

Indigenous Health Practice and Research

CONFERENCE

—Building on Our Roots—

OCTOBER 17 & 18, 2017





Hamilton Convention Centre, 1 Summer Lane, Hamilton, ON

Call for Abstracts/Papers

Conference Co-Chairs: Pat Mandy and Janet Smylie

Abstract Deadline: Friday, March 17, 2017 at 4:00 p.m.

Indigenous Health Research and Practice

Bring together thought leaders and individuals interested in good and promising practices of Indigenous Health. Be inspired with the discussion on contemporary and relevant Indigenous health research.

For more details visit the <u>Conference Website</u> Completed submissions by email to abstracts@dahac.ca

Abstract Streams:

We have used the four quadrants of the Medicine Wheel as the themes for the conference: Mental, Emotional, Physical, and Spiritual.

Submission Details:

- 1. Title of Submission (please use appropriate capitalization)
- 2. Session Description (a brief summary).
- 3. Full Description of Session: (a concise description)



 □ Mental □ Emotion 				ose one	ne of the following: ☐ Spiritual	
5. Select the appropriate cate	egory:					
		☐ Indigenous Health Practice		□ Ind	☐ Indigenous Health Policy	
6. Theme, choose all that app	oly:					
 □ Population Health □ Historical Impacts on Health Status □ Racism in Practice □ Transformative Practice / Programs □ Self Determination in Healthcare 6. Presentation format, choose one of the		☐ Importance of Indigenous Health ☐ Health Equity ☐ Social Determinants of Health ☐ Quality Improvement ☐ Advocacy				
Poster		□ Workshop			☐ Panel Session	
		presentation the learning aspect An interactive o	allow a more in-depth at can incorporate a han and include up to 3 spec Ispect should be incorpol hop including opportuni	akers. rated	Panel presentations can include 1-4 people presenting on a singular topic from different aspects/perspectives. The presentation is generally broad in nature and potentially can be discussed in more detail in a workshop.	
Presenter Informa	tion:					
PRESENTER 1 Name: Position/Title: Organization: Email Address: Are you: Researcher Short Bio:	l Practitione	r □ Policy N	Naker			
PRESENTER 2						
Name: Position/Title: Organization: Email Address: Are you: □	l Practitione	r □ Policy N	N aker			

Researcher Short Bio:



Target Audience (Select top 2 or 3): ☐ Front line/clinical and/or program staff ☐ Senior management ☐ Policy makers □ Program Management ☐ Board members ☐ Administration ☐ All audiences Audio Visual (A/V) Requirements (Please indicate if your session will have any of the following audio visual requirements): ☐ LCD projector and laptop computer ☐ Flip charts ☐ Audio/Sound for video ☐ Internet access ☐ I have no a/v requirements

Conflict of Interest:

An application is being made for continuing medical education credits for family physicians in attendance at this conference. Conflict of interest disclosure is an accreditation requirement for all presenters and planning committee members

Definition: A conflict of interest is a situation in which the personal and professional interests of individuals may have actual, potential, or apparent influence over their judgment and action.

A Conflict of Interest may occur in situations where the personal and professional interests of individuals may have actual, potential or apparent influence over their judgment and actions.

What kind of relationships should be disclosed? (Please note that examples are not limited to the following)

- Any direct financial interest in a commercial entity such as a pharmaceutical organization, medical devices company or communications firm ("the Organization").
- Investments held in the Organization.
- Membership on the Organization's Advisory Board or similar committee.
- Current or recent participation in a clinical trial sponsored by the Organization.
- Member of a Speakers Bureau.
- Holding a patent for a product referred to in the CME/CPD activity of that is marketed by a commercial organization.

Failure to disclose or false disclosure during the Session Submission process may require the Planning Committee to replace the presenter/speaker.
☐ I have NO actual or potential conflict of interest in relation to this conference program ☐ I HAVE/HAD a potential conflict of interest in relation to this conference program.
If you have/had financial interest, arrangement or affiliation with one or more organizations that could be perceived as a related or apparent conflict of interest in the context of the subject of this presentation over the past TWO (2) years, please fill out the section below.
Commercial Entity:

Description of Conflict: