will promote respect, trust, mutual learning and cooperation helping to improve built environment conditions that impact health.
CROSS-SECTORAL ADVOCACY: CLIMATE CHANGE AND WATER

Climate change policies and water policies have significant health impacts around the world and in Canada. Adequately responding to the concerns in those areas will be challenging in years to come and the public health sector will need to work closely with other sectors to develop policies to protect the environment and meet the expectations of populations in the country and around the world. Those two environmental sectors are marked by significant contribution of non-governmental organizations to the development of the public narrative around the policy making process.

ETHICAL CHALLENGES IN PUBLIC HEALTH EVALUATION

Public Health Ontario’s Framework for the Ethical Conduct of Public Health Initiatives emphasizes core public health ethics principles that guide evidence generating initiatives, including, respect for persons, concern for welfare, and justice. Through the use of case studies, participants will analyze key ethics concepts such as risk, conflict of interest, privacy and consent within the public health context. The benefits of including ethics principles and strategies into public health evaluations, including improving evaluation quality and rigor and increasing community/public trust, will be discussed. Using standard stages of an evaluation process and considering the various types of evaluations, we will identify the main ethical challenges that evaluators face during key stages of an evaluation, how to address these challenges and the role of evaluators in ensuring ethical integrity. This workshop is designed to be highly interactive with the intention of providing participants with tangible examples and strategies that can be used in their practice.

POLICY APPROACHES TO REDUCING HEALTH INEQUALITIES

This workshop is intended to enable public health actors to more easily distinguish between the most widespread policy approaches that have been proposed to reduce health inequalities. These approaches are: political economy, macro social policies, intersectionality, lifecourse, settings approach, approaches that aim at living conditions, those that target communities, and finally approaches aimed at individuals.

We will seek to clarify how these different approaches are grounded theoretically and how they affect inequalities differently. To better understand the different potential impacts of these approaches, we shed some light on two interrelated dimensions that are often overlooked or misunderstood. Firstly, we will clarify the distinction between the types of determinants (of health or of health inequalities) that may be targeted by the various approaches to reducing health inequalities. Secondly, using the categories proposed by the Commission on the Social Determinants of Health, we consider the different potential effects (on social stratification, on exposure to risk factors, on the vulnerability of certain groups to particular conditions, and on the inequitable consequences of disease) that may be produced by these different approaches. This will be done using a mixture of short presentations and group work in the workshop.

THE POLICY READINESS TOOL: INCREASING LOCAL CAPACITY FOR HEALTHY PUBLIC POLICY CHANGE

Developing healthy public policy is a key strategy for improving public health. The Policy Readiness Tool (PRT) is an evidence-based, practitioner-oriented tool that was developed to increase the capacity of local actors to encourage healthy public policy development. Workshop participants will be introduced to the three main components of the PRT: (1) an assessment of readiness (11 self-administered items to assess a community or organization’s readiness for policy change); (2) strategies for working with communities or organizations at different stages of readiness for policy change; and, (3) a resource list to help promote the adoption of healthy public policy.

The goals of this interactive workshop are to: (1) increase participants’ capacity for healthy public policy change to improve public health; (2) address potential resource capacity issues by providing strategies and suggested resources to encourage policy development at all levels of readiness; and, (3) build knowledge through intersectoral collaboration.
SUCCESS AND LESSONS LEARNED ABOUT KNOWLEDGE TRANSLATION AND SOCIAL MEDIA STRATEGIES: TEN YEARS ON

The practice of knowledge translation (KT) in public health can be daunting. Questions, considerations and challenges exist at all stages of the process. During this session, members from the National Collaborating Centres for Public Health will reflect on lessons learned in knowledge translation over the first 10 years, specifically those strategies with greatest effect and impact, as well as those that were tried, failed and stopped. Join us to learn about innovative KT approaches and practical communications tools and technologies as they apply to different KT contexts.

PUBLIC HEALTH BENEFITS FROM AND PUBLIC HEALTH ACTION TO SUPPORT CANADIAN EFFORTS TO CONTAIN GLOBAL HEATING TO < 2°C

At the November 2015 Paris Conference of the Parties on Climate Change, Canada presented a position quite different from its previous stance. Canada committed to reduce our economy-wide greenhouse gas emissions by 30% below 2005 levels by 2030. This session will seek to reinforce the commitments made in Paris by exploring the health benefits of Canadian action to contain global heating to <2°C. Given the potential Canadian and global health benefits of a shift away from fossil fuels and to a low-carbon society, public health can play an important role in supporting the transition at all levels of Canadian society and helping to ensure the commitments made at COP21 are kept.

