



PUBLIC
HEALTH
2019
SANTÉ
PUBLIQUE

30 APRIL - 2 MAY
DU 30 AVRIL AU 2 MAI
OTTAWA | SHAW CENTRE

FINAL PROGRAM
PROGRAMME FINAL

SPONSORS | COMMANDITAIRES

PUBLIC HEALTH CHAMPION | CHAMPION DE LA SANTÉ PUBLIQUE



LEGACY BENEFACTORS | BIENFAITEURS



Canadian Institute
for Health Information
Institut canadien
d'information sur la santé

Explore
the health
inequalities
toolkit

SANOPI PASTEUR 

FRIEND OF PUBLIC HEALTH | AMI DE LA SANTÉ PUBLIQUE



National Collaborating Centres
for Public Health
Centres de collaboration nationale
en santé publique

PUBLIC HEALTH SUPPORTERS | PARTISANS DE LA SANTÉ PUBLIQUE



CPHA appreciates the financial support from corporate sponsors. This financial support offsets core expenses (such as food and beverage, audio-visual equipment, graphic design and printing) in order to reduce the financial burden on conference participants to the greatest possible extent. Financial contributions do not entitle corporate sponsors to any involvement in the development of the scientific program.

L'ACSP apprécie l'aide financière de ses sociétés commanditaires. Cette aide contribue les dépenses essentielles (comme les aliments et boissons, le matériel audiovisuel, la conception graphique et l'impression) afin d'alléger le plus possible le fardeau financier des participants de la conférence. L'apport financier des sociétés commanditaires ne les autorise toutefois pas à intervenir dans l'élaboration du programme scientifique.

COLLABORATORS | COLLABORATEURS



**CANADIAN
PUBLIC HEALTH
ASSOCIATION**

**ASSOCIATION
CANADIENNE DE
SANTÉ PUBLIQUE**

CPHA is pleased to host Public Health 2019 through a unique and effective collaboration with:

L'ACSP a le plaisir d'organiser Santé publique 2019 par l'entremise d'une collaboration unique et efficace avec :

CONTRIBUTING PARTNERS | PARTENAIRE COLLABORATEURS



Canadian Institute
for Health Information
Institut canadien
d'information sur la santé

Explore
the health
inequalities
toolkit



CIHR IRSC
Canadian Institutes of
Health Research Instituts de recherche
en santé du Canada



National Collaborating Centres
for Public Health
Centres de collaboration nationale
en santé publique

COLLABORATORS | COLLABORATEURS



Canadian Alliance for Regional
Risk Factor Surveillance
CARRFS
ACSRFR Alliance canadienne de surveillance
régionale des facteurs de risque

OPIHA
Ontario Public Health Association
l'Association pour la santé publique de l'Ontario
Established/Établi 1949



MÉTIS NATIONAL COUNCIL
RALLIEMENT NATIONAL DES MÉTIS



Network of Schools and Programs of
Population and Public Health
Canada



**Public Health
Agency of Canada**

**Agence de la santé
publique du Canada**



COMMITTEES | COMITÉS

A conference of this magnitude is the result of hard work and commitment from the dedicated members of the conference Steering and Scientific Committees. Our ongoing collaboration continues to create a unique knowledge exchange opportunity, grounded in a high-caliber scientific program.

Une conférence de cette envergure est le fruit de l'excellent travail et du dévouement des membres du comité directeur et du comité scientifique de la conférence. Notre collaboration continue ne cesse de créer des possibilités uniques d'échange de connaissances, ancrées dans un programme scientifique de haut calibre.

STEERING COMMITTEE | COMITÉ DIRECTEUR

- Ian Culbert, Chair, Canadian Public Health Association
- Donika Jones, CPHA Board of Directors
- Yan Kestens, Scientific Chair, Université de Montréal
- Marlene Larocque, Assembly of First Nations
- Jean Harvey, Canadian Institute for Health Information, Canadian Population Health Initiative
- Marisa Creatore, Canadian Institutes of Health Research, Institute of Population and Public Health
- Jennifer Morgan, Canadian Institutes of Health Research, Institute of Population and Public Health
- Eduardo Vides, Métis National Council
- Yoav Keynan, National Collaborating Centres for Public Health
- Margaret Haworth-Brockman, National Collaborating Centres for Public Health
- Malcolm Steinberg, Network of Schools and Programs of Population and Public Health
- Karen Ellis-Scharfenberg, Ontario Public Health Association
- Dionne Patz, Pan American Health Organization, World Health Organization
- Kerry Robinson, Public Health Agency of Canada
- Ray Clark, Public Health Agency of Canada
- Françoise Bouchard, Public Health Physicians of Canada
- Odette Laplante, Public Health Physicians of Canada
- Laura Taylor, Student/Early Career Representative

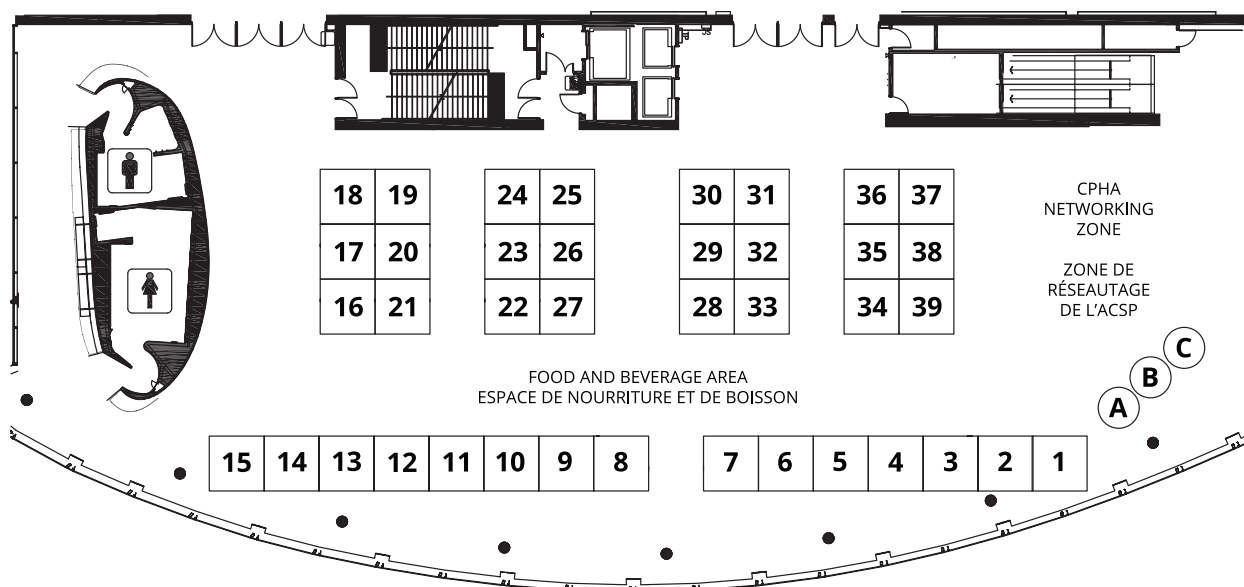
SCIENTIFIC COMMITTEE | COMITÉ SCIENTIFIQUE

- Yan Kestens, Université de Montréal (Chair)
- Katie-Sue Derejko, Assembly of First Nations
- Dana Riley, Canadian Institute for Health Information, Canadian Population Health Initiative
- Liudmila Husak, Canadian Institute for Health Information, Canadian Population Health Initiative
- Marisa Creatore, Canadian Institutes of Health Research, Institute of Population and Public Health
- Jennifer Morgan, Canadian Institutes of Health Research, Institute of Population and Public Health
- Sarah Ambrose, Public Health Agency of Canada
- Ray Clark, Public Health Agency of Canada
- Suzanne De Haney, Ontario Public Health Association
- Françoise Bouchard, Public Health Physicians of Canada



EXHIBIT HALL | SALLE D'EXPOSITION

ACC Technical Services	28	Health Canada, Office of Nutrition Policy and Promotion / Santé Canada, Bureau de la politique et de la promotion de la nutrition.	15
AccuVax by TruMed Systems	4	Health Canada, Tobacco Control Directorate / Santé Canada, Direction de la lutte au tabagisme	14
Brock University	30	Immunize Canada / Immunisation Canada	C
Canadian Institute for Health Information / Institut canadien d'information sur la santé	6	Lakehead University	39
Canadian Association of Physicians for the Environment / Association canadienne des médecins pour l'environnement.	31	McGill University, Department of Epidemiology, Biostatistics & Occupational Health.	21
Canadian Centre for Occupational Health and Safety / Centre canadien d'hygiène et de sécurité au travail.	18	Médecins Sans Frontières/Doctors without Borders.	A
Canadian Institutes of Health Research / Instituts de recherche en santé du Canada	7	Métis National Council / Ralliement national des Métis	20
Canadian Paediatric Society / Société canadienne de pédiatrie.	B	National Collaborating Centre for Aboriginal Health / Centre de collaboration national de la santé autochtone	36
Canadian Public Health Association / Association canadienne de santé publique	Networking Zone Zone de réseautage	National Collaborating Centres for Public Health / Centres de collaboration nationale en santé publique.	34/35
Canadian Research Initiative In Substance Misuse / Initiative canadienne de recherche en abus de substance	25	NIVA Inc.	2
CANVax.	26	Ontario Public Health Association	17
CardioMed Supplies Inc.	22	Ottawa Public Health / Santé publique Ottawa.	24
CATIE.	5	Pan American Health Organization / Organisation panaméricaine de la santé	16
Centre for Addiction and Mental Health	37	Public Health Agency of Canada / Agence de la santé publique du Canada	8/9
École de santé publique de l'Université de Montréal	19	Public Health Physicians of Canada / Médecins de santé publique du Canada	32
Environment and Climate Change Canada / Environnement et changement climatique Canada	13	Sanofi Pasteur.	27
Frayme / Cadre	38	Springer	29
Health Canada, Canadian Health Measures Survey / Santé Canada, Enquête canadienne sur les mesures de la santé.	12	Thunderbird Partnership Foundation	1
Health Canada, Indoor Air Contaminants Assessment / Santé Canada, Évaluation des contaminants de l'air intérieur	10	University of Ottawa / Université d'Ottawa	33
Health Canada, National Radon Program / Santé Canada, Programme national sur le radon	11	University of Saskatchewan.	3
		Upstream.	23



PROGRAM SCHEDULE | HORAIRE DE PROGRAMME

	APRIL 28-29 AVRIL	APRIL 30 AVRIL	MAY 1 MAI	MAY 2 MAI
PRE-CONFERENCE SESSIONS SÉANCES PRÉPARATOIRES	✓			
PLENARY SESSIONS SÉANCES PLÉNIÈRES		✓	✓	✓
SCIENTIFIC SESSIONS SÉANCES SCIENTIFIQUES		✓	✓	✓
POSTERS AFFICHES		✓	✓	✓
EXHIBIT HALL SALLE D'EXPOSITION		✓	✓	
NETWORKING BREAKS PAUSE-RAFRAÎCHISSEMENTS		✓	✓	✓
LUNCH DÉJEUNER		✓	✓	✓
CME CREDITS CRÉDITS DE FMC		✓	✓	✓



SHAPE THE FUTURE OF PUBLIC HEALTH AROUND THE WORLD

Master of Public Health Program

12-Month Program • Case-Based Learning • Practicum Experience • Career Support



schulich.uwo.ca/publichealth



PHPC SESSIONS | SÉANCES MSPC

PUBLIC HEALTH PHYSICIANS OF CANADA SESSIONS SÉANCES DE MÉDECINS DE SANTÉ PUBLIQUE DU CANADA

SUNDAY 28 APRIL | DIMANCHE 28 AVRIL

ROOM 201

8:30 – 10:00 ANNUAL GENERAL MEETING

Join us at the AGM to hear highlights of what PHPC accomplished in the past year and help set the direction in the years moving forward.

10:00 – 17:00 PHPC CPD SYMPOSIUM DAY 1

Additional registration fee required:

- Resident: \$150
- Physician: \$200

MONDAY 29 APRIL | LUNDI 29 AVRIL

ROOM 201

10:00 – 17:00 PHPC CPD SYMPOSIUM DAY 2

Additional registration fee required:

- Resident: \$150
- Physician: \$200

Register for both days and save

- April 28 – 29 Resident: \$200
 - April 28 – 29 Physician: \$300
-

19:00 – 22:00 PHPC ANNUAL SOCIETY DINNER

Join the networking dinner for public health and preventive medicine specialists and other physicians working in public health.


Additional registration fee required:

- Resident: \$85
- Physician: \$100



Wireless Network: PH2019SP
Password: publichealth

PROGRAM OVERVIEW | RÉSUMÉ DU PROGRAMME

8:30 - 10:00 Canada Hall 1	PLENARY I: VOICES OF INCLUSION PLÉNIÈRE I : VOIX D'INCLUSION	
10:00 - 10:45 Parliament Foyer	REFRESHMENT BREAK WITH EXHIBITORS PAUSE-RAFRAÎCHISSEMENTS AVEC LES EXPOSANTS	
10:45 - 12:15	CONCURRENT SESSIONS SÉANCES SIMULTANÉES	
Room 208	<i>CIHR presents:</i> Future-proofing public health in Canada: A fireside chat with four public health agency heads	
Room 213	<i>CPHA presents:</i> Policy Forum	
Room 215	<i>CPHA presents:</i> Promoting healthy relationships for youth through comprehensive sexuality education: What does the evidence tell us?	
See pages 11 & 12	Oral Presentations Présentations de résumés oraux	
12:15 - 14:00 Parliament Foyer/ Canada Hall 1	NETWORKING LUNCH DÉJEUNER CONTACTS	
	POSTER PRESENTATION SESSION 1 PRÉSENTATION D'AFFICHES 1	
14:00 - 15:30	CONCURRENT SESSIONS SÉANCES SIMULTANÉES	
Room 208	<i>NSPPPH presents:</i> Cultural safety training and anti-racism education within MPH programs	
Room 213	<i>CPHA presents:</i> Play in the city: A public health perspective	
Room 215	<i>PHPC presents:</i> Improving public health capacity in Canada	
See pages 16 & 17	Oral Presentations Présentations de résumés oraux	
15:30 - 16:00 Parliament Foyer	REFRESHMENT BREAK PAUSE-RAFRAÎCHISSEMENTS	
16:00 - 17:30	CONCURRENT SESSIONS SÉANCES SIMULTANÉES	
Room 215	Approaches to evaluate coordinated community plans and initiatives to prevent and reduce opioid-related harms in Canada	
Room 213	Basic income: An idea whose time has come? An interactive workshop to build public health capacity	
Room 205	Building organizational capacity for health equity action	
Room 202	CAIRE and PIPER: Leading research on the science, safety, effectiveness and feasibility of immunization in pregnancy in Canada	
Room 204	Defining thresholds for indoor temperatures as a public health issue	
Room 208	Establishing First Nations population health and wellness indicators for the next 10 years	
Room 201	<i>CARRFS presents:</i> Knowledge translation strategies for action – Let's talk about the future of public health surveillance!	
Room 209	Lessons learned from a large collaborative group	
Room 206	Migration and health: Global journeys through policy and practice	
Room 210	<i>OPHA presents:</i> Public health and climate change: from evidence to action	
17:30 - 19:30 Rideau Canal Atrium South (Second Floor)	Making Connections – a 5 à 7 with the NCCs and the Rural, Remote, and Northern Public Health Network 5 à 7 avec les CCN et le Réseau de santé des régions rurales, nordiques et éloignées	



The **Flash Your Badge** program entitles you and a guest to discounts throughout the city. No need to print the passport, all you have to do is present your delegate badge at participating vendors.



Simultaneous interpretation will be available for this session.
L'interprétation simultanée sera disponible pour cette séance.

Welcome to Algonquin Territory and Opening Prayer |
Bienvenue sur le territoire Algonquin et prière d'ouverture :

- Elder Albert Dumont

Welcome Remarks | Mots d'ouverture :

- Richard Musto, Chair, Canadian Public Health Association
- The Honourable Ginette Petitpas Taylor, Minister of Health

CPHA Honorary Awards Presentations | Remise des prix honorifiques de l'ACSP :

- R.D. Defries Award: Peter Henderson Bryce (posthumously)
- National Public Health Hero Award: Cindy Blackstock

VOICES OF INCLUSION

The lead public health professional of Canada – Chief Public Health Officer Dr. Theresa Tam – and of the United States – Surgeon General Vice Admiral Jerome M. Adams – will come together in an engaging plenary session to discuss the drivers of stigma and discrimination, identify concrete actions that can spur systems change, and inspire individuals to catalyze action in their spheres of influence.

Following a presentation by Dr. Adams, a moderated armchair discussion will be held on cross-cutting public health themes such as mental health and substance use. Conference delegates will have the opportunity to explore and learn with the two nations' leading public health professionals during a question-and-answer period, with the goal of driving change and moving beyond stigma and discrimination system inertia.

Learning Objectives:

- Describe how stigma impacts health.
- Explore their own spheres of influence to identify drivers of stigma and discrimination in their own health context.
- Describe actions that can reduce stigma and discrimination across health systems.

