Health for All:
Equity, Access and the Ethics of “Universal” Health Care

Dates: March 1 & 2, 2016
Location: CanadInns Destination Centre Polo Park
1405 St. Matthews Avenue, Winnipeg, MB
Time: 8:30 am - 4:30 pm
FORUM OBJECTIVES

- To explore ethics and equity in health care
- To examine the implications of social inequities on the ability to provide, receive and participate in care
- To provide health care workers with practical tools for providing care in the context of systematic and societal barriers to equity
- To inform ethical policies that reflect respect for all persons and promote conditions in which every person can achieve their best possible health

AUDIENCE

Questions of ethics and equity are everywhere in health care. Regardless of your role in the system, you will have faced questions related to accessibility, disadvantage, fairness, resources allocation/re-allocation, and equity. This forum will appeal to anyone working in health care: care providers, decision makers and policy makers. This includes front line staff, managers, administrators, and support staff in direct care and non-direct care roles. Anyone with an interest in ethics or a role with an ethics committee will find the sessions and networking opportunities to be valuable.

THEME

The increasing research on, and attention to the preventable differences in health outcomes has given society, and the health system in particular, an obligation to work toward reducing the gaps. It has been shown that people in some parts of Manitoba have nearly a two-decade lower life expectancy than people in other areas. We know that some health concerns are more common among newcomer populations, LGBTTQIA communities, Aboriginal people, and/or other disadvantaged groups. Health is significantly affected by social conditions such as wealth, education, housing, and availability of healthy, affordable food.

The answers don’t lie solely with the health system, but since many of the manifestations of social inequity are negative effects on health, we clearly have an obligation to respond. This forum is intended to explore our ethical obligations to provide care in ways that reduce inequity and promote conditions in which every person can achieve their best possible health.

Join the growing dialogue on how to truly achieve Health for All by examining issues of equity, access, privilege and ethics in a universal health care system.
**ACCOMODATIONS**

The CanadInns Destination Centre Polo Park, located near the Polo Park Shopping Centre, has ample free parking and is wheelchair accessible. Amenities include a water park and fitness centre. A limited number of rooms are available at a discounted rate. Please call the hotel to make your arrangements. Quote “Health Ethics Forum, Group Block # 302267” when calling.

CanadInns Destination Centre Polo Park  
1405 St. Matthews Avenue  
Winnipeg, MB R3G 3P7  
Website: [www.canadinns.com/Polo-Park](http://www.canadinns.com/Polo-Park)  
Toll Free: 1-800-332-2623

**PARKING**

Ample free parking is available at the CanadInns Destination Polo Park for all Conference delegates.

**PRIVACY POLICY**

The Manitoba Provincial Health Ethics Network (MB-PHEN) and WRHA Regional Ethics Council respect your privacy and treat all personal information collected with care. They do not rent, sell or trade your information. They use that information to provide services and to keep you informed of future activities including special education events.
### TUESDAY - March 1, 2016

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PLENARY SESSIONS

1
Deputy Chief Danny Smyth

The mission of the Winnipeg Police Service is to build safe and healthy communities. Considering the extensive work being done by WPS in that direction, we are pleased to present a keynote address on lessons from policing, applicable to health care, from Deputy Chief of Police Danny Smyth. Deputy Chief Smyth will raise themes such as building equity-focused relationships, breaking down barriers, social development, and building better communities. He will address the ways in which individuals and teams working in health and social services can intervene to reduce disparate health outcomes for disadvantaged populations.

Presenter Information
Danny Smyth, Deputy Chief, Investigative Services
Deputy Chief Smyth has been a member of the Winnipeg Police Service since 1986. He is a second generation police officer, following his father into the profession. During his career he has worked in a number of areas of the Police Service including Uniform Operations and covert investigations in both the Vice Unit and Surveillance Unit. In 2012, he was promoted to the rank of Superintendent and then promoted to the rank of Deputy Chief, Investigative Services in 2015. This branch of service includes the Homicide, Major Crimes, Organized Crime and the Forensic, Intelligence and Technology Division.

