

C A L L F O R A B S T R A C T S



**Mapping the Future
of Public Health:**

People, Places and Policies

**Planifier l'avenir de la
santé publique :**

les gens, les lieux et les politiques

Canadian Public Health Association
96th Annual Conference
Ottawa, Ontario
September 18-21, 2005

In partnership with the Canadian Institute for Health Information -
Canadian Population Health Initiative, the Canadian Institutes of Health
Research - Institute of Population and Public Health, and the Public
Health Agency of Canada

In association with
Statistics Canada's Health Statistics Data User's Conference 2005

The Conference Steering Committee invites submissions.
Further information concerning registration and accommodation
will be sent to you in May 2005.

Deadline for submission:

Deadline Extended to March 4, 2005! 5:00 p.m. EST

D I S P O N I B L E E N F R A N Ç A I S



**Mapping the Future
of Public Health:**
People, Places and Policies

**Planifier l'avenir de la
santé publique :**
les gens, les lieux et les politiques

Preamble

The Canadian public health landscape is ever changing with the appointment of a first- ever Minister of State for Public Health and Chief Public Health Officer, and the advent of the Public Health Agency of Canada. Public health is increasingly challenged and affected by new and emerging threats which result from global, economic, technological, cultural and ecological forces, and which impact on the health of citizens in Canada and abroad. The breadth and underlying evidence base for effective public health policy and practice is also becoming more complex, calling for new models for collaborative action and a renewed focus on bridging our research, policy and practice silos. Concerted effort that builds on existing and new knowledge to address the priority public health issues of our time requires the meaningful engagement of many players: researchers, policy makers and practitioners from diverse disciplinary perspectives and sectors. Considerable attention is also being paid to defining essential public health functions and core competencies that will ensure that we are adequately training, mentoring and supporting the existing and next generation of public health workers. This year's conference will feature initiatives that transcend research, policy and practice divides to support meaningful change at all levels and that lead to improvements in the health of Canadians.

Conference Objectives

1. Provide a meeting ground for knowledge exchange among public health practitioners, policy makers, and researchers from a range of disciplines (e.g., epidemiology, social sciences, geography, nursing, etc.) and sectors.
2. Showcase innovative population and public health research and its translation to programs, policies and practice.
3. Profile strategies for building capacity for public health at local, pan-Canadian and international levels.
4. Share successes in public health programs, policies and practice.
5. Increase understanding of the organization of public health at local and pan-Canadian levels.
6. Leverage the potential of partnerships and collaboration to advance public health in the new millennium.

Conference Streams

The conference streams chosen to refine this general focus are:

New and Emerging Infectious Diseases – The recurrence and emergence of infectious diseases such as influenza, avian flu, antibiotic resistant strains, West Nile, etc. are posing challenges for public health at all levels. The globalization of travel and trade, facilitating widespread and rapid disease transmission, offers one of many possible explanations for the appearance of old and new foes to human health. Critical to our degree of preparedness is an ability to develop and strengthen public health surveillance systems, support timely and practice-relevant research, as well as encourage the implementation of evidence-based and ethical policy and practice measures to help us better predict and respond to new and emerging infectious diseases that threaten the health of Canadians, especially those most vulnerable.

Education and Training – With renewed focus on public health in Canada, there are opportunities to define essential functions and core competencies that will ensure that we are training the existing and next generation of public health researchers, policy makers and practitioners to ultimately strengthen and maintain the capacity and competencies of our public health workforce. Efforts to align developing public health training and continuing education opportunities with core competencies and essential functions are underway and will be featured at the conference.

Places and Health – The health of people is affected by a range of physical and social environments such as home/family, daycare/school, workplace/recreation, neighbourhood/community, region, and society-at-large. A number of public, private and voluntary sector program and policy interventions are designed to improve the quality of these environments, but the effects are not always optimal in terms of human health. Better interventions are needed that are context-specific and ultimately lead to population-level benefits across the life course.