Speakers | Orateur et oratrice :

- Vice Admiral Jerome M. Adams, United States, Surgeon General
- Theresa Tam, Chief Public Health Officer, Public Health Agency of Canada

Moderator | Animatrice :

- Rosemary Barton, Co-host, CBC *The National*

VOIX D'INCLUSION

La principale autorité en santé publique du Canada – l'administratrice en chef de la santé publique D^{re} Theresa Tam – et le directeur du Service de santé publique des États-Unis – le vice-amiral Jerome M. Adams – animeront ensemble une séance plénière où il sera question des vecteurs de la stigmatisation et de la discrimination, de mesures concrètes pour favoriser l'évolution des systèmes et des moyens de motiver les gens à devenir des catalyseurs d'action dans leurs sphères d'influence.

À la suite d'une présentation par le Dr Adams, une discussion libre animée aura lieu sur les thèmes transversaux en santé publique tels que la santé mentale et la consommation de substances. Les délégués à la conférence auront la possibilité d'explorer et d'apprendre avec les autorités en santé publique responsables des deux pays lors d'une période de questions et réponses, dans le but d'inciter le changement et de dépasser l'inertie du système de stigmatisation et discrimination.

Objectifs :

- Mieux comprendre les conséquences des préjugés pour la santé.
- Explorer leur sphère d'influence respective afin de détecter les facteurs de préjugés et de discrimination dans leur propre contexte de santé.
- Décrire les mesures susceptibles de combattre les préjugés et la discrimination dans tous les systèmes de santé.

TUESDAY 30 APRIL | MARDI 30 AVRIL

10:00 – 10:45

REFRESHMENT BREAK WITH EXHIBITORS

PARLIAMENT

10 h à 10 h 45

PAUSE-RAFRAÎCHISSEMENTS AVEC LES EXPOSANTS

FOYER

10:45 – 12:15

CONCURRENT SESSIONS

10 h 45 à 12 h 15

SÉANCES SIMULTANÉES

ROOM 208

FUTURE-PROOFING PUBLIC HEALTH IN CANADA: A FIRESIDE CHAT WITH FOUR PUBLIC HEALTH AGENCY HEADS

Presented by: Canadian Institutes of Health Research

CIHR's Institute of Population & Public Health is bringing together the leaders of Canada's four national and provincial public health agencies for a fireside chat to discuss the key challenges and opportunities that we will face in the next 10 years and discuss strategies to future-proof public health in our country. This informal discussion will touch on emerging topic areas of great importance and areas where we anticipate future challenges, which will include ample time for questions from the audience. Examples of questions for discussion include:

- What are the implications of big data, artificial intelligence and smart technologies on public health and health equity? How should public health engage in these issues?
- What is public health's role in promoting and supporting healthy, resilient and sustainable cities?
- How will public health institutions need to evolve in the future in order to address global challenges like pandemics, food systems and climate change?

This session will stimulate a lively discussion forecasting future challenges and opportunities for public health based on current and emerging societal trends. Discussants and the audience will be encouraged to think proactively to anticipate challenges and opportunities that may arise in the next 10 years, and about how public health can position itself as a leader in promoting a healthy, inclusive, and sustainable Canada.

Learning Objectives:

- Identify key societal and environmental drivers of change that will impact the role of public health in the future.
- Identify some actions or strategies to address these challenges and opportunities from a decision-making and implementation perspective.
- Identify and discuss the role that public health leaders can play in addressing current and future challenges.

Speakers:

- Nicole Damestoy, Présidente-directrice générale de l'Institut, Institut national de santé publique du Québec
- Peter Donnelly, President and Chief Executive Officer, Public Health Ontario
- David Patrick, Interim Executive Lead, BC Centre for Disease Control
- Theresa Tam, Chief Public Health Officer, Public Health Agency of Canada

Moderator:

- Steven J. Hoffman, Scientific Director, CIHR Institute of Population & Public Health

ROOM 213

POLICY FORUM

Presented by: Canadian Public Health Association

The Policy Forum is an opportunity for participants to have direct influence on CPHA's policy initiatives. During this session, participants will be asked to provide comments on proposals currently under development. The results of the discussions will be used to adjust the proposals to better reflect participants' concerns before review and approval by CPHA's Board. Written summaries of these subjects will be circulated prior to Public Health 2019. The session will wrap up with a Rapid-Fire Policy Round, where participants will be given 30 seconds each to present one issue of particular interest to them.

Speakers:

- Ian Culbert, Executive Director, Canadian Public Health Association
- Frank Welsh, Director, Policy, Canadian Public Health Association

Learning Objectives:

- Describe CPHA's current and future policy direction.
- Explore the viewpoints of participants concerning current policy development options.

10:45 – 12:15

CONCURRENT SESSIONS

10 h 45 à 12 h 15

SÉANCES SIMULTANÉES

ROOM 215

PROMOTING HEALTHY RELATIONSHIPS FOR YOUTH THROUGH COMPREHENSIVE SEXUALITY EDUCATION: WHAT DOES THE EVIDENCE TELL US?

Presented by: Canadian Public Health Association

Previous research has found that sexual health education is delivered inconsistently across Canada, with significant variation in the amount and mode of instruction as well as the topics covered. Generally, youth report a desire to learn more about healthy relationships and sexual pleasure, topics often unaddressed through school curricula. Although preliminary evidence and theory suggest that addressing these topics through sexuality education programs could contribute to dating violence prevention (DVP) amongst youth, current evaluations are limited with respect to measurement of DVP-related outcomes.

This presentation will outline themes from the literature and interviews with experts in the field, and highlight the primary issues faced by Canadian youth as well as the need for a youth-informed approach to DVP. Through facilitated discussion, participants will be invited to reflect and share their thoughts on possible strategies to overcome some of the current barriers related to the implementation and evaluation of DVP programming in Canada.

Learning Objectives:

- Identify the primary issues faced by Canadian youth with regard to dating violence.
- Describe the key principles of a youth-informed approach to dating violence prevention.
- Apply critical thinking with regard to current barriers and promising practices related to the implementation and evaluation of sexuality education and dating violence prevention programs for youth.

Speakers:

- Erin Laverty, Project Officer, Canadian Public Health Association
- Erin Henriksen, Education Manager, Centre for Sexuality

ROOM 202

ORAL PRESENTATIONS 01

- Do statutory holidays impact opioid-related hospital admissions among Canadian adults? Findings from a national case-crossover study – [Chantal Houser](#)
- Words matter: Newspaper representations of Alberta's opioids crisis – [Amanda Barberio](#)
- Regional estimates for prevalence of non-medical use of prescription opioids in Canada – [Elizabeth Nugent](#)
- Changing landscape of opioid use in British Columbia: A shift towards fentanyl-seeking behaviour – [Brittany Graham](#)
- Illicit stimulant use in the context of daily injectable opioid agonist treatment: A grounded theory study with patients at Vancouver's Crosstown Clinic – [Heather Palis](#)

ROOM 204

ORAL PRESENTATIONS 02

- The association between walkability and physical activity varies by age – [Rachel Colley](#)
- Understanding the link between outdoor play in early childhood and parents' perceptions of neighborhood safety in British Columbia – [Savithri Cooray](#)
- Measuring the mental health burden and determinants of mental health among school-aged children and youth: A local public health perspective – [Rosanna Morales](#)
- Factors associated with self-regulation at age 5: Implications for school readiness – [Erin Hetherington](#)
- Full-day kindergarten in Ontario, Canada and school-level trends in children's developmental health – [Caroline Reid-Westoby](#)

TUESDAY 30 APRIL | MARDI 30 AVRIL

10:45 – 12:15

CONCURRENT SESSIONS

10 h 45 à 12 h 15

SÉANCES SIMULTANÉES

ROOM 205

ORAL PRESENTATIONS 03

- Changing Childbirth in BC: Speaking of autonomy, respect, and choice in maternity care – [Jasmina Geldman](#)
- Treating post-partum depression with 1-day cognitive behavioural therapy-based workshops – [Ryan Van Lieshout](#)
- Evaluation of postnatal care for mothers and newborns in rural Uganda – [Tisha Dasgupta](#)
- Determinants of infant feeding practices among HIV+ Black mothers: Multi-country logistic regression analysis – [Josephine Etowa](#)
- Preconception health of women with physical, sensory, and intellectual and developmental disabilities in Ontario – [Lesley Tarasoff](#)

ROOM 206

ORAL PRESENTATIONS 04

- Walking in two worlds: Western and Indigenous knowledge needs, enablers, and barriers faced by Indigenous health practitioners – [Margo Greenwood](#)
- Nunavut end-of-life care research project: Solutions to improve care – [Sidney Horlick](#)
- First Nations data as a support for primary care service innovation – [Laurel Lemchuk-Favel](#)
- Building a conceptual framework for Indigenous methodology – [Crystal Milligan](#)

ROOM 209

ORAL PRESENTATIONS 05

- Food insecurity among Canadian youth and young adults: Insights from the Canada Food Study – [Jasmin Bhawra](#)
- Children's perceptions of the Ontario student nutrition program's Farm-to-School initiative in Southwestern Ontario – [Paige Colley](#)
- Partnering with child care providers to support children's nutrition – [Marcia Dawes](#)
- Envisioning a school food program for Canada – [Mary McKenna](#)
- Evaluating the impact of a media literacy and food marketing intervention for children – [Emily Truman](#)

ROOM 210

ORAL PRESENTATIONS 06

- Evaluation of cohort study recruitment methods for the INTerventions, Research, and Action in Cities Team (INTERACT) in Montreal and Vancouver – [Daniel Fuller](#)
- Social isolation, frailty and health outcomes in community-dwelling older adults: A scoping review – [Fereshteh Mehrabi](#)
- Creating a Health Equity Strategic Plan that integrates community feedback – [Cassandra Ogunniyi](#)
- Rural municipalities: The challenge to talk about poverty – [Sophie Dupéré](#)
- Enhancing recruitment of marginalized populations in population health intervention research – [Rania Wasfi](#)

12:15 – 13:00

NETWORKING LUNCH

PARLIAMENT FOYER/

12 h 15 à 13 h

DÉJEUNER CONTACTS

CANADA HALL 1

13:00 – 14:00

BOOK SIGNING

PARLIAMENT FOYER, CPHA NETWORKING AREA

LADIES, UPSTAIRS! MY LIFE IN POLITICS AND AFTER, MONIQUE BÉGIN

The voice of a woman in a male world, a francophone among anglophones, and a skeptical politician, *Ladies, Upstairs!* provides a fascinating account of one of Canada's most impressive federal ministers and her discoveries through the decades. Copies available for sale, \$36.70.

TUESDAY 30 APRIL | MARDI 30 AVRIL

13:00 – 14:00

POSTER PRESENTATIONS – SESSION 1

CANADA HALL 1

13 h à 14 h

PRÉSENTATIONS D’AFFICHES – SÉANCE 1

1. Risk and resilience: Understanding the link between maternal adverse experiences and child development at 5 years – [Erin Hetherington](#)
2. Exploring relations between early experiences and children's competence across cognitive and social-emotional competence in kindergarten – [Gioia Stokovac](#)
3. Anxious behaviours among Canadian kindergarten children: Regional and temporal prevalence and association with concurrent development – [Caroline Reid-Westoby](#)
4. The newly revised Positive Mental Health Toolkit: Bringing a comprehensive whole student, whole school approach to mental health promotion – [Katherine Eberl Kelly](#)
5. Mental well-being among children in foster care: The role of supportive adults – [Carly Magee](#)
6. Comment prévenir les risques liés à la pratique du poker ? Le point de vue des joueurs – [Adèle Morvannou](#)
7. 'Generation touch screen': A population-level study investigating the longitudinal link between screen time and social-emotional well-being in early adolescence – [Savithri Cooray](#)
8. Drowning in the Montreal black community: Is there a problem? – [Liane Fransblow](#)
9. Spirituality and resilience in the context of HIV/AIDS among African, Caribbean and Black people in Ontario – [Josephine Etowa](#)
10. Infant feeding experiences of Black mothers living with HIV: A community based participatory research – [Josephine Etowa](#)
11. Breastfeeding among women with physical disabilities – [Lesley Tarasoff](#)
12. Public health nurse delivered cognitive behavioural therapy for postpartum depression – [Haley Layton](#)
13. Indigenous approaches to FASD prevention: Enacting the Truth and Reconciliation Commission's Call to Action 33 – [Lindsay Wolfson](#)
14. Asthma hospitalizations among children and youth in Canada: Trends and inequalities – [Christina Catley](#)
15. Understanding the journey to care for Ugandan children with rare surgical diseases – [Iris Liu](#)
16. Association between beliefs and feeding practices of mothers of African and Caribbean descent and the weight status of their children – [Cris-Carelle Kengneson](#)
17. The importance of partnerships for public health interventions promoting children's health: Evidence from the Healthy Kids Community Challenge – [Rachel Laxer](#)
18. Examining rates and income-related inequalities for day surgery for early childhood caries across Canada's major cities – [Harshani Dabere](#)
19. Transforming evidence into practice: Preschool oral health strategy – [Simone Kaptein](#)
20. Natural experiment on trade and investment liberalization and soft drink consumption – [Yassen Tcholakov](#)
21. Food insecurity and nutritional experiences of college students – [Michelle Bishop](#)
22. Understanding retail settings within local contexts: Results from qualitative interviews with retail operators in Northern British Columbia – [Rebecca Hasdell](#)
23. Running a health and wellness deficit: Understanding the cost of thriving in urban Alberta – [Amanda Barberio](#)
24. What motivates FitBit users? – [Erin O'Loughlin](#)
25. Consumption of ultra-processed foods and drinks and its association with chronic diseases in the Canadian population: Analysis of 2015 Canadian Community Health Survey – [Milena Nardocci](#)
26. Exposure to fast-food vs other restaurant types in relation to the development of diabetes and hypertension: A population-based retrospective cohort study – [Jane Polsky](#)
27. Foodservice manager perspectives on the feasibility of sustainable menu practices in Quebec healthcare institutions – [Béatrice Dagenais](#)
28. A systematic review and meta-regression of the elderly's food safety knowledge and behaviours in the home setting – [Abhinand Thivalappil](#)
29. Association between Xerostomia and frailty syndrome: A Canadian longitudinal study on aging – [Yunlong Liang](#)
30. Risk factors for elder abuse: Perceptions of older Chinese, Korean, Punjabi and Tamil immigrants – [Sepali Guruge](#)
31. Trust and safety: A systematic review studying the human interactions around interventions, practitioners and individuals who are homeless and vulnerably housed – [Olivia Magwood](#)

TUESDAY 30 APRIL | MARDI 30 AVRIL

13:00 – 14:00

POSTER PRESENTATIONS – SESSION 1

CANADA HALL 1

13 h à 14 h

PRÉSENTATIONS D’AFFICHES – SÉANCE 1

33. Increased prevalence of methamphetamine use: A call for improved safer inhalation and smoking resources in British Columbia – [Brittany Graham](#)
34. Pan-Canadian trends in the prescribing of opioids and benzodiazepines, 2012 - 2017 – [Michele Bender](#)
35. Policy and programming responses to the opioid crisis at Canadian post-secondary institutions – [Loyal Alessandra Mounzer](#)
36. Examining Nova Scotia medical examiner data to inform opioid-related death research – [Krista Louie](#)
37. Gaps in public preparedness to be a substitute decision maker: Time for high school education on resuscitation and end-of-life care? – [Michael KY Wong](#)
38. Evaluating the Skin Cancer Prevention Act (Tanning Beds): A survey of Ontario public health units – [Jessica Reimann](#)
39. Alternative facts and artificial rays: Health and risk information on tanning salon websites – [Jennifer McWhirter](#)
40. "I think there should be photos": Indoor tanners' perceptions of health warning labels for tanning beds – [Sydney Gosselin](#)
41. Maximizing research impacts on cancer prevention: An integrated knowledge translation approach used by the Canadian Population Attributable Risk of Cancer study – [Elizabeth Holmes](#)
42. A review of the impacts of energy efficiency initiatives on radon gas levels in residential settings – [Lydia Ma](#)
43. Screening of population level biomonitoring data from the Canadian Health Measures Survey in a risk-based context – [Kate Werry](#)
45. Shifting perspectives - Knowledge mobilization for TB elimination in Indigenous communities – [Margaret Haworth-Brockman](#)
46. The Role of Health in Canadian Foreign Policy: the Sustainable Development Goals and Antimicrobial Resistance – [Ronald Labonté](#)
47. Measuring it to manage it: Assessing evidence-informed decision-making competence in public health nursing – [Emily Belita](#)
48. Exploring health care consumer involvement in clinical practice guideline development – [Adam Jordan](#)
49. Identifying the training needs of Ontario's public health workforce – [Anya Archer](#)
50. A comparative case study of community health workers for the provision of mental health care in Canada: Lessons from Behvarz Program in Iran – [Elmira Mirbahaeddin](#)
51. Dynamic yet Invisible: Health experiences from the deaf community in the Dominican Republic – [Shazia Siddiqi](#)
52. Pre-departure medical services for Canada-bound refugees: Health support for vulnerable populations – [Jacklyn Quinlan](#)
53. Hospitalization related to Hepatitis B and C in recent immigrants in Canada – [Jacklyn Quinlan](#)
54. Access to a primary family doctor among linguistic and visible minority women in Ottawa – [Rosanne Blanchet](#)
55. Impact of the Syilx-led reintroduction of Okanagan sockeye salmon on Syilx health and well-being – [Rosanne Blanchet](#)
56. Psychosocial factors leading some municipalities to be active in the prevention of Lyme disease – [Pierre Valois](#)
57. Hot spots for mosquito-borne diseases from passive case surveillance: a case example with Malaria in a low-transmission setting in Zambia – [Dolly Lin](#)
58. Investigating the potential for importation of Zika virus and yellow fever into Canada from Brazil – [Tara Sadeghieh](#)
59. Considerations and contextual factors that impact the use of hypothesis generation methods in enteric illness outbreak investigations: Results of a scoping review – [Carla Ickert](#)

14:00 – 15:30

CONCURRENT SESSIONS

14 h à 15 h 30

SÉANCES SIMULTANÉES

ROOM 208

CULTURAL SAFETY TRAINING AND ANTI-RACISM EDUCATION WITHIN MPH PROGRAMS

Presented by: Network of Schools and Programs of Population and Public Health

This session will build on the work of the National Collaborating Centre for Aboriginal Health (NCCA) to bring an Indigenous perspective to the core competencies for public health. The focus will be on exploring approaches to prioritize Indigenous teachings, and anti-racism and cultural safety practice within a decolonizing framework for graduate public health education transformation. The session will include a panel presentation from three MPH programs; the panellists will share emerging insights and challenges faced in integrating educational initiatives in response to the Truth and Reconciliation Commission Call to Action #24. Symposium participants will then work in small groups to develop competency statements to help guide MPH training initiatives in this area.