2
LGBTQQ* AND HEALTHCARE: PROVIDING AFFIRMING AND INCLUSIVE CARE TO SEXUAL AND GENDER MINORITIES
Morgan Stirling

In this session, participants can expect to enhance their understanding of the health care experiences of Lesbian, Gay, Bisexual, Queer, Two-Spirit and Trans* people. Recognizing that health disparities in the LGBTQQ* community stems from a variety of factors, this presentation will focus on providing practitioners with knowledge about homophobia, biphobia, heterosexism and cissexism in health care and the skills to provide respectful and inclusive care to gender and sexual minorities.

Presenter Information
Morgan Stirling
As an Education Facilitator with the Rainbow Resource Centre Morgan Stirling is deeply committed to working with the LGBTQQ communities. Morgan is currently pursuing a Master’s degree in Family Social Sciences whose thesis focuses on the experiences of older LGBT adults living in congregate housing. Additionally, Morgan is the research coordinator for the Cancer’s Margins project, a national study exploring LGBTQ women and trans peoples’ experiences with breast and gynecological cancer; and is involved with Klinic’s Sexual Assault Program providing support and crisis counselling on the Crisis and Manitoba Suicide Line,. When not working or going to school, Morgan relaxes by listening to records and dabbling in the art of mixology.
Health inequity is unfair and avoidable or remediable differences in health among social groups. Reducing health inequities and improving overall health status have been the goals of initiatives developed at international and provincial levels. In keeping with these initiatives, the PATHS Equity for Children (Pathways To Health and Social Equity) program of research was developed at the Manitoba Centre for Health Policy (MCHP), focused on creating a population-based capacity for understanding what works to reduce inequity in outcomes for children. The purpose of this panel presentation is to provide a comprehensive description of the PATHS program of research, how the components of the program relate to each other, and sharing lessons learned and expertise on:

1. implementing an integrated knowledge translation (KT) approach to a program of research,
2. the development of a multi-year analytic cohort using administrative data, and
3. using cutting edge population-based methodologies to measure program effects and changes in equity over time.

Examples of specific evaluations (Families First home visiting, Healthy Baby prenatal benefit, social housing) will tie this information together. The primary questions addressed in all of the projects are:

1. who received or was impacted by the policy/intervention and was it equitable,
2. did the policy/intervention improve overall health, and
3. did the policy/intervention results in a change in equity.

This panel presentation will underscore the value of using linked administrative and program data from various sources for program evaluation, measuring equity and promoting health equity for all.

**Presenter Information**

Dan Chateau, PhD  
Assistant Professor, University of Manitoba

Nathan Nickel, PhD  
Assistant Professor, University of Manitoba

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**Mind the Gap: Redressing Health Inequities in Prairie Mountain Health**

Nancy McPherson & Pamela McTavish

The amalgamation of three regional health authorities provided a unique opportunity to learn about the health, health behaviours and health care use of people in the new formed Prairie Mountain Health (PMH). The widening of the health gap among residents in PMH is evident in the findings of the 2015 Community Health Assessment (CHA). To better understand this health gap, a profile document was created for PMH overall, as well as each of PMHs three zones and its’ 17 districts using data from the CHA. The presenters will share these profiles as a framework to examine the health
disparities and inequities - the unfair and avoidable differences in health status that exist within the region. The process to stratify districts on a continuum of better and worse health status using composite indicator scores from the 17 PMH districts will be described. Based on these findings, one district in each PMH zone was selected as a pilot community to re-examine health care supports and services, as well as community engagement within the context of social determinants of health. Challenges and successes of the three pilot projects will be highlighted as well as implications for program and policy development.