Public Health: Priorities & Players – The Canadian public health landscape is changing rapidly, with the creation of the Public Health Agency of Canada and six Collaborating Centres, the appointment of Canada's first Chief Public Health Officer, the Coalition for Public Health in the 21st Century, not to mention the considerable public health reform activity occurring at the provincial/territorial and regional/local levels, included but not limited to the impact of regionalization on public health services. Opportunities to learn about various models and approaches to public health reform that engage multiple sectors and disciplines will be provided.

Global Health – Canada's health status is increasingly affected, like that of many countries, by ecological, technological, economic, political and socio-cultural forces. Understanding these "upstream" global forces and their health impacts – in this country and in low- and middle-income countries – is essential to ensuring the future health of citizens in Canada

and abroad. It is also ethically imperative to work on global issues if we are to act as responsible global citizens. The conference will feature lessons learned from other countries and collaborative initiatives that apply the evidence through community action, and demonstrate how Canada can work together with the developing world to achieve better health for our citizens.

Health Across the Life Course – Canada has been on the forefront internationally by contributing to our understanding of the fundamental determinants of human health, especially the interaction of physical and social environments with genetic predispositions, over the life course, at both individual and community levels, in whole societies. A comprehensive mix of effective policy and program interventions are also required to address the needs of all Canadians and to support them in making healthy transitions throughout life – whether it be from birth to childhood, adolescence to adulthood, and so on. The conference will highlight what we know from research and practice and how this knowledge can be applied to improve the policies and practices that affect our daily lives.

Health Disparities – Health status of virtually all people varies widely over the life course across population subgroups, as defined by socio-economic status, gender, race/ethnicity, geography, etc. While a better understanding of the origins of health disparities is still required, there is also an ethical imperative to act by designing and implementing effective policy and program interventions to reduce the growing gap between rich and poor in Canada. Initiatives that integrate what we know from research, policy and practice will be discussed.

Environmental Health – This vast field encompasses the study and impacts of environmental contaminants and phenomena on human health and development across the life course. Public health plays a key role in monitoring and minimizing the untoward effects of such adverse exposures in communities across the country – whether the exposures are food, water or air borne. The environmental degradation and change, including global climate change, which have both infectious and non-infectious health consequences – such as the increasing potential for contamination of ground water reservoirs by both microbes and toxins – pose additional threats to the public's health. New evidence-based tools and approaches to addressing environmental health concerns are required, as are more effective intersectoral mechanisms involving public health, in order to more systematically protect the health of all Canadians.

Data User's Conference – To enhance the knowledge transfer and exchange between providers and users in the field of health statistics and to highlight the importance of trust in the data and results in terms of its use for policy decisions.

Conference Presentations

Abstracts accepted for the 96th Annual Conference may be presented in one of the following formats:

Posters – Posters will be the primary mode for communicating research findings. Each poster will be displayed for one of the two full days of the Conference, to enable all delegates to view them. Presenters will be asked to be available at their posters at a designated time during the conference to answer questions. Posters may include photographs, statistical tables, figures, charts or other graphic material relevant to the project. The abstract should address: objective of the study, methods, results, and conclusions.

Oral presentations – Oral presentations will focus on issues related to practice and policy. Research reports may also be orally presented if the emphasis is on the application and implications of the findings for practice and policy. Each presentation will be 15 minutes followed by a 5-minute discussion period. The abstract should address: objective of the study, methods, results, and conclusions.

NOTE: The Data User's Conference will accept only submissions for poster abstracts.