Learning Objectives:

- Describe a decolonizing framework for graduate education transformation and explain how cultural safety training and anti-racism education fit into the framework.
- Identify where the TRC Call to Action #24 (to incorporate cultural safety training and anti-racism education into curricula) can be placed within a public health training program or continuing education program.
- Develop competency statements and approaches to incorporate cultural safety training and anti-racism education into a public health training program or continuing education program.

Speakers:

- Margo Greenwood, Scientific Director, National Collaborating Centre for Aboriginal Health
- Gerald P. McKinley, Schulich Interfaculty Program in Public Health, Schulich Medicine and Dentistry, Western University
- Faisca Richer, Aboriginal Health Sector, Institut National de Santé Publique du Québec; Faculty of Medicine, McGill University
- Malcolm Steinberg, Faculty of Health Sciences, MPH Program, Simon Fraser University

ROOM 213

PLAY IN THE CITY – A PUBLIC HEALTH PERSPECTIVE

Presented by: Canadian Public Health Association

CPHA, with the generous support of the Lawson Foundation, has recently released a policy toolkit to support increased access to child-led unstructured play in Canada, as well as a supporting CPHA position statement. These documents provide generic tools to support improved access, but there is a need to identify approaches to operationalize this vision within rural and urban communities.

Through a combination of presentations and facilitated discussion, those attending will have the opportunity to consider how selected communities have improved access to children's play and discuss how attendees could support such initiatives within their communities.

Learning Objectives:

- Explore the barriers and facilitators to improving access to child-led unstructured play.
- Describe an approach to improving access to play.

Speakers:

- Katherine Frohlich, Professor, Département de médecine sociale et préventive, École de santé publique, Université de Montréal
- Margaret Fraser, Le Lion et La Souris, Montreal

Moderator:

- Frank Welsh, Director of Policy, Canadian Public Health Association

14:00 – 15:30

CONCURRENT SESSIONS

14 h à 15 h 30

SÉANCES SIMULTANÉES

ROOM 215

IMPROVING PUBLIC HEALTH CAPACITY IN CANADA

Presented by: Public Health Physicians of Canada

Across the country, health system reforms, budget constraints and changes in system priorities have been impacting public health to varying degrees over the past 10 years. As a follow-up to last year's session, which asked the question of how to best collect data to measure the success of public health systems, the Urban Public Health Network (UPHN) has been working with health system researchers to better understand and quantify these impacts on public health capacity, including changes in governance, structure, programs and staffing/funding levels. Preliminary results from a survey of UPHN member cities across Canada will be shared alongside perspectives from rural and remote jurisdictions and across Canada more broadly. Through large and small group structured discussion we will explore actions that can be taken to advocate for a strengthening of public health capacity for the future.

Learning Objectives:

- Discuss the impacts of the health system reforms on public health capacity that have been taking place across Canada.
- Analyze preliminary results from a survey of system changes and impacts undertaken with Urban Public Health Network member cities across Canada.
- Identify potential actions to advocate for and strengthen public health capacity across Canada in order to improve health outcomes.

Speakers:

- Cory Neudorf, Lead Medical Health Officer, Saskatoon Area, Saskatchewan Health Authority
- Gaynor Watson-Creed, Deputy Chief Medical Officer of Health, Nova Scotia
- Patrick Fafard, Associate Professor, Public & International Affairs, University of Ottawa
- Charles Plante, Research Coordinator, University of Saskatchewan

ROOM 202

ORAL PRESENTATIONS 07

- Leveraging the Canadian Health Measures Survey for environmental health research – [Kate Werry](#)
- Building resilience in Indigenous communities in preparedness for communicable disease emergencies – [Genevieve Monnin](#)
- The burden of lung cancer in Canada attributable to residential radon and air pollution – [Priyanka Gogna](#)
- Mobilizing multi-sector knowledge for infectious disease public health – A new online resource for TB elimination in First Nations communities – [Margaret Haworth-Brockman](#)
- Jurisdictional scan of integrated surveillance reporting for HIV, STIs, viral hepatitis and TB – [Debra Parry](#)

ROOM 204

ORAL PRESENTATIONS 08

- Global burden of disease study trends for Canada from 1990 to 2016 – [Justin Lang](#)
- Socioeconomic disparities in health-adjusted life expectancy in Canada – [Michael Tjepkema](#)
- Canadian trends in mortality inequalities, using the Canadian Census Health Environment Cohorts (CanCHEC) – [Emma Marshall-Catlin](#)
- The development of the Chronic Disease Population Risk Tool (CDPoRT): A tool that predicts the incidence of chronic disease – [Ryan Ng](#)
- Ontario is decreasing avoidable mortality rates but not in its marginalized neighborhoods – [Austin Zygmunt](#)



TUESDAY 30 APRIL | MARDI 30 AVRIL

14:00 – 15:30

CONCURRENT SESSIONS

14 h à 15 h 30

SÉANCES SIMULTANÉES

ROOM 205

ORAL PRESENTATIONS 09

- Storefront marketing to teens: An environmental audit – [Drew Bowman](#)
- How much money can be made? Using the Huff Gravity Model to predict sales of prospective food retailers in Atlantic Canada – [Nathan Taylor](#)
- Socio-demographic correlates of ultra-processed food consumption among Canadians: analysis of 2015 Canadian Community Health Survey (CCHS) Nutrition – [Jane Polsky](#)
- What are the criteria used to assess or improve the food supply quality: Findings from a scoping review and stakeholders' perspectives – [Mylène Turcotte](#)
- A participatory project to address food security with partnering communities of the Williams Treaties First Nations – [Ashleigh Domingo](#)

ROOM 206

ORAL PRESENTATIONS 10

- Pregnancy and parenting among youth experiencing homelessness: Attitudes, experiences, and gendered nuances – [Stephanie Begun](#)
- Pregnancy rates in women with physical, sensory, and intellectual and developmental disabilities – [Hilary Brown](#)
- Grounding evidence synthesis in lived experience: Priorities of adolescent mothers – [Anna Dion](#)
- Shaping health equity practice in perinatal public health: A review of key policy documents in British Columbia (2002-2017) – [Alexandra Kent](#)
- Perinatal mental health in Newfoundland: Nurturing the seeds of infant mental health – [Martha Traverso-Yepez](#)

ROOM 209

ORAL PRESENTATIONS 11

- Does substance use prospectively predict exclusive e-cigarette use, exclusive cigarette use and dual use among Canadian youth? – [Sarah Aleyan](#)
- Developing a working model for supervised consumption services in a Canadian acute care facility – [Catherine Deschênes](#)
- Patient-centered care for addictions treatment: A scoping review – [Kirsten Marchand](#)
- Policy and programming responses to the opioid crisis at Canadian post-secondary institutions – [Loyal Alessandra Mounzer](#)
- Poly-substance use trends among COMPASS secondary school students from 2013-2017 – [Gillian Williams](#)

ROOM 210

ORAL PRESENTATIONS 12

- An analysis of mental health recovery discourse using cultural cognition theory – [Ioana-Smarandita Arbone](#)
- Forum theatre for Indigenous youth suicide prevention – [Cindy Jardine](#)
- What does the literature say about social disparities in school-based health promotion programming? – [Jodi Kalubi](#)
- Physical literacy enriched communities: A home, school, and community approach to improving physical literacy – [Natalie Houser](#)
- Anxiety and mood disorders among immigrants to Canada: Sociodemographic, socioeconomic, and immigration characteristics – [Tasneem Khan](#)

15:30 – 16:00

REFRESHMENT BREAK WITH EXHIBITORS

PARLIAMENT

15 h 30 à 16 h

PAUSE-RAFRAÎCHISSEMENTS AVEC LES EXPOSANTS

FOYER

16:00 – 17:30

CONCURRENT SESSIONS

16 h à 17 h 30

SÉANCES SIMULTANÉES

ROOM 215

APPROACHES TO EVALUATE COORDINATED COMMUNITY PLANS AND INITIATIVES TO PREVENT AND REDUCE OPIOID-RELATED HARMS IN CANADA

Multi-strategy community plans to prevent and reduce opioid-related harms have been emerging in Canada, yet the effectiveness of such an approach is not yet understood. Findings from a recent scoping review on community plans identified a lack of evaluated responses to inform public health practice. Further, consulted stakeholders identified the need to improve evaluation efforts despite challenges associated with capacity. This 90-minute workshop will focus on building evaluation capacity of public health professionals to develop evaluation activities related to coordinated community opioid-related plans.

Participants will be engaged in discussion on the current state of evaluation findings on community responses to address opioid-related harms, the application of the Municipal Drug Strategy Coordinators Network of Ontario (MDSCNO) Evaluation Framework, and the opportunity to increase evaluation activities in their ongoing work related to opioids. Learnings from the workshop can inform evaluation planning for public health initiatives addressing opioids.

Learning Objectives:

- Describe how the MDSCNO evaluation framework and evaluation activities from other communities can be applied for ongoing learning related to local plans to address opioid-related harms.
- Apply the MDSCNO evaluation framework to plan the steps of an evaluation for a community plan to address opioid-related harms.
- Recognize the facilitators for conducting evaluation activities and identify potential opportunities to inform evaluation planning on community plans to address opioid-related harms.

Workshop Facilitators:

- Pamela Leece, Public Health Physician, Public Health Ontario
- Robert Schwartz, Strategy Design and Evaluation Initiative, Dalla Lana School of Public Health; Executive Director, Ontario Tobacco Research Unit
- Emily Taylor, Evaluation Coordinator, Strategy Design and Evaluation Initiative
- Megan Deyman, Coordinator, Haliburton, Kawartha Lakes, Northumberland Drug Strategy

ROOM 213

BASIC INCOME: AN IDEA WHOSE TIME HAS COME? AN INTERACTIVE WORKSHOP TO BUILD PUBLIC HEALTH CAPACITY

This workshop will convene a public health discussion on basic income. Facilitators will provide an overview of evidence on basic income; then, through facilitated discussion, they will focus on the role of public health practitioners, and the potential policy levers at different orders of government (local, provincial, and federal) that could be used to move basic income ideas and the evidence base forward in Canada. We welcome participants who have been involved in basic income research and advocacy in their jurisdictions, as well as those who are new to the topic and interested in learning more. Following this workshop, delegates will be able to facilitate a conversation on basic income-related actions in their own jurisdictions.

Learning Objectives:

- Describe key features of basic income models and related health evidence in current policy debates.
- Appraise the potential applicability and impact of basic income in public health practice, given jurisdictional policy and population health context.
- Facilitate future conversations on basic income-related actions in participants' own jurisdictions.

Workshop Facilitators:

- Catherine L. Mah, Canada Research Chair, Promoting Healthy Populations; Associate Professor, Dalhousie University
- Frank Welsh, Director of Policy, Canadian Public Health Association
- Nathan G. A. Taylor, PhD student, Dalhousie University
- Ryan Murray, Masters student, University of New Brunswick; Board Member, Public Health Association of New Brunswick and Prince Edward Island
- Rebecca Hasdell, Research Associate, Ecology Action Centre and School of Health Administration, Dalhousie University; Adjunct Faculty, Northern Medical Program, University of British Columbia

16:00 – 17:30

CONCURRENT SESSIONS

16 h à 17 h 30

SÉANCES SIMULTANÉES

ROOM 205

BUILDING ORGANIZATIONAL CAPACITY FOR HEALTH EQUITY ACTION

Organizational capacity for health equity, the ability of an organization to identify existing health inequities and act to reduce them, is a key area of investment for public health organizations. In pursuit of health equity, organizations must assess and build their organizational capacity to engage in deep and sustained action. The National Collaborating Centre for Determinants of Health is implementing a participatory initiative (evidence synthesis, learning circle, direct support to public health organizations) to identify frameworks, strategies and organizational conditions that support organizational capacity for health equity action.

Speakers will share perspectives on how the initiative is achieving the anticipated outcomes to support public health organizations to identify components of organizational capacity needed to enable health equity action and shift their practice. Participants will learn about domains of organizational health equity capacity and a multi-level approach to organizational change. Delegates will be introduced to the experiences of public health organizations developing organizational-level change activities to support action to improve health equity.

Learning Objectives:

- Describe domains of organizational health equity capacity.
- Identify elements of organizational change to support health equity action.
- Identify practical examples of public health organizations building capacity for health equity action.

Speakers:

- Claire Betker, Scientific Director, National Collaborating Centre for Determinants of Health
- Tania O'Connor, Public Health Nurse, Ottawa Public Health
- Sume Ndumbe-Eyoh, Senior Knowledge Translation Specialist, National Collaborating Centre for Determinants of Health

Session Chair:

- Sume Ndumbe-Eyoh, Senior Knowledge Translation Specialist, National Collaborating Centre for Determinants of Health

ROOM 202

CAIRE AND PIPER: LEADING RESEARCH ON THE SCIENCE, SAFETY, EFFECTIVENESS AND FEASIBILITY OF IMMUNIZATION IN PREGNANCY IN CANADA

Immunization in pregnancy is routinely recommended in Canada to protect against influenza and pertussis. However, coverage is not high. This is due in part to hesitancy about vaccination and in part to lack of streamlined delivery systems during pregnancy care. This symposium will present Canadian research on the science of vaccine safety and effectiveness in pregnancy, explore the feasibility issues related to immunization in pregnancy, and enable discussion of potential solutions to improving uptake of immunization in pregnancy.

Participants will leave the session better informed about the strong evidence base that supports the safety of immunization in pregnancy. They will have contributed to an active discussion on addressing hesitancy and feasibility issues in providing immunization during pregnancy. The information can be used by participants to strengthen the quality of advice, support championing of immunization in pregnancy, and increase access to immunization.

Learning Objectives:

- Describe the strength of the scientific evidence supporting the safety and effectiveness of immunization during pregnancy.
- Understand the feasibility issues facing implementation of recommendations to vaccinate in pregnancy.
- Evaluate the feasibility of improving access to immunization in pregnancy in participants' jurisdictions.
- Discuss priorities for future research and evaluation on immunization in pregnancy.

Speakers:

- Deshayne Fell, Assistant Professor, University of Ottawa and CHEO Research Institute
- Natasha Crowcroft, Chief, Applied Immunization Research and Evaluation, Public Health Ontario; Professor, Laboratory Medicine and Pathobiology and Dalla Lana School of Public Health, University of Toronto
- Eliana Castillo, Clinical Associate Professor of Medicine and Obstetrics and Gynaecology, University of Calgary
- Manish Sadarangani, MD, Vaccine Evaluation Center, BC Children's Hospital Research Institute; Division of Infectious Diseases, Department of Pediatrics, University of British Columbia

16:00 – 17:30

CONCURRENT SESSIONS

16 h à 17 h 30

SÉANCES SIMULTANÉES

ROOM 204

DEFINING THRESHOLDS FOR INDOOR TEMPERATURES AS A PUBLIC HEALTH ISSUE

Most heat-related fatalities occur in an indoor setting, with exposure to high indoor temperatures forming an underlying cause of many heat-related fatalities during extreme heat events. Climate change is expected to increase the frequency, severity and duration of extreme events, yet currently there is no guidance on maximum indoor temperature that could be considered a threshold to inform prevention strategies or heat protection measures. This session aims to introduce the need for the identification of maximum indoor temperature thresholds in support of effective health adaptation to heat in the context of the changing climate. Participants will be introduced to a complex public health issue, the directions that have been taken, and considerations being analyzed to inform future action. This session offers participants an opportunity to participate in the policy analysis process and influence future public health activities by speaking to vulnerabilities, considerations, and opportunities for collaboration.

Learning Objectives:

- Analyze a complex public health issue and be able to describe the health implications of high indoor temperatures.
- Assess the factors (i.e., sub-population risk factors, stakeholder needs, information gaps) that should be considered in guideline development.
- Interpret research and policy plans (i.e., maximum indoor temperature guidelines) and recognize key considerations for developing these plans in addressing other public health issues.