**Presenter Information**

Nancy McPherson  
Population Health Planner Analyst, Quality, Planning & Evaluation

Pamela McTavish  
Decision Support Analyst, Quality, Planning & Evaluation

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**HIV Nondisclosure: Human Nature or Criminal Behaviour?**

Pierre Plourde & Shelley Marshall

A 1998 Supreme Court decision designated HIV nondisclosure - even in the context of consensual sex - as a criminal offense. Since 1999, there have been over 150 criminal prosecutions for HIV nondisclosure in Canada. This approach has not resulted in a reduction in HIV transmission, but has fueled stigma against HIV positive persons. Although HIV is highly associated with structural disadvantage and lack of social privilege, the criminalization of nondisclosure effectively reframes HIV as a problem of unworthy or irresponsible citizens. Public health providers must balance their roles in supporting the health and protecting the privacy of the HIV infected person, while promoting and protecting the health of populations. The individual refusing to disclose their HIV status and engaging in practices that may result in transmission places the public health system in a difficult ethical quandary. But, in order to maintain the ability of the public health system to engage in the prevention of HIV transmission, a punitive approach must be avoided. Unlike the justice system, which must punish criminal activity, the public health system seeks to both reduce structural drivers of HIV transmission and maintain therapeutic relationships with affected individuals, in order to reduce harms and transmission of HIV. Intrusive and punitive measures (including use of the Criminal Code) may impart more harm, confer little to no benefit, and are rarely justified.

HIV nondisclosure should therefore be decriminalized in favour of a more client-centered, community-based, public health approach. Such would primarily address determinants of health and inequities rather than assuming that all HIV nondisclosure is a premeditated deliberate criminal act with intent to harm.

**Presenter Information**

Pierre Plourde  
Medical Officer of Health

Shelley Marshall  
Public Health Nurse, PhD candidate with the WRHA Healthy Sexuality and Harm Reduction team
CONCURRENT SESSION #2 (10:30-11:20 am)

The Winnipeg Boldness Project: Reconciliation and health equity through community driven solutions
Diane Roussin & Gladys Rowe

This presentation will focus on the work of The Winnipeg Boldness Project in promoting health equity for children and families. The project is a social innovation initiative working towards a Bold Goal: Children and families in Point Douglas will experience dramatically improved well-being in all aspects of self: physical, emotional, mental and spiritual. In order to achieve this goal we are designing and implementing an Early Childhood Development (ECD) strategy, the project works to strengthen existing networks and remove roadblocks experienced by families.

The starting point in the design process was to engage the Point Douglas community in defining success for their children. Residents, parents and leaders also identified many roadblocks to success for their children and are driving the development of solutions. A large proportion of the residents, parents and leaders we engaged with are Indigenous and espouse an Indigenous worldview and value base. Therefore Indigenous perspectives and methodologies form the foundation of our problem definition and solution finding. We believe that the solutions generated will lead to better outcomes not only for Indigenous children, but better outcomes for all children.

The Winnipeg Boldness Project will share what we have learned so far about the implementation of a child-centered model founded upon Indigenous ways of knowing, being, feeling, and doing as a catalyst for equity and reconcilitation.

Presenter Information
Diane Roussin
Project Director, Winnipeg Boldness Project

Gladys Rowe
Research Manager

Navigating the vertical-horizontal divide to improve equity of healthcare services
Tara Stewart

Increased equity in the provision of healthcare services is a critical goal for most healthcare organizations. A common starting-point for equity-driven reform involves the addition of vertical services to the exiting “universal” system of horizontal services that are offered to all. Vertical services are those that are delivered as stand-alone interventions where the solution to a given health problem is addressed through a specific, targeted measure. Essentially, vertical services provide enhanced healthcare to those with greater health needs; making them a natural starting-point for equity-driven healthcare reform.

