

CDPAC 2016 Conference

Integrated Chronic Disease Prevention: The Value Proposition

February 23-25, 2016 • Hilton Toronto Downtown • Toronto, ON

Conference Program





Partnerships & Acknowledgements

The Chronic Disease Prevention Alliance of Canada (CDPAC) and the Conference Steering Committee wish to recognize the following organizations for their generous support of the Sixth Pan-Canadian Conference.

Platinum



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CDPAC Program and Scientific Committee

Mary Collins (Conference Co-Chair), CDPAC Board / BC Healthy Living Alliance

Angelo Belcastro, Active Healthy Kids Canada (former) / York University

Manuel Arango, CDPAC Board / Heart and Stroke Foundation

Cynthia Stirbys, CIHR Institute of Aboriginal Peoples' Health

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Deb Keen, Canadian Partnership Against Cancer

Christopher Canning, Mental Health Commission of Canada

Catherine Donovan, NFLD Wellness Advisory Council

Jill Skinner, CDPAC Member Representative / Canadian Medical Association

Craig Larsen, CDPAC Executive Director

Bill Callery, CDPAC Manager of Programs & Knowledge Exchange

Thank you to our Abstract Reviewers

Manny Arango • Lisa Ashley • Melissa Ashman • Angelo Belcastro • Bill Callery • Christopher Canning

Mary Collins • Sarah Cruickshank • Catherine Donovan • Chris Gray • Deb Keen • Rita Koutsodimos

Craig Larsen • Jennifer Parisi • Christopher Politis • Kerry Robinson • Cynthia Stirbys

Program at a Glance

Tuesday February 23, 2016 (Pre-Conference Day)

9:30am – 4:30pm	Sustainable Chronic Disease Prevention Impact: Building Multidisciplinary Approaches to Support Healthy Public Policy Development	Jackson
1:00pm – 4:30pm	Advocacy “how to” – Mobilizing Evidence to Support Healthy Living Policies	Toronto III

Wednesday February 24, 2016 (Conference Day 1)

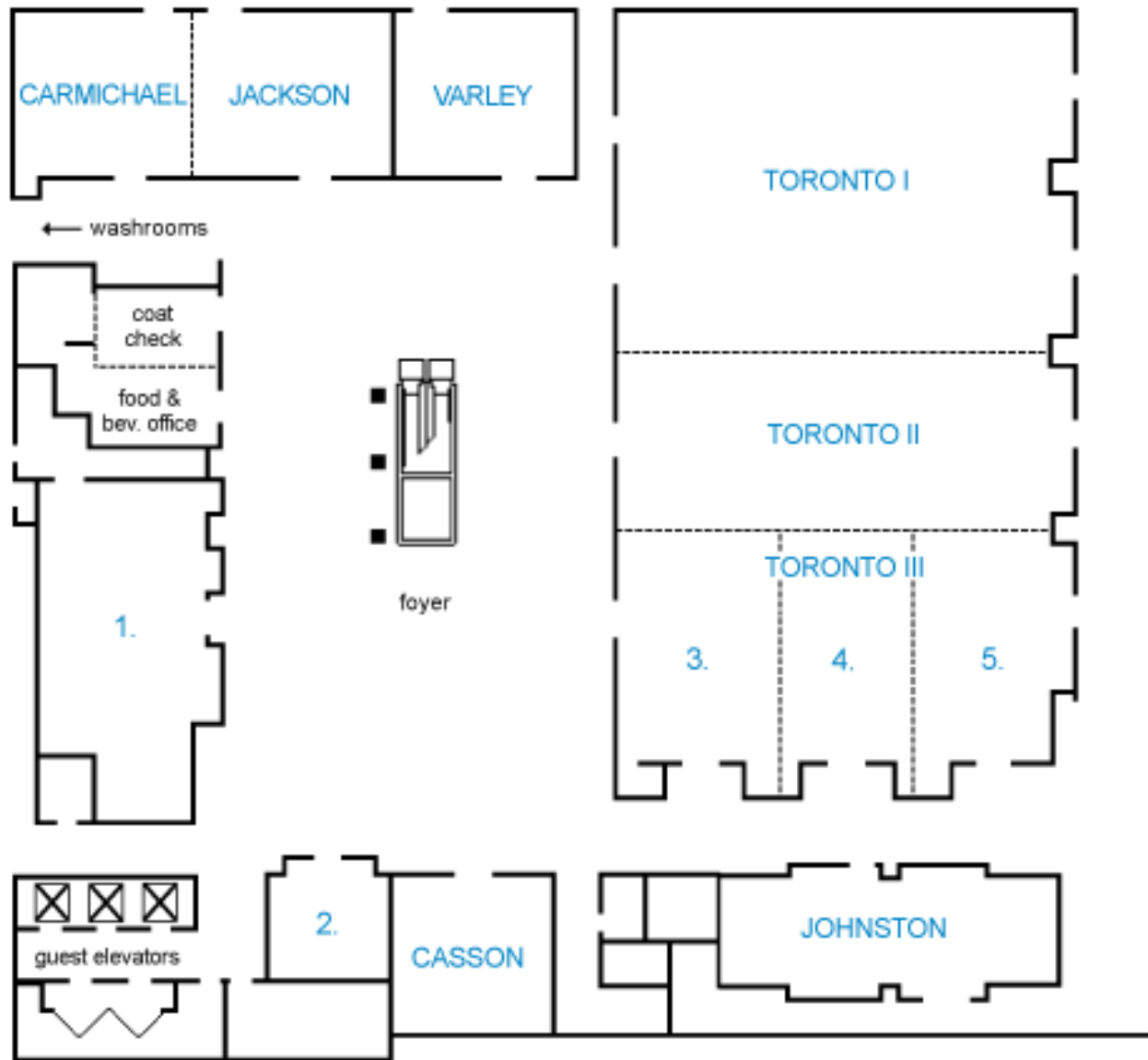
7:30am – 8:30am	Breakfast & Registration	Toronto Ballroom
8:30am – 9:00am	Welcome Remarks	Toronto Ballroom
9:00am – 10:00am	Plenary 1 – Setting the Stage on the Value Proposition for Integrated Chronic Disease Prevention	Toronto Ballroom
10:00am – 10:30am	Health Break	Foyer
10:30am – 11:45am	Plenary 2 – Investing in Wellness for First Nations, Inuit and Métis People	Toronto Ballroom
11:45am – 12:15pm	Plenary 3 – Innovation (Carrot Rewards): Building a healthier nation, one nudge at a time	Toronto Ballroom
12:15pm – 1:10pm	Networking Lunch	Toronto Ballroom
1:10pm – 1:55pm	Concurrent Sessions A	
A1	WORKSHOP: Back to the Basics, With a Little “Nudge”	Toronto III
A2	WORKSHOP: COMPASS and Ophea: Integrating Research and Practice to Prevent Chronic Disease in Youth	Tom Thompson
A3	PARTNERSHIPS	Jackson
A4	EVALUATION	Johnston
A5	HEALTHY EATING	Governor General
A6	INEQUITIES	Casson
1:55pm – 2:00pm	Transition	
2:00pm – 2:45pm	Concurrent Sessions B	
B1	FEATURED PRESENTATION: Housing First: Integrating health and housing to achieve social and economic benefits	Tom Thompson
B2	WORKSHOP: It Takes a Village: Taking Action for Healthy Children	Toronto III
B3	TOBACCO	Jackson
B4	HEALTHY EATING / FOOD ENVIRONMENT	Johnston
B5	BUILT ENVIRONMENT	Governor General
B6	TOOLS & APPROACHES	Casson
B7	WORKSHOP: Assessing the food environment in Canada: multi-sectoral assessment methods for health impact	Simcoe
2:45pm – 3:00pm	Health Break	Foyer
3:00pm – 3:45pm	Concurrent Sessions C	
C1	FEATURED PRESENTATION: Economic Value of the Ottawa Model for Smoking Cessation in Ontario	Tom Thompson
C2	WORKSHOP: From a common evidence-based resource to engaging early year partners across Canada – introducing two early years population health interventions	Toronto III
C3	M2K (Marketing to Kids)	Jackson
C4	INEQUITIES	Johnston
C5	EVALUATION	Governor General
C6	TOOLS & APPROACHES	Casson
3:45pm – 3:50pm	Transition	

3:50pm – 4:45pm	Plenary 4 – Nutrition Policy and Health: Focus on Restricting the Marketing of Food and Beverages to Children	Toronto Ballroom
4:45pm – 5:15pm	Launch of the Stop Marketing to Kids Coalition	Toronto Ballroom
5:15pm – 5:25pm	Day 1 Closing Remarks	Toronto Ballroom
5:30pm – 8:00pm	Welcome Reception	Foyer

Thursday February 25, 2016 (Conference Day 2)

7:30am – 8:30am	Networking Breakfast	Toronto Ballroom
8:30am – 8:45am	Welcome Remarks	Toronto Ballroom
8:45am – 10:15am	Plenary 5 – Improving Men’s Health: A Worthy Investment	Toronto Ballroom
10:15am – 10:45am	Health Break	Foyer
10:45am – 12:15pm	Concurrent Sessions D	
D1	WORKSHOP: WoW CLASP - Workplace Health in Remote Populations	Toronto III
D2	WORKSHOP: Learnings from a multi-sectoral partnership for health promotion: Development of a collaborative guide for partnering agencies	Tom Thompson
D3	WORKSHOP: Ways Tried and True: Sharing Stories of Aboriginal Health Interventions	Jackson
D4	WORKSHOP: Preventing Chronic Diseases; One Step At A Time	Johnston
D5	PHYSICAL ACTIVITY	Casson
12:15pm – 1:15pm	Networking Lunch	Toronto Ballroom
1:15pm – 2:00pm	Concurrent Sessions E	
E1	FEATURED PRESENTATION: Enhancing healthcare for Indigenous patients: Building on the recommendations of the Truth and Reconciliation Commission	Tom Thompson
E2	WORKSHOP: Using Multi-sectoral Partnerships to Mobilize Knowledge on Active Transportation	Toronto III
E3	EVALUATION	Jackson
E4	WORKPLACE	Johnston
E5	SCREENING / DIABETES	Governor General
E6	TOOLS & APPROACHES	Casson
2:00pm – 2:05pm	Transition	
2:05pm – 2:50pm	Concurrent Sessions F	
F1	WORKSHOP: First Nations Gardens for Health: Experiences from western and central Canada	Toronto III
F2	WORKSHOP: Tobacco Interventions for First Nations, Inuit and Métis Populations: Building Capacity through Collaborative Engagement	Tom Thompson
F3	WORKSHOP: Changing the Menu: A Knowledge Exchange Strategy for School Food in Canada	Jackson
F4	SUGAR-SWEETENED BEVERAGES	Johnston
F5	YOUTH	Governor General
F6	PANEL PRESENTATION: Oral Health: Tackling inequalities through an integrated health promotion approach	Casson
2:50pm – 3:15pm	Health Break	Foyer
3:15pm – 4:30pm	Plenary 6 – Promoting Physical Activity Among Canadian Children: The Evidence and the Impact	Toronto Ballroom
4:30pm – 4:45pm	Closing Remarks	Toronto Ballroom

HILTON TORONTO - CONVENTION LEVEL



1. TOM THOMSON
2. FITZGERALD

3. TORONTO: HARRIS
4. TORONTO: MACDONALD
5. TORONTO: LISMER

A Warm Welcome from the CDPAC Conference Co-Chairs

On behalf of the Chronic Disease Prevention Alliance of Canada, we are delighted to welcome you to our 6th pan-Canadian conference, ***“Integrated Chronic Disease Prevention: The Value Proposition”***.

Knowledge mobilization continues to be a primary part of CDPAC’s mandate. Through events such as CDPAC’s conferences and webinars we bring people together for real-time exchange and action on the issues that matter most to you.

We’ve been fortunate to see significant focus and progress on chronic disease prevention globally, across Canada, regionally and locally over the past several years. The momentum continues to grow and it inspires us to press on in new and increasingly effective ways.

“Integrated Chronic Disease Prevention: The Value Proposition” will showcase many exemplary healthy living and chronic disease prevention initiatives, covering a wide range of sectors and settings from across Canada.

Our focus at the conference is return on investment, or the health, economic, and social value created through integrated chronic disease prevention. You will see that we have targeted several particular focal points such as the economic benefits of chronic disease prevention, and the importance of taking an inclusive approach to our work. There are many lessons to be learned from the examples we will be profiling throughout the conference.

It is our most sincere wish that at the end of the conference you will leave with greater insights into ways that you can accelerate action on chronic disease prevention by building upon the connections made and evidence shared at the conference.

Sincerely,



Hon. Mary Collins, P.C.
*Past Chair, Chronic Disease
Prevention Alliance of Canada; and
Director, BC Healthy Living Alliance Secretariat*



Rick Blickstead
*President and CEO
Canadian Diabetes Association*

Program Agenda

Tuesday February 23, 2016 (Pre-Conference Day)

9:30am – 4:30pm	Sustainable Chronic Disease Prevention Impact: Building Multidisciplinary Approaches to Support Healthy Public Policy Development	Jackson
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Hosted by the **CANADIAN PARTNERSHIP AGAINST CANCER**

Presented by **DEB KEEN**, Director, Prevention & Research, Canadian Partnership Against Cancer / **DAVID MOWAT**, Senior Scientific Lead, Population Health, Canadian Partnership Against Cancer / **BARB RILEY**, Executive Director, Propel Centre for Population Health Research, University of Waterloo / **CHRISTOPHER POLITIS**, Program Manager, Prevention, Canadian Partnership Against Cancer / **GAYNOR WATSON-CREED**, Medical Officer of Health, Capital District Health Authority

Healthy public policy can be effective in scaling up chronic disease prevention interventions to achieve greater impact and sustainable outcomes. Multidisciplinary and multi-sectoral collaboration, bringing together health and non-health stakeholders, has been identified as a crucial success factor in developing and implementing healthy public policy through the Canadian Partnership Against Cancer's Coalitions Linking Action & Science for Prevention (CLASP) initiative. Participants will learn how multidisciplinary and multi-sectoral collaboration can drive chronic disease prevention policy change from CLASP and other Canadian examples. Participants will work together to identify future opportunities to incorporate multidisciplinary and multi-sectoral collaborative partnerships in their own work and Canadian jurisdictions.

1:00pm – 4:30pm	Advocacy “how to” – Mobilizing Evidence to Support Healthy Living Policies	Toronto III
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Hosted by the **CHRONIC DISEASE PREVENTION ALLIANCE OF CANADA AND THE NATIONAL COLLABORATING CENTRE FOR HEALTHY PUBLIC POLICY**, and the **ALBERTA POLICY COALITION**

Gain a better understanding of how knowledge circulates in the political sphere. Improve your knowledge-sharing practices to increase the desired outcomes on healthy public policy. In this workshop participants will work with a new model to understand the processes through which public health knowledge can influence public policy. Tools to assess and act on policy readiness will be explored. You will reflect on your own knowledge and practices, and will come away with a greater understanding of the factors to act upon to facilitate knowledge-sharing in the political process.

Wednesday February 24, 2016 (Conference Day 1)

7:30am – 8:30am	Networking Breakfast	Toronto Ballroom
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8:30am – 9:00am	Welcome Remarks	Toronto Ballroom
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Presented by conference co-chairs: **MARY COLLINS**, Past Chair, Chronic Disease Prevention Alliance of Canada; and Director, BC Healthy Living Alliance Secretariat / **RICK BLICKSTEAD**, President and CEO, Canadian Diabetes Association / **LISA ASHLEY**, Senior Nurse Advisor, Canadian Nurses Association; and CDPAC Chair / **LESIA BABIAK**, Executive Director, Government Affairs & Policy, Johnson & Johnson Corporate; and Conference Sponsor / **ROLLIE CAMERON**, President of the J&J Medical Device Companies in Canada / **ISADORE DAY**, Ontario Regional Chief, National Chair of Health for the Assembly of First Nations / **ALVIN FIDDLER**, Grand Chief, ENishnawbe Aski Nation (NAN) / **SOL MAMAKWA**, Health Director, Shigobama Health Authority

9:00am – 10:00am	Plenary 1 – Setting the Stage on the Value Proposition for Integrated Chronic Disease Prevention	Toronto Ballroom
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Moderated by **RODNEY GHALI**, Director General, Centre for Chronic Disease Prevention, Public Health Agency of Canada

Presented by **TIM CAULFIELD**, Canada Research Chair in Health Law and Policy and Professor, Faculty of Law, School of Public Health, University of Alberta

The over-arching theme of CDPAC 2016 is about building a compelling value proposition for chronic disease prevention. This is more important than ever given the increasing financial stresses at all levels of Canada's health system. When building the case for prevention we want to be evidence based, but knowing that evidence can be distorted and create confusion, and that very often it takes more than evidence to cultivate action, how can we ensure the evidence is presented accurately and compellingly? Dr. Tim Caulfield will frame the importance of being evidence-based in a candid and insightful way including the role of celebrity culture and the media. He will address some of the challenges around evidence and public health messaging — using provocative topics ranging from exercise and obesity to e-cigarettes and personalized medicine — and will discuss the tension between evidence and what we hear from celebrities and the media.

10:00am – 10:30am	Health Break	Foyer
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10:30am – 11:45am	Plenary 2 – Investing in Wellness for First Nations, Inuit and Métis People	Toronto Ballroom
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Moderated by **ANNE SUTHERLAND BOAL**, CEO, Canadian Nurses Association

Presented by **MARGO GREENWOOD**, Academic Lead, National Collaborating Centre for Aboriginal Health and Vice President, Aboriginal Health, Northern Health Authority / **CATHY ULRICH**, President & CEO, Northern Health Authority / **EVAN ADAMS**, Chief Medical Officer, First Nations Health Authority

In Canada, many First Nations communities have experienced a long history of “top-down” solutions and approaches to healthcare. By and large these approaches have not respected First Nations holistic view of wellness which moves beyond the absence of disease to consider the balance and interconnectedness of spirit, mind and body and of the individual, community and environment in health and well-being. This plenary session will examine some of the enhancements and partnerships needed to transform our approach to wellness in Aboriginal communities. Special attention will be paid to the massive structural changes required to create the BC First Nations Health Authority, a first of its kind Health Authority in Canada.

11:45am – 12:15pm	Plenary 3 – Innovation (Carrot Rewards): Building a healthier nation, one nudge at a time	Toronto Ballroom
	<p>Moderated by RICK BLICKSTEAD, President and CEO, Canadian Diabetes Association Presented by ANDREAS SOUVALIOTIS, Founder and CEO, Social Change Rewards</p> <p>The world's first national rewards program for healthy living is about to launch right here in Canada! A unique and incredibly unlikely coalition of some of the biggest and most popular loyalty points programs in the country, Canada's leading health charities and key government health agencies has been stitched together to create Carrot – an app that will soon "live" inside all our smartphones, guiding us toward healthier living and rewarding us with an endless stream of our favourite loyalty points, every step of the way! Andreas Souvaliotis, the original man behind the company that did all the crazy stitching, will share with us the story of the remarkable journey from wild idea to national launch.</p>	
12:15pm – 1:10pm	Networking Lunch	Toronto Ballroom
1:10pm – 1:55pm	Concurrent Sessions A	
A1	WORKSHOP	Toronto III
	<p>Back to the Basics, With a Little “Nudge” Presented by CYNTHIA HASTINGS-JAMES, VP, Co-founder, Cookson James Loyalty Inc. / PETER GOVE, VP, Innovation Leader - Health Management Green Shield Canada</p>	
A2	WORKSHOP	Tom Thompson
	<p>COMPASS and Ophea: Integrating Research and Practice to Prevent Chronic Disease in Youth Presented by RACHEL LAXER, PhD Candidate, University of Waterloo / ADAM COLE, PhD Candidate, University of Waterloo</p>	
A3	PARTNERSHIPS	Jackson
A3.1	Working Together to Achieve Healthier Lifestyles in Yukon and Northwest Territories’ Communities	
	Presented by KATELYN FRIENDSHIP , Associate Director, Arctic Institute of Community-Based Research	
A3.2	Partnering internally to improve client care: practice gains following the implementation of a division-wide tobacco use cessation practice policy	
	Presented by SHANNON CARNEY , Health Promotion Specialist, Toronto Public Health	
A3.3	One Health in the Community	
	Presented by MICHELLE LEM , Founder, Director, Community Veterinary Outreach	
A4	EVALUATION	Johnston
A4.1	Developing an integrated and coordinated system to prevent and manage chronic diseases in Ontario: Phase 1 of the Chronic Disease Indicators Project	
	Presented by ELIZABETH MANAFO , Research Consultant, Ontario Chronic Disease Prevention Alliance	
A4.2	Comprehensive health surveillance using multiple data sources for chronic disease prevention: A British Columbian scheme	
	Presented by DRONA RASALI , Director, Population Health Surveillance & Epidemiology, Provincial Health Services Authority	
A4.3	The Prevention System Quality Index: Evaluating Ontario’s Efforts in Cancer Prevention	
	Presented by CAROLINE SILVERMAN , Lead, Population Health & Prevention, Cancer Care Ontario	
A5	HEALTHY EATING	Governor General
A5.1	A Multi-Sectoral Approach to Implementing a Healthy Eating Strategy at the Nova Scotia 55+ Games	
	Presented by KELLEY CAVAN , Public Health Nutritionist, Nova Scotia Health Authority	
A5.2	Nutrition Trends and Our Bulging Waistlines: Diet as a Key Driver of Obesity and Chronic Disease	
	Presented by MANUEL ARANGO , Director, Health Policy & Advocacy, Heart and Stroke Foundation	
A5.3	Risk-taking behaviours and non-engagement in weight management: are they associated?	
	Presented by SHAREF DANHO , Student, McMaster University	
A6	INEQUITIES	Casson
A6.1	Chronic Disease Prevention Blueprint for First Nations, Inuit, and Métis populations	
	Presented by MICHELLE RAND , Senior Analyst, Aboriginal Cancer Control Unit Prevention & Cancer Control, Cancer Care Ontario	
A6.2	Workplace wellness in Yukon First Nations – lessons from practice	
	Presented by VALERIE LAURIE , WoW Coordinator, Council of Yukon First Nations	
A6.3	Culturally Inclusive Chronic Disease and Injury Prevention approach for the Urban Aboriginal Population of Toronto	
	Presented by JENNIFER SCHNITZER , Public Health Nurse, Toronto Public Health	
1:55pm – 2:00pm	Transition	