Speakers:

- Shawn Donaldson, Manager, Heat Division, Climate Change and Innovation Bureau, Health Canada; Adjunct Research Professor, Carleton University
- Glen Kenny, Professor of Physiology, University of Ottawa; University Research Chair in Environmental Physiology
- Marianne Armstrong, Manager, Climate-Resilient Buildings and Core Public Infrastructure (CRBCPI) Initiative, National Research Council of Canada

Session Chair:

- Carolyn Tateishi, Director, Climate Change and Innovation Bureau, Health Canada
-

ROOM 208

ESTABLISHING FIRST NATIONS POPULATION HEALTH AND WELLNESS INDICATORS FOR THE NEXT 10 YEARS

The Office of the Provincial Health Officer (PHO) of British Columbia (BC) and the Office of the Chief Medical Officer (OCMO) of the First Nations Health Authority (FNHA) have developed a renewed set of 15 indicators to help advance First Nations Population Health and Wellness in the Province of BC by setting an agenda for the next 10 years (2019 to 2029). This symposium will focus on a case example of how BC is transforming population health reporting on First Nations at a provincial level. By privileging Indigenous worldviews and knowledge, and expanding current population and public health discourse, the new indicators move away from a sickness- and deficit-based view of health to a more holistic and strengths-based perspective on health. This session will share how a Two-Eyed Seeing approach was used to develop the indicators. Participants can expect to learn about the First Nations Perspective on Health and Wellness and how such a framework can be applied in their public health reporting, research, or community initiatives.

Learning Objectives:

- Explore how to incorporate a holistic and strengths-based approach to population health reporting.
- Illustrate how Indigenous worldviews on health and wellness can be made central to the development of new population health indicators.
- Promote greater awareness among health leaders of the First Nations Perspective on Health and Wellness, specifically how it can positively impact health and wellness outcomes and how participants can use it in research, public health or community settings.

Speakers:

- Shannon McDonald, Deputy Chief Medical Officer, First Nations Health Authority
- Daniele Behn Smith, Aboriginal Health Physician Adviser, Ministry of Health

Session Chair:

- Evan Adams, Chief Medical Officer, First Nations Health Authority

16:00 – 17:30

CONCURRENT SESSIONS

16 h à 17 h 30

SÉANCES SIMULTANÉES

ROOM 201

KNOWLEDGE TRANSLATION STRATEGIES FOR ACTION – LET’S TALK ABOUT THE FUTURE OF PUBLIC HEALTH SURVEILLANCE!

Presented by: Canadian Alliance for Regional Risk Factor Surveillance

A cornerstone of public health surveillance is getting the right information to the right people in a timely fashion for them to act and change for the better. This session focuses on knowledge translation strategies for action. First we explore the foundations of knowledge transfer asking “Why we need knowledge transfer and what are the basic principles of knowledge transfer?” and “Is there a gap between science and policy?” Then we will delve deeper into the last 8 of the 12 steps for successfully translating knowledge to action, examining public health successes including health proverbs, chronic disease clock, making information accessible and readable, motivating and rewarding users. Then it will be time to look to the future. The upcoming impacts of new computer technologies, improved statistical analyses, data visualizations, improved information dissemination, and information technology are scrutinized. Also, what new networks of professionals are evolving and how clinicians and public health professionals are beginning to interact in an emerging field of “Clinical Public Health” are examined.

Learning Objectives:

- Identify and describe key challenges and success factors in knowledge translation
- Understand the 12 steps from knowledge to action and especially the last 8 steps, and the gaps between science and policy.
- Inspire future public health surveillance knowledge translation activities, incorporating the roles of new technologies and new relationships.

Speakers:

- Bernard Choi, Senior Research Scientist, Centre for Surveillance and Applied Research, Public Health Agency of Canada
- Drona Rasali, Director, British Columbia Centre for Disease Control
- Meg Sears, Senior Clinical Research Associate, Ottawa Hospital Research Institute

ROOM 209

LESSONS LEARNED FROM A LARGE COLLABORATIVE GROUP

Strong collaborations and partnerships are essential in public health to address emerging issues and promote optimal implementation of best practices. This panel session will focus on experiences, challenges, and advantages of collaboration. Panelists are members of a current Public Health Ontario Locally Driven Collaborative Project (LDCP), including Public Health Unit staff and an academic partner from Brock University. Panelists will discuss approaches (i.e., Integrated Knowledge Translation) and tools (i.e., partnership surveys) adopted to enhance their partnership and collaboration, including results of partnership evaluations that were conducted in 2016 and 2018.

Results of this evaluation will be shared to show areas that required focused attention, and the panel will discuss how the results were used to strengthen the team’s partnership. Through an interactive Q&A, participants will learn about different tools and approaches that foster effective collaboration with this LDCP and how these may be successfully adopted in their own partnerships.

Learning Objectives:

- Identify approaches to enhance partnerships and collaboration.
- Describe barriers or challenges in collaborative relationships.
- Apply ongoing strategies to evaluate collaboration with partners.

Speakers:

- Madelyn Law, Academic Lead, Public Health Ontario Locally Driven Collaborative Project
- Nicole Stefanovici, Project Lead, Public Health Ontario Locally Driven Collaborative Project
- Marc Frey, Working Group Co-chair, Public Health Ontario Locally Driven Collaborative Project

Session Chair:

- Madelyn Law, Academic Lead, Public Health Ontario Locally Driven Collaborative Project

16:00 – 17:30

CONCURRENT SESSIONS

16 h à 17 h 30

SÉANCES SIMULTANÉES

ROOM 206

MIGRATION AND HEALTH: GLOBAL JOURNEYS THROUGH POLICY AND PRACTICE

This workshop will facilitate the exploration of the global, regional, national and local contexts that shape the everyday experiences of health and health care of migrating people and families. We will briefly share some key issues, and then will share the results of research through role-play case exercises. Participants will run through a simulated experience of the journey and settlement of migrating families as they navigate systems and policies. Through role-play exercises, workshop participants will learn how to assess the health equity impact of policy and practice through reflection on their experiences in the role play that expose health consequences experienced along the journey of migration and settlement.

After the role-play exercise, participants will be divided into teams to develop a group health equity impact assessment of one of the policy/practice examples from the role play. The groups will then present their analysis to inform a collective story of how health equity is compromised in the migration journey. Lastly, the group will recommend policy and practice changes that align with principles of equity.

Learning Objectives:

- Classify and explain specific ways policy and practice compromise health equity.
- Compare and analyze policies and practices through a health equity lens.
- Implement a health equity approach through producing a health equity impact assessment of policy or practice.
- Explore and create policy recommendations that advance health equity.

Workshop Facilitators:

- Lloy Wylie, Assistant Professor, Public Health, Western University
 - Meriem Benlamri, Student, Western University
 - Daniel Murcia, Student, Western University
-

ROOM 210

PUBLIC HEALTH AND CLIMATE CHANGE: FROM EVIDENCE TO ACTION

Presented by: Ontario Public Health Association

The World Health Organization (WHO) has identified climate change as the defining issue for public health in the 21st century. Scientific evidence on the health impacts of climate change has been mounting over the last year, along with media and public attention. Hear from experts about the latest evidence on health impacts – in particular the health equity implications for individuals and communities – as well as actions being planned and underway at the national level. Learn from practitioners about leading public health practices in local mitigation and adaptation. The Ontario Public Health Association will share its learnings from the development of a provincial health-related climate communications campaign. This session will provide delegates with an opportunity to discuss how public health professionals can promote collaboration with others to build greater awareness about climate change-related health risks as well as actions that can be taken to improve population health.

Learning Objectives:

After attending this session, participants will be able to:

- Describe the health impacts of climate change, including the implications for health equity.
- Identify effective strategies and practices.
- Explore the opportunities for collaborative action that can be led by their agencies.

Speakers:

- Charles Gardner, Medical Officer of Health, Simcoe-Muskoka District Health Unit
- Helen Doyle, Chair, OPHA's Environmental Health Workgroup
- Peter Berry, Senior Policy Analyst and Science Advisor to the Director, Climate Change and Innovation Bureau, Health Canada
- Katie Hayes, PhD candidate, Social Behavioural Health Sciences Division, Dalla Lana School of Public Health, University of Toronto

Moderator:

- Karen Ellis-Scharfenberg, President, Ontario Public Health Association

TUESDAY 30 APRIL | MARDI 30 AVRIL

17:30 – 19:30

MAKING CONNECTIONS – A 5 à 7 WITH THE NCCs AND THE RURAL, REMOTE, AND NORTHERN PUBLIC HEALTH NETWORK

17 h 30 à 19 h 30

5 à 7 AVEC LES CCN ET LE RÉSEAU DE SANTÉ DES RÉGIONS RURALES, NORDIQUES ET ÉLOIGNÉES

RIDEAU CANAL ATRIUM SOUTH (SECOND FLOOR)

Join the six National Collaborating Centres for Public Health (NCCs) and the RRNPHN for a dual language, interactive “5 à 7” networking event.

Meet and connect with NCC and RRNPHN staff, as well as conference speakers and other CPHA 2019 participants. Learn about projects and explore new collaborative opportunities to strengthen public health in the rural and remote communities of Canada.

Light snacks will be served and a cash bar will be available. Please note that registration is required as space is limited.

Joignez-vous aux Centres de collaboration nationale de santé publique (CCNSP) et au Réseau de santé des régions rurales, nordiques et éloignées (RSRNE) pour un 5 à 7 bilingue et interactif.

Tissez des liens avec le personnel des deux organisations hôtes ainsi qu’avec les conférencier(ières) et d’autres participants de Santé publique 2019. Cet événement convivial vous permettra d’en savoir davantage sur les projets en cours et d’explorer les possibilités de partenariats en vue d’améliorer l’état de santé des gens qui vivent dans les régions rurales, nordiques ou éloignées du Canada.

Des amuse-gueules seront servis et un bar payant sera ouvert pour la durée de l’événement. Inscrivez-vous sans tarder car le nombre de places est limité!



Wireless Network: PH2019SP
Password: publichealth

PROGRAM OVERVIEW | RÉSUMÉ DU PROGRAMME

7:00 - 8:30 Room 206	CPHA ANNUAL GENERAL MEETING ASSEMBLÉE GÉNÉRALE ANNUELLE DE L'ACSP	
8:45 - 10:00 Canada Hall 1	PLenary II: INTEGRATING INDIGENOUS KNOWLEDGE AND VALUES INTO ESTABLISHED PUBLIC HEALTH PROGRAMS PLÉNIÈRE II : POUR INTÉGRER LE SAVOIR ET LES VALEURS AUTOCHTONES DANS LES PROGRAMMES DE SANTÉ PUBLIQUE ÉTABLIS	
10:00 - 10:45 Parliament Foyer	REFRESHMENT BREAK WITH EXHIBITORS PAUSE-RAFRAÎCHISSEMENTS AVEC LES EXPOSANTS	
10:45 - 12:15	CONCURRENT SESSIONS SÉANCES SIMULTANÉES	
Room 208	<i>PHAC presents:</i> David Butler Jones / Chief Public Health Officer Symposium: Social and cultural drivers of antibiotic use	
Room 215	<i>CIHI presents:</i> Strength-based approaches to health and wellness: Learning from, and building on, the knowledge and wisdom of First Nations, Inuit and Métis	
See pages 27 & 28	Oral Presentations Présentations de résumés oraux	
12:15 - 14:00 Parliament Foyer/ Canada Hall 1	NETWORKING LUNCH DÉJEUNER CONTACTS	
	POSTER PRESENTATION SESSION 2 PRÉSENTATION D'AFFICHES 2	
14:00 - 15:30	CONCURRENT SESSIONS SÉANCES SIMULTANÉES	
Room 206	Building a collaborative environment: Bridging disciplines of public health and planning	
Room 205	Empowering Women's Leadership in Population, Public, & Indigenous Health	
Room 210	Engaging students and young professionals: What can public health organizations do?	
Room 202	Engaging tenant leadership in strategies for achieving the right to healthy, affordable housing	
Room 208	Front-of-package nutrition labels: Experimental evidence to guide national and global policy development	
Room 204	<i>PAHO presents:</i> Monitoring the sustainable development goals: Ensuring equity in the region of the Americas	
Room 209	Preventing suicide among older adults: Responding to a global public health challenge	
Room 213	<i>MNC presents:</i> Relational approach in developing health and wellness strategies for Métis citizens	
Room 215	Tackling inequities in health care: The HEIA tool	
15:30 - 15:45 Rideau Canal Atrium (Second Floor)	REFRESHMENT BREAK PAUSE-RAFRAÎCHISSEMENTS	
15:45 - 17:15	CONCURRENT SESSIONS SÉANCES SIMULTANÉES	
Room 213	Become a data explorer - Understanding Canadian substance use costs and harms using data visualization	
Room 215	Canada's new Food Guide	
Room 208	Education for reconciliation: Decolonized and engaged pedagogy – An experiential learning exercise to transform empathy into social action	
Room 204	The future of the microbiome in public health	
Room 205	How to develop a submission to profile your public health innovation in policy or practice in the <i>Canadian Journal of Public Health</i>	
Room 209	<i>NCCPH presents:</i> NCCPH Knowledge Translation Graduate Student Awards: Panel presentation	
Room 210	Partnerships for racial equity in health	
Room 206	Recover: A social innovation approach for urban wellness and SDOH	
17:30-19:30 Room 202	Indigenous and Black Peoples public health gathering (pre-registration required)	

WEDNESDAY 1 MAY | MERCREDI 1^{er} MAI

7:00 – 8:45

CPHA ANNUAL GENERAL MEETING

ROOM 206

7 h à 8 h 45

ASSEMBLÉE GÉNÉRALE ANNUELLE DE L'ACSP

9:00 – 10:00

PLENARY II

CANADA HALL 1

9 h à 10 h

SÉANCE PLÉNIÈRE II



Welcome Remarks | Mots d'ouverture :

- Jean Harvey, Canadian Population Health Initiative, Canadian Institute for Health Information
- Maureen Dobbins, National Collaborating Centres for Public Health

NCCPH Knowledge Translation Graduate Student Awards |

Prix d'application des connaissances pour étudiants(es) de 2^e et 3^e cycles des CCNSP :

- Steven Lam, Sherry Nesbitt, Osnat Wine

CPHA Honorary Awards Presentations | Remise des prix honorifiques de l'ACSP :

- Certificate of Merit: Erica Phipps
- R. Stirling Ferguson Award: Peter Barss

INTEGRATING INDIGENOUS KNOWLEDGE AND VALUES INTO ESTABLISHED PUBLIC HEALTH PROGRAMS

The Truth and Reconciliation Commission (TRC) underscored the importance of self-determination for Indigenous peoples. Public health needs to re-examine disease management with cultural respect and humility if health equity goals are to be met. For First Nations, Inuit and Métis peoples in Canada, tuberculosis (TB) is rooted in colonization and ongoing structural violence. In the context of the TRC Calls to Action, the Political Declaration on the Fight against TB, and the Sustainable Development Goal to end TB, delegates will learn about TB elimination efforts. The lessons learned from these initiatives can then be used to guide health equity efforts that focus on the social and ecological determinants of health and the integration of Indigenous cultural norms and knowledge in program implementation. This session will have relevance across a broad range of topics and settings.

Learning Objectives:

- Explore the impact of colonization and structural violence on the health and well-being of First Nations, Inuit and Métis peoples.
- Describe approaches to integrate Indigenous knowledge and values into new and established public health programs.

Speakers | Oratrices et orateur :

- Marg Friesen, Minister of Health of Métis Nation Saskatchewan
- Natan Obed, President, Inuit Tapiriit Kanatami
- Isa Wolf, Communicable Disease Control Nurse Specialist, FNHA TB Services

Moderator | Animatrice :

- Nancy Laliberté, Director, Canadian Public Health Association

POUR INTÉGRER LE SAVOIR ET LES VALEURS AUTOCHTONES DANS LES PROGRAMMES DE SANTÉ PUBLIQUE ÉTABLIS

La Commission de vérité et réconciliation (CVR) a souligné l'importance de l'autodétermination pour les Autochtones. La communauté de la santé publique doit revoir la gestion des soins thérapeutiques avec humilité et respect pour la culture autochtone si elle espère atteindre les objectifs d'équité en santé. Pour les peuples des Premières Nations, les Inuits et les Métis du Canada, la tuberculose est ancrée dans la colonisation et la violence structurelle persistante. Dans le contexte des Appels à l'action de la CVR, de la Déclaration politique sur la lutte contre la tuberculose et de l'objectif de développement durable qui consiste à mettre fin à la tuberculose, les délégués seront informés des efforts en cours pour éradiquer la tuberculose. Les leçons de ces initiatives pourront ensuite guider une démarche d'équité en santé axée sur les déterminants sociaux et écologiques de la santé et l'incorporation du savoir et des normes culturelles autochtones dans la mise en œuvre des programmes. Cette séance se rapporte à un vaste éventail de sujets et de milieux.

Objectifs d'apprentissage :

- Explorer les incidences de la colonisation et de la violence structurelle sur la santé et le bien-être des peuples des Premières Nations, des Inuits et des Métis.
- Décrire des démarches d'incorporation du savoir et des valeurs autochtones dans les programmes de santé publique nouveaux et existants.

WEDNESDAY 1 MAY | MERCREDI 1^{er} MAI

10:00 – 10:45

REFRESHMENT BREAK WITH EXHIBITORS

PARLIAMENT

10 h à 10 h 45

PAUSE-RAFRAÎCHISSEMENTS AVEC LES EXPOSANTS

FOYER

10:45 – 12:15

CONCURRENT SESSIONS

10 h 45 à 12 h 15

SÉANCES SIMULTANÉES

ROOM 208

DAVID BUTLER JONES / CHIEF PUBLIC HEALTH OFFICER SYMPOSIUM: SOCIAL AND CULTURAL DRIVERS OF ANTIBIOTIC USE

Antimicrobial resistance is one of the emerging public health challenges of the 21st century in Canada and across the world. Faced with the threat of losing treatment options for common infections, a system-wide approach is needed to preserve the efficacy of antibiotics. This includes having a better understanding of the social and cultural drivers of antibiotic use, including deeply held beliefs, culture, and habits that underpin prescribing patterns and use.