Tension naturally exists between the competing goals of horizontal standardization (universal services for all) and vertical innovation (specialty services for some). A distillation of the scientific literature in this area reveals a common list of benefits and drawbacks related to introduction of new vertical services: Vertical services are lauded to the extent that they yield fast results in cases where waiting for horizontal system change is deemed unethical or unacceptable. Alternatively, vertical services are criticized to the extent that they can result in duplication of services, create negative spill-over effects for non-targeted populations, and have a reduced likelihood of sustainability.
The objectives of this presentation are to:

1. Describe the tensions between vertical (targeted) vs. horizontal (integrated) service delivery
2. Describe how vertical service delivery overlays with equity-driven healthcare redesign
3. Apply this to our local context with existing WRHA-specific examples

**Presenter Information**
Tara Stewart  
Health Services Researcher, WRHA Evaluation Platform, Centre for Healthcare Innovation

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**Impact of Eliciting Dimensions on Outcomes of Patients with Tuberculosis and their Healthcare Providers: “The Dignity Project”**
Carmen Lopez, Jennifer Eaglesham & Erin Small (Phillips)

In Winnipeg, tuberculosis (TB) disproportionately affects primarily First Nations peoples and foreign-born Canadians (Winnipeg Regional Health Authority, 2012a). According to Manitoba Health, rates of TB in First Nations people in Manitoba are at least 30 times that of other Canadian-born persons, and rates in foreign-born peoples are 5 times that of Canadian-born persons. In the WHR, the inner core and northern parts of the city have TB rates that are 3-10 times the national rate (Winnipeg Regional Health Authority, 2012a). Residents of these areas are at a higher risk of social and economic disadvantage leading to preventable gaps in health representing unjust health inequities. People with TB (whether active TB disease or latent TB infection [LTBI]) tend to be marginalized, disenfranchised and poorly served by the healthcare system (Hargreaves 2011). Equitable access to healthcare that supports determinants of health as well as inclusive, respectful health care services are required to address the full spectrum of TB. A simple practical tool that can be used within the timeframe of existing HCP-patient interactions has been developed for this purpose. This project will attempt to implement such a tool, the Patient Dignity Question (PDQ), recently validated in palliative care patients (Chochinov 2014), to address TB patient personhood as a priority.

The proposed project is anticipated to start on April 15, 2015 and go through to March 31, 2016 with the following objectives:

- Apply a clinically practical “dignity question” to TB and LTBI patients that will enable healthcare providers to elicit key elements of patient personhood.
- Evaluate and determine the influence that this tool has on patient satisfaction and behavior (outcomes).
- Evaluate and determine the influence that this tool has on PPH and Klinic healthcare provider experience.

Results to date are demonstrating the impact that a simple question can have on the patient and the healthcare provider relationship, as well as the care plan for the patient.

**Presenter Information**
Carmen Lopez  
Project Manager for The “Dignity Project” with the WRHA Integrated TB Services.

Jennifer Eaglesham  
Site Coordinator for The “Dignity Project”, Public Health, WRHA

Erin Small (Phillips)  
Medical Assistant, Health Services Department and Administrative Assistant for the “Dignity Project” within the LTBI program.
Ethics, Equity, and Food Security: the healthcare professional experience
Lavonne Harms

Food is a basic human need, a prerequisite for health, and a social determinant of health. Community food security is a situation in which all community residents obtain safe, culturally acceptable, nutritionally adequate diet through a sustainable food system that maximizes community self-reliance and social justice. The challenges in obtaining food security include economic accessibility, geographic accessibility, and food skills and training. Household financial status is closely associated with the ability to achieve food security. The incidence of chronic disease such as heart disease and diabetes is more common among food insecure households. Stress and feelings of uncertainty associated with a lack of food security also impacts health negatively. This presentation will examine the issues of ethical obligations, health equity, and food security as they exist in the health care professional experience.

As a signatory of the Manitoba Food Charter, how can the WRHA support community food security? How do ethics influence our ability to partner and influence municipal, provincial and federal governments?

As a large system and employer, how can the WRHA create healthy food environments? What tensions between costs, food options, and preferences arise?

As individual healthcare providers how can we promote food security for our clients?

As health professionals we can advocate for changes in social and economic circumstances for patients and society as a whole. Using a health equity lens and consideration of ethical obligations and social justice, achieving food security for all members of our communities is a vital task.

