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# **2018 Health Promotion Ontario Conference**



**Chestnut Conference Centre Toronto  
Thursday November 22, 2018**



# Conference Theme

One of the key goals of Health Promotion Ontario is to advance the critical importance of health promotion through advocacy, knowledge exchange, and professional development for its membership. This year's conference is intended to serve as a forum for practitioners, researchers, and students to come together to learn about and critically reflect on the ways that important social issues are forcing the field of health promotion to “*break new ground*”.

This year's conference theme encourages presentations and workshops that shared experiences, research, initiatives and other ideas that explore the various ways that health promotion can initiate and respond to emerging paradigms, practices, and issues such as:

- **truth and reconciliation**
- **health promotion and technology**
- **cannabis legalization**
- **active transportation**
- **climate change**
- **health promotion and physical and social environments**
- **mental health**
- **grass roots outreach & community-based health promotion**



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# Conference Venue



## Venue

**Chestnut Conference Centre**  
89 Chestnut Street  
Toronto, Ontario  
M5G 1R1, Canada

## Directions from the subway

Chestnut Residence & Conference Centre, University of Toronto is located south of Dundas Street on the east side of Chestnut Street.

**From Bloor/Yonge Station or St. George Station**  
Take the train southbound to Dundas or St. Patrick Station

**From Union Station**

Take the train northbound to St. Patrick Station or Dundas Station.

**From Dundas Station**

Walking west on Dundas Street, Chestnut Street is at the 2nd set of lights west Yonge Street.

**From St. Patrick Station**

Walking east on Dundas Street, Chestnut is at the 1st set of lights east of University Avenue.





# Conference Program

Conference Program Overview				
8:00 – 9:00	Conference registration, morning coffee and snacks			
9:00 – 9:10	Welcome remarks			
9:10 – 9:30	Traditional welcome – <i>Elder Whabagoon</i>			
9:30 – 10:30	Keynote presentation – <i>Dr. Janice Forsyth</i>			
10:30 – 11:05	Small group discussion			
11:05 – 11:15	Stretch break and move to Concurrent Sessions			
	Concurrent Session A		Concurrent Session B	
11:15 – 12:00	11:15 – 11:30	Utilization of walking audits for improving walkability in Peel	11:15 – 11:30	Leveraging smart home technology for personalized health promotion
	11:30 – 11:45	The Healthy Living Supports Program: Enhancing healthy living environments through infrastructure funding	11:30 – 11:45	myUHN patient portal: a portal co-designed by patients that promotes a caring safely culture
	11:45 – 12:00	What are we feeding our kids in municipally funded recreation facilities? Is it time for policy in Ontario?	11:45 – 12:00	The DadRocks study: a technology-based health promotion initiative to support fathers in the transition to parenthood
12:05 – 1:00	Lunch and Poster session (poster presenters must be at posters from 12:30-1:00pm)			
	Concurrent Session C (Workshop)		Concurrent Session D (Workshop)	
1:15 – 2:00	Let's get critical!: The power and potential of fat positive health promotion		Measuring and monitoring health inequalities in Canada: the pan-Canadian health inequalities reporting initiative data tool	
2:00 – 2:15	Stretch break and move to Concurrent Sessions			
	Concurrent Session E (Workshop)		Concurrent Session F	
2:15 – 3:30	Programming with bicycles		2:15 – 2:30	Fostering LGBT+ inclusivity through common ground- a rural health approach
			2:30 – 2:45	Promoting health through forgiveness interventions: cautionary notes
			2:45 – 3:00	Think before you drink: a critical discourse analysis of dominant narratives around FASD in indigenous populations in Canada
			3:00 – 3:15	Health promotion practice in the era of cannabis legalization
3:30 – 3:45	Lori Chow Memorial Award presentation			
3:45 – 4:00	Closing remarks			
4:00 – 5:00	Networking event - Hemispheres Restaurant & Bistro (110 Chestnut Street)			