This session will provide an opportunity to better understand the reasons behind prescribing, use and misuse, and to hear lessons learned from various multi-sectoral initiatives with practitioners and the public.

Learning Objectives:

- Explore the social and cultural contexts that influence optimal antibiotic prescribing and use.
- Describe lessons learned from other countries and sectors.
- Discuss what is needed to catalyze further action in Canada.

Speakers:

- Tim Chadborne, Public Health England
- Cheryl Waldner, Professor of Veterinary Medicine, University of Saskatchewan
- Armelle Lorcy, Centre de recherche du CHU de Québec - Université Laval
- Jerome Leis, Clinician-Scientist, Sunnybrook Health Sciences Centre; Assistant Professor, University of Toronto

Session Chair:

- Theresa Tam, Chief Public Health Officer, Public Health Agency of Canada

SYMPOSIUM DE DAVID BUTLER JONES ET DE L'ADMINISTRATRICE EN CHEF DE LA SANTÉ PUBLIQUE – DÉTERMINANTS SOCIAUX ET CULTURELS DE L'USAGE DES ANTIBIOTIQUES

La résistance aux antimicrobiens est l'un des nouveaux défis de santé publique du 21^e siècle au Canada et à l'échelle internationale. Devant la menace de perdre les solutions de traitement d'infections courantes, une approche systémique est nécessaire en vue de préserver l'efficacité des antibiotiques. Cette approche consiste à mieux comprendre les déterminants sociaux et culturels de l'usage des antibiotiques, y compris les croyances profondément ancrées, la culture et les habitudes qui sous-tendent les tendances en matière d'ordonnance des antibiotiques et leur utilisation.

Cette séance offrira une occasion de mieux comprendre les raisons qui expliquent l'ordonnance, l'usage et le mauvais usage des antibiotiques, d'entendre les leçons tirées de diverses initiatives multisectorielles menées auprès des praticiens et du public.

Objectifs :

- Explorer le contexte social et culturel qui influence l'ordonnance et l'utilisation optimales des antibiotiques.
- Tirer les enseignements découlant des expériences d'autres pays et d'autres secteurs.
- Examiner ce qui est nécessaire pour catalyser des mesures supplémentaires au Canada.



#PHSP19

10:45 – 12:15

CONCURRENT SESSIONS

10 h 45 à 12 h 15

SÉANCES SIMULTANÉES

ROOM 215

STRENGTH-BASED APPROACHES TO HEALTH AND WELLNESS: LEARNING FROM, AND BUILDING ON, THE KNOWLEDGE AND WISDOM OF FIRST NATIONS, INUIT AND MÉTIS

Answering the Truth and Reconciliation Commission Call to Action #19 calls for the *establishment of measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends.*

Indigenous concepts of wellness are distinct from Western notions of wellness, and are unique to each community's respective worldview. What can be learned from Indigenous communities about strength-based approaches to wellness? How can these approaches that positively reflect values, culture, and aspirations of distinct Indigenous communities be applied in the context of public health?

Strength-based indicators that are developed by and/or with Indigenous communities are key to supporting efforts to measure what matters to the communities in question. Relevant and useful health information enhances the ability of communities' to share their own narrative of wellness, and to be able to direct programs and services specifically to their communities' needs and priorities.

How do we, as Indigenous and non-Indigenous people, support and answer this call to action? Let's learn together from our unique panelists who have experience and different perspectives on approaches to strength-based wellness, wellness indicators and the systems by which they are governed.

Learning Objectives:

- Describe strength-based approaches to wellness and how they can be applied in public health practice.
- Explore the value of strength-based indicators through narratives on Indigenous wellness.
- Discuss strength-based approaches to wellness can help close the gaps in health outcomes between Indigenous and non-Indigenous communities.

Speakers:

- Carol Hopkins, Executive Director, Thunderbird Partnership Foundation
- Jason LeBlanc, Executive Director, Tungasuvvingat Inuit
- Janet Smylie, Director, Well Living House, Centre for Urban Solutions, St. Michael's Hospital

Moderator:

- Jean Harvey, Director, Canadian Population Health Initiative, Canadian Institute for Health Information

ROOM 202

ORAL PRESENTATIONS 13

- Comparison of self-reported and accelerometer-measured physical activity in Canadian youth –[Rachel Colley](#)
- Physical activity as a mental health intervention - Mind Fit activates BC teens – [Samantha Hartley-Folz](#)
- Student Wellness Initiative Towards Community Health (SWITCH): A student-led public health approach to health and wellness in Saskatoon, Saskatchewan – [Indiana Best](#)
- How can comprehensive school health improve student achievement? – [Katherine Eberl Kelly](#)
- Identifying risk and protective factors for anxiety impacting academic performance in post-secondary students – [Konrad Lisnyj](#)

ROOM 204

ORAL PRESENTATIONS 14

- Navigating the complexity of population health: Using theory of change to support program planning and evaluation within public health – [Stephanie Gee](#)
- Public health digitization in Nova Scotia – [Latifa Mnyusiwalla](#)
- The health belief model in HPV vaccine literature: Focus on parents in North America – [Ioana-Smarandita Arbone](#)
- Vaccinating pregnant women: Are women's healthcare providers hesitant? – [Courtney R. Green](#)
- The challenges and needs of immunization program managers to improve vaccine acceptance and uptake – [Chandni Sondagar](#)

WEDNESDAY 1 MAY | MERCREDI 1^{er} MAI

10:45 – 12:15

CONCURRENT SESSIONS

10 h 45 à 12 h 15

SÉANCES SIMULTANÉES

ROOM 205

ORAL PRESENTATIONS 15

- Anti-racism initiatives in health care settings: A scoping review – [Nadha Hassen](#)
 - Incorporating Indigenous health, cultural safety training and anti-racism praxis into MPH core curricula – [Alexandra Kent](#)
 - Unmet health needs and discrimination by healthcare providers among an Indigenous population in Toronto, Canada – [George Kitching](#)
 - Are health data co-operatives the way forward for minority communities?: A scoping review – [Iffat Naeem](#)
 - Social disparities in the availability of school-based health promoting interventions in Québec – [Teodora Riglea](#)
-

ROOM 206

ORAL PRESENTATIONS 16

- Understanding inpatient participants in an incentive-based quit smoking program: Who persists in smoking? – [Shireen Noble](#)
 - A week in the life of people who smoke – [Megan Tam](#)
 - The SMAT - An initial evaluation of Quebec's Text to Quit Service – [Christine Stich](#)
 - La ligne j'Arrête: Results of an evaluation of Quebec's smoking cessation quitline – [Christine Stich](#)
-

ROOM 209

ORAL PRESENTATIONS 17

- Implementing content-specific expertise at a provincial public health agency to support health promotion practice – [Brent Moloughney](#)
 - Accessing the NCCMT's capacity building resources remotely: Supporting the development of evidence-informed practice skills in a northern and rural/remote context – [Kristin Read](#)
 - Working towards a co-ordinated health system: The Region of Peel-Public Health and Regional Quality Table at the Central West Local Health Integration Network Partnership – [Nicole Pieczyrak](#)
 - Healthy Communities Initiative: Activating partnerships to achieve healthy change – [Sharanjeet Kaur](#)
 - Using an Integrated Knowledge Translation approach in the context of a rapid review to engage stakeholders and inform policymaking on creating healthy and inclusive communities – [Keiko Shikako-Thomas](#)
-

ROOM 210

ORAL PRESENTATIONS 18

- Developing an alcohol harm reduction social marketing campaign – [Ingrid Tyler](#)
 - Alcohol trajectories in adolescence and binge drinking in young adulthood – [Marilyn N. Ahun](#)
 - Too little, too much or just right: Injury/illness sensitivity and intentions to drink as a basis for alcohol consumer segmentation – [Mohammed Al-Hamdani](#)
 - Examining variations in income-related inequalities in alcohol hospitalizations across Canada's major cities – [Ezra Hart](#)
 - Increasing alcohol attributable emergency department visits in women and youth in Ontario, a retrospective cohort study from 2003 - 2016 – [Daniel Myran](#)
-

ROOM 213

ORAL PRESENTATIONS 19

- Examining social norms and behaviors of men who have sex with men in Newfoundland and Labrador in relation to healthcare practices and experiences – [Shianne Combden](#)
- Ikajurniq: An Inuit cascade of care framework for sexually transmitted and blood borne infections – [Sipporah Enuaraq](#)
- The effectiveness of brief counselling for chlamydia case management – [Jessica Smith](#)
- HIV and STI testing barriers and preferences among Alberta LGBTQ Men – A representative strategy via community-based research – [Michael Taylor](#)
- The utility of the social ecologic model in understanding the spread of STBBIs in Nova Scotia – [Tamer Wahba](#)

WEDNESDAY 1 MAY | MERCREDI 1^{er} MAI

12:15 – 13:00
12 h 15 à 13 h

NETWORKING LUNCH
DÉJEUNER CONTACTS

PARLIAMENT FOYER/
CANADA HALL 1

12:30 – 1:15

BOOK SIGNING

ROOM 206

HEALTH EQUITY IN A GLOBALIZING ERA: PAST CHALLENGES, FUTURE PROSPECTS, RONALD LABONTÉ

Health Equity in a Globalizing Era: Past Challenges, Future Prospects examines how globalization processes since the on-set of neoliberalism affect equity in global health outcomes, and emphasises access to important social determinants of health. With a basis in political economy, the book covers key globalization concepts and theory, and presents a thorough background to the field. Copies available for sale, \$54.00.

13:00 – 14:00
13 h à 14 h

POSTER PRESENTATIONS – SESSION 2

CANADA HALL 1

PRÉSENTATIONS D’AFFICHES – SÉANCE 2

60. A systematic review of cigarette smoking trajectories in adolescents – [Marilyn N. Ahun](#)
61. Exploring the bi-directional relationship between cigarette and e-cigarette use among youth in Canada – [Sarah Aleyan](#)
62. Smoking cessation pharmacotherapy algorithm – A practice tool for physicians to treat tobacco dependence – [Ingrid Tyler](#)
65. The relationship between nicotine dependence and physical health among patients receiving injectable opioid agonist treatment in the SALOME clinical trial – [Heather Palis](#)
66. Evaluation of Fraser Health’s community based overdose response – [Manal Masud](#)
67. Harm reduction tends to be focused on a health mandate: Exploring politics, practices, and discourses of harm reduction in the overdose crisis – [Magnus Nowell](#)
68. Association between alcohol outlet access and alcohol-attributable emergency department visits in Ontario between 2013-2017 – [Daniel Myran](#)
69. Blockchain technology: A new era for EMR’s and public health surveillance – [Dory Ableman](#)
70. Intérêts et stratégies d’influence des partenaires et processus délibératif en santé publique : une étude de cas – [Achille Dadly Borvil](#)
71. Ambulance offload delay: The impact on paramedics and patient care – [Nicole Mfoafo-M’Carthy](#)
72. Identifying adolescent co-morbidities: Patterns of co-morbid gambling and risk behaviours among a representative sample of youth in Ontario – [Chantal Williams](#)
73. Responsible gambling: A scoping review – [Jennifer Reynolds](#)
74. Interventions for homeless youth: A systematic narrative review – [Jean Zhuo Wang](#)
75. Addressing gaps to innovative STBBI testing strategies in Canada – [Jami Neufeld](#)
76. Pilot randomized controlled trial of an interconception intervention provided by public health nurses – [Hilary Brown](#)
77. Improving the condom ordering process at Toronto Public Health to promote safer sexual practices – [Melissa Kim](#)
78. Social capital and pregnancy attitudes among youth experiencing homelessness – [Stephanie Begun](#)
79. Prématurité et risque de fracture traumatique – [Jonathan Michaud](#)
80. Epidemiology of adolescent pregnancy in a developing area: A six-year population-based cross-sectional study – [Fernando Nampo](#)
81. Why do so many neonates die in the largest international border of Brazil? A case control study – [Fernando Nampo](#)
82. Trends and determinants of contraceptive use among unmarried adolescents in Nigeria: A multivariate analysis – [Franklin Onukwugha](#)
83. No! I won’t offer it: A qualitative study of the attitudes of service providers to adolescents’ use of sexual health services in Nigeria – [Franklin Onukwugha](#)
84. Perceived barriers and facilitators to accessing primary healthcare services for adults with disabilities in low- and middle-income countries – [Goli Hashemi](#)
85. A gendered perspective on healthy equity: Protective health practices and equitable access to local built environments – [Keely Stenberg](#)

WEDNESDAY 1 MAY | MERCREDI 1^{er} MAI

13:00 – 14:00

POSTER PRESENTATIONS – SESSION 2

CANADA HALL 1

13 h à 14 h

PRÉSENTATIONS D’AFFICHES – SÉANCE 2

86. Effect of corruption on the accessibility of health services for women – [Emily Sirotich](#)
87. Pratiques d'équité en santé chez des infirmières francophones travaillant en santé communautaire – [Geneviève McCready](#)
88. Pharmacien et santé publique : Au-delà du médicament... un plus pour la santé de la population – [Dania Sakr](#)
89. The fight against poverty led in rural municipalities of the Quebec Network of Healthy Cities and Towns: An exploration of winning conditions – [Lucie Gélinau](#)
90. Powerplays: A playbook for developing powerful Community Advisory Committees – [Janina Krabbe](#)
91. Carnegie community-engagement designation and U.S. county health rankings – [Emma Apatu](#)
92. The value of population cohorts and biobank resources to address public health issues: The CARTaGENE platform – [Nolwenn Noisel](#)
93. Health professionals and climate change communication: An exploratory study in Northern Ontario – [Robert Sanderson](#)
94. The Alberta Healthy Communities Approach: Building community capacity for sustained and equitable action on the environments that shape our health and well-being – [Lisa Allen Scott](#)
95. Support and use of protected bicycle facilities: Baseline results from INTERACT Victoria – [Melissa Tobin](#)
96. CIHI's hospital databases: Quality morbidity data at your fingertips – [Michelle Policarpio](#)
97. Concretizing gender-based analysis plus in policy making – [Bronwyn Rodd](#)
98. Impact of physician-based palliative care delivery models on end-of-life outcomes: A population-based retrospective cohort study – [Catherine Brown](#)
99. Preventability of dementia in Canadian primary care – [Anh Pham](#)
100. Through Their Eyes: An intergenerational project exploring older adults' experiences – [Tia Rogers-Jarrell](#)
101. Farmers' health and wellbeing in the context of changing farming practice: A qualitative study – [Madeleine Bondy](#)
102. Patterns of depression prevalence across socio-economic factors in British Columbia, 2009 - 2013 – [Drona Rasali](#)
103. Health equity in cancer screening – Using a geographic approach to assess socio-demographic factors and cancer screening rates in Calgary – [Harmony McRae](#)
104. Inuusinni Aqqusaaqtara: An Inuit cancer project – [Savanah Ashton](#)
105. Indoor radon exposure: An important cause of lung cancer – [Michel Gauthier](#)
106. Evaluation of current provincial/federal chest x-ray screening policy for tuberculosis in long-term care facilities – [Mariana Herrera](#)
107. Modelling spatiotemporal patterns of Lyme disease emergence in Quebec – [Marc-Antoine Tutt-Guérrette](#)
108. Legionella outbreak source identification in the absence of a cooling tower registry: Lessons learned from a recent outbreak – [Christina Fung](#)
109. Contributions of social capital to community resilience in Walkerton, Ontario: Sixteen years post-outbreak – [Konrad Lisnj](#)
110. Boîte à outils pour la surveillance post-sinistre des impacts sur la santé mentale – [Magalie Canuel](#)
111. Multi-pathogen infection prevention policy in a child care facility – [Monica Cojocar](#)
112. Surveillance of laboratory exposure to human pathogens and toxins in Canada – [Dalia Choucraallah](#)
113. Analysis of available training options for Canadian professionals in public health emergency response – [André La Prairie](#)
114. Canada's Joint External Evaluation 2018: measuring national capacity to protect global health – [Dory Cameron](#)
115. New directions for an interactive multi-media resource website dedicated to communicating about public health in Canada – [Iwona Bielska](#)
116. Immunization resources – Are they meeting the practical needs of immunization program managers? – [Chandni Sondagar](#)
117. Public health impact in Quebec of human papillomavirus vaccination program changes from a nonavalent vaccine two-dose schedule to a mixed vaccination schedule – [Alexandra Goyette](#)
118. Seasonal influenza preparedness: A scoping review and best practices framework for seasonal influenza surge preparedness in Ontario – [Alexa Caturay](#)
119. The decision of whether to receive the influenza vaccine: An integrative review of nurses' moral reasoning – [Caitlin Chalmers](#)

14:00 – 15:30

CONCURRENT SESSIONS

14 h à 15 h 30

SÉANCES SIMULTANÉES

ROOM 206

BUILDING A COLLABORATIVE ENVIRONMENT: BRIDGING DISCIPLINES OF PUBLIC HEALTH AND PLANNING

The Public Health Agency of Canada released a report in 2017 discussing how the built environment can help create healthy lifestyles and ultimately improve health. Collaboration between public health and planning has great potential for developing healthy built environments (HBEs) that address the social determinants of health. A concerted, intersectoral and collaborative effort to integrate public health perspectives into planning and policy development can support the development of HBEs that not only foster more vibrant and liveable communities but can also facilitate health and resilience. This session will bring together a panel of speakers to address pathways, resources and tools for better integration of health into planning and influencing public policies that shape the built environment. Panelists will share examples of collaborations between public health and planning sectors, lessons learned, and insights on strengthening the “evidence to practice” link to influence decisions. Participants will be able to identify actionable steps for fostering collaboration between public health and planning groups, and reflect about implementation opportunities in their respective context.