15:30 – 17:00 ORAL PRESENTATIONS

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<td>Vaccine Hesitancy</td>
<td>World Café</td>
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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 PREVENTION OF VIOLENCE CANADA PUBLIC FORUM

The 12th Prevention of Violence Canada National Town Hall meeting is an open public forum designed to connect and empower Canadians to address violence in your communities. This event offers an unparalleled opportunity to engage with experts and advocates as they explore how we can build a safer healthier future for Canadians using evidence-based strategies for violence prevention.
## PROGRAM OVERVIEW

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<tr>
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<td>Dalla Lana School of Public Health Alumni Breakfast</td>
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<tr>
<td>8:30 - 10:00</td>
<td><strong>PLENARY III: HEALTH EQUITY, SOCIAL JUSTICE AND THE</strong>&lt;br&gt;<strong>RACIALIZATION OF CANADIAN SOCIETY</strong>&lt;br&gt;Desmond Cole</td>
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<td><strong>OPHA presents:</strong> Public Health – The Force Awakens**</td>
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<td>Symposia</td>
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<td>Balancing health promotion, disease prevention and stigma reduction: Creating positive public health communication campaigns</td>
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<td><strong>UNIVERSITY OF ALBERTA SCHOOL OF PUBLIC HEALTH NETWORKING RECEPTION</strong></td>
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Dalla Lana School of Public Health Alumni Breakfast

Celebrate the Dalla Lana School of Public Health’s expanding footprint as Canada’s leading research, teaching and service Faculty. All alumni, faculty and students attending Public Health 2016 are welcome to attend a breakfast to enjoy a light breakfast and good conversation.

8:30 – 10:00
PLENARY III

HEALTH EQUITY, SOCIAL JUSTICE AND THE RACIALIZATION OF CANADIAN SOCIETY

Racism is deeply and structurally embedded in Canadian society and within our practices, programs and policies. This acknowledgement is a vital first step in discussing and taking action on this important determinant of health. Racism harms health in a variety of ways, including economic and social deprivation, socially inflicted trauma, and inadequate health and social services. Given the current environment and recent events, this is an opportunity to have an open and constructive conversation about racism and how it manifests itself in our own thoughts and actions and the policies and programs of public health.

In this plenary participants will consider their own assumptions and will explore racism from diverse perspectives. It will provide participants with tools that will help them talk about racism in meaningful terms, and examples of what can be done to address racism from the public health perspective, and will promote cultural safety and increased understanding more broadly.

Speakers:

- Desmond Cole, Freelance Journalist
- Charlotte Loppie, Professor, School of Public Health and Social Policy, Faculty of Human and Social Development, University of Victoria
- Ingrid Waldron, Assistant Professor, School of Nursing, Dalhousie University
- David McKeown, Medical Officer of Health, Toronto Public Health

Moderator:

- Sume Ndumbe-Eyoh, Knowledge Translation Specialist, National Collaborating Centre for Determinants of Health
**MEASURING HEALTH INEQUALITY IN CANADA – LESSONS LEARNED. WHERE TO NEXT?**

Join a discussion about the current state of measuring health inequalities to drive action in Canada. Recent pan-Canadian monitoring and reporting initiatives carried out in collaboration among the Canadian Institute for Health Information, the Public Health Agency of Canada, Statistics Canada and others have revealed large and, in some cases, widening health inequalities at the national and provincial/territorial levels. In addition, a recent stakeholder dialogue on equity measurement and reporting in healthcare has provided valuable insights into priority areas for improving data collection and reporting in Canada. Get a glimpse into the highlights, processes and knowledge products from these initiatives and contribute to the conversation on “Where to go next.”

**STRATEGIES AND TOOLS TO ADDRESS SEXUALLY TRANSMITTED AND BLOODBORNE INFECTIONS (STBBIS) AND RELATED STIGMA CAUSES**

This workshop for front-line health and social service providers is focused on reducing stigma related to sexuality, substance use and STBBIs. During this highly interactive workshop, participants will explore STBBI-related stigma, the multiple factors that contribute to stigma, and the potential impacts of stigma on clients as well as public health interventions. In addition, participants will have an opportunity to enhance their skills in discussing sexuality and substance use with their clients and will be provided with several strategies and tools that can be employed to mitigate stigma within their workplace.

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### 10:30 – 12:00 ORAL PRESENTATIONS

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<thead>
<tr>
<th>Building Public Health System Capacity</th>
<th>First Nations, Inuit, and Métis Communities</th>
<th>Health Assessment, Disease Surveillance, Program Evaluation and Research</th>
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| Health Protection                     | Partnerships and Collaborations             | Policy and Program Interventions                                    | Vaccine Hesitancy |

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### 12:00 – 14:00 LUNCH SESSIONS (LUNCH PROVIDED)

**NETWORKING LUNCH WITH EXHIBITORS**

**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 14, 2016 at the registration desk. Lunch will be provided.
PUBLIC HEALTH – THE FORCE AWAKENS

Public health has a long history of being a force for social change and promoting individual and community health and wellbeing. With public health being integrated into regional health authorities under different models across the country, how have public health leaders used their mandates to influence their health care colleagues to improve health outcomes?

This session will bring together public health advocates, academics and allies to discuss the implications of these various provincial models, the innovative and collaborative partnerships that are emerging between public health and health care to build understanding about the role of the determinants of health, promote health equity and shift towards more upstream approaches.