# Opening Keynote

## Dr. Janice Forsyth

**Janice Forsyth** is an Associate Professor in Sociology, and the Director of First Nations Studies,



at Western University. Her research focuses on the way organized physical activities have been used as tools for colonization in Canada and how Indigenous people have responded to those efforts by taking up those same activities for cultural regeneration and survival. Her current project explores the long-term effects of a policy orientation that linked sport and assimilation by documenting and analyzing the use of sports in the Indian residential school system and conducting interviews with residential school survivors to understand their perspectives on the relationship between sport, identity, culture, and health. In terms of impact, her research has led to more informed policy-making and stronger collaborative partnerships in sport, physical activity, education, and health in government and the non-profit sector, where she

has also demonstrated a clear commitment to service. She is a member of the Fisher River Cree First Nation. [Visit her website for more information.](#)

### Keynote Presentation

#### *Lessons Learned: Working from a Truth and Reconciliation Framework*

There are plenty of reasons to celebrate and criticize the activities that flowed from the Truth and Reconciliation Commission of Canada (TRC), which ended its mandate in 2015. Canadians are three years into this new TRC inspired space, but are we any further ahead in understanding how to work together in sport, physical activity, and health? In this presentation, I will combine more than 20 years of research and practical experience in the Indigenous sport and physical activity sector to talk about how people in the health promotion sector can be better partners by working alongside and learning from Indigenous health professionals and communities. Examples drawn from my research will be understood alongside examples drawn from my role with the Aboriginal Sport Circle, where I am currently the President of this national organization.



# Concurrent Session A

## (15-Minute Presentations)

### **Presentation 1**

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#### **Utilization of walking audits for improving walkability in Peel**

**Time:**

11:15 am – 11:30 am

**Room:**

Giovanni Room (2<sup>nd</sup> floor)

**Presented by:**

Kayle McMillen and Natasha Fearing

**Organization:**

Region of Peel - Public Health

**Brief description:**

The Walking Audit Program enables Peel residents and local government to assess neighbourhood walkability and develop recommendations to improve pedestrian experience in urban-suburban environments. The information gathered during community walks is used to inform municipal staff and decision-makers about barriers to active transportation, and to inform decisions about healthy built environment considerations for future planning policies. During this workshop you will learn about the evidence-informed approach used to develop the walking audit tool, key findings and lessons learned from the pilot evaluation and next steps of the Walking Audit Program.



## Concurrent Session A

(15-Minute Presentations)

### **Presentation 2**

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**The Healthy Living Supports Program: Enhancing healthy living environments through infrastructure funding**

**Time:**

11:30 am – 11:45 am

**Room:**

Giovanni Room (2<sup>nd</sup> floor)

**Presented by:**

Orezioghene Akporuno & Lina Sherazy

**Organization:**

Region of Peel- Peel Public Health

**Brief description:**

The Healthy Living Supports Program (HLSP) is a funding program created to increase opportunities for active living and healthy eating through infrastructure. Developed in response to community requests across Peel for infrastructure support, the program has maintained a partnership and collaboration approach throughout its different stages. The successful pilot of HLSP was achieved through marketing, development of an application process and review process and a comprehensive process evaluation. The success of the project showcases the importance of intentional partnership development externally and within the Region of Peel (ROP) as a key component of successful program implementation. Current status, process evaluation and next steps will also be shared as 13 projects across schools and community organizations, for various populations, are being implemented. The presentation will provide evaluation findings to date and share how impact will be measured.