Learning Objectives:

- Describe the relationship between health objectives and ways in which planning can contribute positively to community well-being, and identify actionable steps toward engaging and working with planners.
- Recognize barriers that hinder effective partnerships, and, conversely, put forward enablers and facilitations toward having planning and public health at the same table.
- Explore the ways that Indigenous perspectives can be respected and incorporated in health-planning collaborations.

Speakers:

- Jeff Cook, Principal, Beringia Community Planning Inc.
- Thierno Diallo, Scientific Advisor, National Collaborating Centre for Healthy Public Policy
- Charles Gardner, Medical Officer of Health, Simcoe Muskoka District Health Unit
- Olimpia Pantelimon, Senior Planning Advisor, Municipal Affairs, Government of Alberta

Session Chair:

- Lydia Ma, Manager, National Collaborating Centre for Environmental Health; Adjunct Professor and Continuing Education Director, School of Population and Public Health, University of British Columbia

ROOM 205

EMPOWERING WOMEN'S LEADERSHIP IN POPULATION, PUBLIC, & INDIGENOUS HEALTH

Women constitute over 80% of the public health and health sciences workforce, yet they occupy proportionately fewer leadership positions. Our overall project goal – Empowering Women Leaders in Health (EWOliH) – is to achieve transformative systemic gender equity change in the health care, health sciences, and Indigenous health contexts through the application of a set of evidence-informed tools to increase the participation, visibility, and advancement of women and Two Spirit leaders. The workshop will begin with two presentations: one on an overview of the EWOliH initiative and the second on a LEADS-based tool kit of evidence-informed, promising individual, team, organizational and system-level practices. Following these short presentations, participants will break out into smaller working groups to discuss the challenges and enablers to women's leadership, facilitated by the project investigators and research associates. Participants will be able to apply the skill they learn in their day-to-day research or public health setting.

Learning Objectives:

- Gather evidence-informed promising practices at the individual, team, organizational and system level to advance women's participation in leadership positions.
- Apply promising practices to public health care and health sciences contexts.
- Describe the unique context for Indigenous and Two Spirit Leaders in public health and health sciences contexts.

Speakers:

- Ivy Lynn Bourgeault, University of Ottawa, Telfer School of Management
- Karen Lawford, Queen's University, Department of Gender Studies
- Jamie Lundine, PhD Student, University of Ottawa, Institute of Feminist and Gender Studies

14:00 – 15:30

CONCURRENT SESSIONS

14 h à 15 h 30

SÉANCES SIMULTANÉES

ROOM 210

ENGAGING STUDENTS AND YOUNG PROFESSIONALS: WHAT CAN PUBLIC HEALTH ORGANIZATIONS DO?

This workshop will focus on what public health organizations can do to address the issue of a changing public health workforce and the engagement of students and young professionals (SYPs). Speaking from literature on trends in the public health workforce and the surveys and stakeholder engagements conducted by the World Federation of Public Health Associations' Student and Young Professional Working Group, this workshop will encourage participants to consider local application and implementation of the recommendations. Based on a global survey completed with the aid of the World Federation of Public Health Associations' Students and Young Professionals section, presenters will discuss tangible strategies for SYP engagement and metrics designed to assess the implementation of these recommendations by public health organizations. Participants will leave with an understanding of why SYP engagement is a critical issue, and specific programs and activities their organization can implement to engage SYPs.

Learning Objectives:

- Discuss the changing landscape of public health and engagement for the next generation to ensure growth in the field of public health.
- Identify local application and implementation of the recommendations for public health organizations from the World Federation of Public Health Associations.
- Discuss programs and activities that can be implemented to further engage SYPs in public health organizations.

Speakers:

- Manasi Parikh, Student Director, Canadian Public Health Association
- Laura Taylor, University of Calgary, Cumming School of Medicine

ROOM 202

ENGAGING TENANT LEADERSHIP IN STRATEGIES FOR ACHIEVING THE RIGHT TO HEALTHY, AFFORDABLE HOUSING

This symposium will explore strategies in research and practice to address housing as it intersects with other determinants of health, featuring ongoing work in Vancouver, BC, Ottawa, ON and Owen Sound, ON. Specifically, the session will explore community-based research approaches that support local intersectoral efforts, including the role of public health, in tackling housing inadequacy as a key driver of health inequities. Participants will learn about research supporting tenant organizing strategies to address the inhabitable conditions of single room occupancy hotels in Vancouver's Downtown Eastside, intersectoral research on the role and future of rooming houses in Ottawa, the RentSafe research initiative with public health and multiple other sectors on housing habitability in rural-based Owen Sound, and a novel Indigenous-led intersectoral table on homelessness in Owen Sound. Participants will have the opportunity to explore the emergent concept of Equity-focused Intersectoral Practice (EquiP) and how it can be used to promote meaningful intersectoral work to address systemic gaps and barriers.

Learning Objectives:

- Explore how housing quality as a social determinant of health interacts with poverty and other forms of disadvantage to perpetuate persistent health inequities and social injustices for low-income tenants, with a focus on environmental health hazards, landlord relations, and their effects on residents' physical and mental well-being.
- Compare innovative strategies employed by researchers and students to enhance collaboration between sectors, partners, and community organizations in order to support tenant empowerment and improve health service collaboration; participants will be challenged to consider ways in which they can develop equitable, participatory partnerships in their professional or student work to better address housing-related health inequities.
- Explore EquiP (Equity-focused Intersectoral Practice), a framework in which professionals are encouraged to prepare themselves for equity-focused intersectoral work by critically examining their partnerships, with whom they are working and how.

Speakers:

- Erica Phipps, Executive Director, Canadian Partnership for Children's Health and Environment
- Eric Crighton, Director, Health and Environment Analysis Laboratory (HEALab); Professor, Department of Geography, Environment and Geomatics, University of Ottawa
- Carlos Sánchez-Pimienta, Centre for Environmental Health Equity
- Magnus Nowell, Centre for Environmental Health Equity

Session Chair:

- Jeff Masuda, Director, Centre for Environmental Health Equity; Associate Professor, School of Kinesiology and Health Studies, Queen's University

14:00 – 15:30

CONCURRENT SESSIONS

14 h à 15 h 30

SÉANCES SIMULTANÉES

ROOM 208

FRONT-OF-PACKAGE NUTRITION LABELS: EXPERIMENTAL EVIDENCE TO GUIDE NATIONAL AND GLOBAL POLICY DEVELOPMENT

The symposium will provide an overview of FOP labelling and summarize findings from three studies investigating the impact of FOP nutrition labelling systems. The studies presented in this symposium use innovative research designs (both Canadian and international) to assess consumer understanding and purchasing behaviours in response to different FOP labelling systems. All studies compared different FOP label designs to explore differences between Canada's proposed 'high in' system and other common FOP label formats used internationally. Participants will gain an understanding of the status of FOP regulations in Canada and internationally, and will become familiar with different experimental methods that can be used to assess FOP labels and other nutrition policies. The session will also provide a context for discussion of the potential benefits, weaknesses and policy implications of the many different FOP nutrition labelling formats.

Learning Objectives:

- Describe policy-relevant evidence examining the impact of FOP nutrition labels on consumer understanding and purchasing behaviours.
- Illustrate key experimental research methodologies that can be used to evaluate FOP nutrition labelling systems and other nutrition policies.
- Evaluate, through participant discussion, the potential benefits, drawbacks and policy implications of different FOP nutrition labelling systems.

Speakers:

- Lana Vanderlee, Post-doctoral fellow, University of Waterloo
- Samantha Goodman, Post-doctoral fellow, University of Waterloo
- Rachel Acton, Doctoral student, University of Waterloo

Session Chair:

- David Hammond, Professor, School of Public Health and Health Systems, University of Waterloo

ROOM 204

MONITORING THE SUSTAINABLE DEVELOPMENT GOALS: ENSURING EQUITY IN THE REGION OF THE AMERICAS

Presented by: Pan American Health Organization

In this session, the Pan American Health Organization (PAHO) will present its corporate framework for the monitoring of the Sustainable Development Goals (SDGs 2030) in Latin America and the Caribbean. This framework is unique in that it incorporates the centrality of equity as part of its monitoring and analysis, which is a core principle of PAHO to ensure no one is left behind in the Region. The framework is linked with the Sustainable Health Agenda for the Americas and PAHO's Strategic Plan, and builds accountability measures into country commitments. Presenters will discuss the development of the corporate framework, its application at the country level, country experience with inequalities monitoring, and information requirements.

Learning Objectives:

- Describe the regional situation on monitoring health inequalities, including key challenges.
- Present PAHO's corporate framework to monitor SDGs and its applicability at the regional and country levels.
- Discuss implications for changing public health practices in the Region.

Speakers:

- Gerry Eijkemans, Unit Chief, Health Promotion and Social Determinants of Health, Pan American Health Organization/World Health Organization
- Antonio Sanhueza, Regional Advisor, Health Information and Analysis, Pan American Health Organization/World Health Organization
- Marie DesMeules, Director, Social Determinant of Health Division, Centre for Chronic Disease Prevention and Health Equity, Health Promotion and Chronic Disease Branch, Public Health Agency of Canada

Session Chair:

- Jarbas Barbosa, Assistant Director, Pan American Health Organization/World Health Organization

14:00 – 15:30

CONCURRENT SESSIONS

14 h à 15 h 30

SÉANCES SIMULTANÉES

ROOM 209

PREVENTING SUICIDE AMONG OLDER ADULTS: RESPONDING TO A GLOBAL PUBLIC HEALTH CHALLENGE

Suicide is a global cause of preventable mortality, claiming over 800,000 lives annually (WHO, 2014). Older adults have high rates of suicide, and the older adult population is expanding rapidly. Relatively little research evidence exists regarding later-life suicide risk detection and prevention, and even promising interventions are rarely offered to at-risk individuals (Heisel & Duberstein, 2016). Systemic factors contribute to this problem, including increasing pressure on an already-strained public healthcare system and a relative paucity of providers trained in aging and mental health. This symposium will focus on suicide prevention in later life, sharing mental health, public health, and social justice perspectives. Participants will benefit from a review of the epidemiology of later-life suicide, risk and resiliency indicators, evidence-based and promising approaches to suicide risk detection and intervention, and interactive discussion on healthcare challenges, opportunities, and the need for novel public health solutions to this growing problem.

Learning Objectives:

- Discuss the epidemiology of older adult suicide and associated challenges to public health.
- Identify established and promising evidence-based approaches to suicide risk identification and prevention with older adults at the clinical, community, and public health levels.
- Apply lessons learned from this symposium to develop and implement evidence-based approaches to older adult suicide prevention, influenced by the diverse voices and perspectives of the presenters and attendees.

Speaker:

- Marnin J. Heisel, Associate Professor, University of Western Ontario

ROOM 213

RELATIONAL APPROACH IN DEVELOPING HEALTH AND WELLNESS STRATEGIES FOR MÉTIS CITIZENS

Presented by: Métis National Council/Métis Nation Saskatchewan

The history of Canada has been greatly influenced by the Métis people who emerged in west central North America with their own unique languages, common culture, traditions, and Métis Nation government structures. In 2018, Canada and the Métis Nation signed a framework agreement to begin the dialogue towards reconciliation through regionally tailored exploratory discussions and/or negotiations based upon a nation-to-nation, government-to-government relationship and approach.

Métis Nation Saskatchewan recognizes the need for enhanced communication and collaborative partnerships to ensure the most effective mechanisms for the development of health and wellness services, culturally responsive programs and policies for Métis citizens are being considered with other community stakeholders.

This session will feature a historical presentation on the Métis Nation and the many contributions that helped shape Canada. Presenters will explore how to advance Métis Nation health priorities and how partnerships can collaborate to achieve better health outcomes.

Learning Objectives:

- Explore the history of Métis, Metis Nation Saskatchewan government and governance structure.
- Describe the Métis health research and engagement processes.
- Identify Métis Nation Saskatchewan health priorities and strategies.

Speakers:

- Marg Friesen, Minister of Health of Métis Nation Saskatchewan
- Adel Panahi, Director of Health, Métis Nation Saskatchewan

14:00 – 15:30

CONCURRENT SESSIONS

14 h à 15 h 30

SÉANCES SIMULTANÉES

ROOM 215

TACKLING INEQUITIES IN HEALTH CARE: THE HEIA TOOL

The Ontario Government has identified health equity as a key component of health care. As a result, identifying and responding to health inequities has become a growing concern for organizations across the province. But how do we tackle this concern? Ontario's Health Equity Impact Assessment, or HEIA, is a key tool. HEIA guides organizations in identifying and preventing the unintended health inequities that may result from a policy, program or service that might have an impact on people's health. HEIA can help:

- Build health equity into an organization's decision-making process;
- Raise awareness about health equity in an organization;
- Spot the unintended effects of a policy or program on the health of vulnerable or marginalized groups; and
- Improve the design of policies or programs to increase the positive, and reduce the negative, health equity impacts.

Our HEIA training explores key concepts related to health equity and goes on to examine the HEIA tool in detail. Participants will think about how the HEIA tool can be applied to their own practice and follow a series of guided steps to plan for their own HEIA.

Learning Objectives:

- Discuss how social and economic conditions can impact an individual's health.
- Demonstrate how the HEIA tool can be applied to a policy, program, or initiative to mitigate the negative unintended impacts that could be had on a marginalized population.
- Apply the HEIA tool to a hypothetical health scenario.

Workshop Facilitator:

- Aamna Ashraf, Manager for the Office of Health Equity, Centre for Addiction and Mental Health

15:30 – 15:45

REFRESHMENT BREAK WITH EXHIBITORS

RIDEAU CANAL ATRIUM

15 h 30 à 15 h 45

PAUSE-RAFRAÎCHISSEMENTS AVEC LES EXPOSANTS

SECOND FLOOR



Wireless Network: PH2019SP
Password: publichealth

15:45 – 17:15

CONCURRENT SESSIONS

15 h 45 à 17 h 15

SÉANCES SIMULTANÉES

ROOM 213

BECOME A DATA EXPLORER - UNDERSTANDING CANADIAN SUBSTANCE USE COSTS AND HARMS USING DATA VISUALIZATION

This workshop will provide an overview of the methods and key provincial and territorial findings from the recent study of Canadian substance use costs and harms. Following this, facilitators will demonstrate the functionality of a complementary online data visualization tool. This will include explanations of the different study measures (e.g., counts, rates, costs); outcomes (e.g., hospitalizations, deaths, policing); and variables (e.g., substance, sex, age, year) that can be examined. It will also include a demonstration on generating various types of figures (e.g., plots, tables, maps). Participants will be asked to develop a professionally relevant query that can be answered with the data. Then, with the help of a facilitator, they will generate the desired data visualizations. Through attending this workshop, participants will gain knowledge and understanding of this valuable resource that they can use to help answer research and policy questions, and to inform decision-making and other processes.

Learning Objectives:

- Explore the available data and analyze the appropriate datasets to answer participants' unique questions about substance use costs and harms in Canada.
- Create customized data visualizations for use in participants' own work, including data tables and different types of figures, using the online visualization tool.

Workshop Facilitators:

- Matthew Young, Senior Research & Policy Analyst, Canadian Centre on Substance Use and Addiction; Adjunct Research Professor of Psychology at Carleton University
- Bridget Hall, Research & Policy Analyst, Canadian Centre on Substance Use and Addiction
- Jill Fairbank, Knowledge Broker, Canadian Centre on Substance Use and Addiction

ROOM 215

CANADA'S NEW FOOD GUIDE

On January 22, 2019, Health Canada launched the new Food Guide, which transformed the way dietary guidance is communicated. This session will provide an overview of the approach to the revision of the Food Guide, the tools and resources released in early 2019, and next steps. This session will also provide an opportunity for participants to ask questions and seek clarification to support their understanding and use of the Guidelines and various tools and resources.

Learning Objectives:

- Explore the approach to the revision process and evidence underpinning the new Food Guide.
- Discover the new Food Guide tools and resources released in early 2019.

Speaker:

- Hasan Hutchinson, Senior Policy Advisory, Office of Nutrition Policy and Promotion, Health Products and Food Branch, Health Canada

15:45 – 17:15

CONCURRENT SESSIONS

15 h 45 à 17 h 15

SÉANCES SIMULTANÉES

ROOM 208

EDUCATION FOR RECONCILIATION: DECOLONIZED AND ENGAGED PEDAGOGY - AN EXPERIENTIAL LEARNING EXERCISE TO TRANSFORM EMPATHY INTO SOCIAL ACTION

This workshop is an experiential-based learning exercise created by Indigenous scholar, teacher and researcher Dr. Jennifer Leason. It was created as a call to action to transform participants' understanding about the impacts of colonization on Indigenous peoples in Canada. The exercise is centred on reconciliation, decolonization and indigenization.