Guidelines for Submission of Abstracts

- Each individual may submit a maximum of two abstracts as Presenting Author. There is no limit on the number of submissions for which a person may be listed as a supplementary author.
- Submission of this form implies the submitter's agreement to register for the conference, pay the appropriate conference registration fee, and make this presentation as scheduled.
- **All abstracts must be submitted electronically at www.cpha.ca.** Abstracts may be submitted in either official language, and if accepted, will be presented in the language of submission.
- **All audio visual equipment for oral presentations must be requested in advance. Only equipment requested on the submission will be considered for availability. Additional equipment not listed on the submission may be at the presenter's expense.**
- **No audio visuals will be provided for posters. A skirted table will be available** to poster submitters for copies of their summary or abstract.
- Submitters are asked to indicate the kind of presentation they prefer; final decisions regarding acceptance of abstracts and presentation format will be made by the Scientific Committee.
- Accepted submissions will be published in a book of abstracts. All abstracts will be included as submitted by the author(s), without editing or translation, and will include the names of all authors and the address of the presenting author. This book will be distributed to all registrants.
- Consent by the presenting author, on behalf of all authors, is required to grant permission to print the full abstract.
- Submitters will be notified of abstract selection by April 1, 2005. All communication will be with the presenting author

on the form. Successful presenters must confirm their intent to participate by registering and submitting the appropriate program registration fee by June 17, 2005 in order to be included in the conference program.

- All applications are to be submitted electronically. If you are unable to do so, please contact Gisèle Robert. To submit electronically, complete and submit the on-line application form. A confirmation page will appear once the application has been submitted. Please print the confirmation page for your records.

Abstract Content:

- Please explain the relevance of your work to the most appropriate conference objective and stream.
- Please justify the particular presentation format you would prefer.
- The abstract should address: objectives of the study, methods, results, and conclusions/significance for research, policy and/or practice. Initiatives that bridge research, policy and/or practice perspectives are particularly encouraged.

Abstract Format:

- On the form, single space all typing and double space between paragraphs. Abstracts may be either French or English. The abstract text must be printed in the box. Maximum number of words for the abstract text is **200 words**.
- Use **short, specific titles** and standard abbreviations. CPHA reserves the right to revise the title as necessary.
- Due to time constraints in the program, unless otherwise indicated by the Scientific Committee, only one author will be permitted to present the accepted submission. All correspondence will be forwarded to the identified presenting author.

Selection Criteria & Review Process

Abstracts will be reviewed according to: relevance to overall conference theme, objectives and streams, potential for

advancement of population and public health research, policy and/or practice, clarity, originality and quality of content. A scientific review committee will review all abstracts against the stated criteria but reserves the right to determine that there is sufficient balance across conference streams to ensure that all conference objectives are met.

Please make certain that you:

- Include all Presenter information.
- Indicate presentation preference and language of presentation.
- Select appropriate stream classification.

Special Note:

All presenters are required to:

- Cover own expenses to attend the conference.
- Pay the appropriate conference registration fee by **June 17, 2005.**
- Duplicate any handouts at their own expense.

Completed submissions must be received electronically at the CPHA website by 5:00 p.m. EST, February 25, 2005.

Abstracts received after this date will not be considered for presentation. The process for submitting an abstract electronically will be accessible on the website as of **December 17, 2004.**

Call for Abstracts specific to Students who are applying for the Student Awards will be available electronically March 1, 2005.

Powerpoint presentations for concurrent oral presentations will be posted on the CPHA website. Powerpoint presentations are to be submitted electronically to Gisèle Robert at grobert@cpha.ca by August 1, 2005.