2:00pm – 2:45pm	Concurrent Sessions B	
B1	FEATURED PRESENTATION	Tom Thompson
	Housing First: Integrating health and housing to achieve social and economic benefits Presented by AIMEE LEBLANC , Senior Policy Analyst, Mental Health Commission of Canada / PAULA GOERING , Professor, University of Toronto Faculty of Nursing and Affiliate Scientist, Centre for Addiction and Mental Health	
B2	WORKSHOP	Toronto III
	It Takes a Village: Taking Action for Healthy Children Presented by LOUISE CHOQUETTE , Bilingual Health Promotion Consultant, Best Start Resource Centre - Health Nexus	
B3	TOBACCO	Jackson
B3.1	Leading Practices in Smoking Cessation: Results from three pan-Canadian environmental scans Presented by MICHELLE HALLIGAN , Program Manager, Canadian Partnership Against Cancer	
B3.2	Motivated to quit, but can they do it by themselves? A mixed methods study of young men's tobacco use and cessation motivation Presented by SIMONE KAPTEIN , Research and Policy Analyst, Peel Public Health	
B3.3	2015 Pan American and Parapan American Games Smoke-Free Policy Evaluation Presented by JESSICA HARDING , Public Health Nurse, City of Toronto-Toronto Public Health	
B4	HEALTHY EATING / FOOD ENVIRONMENT	Johnston
B4.1	Lets Talk Food Lambton - Community Food Assessment Environmental Scan Presented by LANA SMITH , Public Health Nutritionist, Lambton Public Health	
B4.2	Healthy Start-Départ Santé, a catalyst of change Presented by ANNE LEIS , Professor and Head, Community Health & Epidemiology, College of Medicine, University of Saskatchewan	
B4.3	A crippling cost? The burden of Osteoarthritis on the community and health care system of Newfoundland & Labrador : Rural versus urban residents Presented by JENNIFER WOODROW , Doctoral Student, Memorial University of Newfoundland	
B5	BUILT ENVIRONMENT	Governor General
B5.1	Building Healthy Communities: Making It Count Presented by CATHERINE DONOVAN , Associate Professor, Public Health, Memorial University	
B5.2	Using urban planning to offer a healthy food environment around schools Presented by GENEVIEVE GUERIN , Research-Analyst, Association pour la santé publique du Québec	
B5.3	Active Transportation Adds Up Presented by RITA KOUTSODIMOS , Manager, Advocacy & Communications, BC Healthy Living Alliance	
B6	TOOLS & APPROACHES	Casson
B6.1	ACCELERATION 12 Weeks for Health: Preliminary findings Presented by KAROLINA PERRAUD , Project Manager, UHN Toronto Rehab / PAUL OH , Medical Director, Cardiac Prevention and Rehabilitation Program, UHN Toronto Rehab	
B6.2	An Integrated Approach to High User Management Realizes Impressive and Transformative Results Presented by JEAN MIREAULT , Chief Medical Officer, MédiaMed Technologies, A Logibec Company	
B6.3	Living Healthy - Clients and Partner's perspectives Presented by SURKHAB PEERZADA , Regional Manager, Self-Management Program, South Riverdale Community Health Center	
B7	WORKSHOP	Simcoe
	Assessing the food environment in Canada: multi-sectoral assessment methods for health impact Presented by LEIA MINAKER , Propel Centre for Population Health Impact, Research Assistant Professor / CATHERINE MAH , Memorial University of Newfoundland	
2:45pm – 3:00pm	Health Break	
3:00pm – 3:45pm	Concurrent Sessions C	
C1	FEATURED PRESENTATION	Tom Thompson
	Economic Value of the Ottawa Model for Smoking Cessation in Ontario Moderated by JANEY SHIN , Director, Real World Evidence, Janssen Pharmaceutical Companies of Johnson & Johnson Presented by KERRI-ANNE MULLEN , Manager, University of Ottawa Heart Institute	

C2	WORKSHOP	Toronto III
	<p>From a common evidence-based resource to engaging early year partners across Canada – introducing two early years population health interventions</p> <p>Presented by GABRIELLE LEPAGE-LAVOIE, Project Manager, Healthy Start / Départ Santé / VANESSA MORLEY, Coordinator, Childhood Obesity Foundation</p>	
C3	M2K (Marketing to Kids)	Jackson
C3.1	<p>The Marketing of Foods and Beverages to Children on Television: A Tale of Two Cities</p> <p>Presented by MONIQUE POTVIN KENT, Professor, University of Ottawa</p>	
C3.2	<p>Assessing Canadian School Environments through the Healthy School Planner Healthy Eating Module</p> <p>Presented by SUSAN HORNBY, Manager Cross Sector Strategic Engagement, Pan-Canadian Joint Consortium for School Health / KATHERINE KELLY, Pan-Canadian Joint Consortium for School Health</p>	
C3.3	<p>Does rewarding kids to be healthy backfire? Presenting a case for health rewards for Canada's youth</p> <p>Presented by MARC MITCHELL, CIHR Fellow, University Health Network Principal Advisor - Behavioural Insights, Social Change Rewards Inc. Consultant, BestLifeRewarded Inc. and Green Shield Canada Inc.</p>	
C4	INEQUITIES	Johnston
C4.1	<p>Breaking Barriers: Health Coaching and Social Inclusion</p> <p>Presented by ISABEL SAVOIE, Manager, Community Health, Canadian Diabetes Association / CLAUDE VAUTOUR, Health Coach, Live Well! Bien Vivre!</p>	
C4.2	<p>Income-related household food insecurity - a health issue</p> <p>Presented by PAT VANDERKOOY, Public Affairs, Dietitians of Canada</p>	
C4.3	<p>Examining inequalities in alcohol-attributable hospitalisations by income and over time: Exploring differences between men and women</p> <p>Presented by MOHAMED KHARBOUCH, Senior Analyst, CPHI, Canadian Institute for Health Information</p>	
C5	EVALUATION	Governor General
C5.1	<p>Evaluating the Community Food Centres Canada FoodFit pilot program: fostering healthy lifestyle changes in low-income community members</p> <p>Presented by TRACE MACKAY, Program Development and Evaluation consultant, Community Food Centres Canada</p>	
C5.2	<p>Nourishing School Communities: Preliminary Findings from the Evaluation of a Variety of Initiatives Across Sectors and Provinces</p> <p>Presented by JENNIFER YESSIS, Scientist, Propel, University of Waterloo</p>	
C5.3	<p>What's the value of healthy living? A social return on investment analysis using wellbeing valuation</p> <p>Presented by CRAIG JOYCE, Senior Analyst, Public Health Agency of Canada</p>	
C6	TOOLS & APPROACHES	Casson
C6.1	<p>Red Deer Primary Care Street Clinic: A Multidisciplinary Approach to Supporting Vulnerable Populations</p> <p>Presented by KEITH CLARKE, Nurse Practitioner, Red Deer Primary Care Network</p>	
C6.2	<p>Population health interventions for chronic disease prevention: A scoping review on the integration of primary care and public health</p> <p>Presented by GHAZAL FAZLI, Student, St. Michael's Hospital</p>	
C6.3	<p>Constructing CDIP to reduce inequities and increase value of public health services (RAPID FIRE POSTER PRESENTATION)</p> <p>Presented by LINDA FERGUSON, Manager-Chronic Disease & Injury Prevention, Toronto Public Health</p>	
3:45pm – 3:50pm	Transition	
3:50pm – 4:45pm	Plenary 4 – Nutrition Policy and Health: Focus on Restricting the Marketing of Food and Beverages to Children	Toronto Ballroom
	<p>Moderated by MANUEL ARANGO, Director of Health Policy, Heart and Stroke Foundation</p> <p>Presented by DAVID HAMMOND, Associate Professor, School of Public Health & Health Systems, University of Waterloo and CIHR Chair in Applied Public Health / TOM WARSHAWSKI, Chair, Childhood Obesity Foundation</p> <p>Tobacco control policy has been very successful in developed countries. Today the public health community is building on this success to identify best practices to address the epidemic of unhealthy diets. In particular, nutrition policy is increasingly being recognized as a significant, cost-efficient opportunity to improve public health. Every year, the fast food industry spends billions of dollars advertising unhealthy products such as snacks and sugary drinks. Teens and children are a key demographic in this campaign because in addition to their own considerable purchasing power as children and eventually adults, kids also influence their parents' buying choices. How can we afford to combat this lavish onslaught of "kidvertising"? This session will take a close look at evidence-based policy interventions to address health and obesity, with a particular focus on the marketing of food and beverages to children. As well, the Heart and Stroke Foundation and Childhood Obesity Foundation will be launching the Stop M2K Coalition.</p>	

4:45pm – 5:15pm	Launch of the Stop Marketing to Kids Coalition	Toronto Ballroom
	Presented by TOM WARSHAWSKI , Chair, Childhood Obesity Foundation / MARY LEWIS , Vice President, Research Advocacy and Health promotion, Heart and Stroke Foundation	
	Food and beverage marketing greatly influences children's food choices and is linked to obesity. Children deserve to be protected from excessive unhealthy marketing and harmful industry tactics. The Stop Marketing to Kids (M2K) Coalition, co-led by the Heart and Stroke Foundation and the Childhood Obesity Foundation, is focused on advocating for restrictions to food and beverage marketing to children and youth. This session will officially launch the coalition and introduce the Ottawa Principles which include the policy recommendation and definitions, scope and principles to guide marketing to kids policy-making in Canada.	
5:15pm – 5:25pm	Day 1 Closing Remarks	Toronto Ballroom
5:30pm – 8:00pm	Welcome Reception	Foyer
	Presented by conference co-chairs: MARY COLLINS , Past Chair, Chronic Disease Prevention Alliance of Canada; and Director, BC Healthy Living Alliance Secretariat / RICK BLICKSTEAD , President and CEO, Canadian Diabetes Association	

Thursday February 25, 2016 (Conference Day 2)

7:30am – 8:30am	Networking Breakfast	Toronto Ballroom
8:30am – 8:45am	Welcome Remarks	Toronto Ballroom
	Presented by conference co-chairs: MARY COLLINS , Past Chair, Chronic Disease Prevention Alliance of Canada; and Director, BC Healthy Living Alliance Secretariat / RICK BLICKSTEAD , President and CEO, Canadian Diabetes Association	
8:45am – 10:15am	Plenary 5 – Improving Men's Health: A Worthy Investment	Toronto Ballroom
	Moderated by CAROLYN GOTAY , Professor, School of Population and Public Health, Faculty of Medicine, University of British Columbia and Director, Cancer Prevention Centre, a partnership between the Canadian Cancer Society and the University of British Columbia	
	Presented by LARRY GOLDENBERG , Professor, Department of Urologic Sciences, University of British Columbia and Chairman, The Canadian Men's Health Foundation / HANS KRUEGER , Adjunct Professor, School of Population and Public Health, Faculty of Medicine, University of British Columbia and President, H. Krueger & Associates Inc.	
	What does it mean for men to be healthy? And what does it take for men to get healthy? These are complex questions whose answers can add up to significant cost savings for our healthcare system. This session will review men's health status in Canada including a description of the male journey to health and what it takes for men to get and stay healthy. It will also examine the economic impact of some of the key risk factors for men in Canada and conclude with an overview of the work of the Canadian Men's Health Foundation (CMHF).	
10:15am – 10:45am	Health Break	Foyer
10:45am – 12:15pm	Concurrent Sessions D	
D1	WORKSHOP	Tom Thompson
	WoW CLASP - Workplace Health in Remote Populations	
	Presented by FIONNA BLACKMAN , Project Manager, Working on Wellness, Canadian Cancer Society, BC and Yukon / BARBARA DOBSON , Consultant, Goodson Consulting / SAMANTHA HARTLEY-FOLZ , Project Manager, WoW and Manager of Knowledge Translation, BC Healthy Living Alliance	
D2	WORKSHOP	Toronto III
	Learnings from a multi-sectoral partnership for health promotion: Development of a collaborative guide for partnering agencies	
	Presented by MARGARET JONES-BRICKER , Regional Director, Canadian Cancer Society, BC and Yukon Division / SALLY ERREY , Prevention Education Leader, BC Cancer Agency	
D3	WORKSHOP	Jackson
	Ways Tried and True: Sharing Stories of Aboriginal Health Interventions	
	Presented by ANDREA JOHNSTON , Chief Executive Officer, Johnston Research Inc.	
D4	WORKSHOP	Johnston
	Preventing Chronic Diseases; One Step At A Time	
	Presented by AGNES COUTINHO , Doctor, Guelph University/Humber College / Urban Poling Inc	
D5	PHYSICAL ACTIVITY	Casson
D5.1	Safe street play in the city: tools to encourage city council to take action for the kids	
	Presented by CLARA COUTURIER , Policy Analyst, Quebec Coalition on Weight-Related Problems	
D5.2	ParticipACTION's Report Card on Physical Activity for Children and Youth	
	Presented by BRETT BARTLETT , ParticipACTION	

D5.3	Exercise After Cardiac Rehabilitation: Location, Degree, and Modality Presented by SABRINA GALLANT , Graduate Student, York University	
D5.4	The importance of identifying barriers and research priorities for implementing policy and planning changes to the built environment Presented by GHAZAL FAZLI , Student, St. Michael's Hospital	
D5.5	An Integrated Multi-Strategic Approach to Increasing Stair Use: Toronto Public Health's Rediscover the Stairs Campaign Presented by JACKIE LEROUX , Toronto Public Health / MARGARET L. DE WIT , Quality Improvement Specialist, Toronto Public Health	
12:15pm – 1:15pm	Networking Lunch	Toronto Ballroom
1:15pm – 2:00pm	Concurrent Sessions E	
E1	FEATURED PRESENTATION	Tom Thompson
	Enhancing healthcare for Indigenous patients: Building on the recommendations of the Truth and Reconciliation Commission Moderated by JILL SKINNER , Associate Director, Policy Development and Analysis, Canadian Medical Association Presented by JANET SMYLIE , Director, Well Living House St. Michael's Hospital/ Research Scientist	
E2	WORKSHOP	Toronto III
	Using Multi-sectoral Partnerships to Mobilize Knowledge on Active Transportation Presented by KENDALL TISDALE , Analyst, Prevention, Canadian Partnership Against Cancer	
E3	EVALUATION	Jackson
E3.1	Benchmarking Canada's Health System: Learning from other countries to prevent and manage diabetes Presented by KATERINA GAPANENKO , Manager, Health System Performance, Canadian Institute for Health Information	
E3.2	The Role of an Evaluation Goal in Multi-Sectoral Partnerships Presented by SUSAN HORNBY , Manager Cross Sector Strategic Engagement, Pan-Canadian Joint Consortium for School Health / KATHERINE KELLY , Pan-Canadian Joint Consortium for School Health	
E3.3	Board of Director Membership and Chronic Disease Prevention Presented by DENNIS RAPHAEL , Professor of Health Policy and Management, York University	
E4	WORKPLACE	Johnston
E4.1	Health Links: An Umbrella for Addressing Public Health At Work Presented by JOSHUA SCOTT , Instructor, Colorado School of Public Health	
E4.2	WellnessFits: A comprehensive workplace wellness model and lessons from practice Presented by LAURA DALE , WellnessFits Coordinator, Canadian Cancer Society, BC and Yukon Division	
E4.3	POWERPLAY: Impact of a worksite health promotion intervention tailored for men on physical activity and healthy eating Presented by SALLY ERREY , Prevention Educational Leader, BC Cancer Agency	
E5	SCREENING / DIABETES	Governor General
E5.1	NorWest Mobile Diabetes and Kidney Disease Screening and Intervention Project Presented by SHANNON MILKS , Chronic Disease Coordinator, NorWest Co-op Community Health Centre / LOUISE OAKLEY , NorWest Co-op Community Health Centre	
E5.2	Registered Nurse Staffing and Health Outcomes of Patients with Type 2 Diabetes within Primary Care in South Eastern Ontario Presented by JULIA LUKEWICH , Assistant Professor, Memorial University of Newfoundland	
E5.3	Key findings from the 2015 Report on Diabetes: Driving Change Presented by JANE TSAI , Analyst, Public Policy, Canadian Diabetes Association	
E6	TOOLS & APPROACHES	Casson
E6.1	An online risk assessment tool for 10 chronic diseases affecting Canadian women Presented by CAROLYN GOTAY , Professor, University of British Columbia	
E6.2	Evaluating It's My Life!, online cancer prevention tool Presented by ELIZABETH HOLMES , Health Policy Analyst, Canadian Cancer Society	
E6.3	Youth Mentoring: An Investment in Healthy Living Presented by PETER COLERIDGE , President and Chief Executive Officer, Big Brothers Big Sisters of Canada	
2:00pm – 2:05pm	Transition	

2:05pm – 2:50pm	Concurrent Sessions F	
F1	WORKSHOP	Toronto III
	<p>First Nations Gardens for Health: Experiences from western and central Canada Moderated by JAMMI KUMAR, Project Manager, First Nations Food Systems Project Presented by JONAS COTE, Principal, Chief Gabriel Cote Education Complex / BARBARA MCRAE, Education Coordinator, Sik-e-dakh / CHARLENE PITTMAN, Community Health Worker, Ashcroft Band Health Centre</p>	
F2	WORKSHOP	Tom Thompson
	<p>Tobacco Interventions for First Nations, Inuit and Métis Populations: Building Capacity through Collaborative Engagement Presented by MEGAN BARKER, Education Specialist, Centre for Addiction and Mental Health / JACQUELINE MOORE, Manager - Aboriginal Tobacco Program, Cancer Care Ontario</p>	
F3	WORKSHOP	Jackson
F3.1	<p>Changing the Menu: A Knowledge Exchange Strategy for School Food in Canada Presented by SHARON BRODOVSKY, Principle, Sharon Brodovsky Consulting / MARY MCKENNA, University of New Brunswick / MICHELINE TURNAU, Heart and Stroke Foundation</p>	
F4	SUGAR-SWEETENED BEVERAGES	Johnston
F4.1	<p>Lessons learned on the application of a tax on sugar sweetened beverages Presented by CORINNE VOYER, Director, Quebec Coalition on Weight-Related Problems</p>	
F4.2	<p>Can we reduce sugar consumption in Canada through voluntary agreements and industry partnership? Presented by LESLEY JAMES, Senior Health Policy Analyst, Heart and Stroke Foundation</p>	
F5	YOUTH	Governor General
F5.1	<p>Youth Engagement: Are we doing it right? Presented by KIMBERLY MCCOLL, Nutrition Promotion Consultant, Toronto Public Health / SHARIF MAHDY, Centre of Excellence for Youth Engagement</p>	
F5.2	<p>Core Indicators and Measures of a Comprehensive School Health Approach in Improving Equity in Student Achievement Presented by SUSAN HORNBY, Manager Cross Sector Strategic Engagement, Pan-Canadian Consortium for School Health / KATHERINE KELLY, Pan-Canadian Joint Consortium for School Health</p>	
F5.3	<p>A utilization focused evaluation of readiness for a combat sports (wrestling and boxing) program in Conne River, Newfoundland, Canada Presented by DUSTIN SILVEY, Doctoral Student, Memorial University of Newfoundland</p>	
F6	PANEL PRESENTATION	Casson
	<p>Oral Health: Tackling inequalities through an integrated health promotion approach Presented by MARTIN CHARTIER, Public Health Agency of Canada / ANNE ROWAN-LEGG, Department of Pediatrics, Children's Hospital of Eastern Ontario / IBO MACDONALD, Registered Nurses' Association of Ontario</p>	
2:50pm – 3:15pm	Health Break	Foyer
3:15pm – 4:30pm	Plenary 6 – Promoting Physical Activity Among Canadian Children: The Evidence and the Impact	Toronto Ballroom
	<p>Moderated by ANGELO BELCASTRO, Professor and Chair, School of Kinesiology and Health Science, Faculty of Health, York University Presented by CHAD HARTNELL, Senior Director, Partnership and Strategies Division, Public Health Agency of Canada / DARREN WARBURTON, Co-Director of the Physical Activity Promotion and Chronic Disease Prevention Unit and Full Professor at the University of British Columbia / BRIAN TIMMONS, Associate Professor, Department of Pediatrics, McMaster University It is well known that physical activity (PA) across the lifespan is essential to chronic disease prevention, and research continues to show that investing early in childhood PA can result in even more significant long-term payback. But how do we put in place the right incentives to encourage activity among children? What effects do investments in PA generate? How can we ensure PA continues into adulthood? This session will highlight some of the latest PA recommendations and program success stories as well as draw attention to program challenges and pitfalls such as knowledge translation errors and misconceptions.</p>	
4:30pm – 4:45pm	Closing Remarks	Toronto Ballroom
	<p>Presented by conference co-chairs: MARY COLLINS, Past Chair, Chronic Disease Prevention Alliance of Canada; and Director, BC Healthy Living Alliance Secretariat / RICK BLICKSTEAD, President and CEO, Canadian Diabetes Association</p>	



To create an account:

- Go to <http://twitter.com> and find the sign up box, or go directly to <https://twitter.com/signup>
- Enter your **full name**, **email address**, and a **password**.
- Click **Sign up for Twitter**.
- On the next page, you can select a **username** (usernames are unique identifiers on Twitter) — type your own or choose one Twitter has suggested. They will tell you if the username you want is available.
- Double-check** your name, email address, password, and username.
- Click **Create my account**.
- Twitter will send a **confirmation email** to the address you sign up with, click the link in the email to confirm your email address and account.

Find and follow others

The next step is to find and follow other interesting Twitter accounts. Look for businesses you love, public service accounts, people you know, celebrities, or new sources that interest you. **TIP:** One great way to find accounts to follow is to see who those you admire are following. You find accounts by using the search tool.

Check Your Timeline: See what's happening

Tweets from those you follow will show up on your Twitter homepage – called your **Timeline**. New Tweets will show up every time you log on. Click links in others' Tweets to view articles, images or videos they've linked to. Click hashtagged (#) keywords to view all Tweets about that topic.

Start Tweeting!

It can be fun and exciting to contribute to your own Twitter content! When people get interested in what you are Tweeting, they may follow YOU to see what you have to say! Here are some tips to get started:

- Build a Voice: Retweet, Reply, React**
Use existing **Tweets** on Twitter to find your own voice and show others what you care about. **Retweet** messages that you love, or **@reply** with your reaction to a Tweet you find interesting.
- Mention: Include Others in Your Content**
When you're ready to make your own **Tweets**, consider mentioning others by using their Twitter username (preceded by the @ sign) in your **Tweets**. This will draw more eyes to your message and might even start a conversation!
- Tweet Regularly**
The best way to gain followers is to engage and contribute by **Tweeting** regularly in a meaningful way.

#Hashtag

Definition: The # symbol, called a hashtag, is used to mark keywords or topics in a Tweet. It was created organically by Twitter users as a way to categorize messages.

- Tweeters use the # symbol before a relevant keyword or phrase (no spaces) in their **Tweet**.
- Clicking on a # word in any message shows you all other **Tweets** marked with that keyword.
- The # can be used anywhere in the **Tweet** – beginning, middle, or end.
- Words that have a # become very popular and are often Trending Topics.

Conference Co-Chairs



Mary Collins, Past Chair, Chronic Disease Prevention Alliance of Canada; and Director, BC Healthy Living Alliance Secretariat

Mary is the Director of the Secretariat of the BC Healthy Living Alliance. She is also the Past Chair of the CDPAC. From 1984-93 Mary served as a Member of Parliament and a Cabinet Minister holding a variety of portfolios including Minister of Health. From 2002-2007 she worked in Russia with the World Health Organization and throughout her career has been involved in health policy and practice, locally, nationally and internationally.



