Call for Abstracts - Please submit by Friday August 31, 2012

2012 Public Health Association of British Columbia Conference

Public Health Association of British Columbia #210 - 1027 Pandora Ave Victoria, BC V8V 3P6 Phone: (250) 595-8422 webpage: www.phabc.org e-mail: staff@phabc.org

“Reorienting Health Services: Aligning Primary Health Care and Public Health in Pursuit of Health for All”
November 22 & 23 (Thursday, Friday), 2012
8:30AM – 5:00PM

Hilton Vancouver Metrotown
6083 McKay Ave, Burnaby, BC V5H 2W7 | (604) 438-1200

The Public Health Association of British Columbia is planning a conference to explore ongoing efforts to align the broad goals of a population-based public health framework with the development of a primary health care-led health system; this also corresponds to one of the key action areas in the Ottawa Charter for Health Promotion: reorienting health services.

This two-day event will ask participants to address one of the more difficult challenges of the Ottawa Charter: the need to shift our health care systems from a path dominated by the goal of curing illness, to a path that aims to promote the health of the people; people considered as ‘whole’ persons, in their communities, with their cultures and traditions, and in their social and physical environments. This shift is also one that moves from an exclusive focus on professionally dominated clinical services to a focus on involving individual patients, community groups, professionals and governments in a collective effort to improve the health of the whole population and to reduce inequities in health between different population groups.

An important fulcrum for leveraging this change is the connection between public health and primary health care. Since the Alma Ata Declaration in 1978 on primary health care, there has been a persistent call for reorienting health systems to a primary health care-led focus. In Canada, several Royal Commissions, at both provincial and national levels, have consistently argued that, in order to make our health care system both more efficient in terms of cost and more effective in terms of quality, we need to have an integrated, coordinated system of care, across the spectrum of health promotion, disease prevention, curative and rehabilitative care. More recently, end-of-life care, including palliative care, has been added as a central function of an integrated health system. Primary health care has always been at the centre of this vision.
Although public health is sometimes known solely for its more technical service functions, public health is about all the organized efforts of society to promote health and prevent illness, including the health care system itself. Thus, the clarion call of the Alma Ata Declaration has always been a quintessentially public health agenda and in fact was explicitly acknowledged in the Ottawa Charter for Health Promotion as its key foundation document.

Thus, we have defined an overall purpose for the conference, along with a series of related objectives:

**Purpose:**

To learn how better collaboration between primary care and public health can reduce the burden of disease and health care expenditures sustain the health care system and free up resources to address health inequities and the determinants of health.

**Objectives:**

1. Increase **awareness and concern** among conference participants and affiliated organizations regarding:
   - the threats posed by ever increasing healthcare expenditures
   - the need to reduce the burden of chronic disease
   - the need for better collaboration between primary care and public health,
   - and the need for increased investments in prevention and public health.

2. Increase **knowledge, skills and resources** of conference participants needed to achieve enhanced collaboration between public health and primary care.

3. Learn how PH/PC collaboration can address:
   - health inequities
   - social & economic determinants
   - behavioural risk factors
   - clinical prevention

4. Improve the **opportunities** of conference participants and affiliated organizations to network and collaborate.

In order to facilitate participation through solicited scientific abstracts, the conference will be organized around a series of themes:

1. **Bringing Public Health and Primary Health Care Together**
   - This theme will focus on how the health system can better realize a population health approach within primary health care service delivery.

2. **Governing a Primary Health Care-led Health System**
   - This theme will focus on whether we have the right mix of roles,
resources and responsibilities in the system of governance in our health system that will allow it to move toward a reoriented, primary-health care-led system.

3. Building a BC Platform for Interdisciplinary Practice in Primary Health Care
   - This theme focuses on the necessary resources (human, financial, educational and technical) that can create a supportive environment for interdisciplinary practice in BC’s PHC system.

4. Changing Cultures, Transforming Practice
   - This theme will focus on how different meaning systems, inter-professional/inter-personal relationships, and organizational/work practices affect the ability to transform health systems

5. Engaging with the Populations We Serve
   - This theme will focus on how individuals, their families and their communities can be the drivers of health system reform and can actively participate in the planning, implementation and evaluation of services.

