



CONTINUING PROFESSIONAL DEVELOPMENT SYMPOSIUM 2015

# **PRACTICE, EVIDENCE AND RESEARCH:**

## *Public Health Physicians' Perspectives*

Sunday, May 24, 2015

9:00 – 15:30

Hyatt Regency Vancouver

655 Burrard Street

Vancouver, British Columbia

## Introduction

The Public Health Physicians of Canada (PHPC) is pleased to present a series of 11 high quality talks by public health physician leaders from across Canada. Your colleagues will share evidence, experience and insight on issues ranging from public health practice and training to Social Medicine. This session is certain to provoke thoughtful exchanges and debate.

## General Scope

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

## Symposium Objectives

1. Identify and discuss current and emerging public health issues from a public health physician perspective;
2. Explore the role of public health physicians in implementing innovative approaches in response to these issues; and,
3. Identify key resources for future reference and continued learning.

## Who Should Attend

This symposium will be of interest to Public Health and Preventive Medicine Specialists, Public Health and Preventive Medicine Residents, and Public Health Physicians.

## Accreditation

This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification program of the Royal College of Physicians and Surgeons of Canada for 3.25 credits. This program has been reviewed and approved by the University of Ottawa, Office of Continuing Professional Development.

## Event Schedule

Category	Abstract/Topic Title	Presenter	Time
Registration & Breakfast Networking Session			9:00-10:00
Substance Use	Event-based surveillance to understand illicit drug use	<i>Dr. Shaun Hosein</i> University of Calgary	10:00 - 11:00
	Communicating Illicit Drug-Related Harms	<i>Dr. Jane Buxton</i> BC Centre for Disease Control	
	Opioids as a Public Health Priority	<i>Dr. Brian Emerson</i> BC Ministry of Health	
	15 Minutes of Discussion		
Innovation	Using Digital Media to Respond to an Outbreak of Syphilis in the Winnipeg Health Region	<i>Dr. Joss Reimer</i> Government of Manitoba	11:05 - 12:05
	Open System Theory Analysis & Implementation Science Analysis to Develop Options for Improving Adoption of a Member-Based Organization's Quality Indicators	<i>Dr. Maura Ricketts</i> Director, HealthPolicyWORKs	
	Health Promotion Leadership and Practice: Intuition or Knowledge-based?	<i>Dr. Ak'ingabe Guyon</i> Direction de santé publique de Montréal	
	15 Minutes of Discussion		
<b>Lunch (12:05-12:45)</b>			
Environmental Health	A "Meta-Tool" for Evaluating City Plans from a Public Health Perspective	<i>Dr. Jasmine Hasselback</i> University of Saskatchewan	12:45 -1:25
	Is Annoyance Our Issue?: The Public Health Perspective on Wind Turbines	<i>Dr. Arlene King</i> Former CMOH, Public Health Consultant, University of Toronto	
	10 Minutes Discussion		
Public Health Education and Training	Development of Entrustable Professional Activities for Public Health and Preventive Medicine specialty training	<i>Dr. Kieran Moore</i> Queen's University, KFL&A Public Health <i>Dr. Brent Moloughney</i> BWM Health Consultants Inc., University of Toronto	1:30-2:10
	Development of a New MPH at McMaster: Will it Meet Royal College and Practice Expectations?	<i>Dr. Fran Scott</i> McMaster University	
	10 Minutes of Discussion		
<b>Break 2:10-2:30</b>			
Complex Public Health Issues	Complex Public Health Problems and Syndemics: How Can These Theories Guide Our Practice?	<i>Dr. Odette Laplante</i> CISSS de Chaudière-Appalaches (Centre Intégré de Santé et de Services Sociaux)	2:30-3:30
	30 Minutes of Discussion		

## Registration Fees

Physician (Full Fee).....	\$150 CAD
Resident Rate.....	\$100 CAD

## Registration

To register for Public Health 2015, including the PHPC CPD Symposium:

CPHA Member Registration:

<https://share.cpha.ca/ei/cm.esp?id=17&start=eiscript&cd=44565&pageid=LOGIN>

Non-Member of CPHA Registration:

<https://share.cpha.ca/ei/getdemo.ei?id=55&s= 5BO0GVYN>

To register for the PHPC CPD Symposium only:

<http://register.cpha.ca/PHPC>

\* Presenters for this session should contact the PHPC Secretariat at [phpc@cpha.ca](mailto:phpc@cpha.ca) for a separate registration link.

## Cancellation

Cancellations may result in the loss of registration fees. Any partial refunds will be issued only at the discretion of PHPC and may be subject to a cancellation fee.