Rick Blickstead, President and CEO, Canadian Diabetes Association

Rick Blickstead has been Chief Executive Officer and President of Canadian Diabetes Association since October 1, 2013. Mr. Blickstead is responsible for overseeing the CDA's mission to lead the fight against diabetes by helping people with diabetes live healthy. Mr. Blickstead joined the CDA, after he served as the Chief Executive Officer of The Wellesley Institute for 11 years. He has experience working with multiple stakeholders in this role and previously in executive leadership roles with Peoples Jewellers, Wal-Mart, Dylex, Holt Renfrew and RONA. He has a diverse background in strategic leadership, organizational and board governance, and operational excellence. Mr. Blickstead also serves as Director of Toronto Board Of Trade. Mr. Blickstead is an Adjunct Professor at the University of Toronto, a Fellow of the Social Innovation Generation at MaRS and has been the operational team leader for Seeing is Believing, an initiative of the Prince's Trust (UK) and Prince's Charities Canada. He is also a member of several boards, including the Toronto Central LHIN, Young President/World President Organization, and Toronto Region Board of Trade's Policy and Advocacy Committee. He has an MBA from the Rotman School of Business at the University of Toronto and has completed the non-profit leadership certificate joint program at the Harvard Business School and Kennedy School of Government.

Plenary Presenters



Evan Adams, Chief Medical Officer, First Nations Health Authority

Aside from his career in the arts, Evan has completed 3 years of pre-med studies at the University of British Columbia (UBC), a Medical Doctorate from the University of Calgary in 2002, and a Family Practice residency (as Chief Resident) in the Aboriginal Family Practice program at St. Paul's Hospital in Vancouver, BC. He is the 2005 winner of the (provincial) Family Medicine Resident Leadership Award from the College of Family Physicians of Canada (CFPC), and the 2005 national winner of the Murray Stalker Award from the CFPC Research and Education Foundation. Dr. Adams has a Masters of Public Health (2009) from Johns Hopkins University in Baltimore, MD. He is the past-President of the Indigenous Physicians Association of Canada and is the past Director of the Division of Aboriginal Peoples' Health, UBC Faculty of Medicine. He was the first-ever Aboriginal Health Physician Advisor in the Office of the Provincial Health Officer, BC Ministry of Health and with the (BC) First Nations Health Council (2007-2012). He has been a Board Member of the Canadian Partnership Against Cancer since 2011. He was the Deputy Provincial Health Officer for the province of BC from 2012 to 2014. He is currently the Chief Medical Officer of the First Nations Health Authority.



Manuel Arango, CDPAC Board / Director of Health Policy, Heart and Stroke Foundation

Manuel Arango is the Director of Health Policy & Advocacy, Canada, for the Heart and Stroke Foundation. Located in Ottawa, he oversees the Foundation's policy & advocacy efforts. Manuel also acts as a media spokesperson for the Foundation on a variety of policy issues. Manuel has chaired various coalitions and a board of directors. He has a Masters in experimental psychology (Carleton University) and a Masters in health administration (University of Ottawa). Manuel's policy/advocacy interests focus on cost-effective population-wide interventions that can help make the healthy choice the easy choice for all Canadians.



Angelo Belcastro, Professor and Chair, School of Kinesiology and Health Science, Faculty of Health, York University

Dr. Belcastro is currently a professor and Chair of the School of Kinesiology and Health Science. He is a former professor at the University of New Brunswick in the Faculty of Kinesiology, where he also held the position of Vice-President, Academic. His other academic appointments have included Dean of the Faculty of Health Sciences at the University of Western Ontario, Director of the School of Rehabilitation Medicine at the University of British Columbia and Vice-President and Academic Provost at Royal Rhodes University. As well as academic leadership roles, Angelo's research interests are focused in two major directions, exercise physiology - looking specifically at the health and fitness benefits for children and youth through physical activity; and exercise biochemistry - understanding the processes underlying muscle damage and repair linked to protease activation and muscle metabolism during exercise. Dr. Belcastro has authored more than 100 peer-reviewed journal articles and book chapters. He has served on a range of scholarly journal and editorial boards. In addition to his academic interests, Dr. Angelo Belcastro's professional contributions have been many with service to the Canadian Society for Exercise Physiology, co-chair of Canada's CSEP/Health Canada Steering Committee to develop Canada's Physical Activity Guidelines; President-elect for the Canadian Council of University Physical Education, Kinesiology Administrators (CCUPEKA); Chair and Board Member, Active Healthy Kids Canada.



Tim Caulfield, Canada Research Chair in Health Law and Policy and Professor, Faculty of Law, School of Public Health, University of Alberta

Timothy Caulfield is a Canada Research Chair in Health Law and Policy, a Professor in the Faculty of Law and the School of Public Health at the University of Alberta and Research Director of the Health Law Institute at the University of Alberta. Over the past several years he has been involved in a variety of interdisciplinary research endeavours that have allowed him to publish over 300 academic articles. He is a Fellow of the Trudeau Foundation and the Principal Investigator for a number of large interdisciplinary projects that explore the ethical, legal and health policy issues associated with a range of topics, including stem cell research, genetics, patient safety, the prevention of chronic disease, obesity policy, the commercialization of research, complementary and alternative medicine and access to health care. Professor Caulfield is and has been involved with a number of national and international policy and research ethics committees. He has won numerous academic awards and is a Fellow of the Royal Society of Canada and the Canadian Academy of Health Sciences. He writes frequently for the popular press and is the author of two recent national bestsellers: *The Cure for Everything: Untangling the Twisted Messages about Health, Fitness and Happiness* (Penguin 2012) and *Is Gwyneth Paltrow Wrong About Everything?: When Celebrity Culture and Science Clash* (Penguin 2015).



Rodney Ghali, Director General, Centre for Chronic Disease Prevention, Public Health Agency of Canada

Rodney Ghali is Director General of the Centre for Chronic Disease Prevention, Public Health Agency of Canada, where he is responsible for overseeing the Federal Government's policy and programs in the areas of healthy living and chronic disease prevention. He is also Chief Strategy Officer for the Privy Council Office's Central Innovation Hub, responsible for the exploration and execution of new and innovative policy and programmatic approaches across government. Prior to his current roles, Rodney spent over twelve years at Health Canada in various positions such as Senior Advisor to the Deputy Minister and Director of Strategic Policy. He has worked on numerous legislative/regulatory initiatives and health-related issues including: food and consumer product safety, reproductive technologies, aboriginal health, blood safety and mental health. Rodney holds a Master of Science (neurobiology) from McGill University and a Honours Bachelor of Science (genetics) from the University of Western Ontario. He is currently a Director on the Board of the Propel Centre for Population Health Impact, University of Waterloo.



Larry Goldenberg, Professor, Department of Urologic Sciences, University of British Columbia and Chairman, The Canadian Men's Health Foundation

Dr Larry Goldenberg is a Professor in the Department of Urologic Sciences at UBC, holds the Stephen A. Jarislowski Chair in Urologic Sciences at VGH, the Mohammed Mohseni Chair in Men's Health and is Director of Development and Supportive Care at the VPC. He completed a 14 year tenure as Head of the Department at UBC in July 2014. He is a co-founder of the Canadian Urologic Oncology Group, and founding Director of the Vancouver Prostate Centre. In 2009 he created the Men's Health Initiative of BC and in 2014 became the founding Chairman of the nation-wide Canadian Men's Health Foundation. He has served as President of the Western Section of the AUA, the Canadian Urologic Association and the Northwest Urologic Society. He is an Honorary Member of the AUA and has received an AUA Distinguished Service Award. He has been recognized for his contributions to Canadian health care by being appointed a member of the Canadian Academy of Health Sciences and being inducted into the Order of British Columbia and the Order of Canada.



Carolyn Gotay, Professor, School of Population and Public Health, Faculty of Medicine, University of British Columbia and Director, Cancer Prevention Centre, a partnership between the Canadian Cancer Society and the University of British Columbia

Carolyn Gotay, PhD, FCAHS is Professor and Canadian Cancer Society (CCS) Chair in Cancer Primary Prevention at the University of British Columbia, where she serves as Director of the Centre of Excellence in Cancer Prevention. Her research focuses on developing and testing interventions to modify the risk factors that lead to cancer. Dr. Gotay received her PhD in psychology from the University of Maryland, and she has extensive experience in cancer control research, including positions at the University of Hawaii and the National Cancer Institute.



Margo Greenwood Academic Lead, National Collaborating Centre for Aboriginal Health and Vice President, Aboriginal Health, Northern Health Authority

Dr. Margo Greenwood, Academic Leader of the National Collaborating Centre for Aboriginal Health, is an Indigenous scholar of Cree ancestry with years of experience focused on the health and well-being of Indigenous children, families and communities. She is also Vice-President of Aboriginal Health for the Northern Health Authority in British Columbia and Professor in both the Education and First Nations Studies programs at the University of Northern British Columbia. While her academic work crosses disciplines and sectors, she is particularly recognized regionally, provincially, nationally and internationally for her work in early childhood care and education of Indigenous children and for public health. Margo has served on many national and provincial federations, committees and assemblies, and has undertaken work with UNICEF, the United Nations, the Canadian Council on Social Determinants of Health, Public Health Network of Canada, and the Canadian Institute of Health Research, specifically, the Institute for Aboriginal Peoples Health. In 2010, she was named 'Academic of the Year' by the Confederation of University Faculty Associations of British Columbia, and in the following year, she was honoured with the National Aboriginal Achievement Award for Education.



David Hammond, Associate Professor, School of Public Health & Health Systems, University of Waterloo and CIHR Chair in Applied Public Health

David Hammond is an Associate Professor and CIHR Applied Chair in Public Health in the School of Public Health & Health Systems at the University of Waterloo. Professor Hammond's research focuses on population-level interventions to reduce chronic disease, including nutritional labelling and obesity prevention. Professor Hammond works closely with governments around the world and has served as an Advisor for the World Health Organization. He is a past recipient of the Canadian Medical Association Journal's Top Canadian Achievements in Health Research Awards for his work in tobacco control policy in low and middle income countries. Professor Hammond also serves as an Expert Witness in court cases, primarily on behalf of governments defending health regulations from legal challenges by the food and tobacco industry.

**Chad Hartnell, Senior Director, Partnership and Strategies Division, Public Health Agency of Canada**

Chad Hartnell is the Senior Director of the Partnerships and Strategies Division in the Public Health Agency of Canada's Centre for Chronic Disease Prevention. In this role, Chad is responsible for overseeing the Agency's multi-sectoral programming and policy approach for healthy living and chronic disease prevention. Over his federal government career, Chad has worked in Health Canada, Privy Council Office and Employment and Social Development Canada. In these roles, he has worked on a variety of initiatives in the policy, legislative, and programming domains, including in Aboriginal health; employment, social and economic policy and programming; and public safety. Chad holds a Master of Business Administration from the University of Mississippi and Bachelor of Arts (economics and political science) from the Colorado College.

**Hans Krueger, Adjunct Professor, School of Population and Public Health, Faculty of Medicine, University of British Columbia and President, H. Krueger & Associates Inc.**

Hans Krueger has a PhD in Health Policy/Research from the University of British Columbia. Prior to obtaining his PhD, Dr. Krueger graduated at the top of his class with an MSc in Health Services Planning and Administration. His practical experience comes from having worked at Vancouver Hospital & Health Sciences Centre for seven years, moving rapidly from a health systems analyst to Director, Corporate Planning & Finance. Dr. Krueger is currently the President of H. Krueger & Associates Inc. and an Adjunct Professor at the UBC School of Population and Public Health. He is an award-winning author with a reputation for a rational and disciplined approach to research and analysis. In addition to contributing to many peer-reviewed publications, Hans has co-authored five books, including *The Health Impact of Smoking and Obesity* and *What To Do About It, The Prevention of Second Primary Cancers and Community-Based Prevention: Reducing the Risk of Cancer & Chronic Disease*. A key research interest is the economic impact of risk factors for chronic disease (i.e. smoking, excess weight, physical inactivity, alcohol) and the potential for cost avoidance associated with reducing the prevalence of these risk factors in the population.

**Andreas Souvaliotis, Founder and CEO, Social Change Rewards**

Known as one of Canada's leading serial social entrepreneurs, Andreas was the original founder of the world's first mass eco-points program (Green Rewards) which was eventually fused with Air Miles, Canada's largest consumer loyalty platform, and transformed the way governments could support positive behaviour shifts among large population groups. His current global sequel harnesses the broader popularity of all loyalty points programs and builds permanent policy promotion partnerships with government agencies. Andreas has been recognized globally for his social change achievements while his bestselling memoir, "Misfit", has proven uniquely popular among younger audiences and is also spawning the creation of a biopic film. He is a prolific public speaker, writer and advisor to leading business schools in Canada. He serves on the National Board of the Immigrant Access Fund, the Board of the Institute for Canadian Citizenship, the Canadian Executive Board of the Young Presidents' Organization (YPO) and the Executive Board of Toronto's Harbourfront Centre.

**Anne Sutherland Boal, CEO, Canadian Nurses Association**

Anne Sutherland Boal is a registered nurse who has worked in progressively senior roles in three Canadian provinces and in China. She has held a number of positions in academic health-care settings and health ministries including Chief Operating Officer at Vancouver Coastal Health and as Assistant Deputy Minister and Chief Nurse Executive within the BC Ministry of Health. Anne first joined CNA in 2010 as Chief Operating Officer and moved into the Chief Executive Officer role in December 2013.

**Brian Timmons, Associate Professor, Department of Pediatrics, McMaster University**

Dr. Brian Timmons is Canada Research Chair (Tier 2) in Child Health & Exercise Medicine and Associate Professor of Pediatrics at McMaster University. He is Research Director and Clinical Development Lead of the Child Health & Exercise Medicine Program, Associate Member in the Department of Kinesiology, and Investigator with CANChild Centre for Childhood Disability Research. Brian's research program examines 3 inter-related themes: translational science, clinical innovation, and public health, using a lab bench to park bench approach.

**Cathy Ulrich, President & CEO, Northern Health Authority**

As president and CEO of Northern Health, Cathy Ulrich leads the largest geographical health region in the province. It covers an area of 592,000 square kilometers or more than two-thirds of British Columbia. Northern Health provides a full range of health services to about 300,000 residents living in largely rural and remote communities across northern BC. Cathy has spent the majority of her career in a variety of nursing and health system management positions in rural and northern locations in Alberta, Manitoba, and BC. Prior to becoming president and CEO, Cathy was vice-president, clinical services and chief nursing officer from 2002 until her appointment as CEO in 2007. Through these experiences, she gained an understanding of the nature of rural and northern communities, and the unique approaches required to meet their health needs. Cathy is actively engaged in health services research and graduate student support and is an adjunct professor in the Faculty of Health and Human Sciences at UNBC.



Tom Warshawski, Chair, Childhood Obesity Foundation

Tom Warshawski is a consultant pediatrician practicing in Kelowna, British Columbia. Dr Warshawski is an associate clinical professor of Pediatrics with the University of British Columbia and is the current chair of the Childhood Obesity Foundation and a past member of the Healthy Active Living committee of the Canadian Pediatric Society. He is a past president of the BC Pediatric Society and of the Society of Specialist Physicians and Surgeons of BC. Dr Warshawski spearheaded the development of Sip Smart and is one of the leaders in the development of Screen Smart and of the LiGHT project. The Childhood Obesity Foundation is currently overseeing the implementation of MEND and Shapedown programs across British Columbia. For his efforts in promoting Healthy Active Living in children and youth, Dr Warshawski has been the recipient of the Judith Hall Award from the BC Pediatric Society, a Certificate of Merit from the Canadian Pediatric Society and a Special Achievement Award from the American Academy of Pediatrics.

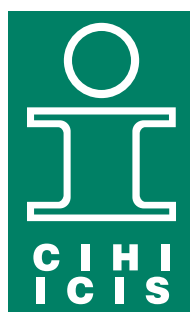


Darren Warburton, Co-Director of the Physical Activity Promotion and Chronic Disease Prevention Unit and Full Professor at the University of British Columbia

Dr. Darren Warburton is a Full Professor and the co-Director of the Physical Activity Promotion and Chronic Disease Prevention Unit at the University of British Columbia (UBC). He is also the founder and director of the Cardiovascular Physiology and Rehabilitation Laboratory at UBC and was the director of the Sport Cardiology and Musculoskeletal Assessment Research Team (SMART 2010) for the 2010 Olympic and Paralympic Games. He is a founding member of the Sports Cardiology BC (www.sportscardiologybc.org) and a member of the Canadian Association of Cardiovascular Prevention and Rehabilitation. He is also co-director of the Physical Activity Support Line (www.physicalactivityline.com) and led the development of the new Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) and the new electronic Physical Activity Readiness Medical Examination (ePARmed-X+). He is also the lead investigator on the development of clinical exercise prescriptions for a variety of chronic medical conditions. Dr. Warburton's research spans the spectrum of elite athletic performance, childhood health, quality of life in the elderly, and the treatment of patients with chronic disease and/or disability (including individuals with heart disease, cancer, obesity, diabetes, osteoporosis, schizophrenia, and spinal cord injury). He oversees the training and assessment of high performance athletes from various sports. He has published extensively including over 200 peer-reviewed articles and chapters. Dr. Warburton was one of five Canadian individuals and teams honoured recently (March 2013) with the 2012 CIHR-CMAJ Top Canadian Achievements in Health Research Awards that recognize and celebrate Canadian health research and innovation excellence. Dr. Warburton was further acknowledged as one of the top 2 winning achievements for this prestigious honour. This award recognized Dr. Warburton's expertise in exercise and medicine; representing the first time that an exercise scientist has been awarded this honour. For further information on Dr. Warburton and his research program please visit www.healthandphysicalactivity.com.

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Featured Concurrent Session Presenters



Paula Goering, Professor, University of Toronto Faculty of Nursing and Affiliate Scientist, Centre for Addiction and Mental Health

Dr. Paula Goering RN, PhD is an affiliate Scientist at the Centre for Addiction and Mental Health. She is also a Professor in the Department of Psychiatry at the University of Toronto and was the lead researcher for MHCC's At Home/ Chez Soi, a \$110 million demonstration project funded by Health Canada.



Aimee LeBlanc, Senior Policy Analyst, Mental Health Commission of Canada

Aimee LeBlanc worked as the Knowledge Broker on the At Home/Chez Soi project. In her current role, she continues to support policy and program development in a number of areas including housing and homelessness, suicide prevention and recovery approaches.



Kerri-Anne Mullen, Manager, University of Ottawa Heart Institute

Kerri-Anne has been with the University of Ottawa Heart Institute since 2006 and has managed its Smoking Cessation National Program for nearly 8 years. Her team focuses on assisting healthcare organizations across Canada to implement and evaluate clinical approaches to the treatment of tobacco addiction. Kerri received her BSc in Human Kinetics at the University of Ottawa, her MSc in Kinesiology and Community Health at the University of Illinois, Urbana-Champaign, and her PhD in Population Health at the University of Ottawa. Her research interests include the health services and population health impacts of tobacco cessation interventions. Beginning in 2009, Kerri was the recipient of a two-year CIHR fellowship in Population Intervention for Chronic Disease Prevention and a student scientist at the Institute for Clinical Evaluative Sciences in Ontario. She has sat on the Board of Directors of the Canadian Association of Cardiovascular Prevention and Rehabilitation since 2011.



Janey Shin, Director, Real World Evidence, Janssen Pharmaceutical Companies of Johnson & Johnson

Janey Shin is the Director, Real World Evidence at Janssen Inc. in Canada. She is responsible for developing the Janssen RWE strategy for Canada and for driving high priority evidence research projects through partnerships with healthcare, government, academic, research, and data provider organizations. Prior to Janssen, Janey was the Director, Medical Affairs at Johnson & Johnson Medical Companies (JJMC) Canada, where she led the development and execution of Medical Education, Clinical Affairs, Health Economics and Market Access, and Medical Information strategies across all franchise portfolio of medical device products. Prior to Johnson & Johnson, she had executive responsibility at a federally-funded organization for driving key oncology pan-Canadian initiatives, including enhancing surveillance systems, developing health economic system decision-making tools, and building analytic capacity through engagement and partnerships with federal, provincial, and territorial stakeholders. Over the last two decades, Janey has had progressive roles in the pharmaceutical and hospital sectors in the areas of statistics, clinical operations, sales and marketing operations, and Lean Six Sigma. Janey holds an MBA from the Rotman School of Management and a Masters in Biostatistics, both from the University of Toronto. In her spare time, Janey enjoys spending time with her daughter travelling the world and volunteering as a board member for Street Health, a non-profit community based agency that improves the health of homeless and under-housed people in Toronto.



Jill Skinner, CDPAC Member Representative / Associate Director, Policy Development and Analysis, Canadian Medical Association

Jill Skinner is the Associate Director of Policy Development and Analysis at the Canadian Medical Association.



Janet Smylie, Director, Well Living House St. Michael's Hospital / Research Scientist

Dr. Janet Smylie is a family physician and public health researcher. She currently works as a research scientist at St. Michael's hospital, Centre for Research on Inner City Health (CRICH), where she directs the Well Living House Applied Research Centre for Indigenous Infant, Child and Family Health. Her primary academic appointment is as an Associate Professor in the Dalla Lana School of Public Health, University of Toronto. She maintains a part-time clinical practice at Seventh Generation Midwives Toronto. Dr. Smylie has practiced and taught family medicine in a variety of Aboriginal communities both urban and rural. She is a member of the Métis Nation of Ontario, with Métis roots in Saskatchewan. Her research interests are focused in the area of addressing the health inequities that challenge Indigenous infants, children and their families through applied health services research. Dr. Smylie currently leads multiple research projects in partnership with First Nations, Inuit, and Métis communities/organizations. Dr. Smylie holds a CIHR Applied Public Health Research Chair in Indigenous Health Knowledge and Information and was honoured with a National Aboriginal Achievement (Indspire) Award in Health in 2012. Dr. Smylie is also the recipient of the 2015 Top 20 Pioneers of Family Medicine Research from the College of Family Physicians of Canada.

Mission

“CDPAC’s mission is to take an integrated, population health approach to influence policies and practices that will help prevent chronic disease.”

CDPAC has two inter-related functions – advocacy and mobilizing knowledge for action”.

Vision

“Canadians will be supported by a comprehensive, sufficiently resourced, sustainable, and integrated system of research, surveillance, policies, and programs that support healthy living for chronic disease prevention.”

Alliance Members

CDPAC is a federally incorporated not-for-profit alliance of national NGOs (and provincial representatives). Representatives of member organizations provide strategic direction and oversight to CDPAC’s shared priorities for action on chronic disease prevention. The Chair of the Alliance is Lisa Ashley, Canadian Nurses Association (Since January 2015). The past Chair is the Honourable Mary Collins, BC Healthy Living Alliance.