The panel will invite delegates to discuss their sense of the challenges and opportunities that lie ahead and what’s needed to unleash the full force of the public health sector.

MAPPING PUBLIC HEALTH PRINCIPLES FOR CANNABIS POLICY REFORM IN CANADA

Canada is poised to enter a select group of countries that have a legal regulatory approach to the recreational use of cannabis. Our policymakers face the challenge of developing an evidence-informed, innovative approach that minimizes the associated risks and harms. They can do so by drawing on lessons learned through the regulation of alcohol and tobacco, as well as on the early experiences of Uruguay and select US States that have already implemented legal regulatory approaches. This session will provide an overview of the risks associated with legalizing cannabis use, followed by an overview of the different models in place internationally. The presentation portion of the session will end with an explanation of the public health conceptual framework, and a discussion of the importance of applying a public health approach as the guiding framework in which cannabis regulation is developed. Participants will then be divided into working groups to map out some of the key public health principles that need to be addressed by the proposed regulatory framework for recreational cannabis use in Canada.
A CALL TO ACTION: PATHWAYS TO FIRST NATIONS, INUIT AND MÉTIS HEALTH EQUITY IN CANADA

The work of the Truth and Reconciliation Commission has come to an end and reconciliation has begun. Reconciliation includes closing the gap in health inequities experienced by Indigenous peoples. This process requires multi-faceted changes to mainstream education and care delivery, as well as new approaches and understandings of what constitutes Indigenous health and well-being. Dr. de Leeuw will examine historical and contemporary root causes of health disparities, including racist colonial policies and practices and the lasting legacies which continue to place First Nations, Inuit and Métis peoples at marked disadvantage in the present day. Dr. Makokis will explain why and how the delivery of trauma informed practice can be transformational for Indigenous peoples since many continue to experience the legacies of historic trauma. Using the example of cultural safety training, Ms. Davoren will explore the need to move away from subsuming Métis under First Nations/Aboriginal programming and policies. Ms. Tagalik will refer to Inuit worldviews and traditional teachings as crucial to Inuit understandings of well-being.

DOING HEALTH EQUITY WORK USING A COLLECTIVE IMPACT APPROACH

As a type of collaboration, Collective Impact initiatives are long-term commitments by a group of key actors from different sectors to a common agenda for solving a specific social problem. Their actions are supported by a shared measurement system, mutually reinforcing activities, and ongoing communication, and are staffed by an independent backbone organization. As a sector, public health has an important role to play, particularly in relation to achieving health equity objectives. Participants in this session will learn more about Collective Impact and how different Public Health organizations and their community partners have built on opportunities and overcome barriers by using this approach to get traction on pervasive social issues. The projects being discussed will include the Child & Youth Health Network of the Capital Region (Victoria, BC), the Hamilton Poverty Reduction Initiative, and London’s Child and Youth Network.

GROWING HEALTH PROMOTION PRACTICE - LOOKING FORWARD TO THE NEXT 30 YEARS

As we celebrate the 30th anniversary of the Ottawa Charter for Health Promotion, let us explore what comes next. Health Promotion has benefited greatly from the directions set in the Ottawa Charter and the subsequent World Health Organization conferences. However, the context of public health has been rapidly shifting and changing - what are the new directions of focus needed for the 21st century? Ecological determinants of health and social media are two possible areas requiring particular attention. Drawing on reflective and arts-based engagement processes, workshop participants will express, discuss and link perspectives on the key trends, innovations and future directions that inform the next 30 years of Health Promotion practice.

PUBLIC HEALTH SYSTEMS AND SERVICES RESEARCH - THE ‘KID’ IS GROWING UP BUT STILL NEEDS SUPPORT

Public Health Systems and Services Research (PHSSR) is “a field of study that examines the organisation, funding and delivery of public health services within communities, and the impact of these services on public health.” It is less than a decade since PHSSR was described as “the new kid on the block.” Much has happened in Canada and the USA to advance this emerging field. We will provide an overview of PHSSR in both Canada and the USA, the relevance and utility of this work for PH practitioners and policy makers, the challenges in moving this agenda forward, and the prospects for collaboration and mutual learning between Canada and the USA.
BALANCING HEALTH PROMOTION, DISEASE PREVENTION AND STIGMA REDUCTION: CREATING POSITIVE PUBLIC HEALTH COMMUNICATION CAMPAIGNS

During this interactive workshop, participants will explore the relationship between public health communication campaigns and the possible perpetuation of stigma against traditionally marginalized communities and/or persons who engage in so-called high-risk behaviours (e.g., smoking, unhealthy eating, substance use). Through group discussion, participants will critically assess various public health communication campaigns, including HIV prevention and obesity prevention campaigns, and explore the tension between public health messages and the reduction of stigma. Participants will discuss the practical strategies that can be employed to develop positive public health communication campaigns that, rather than contribute to existing stigma, promote overall health and well-being. Finally, participants will be provided with an opportunity to apply these strategies to various public health communication campaigns of relevance to their work.