PHPC reserves the right to cancel courses. Registrants will be notified at the earliest possible date in the event of a cancellation. PHPC will not be liable for any loss, damage, or other expense that such cancellations may cause.

## Accommodation and Travel

Room blocks have been reserved for CPHA conference delegates at the Hyatt Regency Vancouver. To make your hotel reservation, contact the [Hyatt Regency Vancouver](#) directly and refer to the appropriate CPHA Group Code. Rates are guaranteed until May 1, 2015.

Special discounts with Air Canada, Porter, WestJet and VIA Rail are available to CPHA Conference delegates. Details are available on the [Travel and Accommodation](#) page for CPHA conference registration.

#### **Event-Based surveillance to understand illicit drug use**

10:00-10:15

Presented by: *Dr. Shaun Hosein*

*Senior Medical Resident, Public Health and Preventive Medicine, University of Calgary*

Surveillance technology has evolved to where it now can gather non-traditional data from various open-source Internet websites and social media. The timely access and analysis of this data also facilitates the development of early warning systems, that can alert public health physicians to emerging harms. Use of this technology can be translated to complex public health issues where data has been late, scarce, and poor quality. This presentation will review public health surveillance, and discuss current event – based surveillance technologies that use non-traditional data sources. Specific discussion and examples will include the Global Public Health information network, the development of the Canadian Surveillance System for Poison Information, and other recent work. These technologies will further be discussed in the context of illicit drug use epidemiology, which has recently been a marketplace in flux. The abuse of prescription drugs as well as the introduction of a large number of synthetic drugs has blurred the line between what is illicit and non-illicit drug use. These changes have posed considerable challenges to monitor and understanding of emerging drug use trends.

#### **Learning Objectives**

By the end of this discussion, participants will be able to:

- Describe Event-Based Surveillance.
- Explain Canadian Drug Use Surveillance systems.
- Identify current trends in drug use.
- Discuss non-traditional data sources.

#### **Communicating Illicit Drug-Related Harms**

10:15-10:30

Presented by: *Dr. Jane Buxton*

*Harm reduction lead BC Centre for Disease Control*

The BC Drug Overdose and Alert Partnership (DOAP) is a multi-sectoral stakeholder collaboration which identifies and communicates illicit drug-related harms. Although the presence of adulterants and unknown content and potency of street drugs is a public health concern there are no evidence-informed guidelines for issuing alerts about overdose or the presence of toxic adulterants. Messages indicating an increase in drug strength may cause unintended harms by promoting drug-seeking behaviors. Based on a literature review and four focus groups, we developed peer-informed guidelines for public health entities to communicate warning messages. Engaging peers and service providers can

improve appropriateness and effectiveness of alerts to reduce harms in this stigmatized and marginalized community. Standard protocol helps to ensure an effective and timely public health response to prevent death and other drug related harms.

### **Learning Objectives**

By the end of this discussion, participants will be able to:

- Identify multi-sectoral stakeholders to engage with to improve timely identification and communication of illicit drug related harms.
- Develop a plan (with stakeholders) to respond to illicit drug-related harms.
- Create appropriately worded illicit drug alerts.

### **Opioids as a Public Health Priority**

10:30-10:45

Presented by: Dr. Brian Emerson

*Medical Consultant, Population and Public Health Division, BC Ministry of Health*

Illegally produced or obtained opioids have for many years been associated with overdose mortality, substance use disorders, and the spread of HIV, hepatitis C, and other blood borne pathogens. More recently illegally produced fentanyl has been associated with a rash of overdoses and deaths. Pharmaceutical opioids are also associated with these problems, and have recently been characterized as a "crisis" of significant public health concern and the subject of national attention. This session will describe opioids as a public health priority, preliminary findings from a study of pharmaceutical opioid associated deaths British Columbia, and stimulate discussion about the role of public health physicians in reducing opioid related harms.

### **Learning Objectives**

By the end of this discussion, participants will be able to:

- Describe the public health implications and impact of illegal and pharmaceutical opioids.
- Develop recommendations for investigating pharmaceutical opioid associated harms in their jurisdiction.
- Discuss federal/provincial/territorial and national initiatives to address this issue.
- Recommend public health oriented strategies to minimizing harms while maximizing the benefits of opioids.