The Alliance Members are:

The Arthritis Society

*BC Healthy Living Alliance**

Canadian Alliance for Mental Illness and Mental Health

Canadian Cancer Society

Canadian Diabetes Association

Canadian Medical Association

Canadian Men’s Health Foundation

Canadian Nurses Association

Dietitians of Canada

Heart and Stroke Foundation of Canada

The Kidney Foundation of Canada

*Ontario Chronic Disease Prevention Alliance**

YMCA Canada

**Representatives of the CDPAC Network of Provincial/Territorial Alliances*

Prevention is smart.
Because good health is everything.



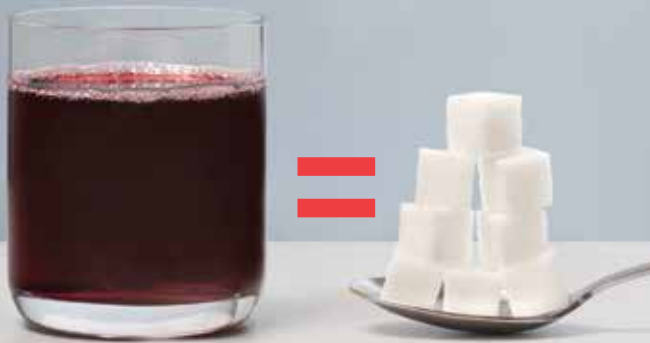
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Johnson & Johnson recognizes all the **CDPAC** does to prevent chronic disease. By taking action through policy, preventative programs and research, they lessen the risk of chronic disease. And make healthy living a reality for everyone.

Johnson + Johnson

WHAT YOU CAN'T SEE IS PUTTING YOUR CHILD AT RISK

Sugar-loaded drinks like pop, juice, sports drinks, energy drinks and vitamin waters are the largest source of sugar in the diet and are putting your child at risk of developing heart disease, stroke, obesity and diabetes.



Be sugar smart. Learn more at www.heartandstroke.ca/besugarsmart



Centre for Chronic Disease Prevention

Check out the latest from the Centre for Chronic Disease Prevention at the Public Health Agency of Canada

Our new Strategic Plan

<http://www.phac-aspc.gc.ca/cd-mc/ccdp-strategic-plan-2016-2019-plan-strategique-cpmc-eng.php>

The latest national level data for key indicators

<http://infobase.phac-aspc.gc.ca/cdiif>

Become a Dementia Friend and help support those living with dementia

<http://www.dementiafriends.ca/>

Funding opportunities:

Multi-sectoral Partnership Approaches to Health Living and Chronic Disease Prevention

<http://www.phac-aspc.gc.ca/fo-fc/mspphl-pppmvs-eng.ph>

Healthy Living and Injury Surveillance for Chronic Disease Prevention Initiative

<http://www.phac-aspc.gc.ca/fo-fc/loi-2015-eng.php>



PROTECTING AND EMPOWERING CANADIANS
TO IMPROVE THEIR HEALTH



Canadian Institutes of Health Research
Instituts de recherche en santé du Canada

Discoveries for life Découvertes pour la vie

The Canadian Institutes of Health Research (CIHR) and five of its Institutes (IAPH, ICR, ICRH, INMD, and INMHA) are proud to support the Chronic Disease Prevention Alliance of Canada (CDPAC) 2016 Pan-Canadian Conference in Toronto.

The Canadian Institutes of Health Research (CIHR) is the Government of Canada's health research investment agency. CIHR's mission is to create new scientific knowledge and to enable its translation into improved health, more effective health services and products, and a strengthened health care system for Canadians. Composed of 13 Institutes, CIHR provides leadership and support to more than 13,000 health researchers and trainees across Canada.

Please visit www.cihr-irsc.gc.ca for more information.

Les Instituts de recherche en santé du Canada (IRSC) et cinq de ses instituts (ISA, IC, ISCR, INMD et INSMT) sont fiers d'appuyer l'édition 2016 de la Conférence pancanadienne de l'Alliance pour la prévention des maladies chroniques au Canada (AMPCC) qui aura lieu à Toronto.

Les Instituts de recherche en santé du Canada (IRSC) sont l'organisme du gouvernement du Canada chargé d'investir dans la recherche en santé. Leur objectif est de créer de nouvelles connaissances scientifiques et d'en favoriser l'application en vue d'améliorer la santé, d'offrir de meilleurs produits et services de santé, et de renforcer le système de soins de santé pour les Canadiens. Composés de 13 instituts, les IRSC offrent leadership et soutien à plus de 13 000 chercheurs et stagiaires en santé dans tout le Canada.

Pour en savoir davantage, rendez-vous au www.irsc-cihr.gc.ca.

Concurrent Session Guide | Guide des séances simultanées

Wednesday February 24, 2016 (Conference Day 1)

Mercredi 24 février 2016 (première journée)

1:10pm – 1:55pm Concurrent Sessions A

13 h 10 – 13 h 55

Séances simultanées A

A1 WORKSHOP

ATELIER

Back to the Basics, With a Little “Nudge” / De retour à l'essentiel, avec un petit coup de pouce

Presented by **CYNTHIA HASTINGS-JAMES**, VP, Co-founder, Cookson James Loyalty Inc. (vice-présidente, cofondatrice, Cookson James Loyalty Inc.) / Presented by **CYNTHIA HASTINGS-JAMES**, VP, Co-founder, Cookson James Loyalty Inc. / **PETER GOVE**, VP, Innovation Leader - Health Management Green Shield Canada

It's no secret that we are struggling to maintain a healthy body weight, eat right, and get enough physical activity to promote health and prevent the early onset of chronic disease. To turn the tide, multi-pronged and coordinated “back to the basics” initiatives at the population level are needed to educate, motivate and support individuals to embrace healthy living. There are many factors that need to be addressed to create the best conditions for success, but unfortunately there is no “silver bullet” when it comes to motivating people to take action related to their diet, physical activity levels and/or smoking - the key drivers behind 80% of our chronic diseases! Change4Life is an evidence-based health management program that provides a best practices approach. Join this presentation to learn more about a highly sophisticated “back to the basics” platform that is advancing health behaviour change.

A2 WORKSHOP

ATELIER

COMPASS and Ophea: Integrating Research and Practice to Prevent Chronic Disease in Youth // COMPASS et Ophea : recherche et pratique intégrée pour prévenir les maladies chroniques chez les jeunes

Presented by **RACHEL LAXER**, PhD Candidate, University of Waterloo (PhD Candidate, Université de Waterloo) / **ADAM COLE**, PhD Candidate, University of Waterloo (PhD Candidate, Université de Waterloo)

Children and youth in Ontario exhibit a number of modifiable behaviours that increase their risk of chronic disease. To develop effective school programs and policies that target modifiable risk behaviours among youth, tools are required to accurately measure, monitor, and evaluate changes in behaviours within the school setting. The COMPASS study (COMPASS) is a four-year longitudinal study investigating youth health behaviours and outcomes as they progress through secondary school (79 schools in Ontario). Annual changes to school programs, policies, and environments are tracked, and their effects on student health behaviours are monitored. In the 2015/16 school year, COMPASS schools were encouraged to register for Ophea's Healthy Schools Certification (HS Certification), a guided 6-Step Healthy Schools Process to school improvement, focusing on one priority health topic and engaging the whole school community. COMPASS schools participating in Ophea's HS Certification will provide the longitudinal data to evaluate HS Certification's impact on student health. The goals of COMPASS and Ophea closely align, focusing on Healthy Schools – an evidence-based approach supported by international research, that involves the entire school community (e.g., public health, community partners, researchers, school stakeholders) in the sharing of ideas, plans, and taking action. Ophea's HS Certification is guided by the goals of supporting and increasing the capacity of schools across Ontario to address a priority health topic (schools can use their COMPASS data to determine their priority health topic) through the effective implementation of the 6-Step Healthy Schools Process, and celebrating and formally recognizing an individual school's achievements relating to Healthy Schools. Data collected through COMPASS can evaluate “real-world” effectiveness of evidence-based interventions implemented within schools and generate practice-based evidence through evaluation of natural experiments over the course of the study. COMPASS will be used to evaluate the impact and effectiveness of the Healthy Schools Approach and HS Certification on student health behaviours, health outcomes, and the school environment.

Co-Authors: Sara Mison, Ophea / Scott Leatherdale, University of Waterloo

A3 PARTNERSHIPS

PARTENARIATS

A3.1 Working Together to Achieve Healthier Lifestyles in Yukon and Northwest Territories' Communities // Collaborer pour l'établissement de modes de vie sains dans les communautés du Yukon et des Territoires du Nord-Ouest

Presented by **KATELYN FRIENDSHIP**, Associate Director, Arctic Institute of Community-Based Research

AICBR is leading a four-year community-based project involving both Yukon and Northwest Territories. It has an overarching theme of inter-sectoral collaboration from a rural, remote and Northern perspective, with an objective to build a network of inter-organizational partnerships from multiple sectors, linked to healthy eating, active living, and health literacy. Chronic disease prevention, particularly obesity, is a complex problem influenced by many different factors; a cohesive, multifaceted, inter-collaborative approach is essential. Using a strengths-based approach, the project is focused on identifying, supporting, and evaluating community-based activities, aimed at reducing health inequalities, with a particular focus on overweight/obesity. The project is working to enhance and strengthen collaboration between multiple sectors and communities in both YT and NWT. As lead and support for the project, AICBR is following a collective impact approach, working with those who share a common agenda, offer mutually reinforcing activities, and is facilitating continuous communication between partners. We anticipate outcomes from this project will shed new light on the importance of inter-sectoral collaboration for influencing sustainability and scalability of successful programs, and for contributing to long-term community health outcomes.

Co-Authors: Jody Butler Walker, Arctic Institute of Community-Based Research

A3.2 Partnering internally to improve client care: practice gains following the implementation of a division-wide tobacco use cessation practice policy // Partenariat interne pour améliorer les soins prodigués aux clients : gains à la suite de la mise en oeuvre de politiques d'abandon du tabac

Presented by **SHANNON CARNEY**, Health Promotion Specialist, Toronto Public Health

Toronto Public Health implemented a tobacco use cessation policy in 2014. To facilitate the implementation TPH utilized a Registered Nurses' Association of Ontario (RNAO) evidence-based protocol for tobacco use cessation to train staff and increase the organization's capacity to address the burden of tobacco-related death and disease. TPH had partnered with the RNAO to create a network of Smoking Cessation Champions since 2009, but the work had not extended significantly across the organization. The introduction of the RNAO's Nursing Quality Indicators for Reporting and Evaluation (NQuIRE) system provided an opportunity to receive quarterly feedback on practice implementation, while a RNAO fellowship enabled a Public Health Nurse to lead the policy development and implementation. TPH implemented the policy in 6 directorates. The capacity developed as a result of the policy implementation has led to both the introduction and expansion of tobacco use cessation services across the organization. The policy evaluation tracked staff learning needs, competence and confidence prior to receiving training and at one year following the policy implementation. Preliminary results demonstrated that the training strategies utilized increased staff capacity to integrate the protocol into practice. An implementation working group created a supportive environment to promote policy adherence, while NQuIRE data helped identify areas for further improvement. TPH has seen an increase in the overall number of tobacco use cessation services, with multi-disciplinary staff integrating the evidence-based protocol into their daily client interactions across varying practice settings. Tobacco use cessation training can increase provider uptake and confidence, and can lead to the expansion of service provision. Within TPH it resulted in the extension of services to include the provision of NRT in health unit led sexual health clinics, Chronic Disease and Injury Prevention services and dental clinics.

Co-Authors: Tanya Mahajan, Toronto Public Health

A3.3 One Health in the Community // Une santé dans la communauté

Presented by **MICHELLE LEM**, Founder, Director, Community Veterinary Outreach

Community Veterinary Outreach practices One Health at the community level by partnering with local community, public, and mental organizations to deliver human health and social support services via veterinary outreach clinics that provide pro bono preventive veterinary care for marginalized pet owners.

Co-Authors: Susan Kilborn, Community Veterinary Outreach

A4 EVALUATION**ÉVALUATION****A4.1 Developing an integrated and coordinated system to prevent and manage chronic diseases in Ontario: Phase 1 of the Chronic Disease Indicators Project // Création d'un système intégré et coordonné pour prévenir et gérer les maladies chroniques en Ontario : Phase 1 du projet sur les indicateurs des maladies chroniques**

Presented by **ELIZABETH MANAFO**, Research Consultant, Ontario Chronic Disease Prevention Alliance

The Ontario Chronic Disease Prevention Alliance (OCDPA) is currently undertaking project to track and compare Chronic Disease Prevention (CDP) risk factors and trends across Ontario. One aim is to develop an integrated, coordinated system to encourage 'systems thinking' when viewing risk factors in parallel across chronic diseases and to support collaboration among relevant partners. In 2015, the OCDPA's Quality Indicators Advisory Group developed a preliminary framework of chronic disease prevention indicators (Phase I). The framework short-listed 68 unique indicators across five chronic disease risk factors: unhealthy diet, physical inactivity, high risk alcohol consumption, tobacco use, and mental illness. The process and outcomes will be discussed, including key elements for consideration across risk factors. This presentation will focus on the outcomes for Phase I of the project. The results can inform future initiatives for provinces across Canada, specifically targeting researchers, practitioners and policy makers in chronic disease prevention organizations as well as provincial government decision makers. This project was funded by the Public Health Agency of Canada along with in-kind support from the organizations represented by advisory group members.

Co-Authors: Norman Giesbrcht, Centre for Addiction and Mental Health / John Atkinson, Canadian Cancer Society / Michelle Brownrigg, University of Toronto / Diane English, Parks and Recreation Ontario / Chris Markham, OPHEA / Lynn Roblin, Policy Consultant, Nutrition Resource Centre / Rebecca Truscott, Cancer Care Ontario / Ellen Wodchis, Association of Local Public Health Agencies (aIPHA) / Linda Yoo, Centre for Addiction and Mental Health / Sherry Zarins, Ontario Lung Association

A4.2 Comprehensive health surveillance using multiple data sources for chronic disease prevention: A British Columbian scheme // Surveillance exhaustive de la santé au moyen de diverses sources de données sur la prévention des maladies chroniques : schéma de la Colombie-Britannique

Presented by **DRONA RASALI**, Director, Population Health Surveillance & Epidemiology, Provincial Health Services Authority

A proposed British Columbian scheme aims at linking a wide variety of data from traditional and non-traditional sources to support a comprehensive health surveillance system. This system, in turn, will inform the management and prevention strategies for non-communicable chronic diseases towards reducing their burden on health care system.

Co-Authors: Mike Pennock, Ministry of Health, British Columbia / Lydia Drasic, Provincial Health Services Authority, British Columbia / Silas Brownsey, Ministry of Health, British Columbia

A4.3 The Prevention System Quality Index: Evaluating Ontario's Efforts in Cancer Prevention // Index de la qualité du système de prévention : évaluation des efforts de l'Ontario en matière de prévention du cancer

Presented by **CAROLINE SILVERMAN**, Lead, Population Health & Prevention, Cancer Care Ontario

More than 50 per cent of cancers can be prevented by eliminating risk factors that are common to both cancer and other chronic diseases. CCO has developed an annual index to measure the multi-sectoral programs and policies that have been shown to reduce the prevalence of cancer risk factors. In the 2015 Prevention System Quality Index (PSQI), system-level indicators were selected for each risk factor domain to assess and monitor the strength of Ontario's programs and policies that affect cancer prevention. Fifteen indicators related to the following risk factor domains were included: alcohol, tobacco, physical activity, healthy eating, ultraviolet radiation, environment and screening. Data availability and indicator validity were the primary selection criteria. The PSQI showed that some of Ontario's programs and policies that impact cancer prevention are strong. For example, because of legislation, Ontarians are being exposed to less second-hand smoke in vehicles and at home now than in 2003. However, there is clearly work to be done in several risk factor domains. For example, the number of private alcohol retailers is increasing in Ontario. This has been shown in other jurisdictions to be associated with increased alcohol consumption. The PSQI identifies achievements and gaps in programs and policies that impact cancer prevention, with the ultimate goal of improving the cancer prevention system and the health of the population.

Co-Authors: Julie Klein-Geltink, Cancer Care Ontario / Rebecca Truscott, Cancer Care Ontario / Maria Chu, Cancer Care Ontario

A5 HEALTHY EATING**SAINTE ALIMENTATION****A5.1 A Multi-Sectoral Approach to Implementing a Healthy Eating Strategy at the Nova Scotia 55+ Games // Approche multisectorielle pour la mise en œuvre d'une stratégie sur la saine alimentation lors des Jeux 55+ en Nouvelle-Écosse**

Presented by **KELLEY CAVAN**, Public Health Nutritionist, Nova Scotia Health Authority

To leverage a multi-sectoral partnership among: tourism, recreation, the municipality, public health and various recreation facilities, to successfully implement a healthy eating strategy at the Nova Scotia 55+ Games; and to establish a comprehensive strategy to be leveraged at other municipally sponsored sport and recreation events. Many recreation settings which promote physical activity do not support healthy eating, often citing limited resources and knowledge as barriers to change. A questionnaire was developed to interview the 10 host facilities of the Games; including questions about barriers and topics for further training. The results were applied to design a toolkit and conduct a workshop for facilities based on their needs, ultimately strengthening self-efficacy of stakeholders to implement a healthy eating strategy in their facilities. Ongoing collaboration with various partners enabled facilities to implement a healthy eating strategy during the 55+ Games, including preparing and offering several healthy options. The NS 55+ Games provide a critical opportunity for chronic disease prevention and management among older adults. Initial evaluation results indicated that providing hands-on skills development and interactive discussion were effective barrier mitigation techniques for facility stakeholders. Outcome evaluation will occur upon final implementation of the strategy at the event.

Co-Authors: Kelley Cavan, Nova Scotia Health Authority / Rae Gunn, Active Pictou County

A5.2 Nutrition Trends and Our Bulging Waistlines: Diet as a Key Driver of Obesity and Chronic Disease // Tendances de nutrition et notre tour de taille de plus en plus imposant : les régimes, principaux facteurs de l'obésité et des maladies chroniques

Presented by **MANUEL ARANGO**, Director, Health Policy & Advocacy, Heart and Stroke Foundation

To examine the changing trends and relative role that nutrition plays in the development of obesity and chronic disease. To discuss tactics employed by the food and beverage industry to diminish the role of nutrition. Examine nutrition survey/trend data and the scientific literature, while taking into account gaps in these studies/data. Although nutrition trend data is not over abundant, we can infer from existing evidence that diet, and in particular increased calorie availability data across the world sufficiently accounts for the obesity epidemic. Nutrition is more than just a marker for obesity and chronic disease – it in fact plays a prominent role. Certain trends such as increased processed food availability, sugary drinks and a focus on "low fat" diets have contributed to increased obesity and chronic disease. Food industry tactics to redirect the focus away from nutrition include the funding of researchers, academics and "front groups" with the aim of promoting the message that public education, personal responsibility and physical activity are the key, if not the only means of addressing obesity. Moving forward, more survey trend data and studies are required to more precisely tease out the relative impact that nutrition plays in obesity and chronic disease compared to other risk factors.

A5.3 Risk-taking behaviours and non-engagement in weight management: are they associated? // Comportements à risque et non-engagement à l'égard de la gestion du poids : sont-ils liés?

Presented by **SHAREF DANHO**, Student, McMaster University

Comparisons of obese/non-obese persons note a higher involvement in risky health behaviours in obese adults, but assessing these behaviours is challenging because of social desirability bias. Seeking weight management may implicitly indicate one's ability to avoid harmful behaviours and could be a relevant method to evaluate risks associated with obesity. In this cross-sectional study, datasets corresponding to cycles from 2005-2012 were obtained as part of the US National Health and Nutrition Examination Surveys (NHANES). Adult individuals aged 20-80, with a body mass index of 30kg/m², and having completed questionnaires related to weight management, a type of self-care behaviour, were selected for further analysis. 4,400 individuals met the inclusion criteria. Survey means, frequencies, and logistic regression models were computed to assess associations between weight management seeking behaviour and outcome variables including the use of alcohol, tobacco and drugs, along with sexual health and medication adherence. 13.6% (n=599) of individuals reported seeking help for weight management in the past year. Seeking weight management was associated with an increased prevalence of binge drinking (4-5 drinks per occasion) in the last 12 months (OR: 2.2; 95% CI 1.2-3.9, P = 0.006). Trends were apparent for other outcome variables, notably an increase in the prevalence of smoking, frequency of smoking, and reduced adherence to medication guidelines in those not engaging in weight management. There may be a benefit to discussing weight management with obese persons as a means of detecting and preventing deleterious health behaviours. Obese persons who are not actively engaging in weight-management may be at a higher risk of an adverse, alcohol-related health event or injury than those engaging in weight management. Greater investments in understanding the associations of obesity with other behaviours may inform the policy and clinical guidelines needed to treat this chronic disease.

Co-Authors: Junaid Bhatti, Sunnybrook Research Institute / Institute for Clinical Evaluative Sciences

A6 INEQUITIES

INÉGALITÉS

A6.1 Chronic Disease Prevention Blueprint for First Nations, Inuit, and Métis populations // Plan directeur sur la prévention des maladies chroniques chez les Premières Nations, les Inuits et les Métis

Presented by **MICHELLE RAND**, Senior Analyst, Aboriginal Cancer Control Unit Prevention & Cancer Control, Cancer Care Ontario

The First Nations, Inuit and Métis Chronic Disease Prevention Blueprint provides 22 recommended policies and interventions to: reduce population-level exposure to four key risk factors, build capacity for chronic disease prevention, and work towards health equity. The development of the FNIM CDPB recommendations was based on three major streams of information: Focus groups held in communities. A total of 28 focus groups were held across Ontario with 48 FNIM communities participating. Key informant interviews included 20 interviews with 32 representatives from the non-governmental sector, provincial government, researchers, and ministries of health in international jurisdictions. Secondary research of peer-reviewed literature and policy publications retrieved data from health surveys, peer-reviewed publications and non-peer-reviewed reports. The draft recommendations were validated through a feedback process involving all contributors to the information gathering phase of the work. The recommendations in the report are supported by strong primary and secondary sources of evidence, build on what is already working well and in place, and integrate across and/or address more than one risk factor and the social determinants of FNIM health. All recommendations depend on full participation by FNIM peoples in priority-setting, planning and implementation.

Co-Authors: Vicki Poulos, Cancer Care Ontario / Michelle Rand, Cancer Care Ontario

A6.2 Workplace wellness in Yukon First Nations – lessons from practice // Bien-être au travail chez les Premières Nations du Yukon – leçons découlant de la pratique

Presented by **VALERIE LAURIE**, WoW Coordinator, Council of Yukon First Nations

The Council of Yukon First Nations has partnered on Working on Wellness (WoW) over the last two years piloting workplace wellness programs to Yukon First Nations. WoW is a three year CLASP-funded initiative adjust a best-practice settings-based approach to meet the needs of hard to reach populations. Very little work has been done to date on reaching First Nations populations through the workplace setting.