Sample Abstract Form

Abstract Title:	An Examination of the Relationship Between Municipal Smoke-free Bylaw Strength and the Odds of Being a Former Smoker
Authors:	<u>Sarah Viehbeck</u> , Paul McDonald
Address:	123 Somewhere Street Ottawa, ON K1A 2B3
Phone:	(555) 123-4567
Fax:	(555) 321-7654
Abstract:	<p>Objective: The purpose of this study was to examine the relationship between municipal no-smoking bylaw strength and the odds of being a former smoker.</p> <p>Methods: Data from Statistics Canada's Canadian Community Health Survey (Cycle 1.1, 2001) and a validated bylaw scoring scheme (2001) were linked and analyzed to determine whether the odds of being a former smoker was related to the strength of no-smoking bylaws in municipalities that had been matched for potentially confounding factors. The sample consisted of ever smokers (current and former smokers) from Ontario municipalities that did not have a no-smoking bylaw, or had a fully implemented no-smoking bylaw before September 2000. Data were analyzed using a Mantel-Haenszel Chi-square test and a logistic regression.</p> <p>Results: The results from the Mantel-Haenszel (OR = 0.94, 95% CI 0.80-1.12) and logistic regression analyses (OR = 0.95, 95% CI 0.82-1.11) did not find support for the hypothesis that living in a municipality with a strong no-smoking bylaw would increase the odds of being a former smoker.</p> <p>Conclusions: Findings were inconsistent with previous studies that have found no-smoking restrictions in homes, workplaces and public places increase the odds that smokers attempt and succeed in quitting smoking. However, results from this study must be interpreted with caution because of the cross-sectional design and limited control of potentially important covariates.</p>



Canadian Public Health Association

The Canadian Public Health Association is a national, independent, not-for-profit, voluntary association representing public health in Canada with links to the international public health community. CPHA's mission is to constitute a special national resource in Canada that advocates for the improvement and maintenance of personal and community health according to the public health principles of disease prevention, health promotion and protection and healthy public policy.



Canadian Population Health Initiative

The Canadian Population Health Initiative is part of the Canadian Institute for Health Information. CPHI's mission is twofold: to foster a better understanding of factors that affect the health of individuals and communities, and to contribute to the development of policies that reduce inequities and improve the health and well-being of Canadians.



CIHR IRSC

Institute of Population and Public Health

The Institute of Population and Public Health is one of 13 Canadian Institutes of Health Research institutes. The Canadian Institutes of Health Research (CIHR) is Canada's major federal funding agency for health research. Its objective is to excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products, and a strengthened Canadian health care system.



Public Health Agence de santé
Agency of Canada publique du Canada

Public Health Agency of Canada

Public health has always been a key component of Health Canada's mandate to maintain and improve the health of Canadians. Now, public health strategies will be supported by a new level of coordination and collaboration that includes governments, academia, researchers and non-governmental organizations through the creation of the Public Health Agency of Canada, the Pan-Canadian Public Health Network and the six National Collaborating Centres for Public Health.

The Agency will act as a hub for health surveillance, threat identification and disease prevention and control programs to create a more effective, coordinated Canadian public health system that serves Canadians well - no matter what the health risk or where they live. Working with the provinces and territories, the Public Health Agency of Canada will support Canadians in their efforts to live healthier lives.

The Public Health Agency will also work closely with other government departments and agencies on long-term strategies to confront both infectious and chronic disease and injury prevention and with Public Security and Emergency Preparedness Canada on emergency planning, preparedness, and response to national public health emergencies.

On the international stage, the Agency will serve as a focal point for sharing Canada's expertise with the rest of the world and for applying international research and development to Canadian public health programs and policies. It will play a leadership role with global partners, such as the World Health Organization and the U.S. Centers for Disease Control and Prevention and new European Centre for Disease Prevention and Control as well as other public health agencies.



Statistics Statistique
Canada Canada

Statistics Canada

The mandate and program objectives of Statistics Canada are: to collect and publish in aggregate formats statistical information on the characteristics and behaviour of Canadian households, businesses, institutions and governments for research, policy development, program administration, decision making and general informational purposes; to collaborate with other participants in the broader national statistical system in extending the system's scope, usefulness and use; and to provide leadership, professional expertise and coordination in such efforts. The role of the Health Statistics Division and the Health Analysis and Measurement Group is to produce and analyze data used to assist and support health planners and decision-makers at all levels of government, to sustain demographic and epidemiological research, and to report to the Canadian public about their collective health and health care system.