**Using Digital Media to Respond to an Outbreak of Syphilis in the Winnipeg Health Region**

11:05-11:20

Presented by: *Dr. Joss Reimer*

*Medical Officer Of Health, Sexually Transmitted and Blood-borne Infections, Manitoba*

Since 2013, Winnipeg has experienced an outbreak of infectious syphilis. The Healthy Sexuality and Harm Reduction (HSHR) program of the Winnipeg Regional Health Authority is responsible for case management of syphilis cases in Winnipeg. The HSHR team ran a campaign on social media to raise awareness and promote syphilis testing, and created a policy infrastructure to support use of online media (including 'hook-up' websites) to reach sexual contacts. The lessons learned by the HSHR program for adapting a traditional case management system to new media can help other jurisdictions navigate current popular media. Even more importantly, they can also inform future interventions as technology continues to evolve.

**Learning Objectives**

By the end of this session, participants will be able to:

- Describe the impact that new media have had on sexual networks, and therefore on infection transmission dynamics.
- Assess the benefits and limits of media awareness campaigns, in the context of complex social determinants.
- Analyze the practical and privacy implications of reaching sexual contacts through new media.

**Open System Theory Analysis and Implementation Science Analysis to Develop Options for Improving Adoption of a Member-Based Organization's Quality Indicators**

11:20-11:35

Presented by: *Dr. Maura Ricketts*

*Director, HealthPolicyWORKs*

Measurement of causal drivers and desired outcomes is essential for secondary prevention (quality improvement). Existing administrative data about heart disease is not well suited to measurement of clinically relevant health outcomes. PHAC funded the Canadian Cardiovascular Society (CCS) to develop data definitions and quality indicators (DDQI) for 4 major cardiovascular diseases. Despite being directly linked to nationally recommended clinical practice guidelines, the indicators have not been widely adopted, and therefore measurement of quality and performance is not reflective of clinically relevant outcomes or the drivers of health outcomes. By integrating research findings, organizational mandates, stakeholder interests, the need for sustainability and evidence-based strategic options capable of improving the uptake of DDQI, will assist CCS to decide upon an action plan

## Learning Objectives

By the end of this session, participants will be able to:

- Apply Implementation Science in Policy Design.
- Apply Open Systems Theory.
- Work with member based organizations to adopt quality indicators.

## **Health Promotion Leadership and Practice: Intuition or Knowledge-based**

11:35-11:50

Presented by: *Dr. Ak'ingabe Guyon*

*Médecin spécialiste en santé publique et médecine préventive, Direction de santé publique de Montréal on behalf of Dr. Richard Lessard, Public Health consultant at the Direction de la santé publique de Montréal.*

There is a large amount of theory, as well as practice, on health promotion from the *Lalonde Report* to the *Ottawa Charter* to the *Health in all Policy* framework. This session is an analysis and reflection on the communication and strategies used in public health intervention cases conducted by a regional public health department. Using these cases as a sample of a public health practice, this analysis looks at the quantity as well as the mix of communication approaches used and their level of success. It builds on the concepts of complex problems as public health issues and actions, which are commonly intertwined with social, economic and political issues.

## Learning Objectives

By the end of this session, participants will be able to:

- Differentiate between influencing communication strategies available.
- Assess the success used of communication strategies used individually or as a mixed communication approach to address a specific public health concern.
- Construct leadership and communication strategies tailored to the types of public health issues and challenges.
- Develop strategies of influence which are adapted to the context of specific public health issue.

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## *Environmental Health*

## **A “Meta-Tool” for Evaluating City Plans From a Public Health Perspective**

12:45-13:00

Presented by: Dr. Jasmine Hasselback

*University of Saskatchewan, PGY 4 Public Health and Preventative Medicine Residency*

In the last decade, the knowledge around healthy built environments has ballooned, with



growing relationships between urban planners and public health and the development of tools to facilitate these conversations. This library of tools has been growing at an alarming rate, originating from either urban planners, public health, the general public and some from a collaborative processes. We attempted to identify those tools that could be used by a public health practitioner, regardless of experience in urban planning, to evaluate city plans in terms of their effect on health. We are attempting to provide users with a guide to using these tools by highlighting the strengths and weaknesses of each tool, directing the user to the tool most suited to the public health concern of interest and helping the user select the tool best able to provide a valuable assessment based on the question at hand.

### **Learning Objectives**

By the end of this session, participants will be able to:

- Apply several tools developed to evaluate urban plans from a public health perspective.
- Compare and contrast widely varied tools for evaluating urban plans from a public health perspective.
- Assess the success of the existing tools to addresses various determinants of health affected by city designs.
- Describe how city designs can affect a multitude of determinants of health.