A6.3 Culturally Inclusive Chronic Disease and Injury Prevention approach for the Urban Aboriginal Population of Toronto // Approche axée sur la culture en matière de prévention des maladies chroniques et des blessures pour la population autochtone urbaine de Toronto

Presented by **JENNIFER SCHNITZER**, Public Health Nurse, Toronto Public Health

Aboriginal peoples face some of the greatest inequities and are significantly impacted by the determinants of health. Smoking rates among Aboriginal populations are two times higher than rates of other Canadians. Tobacco can have profound cultural significance, thus addressing tobacco use requires a comprehensive approach, involving clients and cultural leaders.

2:00pm – 2:45pm Concurrent Sessions B

14 h 00 – 14 h 45 Séances simultanées B

B1 FEATURED PRESENTATION

PRÉSENTATION PRINCIPALE

Housing First: Integrating health and housing to achieve social and economic benefits // Santé mentale et itinérance (la priorité au logement)

Presented by **AIMEE LEBLANC**, Senior Policy Analyst, Mental Health Commission of Canada (analyste principale des politiques – Logement et itinérance, Commission de la santé mentale du Canada) / **PAULA GOERING**, Professor, University of Toronto Faculty of Nursing and Affiliate Scientist, Centre for Addiction and Mental Health (professeure, Université de Toronto, Faculté des soins infirmiers et scientifique associée, Centre de toxicomanie et de santé mentale)

At Home/Chez Soi used a RCT in five Canadian cities with 2,148 participants to study Housing First implementation and outcomes. This complex intervention requires the integration of multiple sectors to address the needs of participants who are homeless and have a serious mental illness. This presentation will highlight 24-month social and economic outcomes and describe challenges and solutions to achieving inter- sectorial collaborations.

B2 WORKSHOP

ATELIER

It Takes a Village: Taking Action for Healthy Children

Presented by **LOUISE CHOQUETTE**, Bilingual Health Promotion Consultant, Best Start Resource Centre - Health Nexus

This workshop will provide an overview of the online course developed by the Best Start Resource Centre "It Takes a Village: Taking Action for Healthy Children". This course was developed for teachers, public health practitioners, recreation staff, volunteers and others who work with children 2-11 and their families. It will provide them with a better understanding of the issues related to healthy weights in children, in the context of healthy child development. Key messages from the course will be shared and the technical aspects of the course will be described.

Il faut un village : Agir pour la santé des enfants

Présenté par **LOUISE CHOQUETTE**, consultante en promotion de la santé bilingue, Centre de ressources Meilleur départ – Nexus Santé

Dans le cadre de cet atelier, on présentera un aperçu du cours en ligne intitulé Il faut un village : Agir pour la santé des enfants, créé par le Centre de ressources Meilleur départ. Ce cours a été conçu pour les enseignants, les professionnels de la santé publique, les employés dans le domaine des loisirs, les bénévoles et les autres personnes qui travaillent avec les enfants âgés de 2 à 11 ans et leurs proches. Ce cours vise à favoriser la compréhension des enjeux liés au maintien d'un poids santé chez les enfants, dans le contexte du développement sain. Les messages clés transmis dans le cadre de ce cours et les aspects techniques de celui-ci seront présentés aux participants de l'atelier.

B3.1 Pratiques exemplaires en matière d'abandon du tabac : résultats de trois analyses comparatives pancanadiennes

Presented by **MICHELLE HALLIGAN**, Program Manager, Canadian Partnership Against Cancer

The Canadian Partnership Against Cancer applied their environmental scanning methodology to produce baseline knowledge on current and "leading" or effective practices in three smoking cessation areas: clinical programs, as well as programs developed by, with and for First Peoples; and persons living with mental illnesses and/or addictions. Small groups of experts in tobacco cessation were engaged to develop key questions to inform the scans. Key informant interviews were conducted with government representatives responsible for tobacco from each province and territory, as well as a number of other topic-specific stakeholders. Thematic analysis was conducted to identify current practices in smoking cessation. The evidence-based Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-Informed Tobacco Treatment (CAN-ADAPTT) guidelines were applied as an analytical lens to assess the extent to which current practices were evidence-based (aka leading practices). Final results were validated by key informants prior to dissemination. Application of the CAN-ADAPTT guidelines to practices identified by key informants aided the Partnership in revealing "leading" practices across Canada. Many programs identified have not been fully evaluated. A dearth of cost-effectiveness information exists related to smoking cessation programs in Canada. These would be important areas for future research.

Co-Authors: Luis Caceres, Canadian Partnership Against Cancer

B3.2 Motivated to quit, but can they do it by themselves? A mixed methods study of young men's tobacco use and cessation motivation // Motivé à cesser de fumer, mais incapable de le faire seul? Une étude faisant appel à des méthodes mixtes sur le tabagisme chez les jeunes hommes et la motivation à cesser de fumer

Presented by **SIMONE KAPTEIN**, Research and Policy Analyst, Peel Public Health

To better understand the tobacco use attitudes and behaviours of young adult males in the Region of Peel, this study was commissioned with the goal of informing programs and policies aimed at reducing smoking prevalence in this population. Innovative methods were used to sample this population that is typically difficult to recruit for research studies. This study used a sequential explanatory mixed methods design. Data was first collected through a quantitative survey of current and former male smokers between the ages of 19 and 29 years who lived in the Region of Peel. Participants who completed the survey were invited to participate in the qualitative phase of the study. Data from the quantitative and qualitative phases were not linked and were analyzed separately. In total, 152 participants completed the quantitative survey and 25 participated in the qualitative phase of the study. Eight key themes related to smoking behaviours and cessation emerged from both phases of the study: stress, social support, cost, self-motivation, challenge/competition, health, self-perceptions of smoking status and utilizing peers as role models. Several evidence-based initiatives were proposed in the qualitative study for participants' feedback: pharmacists as a smoking cessation resource, nicotine replacement therapy availability and text messaging as a cessation support. Using partnerships to facilitate recruitment and developing a participant database for future access were two of the lessons learned from conducting this study with an external vendor. In the Region of Peel, 29.5% of young adult males between the ages of 19 and 29 years are classified as current smokers. Smoking initiation and transition to daily use most often begins prior to adulthood, making it crucial to address tobacco use in this hard-to-reach demographic. New program initiatives will be considered based on study participants' feedback.

Co-Authors: Megan Fitzgibbon, Peel Public Health / Vanessa Secan, Peel Public Health / Heather Doncaster, Peel Public Health / Teresa Ho, Peel Public Health / Julie Spurrell, Peel Public Health

B3.3 2015 Pan American and Parapan American Games Smoke-Free Policy Evaluation // Évaluation de la politique antitabac lors des Jeux panaméricains et parapanaméricains 2015

Presented by **JESSICA HARDING**, Public Health Nurse, City of Toronto-Toronto Public Health

Tobacco use continues to be the leading preventable cause of premature death and disease. The adoption of a Smoke-Free Policy for the Pan Am/Parapan Am Games aimed to reduce the social exposure of young people to tobacco use and to reduce the exposure of all attendees to second-hand smoke. The Games' smoke-free policy was evaluated through a collaborative process between Toronto Public Health, Ontario Tobacco Research Unit and TORONTO 2015 Pan Am/Parapan Am Games Organizing Committee (TO2015). At select competition venues during the lifespan of the Games, street intercept interviews and signage observations were conducted. These combined evaluation methods, attempted to examine: TO2015 staff/volunteers and spectator awareness of the policy; public protection from second-hand smoke; social exposure of young people to tobacco use; and level of support for the policy. The adoption of a smoke-free policy for the Pan Am/Parapan Am Games sent a powerful message that smoking is not the social norm and is incompatible with sports, physical activity and a healthy lifestyle. The evaluation findings suggest that the policy was well received by spectators and TO2015 staff/volunteers. The Games' policy supported the reduction of exposure of all attendees to second-hand smoke, and highlighted the need to make a concerted and targeted effort to protect young people when developing future smoke-free policies. This e-poster presentation will share our evaluation methodology and results of the 2015 Pan American and Parapan American Games Smoke-Free Policy. Challenges and lessons learned for future similar large sporting events will also be explored.

B4 HEALTHY EATING / FOOD ENVIRONMENT**SAINE ALIMENTATION ET ENVIRONNEMENT ALIMENTAIRE****B4.1 Lets Talk Food Lambton - Community Food Assessment Environmental Scan // « Lets Talk Food Lambton » – Analyse comparative de l'alimentation au sein de la communauté**

Presented by **LANA SMITH**, Public Health Nutritionist, Lambton Public Health

Establish a baseline of knowledge of Lambton County's food system Raise awareness and understanding of food -related issues Improve program development and coordination Create positive change in public policy affecting the food system Increase community participation in shaping the food system, and Development of new and stronger networks and partnerships. A community task force provided input on the planning and development of a community food assessment for Lambton County. The first step of a community food assessment is an environmental scan. The environmental scan utilized a combination of data collection methods: collection of Lambton County demographic, economic and health data; a document review of food system data (food production, processing, access, distribution and waste management data; results of a community survey and key informant interviews, and inventory of existing food related programs and services and food retailers. The Let's Talk Food Lambton Community Food Assessment is working towards the development of a healthy food system. The completion of the environmental scan provides data about Lambton County's food system and its social, economic and environmental context. The next phase will involve completing an asset and gap analysis, setting the priorities based on community collaboration and creation of recommendations for proposed action. The results will be used to create a participatory, evidence based action plan to improve the food system in Lambton County.

Co-Authors: Simone Edginton, Lambton Public Health

B4.2 Healthy Start-Départ Santé, a catalyst of change // « Healthy Start » Départ Santé, un catalyseur du changement

Presented by **ANNE LEIS**, Professor and Head, Community Health & Epidemiology, College of Medicine, University of Saskatchewan

The population health intervention Healthy Start/Départ Santé (HSDS) is designed to improve physical activity and literacy as well as healthy eating among 3-5 years old attending childcare centres in Saskatchewan and New-Brunswick. The purpose of this presentation is to highlight how and why this multilevel intervention is becoming a catalyst of mobilisation and change. Using the ecological model adapted for HSDS, maps depicting levels of intervention and interactions among key stakeholders were drawn based on current documentation and stories. Structural and contextual aspects were also captured. The research component testing the intervention is on-going. Salient features of HSDS as catalyst of change include a common vision, a bottom up approach, shared leadership, intersectoral and multilevel collaborations, adaptability to context, sensitivity to the policy environment as well as leveraging resources. The generation of new research evidence is anticipated by all. Stakeholders' engagement and the role of a communication and knowledge translation strategy will be discussed. Summary: In the past 7 years, HSDS has evolved from a small idea, then a pilot project to a 2 provinces intervention which comprises a strong implementation arm and a rigorous population health intervention evaluation of processes and outcomes in randomized childcare centres.

Co-Authors: Gabrielle LePage Lavoie, Réseau Santé en français de la Saskatchewan / Roger Gauthier, Réseau Santé en français de la Saskatchewan / Louise Humbert, Kinsiology, University of Saskatchewan / Mathieu Belanger, Centre de Formation Médicale, University of Moncton

B4.3 A crippling cost? The burden of Osteoarthritis (OA) on the community and health care system of Newfoundland & Labrador (NL): Rural versus urban residents // Un coût excessif? Le fardeau de l'arthrose sur la communauté et le système de santé de Terre-Neuve-et-Labrador : résidents en milieux ruraux comparativement aux résidents en milieux urbains

Presented by **JENNIFER WOODROW**, Doctoral Student, Memorial University of Newfoundland

(1) Use healthcare administrative data to examine trends and the geographic distribution of OA prevalence and incidence in NL from 1995-2012 for Regional Health Authorities (RHAs), Census Subdivisions (CSDs) and rural versus urban regions. (2) Assess the suitability of using administrative data for OA surveillance in NL. The NL Medical Care Plan (MCP) fee-for-service physician claims database and hospital Discharge Abstract Database (DAD) will be used to identify OA cases from 1995-2012. Yearly age- and sex-standardized OA prevalence and incidence will be calculated for several geographic subdivisions including RHAs, CSDs, and rural versus urban regions. Rural and urban areas will be classified using Metropolitan Area and Census Agglomeration Influenced Zones (MIZs). Geographic Information System software will be used to map the geographic distribution of OA prevalence/incidence. Spatial analysis techniques will be used to identify regions with higher risk of OA in NL. Currently, limited information is known about the incidence and prevalence of OA in NL. As a result of the rapidly aging population and high prevalence of obesity in NL, it is anticipated that the number of OA cases will significantly increase over the next few decades. Urban-rural health disparities are of particular interest to healthcare providers and decision makers. Identifying differences in rural and urban OA prevalence/incidence and regional "hot spots" can be helpful in effectively allocating resources, ensuring access to treatment/management services, and developing appropriate models of care for OA. It is hypothesized that OA prevalence and incidence in NL are higher than national levels, and are greater in rural areas of the province. Results will be compared with administrative OA measures available from other provinces as well as Canadian Community Health Survey data. Preliminary results will be available during the conference.

Co-Authors: Peizhong Wang, Memorial University / Zhiwei Gao, Memorial University

B5 BUILT ENVIRONMENT

ENVIRONNEMENT BÂTI

B5.1 Building Healthy Communities: Making It Count // Collectivités en bonne santé : Faites que ça compte

Presented by **CATHERINE DONOVAN**, Associate Professor, Public Health, Memorial University

1. To engage municipal planners, health practitioners, provincial statisticians, and key stakeholders in the development of indicators to assess the status and progress of planning and design interventions for a healthy built environment in NL. 2. To make these indicators readily available to all communities through the existing information system. The main target group for this capacity building and knowledge exchange initiative is the knowledge users themselves, namely, practitioners who are engaged in a range of program activities, across sectors, with an impact on the built environment. Key constituencies include: Atlantic Planners Institute (API); NL Municipal Councils; NL Statistics Agency; Public health practitioners across NL (e.g., NL Public Health Association members); NL Regional Wellness Coalitions (RWC) Deliverables for the project will include: survey results on the use and utility of HBE indicators in the region, a Guidance Document for practitioners at the community level and a plan for incorporation of the HBE indicators by the NL Statistic Agency's Community Accounts where they will be publicly accessible.

Co-Authors: Catherine Mah, Memorial University / Pablo Navarro, NL Centre for Applied Health Research

B5.2 Using urban planning to offer a healthy food environment around schools // Faire appel à l'urbanisme pour offrir un environnement alimentaire sain près des écoles

Presented by **GENEVIEVE GUERIN**, Research-Analyst, Association pour la santé publique du Québec

To explore different regulatory options to limit the establishment of restaurants near schools. The presence of restaurants near school influence youth food habit and undermine the efficiency of provincial public policy that compels schools to offer a healthy food supply to students. Between 2009 and 2011, in order to evaluate the legal and urbanistic aspects of a zoning by-law, pilot projects were conducted in three municipalities in Quebec. Those projects were designed by key actors in this kind of intervention: urban planners, municipal officials, health professionals and provincial officials. Tools were produced to help cities who would like to take action or consider adopting by-laws to limit the establishment of fast-food outlets in the near vicinity of schools. At that time, the politic will was not there. But since 2015, new experiences appeared in some municipalities in Quebec and have been documented. We were able to identify success factors from the different experiences.

B5.3 Active Transportation Adds Up // Le transport actif peut rapporter

Presented by **RITA KOUTSODIMOS**, Manager, Advocacy & Communications, BC Healthy Living Alliance

The objective of the project is to persuade decision-makers to fund and support a provincial active transportation strategy. Communicating the health benefits as well as economic and environmental co-benefits and building partnerships with others outside the health sector, have been important elements in our advocacy approach. The BC Healthy Living Alliance (BCHLA) has conducted a review of the research and developed a detailed policy platform. BCHLA has also engaged with stakeholders outside the health sector to build support for a shared ask, that is a provincial active transportation strategy and fund. BCHLA has used a variety of advocacy tools to advance the issue including both government relations and communications (media, webinars, social media). We feel that our efforts to advance the conversation in the Ministry of Transportation's consultation for a 10-year plan were somewhat successful. The report on the 10-year plan indicated a high level of public support for active transportation infrastructure and MoT funding for cycling was doubled from what it had been in the past service delivery plan. However, it continues to fall short of what BCHLA and others had advocated for and the funding levels of other leading jurisdictions. Within the same time period, a transportation plebiscite in the Metro Vancouver area that would have expanded transportation infrastructure failed to pass. Clearly there is more work to be done to gain public support and influence decision-makers to increase investments in active transportation infrastructure to a level that would boost physical activity rates.

B6 TOOLS & APPROACHES

OUTILS ET APPROCHES

B6.1 ACCELERATION 12 Weeks for Health: Preliminary findings // ACCÉLÉRATION : 12 semaines pour être en santé : constatations préliminaires

Presented by **KAROLINA PERRAUD**, Project Manager, UHN Toronto Rehab / **PAUL OH**, Medical Director, Cardiac Prevention and Rehabilitation Program, UHN Toronto Rehab

ACCELERATION is a 12-week program that offers healthy living education and an exercise plan to individuals at risk of developing chronic illnesses. The focus of this program is to improve the core 4 risk behaviours associated with chronic disease: physical inactivity, poor diet, smoking and high alcohol consumption. The project targets the following populations in BC, ON, QC and NS: First Nations, workplace, women at high risk of breast cancer or who had high-risk pregnancies, and individuals from a variety of socioeconomic backgrounds. The educational component of the intervention uses a motivational communication approach incorporating behaviour change strategies, including short- and long-term goal setting, motivational messaging, relapse planning and attention to promoting self-efficacy. A tailored exercise program is developed based on a fitness assessment and activity preferences. Participants receive the intervention on site at our centres and continue with exercise at home the other days of the week. We have enrolled over 500 participants to date. A preliminary analysis of 93 subjects (88F, 5M) showed high levels of motivation and confidence for health behaviour change through participation. Self-reported MVPA in minutes/week increased from 64.6 ± 88.3 to 143.7 ± 115.9 ($p < 0.001$) and consumption of at least 5 servings of fruit and vegetables/day improved from 3.3% to 31.5%. Fitness (peak V02) increased significantly (28.5 ± 8.4 to 30.6 ± 8.8 ($p < 0.0001$)). Program compliance was high with 83% having attended all education sessions and 81% having attended all exercise sessions. Finally, participants rated the program high in terms of its helpfulness, ease and likeliness to recommend to others. This promising evidence shows that the onsite intervention may lead to positive behaviour change with respect to increases in physical activity and fruit and vegetable consumption. An online program is currently in development to facilitate greater reach and increased accessibility.

Co-Authors: Simon Bacon, Hopital de Sacre Coeur de Montreal / Darren Warburton, UBC / Wanda Firth, Nova Scotia Health Authority / Nicholas Giacomantonio, Nova Scotia Health Authority / Jennifer Jones, UHN Princess Margaret Hospital / Veronique Pepin, Hopital de Sacre Coeur de Montreal

B6.2 An Integrated Approach to High User Management Realizes Impressive and Transformative Results // Une approche intégrée pour la gestion des utilisateurs fréquents entraîne des résultats impressionnants et transformateurs

Presented by **JEAN MIREAULT**, Chief Medical Officer, MédiaMed Technologies, A Logibec Company

Healthcare leaders are now realizing that effectively managing the care of high users is critical to unlocking improved system performance. Our objective was to identify and understand high users through a novel data stratification strategy, and to develop and apply an intensive case management model while decreasing costs at CKHA. In this project, we used locally available data from CKHA to first identify high users. We stratified these high users into two groups: long users and frequent users. This clarity around the high user population helped us to better understand each patient's current health status and care needs. The Med-GPS software developed by Logibec was used. It assisted CKHA's primary care providers with continuous identification, tracking and analysis of care programs. With proper high user patient identification and access to real-time data at the fingers of clinicians, stringent and intensive case management through appointed care managers ensued. Three results can be noted. First, patients expressed that they feel better and less worried. Second, clinicians expressed appreciation for the increased coordination. Lastly, the project has an estimated ROI of 5 Million dollars. A full evaluation is expected to be released soon by the Odette World Health Innovation Network.

Co-Authors: Sarah Padfield, Chatham-Kent Health Alliance / Nancy Snobelen, Chatham-Kent Health Alliance

B6.3 Living Healthy - Clients and Partner's perspectives // Mode de vie sain – points de vue des clients et des partenaires

Presented by **SURKHAB PEERZADA**, Regional Manager, Self-Management Program, South Riverdale Community Health Center

We have two specific goals for this study: 1) To understand patients place in and use of the health care system and how it enables or disables them to self-manage their chronic illness from their perspective and from the perspective of partners that host these workshops 2) To understand the gaps in the healthcare system to better support patients in managing their chronic illnesses

Co-Authors: Jason Altenberg, South Riverdale Community Health Center / Olivia Kordos, Ryerson University / Dana Elcharbini, South Riverdale Community Health Center / Enza Gucciardi, Ryerson University

B7 WORKSHOP

ATELIER

Assessing the food environment in Canada: multi-sectoral assessment methods for health impact // Évaluation de l'environnement alimentaire au Canada : Méthodes d'évaluation multisectorielles de l'incidence sur la santé

Presented by **LEIA MINAKER**, Propel Centre for Population Health Impact, Research Assistant Professor / **CATHERINE MAH**, Memorial University of Newfoundland

This project aims to provide a manual for food environment assessment for use at the local level. It can be used to assess the quality of the community food environment with respect to enabling healthy choices. The manual is intended to provide comprehensive and consistent food environment assessment tools that can be adapted and used in any community across Canada. Health Canada, in collaboration with the Federal, Provincial and Territorial Group on Nutrition, has developed and begun to pilot test a user-friendly manual to help assess food environments in local communities. The manual will be tested in four Canadian communities and the findings will inform refinement of the tool. Once final, the manual will be publically available to Canadians interested in assessing their food environment. It will be disseminated through a variety of channels and can be adapted as necessary to suit the context-specific needs of the communities who use it. Results of food environment assessments can be used to inform program and practice decisions aimed at creating supportive environments for healthy eating.

Co-Authors: Brian Cook, Toronto Public Health

3:00pm – 3:45pm Concurrent Sessions C

15 h 00 – 15 h 45 Séances simultanées C

C1 FEATURED PRESENTATION

PRÉSENTATION PRINCIPALE

Economic Value of the Ottawa Model for Smoking Cessation in Ontario // Valeur économique du Modèle d'Ottawa d'abandon du tabac

Moderated by **JANEY SHIN**, Director, Real World Evidence, Janssen Pharmaceutical Companies of Johnson & Johnson (directrice, données probantes du monde réel, Janssen Pharmaceutical Companies, Johnson & Johnson)

Presented by **KERRI-ANNE MULLEN**, Manager, University of Ottawa Heart Institute (gestionnaire, Institut de cardiologie de l'Université d'Ottawa)

Tobacco smoking remains the leading preventable cause of disease and death in Canada. The treatment of tobacco-related illnesses places a large financial burden on provincial healthcare systems. This session will summarize the impacts of implementing an evidence-based smoking cessation program, the "Ottawa Model" for Smoking Cessation, and present the argument for widespread implementation of smoking cessation interventions within hospitals and healthcare clinics as an obvious strategy for improving patient health while reducing healthcare utilization and overall health services costs.