## Concurrent Session A

(15-Minute Presentations)

### **Presentation 3**

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**What are we feeding our kids in municipally funded recreation facilities? Is it time for policy in Ontario?**

**Time:**

11:45 am – 12:00 pm

**Room:**

Giovanni Room (2<sup>nd</sup> floor)

**Presented by:**

Susan Caswell, MHSc, MSc, PhD(c)

**Organization:**

University of Waterloo, School of Public Health and Health Systems

**Brief description:**

This presentation will share findings from the Ontario arm of the multi-province nutrition policy intervention trial Eat, Play, Live (EPL) funded by the Heart and Stroke Foundation of Canada. Attendees will gain an appreciation of the current food environments and the healthfulness of foods and beverages offered and purchased in a diverse sample of municipally funded recreation centres across Ontario. Food environments were evaluated according to food availability, nutrient profiles, concession and vending sales, facilitators and barriers to healthy eating, pricing, and promotions. Based upon study findings, the need for policy to shift these environments will also be addressed.



## Concurrent Session B

(15-Minute Presentations)

### **Presentation 1**

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#### **Leveraging smart home technology for personalized health promotion**

**Time:**

11:15 am – 11:30 am

**Room:**

Armoury Suite (2<sup>nd</sup> floor)

**Presented by:**

Kirti Sundar Sahu and Arlene Oetomo

**Organization:**

UbiLab, University of Waterloo

**Brief description:**

The UbiLab is developing innovative methods to improve health monitoring using real world data collected through smart home technologies. Enabling timely access to health data, reducing the research time gap, and efficiently focusing health resources are the goals. Equipping Canadians with personalized health insights is also important for improving health literacy and promoting healthy behaviours. Benefits include increased awareness of physical activity, sleep, and sedentary behaviors, which can lead to improvements in overall health and wellbeing. Additionally, implementing new health promotion policies to improve community level indicators furthers understandings of short-term health impacts with minimal effort required.



## Concurrent Session B

(15-Minute Presentations)

### **Presentation 2**

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**myUHN patient portal: a portal co-designed by patients that promotes a caring safely culture**

**Time:**

11:30 am – 11:45 am

**Room:**

Armoury Suite (2<sup>nd</sup> floor)

**Presented by:**

Vasiliki Bakas

**Organization:**

University Health Network

**Brief description:**

Patients at the University Health Network wanted a tool that would allow them access to their health records. In collaboration with patients, caregivers and staff, UHN developed myUHN Patient Portal to meet the needs of their patients. myUHN is a secure website that allows patients to see their appointments and results as soon as they are ready. A recent survey of ~10,000 users showed myUHN is an empowering tool for patients. Patients reported myUHN helped them better manage their care and feel better prepared for their appointment.



## Concurrent Session B

(15-Minute Presentations)

### Presentation 3

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**The DadRocks study: a technology-based health promotion initiative to support fathers in the transition to parenthood**

**Time:**

11:45 am – 12:00 pm

**Room:**

Armoury Suite (2<sup>nd</sup> floor)

**Presented by:**

Allison Flynn-Bowman

**Organization:**

Brock University

**Brief description:**

The *DadRocks* intervention breaks new ground by using accessible technology to potentially improve a fathers' knowledge and self-efficacy in parenting. The DadRocks study piloted the intervention using an online text message service. This method incorporates fathers' preferences for minimalist interventions and doesn't require much time or staffing resources. One hundred text messages were sent to fathers over the first six months of their infants' life with information about developmental changes, common fathering experiences and parenting as a team. To evaluate the intervention, fathers answer three online surveys. Current results suggest that fathers like the messages and find them useful.



## Poster Sessions

**Time:** Presenters will be at posters from 12:30 pm – 1:00 pm

**Room:** TBD

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**1) Making the Grade: Mentors' Perspectives of a Course-Based, Smart, Healthy Campus Pilot Project for Building Mental Health Resiliency Through Mentorship and Physical Activity**

Authors: Rebecca R. Fried, Shazya Karmali, Jennifer D. Irwin, Francesca L. Gable, & Alan Salmoni

Presented by: Rebecca R. Fried, Shazya Karmali (TBD)

Organization: Western University

**2) Breaking Grad: A Motivational Interviewing via Co-Active Life Coaching (MI-via-CALC) Intervention to Address Stress and Anxiety, and Build Resiliency Among the Western University Graduate Student Population**