Reconciliation: The Truth and Reconciliation Commission's Calls to Action (2015) aim to ensure all sectors:

1. Build student capacity for intercultural understanding, empathy, and mutual respect (p. 7, #62–63 iii), and
2. Offer skills-based training in intercultural competence training, conflict resolution, human rights and anti-racism (p. 3, #24).

Decolonized and Engaged Pedagogy: Decolonization and engaged pedagogy aims to transform consciousness through a paradigm shift from a culture of denial towards making space for Indigenous political philosophies, ways of knowing, being and doing.

Indigenization through Indigenous Pedagogy: Indigenous pedagogy is inclusive, holistic and reflective of Indigenous ways of teaching and learning. The Talking Circle is utilized as pedagogy to create a safe space, where each one is equal and each one belongs. Participants in a Talking Circle learn to listen and respect others, as well as taking turns sharing their thoughts, ideas, emotions and experiences. Indigenous pedagogy engages teaching/learning practices that connect the head, heart, and spirit to "transform people in powerful ways that may not be fully understood on a rational level alone" (Paulette Regan, 2010, p. 205). The transformation is to move beyond the mere description and theorizing about the impacts of colonization, towards the experience and transformation of understanding towards empathy and social action.

Learning Objectives:

- Educate participants on the Canadian history of colonization. Through a series of PowerPoint slides, participants are exposed to key historical events that have impacted, and continue to impact, Indigenous peoples.
- Create a safe and ethical space of engagement through the use of a sharing and learning circle. Throughout the exercise, sensitive topics such as historical trauma, racism, violence and abuse, power imbalance and intergenerational impacts are examined; these require extreme sensitivity and support.
- Transform understanding and build empathy and understanding towards social action by raising participants' critical consciousness about how colonialism has impacted Indigenous peoples in Canada. Discussion will focus on current health outcomes and the impacts of Indigenous peoples' health and well-being.
- Engage participants in a conversation around "What does reconciliation mean to me? What role do we play as individuals and as a society to work towards reconciliation? What are some ways or ideas to work towards reconciliation?"

Workshop Facilitator:

- Jennifer Leason, Assistant Professor, Indigenous Peoples' Health, University of Calgary

15:45 – 17:15

CONCURRENT SESSIONS

15 h 45 à 17 h 15

SÉANCES SIMULTANÉES

ROOM 204

THE FUTURE OF THE MICROBIOME IN PUBLIC HEALTH

Research into the human microbiome is evolving at a rapid pace, disrupting our established understanding of healthy development and aging. Concurrently, the public has been demonstrating a burgeoning interest in the microbiome and how it can support health while at the same time adopting new behaviours and practices that are impacting the microbiome in ways that could have negative long-term health consequences. What does the current state of the science tell us about the individual and community microbiome, and how can that drive improvements to public health? Through this interactive session, global leaders in microbiome research will engage with participants to explore how the human microbiome shapes health and disease across the lifespan, the implications of shifting societal and cultural practices on the microbiome, and how the emerging evidence in these areas may inform the development of key public health programs, practices and policies.

Learning Objectives:

By attending this symposium, participants will:

- Develop a new and/or deeper understanding of the current state of the knowledge of the human microbiome and its connections to population and public health.
- Develop new ideas for how this knowledge can inform and shape current and emerging public health programs, policies and practices.
- Explore opportunities and discuss strategies to further advance the awareness and integration of knowledge of the microbiome into public health (e.g., education, messaging) and which priority public health issues warrant immediate microbiome related research.

Speakers:

- Eran Elinav, CIFAR Senior Fellow and Principal investigator, Weizmann Institute of Science
- Melissa Melby, CIFAR Advisor and Associate Professor, Anthropology, University of Delaware
- Corinne Maurice, CIFAR Global Scholar and Assistant Professor, Department of Microbiology and Immunology, McGill University

Session Chair:

- Amy Cook, Senior Director of Knowledge Mobilization, CIFAR

ROOM 205

HOW TO DEVELOP A SUBMISSION TO PROFILE YOUR PUBLIC HEALTH INNOVATION IN POLICY OR PRACTICE IN THE *CANADIAN JOURNAL OF PUBLIC HEALTH*

Local public health providers are continually facing new challenges and coming up with promising approaches to deal with these challenges as part of their jobs. When these evidence-informed innovations are effective, other public health providers want to know about them and determine if similar approaches might be effective for their locale in a timely manner. The CJPH has developed a journal section to promote the dissemination of evidence-based innovations in public health policy and practice that have been evaluated and shown promise, but may not conform to a standard research article format. In this workshop, organized and led by the Editor-in-Chief and a senior editor of the *Canadian Journal of Public Health*, participants will learn about this section of the Journal, the types of innovations that have been published to date, and learn the fundamentals of submitting an abstract and article for this section. Participants will engage in a facilitated exercise and discussion to determine the types of program and policy innovations that would be of interest to the journal, and how to write this idea as an abstract to submit to the Journal.

Learning Objectives:

- Describe the Innovations in Policy and Practice (IPP) section of the CJPH to colleagues.
- Define the elements of a high-quality abstract for this section.
- Determine which program and policy innovations they have been involved with may be a good fit for this section, or how to submit them for consideration.
- Learn how to become a peer reviewer for the IPP section.

Workshop Facilitators:

- Louise Potvin, Editor-in-Chief, *Canadian Journal of Public Health*; Professor, School of Public Health, Université de Montréal
- Cordell Neudorf, Senior Editor, IPP section, *Canadian Journal of Public Health*; Assistant Professor, Department of Community Health and Epidemiology, University of Saskatchewan; President, Urban Public Health Network

15:45 – 17:15

CONCURRENT SESSIONS

15 h 45 à 17 h 15

SÉANCES SIMULTANÉES

ROOM 209

NCCPH KNOWLEDGE TRANSLATION GRADUATE STUDENT AWARDS: PANEL PRESENTATION

Presented by: National Collaborating Centres for Public Health

The six National Collaborating Centres (NCCs) for Public Health (NCCPH) work together in knowledge translation (KT) to promote the use of research evidence and other knowledge to strengthen public health practices, programs and policies in Canada. Defined by the Canadian Institutes of Health Research, knowledge translation is a dynamic and iterative process that includes synthesis, dissemination, exchange, and the ethically sound application of knowledge to improve the health of Canadians, provide more effective health services and products, and strengthen the health care system.

Every year, as part of the NCCPH's commitment to develop expertise in future generation(s) of public health, the six NCCs collaborate on the NCCPH Knowledge Translation Graduate Student Awards. The awards are presented to three students at the annual Canadian Public Health Association (CPHA) conference and celebrate the experience and incentive of public health students to learn and acquire new knowledge translation skills. This panel session will highlight the graduate student knowledge translation projects awarded at Public Health 2019. The three students will present their award-winning topics and KT approaches, and engage with the audience in a question-and-answer period.

Learning Objectives:

- Highlight student projects that demonstrate effective and innovative knowledge translation methods.
- Engage participants in explorations of novel knowledge translation strategies.
- Foster discussion on opportunities for bridging research, policy and practice, bringing evidence and other knowledge to application in public health settings.

Speakers:

- Steven Lam, PhD student, University of Guelph, Public Health
- Sherry Nesbitt, Master's student, McMaster University, Global Health
- Osnat Wine, PhD student, University of Alberta, Department of Pediatrics

Moderator:

- Claire Howarth, Research Coordinator, National Collaborating Centre for Methods and Tools

ROOM 210

PARTNERSHIPS FOR RACIAL EQUITY IN HEALTH

This workshop, offered by the National Collaborating Centre for Determinants of Health, will continue the dynamic conversation from the plenary on Racism in Society at Public Health 2017, by motivating delegates to remain engaged in anti-racism dialogue and action. Specifically, this workshop will allow delegates to increase their own level of understanding of racism and to move towards a culture of racial equity in order to build and maintain partnerships that will have a powerful impact on racialized health inequities. Using a combination of presentations, self-reflective exercises, and group work, the anticipated outcome of the workshop is to have participants return to their workplaces with key strategies, tools, and promising practices to advance racial equity through partnerships and effective engagement to create systems change.

Learning Objectives:

- Compare and contrast different levels and forms of racism and their impact on health.
- Discuss barriers to equitable partnership building and engagement.
- Identify promising approaches for enhancing collaboration and partnerships to address racial inequities in public health.

Workshop Facilitator:

- Sume Ndumbe-Eyoh, Senior Knowledge Translation Specialist, National Collaborating Centre for Determinants of Health

WEDNESDAY 1 MAY | MERCREDI 1^{er} MAI

15:45 – 17:15

CONCURRENT SESSIONS

15 h 45 à 17 h 15

SÉANCES SIMULTANÉES

ROOM 206

RECOVER: A SOCIAL INNOVATION APPROACH FOR URBAN WELLNESS AND SDOH

RECOVER is a collective approach to figure out solutions that work for all and improve “urban wellness” in Edmonton’s downtown core neighbourhoods. RECOVER is using social innovation to explore ideas that achieve urban wellness, a complex challenge influenced by a myriad of determinants of health. Working with and listening deeply to communities, businesses, agencies, governments, and residents, RECOVER generated ideas or prototypes that were grounded in ethnographic research and other quantitative data. RECOVER tested 13 of these prototypes in the field that involved over 70 people from diverse sectors who brought them to life over a short (8-week) period. The continual learning from prototyping and the process offered insights for scaling up.

In this workshop, participants will use hands-on exercises to apply the tools we used in RECOVER, and vignettes to share learnings from our journey. The participants will walk away with concrete tools to cultivate innovative solutions for urban wellness in their municipalities.

Learning Objectives:

- Identify the principles of social innovation approach in Edmonton’s RECOVER project to promote health and improve urban wellness in the downtown core neighbourhoods.
- Explore practical tools to test opportunity areas for change that emerge from research findings.
- Apply social innovation tools to different contexts to improve urban wellness.

Workshop Facilitators:

- Keren Tang, Senior Planner, Citizen Services, City of Edmonton
- Sam Juru, Strategic Planner, Citizen Services, City of Edmonton

17:30 – 19:30

INDIGENOUS AND BLACK PEOPLES

17 h 30 à 19 h 30

PUBLIC HEALTH GATHERING

ROOM 202

This gathering will provide an exclusive, safe space for Indigenous and Black Peoples to speak their realities, share their expertise, hopes and aspirations and create opportunities for solidarity and support. Indigenous and Black practitioners have identified the need for knowledge exchange, support, and network development that speaks to their unique experiences of settler colonialism or anti-Blackness in the context of public health practice. This gathering will provide a forum for open discussion responsive to the needs of participants.

Pre-registration is required for this event.

To register: <https://indigenousblackpeoplesph2019.eventbrite.ca>

Hosted by the National Collaborating Centre for Determinants of Health with the support of the Canadian Public Health Association and the San’yas Indigenous Cultural Safety training program.



#PHSP19

PROGRAM OVERVIEW | RÉSUMÉ DU PROGRAMME

8:30 - 10:00 Canada Hall 1	<p>PLENARY III: THE 21ST CENTURY PARADIGM SHIFT: HOW POPULATION HEALTH IS GETTING PERSONAL WITH SEX AND GENDER PLÉNIÈRE III : LE CHANGEMENT DE PARADIGME DU 21^E SIÈCLE : LA SANTÉ PUBLIQUE DANS L'INTIMITÉ DU SEXE ET DU GENRE</p> 
10:00 - 10:30 Parliament Foyer	<p>REFRESHMENT BREAK PAUSE-RAFRAÎCHISSEMENTS</p>
10:30 - 12:00	<p>CONCURRENT SESSIONS SÉANCES SIMULTANÉES</p>
Room 208	Debunking "race": Contextualizing racial health inequalities
Room 215	<i>CPHA presents:</i> Public health and health system renewal
Room 206	<i>AFN presents:</i> Transforming public health knowledge into action for First Nations
See page 44 & 45	Oral Presentations Présentations de résumés oraux
12:00 - 13:00 Parliament Foyer/ Canada Hall 1	<p>NETWORKING LUNCH DÉJEUNER CONTACTS</p>
13:00 - 14:30	<p>CONCURRENT SESSIONS SÉANCES SIMULTANÉES</p>
Room 208	Advancing Indigenous equity in health care using storytelling and role play
Room 204	Aligning two worlds: What can AMR surveillance do for public health?
Room 205	Analytical innovation in public health evidence and practice: Integrating sex, gender, key identity factors and social determinants of health
Room 206	Building evidence-based community guidelines to end homelessness using multi-stakeholder engagement
Room 209	Cheers and fears of vaping e-cigarettes: Cutting-edge research, policy and practice
Room 213	Measuring health inequalities: Applying a toolkit developed by the Canadian Institute for Health Information
Room 202	Responding to Climate Change as a Public Health Professional
Room 215	Tailored to fit: Making adaptations to evidence-based public health programs
Room 210	Vaccination in pregnancy: To vaccinate or not... that is the question!
14:30 - 16:00 Canada Hall 1	<p>PLENARY IV: BUILDING SOCIAL CONNECTIONS FOR HEALTH AND HAPPINESS PLÉNIÈRE IV : CONSTRUIRE DES LIENS SOCIAUX POUR LA SANTÉ ET LE BONHEUR</p> 



The **Flash Your Badge** program entitles you and a guest to discounts throughout the city. No need to print the passport, all you have to do is present your delegate badge at participating vendors.



Welcome Remarks | Mots d'ouverture :

- Steven J. Hoffman, Canadian Institutes of Health Research, Institute of Population and Public Health

CIHR-IPPH Trailblazer Awards in Population and Public Health Research |

Prix du pionnier en santé publique et des populations de l'ISPP des IRSC

- Senior Career: Louise Potvin and Michel Alary
- Mid-career: Lindsay McLaren
- Early Career: Alex Abramovich

THE 21ST CENTURY PARADIGM SHIFT: HOW PUBLIC HEALTH IS GETTING PERSONAL WITH SEX AND GENDER

By absolute necessity, public health interventions are delivered with a broadsword rather than a scalpel. In the context of health at the population level, is it possible to take a personalized and meaningfully inclusive approach that accounts for sex and gender? If so, what would it look like? In this session, participants will learn about the state of sex and gender in health science, see examples of where the integration of sex and gender in public health have been successful (and not!) and learn about best practices and recent innovations for developing sex- and gender-responsive policies and programs.

Learning Objectives:

- Define how gender influences population health and health equity.
- Identify best practices when developing public health policies and programs.
- Describe how stakeholders can use sex and gender information to improve policy and practice.

Speaker | Oratrice :

- Cara Tannenbaum, Scientific Director, CIHR–Institute of Gender and Health

LE CHANGEMENT DE PARADIGME DU 21^E SIÈCLE : LA SANTÉ PUBLIQUE DANS L'INTIMITÉ DU SEXE ET DU GENRE

Par la force des choses, les interventions en santé publique ne font pas dans le détail. Dans un contexte de santé des populations, est-il possible d'adopter une démarche personnalisée et vraiment intégratrice qui tienne compte du sexe et du genre? Si oui, à quoi pourrait-elle ressembler? Les participants de cette séance seront informés de la situation du sexe et du genre dans les sciences de la santé, verront des exemples d'intégration réussie (et moins réussie!) du sexe et du genre en santé publique et découvriront des pratiques exemplaires et des innovations récentes pour élaborer des politiques et des programmes sensibles au sexe et au genre.

Objectifs d'apprentissage :

- Définir l'influence du genre sur la santé des populations et l'équité en santé.
- Nommer des pratiques exemplaires d'élaboration de politiques et de programmes de santé publique.
- Décrire comment les acteurs peuvent utiliser les données sur le sexe et le genre pour améliorer les politiques et les pratiques.



Wireless Network: PH2019SP
Password: publichealth

10:30 – 12:00

CONCURRENT SESSIONS

10 h 30 à 12 h

SÉANCES SIMULTANÉES

ROOM 208

DEBUNKING “RACE”: CONTEXTUALIZING RACIAL HEALTH INEQUALITIES

Measuring health inequalities is a key step in identifying differences that may be considered unfair and can be acted on to improve health equity in Canada. The Canadian Institute for Health Information (CIHI), along with experts from across Canada, is developing standard equity stratifier definitions (socio-demographic variables) to harmonize and inform the measurement of health inequalities. There is growing interest in Canada in monitoring racial and ethnic inequalities in various sectors, such as health, justice and labour. In the health care sector, careful consideration is required in the interpretation of racial and ethnic health inequalities to ensure that data is not misinterpreted and used in a way that perpetuates racism.

This symposium will focus on key learnings from CIHI’s engagement with researchers, analysts, practitioners and government stakeholders in the fields of health inequality measurement, racism and health care. During this symposium, participants will learn and participate in discussions on:

- the conflation of “race” and ethnicity,
- pathways linking racism and health, and
- using “race”-based data to address and monitor systemic racism in health care.

Learning Objectives:

- Explore how racial data can be used to monitor and address systemic racism in the healthcare system.
- Recognize how social norms and institutional structures may contribute to racial health inequalities.
- Identify key considerations for interpreting racial health inequalities.

