



*University of Washington's School
of Public Health and Community
Medicine and the University of
British Columbia invite faculty,
staff and students to attend the*



Second Annual Fall Symposium: Population Health and Cross-Border Collaboration

*Population Health and Health Care: How can the UW SPHCM and the UBC work
together to create a common research agenda?*

December 1 and 2, 2006

**University of Washington, Seattle
Turner Auditorium (D-209), Health Sciences Center**

GOALS

- **To increase collaboration across the border, between the two schools**
- **To develop a common research agenda for teaching and areas for future research**
- **To allow faculty, staff and students from the two schools to create professional relationships and connections**
- **To explore ways to create a population research “laboratory” across borders**

AGENDA

Friday, December 1, 2–4:30 pm

Opening speakers: Dean Patricia Wahl, UW, and Martin Schechter, UBC

Panel Discussion: **“US/Canadian Approaches: Same Problems, Different Approaches”**

Social Networking and Dinner to follow

Saturday, December 2, 8:30 am–2 pm

Breakout Sessions:

- HIV/Infectious disease
- Population health
- Health services research
- Global health
- Indigenous health
- Practice
- Maternal and child health

Free, but registration is required by Wednesday, November 22, 2006

To register or for more information, please contact
Karen Hanson at 206-685-6699 or KLHANSON@u.washington.edu

Additional support provided by:



Canadian Studies Center
Jackson School of International Studies
University of Washington

**Respondent's notes from UBC/UW Symposium on population health and cross-border collaboration
December 1-2, 2006**

All four presentations were excellent and raised very interesting issues for regional collaboration. British Columbia and Washington have similarities (such as roughly comparable population size, ethnic composition, income levels, access and exposure to Asia Pacific region) that would enable fruitful comparative studies to identify specific factors in divergent health outcomes and best practices in health policy. However, there are also significant challenges:

- Differences in government structures (and, therefore, different approaches to how resources are allocated in the two federations)
- Divergent cultural values (towards issues like universal health care, poverty and income redistribution, social services and drug policy)
- Differing approaches to health care policy (US experimental 'lurching' towards solutions to specific problems versus Canadian continuous consensual 'socialized' approach)
- Restrictions on funding for cross-border research and cooperation
- Information sharing concerns (partly as a result of Patriot Act legislation that has raised privacy issues)

How these divergences affect actual health outcomes is the trillion dollar question. This becomes most urgent at times of crisis such as public health emergencies.

Key obstacles to effective cross-border cooperation in public health emergencies could include:

- Communications challenges
 - The need for a clear authoritative voice that is trusted by the public
 - The role of the media
 - Costs of erroneous or misleading information and rumor (especially fuelled by mass information sources and the internet)
- Political communication
 - Managing 'me first' public panic/rationing response
 - Managing political leaders and providing them with appropriate roles
 - Ensuring clear lines of communication with federal and local governments, as well as international agencies (to resolve inter-jurisdictional squabbles and grandstanding)
- Structural suppleness
 - Vital to ensure high levels of trust and information-sharing well in advance of emergencies
 - Need to recognize that neat organizational charts and designated communication flows may break down in emergencies
 - Important to develop supple and adaptive networks (and use existing networks like Pacific North West Economic Region [PNWER]) that can function when/if formal structures and communication links break down

- Border closures
 - Need to put into place arrangements and protocols involving border agencies
 - Build trust by joint exercises and table top planning sessions
 - Recognize emergency could originate in either jurisdiction or both – consider ‘what if’ scenarios and potential impacts on cross-border emergency management capability

As one presenter observed, the impetus for several health care innovations originally came from the US. Both countries can use their differences to learn from each other, and British Columbia and Washington represent a very good ‘test bed’ for mutually beneficial learning.