EVALUATING HOME STAIRWAY PLUS BATH/SHOWER FACILITIES AND IMPLEMENTING SAFETY PLUS USABILITY IMPROVEMENTS FOR ALL USERS

Using easily understood photographic and hands-on examples of defective as well as beneficial features of stairways and bath/shower facilities, in conjunction with videos demonstrating both dangerous and successful use, participants quickly understand what does not work adequately and, more importantly, what does. These teaching tools have been widely employed and the lessons they teach are ergonomically founded; i.e., they are based on evidence that has had extensive, skilled, ergonomic peer review internationally over many years. They are also consistent with the best available, widely used, formal standards for usability and safety of built environment facilities, specifically for stairways and baths/showers. The presenter has worked on such standards for decades and, acceptance of the presented design and retrofit interventions thus has undergone another, rigorous level of peer review. Workshop participants will see these facilities in a new light, one that reveals valuable, applicable insights for understanding and improving their own homes’ usability and safety.

Potential workshop attendees who wish to receive pre-workshop reading, please contact the Workshop Facilitator at bldguse@aol.com with ‘CPHA Workshop Preparation Reading’ in the Subject line.

MAKING FRIENDS WITH SYSTEMATIC REVIEWS: BE COMFORTABLE WITH ASSESSING THE QUALITY OF REVIEWS & INTERPRETING FOREST PLOTS IN 90 MINUTES!

Competence using systematic review-level evidence is crucial for public health – many public health questions are answered by systematic reviews, which synthesize all primary studies in one topic area to generate an overall conclusion. This workshop provides an overview of the anatomy of a systematic review, with examples of “good” quality reviews, and where to find the main quality indicators for reviews. The session will take the intimidation out of forest plots (where data are reported for meta-analyses) and remove the mystery from critical appraisal. Participants will leave feeling more confident in their ability to appraise and interpret reviews, as well as knowledge of existing tools and resources to assist them in this activity.

PUBLIC HEALTH RESEARCH PRIORITY SETTING: THE EXAMPLE OF SUICIDE PREVENTION RESEARCH

Evidence-based public health action requires that the relevant research to address evidence needs is conducted. Without systematic approaches to prioritizing research activities, it is possible that research activities may not align with the most pressing evidence needs. The Public Health Agency of Canada and the Mental Health Commission of Canada have partnered to develop a process to identify suicide prevention research priorities for Canada. This workshop will present the approach chosen in the context of good practices for health research priority setting as identified by the World Health Organization. Participants will take part in identifying evidence needs to inform suicide prevention research and will apply criteria to identified needs to prioritize topics.

This workshop will allow participants practical experience participating in a prioritization process, as well as taking away general knowledge that can be applied to health research prioritization at other levels (provincial/territorial/municipal) and on other topics.
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.

**NETWORKING RECEPTION**

17:30 – 19:00

**NETWORKING: IT BEGINS HERE**

Complete your Public Health 2016 experience on a high note and attend the University of Alberta School of Public Health networking reception on the 43rd floor. Enjoy good food, inspiring conversation and idea sharing with fellow conference delegates while overlooking the Toronto skyline. Join Dean Kue Young and learn more about how the School of Public Health has contributed to public health, both nationally and internationally, over the past ten years. **Networking: It begins here**
## THURSDAY JUNE 16

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<td>10:30 - 11:00</td>
<td><strong>BREAK</strong></td>
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<td>An overview of health data available from Statistics Canada</td>
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<td>How can I choose a public health ethics framework that is suited to my practical needs?</td>
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<td>Introducing the PHO MetaQAT, the Public Health Ontario Meta Tool for quality assessment of public health evidence</td>
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<td>Mental Health Caregivers Guide: A national partnership resource-development project</td>
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<td>The Web Resource Rating tool: Learn to identify and create high-quality online health information using McMaster Optimal Aging Portal's appraisal tool</td>
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<td>12:30 - 14:30</td>
<td><strong>PLENARY IV: HARM REDUCTION, RISK PERCEPTION AND ALCOHOL</strong></td>
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<td><strong>Gregory Taylor</strong></td>
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8:30 – 10:30  MORNING SESSION (PHPC AGM)

PHPC ANNUAL GENERAL MEETING
Join your fellow members at the PHPC Annual General Meeting to see your specialty society at work for you. Hear an overview of the year’s achievements and help shape what priorities lay ahead. Breakfast will be provided.

9:00 – 10:30  COLLABORATOR SESSION

POLICY FORUM
CPHA’s Policy Forum is your opportunity to be updated on the Association’s current policy and advocacy agenda, and to get involved in the early stages of the development of new evidence-informed policy alternatives. Participants will be encouraged to review briefing notes on three emerging issues on which the Association will be preparing recommendations. Each topic will be discussed during the Forum and participants ideas and perspectives will be used to craft the Association’s recommendations. All conference delegates are invited to participate, but come prepared to roll up your sleeves!