Authors: Rebecca R. Fried, Jennifer D. Irwin, & Melanie-Anne P. Atkins

Presented by: Rebecca R. Fried

Organization: Western University

**3) Change of Heart: A Faith-Based Hypertension Management Program for African-Canadian Women**

Presented by: Kisha Goode

Organization: N/A

**4) Providing Trans-Affirming Care for Sexual Assault Survivors": Development of a Novel Curriculum for Sexual Assault Nurse Examiners**

Presented by: Megan Saad

Organization: Women's College Hospital

**5) Tell us More: The Child and Family Health Division's Journey to Understanding our Community**

Presented by: Krista Richards

Organization: The Regional Municipality of York, Public Health, Community and Health Services



## Concurrent Session C

(45-Minute Workshop)

### **Let's get critical!: The power and potential of fat positive health promotion**

**Time:**

1:15 pm – 2:00 pm

**Room:**

Giovanni Room (2<sup>nd</sup> floor)

**Presented by:**

Lauren Munro

Katie Cook

Allison Eady

**Organization:**

All three presenters are PhD candidates in the Community Psychology Program at Wilfrid Laurier University in Waterloo, Ontario

**Brief description:**

Throughout society, there is a lot of stigma associated with being overweight. Despite the growing attention given to the social determinants of health and issues of power and oppression, individuals working in public health often end up taking a less than critical approach to weight. This can contribute to the stigmatization of fat bodies and equates fatness with poor health. In this interactive session, attendees will explore how healthism and fatphobia are reproduced in health promotion initiatives, reflect on personal connections to the topic, and brainstorm strategies for pursuing both organizational and systemic change. The goals of this session are to, (1) dissect the ways that healthism and fatphobia manifest in health promotion settings (2) offer insight into strategies for challenging healthism and fatphobia in our everyday practice, (3) consider how we can reconceptualize well-being in a way that does not centre problematic definitions of health, and (4) equip participants with resources for challenging weight stigma in health promotion.



## Concurrent Session D

(45-Minute Workshop)

### **Measuring and Monitoring Health Inequalities in Canada: The Pan-Canadian Health Inequalities Reporting Initiative Data Tool**

**Time:**

1:15 pm – 2:00 pm

**Room:**

Armoury Suite (2<sup>nd</sup> floor)

**Presented by:**

Shermeen Fatima Farooqi

**Organization:**

Public Health Agency of Canada

**Brief description:**

The Health Inequalities Data Tool, developed by the Public Health Agency of Canada (PHAC), the Pan-Canadian Public Health Network, Statistics Canada, and the Canadian Institute of Health Information, provides a systematic national portrait of the state of health inequalities and currently represents the most comprehensive pan-Canadian data resource of its kind. It contains data for over 70 indicators of health outcomes and health determinants disaggregated across a wide range of social and demographic stratifiers (e.g. socioeconomic status, Indigenous peoples, urban/rural geography, immigrant status, sexual orientation, and cultural/racial background) at national and provincial/territorial levels. This interactive workshop will equip participants with the skills to use the Health Inequalities Data Tool in their daily work as a first-step to accessing current information on health outcomes and health determinants for various population groups of interest in Ontario. The Data Tool is one of two products of the Health Inequalities Reporting (HIR) Initiative.