### **Is Annoyance Our Issue? The Public Health Perspective on Wind Turbines**

13:00-13:15

Presented by Dr. Arlene King

*Former CMOH, Ontario (2009-2014); Public Health Consultant and Adjunct Professor, Dalla Lana School of Public Health, University of Toronto*

In an effort to reduce the impact of greenhouse gas emissions on climate change, many jurisdictions are including wind power as part of a suite of energy sources. As there have been public concerns about the potential health impacts of wind turbines, numerous reviews have been conducted to address this question, finding no direct health impacts. The findings indicate that some people experience annoyance from exposure to wind turbines. This may be associated with the visual impact of wind farms. Those advising on energy policy should be aware of the growing body of literature on the public concerns related to wind farm development.

### **Learning Objectives**

By the end of this session, participants will be able to:

- Describe the literature on the potential health impacts of wind turbines.
- Debate whether annoyance should be considered a public health issue, and under what circumstances.

### **Development of Entrustable Professional Activities for Public Health and Preventative Medicine Specialty Training**

13:30-13:45

Presented by: *Dr. Kieran Moore*

*Professor of Emergency Medicine, and Program Director, Public Health and Preventive Medicine, Queen's University; Associate Medical Officer of Health, KFL&A Public Health*

*Dr. Brent Moloughney*

*Public Health Consultant, BWM Health Consultants Inc.; Adjunct Professor, Dalla Lana School of Public Health, University of Toronto*

The shift to competency-based medical education (CBME) continues to evolve. In the past decade, the concept of an entrustable professional activity (EPA) has emerged to capture the activities of a discipline that are central or critical to practice. By integrating relevant competencies from multiple CanMEDS domains, EPAs are intended to complement competency lists and provide a practice-based approach to training and assessment. EPAs have been pursued by a number of specialties in this and other countries. This presentation will describe the development of a set of Public Health and Preventive Medicine (PHPM) EPAs that will be applied to the training and assessment of PHPM residents.

### **Learning Objectives**

By the end of this session, participants will be able to:

- Describe the concept of Entrustable Professional Activities as part of competency-based medical education.
- Define the Entrustable Professional Activities developed for PHPM residency training.
- Assess the implications of applying Entrustable Professional Activities to residency program curriculum and assessment.

### **Development of a New Master of Public Health at McMaster University: Will it Meet Royal College and Practice Expectations**

13:45-14:00

Presented by: *Dr. Fran Scott*

*Associate Professor, Clinical Epidemiology and Biostatistics, Faculty of Health Sciences, McMaster University*

Masters of Public Health programs are a core component of Royal College training in Public Health and Preventative Medicine as well to prepare public health physicians for public health practice. The McMaster MPH has been developed to produce graduate physicians who are responsive to changing public health practice.

## Learning Objectives

By the end of this session, participants will be able to:

- Describe the structure and curriculum of the new MPH at McMaster.
- Identify health professionals who may be appropriate candidates for admission to the MPH.
- Apply the PHAC core competencies and MPH guidelines when assessing MPH programs and other CPD activities.
- Provide feedback to MPH programs about the core competencies.

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## Complex Public Health Issues

### **Complex Public Health Problems and Syndemics: How Can These Theories Guide our Practice?**

14:30-15:30

Presented by: *Dr. Odette Laplante*

*médecin conseil en santé publique, CISSS de Chaudière-Appalaches (Centre Intégré de Santé et de Services Sociaux), developed in coordination with Dr. Yv Bonnier-Viger and Dr. Richard Lessard.*

We know that all avoidable diseases and injuries are caused by several determinants, that each determinant influences several avoidable health and social problems and that integrated approaches are more effective. It is also common knowledge that public health problems are often complex and woven in with social, economic and political issues. As a corollary, factors that we label as “health” determinants also determine factors such as school readiness, literacy, poverty, public safety and community development. By using real life examples from attendees, this session will address how we weave these concepts into our public health strategies.

## Learning Objectives

By the end of this session, participants will be able to:

- Recognize the different dimensions of complex problems, of “syndemics”.
- Analyze how they apply to public health practice.
- Adapt strategies to the types and dimensions of public health issues and challenges.

## Planning Committee

### **PHPC Continuing Professional Development Committee 2014-2015**

#### **Dr. Barry Pakes (Chair)**

Program Director, Global Health Education Initiative  
University of Toronto

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#### **Dr. Fran Scott**

Director, Public Health and Preventive Medicine Residency Program  
Associate Professor, Public Health Sciences  
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Lead Medical Officer of Health  
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#### **Dr. Susan Stock**

Responsable, Groupe scientifique sur les TMS liés au travail,  
Institut national de santé publique du Québec  
Professeure de clinique, Département de médecine sociale et préventive,  
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#### **Dr. Ian Arra**

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PGY 1 - Public Health and Preventive Medicine Residency Program  
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