10:30 – 11:00  REFRESHMENT BREAK

Building Public Health System Capacity  First Nations, Inuit, and Métis Communities  Health Assessment, Disease Surveillance, Program Evaluation and Research  Health Promotion

Health Protection  Partnerships and Collaborations  Policy and Program Interventions  Vaccine Hesitancy  World Cafe
PUBLIC HEALTH INSPECTORS, PUBLIC HEALTH NURSES, AND PUBLIC HEALTH PHYSICIANS AS LEADERS: A CANDID CONVERSATION ABOUT COLLABORATION AND CHANGE

Leadership Competencies for Public Health Practice in Canada 1.0 was released last summer (2015). Funded by the Public Health Agency of Canada, this project was led by Community Health Nurses of Canada, the Canadian Institute of Public Health Inspectors, and the Manitoba Public Health Managers Network. The project’s Expert Advisory Committee had representation from seven Public Health disciplines, including the Public Health Physicians of Canada.

The five domains and 49 Leadership Competency Statements are intended to describe the foundational leadership competencies required to support public health practice in Canada and compliment the core public health competencies (PHAC, 2008) and public health discipline specific competencies. The five domains are systems transformation (9 statements), achieve results (6 statements), lead self (8 statements), engage others (17 statements), and develop coalition (9 statements).

Led by the presidents of CIPHI, CHNC, and PHPC, and using examples of current “hot topics”, this session will foster an inter-professional discussion about the importance of trans-disciplinary thinking and collaboration to respond to current challenges and opportunities of balancing ethical and other standards of professional practice with employer expectations and other realities in today’s scientific, political and economic environment.

ADDRESSING GLOBAL ECOLOGICAL CHANGE TOGETHER: FORGING NEW PARTNERSHIPS

The recent CPHA Discussion Paper on the Ecological Determinants of Health lays out the scope of emerging ecological changes, key drivers of these changes, and emerging and promising practices for addressing these ecological determinants of health. The paper makes the point that responding to the massive ecological changes now underway will take the collaborative effort of many different stakeholders. Moreover, public health has been largely absent from this work, which others – notably, environmental NGOs and local communities and organizations – have been leading. At the same time, public health professionals and organizations have much to offer, and their engagement in supporting the transition to a healthier, more just and sustainable future will be welcomed.

In this session, we have invited environmental organizations, urban planners and others to talk about what they need from public health to support their work nationally, regionally and locally; as well as two local health units to tell us what they are already doing.

AN OVERVIEW OF HEALTH DATA AVAILABLE FROM STATISTICS CANADA

The Statistics Canada session on health statistics data will begin with an overview of the Canadian Community Health Survey Program, the Canadian Health Measures Survey, the Canadian Health Survey on Children and Youth, the Canadian Cancer Registry, the Vital Statistics Program and many other data sources available from Statistics Canada. The second half of this session will feature an explanation of how to access these data including the Research Data Centres program, Real-Time Remote Access, Remote Submit Options, custom tabulations and partnerships. Finally, this session will conclude with a summary of how delegates can participate in consultation processes for new health-related surveys and revisions of existing surveys.
APPROACHES TO COMMUNITY WELLBEING: A FIRST NATIONS APPROACH TO PUBLIC HEALTH

The Approaches to Community Wellbeing is an integrated public health system designed for 31 First Nations communities in Northwestern Ontario. As the lead organization designing the system, the Sioux Lookout First Nations Health Authority (SLFNHA) has worked with communities to identify the vision, values, goals, and priority areas for public health. The model includes four main components: Roots for Community Wellbeing, Healthy Living, Safe Communities, and Raising our Children. All of these areas are supported through the Teachings of our People, Positive People, Active Leadership, and Community Ownership. In addition to working with First Nations communities, SLFNHA has worked with federal and provincial partners to identify and resolve jurisdictional issues.

The symposium will outline the need for public health services in First Nations communities, the challenges associated with explaining and translating public health into First Nations cultural understanding, and the jurisdictional challenges faced in developing a unique First Nations system.

PHYSICIAN OUTREACH: COMMUNICATING WITH PHYSICIANS TO INFLUENCE PRACTICE

Have you ever wanted physicians to do what you want? The need to communicate urgent and routine messages and influence physician behaviour occurs regularly in public health. In a time when everyone, not only physicians, is overwhelmed by advertising and messaging – from emails to text messages, Facebook, Twitter, and other forms of Social Media - how do we engage and capture their attention?

Peel Public Health will present the evidence from their most recent rapid review examining the question “What are effective strategies to influence physician behaviour related to public health?”. Their best practices and approach to physician outreach will be discussed and the new partnership with Public Health Ontario for the Provincial Physician Outreach Community of Practice will be introduced.