C2 WORKSHOP

ATELIER

From a common evidence-based resource to engaging early year partners across Canada – introducing two early years population health interventions

Presented by **GABRIELLE LEPAGE-LAVOIE**, Project Manager, Healthy Start / Département Santé / **VANESSA MORLEY**, Coordinator, Childhood Obesity Foundation
Stemming from common resources (LEAPTM) – how Healthy Start / Département Santé and Healthy Beginnings, two initiatives originating in Saskatchewan and in British Columbia, have succeeded in promoting physical activity and healthy eating in early years settings, making active play and healthy eating part of daily routines! The two programs connected through a national CDPAC webinar and have capitalized on their numerous commonalities – cross-promotion opportunities, sharing of best practices, training approaches, partnership expansion and resources adapted to aboriginal and francophone populations. Through initiatives like these we are better able to take collective action to promote improved health and wellness practices in the settings where children spend their time. Healthy Start and Healthy Beginnings leverage existing resources to connect with childcare / early learning practitioners and stakeholders. Training, resources and technical support as well as better practice guidelines/policy provides an impetus for action. This interactive workshop will invite participants to delve further into sustaining early years health interventions.

Départ Santé et Partir du bon pied – Adoption de comportements sains et actifs au quotidien dès la petite enfance

Présenté par **GABRIELLE LEPAGE-LAVOIE**, Project Manager, Healthy Start / Département Santé / **VANESSA MORLEY**, Coordinator, Childhood Obesity Foundation

Résultant du regroupement de ressources communes (GRANDIRTM), Département Santé et Partir du bon pied, deux programmes créés en Saskatchewan et en Colombie-Britannique, font la promotion d'une saine alimentation et des bienfaits de l'activité physique auprès de la petite enfance en intégrant l'activité physique et une saine alimentation dans la routine quotidienne des enfants. Les deux programmes ont été réunis dans le cadre d'un webinaire national de l'Alliance pour la prévention des maladies chroniques au Canada, ce qui a permis de mettre à profit leurs nombreux points communs, soit les occasions de promotion croisée, la mise en commun de pratiques exemplaires, les méthodes de formation, l'élargissement des partenariats et l'utilisation de ressources adaptées aux populations autochtones et francophones. Grâce à ce type de programmes, nous sommes plus à même de prendre des mesures collectives pour promouvoir l'adoption de pratiques visant à améliorer la santé et le bien-être dans les milieux où évoluent les enfants. Département Santé et Partir du bon pied mettent à profit les ressources existantes pour communiquer avec les spécialistes et les intervenants en garde d'enfants et en développement de la petite enfance. La formation, les ressources et le soutien technique, de même que des pratiques, des directives et des politiques améliorées incitent à l'action. Dans le cadre de cet atelier interactif, les participants seront invités à explorer davantage les occasions de mettre en place des interventions en santé auprès des jeunes enfants.

C3.1 The Marketing of Foods and Beverages to Children on Television: A Tale of Two Cities // Marketing des aliments et des boissons destiné aux enfants à la télévision : l'histoire de deux villes

Presented by **MONIQUE POTVIN KENT**, Professor, University of Ottawa

To compare a regulated approach to restrict food and beverage marketing to children on television in Quebec to a self-regulatory approach in Toronto. Data on advertised food/beverage categories were purchased from Nielsen Media Research for May 2011 in Montreal and Toronto (Ontario) on children specialty channels. The volume and healthfulness of all food advertisements and use of various marketing techniques was determined. Comparisons were made between May between Montreal and Toronto in May 2011. T-tests and non-parametric chi square were calculated. There was 23% less advertising on children's specialty channels in Montreal in 2011 compared to Toronto and food advertisements in Montreal targeted children and teens less frequently and used fun, health, licensed characters and celebrities significantly less frequently. The healthfulness of the advertisements did not differ. The ad ban in Quebec is having an impact though advertising in this province needs to be monitored systematically and fines for violations need to be increased. To further restrict food and beverage advertising, this law could be extended to youth under the age of 16 and child targeting definitions could be revisited.

C3.2 Assessing Canadian School Environments through the Healthy School Planner Healthy Eating Module // Évaluation des environnements scolaires canadiens par l'entremise du module sur la saine alimentation du planificateur des écoles en santé

Presented by **SUSAN HORNBY**, Manager Cross Sector Strategic Engagement, Pan-Canadian Joint Consortium for School Health / **KATHERINE KELLY**, Pan-Canadian Joint Consortium for School Health

The Healthy School Planner (HSP) has been developed for the Joint Consortium for School Health by the University of Waterloo, with teams of researchers throughout Canada and a JCSH advisory committee developing each of four modules. This poster for the Healthy Eating module was developed to demonstrate early results. Healthy School Planner (HSP) is a free online tool that helps Canadian schools 'EVOLVE': Evaluate current conditions, Validate untapped resources within the community, Organize increased support for change, Lead the decision-making process to determine action steps; Visualize outcomes through shared success stories, and Evaluate progress over time. After completion, schools receive tailored feedback and a list of resources guiding action for identified priorities. The Healthy Eating module of the Healthy School Planner provides results for schools and school boards throughout the country. While considerable variation exists across schools, by jurisdiction, school type (elementary/secondary), and location (urban/rural), overall ratings for Canadian schools indicate room for improvement. Users of the Healthy School Planner complete up to three valid and reliable modules, each assessing four components of comprehensive school health (CSH) approaches: Foundational (20 indicators), Express healthy eating (10 core indicators) and Detailed healthy eating (16 additional indicators). Feedback on the healthy eating indicators has been provided to 200 self-selected elementary and secondary schools. The CSH components are Teaching and Learning, Social and Physical Environment, Partnerships and Services, and Healthy School Policy. This presentation will provide the audience a short overview of the Healthy School Planner, current statistics of completion of the Healthy Eating module, and limitations and opportunities for improvement.

C3.3 Does rewarding kids to be healthy backfire? Presenting a case for health rewards for Canada's youth.

Presented by **MARC MITCHELL**, CIHR Fellow, University Health Network Principal Advisor - Behavioural Insights, Social Change Rewards Inc. Consultant, BestLifeRewarded Inc. and Green Shield Canada Inc.

A kid will eat her broccoli in return for a badge. Enough badges, and she can get an even bigger reward. But will she keep eating her broccoli when the rewards are removed? This question is at the heart of all rewards-based public health interventions, and is especially important for interventions targeting youth. In the context of rising smartphone use amongst Canadians aged 14 to 18 years, this presentation will outline theoretical and empirical evidence supporting the use of rewards-based mHealth interventions in this demographic.

C4.1 Breaking Barriers: Health Coaching and Social Inclusion // Éliminer les obstacles : Encadrement en santé et inclusion sociale

Presented by **ISABEL SAVOIE**, Manager, Community Health, Canadian Diabetes Association (Gestionnaire, Santé communautaire) / **CLAUDE VAUTOUR**, Health Coach, Live Well! Bien Vivre!

Live Well! Bien Vivre! is a partnership between Medavie Health Foundation, the Canadian Diabetes Association and the Government of New Brunswick. It aims to provide chronic disease self-management support and encourage prevention through free one-on-one health coaching. It targets NB adults (19+) who are living with, or are at risk of developing, a chronic disease, such as type 2 diabetes. Live Well! Bien Vivre! offers both one-on-one health coaching and group coaching. In the one-on-one sessions, the Health Coach and client interact in person, by email or via Skype. Meetings are held in community spaces to reduce transportation barriers and to facilitate a non-threatening atmosphere. On average, clients meet with their coach 7.7 times over 2-3 months. Health Coaches help facilitate healthy behaviour change through their five major roles: self-management support, bridge between clinician and patient, navigation to community and health-care services, emotional support, and continuity. Our group coaching sessions on goal setting and motivation are given to workplaces and other community groups. Evaluations (individual clients) demonstrate that after working with a health coach, 34% of clients described their health as "very good" or "excellent," compared to 10% previously; physical activity levels increased from light to moderate; fruit and vegetable consumption doubled from 1-3 servings a day to 4-6; and self-efficacy increased significantly.

Co-Authors: Patty Faith, Medavie Health Foundation

C4.2 Income-related household food insecurity - a health issue // L'insécurité alimentaire liée au revenu du ménage – une question de santé

Presented by **PAT VANDERKOOY**, Public Affairs, Dietitians of Canada

This project is a position statement of Dietitians of Canada (DC), that guides DC's voice on this issue and also informed our federal election strategy in 2015. The project raises awareness of the economic root cause of food insecurity and points to associated negative health outcomes. The paper and related documents (including Federal Election Strategy 2015) was developed with a contracted academic author, led by an expert member advisory group, and reviewed internally and externally by stakeholders. All materials are available publicly through the Dietitians of Canada website. Food insecurity in Canada is related to insufficient stable income. Households at particularly high risk include those headed by a lone mother, persons who are Aboriginal or black or new immigrants, persons with low and/or precarious income, persons who already have poorer health. A guaranteed sufficient income is the necessary response to address food insecurity in Canada.

C4.3 Examining inequalities in alcohol-attributable hospitalizations by income and over time: Exploring differences between men and women // Examen des inégalités en matière d'hospitalisations attribuables à l'alcool par revenu et au fil du temps : étudier les différences entre les hommes et les femmes

Presented by **MOHAMED KHARBOUCH**, Senior Analyst, CPHI, Canadian Institute for Health Information

As part of a larger report examining trends in health inequalities by the Canadian Institute of Health Information (CIHI), this research examined trends in alcohol-attributable hospitalizations between 2007 and 2012, by sex and by neighborhood income level at the national and provincial levels. Alcohol-attributable hospitalization rates per 100,000 (excluding injuries and suicides) among individuals aged 15+ were calculated for 2007 to 2012, and standardized to the 2011 Canadian population. Neighbourhood-level income quintiles were assigned using Statistics Canada's Postal Code Conversion File Plus. Rate ratios and rate differences comparing the highest and lowest income quintiles, as well as population-attributable fractions, were calculated to estimate the magnitude of inequality. The average cost per alcohol-attributable hospitalization was derived from the Canadian MIS database for 2012. Between 2007 and 2012, alcohol-attributable hospitalizations were over 2.5 times higher among men compared to women; however hospitalizations increased and income-related inequalities persisted in both sexes. For men, overall rates increased from 135 to 142 per 100,000, while rates among the lowest income quintile remained approximately 2.5 times greater than rates among the highest income quintile. Among women, overall rates increased from 51 to 56 per 100,000, and rates among the lowest income quintile remained approximately 2.1 times greater than rates among the highest income quintile. In 2012, approximately 7,000 hospitalizations among men and 2,000 hospitalizations among women could have been avoided if all Canadians experienced the same hospitalization rate as those in the highest income level. This represents over 67 million dollars in potential health system savings annually.

Co-Authors: Erin Pichora, Canadian Institute for Health Information / Geoff Hynes, Canadian Institute for Health Information / Jean Harvey, Canadian Institute for Health Information

C5.1 Evaluating the Community Food Centres Canada FoodFit pilot program: fostering healthy lifestyle changes in low-income community members // Évaluation du programme pilote FoodFit de Community Food Centres Canada : encourager le changement en matière de modes de vie sains chez les membres des communautés à faible revenu

Presented by **TRACE MACKAY**, Program Development and Evaluation consultant, Community Food Centres Canada

FoodFit is a program of CFCC involving food literacy and physical activity. The object of the program is to bring low-income community members together to set goals, learn skills, and make measurable changes in overall health and fitness. Participants shared their program experience through multiple evaluation modalities to inform program changes. In 2014, CFCC launched FoodFit pilots at two Community Food Centres in Ontario. Over 12 week sessions, 92 community members participated in a total of 9 group sessions. FoodFit members voluntarily participated in surveys, drop-out questionnaires, biometric measures, tracking, focus groups and significant change story interviews. FoodFit participants reported an improved ability to make personal changes towards a healthier lifestyle. Feedback from FoodFit participants, volunteers and facilitators was used to inform improvements to program elements and the creation of FoodFit Alumni groups for ongoing supports. The evaluation results led CFCC to seek funding partners to roll out the program nationally. Intense evaluation activities involving all stakeholders in the pilot stage of the FoodFit program was invaluable. An understanding of the "special ingredients" of FoodFit and the proof evaluation results provided are key in attracting funding and program partners to grow this program over the next 5 years.

C5.2 Nourishing School Communities: Preliminary Findings from the Evaluation of a Variety of Initiatives Across Sectors and Provinces // Nourrir l'avenir de nos écoles : constatations préliminaires de l'évaluation de diverses initiatives réalisées dans les secteurs et les provinces

Presented by **JENNIFER YESSIS**, Scientist, Propel, University of Waterloo

Evaluate and monitor Nourishing School Communities (NSC) to create an evidence base for learning, future actions and scaling up; Increase capacity of First Nations and other school communities to deliver healthier, local sustainable foods during school and after-school time-period; Increase synergies and support for sustainability through partnerships. Evaluators will describe a collaborative approach to designing evaluation for planning, continuous improvement and accountability. Partners will present elements of the evaluation framework, including pre-post testing, digital storytelling, partnership and network assessments, and performance monitoring. Culturally-responsive methods that are attentive to participating Indigenous community priorities will be shared, along with lessons learned through the cross-cultural evaluation work. Evaluators will share core tools and resources to assess changes to school and after-school environments. Highlights from across the initiative will be discussed and key considerations for collective impact assessments of the NSC will be explored. NSC is a Coalition Linking Action and Science for Prevention funded by the Canadian Partnership Against Cancer that aims to get more healthy and local foods into the minds and onto the plates of school children across Canada. Together NSC is supporting changes to school food environments, changes that aim to shift policies and practices in a way that makes healthy local foods easier to access and fun to eat. Preliminary findings that have emerged from the use of core tools in different settings, and from initial analyses of multiple cases within projects will be shared to provide an indication of the reach and impact of the initiatives. Evaluators will also describe examples of the way a collaborative approach has facilitated communication and maximized synergies among partners for the evaluation across sectors and provinces. Benefits and challenges to conducting these kinds of evaluations for complex collaborative initiatives will also be shared.

Co-Authors: Scott Graham, Social Planning and Research Council of BC / Barbara Zupko, Propel, University of Waterloo / Micheline Turnau, Heart and Stroke Foundation / Sharon Brodovsky / Joanne Bays, Farm to Cafeteria Canada / Mary McKenna, Faculty of Kinesiology, University of New Brunswick / Bev Whitehawk, Federation for Saskatchewan Indian Nations / Ruthie Burd

C5.3 What's the value of healthy living? A social return on investment analysis using wellbeing valuation // Que valent les modes de vie sains? Une analyse sociale sur le rendement du capital investi au moyen qu'une évaluation du bien-être

Presented by **CRAIG JOYCE**, Senior Analyst, Public Health Agency of Canada

The Public Health Agency of Canada (PHAC) sought to better understand and communicate its impact by conducting a Social Return on Investment (SROI) analysis on its healthy living programs. Social Return on Investment (SROI) is a framework for measuring and assigning a financial value to social and/or environmental outcomes that are otherwise not factored into traditional forms of return on investment analysis. It bears many similarities to cost-benefit analysis. In the course of this work, the wellbeing approach to valuation was applied in order to determine the financial values of specific health promoting behaviours. Wellbeing valuation allows direct observation of the extent to which populations value (in monetary terms) non-market goods, including health promoting behaviours. It does this by analyzing the relationships between household income, measures of subjective wellbeing (life satisfaction), and measures of the behaviours of interest (e.g., time spent on physical activity). Results of the analysis show that health promoting behaviours like physical activity, fruit and vegetable consumption, and smoking cessation/reduction in smoking all have robust, positive social values associated with them, and that investments in interventions which address these behaviours demonstrate positive social returns on investment. Canada is well placed to make greater use of wellbeing analysis to quantify the value of social policy (including public health) outcomes in monetary terms. Making use of this type of analysis creates new opportunities for understanding and communicating the value of health promotion, and can enhance the value proposition for investments in health promoting activities.

Co-Authors: Yipu Shi, Public Health Agency of Canada / Ron Wall, Public Health Agency of Canada

C6.1 Red Deer Primary Care Street Clinic: A Multidisciplinary Approach to Supporting Vulnerable Populations // Clinique de rue Red Deer Primary Care: une approche multidisciplinaire pour appuyer les populations vulnérables

Presented by **KEITH CLARKE**, Nurse Practitioner, Red Deer Primary Care Network

The goal of the Red Deer Primary Care Network (RDOCN) Street Clinic is to remove barriers found in other health care settings and provide comprehensive health care to the vulnerable individuals who are living in Red Deer's downtown core.

Co-Authors: Lorna Milkovich, Red Deer Primary Care Network

C6.2 Population health interventions for chronic disease prevention: A scoping review on the integration of primary care and public health // Interventions en matière de santé de la population pour la prévention des maladies chroniques : examen de la portée sur l'intégration des soins primaires et de la santé publique

Presented by **GHAZAL FAZLI**, Student, St. Michael's Hospital

To map the literature first to identify knowledge gaps, major themes and evidence on primary care and public health interventions; and to identify evidence-based and evaluative knowledge on prevention programs for diabetes in primary care settings and within the community through population interventions. A scoping review methodology was carried out consisting of a literature search which encompassed searching the indexed peer-reviewed literature, international government and public health websites, and relevant additional grey literature sources. A qualitative analysis was carried out consisting of a descriptive summary of the current status of the literature and a more critical analysis of relevant policies, and practices related to diabetes prevention at the population level. The extracted literature was organized into themes, research areas, and a preliminary assessment of gaps in the literature. The results of the scoping review provided the overall status of the literature on interventions within primary care setting and in the community. A significant amount of the literature from United States and other countries in Europe indicated the limitations in research and evidence on the integration of primary care and public health actions in Canada. Key identified themes and the potential gaps in population interventions for diabetes prevention from this scoping review will serve as preliminary evidence for priority-areas of research and next steps on the integration of primary care and public health. As well, key conceptual frameworks were also identified which pertained to the integration of primary care and public health interventions.

Co-Authors: Gillian Booth, St. Michael's Hospital

C6.3 Constructing CDIP to reduce inequities and increase value of public health services (RAPID FIRE POSTER PRESENTATION) // Construction de la PMCB pour réduire les inégalités et accroître la valeur des services de santé publique (PRÉSENTATION RAPIDE AU MOYEN D'UNE AFFICHE)

Presented by **LINDA FERGUSON**, Manager-Chronic Disease & Injury Prevention, Toronto Public Health

Toronto Public Health's Chronic Disease and Injury Prevention (CDIP) program developed a Chronic Disease Prevention Framework in 2004. This original practice guidance document integrated components of the Health Promotion Cube (Public Health Agency of Canada), Population Health principles, and the Social Determinants of Health.

Thursday February 25, 2016 (Conference Day 2)

Jeudi 25 février 2016 (deuxième journée)

10:45am – 12:15pm Concurrent Sessions D

10 h 45 – 12 h 15 Séances simultanées D

D1 WORKSHOP

ATELIER

WoW CLASP - Workplace Health in Remote Populations

Presented by **FIONNA BLACKMAN**, Project Manager, Working on Wellness, Canadian Cancer Society, BC and Yukon / **BARBARA DOBSON**, Consultant, Goodson Consulting / **SAMANTHA HARTLEY-FOLZ**, Project Manager, WoW and Manager of Knowledge Translation, BC Healthy Living Alliance

How can workplace wellness programs be tailored to meet the needs of hard to reach populations? Very little work has been done to date on reaching men in resource industries or First Nations populations through the workplace setting in Canada. Working on Wellness (WoW) has been working on this since October 2013. In this Workshop, WoW will share our successes and challenges to date. We will demonstrate the steps to bring worksites and champions on board, the training required and how to evaluate success. Workshop attendees will have a chance to discuss how these steps could be moved forward in their own worksites and beyond. WoW will also provide data from our evaluations of the pilot sites in BC and the NWT. Data to date shows program participants trying out healthier behaviors and indicating that healthier choices are being made. This demonstrates the viability of workplace wellness programs targeted to this audience.

ATELIER : COALITION WoW – Bien-être au travail chez les populations éloignées

Présenté par **FIONNA BLACKMAN**, Project Manager, Working on Wellness, Canadian Cancer Society, BC and Yukon / **BARBARA DOBSON**, Consultant, Goodson Consulting / **SAMANTHA HARTLEY-FOLZ**, Project Manager, WoW and Manager of Knowledge Translation, BC Healthy Living Alliance

Comment les programmes de mieux-être en milieu de travail peuvent-ils être personnalisés pour répondre aux besoins des populations difficiles à joindre? Très peu d'efforts ont été déployés jusqu'à maintenant pour sensibiliser dans les milieux de travail canadiens les hommes qui travaillent dans les industries de ressources ou qui font partie de populations des Premières Nations. L'initiative Travailler sur le mieux-être a été mise en place en octobre 2013 pour trouver des solutions à ce problème. Dans le cadre de cet atelier, l'équipe de l'initiative Travailler sur le mieux-être fera état de nos réussites et de nos défis jusqu'à maintenant. Nous présenterons les mesures à prendre pour mobiliser les milieux de travail et les champions à notre initiative, la formation requise et la méthode pour évaluer la réussite. Les participants auront l'occasion de discuter de la façon dont ces mesures peuvent être mises en place dans leurs milieux de travail et ailleurs. L'équipe responsable de l'initiative Travailler sur le mieux-être présentera également des données tirées de nos évaluations des sites pilotes en Colombie-Britannique et dans les Territoires du Nord-Ouest. Les données actuelles révèlent que les participants au programme essaient d'adopter des comportements plus sains et font des choix plus sains. Ces données prouvent donc la viabilité des programmes de mieux-être en milieu de travail visant ce type de public.

D2 WORKSHOP

ATELIER

Learnings from a multi-sectoral partnership for health promotion: Development of a collaborative guide for partnering agencies

Presented by **MARGARET JONES-BRICKER**, Regional Director, Canadian Cancer Society, BC and Yukon Division / **SALLY ERREY**, Prevention Education Leader, BC Cancer Agency

The Harmonization team, over four years of research, have isolated best practices for collaborative approaches in health promotion, through the joint delivery of two initiatives. Informed by a systematic review of the literature and using ongoing critical reflection, the team's experiences were distilled into key learnings, and a collaboration guide is being developed to present important lessons - in a format to support effective, collaborative partnerships. The guide and this workshop includes necessary factors for effective collaboration, a readiness assessment, organizational considerations around planning, implementation and evaluation, and strategies for sustaining collaborative efforts. This workshop will include interactive activities where we will collaborate with participants in order to enhance future usability and relevance to this audience. Workshop participants will walk away with a better understanding of what a successful collaboration takes and new tools to support their next partnership project.