Presenter Information
Lavonne Harms
Public Health Dietitian

Public Health: Population Based Programs and Targeted Programs - How They Can Live Side by Side
Alison Campbell

Public health as an organized discipline aims to improve the health of populations rather than focus on the health care needs of individuals. Therefore, the public health program continually faces the ethical dilemma of choosing to deliver equal service to all families or apply a targeted approach using an equity lens. For example, the Families First Program is a program that involves identifying high risk families then offering an intense, evaluated, and effective programming to enhance and strengthen parenting skills. Families are universally screened and all families could benefit from such a
program. However, the Families First program is offered only to those who screen in as high risk. This presentation will discuss how the program works, the equity based dilemmas in public health and how nurses and Family First home visitors can offer different services to different families with the goal remaining the same - that of encouraging and supporting all new families.

**Presenter Information**  
Alison Campbell  
Public Health Nurse, WRHA

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**Little Saskatchewan First Nation Community Members’ Health Needs and Services Following the 2011 Flood Ethics and Equity in Indigenous Health Care?**  
Donna Martin, Amanda Johnson & Myrle Ballard

Since European settlement, Indigenous communities have experienced negative health effects of induced displacement (ID) from traditional lands. The 2011 “super-flood” displaced 4,525 First Nation people from 17 communities in Manitoba when provincial government officials purposefully diverted water to Lake St. Martin. This human-caused flood, emergency evacuation, and prolonged displacement are associated with premature deaths, miscarriages, mental health disorders, youth involvement in gangs, marital break-ups, and worsening of chronic illnesses. To date, several thousand First Nation people remain displaced, including 374 Little Saskatchewan First Nation (LSFN) community members who reside in Winnipeg and Ashern. These individuals are unable to return “home” and have suffered serious health disorders as a direct result of ID. Additionally, those who remained or were able to eventually return to LSFN continue to experience toxic living conditions, including poor water quality and mould infestation. In this presentation, we share findings from a qualitative study conducted in partnership with the Chief and Council of LSFN. The study’s purpose was to document LSFN Elders’ experiences of ID as a result of the 2011 human-caused flood. Findings indicate the living conditions of on-reserve and off-reserve community members have created undue stress that continues to negatively impact health. Although the health needs of community members are higher, health services have diminished. These findings will be highlighted with a presentation of “Wounded Spirit: Forced Evacuation of Little Saskatchewan Elders”, a participatory video. Discussion will focus on resource allocation, health services, and equity for LSFN and other flooded Indigenous communities.

**Presenter Information**  
Donna Martin, PhD  
Dr. Donna Martin (RN, PhD in Nursing), Assistant Professor, Faculty of Nursing, University of Manitoba.

Amanda Johnson, PhD  
Dr. Amanda Johnson, Assistant Professor, Faculty of Kinesiology and Recreation Management, University of Manitoba.

Myrle Ballard, PhD  
Dr. Myrle Ballard is a postdoctoral fellow and graduate from the Natural Resources Institute, University of Manitoba.
Specialized Services or Capacity Building: A False Choice?
The Ethics of Service Delivery for Individuals with Developmental Disabilities
Ben Adaman

Individuals with a developmental disability routinely experience challenges in receiving health care services. Barriers can arise from communication difficulties (and the additional time for communication a person might need), a lack of specialized equipment, such as mechanical lifts in all facilities, or idiosyncratic ways of behaving. Attitudinal barriers or a lack of comfort and experience on the part of healthcare providers can also contribute to sub-optimal health outcomes and healthcare experiences.

In order to narrow down disparities in health outcomes, what is more effective: developing specialized services that target a specific vulnerable population or building capacity in the “mainstream system”? What are the ethical and practical risks and benefits of each approach? How is the cause of social inclusion affected when specialized programs deliver general health services to individuals based on their developmental disability, even when that may be unrelated to their health needs?