OUR COLLECTIVE CANADIAN RESPONSIBILITY: RESPONDING TO THE SYRIAN REFUGEE CRISIS

This session will discuss refugee health in Canada, in the context of the Syrian refugee crisis. Organized by students at the Dalla Lana School of Public Health, a diverse panel of health professionals, academic, and scientists, will discuss various aspects of the refugee crisis: framing the problem in the context of migration and health, programs and services that are available to the refugees, the policies and potential areas for change. A guided discussion after the panel will provide a forum for health professionals, allies and trainees to reflect on the services provided to the refugees, feedback on gaps in programs and policy, and discuss potential programs and policy changes to alleviate these gaps. It is the hope that participants will be able to utilize the tools employed in this session in program and policy evaluation to influence patient-centered care and evidence-based policy development in their individual, day-to-day practice.

RECIG TO INFORM POLICY: RESEARCH ON E-CIGARETTES

The Ontario Tobacco Research Unit in partnership with CAMH has undertaken a multi-component research study of e-cigarettes (RECIG) to determine the prevalence and patterns of e-cigarette use; review and assess research on health effects and related exposures to nicotine, aerosols and contaminants; explore use of e-cigarettes to reduce, replace or stop smoking traditional cigarettes; and examine the role of e-cigarettes as a “gateway” to uptake of traditional cigarettes. Research findings were validated and enhanced by an International Expert Panel that met in January 2016.

Key findings will be presented and policy implications will be discussed. We will focus in particular on evidence based answers to two key questions: 1) should nonsmokers even consider vaping e-cigarettes considering what is known about health effects? 2) should smokers be encouraged to vape e-cigarettes as a way to stop smoking tobacco cigarettes (which smokers, what kinds of e-cigarettes, what vaping methods, when)
HOW CAN I CHOOSE A PUBLIC HEALTH ETHICS FRAMEWORK THAT IS SUITED TO MY PRACTICAL NEEDS?
In this largely discussion-based session, we will focus on getting to know public health ethics frameworks. After identifying what ethics frameworks can help us to do, we will present some of the principal features of frameworks: the main lines along which they are similar to or different from one another. To do this, we will examine two frameworks (their orientations, methodologies, practical guidance, areas of applicability, the values they highlight, etc.) as a guide for analyzing frameworks more generally. The bulk of our time will be spent applying these two frameworks to a case study. Through this exercise, we will practise applying ethics by exploring the case’s ethical implications; we will compare the frameworks in terms of the issues they highlight; and we will reflect on how identifying a framework’s features can help us choose one for a given situation in our own practices.

INTRODUCING THE PHO METAQAT, THE PUBLIC HEALTH ONTARIO META TOOL FOR QUALITY ASSESSMENT OF PUBLIC HEALTH EVIDENCE
This workshop will focus on critical appraisal in an evidence-based public health context. The Public Health Ontario Meta Tool for quality assessment of public health evidence (MetaQAT) will be introduced and used to practice critical appraisal. The MetaQAT is a new critical appraisal tool developed at PHO that incorporates existing critical appraisal tools into a larger framework. It broadens the scope of appraisal beyond the risk of bias to address issues of application in a public health context. It is a flexible tool, intended to facilitate the use of public health evidence in a wide variety of settings.

MENTAL HEALTH CAREGIVERS GUIDE: A NATIONAL PARTNERSHIP RESOURCE-DEVELOPMENT PROJECT
The “Mental Health Caregivers Guide”, a new resource developed by Ottawa Public Health will be unveiled via interactive workshop. This partnership project - between Ottawa Public Health, the Mental Illness Caregivers Association, the Canadian Mental Health Association, and the Canadian Public Health Association - aims to provide caregivers, the individuals they care for, as well as workers, a deeper understanding of their roles, responsibilities, and how to maintain their own wellbeing with practical components.

A brief overview of the project’s three key components (Caregivers Guide, Resource Guide, Toolkit for Mobilization) will be provided, then one component, the “Toolkit for Mobilization” will be used to facilitate discussion concerning the application of the guide by drawing upon the experience and knowledge of attendees. The session will also be used to nurture collaborations, networking, and mobilization efforts by attendees to implement this resource in their own community, local public health unit, or agency.

THE WEB RESOURCE RATING TOOL: LEARN TO IDENTIFY AND CREATE HIGH QUALITY ONLINE HEALTH INFORMATION USING MCMASTER OPTIMAL AGING PORTAL’S APPRAISAL TOOL
The Web Resource Rating (WRR) tool developed by the McMaster Optimal Aging Portal team provides a rigorous evaluation of citizen-friendly online health information. A recent evaluation of the WRR tool verified its high reliability and utility to health professionals who wish to independently appraise online health information (not limited to aging topics), including resources from their own organizations. Bring a laptop or device to participate in a live demonstration of the website features, practice web resource assessments with example scenarios, and use the tool to assess the quality of your favourite online information sources. Facilitators welcome and will encourage feedback about how the Portal and the web resource rating feature could best fit within your scope of practice.
THURSDAY JUNE 16

12:30 – 14:30  PLENARY IV AND CLOSING

HARM REDUCTION, RISK PERCEPTION AND ALCOHOL

Harm reduction is a fundamental concept in public health that has become synonymous with illicit drug policy. It is a concept, however, that can be applied to a broad range of topics. Risk perception is inextricably linked with harm reduction and effective public health practices recognize and incorporate this link. Using alcohol consumption as one example, Dr. Taylor’s presentation will explore harm reduction, the acceptance of risky behaviours and how each play a role in public health responses to numerous different issues.