*\*It would be beneficial for participants in this workshop to have a laptop or tablet with them so that they can follow along with the hands-on exercise.*



## Concurrent Session E

(45-Minute Workshop)

### **Programming with bicycles**

**Time:**

2:15 pm – 3:00 pm

**Room:**

Giovanni Room (2<sup>nd</sup> floor)

**Presented by:**

Paul Young

**Organization:**

South Riverdale Community Health Centre

**Brief description:**

Paul Young will describe the 15-year evolution of bicycle-related programs at the South Riverdale Community Health Centre and how it may be relevant to other CHC's across Ontario. Each program has been evaluated to show evidence of health impacts. Cycling is growing in popularity. However, this story is not about fitness, exercise and recreation; it is about improving access to key health determinants such as food, health services, social networks and even Canadian work experience. Paul will describe how the programs have been designed for and with various marginalized populations including low income, people with addictions, newcomers and youth. He will describe how the cycling programs address equity and improve access to everyday needs with affordable safe transportation while providing an opportunity to reduce social isolation and help others. Time will be set aside for discussion about the transferability of the program to other agencies and communities.



## Concurrent Session F

(15-Minute Presentations)

### **Presentation 1**

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#### **Fostering LGBT+ inclusivity through common ground - a rural health approach**

**Time:**

2:15 pm – 2:30 pm

**Room:**

Armoury Suite (2<sup>nd</sup> floor)

**Presented by:**

Haley Haldenby, BHSc (UWO), MSc (PT) Candidate student, McMaster University  
Jessica Austin, BA (Sociology/Psychology), Health Promoter, Southwestern Public Health

**Organization:**

Southwestern Public Health

**Brief description:**

The continuing work of building community capacity in support of inclusivity includes planning with key leaders and members to discuss shared values to find inclusivity in diversity. In our presentation, we will showcase the common ground approach and communication matrix that was created to address the complex community divide around gender and sexual diversity. Short and long-term goals include: increasing provider and community gender literacy and competency; fostering an increased positive representation and interactions among our cultural and faith-based communities. The over-arching goal of decreasing negative health outcomes that occur for minority populations is expected to result from this work.



## Concurrent Session F

(15-Minute Presentations)

### **Presentation 2**

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#### **Promoting health through forgiveness interventions: cautionary notes**

**Time:**

2:30 pm – 2:45 pm

**Room:**

Armoury Suite (2<sup>nd</sup> floor)

**Presented by:**

C. Dalrymple-Fraser

**Organization:**

Joint Centre for Bioethics, University of Toronto

**Brief description:**

Given findings that forgiveness interventions correlate with improved health outcomes, and how common it is to experience harms, some have suggested that forgiveness should be considered as a public health issue and that we need to consider whether or how outreach and interventions may be appropriate. This presentation explores four cautions for those who wish to consider forgiveness as a public health issue on which to act and demonstrates how these cautions illustrate broader concerns in health promotion and intervention.



## Concurrent Session F

(15-Minute Presentations)

### Presentation 3

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**Think before you drink: a critical discourse analysis of dominant narratives around FASD in indigenous populations in Canada**

**Time:**

2:45 pm – 3:00 pm

**Room:**

Armoury Suite (2<sup>nd</sup> floor)

**Presented by:**

Nora Yousefi and Claudia Chaufan

**Organization:**

York University

**Brief description:**

Fetal Alcohol Spectrum Disorder (FASD), especially its impact on Indigenous communities, has emerged as a significant health issue, in Canada and elsewhere. This presentation will share an analysis of how FASD is framed by major Canadian institutions and elaborate on the implications of dominant frames for health policy, practices and equity. Drawing from a historical materialist political economy paradigm, the presenters conclude that the dominant framing of FASD neglects the sociopolitical and historical contexts of substance use among Indigenous peoples, decontextualizes continuing (neo) colonial arrangements in health policy, and frames FASD as belonging to Indigeneity.