This presentation will explore the ethical dilemmas that routinely confront decision makers committed to ensuring equitable health outcomes for vulnerable or marginalized populations. It will argue for equitable outcomes through a hybrid approach that can effectively address acute needs for service in the short term while also supporting broader capacity building within the larger system over the long term.

Presenter Information
Ben Adaman
Senior Manager of Clinical Services, St. Amant

Health for All: Ethical tensions of building momentum to promote health equity
Hannah Moffatt, Dr. Sande Harlos & Dr. Lawrence Elliott

Community health data illustrate substantial inequalities in health status. Since 2010, a regional health equity committee has strategized on how to more deliberately incorporate health equity promotion within the Winnipeg Regional Health Authority (WRHA).

Health for All is the integrated approach - not a stand-alone project or program - to weave health equity action into all decision-making and service provision to the WRHA. As of 2015, the region-wide committee contributes strategic leadership with three working groups supporting activities. Additional efforts include communications, tool development and engaging senior leadership to include equity within organizational priorities (e.g, strategic planning, patient flow, accreditation).
The WRHA has committed to ensuring health equity actions are embedded in the provision of all health care services and to facilitating partnerships that amplify health equity action within and beyond the health sector.

- Health inequities arise from systemic and structural barriers to health opportunities (e.g., macro level economic policies; colonization), so what role does health play in addressing health gaps?
- Does the role of the health authority include advocating for non-health-sector public policies that improve health (e.g., adequate and affordable housing, access to nutritious food, cycling infrastructure)?
- How should resource allocation decisions be made between traditional service delivery and non-health sector interventions (e.g., supporting affordable housing)?
- Are health regions accountable for what they don’t do (unmet health care needs) as well as for what they do?
- How do micro aggressions and micro affirmations affect patient care relationships and impact health equity?

**Presenter Information**

Hannah Moffat  
Population Health Equity Initiatives Leader, Population and Public Health, WRHA

Dr. Sande Harlos  
Medical Officer of Health, Population and Public Health, WRHA

Dr. Lawrence Elliott  
Medical Officer of Health & Medical Director, Population and Public Health, WRHA

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**Coming Out in Health Care**  
Morgan Stirling

In this highly interactive and experiential session, attendees will be encouraged to examine their beliefs and ideas about the realities of sexual and gender minority people by asking them to participate in an activity that simulates the “coming out” process for Lesbian, Gay, Bisexual, Queer, Two-Spirit and Trans* individuals. By drawing upon their experiences, attendees will be asked to consider how “coming out” might influence how LGBTTQ* individuals navigate the health care system and shape their interactions with health care providers. It is expected that at the end of the session attendees will have a greater understanding about the challenges LGBTTQ* people face and how to provide more inclusive and respectful care.

*This session is limited to 50 participants.*

**Presenter Information**

Morgan Stirling  
LGBTTQ* Education Facilitator – Rainbow Resource Centre
**CLOSING PANEL**

**So What Can I Do? Shifting towards equity in all actions**  
Moderated by Dr. Sande Harlos

How can you embed equity thinking into every decision you make?

Large health gaps exist in our communities. We need to shift our practice to better meet the needs of disadvantaged populations rather than expecting people to conform to our established and set ways of providing care that may not work for them.

This is about a systematic approach to everyone we encounter, not about asking questions to just a few people who look like they could benefit from equity-focused interventions. Microaggressions are everyday slights and insults that communicate power and privilege. These sometimes occur during care without provider intention or awareness. How can we shift microaggressions to microaffirmations to demonstrate respect and build trust?

An equity lens can inform healthcare actions at all levels. This presentation will leave you with tools, strategies, resources and examples to support a reframing for equity in our healthcare system.

**WEDNESDAY - March 2, 2016 (9:00 am - 12:00 pm)**

**Living on the Edge - Taking a Look at Poverty Simulation**  
Presented by United Way Winnipeg

Living on the Edge - Taking a Look at Poverty is a unique experience designed to provide a glimpse into what it might be like to live in a low-income family trying to survive from month to month. Participants are placed in family units, each with a story that describes their financial situation. The simulation is divided into four short “weeks”, simulating a month in total. Each week the family needs to perform day-to-day tasks, including sending their children to school (or childcare), getting to or finding work, paying bills, visiting social services or other community agencies, buying groceries, cashing their cheque at the bank and more. Following the simulation, participants will debrief the experience and learn more about the role United Way Winnipeg is playing in addressing poverty.