Speaker:
• Gregory Taylor, Chief Public Health Officer, Public Health Agency of Canada

Moderator:
• Ardene Robinson Vollman, Chair, Canadian Public Health Association

19:00 – 22:00  DINNER

JOINT DINNER OF PHPC AND 40TH ANNIVERSARY OF PUBLIC HEALTH AND PREVENTATIVE MEDICINE IN CANADA

Location: Volos, 133 Richmond St W, Toronto, ON M5H 2L3

Time: 19:00 - 22:00

Rates: $85 Early Bird Rate (by April 30th), $100 after April 30th.
       $65 special subsidized dinner rates for PHPM residents (of any program)

Registration for the dinner is provided by the University of Toronto and is separate from your registration for the PHPC events.

CLICK HERE TO REGISTER
7:45 – 8:45
Resident and New Grad Career Panel

PHPC Residents Council presents a careers in public health panel for residents and recent grads in Public Health and Preventive Medicine. Do you want to hear about job and career possibilities in public health? Do you want to hear about trends and future opportunities in careers in public health? This dynamic panel of public health physicians from across the spectrum of work settings and stages of career will engage attendees in a critical discussion on the future of careers for our profession.

9:00 – 15:30
Choosing Wisely in Public Health!

The Public Health Physicians of Canada has engaged with Choosing Wisely Canada to create evidence-informed recommendations for public health practice and to explore ways to integrate public health interests into the campaign.

Choosing Wisely Canada is a nation-wide campaign to help physicians and patients engage in conversations, and ultimately reduce, unnecessary and potentially harmful tests, treatments and interventions. This day will engage public health physicians in an impactful knowledge translation exercise that leads to better public health practice and better health for Canadians.

This session will review the scope and goals of Choosing Wisely Canada, explore potential recommendations and rationales and provide a forum for the recommendations to be debated and discussed.

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

Additional registration fee required (Resident - $100; Physician - $150)
This is a critical time in Canada for the development of a new, comprehensive drug policy based in science, public health and human rights. The federal government has stated its commitment to evidence-based policies and harm reduction services. It has also committed to legalizing and regulating cannabis and to reviewing criminal law policy more broadly. At the same time, overdose deaths are re-emerging as a public health crisis. Meanwhile unsafe drug injection, and inadequate scope and coverage of harm reduction services, continue to fuel the HIV and hepatitis C epidemics, disproportionately affecting particular communities.

It is also an important moment in international drug policy. The United Nations General Assembly Special Session on Drugs (in April 2016) will intensify the global debate about drug policy over the next three years. This process will culminate in 2019 when UN Member States come together to agree on the focus for the global response to drugs over the next decade (2019 - 2029). There is a growing rhetorical consensus internationally supporting an evidence-informed, public health approach to drug policy and that it should conform with human rights, but the reality on the ground is very different – and tensions are increasingly apparent in the UN system.

This day-long, post-conference session will provide participants the opportunity to discuss with policy-makers, regulators, researchers, advocates and community members how Canada can and should chart a new future for drug policy in Canada for cannabis and other drugs, hear about the changing global policy environment, and learn from experiences in other jurisdictions (e.g., Portugal’s decriminalization of possession of all drugs, Colorado’s approach to regulating cannabis).

While there no registration fee to attend, we invite you to consider making a $50 contribution to help support the participation of low-income community members.

Presented by:

Canadian Drug Policy Coalition, the Canadian HIV/AIDS Legal Network, the Canadian Public Health Association and other partners.
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-caliber scientific program.

STEERING COMMITTEE
- Ian Culbert, Canadian Public Health Association (Chair)
- Sara Kirk, Dalhousie University (Scientific Chair)
- Alannah Brown, Canadian Institutes of Health Research, Institute of Population and Public Health
- Maureen Dobbins, National Collaborating Centres for Public Health
- Jean Harvey, Canadian Institute for Health Information, Canadian Population Health Initiative
- Odette LaPlante, Public Health Physicians of Canada
- Marlene Laroque, Assembly of First Nations
- Jane Lyster, Ontario Public Health Association
- Jessie-Lee McIissac, Dalhousie University
- Pemma Muzumdar, National Collaborating Centres for Public Health
- Nnamdi Ndubuka, Northern Inter-Tribal Health Authority
- Dionne Patz, Pan American Health Organization, World Health Organization
- Cynthia Stirbys, Canadian Institutes of Health Research, Institute of Aboriginal Peoples’ Health
- Julie Stratton, Peel Public Health
- Shannon Turner, Canadian Public Health Association, Board of Directors

SCIENTIFIC COMMITTEE
- Sara Kirk, Dalhousie University (Chair)
- Alannah Brown, Canadian Institutes of Health Research, Institute of Population Health Initiative
- Katie-Sue Derejko, Assembly of First Nations
- Sara Grimwood, 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
- Joel Kettner, Public Health Physicians of Canada
- Odette LaPlante, Public Health Physicians of Canada
- Julie Stratton, Peel Public Health
- Tin Vo, Ontario Public Health Association
PROGRAM SCHEDULE
Here is a quick overview of what is happening at Public Health 2016.