Co-Authors: Margaret Jones-Bricker, Canadian Cancer Society, BC and Yukon Division / Sally Errey, BC Cancer Agency Prevention Programs, Northern Team Cariboo-Chilcotin / Holly Christian, Northehr Health, Population Health / Sonia Lamont, BC Cancer Agency / Joan Bottorff, University of British Columbia, Okanagan campus / Cristina Caperchione, University of British Columbia, Okanagan campus / John Oliffe, University of British Columbia, Vancouver / Kerensa Medhurst, BC Cancer Agency / Theresa Healy, Northern Health, Population Health

Apprendre d'un partenariat multisectoriel en matière de promotion de la santé : élaboration d'un guide collaboratif pour les organismes partenaires

Présenté par **MARGARET JONES-BRICKER**, Regional Director, Canadian Cancer Society, BC and Yukon Division / **SALLY ERREY**, Prevention Education Leader, BC Cancer Agency

Après quatre années de recherches, l'équipe d'harmonisation a cerné des pratiques exemplaires concernant l'adoption d'approches collaboratives pour la promotion de la santé en réalisant deux initiatives de façon conjointe. S'appuyant sur une analyse systématique de la documentation et une réflexion critique continue, l'équipe a transposé ses expériences en apprentissages clés et procède actuellement à l'élaboration d'un guide collaboratif qui présentera les leçons importantes retenues pour appuyer les partenariats efficaces et collaboratifs. Le guide et cet atelier comprennent les facteurs essentiels à une collaboration efficace, une évaluation de l'état de préparation, les facteurs organisationnels dont il faut tenir compte lors de la planification, de la mise en œuvre et de l'évaluation, et des stratégies pour maintenir les efforts de collaboration. Cet atelier comprendra des activités interactives de collaboration avec les participants pour améliorer leur utilisation future et la pertinence des principes. À la fin de l'atelier, les participants auront une meilleure compréhension des éléments nécessaires à une collaboration efficace ainsi que de nouveaux outils mis à leur disposition pour mener à bien leur prochain projet de partenariat.

D3 WORKSHOP

ATELIER

Ways Tried and True: Sharing Stories of Aboriginal Health Interventions // Méthodes éprouvées : Échange d'interventions en matière de santé des Autochtones

Presented by **ANDREA JOHNSTON**, Chief Executive Officer, Johnston Research Inc. (directrice générale, Johnston Research Inc.)

To showcase a culturally-sensitive evaluation framework, Ways Tried and True, which takes a wholistic view of wellness to evaluate Aboriginal health interventions and share the stories of family violence prevention programs which work within integrated models of health care.

Preventing Chronic Diseases; One Step At A Time // Prévention des maladies chroniques : Une étape à la fois

Presented by **AGNES COUTINHO**, Doctor, Guelph University / Humber College / Urban Poling Inc. (médecin, Université de Guelph, Collège Humber, Urban Poling Inc.)

This interactive workshop will introduce the activity of urban poling, also known as Nordic walking, and provide information on how walking with poles is a powerful tool in the prevention of chronic conditions such as obesity, type 2 diabetes and cardiovascular diseases, as well as many other conditions that stem from these.

Co-Authors: Diana Oliver, Urban Poling Inc.

D5.1 Safe street play in the city: tools to encourage city council to take action for the kids // Jouer de façon sécuritaire en ville : outils pour encourager les conseils de ville à prendre des mesures pour les enfants

Presented by **CLARA COUTURIER**, Policy Analyst, Quebec Coalition on Weight-Related Problems

Many Canadian cities prohibit street play with by-laws about noise nuisance, hindrance to traffic and clear interdiction to play in the streets. We developed a municipal resolution that invites city council to rethink the streets and make them safe so kids can freely access this part of public space. To produce the resolution proposition, we documented the subject with scientific literature from different fields: public health, geography, political science, sociology and psychology. A lawyer has been mandated to analyze what could be reasonably proposed to the cities based on legal grounds and rulings. Two tools were produced (in French and English) to help cities who would like to offer a safe space so kids can play in residential streets. We are currently testing these tools with two cities in the province of Quebec. So far, the reception of the tools is highly positive and city councils are taking action on this subject. More results to come in few weeks.

Co-Authors: Geneviève Guérin, Association pour la santé publique du Québec

D5.2 ParticipACTION's Report Card on Physical Activity for Children and Youth // Rapport de ParticipACTION sur l'activité physique chez les enfants et les jeunes

Presented by **BRETT BARTLETT**, ParticipACTION

The Report Card is Canada's most comprehensive yearly assessment of child/youth physical activity. The objective of the Report Card is to determine how Canada scores on a number of indicators and to provide practitioners with information to advocate for, and devise, solutions to enhance physical activity opportunities for children/youth. Comprehensive reviews of academic and nonacademic literature are performed for each indicator of the Report Card. Recently collected surveillance data from both national and regional surveys are also accessed. Research is limited to what was analyzed and/or published in the previous calendar year, unless no new research is identified, in which case older research is considered and compiled. Research that is gradable is put into a summary format and used in the grade assignment process. The Report Card also features a Position Statement on Active Outdoor Play with its inherent risks and was developed through a multi-sectoral approach featuring organizations for a wide variety of non-traditional sectors including injury prevention, insurance industry and outdoor/nature play advocates. Canada received a D minus for overall physical activity levels and sedentary behaviour. Each of the indicators also received a grade with the exception of Physical Literacy and Play - both required additional research. Each of the indicators discusses other areas of research required.

Co-Authors: Christa Costas-Bradstreet, ParticipACTION

D5.3 Exercise After Cardiac Rehabilitation: Location, Degree, and Modality // Où les patients s'entraînent-ils un an après un arrêt cardiaque?

Presented by **SABRINA GALLANT**, Graduate Student, York University

Cardiac rehabilitation (CR) patients increase their physical activity; however, exercise adherence decays afterwards, leading to poorer outcomes. Some community exercise facilities, identified by the "Heart-Wise Exercise" (HWE) logo, are a safe option for patients with heart disease. Our objective was to describe patients' exercise over the 18 months post-CR, and whether they are using HWE facilities. This study presents secondary analysis of an ongoing randomized controlled trial (ECO-PCR) investigating a post-CR exercise facilitation intervention. This design is observational and prospective, and involves assessments of change in participants' quality of life, disease severity, risk factors, knowledge and health behaviors following participation in CR. Participants completed self-report surveys and received assessment of heart disease risk factors at four time points; at CR intake, CR discharge, 1 year post-intake, and 2 years post-intake. Results are reported at 6 months and 18 months post-CR. At CR discharge, 95 (35.1%) exercised at CR, at home or in the community, 50 (20.5%) participants exercised at CR only, and 11 (4.5%) did not exercise. Participants exercised vigorously 1.01±1.95 days and moderately 4.40±6.92 days/week. When asked where they planned to exercise post-program, 170 (78.7%) reported at home, 102 (48.8%) at a community facility, and 56 (29.2%) at another location. At 12 months post-CR, 66 (89.2%) exercised at home, 41 (63.1%) in the community, and 4 (12.1%) did not exercise. Participants exercised vigorously 1.89±6.23 days and moderately 3.84±6.30 days/week. Of the community-based group, 7 (31.2%) exercised at a HWE location. 75 (92.6%) participants exercised individually; of these, the majority walked (n=64, 92.8%). CR graduates most often exercised at home, and HWE programs were infrequently attended. More research into exercise behavior is needed; since exercise is critical to the CR model, exercise facility optimization to increase adherence post-CR would reduce the burden of cardiac disease, both in Canada and globally.

Co-Authors: Deborah Somanader, York University / Sherry Grace, York University; University Health Network / Jennifer Harris, University of Ottawa Heart Institute / Caroline Chessex, University Health Network

D5.4 The importance of identifying barriers and research priorities for implementing policy and planning changes to the built environment // L'importance de cerner les obstacles et les priorités de recherche en vue de la mise en œuvre des modifications en matière de politiques et de planification au sein des environnements bâtis

Presented by **GHAZAL FAZLI**, Student, St. Michael's Hospital

To identify knowledge gaps, challenges and key steps to implementing policy changes related to the built environment that would promote physical activity and reduce obesity. To validate identified emerging themes related to knowledge gaps, and research priorities for the implementation of effective related to the built environment. In fall 2013, a multi-sectoral 'roundtable' stakeholder KT event comprised of a diverse group of professionals from the health, infrastructure, transportation, and planning sectors were invited to participate in, and address this important topic. Data was collected in three different phases to perform stakeholder needs assessment and identification of challenges, successes and failures to implementing policies related to the built environment. This data collection process took place: i) pre-event consultation surveys; ii) consultations during the stakeholder engagement meeting; and iii) post-event consultations. An in depth qualitative thematic analysis was conducted to identify emerging themes related to gaps in knowledge and barriers that impede evidence-based decision-making and policy development related to the built environment, based on stakeholder input. Relevant themes were identified and validated through post-meeting consultations. Key findings from the thematic analyses included five themes: Targeted and Impactful Messaging, Common Measures and Tools, Tailored research for informed policymaking, Intersectoral collaboration and alignment within and between Levels of Government, Importance of Public and Private Sector Advocacy; and two cross-cutting themes: Collective impact (CI) approach, Implementation – focus on the "how" - mechanisms for optimal impact. Additional research and action items were also identified to guide strategies around future research, planning, and policymaking.

Co-Authors: Gillian Booth, St. Michael's Hospital

D5.5 An Integrated Multi-Strategic Approach to Increasing Stair Use: Toronto Public Health's Rediscover the Stairs Campaign // Approche intégrée multistratégique pour accroître l'utilisation des escaliers : la campagne « Rediscover the Stairs » de Santé publique Toronto

Presented by **JACKIE LEROUX**, Toronto Public Health / **MARGARET L. DE WIT**, Quality Improvement Specialist, Toronto Public Health

With increased labour-saving technology and sedentary lifestyles, strategies are needed to better integrate physical activity back into daily living, especially within the workplace. Rediscover the Stairs Campaign provides supportive environments in public spaces, workplaces and city-owned buildings, educational materials, and social media/web marketing to raise awareness and encourage behaviour change. Stair climbing constitutes moderate-to-vigorous physical activity and burns approximately seven times more calories than standing on an elevator. Regular stair use improves cardio-respiratory functioning and reduces the risk of chronic disease. Creation of supportive environments in various settings, educational materials, and social media/web marketing to raise awareness and encourage behaviour change can all be effective in encouraging physical activity. Following implementation of these strategies at various sites over several months, evaluation methodologies included analysis of process outcomes, direct observation of behavioural change in stair use, and worksite surveys asking about awareness, behaviour and future intention to sustain the behaviour change. Findings demonstrate increased awareness through extensive coverage and exposure to Campaign materials in a variety of settings. Increased stair use and intention to sustain the behaviour change are also reported by workplace survey participants. Based on the preliminary evidence, Toronto Public Health will continue to incorporate and implement the intervention in other City-owned facilities and participating private workplaces. Considering the evaluation feedback, components encouraging increased participant engagement and further enhancements to supportive environments should also be incorporated to help sustain behavioural change. Expanded Campaign implementation efforts will benefit from our better understanding of some of the challenges with management and assessment posed by a multi-strategy, multi-setting approach. The current lack of direct and/or well-controlled indicators of actual behavioural change and the means of quantifying sustained change must also be addressed in the future.

1:15pm – 2:00pm Concurrent Sessions E 13 h 15 – 14 h 00 Séances simultanées E

E1 FEATURED PRESENTATION PRÉSENTATION PRINCIPALE

Enhancing healthcare for Indigenous patients: Building on the recommendations of the Truth and Reconciliation Commission

Moderated by **JILL SKINNER**, Associate Director, Policy Development and Analysis, Canadian Medical Association (directrice associée, élaboration et analyse des politiques, Association médicale canadienne)

Presented by **JANET SMYLLIE**, Director, Well Living House St. Michael's Hospital / Research Scientist

This session will examine new approaches and evidence in enhancing health services for Indigenous patients with a focus on health care professional relationship and communication. Links will be made to the recommendations made in the final report of the Truth and Reconciliation Commission.

E2 WORKSHOP ATELIER

Using Multi-sectoral Partnerships to Mobilize Knowledge on Active Transportation

Presented by **KENDALL TISDALE**, Analyst, Prevention, Canadian Partnership Against Cancer

Developing active transportation policies is one way to create supportive environments for Canadians to be more physically active, and by necessity is an area rich in multi-sectoral partnerships between transportation, planning, and often public health. During this session, the Canadian Partnership Against Cancer will share ways it can help support Canadian jurisdictions in learning from others across Canada working on active transportation policies. Participants will: understand core concepts from political science on the policy process and factors influencing healthy public policy; complete a case study activity focusing on multi-sectoral active transportation policy development; and have an opportunity to utilize resources developed by the Canadian Partnership Against Cancer, and others, to inform their work.

Co-Authors: Michelle Halligan, Canadian Partnership Against Cancer

Le recours à des partenariats multisectoriels pour mobiliser les connaissances sur les modes de transport actifs

Présenté par **KENDALL TISDALE**, analyste, prévention, Partenariat canadien contre le cancer

L'élaboration de politiques sur les modes de transport actifs est une façon de créer des milieux favorables à l'accroissement de l'activité physique chez la population canadienne, ce domaine étant d'ailleurs, par nécessité, propice à l'établissement de nombreux partenariats multisectoriels entre les domaines du transport, de la planification et, souvent, de la santé publique. Pendant l'atelier, le Partenariat canadien contre le cancer présentera les divers moyens qu'il met à la disposition des administrations canadiennes pour les aider à apprendre auprès de leurs homologues qui travaillent à l'élaboration de politiques sur les modes de transport actifs. Les participants comprendront les concepts de base des sciences politiques sur le processus d'élaboration de politiques et les facteurs influant sur les politiques sur la santé publique. Ils prépareront aussi une étude de cas sur l'élaboration de politiques multisectorielles sur les modes de transport actifs. De plus, ils auront l'occasion d'utiliser les ressources créées par le Partenariat canadien contre le cancer et d'autres organismes pour orienter leur travail.

Co-Authors: Michelle Halligan, Canadian Partnership Against Cancer

E3 EVALUATION ÉVALUATION

E3.1 Benchmarking Canada's Health System: Learning from other countries to prevent and manage diabetes // Analyse comparative du système de santé canadien : tirer des leçons d'autres pays pour prévenir et gérer le diabète

Presented by **KATERINA GAPANENKO**, Manager, Health System Performance, Canadian Institute for Health Information

There is increasing interest in international comparisons of health system performance. Although there are methodological challenges in having consistent and comparable data, there is much to be gained in understanding how Canada compares internationally. International comparisons can enhance accountability, improve benchmarking and support mutual learning. Data from the Organisation of Economic Co-operation and Development (OECD), an international partnership of 34 member countries, was used to examine trends in diabetes prevalence rates, risk factors and management. The prevalence of diabetes and its risk factors (e.g. obesity and diet) in Canada is high relative to other countries in the OECD. Examining Canada's relative performance in regards to diabetes demonstrates the actionability and relevance of international comparisons for health policy and promotion. Looking to countries performing well on indicators related to risk factors and management of diabetes, there are a number of policies that show promising results in reducing risk factors for diabetes and improving management. A selection of these policies will be highlighted. Drawing on successful policies from high performing countries can aid in the development of strategies and programs aimed at reducing the prevalence and improving management of diabetes in Canada. Although reducing the burden of chronic disease is challenging, using international comparisons for mutual learning may lead to healthier populations across the globe.

Co-Authors: Deborah Schwartz, Canadian Institute for Health Information / Grace Cheung, Canadian Institute for Health Information / Mark McPherson, Canadian Institute for Health Information / Jennifer D'Silva, Canadian Institute for Health Information

E3.2 The Role of an Evaluation Goal in Multi-Sectoral Partnerships // Le rôle d'un objectif d'évaluation dans le cadre de partenariats multisectoriels

Presented by **SUSAN HORNBY**, Manager Cross Sector Strategic Engagement, Pan-Canadian Joint Consortium for School Health / **KATHERINE KELLY**, Pan-Canadian Joint Consortium for School Health

The JCSH has adopted Evaluation, Monitoring, and Accountability as one of its four goals in this its third mandate. Determining clear outcomes in social networks is complex, and so the objective of this presentation is to discuss key learnings, challenges, and priorities in evaluation for this consortium of health and education departments.

E3.3	Board of Director Membership and Chronic Disease Prevention // Membres du conseil d'administration et prévention des maladies chroniques
<p>Presented by DENNIS RAPHAEL, Professor of Health Policy and Management, York University</p> <p>The purpose of this project is to explore how dominant ideas about the nature of chronic disease articulated by major chronic disease organizations prevents public policy action that would address their primary causes and reduce their incidence. Through critical analysis of the membership of the boards of directors of major chronic disease organizations, we explore how the members' backgrounds potentially limit the ideas and projects that these associations develop and implement. Analysis is also made of major policy documents produced by these organizations. The hypothesis is considered that the reason these approaches are so limited is due to the narrowness of the membership of these boards of directors. The findings of this research strongly indicate that there is a need to expand the membership of the boards of directors that guide the activities of these chronic disease associations. This is especially important since those who are most likely to suffer these afflictions are usually the poor, the excluded, and the marginalized. Since so few of these group members are included in the boards of directors of these organizations, our findings suggest the need for urgent action on this front.</p> <p>Co-Authors: Dennis Raphael, York University / Toba Bryant, University of Ontario Institute of Technology / Claudia Chauhan, York University</p>	
E4	WORKPLACE LIEU DE TRAVAIL
E4.1	<p>Health Links: An Umbrella for Addressing Public Health At Work // « Health Links » : un médium pour traiter de la santé publique au travail</p> <p>Presented by JOSHUA SCOTT, Instructor, Colorado School of Public Health</p> <p>Using an evidence based framework developed from the CDC's Total Worker Health model, we aim to integrate workplace safety and wellness promotion through expert advising, healthy business certification, and a connection to community resources targeted at improving the health, safety, and well-being of employers, employees, families and their communities. Through one-on-one educational sessions, expert advisors work with businesses to conduct assessments, identify solutions and create action plans. Health Links uses an online workplace assessment tool adopted and developed from the Centers for Disease Control and Prevention and the World Health Organization to recognize and certify businesses that have made a positive change in their environment and are shifting the way they do business to focus on health. Those organizations that create or improve their wellness platforms to integrate safety using the Health Links Framework have shown a reduction in workers' compensation claims/costs, an increase in worker engagement, an increase in employee health status, and an over all positive return on investment.</p> <p>Co-Authors: Lili Tenny, Health Links Colorado, Colorado School of Public Health</p>
E4.2	<p>WellnessFits: A comprehensive workplace wellness model and lessons from practice // « WellnessFits » : un modèle exhaustif de mieux-être au travail et leçons découlant de la pratique</p> <p>Presented by LAURA DALE, WellnessFits Coordinator, Canadian Cancer Society, BC and Yukon Division</p> <p>WellnessFits offers BC employers support and resources to create healthy work environments that enhance the health of their workers. Providing evidence based information related to cancer and chronic disease risk factors, WellnessFits aims to prevent incidences of cancer and chronic disease in the working population while creating returns for employers.</p> <p>Co-Authors: Fionna Blackman, Project Manager, Working on Wellness, Canadian Cancer Society</p>
E4.3	<p>POWERPLAY: Impact of a worksite health promotion intervention tailored for men on physical activity and healthy eating // « POWERPLAY » : incidence sur la santé et une saine alimentation d'une intervention sur place axée sur la santé au travail et adaptée aux hommes</p> <p>Presented by SALLY ERREY, Prevention Educational Leader, BC Cancer Agency</p> <p>Through a multi-sectoral partnership between the Canadian Cancer Society, BC Cancer Agency, Northern Health and researchers at the University of British Columbia and Athabasca University, a gender-sensitive workplace intervention ("POWERPLAY") targeting physical activity and healthy eating was developed. Findings from an evaluation of the POWERPLAY program will be presented. POWERPLAY was implemented in 4 male-dominated workplaces in Northern British Columbia. Using a pre-post design, data were collected via computer-assisted telephone interviews and included measures of walking from the International Physical Activity Questionnaire, the Godin Leisure-time Questionnaire, and daily fruit and vegetable intake at baseline and after 6 months. A series of questions categorized 6 month participants into receiving either a low or high dose of the program. An ANOVA was used to compare baseline, low program dose and high program dose groups. Baseline measures were completed by 139 men and follow-up measures were completed by 103 men. Compared to baseline those who received a high program dose walked more from place to place ($p < .05$) and for leisure ($p < .05$). Minutes walking at work did not significantly differ between groups. No differences were found for fruit/vegetable intake. Those in the high dose group reported learning significantly more about physical activity and healthy eating than those in the low dose group ($p < .05$) as a result of the program. Rural and northern men experience disproportionately higher rates of chronic disease than their female counterparts; yet few health promotion programs have targeted men specifically. Given that men are a hard to reach population in the promotion of modifiable behaviours known to reduce the risk of chronic disease, the workplace is a suitable location to engage men. The POWERPLAY program demonstrates potential for being an acceptable and feasible approach to improving physical activity and dietary behaviour among working men in northern settings.</p> <p>Co-Authors: Joan Botorff, University of British Columbia, Okanagan campus / Steve Johnson, Athabasca University / Sonia Lamont, BC Cancer Agency / Sean Stolp, University of British Columbia, Okanagan campus / Cristina Caperchione, University of British Columbia, Okanagan campus / John Oliffe, University of British Columbia, Vancouver / Megan Klitch, Canadian Cancer Society, BC and Yukon Division / Margaret Jones-Bricker, Canadian Cancer Society, BC and Yukon Division / Sally Errey, BC Cancer Agency Prevention Programs, Northern Team Cariboo-Chilcotin / Kerensa Medhurst, BC Cancer Agency / Holly Christian, Northern Health, Population Health / Cherisse Seaton, University of British Columbia, Okanagan campus / Theresa Healy</p>
E5	SCREENING / DIABETES DÉPISTAGE ET DIABÈTE
E5.1	<p>NorWest Mobile Diabetes and Kidney Disease Screening and Intervention Project // Projet mobile NorWest de dépistage et d'intervention à l'égard du diabète et des maladies rénales</p> <p>Presented by SHANNON MILKS, Chronic Disease Coordinator, NorWest Co-op Community Health Centre / LOUISE OAKLEY, NorWest Co-op Community Health Centre</p> <p>NorWest partnered with Diabetes Integration Project and Manitoba Renal Program FINISHED project to implement a proven model of mobile screen/triage/treat using point of care testing clinics targeting high risk populations in urban/high need communities. FINISHED is a 3 year public health initiative in 11 Manitoba First Nations communities. NorWest will engage target populations through multi-faceted outreach ensuring culturally-safe care through training/capacity development from Diabetes Integration Project (DIP) and Manitoba Renal Program (MRP). The screen/triage/treat process includes informed consent, blood pressure reading, finger prick blood and urine sample, questionnaire, triaging of risk using a validated algorithm. Education regarding results and follow up care/services are implemented tailored to each individuals specific needs and risk category for CKD progression to kidney failure. Results are available within 15 minutes using point of care testing equipment and education/follow up in real time. In Manitoba, FINISHED screened/triaged/treated 1900 individuals. Over 25% of participants had some level of kidney disease. In Winnipeg, NorWest has led mobile clinics within 3 neighborhoods at high risk of CKD and diabetes. Over 7 weeks 94 individuals have participated. Forty-six were referred to their provider for follow up. Twelve individuals who did not have primary care providers were referred to NorWest. Four emergent referrals were made to MRP for multidisciplinary CKD care. Referrals were also made for diabetes education/foot care/dietitian services/smoking cessation, etc. The one year goal is to screen 500 participants. A mobile screen/triage/treat strategy using POCT equipment, real time risk assessment and referral for follow up is feasible in high risk rural and urban communities. Scaling up this project and formal cost effectiveness analysis can best inform policy on widespread adoption of this model of care delivery.</p> <p>Co-Authors: Paul Komenda, University of Manitoba / Manitoba Renal Program, Seven Oaks General Hospital / Audrey Gordon, Manitoba Renal Program, Seven Oaks General Hospital</p>

E5.2 Registered Nurse Staffing and Health Outcomes of Patients with Type 2 Diabetes within Primary Care in South Eastern Ontario // Dotation en personnel infirmier autorisé et résultats en santé pour les patients atteints de diabète de type 2 auxquels sont prodigués des soins primaires dans le sud-est de l'Ontario

Presented by **JULIA LUKEWICH**, Assistant Professor, Memorial University of Newfoundland

Nurses form the core of interdisciplinary teams within the primary care setting. In acute care, positive associations between nurse staffing and quality of care have been established. This study was conducted to explore associations between nurse staffing and patient health outcomes in the primary care setting. This study utilized nurse staffing data acquired through a cross-sectional survey of Family Health Teams (FHTs) (n=15) and patient data from the Canadian Primary Care Sentinel Surveillance Network (CPCSSN) in south eastern Ontario to explore relationships between the presence of Registered Nurses and Type 2 diabetes outcomes. The patient sample was comprised of individuals with diabetes, between the ages of 18-100, and who had ≥ 1 primary care encounter between April 1, 2013-March 31, 2014 (n=6673). The diabetes outcomes explored included: hemoglobin A1c (HbA1c), fasting plasma glucose (FPG), blood pressure (BP), low-density lipoprotein cholesterol (LDL-C), and urine albumin creatinine ratio. 86.7% of practices had ≥1 Registered Nurse. The presence of ≥ 1 Registered Nurse in a FHT was associated with increased odds of diabetic patients having diabetic management indicators on-target, including HbA1c, FPG, BP, and LDL-C. Practices with the lowest ratios of diabetic patients-per-Registered Nurse had a significantly greater proportion of patients who had HbA1c and FPG measurements on-target compared to practices with the highest ratios of diabetic patients-per-Registered Nurse. Overall, this study demonstrated the feasibility of linking primary care nurse staffing data acquired through an organizational survey to patient data within the CPCSSN. The findings suggest that FHTs utilizing a model of care that incorporates Registered Nurses exhibit better patient outcomes. These findings can be used to help inform policy-makers about decisions regarding primary healthcare reform.