To get an idea of what it is like to experience a Poverty Simulation, a video can be viewed at [https://www.youtube.com/watch?v=jfIERO5evos](https://www.youtube.com/watch?v=jfIERO5evos)

* Registration is limited to 60 participants  
** Session is subject to a separate registration fee
Ethics in Community and Public Health - From Simulation to Application
Presented by the National Collaborating Centre for Healthy Public Policy

In this three-hour session, participants will focus on practising applied ethics in community and public health settings. After briefly introducing participants to some of the key features and orientations of community and public health ethics, we will apply ethics frameworks to issues that are important here. Frameworks are tools that have been developed to help practitioners to:

- highlight ethical values and reveal issues,
- work and deliberate together about what to do,
- make better (though not necessarily easier) decisions, and
- provide more informed and more transparent reasons for our decisions.

Specifically, we will use frameworks to help us analyze community and public health approaches, with extensive small group work to create a space in which participants will do real ethics work on a real issue of local interest for health and health equity.

* Registration is limited to 50 participants
** Session is subject to a separate registration fee

Presenter Information
Olivier Bellefléur
Olivier Bellefléur has been working at the NCCHPP since 2010. His academic background is in philosophy (B.A., UQAM; M.A., Université de Montréal) and in environmental sciences (M.Sc., UQAM). His work at the Centre is focused on two main areas: (1) public policies informing the built environment, particularly traffic-calming policies as well as other policies that favour safe active adn collective transportation, and (2) ethical issues in public health. Olivier has facilitated several workshops for public health actors. Some of these workshops have been held at CPHA Conferences, others at national, provincial or regional conferences in public health or related fields.

Michael Keeling
Michael Keeling has been with the NCCHPP since 2007. His academic background is in English literature (B.A., Toronto) and Philosophy (B.A., Victoria; M.A., Dalhousie) with interests in epistemology, language and ethics. Michael's work at the Centre has focused mainly on editing English-language publications and in the project area of ethics. Prior to joining the Centre, he facilitated numerous workshops in the community development sector, including open community meetings, cooperative meetings and workshops. At the NCCHPP, he has played various roles for many of the Centre's activities, including facilitating ethics workshops for practitioners.
Registration deadline is February 5, 2016

Registration to be completed at
https://forms.manitoba-ehealth.ca/mbphen/reg-forum.html

Registration payment must follow completed online registration. Registrations will not be processed until payment is received. Confirmation will be emailed prior to the conference. Receipt will be included in your registration package at the Conference.

Registration Rates:

- Day One (March 1, 2016) - lunch included & refreshment breaks $75.00
- Day Two (March 2, 2016) All Day - lunch included 50.00
- Day Two (March 2, 2016) Morning 25.00
- Day Two (March 2, 2016) Afternoon 25.00
- Day Two (March 2, 2016) Morning - lunch included 35.00
- Day Two (March 2, 2016) Afternoon - lunch included 35.00

For more information contact Pam Kitchur 204-926-1312; email pkitchur@wrha.mb.ca
Brochure and registration also available on the MB-PHEN website www.mb-phen.ca

Please make cheques payable to:
Winnipeg Regional Health Authority

Send cheque payment to:
Pam Kitchur, MB-PHEN
4th Floor, 650 Main Street
Winnipeg, MB R3B 1E2

Payment can also be made via Cost Centre Transfer for WRHA Employees located at sites utilizing SAP.

Requests for refunds must be made in person or in writing before February 12, 2016. No refunds will be made after February 12. A $25.00 processing fee will be applied to all refunds. Registrant substitutions may be made with notice prior to February 25, 2016.