<table>
<thead>
<tr>
<th></th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRE-CONFERENCE SESSIONS</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PLENARY SESSIONS</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>CONFERENCE SESSIONS</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>EXHIBIT HALL</td>
<td>✔</td>
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</tr>
<tr>
<td>REFRESHMENT BREAKS</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>LUNCH</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>NETWORKING RECEPTIONS</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUPPLEMENTAL EVENTS</td>
<td>✔</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>CME CREDITS</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>FULL CONFERENCE</th>
<th>REGULAR RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPHA MEMBER</td>
<td>$800</td>
</tr>
<tr>
<td>NON-MEMBER</td>
<td>$975</td>
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</tbody>
</table>

NEW FOR PUBLIC HEALTH 2016 – 2-DAY REGISTRATIONS!
Maximize your schedule and take advantage of our NEW 2-day rates. Register for Monday & Tuesday OR Wednesday & Thursday and experience two-days of plenary sessions, oral presentations, symposia and hands-on workshops featuring public health experts.

<table>
<thead>
<tr>
<th>2-DAY</th>
<th>REGULAR RATE</th>
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</thead>
<tbody>
<tr>
<td>CPHA MEMBER</td>
<td>$560</td>
</tr>
<tr>
<td>NON-MEMBER</td>
<td>$685</td>
</tr>
</tbody>
</table>
REGISTRATION

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.

<table>
<thead>
<tr>
<th>Daily</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPHA Member</td>
<td>$280</td>
<td>$395</td>
<td>$395</td>
<td>$340</td>
</tr>
<tr>
<td>Non-Member</td>
<td>$340</td>
<td>$475</td>
<td>$475</td>
<td>$400</td>
</tr>
</tbody>
</table>

STUDENTS
CPHA is committed to engaging and fostering the next generation of public health leaders. Public Health 2016 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

<table>
<thead>
<tr>
<th>Full Conference</th>
<th>Regular Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPHA Member</td>
<td>$400</td>
</tr>
<tr>
<td>Non-Member</td>
<td>$475</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Student 2-Day</th>
<th>Regular Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPHA Member</td>
<td>$280</td>
</tr>
<tr>
<td>Non-Member</td>
<td>$335</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Daily</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPHA Member</td>
<td>$140</td>
<td>$200</td>
<td>$200</td>
<td>$170</td>
</tr>
<tr>
<td>Non-Member</td>
<td>$170</td>
<td>$235</td>
<td>$235</td>
<td>$200</td>
</tr>
</tbody>
</table>

CANCELLATION POLICY
Requests for cancellations received by e-mail on or before June 1, 2016 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 June 1, 2016. No substitutions will be granted after June 1.

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

#PublicHealth16
REGISTRATION

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.

GROUP REGISTRATIONS

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

Sharing of badges is not permitted without express written consent of CPHA.

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.

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!

ACCOMMODATION

Room blocks have been reserved for CPHA conference delegates at the Sheraton Centre Toronto. To make your hotel reservation, contact the hotel directly and refer to Public Health 2016 as the Group Code. Rates are guaranteed until May 9, 2016.

SHERATON CENTRE HOTEL TORONTO
123 Queen St W, Toronto ON M5H 2M9
Tel: (416) 361-1000
Toll-free: 1-888-627-7175

Book Online
Rate: $209 Traditional Guestroom (Includes complimentary internet). 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".
CONFERENCE TRAVEL ARRANGEMENTS

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

**Porter Airlines**
15% discount on travel between Toronto and any Porter destination.
Promo code: **CPHA16**
**Restrictions:** Excludes lowest class fare during a seat sale.

**Air Canada**
10% discount on travel between Toronto and any Air Canada destination.
Promo code: **FY4CYHU1**
**Restrictions:** Discount does not apply to Tango and Executive Class lowest bookings.

**WestJet Airlines**
10% discount on travel between Toronto and any WestJet destination.
Promo code: **YYZ02**
Coupon code: **K4N24A5**

*On the first page of the booking process, enter both the promo code and coupon code.*
**Restrictions:** Discount does not apply to seat sales.

**VIA Rail**
10% discount on travel between Toronto and any Via Rail destination
Applies to the best available fare in Economy, Economy Plus, Business, Business Plus, Sleeper, or Sleeper Plus class.

Group Code: **13125**
**Restrictions:** Discount does not apply to Escape Class Fares. Fare applies to a maximum of two passengers per booking.

To Book online
Log-in to your profile or create one prior to booking

On the Passenger information screen, select "Convention fare" from the "Discount Type" drop-down menu
Enter the discount code **13125**
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- Master of Science
- Master of Public Health

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- Fellowship in Health System Improvement

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

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

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