Co-Authors: Joan Tranmer, Queen's University / Dana Edge, Queen's University / Elizabeth VanDenKerkhof, Queen's University / Tyler Williamson, University of Calgary

E5.3 Key findings from the 2015 Report on Diabetes: Driving Change // Constatations clés du rapport 2015 sur le diabète : stimuler le changement

Presented by **JANE TSAI**, Analyst, Public Policy, Canadian Diabetes Association

Given the increasing prevalence and burden of diabetes in Canada, the 2015 Report on Diabetes: Driving Change was developed to describe the current state of diabetes in Canada, the existing gaps in care and the support available for people with diabetes, and prompt action from members of the diabetes community to address the gaps and support all Canadians with diabetes achieve their full potential, regardless of where they live. Key findings from the report show that diabetes prevalence has more than doubled since 2000 and will grow by more than 40% by 2025, along with a similar increase in direct healthcare costs to treat diabetes. Many people are at risk for type 2 diabetes due to high prevalence of modifiable risk factors among Canadians, and yet screening for diabetes is insufficient. Aboriginal communities bear a disproportionate burden of diabetes and risk factors. High out-of-pocket costs for treatments, poor mental health and stigma compromise the ability of Canadians with diabetes to effectively manage their disease. The report has also found that some Canadians with diabetes had to wait over a year to see a diabetes educator, many are not receiving recommended care such as annual eye and foot exams, and provincial coverage varies/is limited for essential health-care services such as exercise services provided by exercise professionals, psychological tests/services and podiatry (chiroprody). Findings in the report support the need for urgent policy interventions in the following areas: 1) inequities in health outcomes in Aboriginal communities; 2) compromised diabetes self-management in vulnerable groups such as children; 3) amputation prevention; and 4) poor mental health, stigma and discrimination.

E6 TOOLS & APPROACHES

OUTILS ET APPROCHES

E6.1 An online risk assessment tool for 10 chronic diseases affecting Canadian women // Un outil d'évaluation du risque en ligne pour 10 maladies chroniques touchant les femmes canadiennes

Presented by **CAROLYN GOTAY**, Professor, University of British Columbia

Health risk assessments (HRA) provide users with information about their propensity for developing diseases and conditions. Most HRAs focus on the probability of developing a single disease. The aim of this project was to create an online HRA tool for Canadian women that provides the user's estimated risk for 10 common chronic diseases. The 10 diseases (breast cancer, colon cancer, COPD, depression, diabetes, heart disease, lung cancer, osteoporosis, ovarian cancer, stroke) were selected on the basis of their burden in Canadian women (incidence rates, disability-adjusted life years) and potential preventability. We extracted items from current validated HRAs and identified common domains and questions across tools. The most predictive domains and items were harmonized to create a single weighted item pool that yielded risk estimates for each disease. The estimates were tested with typical and extreme cases. HRA results triggered information about risk reduction strategies tailored to the individual user. A functional online tool has been beta-tested and validated. It is available in English and French, and provides estimates of risk status for each disease and information on prevention and behaviour change. The tool will next be implemented in a large health care organization. This HRA tool is unique in providing user-specific information on risk and risk reduction for 10 chronic diseases. It addresses a gap in online risk assessment resources that typically assess only a single disease. This innovative tool has the potential to decrease the burden of preventable chronic disease in Canadian women.

Co-Authors: Michelle Cyca, University of British Columbia / Laura Dale, University of British Columbia / Candace Chan, University of British Columbia

E6.2 Evaluating It's My Life!, online cancer prevention tool // Évaluation de C'est ma vie!, l'outil en ligne de prévention du cancer

Presented by **ELIZABETH HOLMES**, Health Policy Analyst, Canadian Cancer Society

About half of all cancers can be prevented, but changing behaviour remains a challenge. In September 2014, the Canadian Cancer Society launched It's My Life! an interactive, evidence-based tool to educate Canadians about cancer prevention and empower them to make a lifestyle change. Evaluation is underway to measure impact. Several measures are being used to evaluate the tool. An intercept survey was embedded to capture users' initial impressions. Those completing this survey were asked to complete a follow-up survey several months later to gauge any change in awareness and impact the tool had on personal lifestyle change. Additional metrics are being tracked on social media and web to understand how people use and engage with the tool. In the first six months, there was 22,144 unique visitors and 30,803 visits (66.2% new visits) to the tool. These sessions resulted in 239 visitors following one of the links to cancer.ca for more info and 5837 online pledges to change behaviour. Intercept survey results show that participants found It's My Life! to be relevant to them (97.9%) and easy to understand (98.7%). They learned a lot about how to reduce risk (93.2%) and intended to make a change in lifestyle (92.9%). Most also intended to visit the Society's website for more information (84.8%). With almost three-quarters of Canadian home Internet users going online for health information and many Canadians being unable to identify lifestyle risk factors linked to cancer, It's My Life! is a tool that can increase awareness and encourage behaviour change.

Co-Authors: Robert Nuttall, Canadian Cancer Society / Monika Dixon, Canadian Cancer Society / Prithwish De, Cancer Care Ontario

E6.3 Youth Mentoring: An Investment in Healthy Living // Le mentorat des jeunes : un investissement pour une vie saine

Presented by **PETER COLERIDGE**, President and Chief Executive Officer, Big Brothers Big Sisters of Canada

This session examines the social determinants of health faced by many of today's youth, the important role of mentoring and its impact well into adulthood. The presentation will include a broad perspective on positive life outcomes, examining education, employment, poverty, life skills, and personal well-being based on several research studies.

F1 WORKSHOP

ATELIER

First Nations Gardens for Health: Experiences from western and central Canada // Jardins de santé des Premières Nations : les expériences de l'Ouest et du centre du Canada

Moderated by **JAMMI KUMAR**, Project Manager, First Nations Food Systems Project

Presented by **JONAS COTE**, Principal, Chief Gabriel Cote Education Complex / **BARBARA MCRAE**, Education Coordinator, Sik-e-dakh / **CHARLENE PITTMAN**, Community Health Worker, Ashcroft Band Health Centre

Even before the falling looney turned food prices into headline news, rural and remote communities in Canada have been challenged in obtaining good, fresh produce. Increasingly, First Nations are turning to gardening as a way to secure a reliable supply of fresh fruit and vegetables. This panel will explore the experiences, challenges, and opportunities involved in developing and maintaining gardens in four First Nations communities in BC, Saskatchewan, and northwest Ontario. Panelists will discuss issues ranging from community support and engagement to the impact of their gardens on food security.

F2 WORKSHOP

ATELIER

Tobacco Interventions for First Nations, Inuit and Métis Populations: Building Capacity through Collaborative Engagement

Presented by **MEGAN BARKER**, Education Specialist, Centre for Addiction and Mental Health / **JACQUELINE MOORE**, Manager - Aboriginal Tobacco Program, Cancer Care Ontario

The goal of this presentation is to model a process of collaborative engagement with First Nations, Inuit and Métis stakeholders, healthcare practitioners, and community members, to develop an eLearning course in tobacco dependence treatment. We will highlight the benefits as well as the challenges to ongoing and authentic engagement and steps taken to address this. The presentation will also foster an understanding of Indigenous approaches to eLearning through the demonstration of culturally appropriate instructional design techniques that reflect First Nations, Inuit and Métis traditional ways of learning, knowing, healing and recovery. Finally, participants will hear how collaborative engagement and a culturally relevant pedagogical approach impacted the quality of the learner experience by sharing course outcome data.

Co-Authors: Rosa Dragonetti, Centre for Addiction and Mental Health / Peter Selby, Centre for Addiction and Mental Health

Interventions en matière de tabagisme chez les Premières Nations, les Inuits et les Métis : renforcer la capacité grâce à l'engagement collaboratif

Présenté par **MEGAN BARKER**, Education Specialist, Centre for Addiction and Mental Health / **JACQUELINE MOORE**, Manager - Aboriginal Tobacco Program, Cancer Care Ontario

L'atelier vise à créer un processus d'engagement collaboratif avec des intervenants, des professionnels de la santé et des membres des collectivités inuites, métisses et des Premières Nations, afin de mettre au point un cours d'apprentissage en ligne sur le traitement de la dépendance au tabac. Nous soulignerons les avantages et les défis d'une mobilisation authentique et continue, et les mesures prises pour faire face à ces défis. L'atelier favorisera également la compréhension des approches d'apprentissage en ligne utilisées par les Autochtones en faisant la démonstration de techniques de conception pédagogique adaptées au contexte culturel qui tiennent compte des méthodes traditionnelles d'apprentissage, d'acquisition de connaissances, de guérison et de rétablissement des Premières Nations, des Inuits et des Métis. Enfin, les participants découvriront comment l'engagement collaboratif et une démarche pédagogique adaptée au contexte culturel peuvent avoir une incidence sur la qualité de l'expérience de l'apprenant en mettant en commun les données sur les résultats du cours.

F3 WORKSHOP

ATELIER

F3.1 Changing the Menu: A Knowledge Exchange Strategy for School Food in Canada // Du changement au menu : stratégie d'échange de connaissances pour les aliments dans les écoles au Canada

Presented by **SHARON BRODOVSKY**, Principle, Sharon Brodovsky Consulting / **MARY MCKENNA**, University of New Brunswick / **MICHELINE TURNAU**, Heart and Stroke Foundation

Share highlights, key findings and helpful resources from the Changing the Menu conference dedicated to bringing healthy, local, and sustainable food to students by advancing food literacy, nutrition policies, access to school food programs and strategic partnerships. Provide opportunities for further knowledge exchange among researchers, policy-makers, and practitioners engaged in school food. The workshop will share the unique design of this conference, developed as part of a knowledge exchange strategy of Nourishing School Communities CLASP. The conference will bring together over 350 participants from multiple sectors to discuss the following themes: a. Access to healthy food b. Improving food literacy c. Sustainable food systems d. Connecting schools and communities e. Supporting policy development f. Conducting research and evaluation We will describe the interlocking components of the conference, from a pre-conference survey, to the thematic intersections at the conference, to follow-up activities to engage participants in a discussion on improving school food. The conference is a benchmark for the current state of school food in Canada. To scale up promising practices and learn from "failure", requires more intentional strategies and research support for partners to work together to shift school food policies and practices. The foundational objectives of this conference are to strengthen the connections between research, policy and practice. At the conference, the knowledge sharing process will be co-created with participants, better equipping them to work with their constituencies to improve school food in Canada. Strategies identified include: engaging students through curricular and broader civic participation, indigenous learning circles, working with private school food providers, local cross-sectoral planning tables, evaluation tools and best practices, mapping and online communications engagement tools. This workshop will enable conference delegates to actively engage in this on-going process as part of a broader post-conference knowledge exchange strategy.

Co-Authors: Ruthie Burd, The Lunch Lady Group Inc / Joanne Bays, Farm to Cafeteria Canada / Scott Graham, Social Planning and Research Council of BC / Sharon Brodovsky, YMCA Canada / Bev Whitehawk, Federation of Saskatchewan Indian Nations / / Jennifer Yessis, Propel Centre for Population Health Impact / Barbara Zupko, Propel Centre for Population Health Impact

F4 SUGAR-SWEETENED BEVERAGES

BOISSONS SUCRÉES

F4.1 Lessons learned on the application of a tax on sugar sweetened beverages // Leçons tirées de l'application d'une taxe sur les boissons sucrées

Presented by **CORINNE VOYER**, Director, Quebec Coalition on Weight-Related Problems

Presenting different cases (Mexico, France and Berkeley) that demonstrate the feasibility of a special tax on sugar sweetened beverages (SSB) as a way to reduce SSB consumption and generate revenue to support prevention initiatives. The project draws lessons for other jurisdiction considering such a tax, which is highly discussed nowadays. Since the SSB tax is a relatively new measure that has been implemented, at our knowledge, there is not much academic literature available on this specific topic. The information has been gathered from different sources: we followed political processes, documented grey literature, official reports on the mechanism of the SSB tax and got preliminary results where it was available. We also collected data by contacting primary sources directly implicated in the tax on SSB in different jurisdiction. We were able to identify lessons to learn from the implementation of a SSB tax - Creating a particular political context - Defining the policy and the definition of SSB - The SSB tax works: preliminary results show that SSB consumption is reducing and the price is increasing

F4.2 Can we reduce sugar consumption in Canada through voluntary agreements and industry partnership? / Pouvons-nous réduire la consommation de sucre au Canada par l'entremise d'ententes volontaires et de partenariats avec l'industrie?

Presented by **LESLEY JAMES**, Senior Health Policy Analyst, Heart and Stroke Foundation

To examine the effectiveness of nutrition policy measures which aim to reduce sugar consumption with a particular focus on partnerships/voluntary agreements between the food industry and governments. Determine which policies could work best within the Canadian context. 1) Literature review on the effectiveness of policy interventions to reduce sugar intake. 2) Environmental scan of emerging sugar reduction policies and the evidence around their impact. 3) Use trend data for projections on Canadian consumption. Determine policy implications based on current and projected consumption as well as industry trends. Voluntary agreements could be effective in reducing sugar intake but specific parameters must be in place which include a strong evidence-base, well-defined targets, and monitoring of progress. While partnership and voluntary agreements are often preferred by numerous stakeholders, nutrition policy which focuses on going beyond voluntary agreements and industry partnership has the potential to be highly impactful in reducing sugar intake at the population level and should be considered as a strategy for chronic disease prevention.

F5 YOUTH

JEUNES

F5.1 Youth Engagement: Are we doing it right? / Mobilisation des jeunes : Faisons-nous ce qu'il faut?

Presented by **KIMBERLY MCCOLL**, Nutrition Promotion Consultant, Toronto Public Health / **SHARIF MAHDY**, Centre of Excellence for Youth Engagement

Youth Engagement programs can be fun, innovative and a strong return on investment by improving health outcomes but can be difficult to measure. Toronto Public Health collaboratively with the Centre of Excellence for Youth Engagement undertook an evaluation and will share outcomes and learnings of working with at risk youth. Youth 13-24 years of age, participating in any of Toronto Public Health's youth leadership programs were invited to complete a validated survey at multiple points in time, as well as contribute to focus group discussions. Data collection tools included modules on demographics, physical health, mental health and program qualities. Each individual was connected to a unique non-identifying code for matching, while analysis included descriptive statistics, frequencies and cross-tabulations. Youth participants were provided the opportunity to interpret the results and emerging themes as well as provide recommendations on program improvements. This presentation will focus on outcomes as well as qualities and components within youth engagement programs that are responsible for these positive results. We will share facilitators, barriers and strategies to transform chronic disease prevention programs that truly engage youth and improve health outcomes.

F5.2 Core Indicators and Measures of a Comprehensive School Health Approach in Improving Equity in Student Achievement // Indicateurs et mesures clés d'une approche exhaustive en matière de santé à l'école afin d'améliorer l'équité en ce qui a trait à la réalisation des étudiants

Presented by **SUSAN HORNBY**, Manager Cross Sector Strategic Engagement, Pan-Canadian Joint Consortium for School Health / **KATHERINE KELLY**, Pan-Canadian Joint Consortium for School Health

To determine a framework of core indicators and measures establishing a comprehensive school health approach as global concept that contributes to student achievement for all children and youth, thus realizing equity outcomes and enhancing the role of the school in student wellbeing and achievement. In 2013, the JCSH commissioned the Social Program Evaluation Group (SPEG) at Queen's University to develop a set of Core Indicators and Measures (CIM) to measure how CSH impacts student achievement based on the effectiveness of CSH in building a culture of wellbeing and achievement in the school setting and in the lives of students. To achieve this, the SPEG team supported by a JCSH Research Advisory Committee, consulted three data sources: scholarly literature, grey literature, and interviews with 24 health / education experts from throughout Canada. The framework that was developed identifies critical insights into future research needs. As a network of government ministries, each of them mindful of fiscal restraints while engaged in effective initiatives, the JCSH is committed to three long-term outcomes; one of these increased research coordination. This project serves the commitment to this outcome in addition to the JCSH's commitment to an equity lens in its work. The approach of comprehensive school health allows school communities to use CSH to benefit each student. Among the research findings is one specific to equity and inclusion: to promote an expansive definition of student achievement beyond test scores to academic, success, and environmental indicators. Conclusions The JCSH is committed to moving forward with this research in order to leverage the CIM framework to move research beyond studies of a single health focus to that encompassing the four components of CSH: teaching and learning, healthy school policy, social and physical environment, and partnerships and services.

F5.3 A utilization focused evaluation of readiness for a combat sports (wrestling and boxing) program in Conne River, Newfoundland, Canada // Évaluation axée sur l'utilisation au sujet de l'état de préparation pour la réalisation d'un programme de sports de combat (lutte et boxe) à Conne River, Terre-Neuve-et-Labrador, Canada

Presented by **DUSTIN SILVEY**, Doctoral Student, Memorial University of Newfoundland

We propose to develop, deliver, and evaluate a combat sport program to address mental health issues among Aboriginal youth in Newfoundland and Labrador. This first study (of three) serves to evaluate what the community of Conne River, Newfoundland, Canada feels its needs are in reference to programs, youth, and depression. Working with the Band Council of Conne River, Newfoundland and using Indigenous methodology laid out by Linda Tuhiwai Smith (1999) to incorporate healing and transformation within the community of Conne River, NL we will conduct a descriptive, cross-sectional survey of stakeholder groups (educators, Band Council members, and parents) to assess the perceived need and sustainability of a combat sport program. The survey will be followed up with a semi-structured question and answer session to gain further insight into the perceived needs and barriers for future implementation of the program. The data will not be collected and analyzed until the end of November 2015. However, if accepted, researchers will send conclusions to CDPAC by mid December 2015. The aim of this whole three-part project is to show that the implementation of a sustainable combat sports program in Aboriginal communities can help support youth physical and mental wellbeing. If the project is successful, researchers will pursue to have wrestling reinstated as a curriculum course in the physical education teacher program, thus giving physical education teachers the ability to start programs in other Aboriginal and rural communities.

Co-Authors: Adam Dubrowski, Memorial University of Newfoundland

F6 PANEL PRESENTATION

PRÉSENTATION DU GROUPE D'EXPERTS

Oral Health: Tackling inequalities through an integrated health promotion approach // Santé buccale : Lutter contre les inégalités par l'entremise d'une approche intégrée en matière de promotion de la santé

Presented by **MARTIN CHARTIER**, Public Health Agency of Canada / **ANNE ROWAN-LEGG**, Department of Pediatrics, Children's Hospital of Eastern Ontario / **IBO MACDONALD**, Registered Nurses' Association of Ontario

To propose an integrated "common risk factors" interdisciplinary approach to oral health, acknowledging that certain vulnerable populations are disproportionately represented with high rates of oral diseases and limited access to care. This panel presentation will provide an overview of the current inequalities and the disparate approach to oral diseases in both the medical and dental disciplines. It will highlight that oral diseases tend to cluster among disadvantaged people especially low socioeconomic status families, Aboriginal communities, people with disabilities, dependent older people, rural and remote populations, and new immigrants. Guided by systems thinking, the interdisciplinary approach, integrated into existing comprehensive health promotion strategies and practices and implemented in various non-traditional delivery settings, will be discussed through policy, research, and practice perspectives. Presentation: Option 1 : 90 minutes Option 2 : 70 minutes Oral health is an integral part of overall health. In fact, oral diseases are amongst the most common chronic diseases worldwide, including in Canada. Oral diseases are a significant public health concern due to both their impacts on individuals' quality of life and on health care costs. Furthermore, oral diseases share risk factors such as unhealthy diet, tobacco, alcohol and other substances use with other leading chronic diseases. An integrated approach to promote both oral and general health represents an effective way to increase health care system performance by reducing disease burden, reducing health care costs, and improving populations' quality of life. Concrete examples of initiatives brought by the panel toward that end are most needed and will inform health promotion program managers and health professionals for optimal planning and implementation.