Additional Context
The Province of British Columbia has gone through several iterations of primary health care reform and health system change over the past two decades, starting with the Closer to Home report of the BC Royal Commission on Health Care and Costs in 1991, moving through the establishment of Provincial Health Goals in the latter half of the 1990’s, and the shift to the ‘Primary Health Care Transition Funds’ from 2000-2006. In the Transition Fund years, much emphasis was placed on developing chronic disease collaboratives and other PHC initiatives that tried to encourage collective physician action and interdisciplinary practice. The movement towards reorienting health systems in BC has been, at best, uneven and, some would say, lacking in strength and direction. However, there is now a need to take up the threads of optimism in our policy legacy and weave together a new movement for improving our health system. Recent initiatives such as the physician ‘Divisions of Practice’ and the unfolding ‘Nurse-Family Partnerships’ hold some promise and should be explored and discussed by the public health community. There are many other initiatives that also hold promise. This conference will provide a venue for that type of discussion and debate.

Conference Format
- Plenary sessions to stimulate thinking about the conference theme
- Workshops to build skills and strategies
- Oral presentations to present findings related to the conference theme and sub-themes
- Poster presentations to present findings related to the conference theme and sub-themes
- Facilitated World Café discussions to stimulate reflection and feedback related to the conference theme and sub-themes
- Annual meeting of the Public Health Association of BC
- Community event aimed at engaging the public
Based on the restricted opportunities for oral presentations, we strongly encourage applicants to consider structuring their proposals, particularly if they are practice-based research, around the poster format or the World Café discussion format. The conference will provide opportunities for ‘rapid-fire’ poster presentations where selected posters are highlighted and presenters will have a short opportunity to introduce their posters to an audience. In addition, there will be organized poster ‘walk-abouts’, designed to structure maximum interaction with the presenters and their work.

As a part of the PHABC Conference, a World Café session has been proposed to allow for the facilitation of in-depth discussion in relation to “Reorienting Health Services” and the themes of the Conference. The World Café session has been scheduled for 1.5 hours on November the 23th. 10 tables will be set up with a maximum of 15 participants per table. Participants will spend 30 minutes per table and will be able to rotate through three tables total during the session.

By submitting an abstract for this World Café session, please indicate how you would lead a 30-minute in-depth discussion – what your key question, theme or issue would be – and how you would engage a small number of participants and build upon shared ideas with each table rotation. It is suggested that approximately 5-10 minutes be spent setting the stage for discussion with the remaining time for participant interaction and feedback.

World Café sessions can be used as a means of helping with brainstorming, exploratory or evaluative processes. It would be excellent to have a variety of research, theory, programs and practice represented in the Cafe from a local, national and global perspective.

There are also a limited number of Workshops from 15:00-16:30 on November 22. These workshops are intended to be an opportunity to discuss a particular topic related to the conference themes in detail and/ or to build skills or resources in relation to a conference theme.

Abstract Submission Requirements
Please specify in your abstract submission what presentation format(s) you are applying for (you can apply to more than one format):

- Oral presentation (15 minutes + question and answer)
- Poster presentation
- World Café facilitated discussion (3X 30 minutes)
- Workshop (1.5 hours)

The conference organizers request that you submit your abstracts to fit under the five sub-themes of the conference.

Evaluation Criteria

Due to limited space and the need for the most relevant and highest quality program, the Conference Program Committee (CPC) has outlined several criteria by which the quality and relevance of abstracts submitted will be judged.
1) **Action**: Abstracts that not only emphasize, but also outline how they have, or intend to address ‘action’ in relation to the themes of the Conference will be judged as more relevant.

2) **Innovation**: While the CPC will consider familiar interventions and approaches, it encourages new ideas and new modes of action be presented in order to foster debate and dialogue about the most promising ways forward.

3) **Partnerships, Collaboration and Intersectorality**: We are particularly interested in novel and successful attempts to involve consumers, community members, multiple sectors, multiple levels of government, community-university partnerships and other forms of collaboration aimed at addressing health inequity.

4) **Assets and Strengths**: The CPC encourages submission of abstracts related to a variety of public health approaches to addressing the themes of the Conference; however, it is particularly interested in approaches that explicitly focus on reservoirs of strength and resilience, even in the most disadvantaged communities, as ‘assets’ for health.

**GUIDELINES**: Limit of 250 words. Please utilize the format available at [www.phabc.org](http://www.phabc.org) to submit your abstract on-line at staff@phabc.org.

**ABSTRACT DEADLINE**: August 31, 2012 at 5:00 pm.