## Concurrent Session F

(15-Minute Presentations)

### Presentation 4

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#### Health promotion practice in the era of cannabis legalization

**Time:**

3:00 pm – 3:15 pm

**Room:**

Armoury Suite (2<sup>nd</sup> floor)

**Presented by:**

Jaspreet Kaur Singh and Teresa Wan

**Organization:**

Region of Peel Public Health

**Brief description:**

The legalization of recreational cannabis use in Canada is uncharted territory that will require health promotion professionals to reflect on past, current and future public health approaches. In this new era of cannabis legalization health promoters will need to apply a health promotion lens to their work. This 15-minute presentation will:

- Demonstrate how the *Pan-Canadian Health Promoter Competencies* are applied to health promotion practice for emerging issues related to cannabis legalization through a public health approach that aligns with health promoter competencies.
- Discuss how the public health mandate is achieved by focusing on upstream efforts to promote health, protect health, prevent disease and injury, and reduce health inequities.
- Share challenges and lessons learned from Peel Public Health's work and health promotion practice in addressing the implications of cannabis legalization.



# Pan-Canadian Health Promoter Competencies

The Pan-Canadian Health Promoter Competencies builds upon the [Core Competencies for Public Health in Canada](#) providing greater detail regarding the knowledge, skills, and abilities necessary for the practice of health promotion. They are specific enough to distinguish the work of health promoters among other public health disciplines and reflect the wide variety of settings and structures of health promotion practice in Canada.

The health promoter competencies respond to several existing challenges:

- Relative importance of health promotion is increasing (e.g. increase burden of chronic disease, concern for health inequalities)
- Misunderstanding of the role and best use of health promoter positions
- Diversity of potential training paths
- A lack of consistency in health-promotion position descriptions
- Need to better align training programs and continuing education with workforce needs

## Who Can Use Them?

For health promoters (students and practitioners):

- Promotes the understanding of a common set of expectations to effectively plan, deliver and evaluate health promotion initiatives.
- Support individuals' health promotion skills enhancement and professional development.

For managers:

- Supports the recruitment, development and retention of health promotion practitioners.
- Supports a common set of expectations for what skills and knowledge are required by health promoters in the workforce.
- Informs the development of competency-based job descriptions and the assists in assessing performance.

For academic institutions:

- Informs the content of health promotion training programs and continuing education.
- Supports health promoters in acquiring the necessary skills and training to be effective in the workforce.

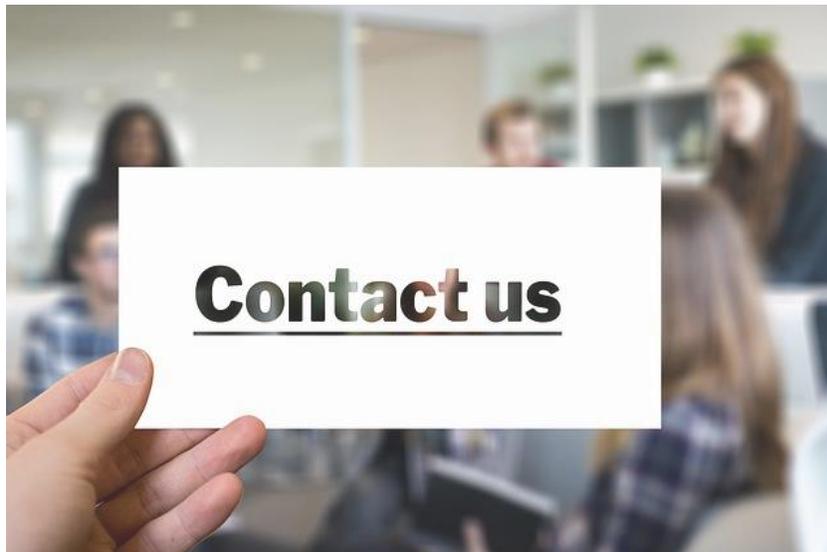
The [Pan-Canadian Health Promoter Competencies \(en français\)](#) are available free-of-charge.

## Become involved with HPO!

Are you looking to become more involved with Health Promotion Ontario?

Contact us to learn more about available positions:

[healthpromotionontario@gmail.com](mailto:healthpromotionontario@gmail.com)



Interested in becoming a member of Health Promotion Ontario?

Check out the [member benefits](#) and [criteria to join](#)

\* Individual, group, student, and retiree rates are available