Speakers:

- Christine Lund, Strategic Advisor, Tungasuvvingat Inuit
- Dana Riley, Program Lead, Canadian Population Health Initiative, Canadian Institute for Health Information
- Mai Phan, Senior Research Advisor, Ontario Anti-Racism Directorate
- Onye Nnorom, President, Black Physicians’ Association of Ontario; Black Health Theme Lead, MD Program, Faculty of Medicine, University of Toronto; Associate Program Director, Public Health and Preventive Medicine Residency Program, Dalla Lana School of Public Health, University of Toronto

Moderator

- Sume Ndumbe-Eyoh, Senior Knowledge Translation Specialist, National Collaborating Centre for Determinants of Health

ROOM 215

PUBLIC HEALTH AND HEALTH SYSTEM RENEWAL

Presented by: Canadian Public Health Association

Over the last several years provincial and territorial governments have made significant adjustments to the ways in which they deliver health services, including public health. The resulting changes have raised concerns that these systems will no longer be able to meet the current mandate or address future concerns regarding public health service delivery. The Canadian Public Health Association (CPHA) – with the assistance of an expert advisory panel of senior public health professionals, CPHA’s Public Policy Committee and Board of Directors, and an electronic membership consultation – has developed a discussion paper that explores the fundamentals of public health governance in Canada, and a position statement describing the Association’s perspective on the future of public health service delivery. The purpose of this workshop is to review the recommendations presented in the position statement and to seek members’ viewpoints on how to develop and implement advocacy concerning the future direction of public health delivery in Canada.

Learning Objectives:

- Describe the current changes affecting public health service delivery in Canada.
- Explore CPHA’s perspective concerning these changes.
- Develop and describe approaches to support a renewed vision for public health in Canada.

Speakers:

- Ian Culbert, Executive Director, Canadian Public Health Association
- Frank Welsh, Director, Policy, Canadian Public Health Association

10:30 – 12:00

CONCURRENT SESSIONS

10 h 30 à 12 h

SÉANCES SIMULTANÉES

ROOM 206

TRANSFORMING PUBLIC HEALTH KNOWLEDGE INTO ACTION FOR FIRST NATIONS

Presented by: Assembly of First Nations

Public health frameworks, strategies and models guide interventions and policies to promote health and reduce health disparities. First Nations' contributions to the scope and methodologies of evidence mobilizing and the formulation of public health interventions can strengthen uptake and relevance. To address the health disparities for First Nations communities in Alberta, First Nation people need to govern the creation, use, and disclosure of data to support their articulation of wellbeing and improved health outcomes from their own unique worldview perspective. Evidence-based decision making, that is community-led and derived from traditional worldview practices of each sovereign First Nation is the new standard to drive policy and program development for First Nation people. Thunderbird Partnership Foundation will share how the authentic voices of the participants are being used to create strengths-based cannabis resources and tools to promote individual, family, and community wellness. This presentation will provide an overview of the findings from the regional cannabis focus groups, Indigenous Community Cannabis Survey, and resulting national report.

Learning Objectives:

- Identify the opportunities and challenges associated with improving the individual and collective health of First Nations.
- Recognize the value of applying strengths-based, Indigenous-informed knowledge into public health interventions for First Nations.
- Describe the prominence of appropriate health governance in a First Nations context.

Speakers:

- Bonnie Healy, Alberta First Nations Information Governance Centre
- Jasmine Fournier, Thunderbird Partnership Foundation, Non-Medical Cannabis Legalization from a First Nations Community-based Public Health Perspective

Moderator:

- Marlene Larocque, Policy Analyst, Assembly of First Nations
-

ROOM 204

ORAL PRESENTATIONS 20

- Developing an online education course on health impact assessment (HIA) for increasing HIA practice in Canada – [Thierno Diallo](#)
 - Free online-learning tools to support the development of health equity champions – [Faith Layden](#)
 - Assessing the impact of a guide to share local data with community partners to improve health equity – [Cassandra Ogunniyi](#)
 - How should we measure area income when we do health inequalities analysis? – [Charles Plante](#)
 - Reducing health inequities through intersectoral action: Balancing equity in health with equity for other social goods – [Maxwell Smith](#)
-

ROOM 205

ORAL PRESENTATIONS 21

- Identifying barriers of access and retention in opioid agonist treatment in British Columbia – [Brittany Graham](#)
- Experiences of stigma and access to harm reduction services among women who use opioids: Implications for action – [Rose Schmidt](#)
- Best practices across the continuum of care for the treatment of opioid use disorder – [Sheena Taha](#)
- The Cedar Project: Experiences of interpersonal racism among young Indigenous people who have used drugs in Prince George and Vancouver – [Richa Sharma](#)
- Increasing access to take-home naloxone in response to British Columbia's opioid overdose crisis – [Sierra Williams](#)

THURSDAY 2 MAY | JEUDI 2 MAI

10:30 – 12:00

CONCURRENT SESSIONS

10 h 30 à 12 h

SÉANCES SIMULTANÉES

ROOM 202

ORAL PRESENTATIONS 22

- Disaster Recovery Triple P - Supporting children's mental health after an emergency – [Peggy Govers](#)
 - Interventions to improve household disaster preparedness in the general public: A scoping review – [Karen Paik](#)
 - Syndromic surveillance of asylum seekers in temporary housing in Montreal – [Anna Urbanek](#)
 - Enhancing health systems performance by learning from best practice models of public health & care for refugee population in Canada using an opportunity identification matrix – [Sheikh Muhammad Zeeshan Qadar](#)
 - Rapid qualitative analyses: bringing community feedback to decision-making in real time during an Ebola outbreak response – [Vivienne Walz](#)
-

ROOM 209

ORAL PRESENTATIONS 23

- The global governance of antimicrobial resistance: A scoping review – [Ronald Labonté](#)
 - An analysis of patient and visit characteristics affecting length of stay in the emergency department – [Iwona Bielska](#)
 - A citizen science approach to decrease residence-based fall-related injuries – [James Chauvin](#)
 - Clinical public health – [Bernard Choi](#)
 - Building organizational evidence-informed decision making capacity: Expansion of the online Evidence-Informed Decision Making Skills Assessment Tool – [Claire Howarth](#)
-

ROOM 210

ORAL PRESENTATIONS 24

- “Community helps contribute to our mental health”: Development of a health resiliency intervention for Métis children – [Elizabeth Cooper](#)
 - Promoting healthy urban environments for young Indigenous peoples: The case of M'Wikwedong Indigenous Friendship Centre – [Carlos Sanchez-Pimienta](#)
 - Is participation in out-of-school programs linked to students' health, social and educational outcomes? – [Jennifer Enns](#)
 - Evaluating sustainability of the Healthy Kids Community Challenge: Findings from a survey with community stakeholders across Ontario – [Rachel Laxer](#)
 - "We saw the most success when there was true collaboration": A process evaluation to evaluate implementation of Ontario's Healthy Kids Community Challenge using stakeholder interviews – [Michelle Vine](#)
-

ROOM 213

ORAL PRESENTATIONS 25

- Operationalizing the Canadian Suicide Surveillance Indicator Framework – [Melissa Baker](#)
- The application of sex- and gender-based analysis in support of mental health and psychological well-being in the workplace – [Ivy Bourgeault](#)
- YMCA Mindfulness Programs: Early intervention for youth experiencing anxiety – [Samantha Hartley-Folz](#)
- The Status of Mental Health in Ottawa: How Ottawa Public Health developed their first local mental health surveillance report – [Ben Leikin](#)
- Measuring positive mental health in Canada: A process for measure selection – [Heather Orpana](#)

12:15 – 13:00

NETWORKING LUNCH

PARLIAMENT FOYER/
CANADA HALL 1

12 h 15 à 13 h

DÉJEUNER CONTACTS

CANADA HALL 1

13:00 – 14:30

CONCURRENT SESSIONS

13 h à 14 h 30

SÉANCES SIMULTANÉES

ROOM 208

ADVANCING INDIGENOUS EQUITY IN HEALTH CARE USING STORYTELLING AND ROLE PLAY

This workshop uses storytelling to demonstrate the gaps in knowledge and practice that compromise culturally safe, quality health care for Indigenous patients, families and communities. The exercises will demonstrate strategies to address these gaps through experiential learning activities that build concrete skills. The aim of this workshop is to improve understanding of the complexity of Indigenous determinants of health, and to share strategies on how to effectively engage and build capacity among health professionals and trainees.

This workshop will provide experiential learning opportunities for health educators and practitioners to improve their ability to offer culturally safe care for Indigenous people. In addition, the workshop will support participants to develop theatre-based training activities in their own health service settings. The presenters will illustrate a range of challenges facing Indigenous people, both within the health care system and in the social determinants of health. Narratives will be presented, drawing on examples from Indigenous health experiences that demonstrate the challenges Indigenous people face.

Participants will work in teams to explore the issues in the cases, reflecting on Indigenous determinants of health. Participants will construct and present a theatrical sketch that rewrites the scenario in line with a culturally safe approach. The workshop facilitators will then guide a reflection on the process and explore ways participants can apply this approach to their own settings.

Learning Objectives:

- Identify the range of health and service access challenges faced by Indigenous peoples.
- Demonstrate evidence-based narratives and theatre exercises to improve health care providers' attitudes, knowledge and skills in promoting culturally safe changes in health care delivery.
- Support participants in developing educational and workplace strategies applicable to their own workplace and community settings.

Workshop Facilitators:

- Lloy Wylie, Assistant Professor, Public Health, Western University
- Danielle Alcock, PhD student, Anthropology, Western University
- Abrar Ali, Student, Western University

ROOM 204

ALIGNING TWO WORLDS: WHAT CAN AMR SURVEILLANCE DO FOR PUBLIC HEALTH?

This symposium will begin with a brief review of the Federal Framework and Action Plan and the Pan-Canadian Framework for Action. The session will then move to describe surveillance systems and datasets that provide a picture of antimicrobial resistance (AMR) in Canada, particularly between acute and community care settings. Thirdly, the session will summarize the use of AMR surveillance data in public health planning, response and decision-making. Providing the context for new developments in the fight against AMR, including surveillance, can help to inform delegates of the shared and crucial responsibility of all stakeholders to reduce AMR. More importantly, the symposium will provide valuable information on how to find and use AMR data for day-to-day research or public health decision making and policy.

Learning Objectives:

- Describe the growing efforts of the federal, provincial and territorial governments in fighting AMR in Canada.
- Determine the ways in which integrated AMR surveillance systems and data may help public health practice and policy.
- Identify the ways in which AMR surveillance data can be retrieved and used by public health.

13:00 – 14:30

CONCURRENT SESSIONS

13 h à 14 h 30

SÉANCES SIMULTANÉES

Speakers:

- Jacqueline Arthur, Manager, AMR Policy and Coordination Team, Centre for Communicable Diseases and Infection Control, Public Health Agency of Canada
- James Brooks, AMR Surveillance Lead, Centre for Communicable Diseases and Infection Control, Public Health Agency of Canada
- Jason Vanstone, Research Scientist, Stewardship & Clinical Appropriateness, Saskatchewan Health Authority
- Robert Parker, Manager, Stewardship & Clinical Appropriateness Saskatchewan Health Authority

Sessions Chairs:

- Margaret Haworth-Brockman, Senior Program Manager, National Collaborating Centre for Infectious Diseases
- Aleksandra Wierzbowski, Project Manager, National Collaborating Centre for Infectious Diseases

ROOM 205

ANALYTICAL INNOVATION IN PUBLIC HEALTH EVIDENCE AND PRACTICE: INTEGRATING SEX, GENDER, KEY IDENTITY FACTORS AND SOCIAL DETERMINANTS OF HEALTH

Health inequities between and among men, women, girls, boys and gender-diverse populations have been increasingly recognized. Efforts to address these inequities to improve public health practice and action are increasingly informed by awareness of the social determinants of health and how these intersect to unequally affect health outcomes. Advancements in data and analytical tools can strengthen evidence-based interventions that are better tailored to the needs and circumstances of diverse groups of the population, and that have greater potential impact.

Making the linkages between the social determinants of health approach and rigorous application of sex and gender considerations in policy, program and research, the Public Health Agency of Canada (PHAC) and other health promotion partners have strengthened evidence, interventions and programs to reduce health inequities in Canada.

Learning Objectives:

- Describe how PHAC has been applying sex and gender considerations to increase knowledge and evidence in order to act on social determinants of health.
- Explore the Pan-Canadian Health Inequalities Reporting Initiative, as a key national data infrastructure to support collaborative efforts to reduce health inequalities in Canada.
- Identify innovative examples that contribute to a better understanding of social determinants of health and reducing health inequalities, with a particular focus on LGBTQ+, Indigenous populations and Black Canadians.

Speakers:

- Beth Jackson, Scientific Advisor, Social Determinants of Health Division, Centre for Chronic Disease Prevention and Health Equity, Health Promotion and Chronic Disease Prevention Branch, Public Health Agency of Canada
- Miga Chultem, A/Manager, Social Determinants of Health Division, Centre for Chronic Disease Prevention and Health Equity, Health Promotion and Chronic Disease Prevention Branch, Public Health Agency of Canada
- Aseefa Sarang, Executive Director, Across Boundaries: An Ethno-racial Mental Health Centre
- Roberto Ortiz, Executive Director, MAX Ottawa
- Bilkis Vissandjée, Professor, University of Montreal

Session Chair:

- Beth Jackson, Scientific Advisor, Social Determinants of Health Division, Centre for Chronic Disease Prevention and Health Equity, Health Promotion and Chronic Disease Prevention Branch, Public Health Agency of Canada

ROOM 206

BUILDING EVIDENCE-BASED COMMUNITY GUIDELINES TO END HOMELESSNESS USING MULTI-STAKEHOLDER ENGAGEMENT

Individuals who face homelessness or who are vulnerably housed have higher risks of poor health and social outcomes. Limited access to basic social supports, stigma that both affects homeless persons and may marginalize their practitioners, and mental illness are key priorities for evidence-based community guidelines. Our project aims to assess the effectiveness of a broad range of interventions for homeless and vulnerably-housed individuals. Facilitators reviewed the literature on experiences of homeless individuals who engage with services; by partnering with primary care, public health, community organizations and youth advocates, we have drafted recommendations to improve the care and health outcomes of people experiencing homelessness. A panel of primary care researchers and individuals with lived experience of homelessness will present on current knowledge synthesis and mobilization strategies being used to improve health and social outcomes. Delegates will be able to use this information to inform program design and implementation, and act on identified research gaps.

Learning Objectives:

- Describe the scope of interventions and research aimed at addressing the physical, social and mental health of homeless and vulnerably-housed individuals, and identify research priorities.
- Discuss knowledge mobilization, such as the development of mobile applications to support primary care practitioners, and barriers to primary care provider and public health uptake of guidelines.
- Explore the roles that multi-stakeholder engagement, such as that of individuals with lived experience of homelessness and youth advocates, can play in guideline development and implementation.

Speakers:

- Tim Aubry, Professor, School of Psychology and Senior Researcher, Centre for Research on Educational and Community Services, University of Ottawa
- Olivia Magwood, Research Assistant, C.T. Lamont Primary Care Research Centre, Bruyère Research Institute
- Ammar Saad, Research Assistant, C.T. Lamont Primary Care Research Centre, Bruyère Research Institute

Session Chair:

- Kevin Pottie, Professor and Clinician-Investigator, Department of Family Medicine, Bruyère Research Institute, School of Epidemiology, Public Health and Preventive Medicine, University of Ottawa



#PHSP19

ROOM 209

CHEERS AND FEARS OF VAPING E-CIGARETTES: CUTTING-EDGE RESEARCH, POLICY AND PRACTICE

To answer the three questions, speakers will present findings from systematic literature reviews, select published studies, and four of their Canadian studies: 1) Cohort Study of 1,040 youth, 60% of whom are regular vapers; 2) Concept Mapping study on the experiences smokers have when trying to quit smoking by vaping; 3) 14 Focus Groups – half with youth vapers and non-vapers, and half with adults; and 4) Point-of-Sale study in 50 stores in five cities. The manager of a large Tobacco Control Area Network will present on the implications of findings for public health action and on a comprehensive strategy for reducing potential harms while realizing any potential benefits. Participants will be engaged in small-group work sessions in which they will be asked to draw out implications of what they have heard for policy development and programmatic intervention at local, provincial and federal levels.

Learning Objectives:

- Describe public health trends and dilemmas related to vaping.
- Explore experiences smokers have when they vape to quit, and vaping patterns of young people over time.
- Assess the impacts of vaping promotions and advertising.
- Identify and design interventions that will reduce the potential harms from youth uptake of vaping. Participants will be able to inform decisions about the potential of vaping as a harm reduction alternative to smoking cigarettes.

Speakers:

- Robert Schwartz, Professor, Public Health Policy, Dalla Lana School of Public Health, University of Toronto; Executive Director, Ontario Tobacco Research Unit
- Lori Diemert, Research Officer, Ontario Tobacco Research Unit, University of Toronto
- Shawn O'Connor, Senior Research Associate, Ontario Tobacco Research Unit, University of Toronto
- Cindy Baker-Barill, Manager, Central East Tobacco Control Area Network and the Tobacco-free Living Programs, Simcoe Muskoka District Health Unit; Governance Representative, Community Health Nurses Initiatives Group of RNAO

Session Chair:

- Robert Schwartz, Professor, Public Health Policy, Dalla Lana School of Public Health, University of Toronto; Executive Director, Ontario Tobacco Research Unit



Wireless Network: PH2019SP
Password: publichealth

ROOM 213

MEASURING HEALTH INEQUALITIES: APPLYING A TOOLKIT DEVELOPED BY THE CANADIAN INSTITUTE FOR HEALTH INFORMATION

Health equity is a growing priority for healthcare systems in Canada; however, there is limited routine measurement and reporting of inequalities in health care access, quality and outcomes. This workshop will provide participants with an overview of a toolkit developed by the Canadian Institute for Health Information (CIHI) to assist analysts and researchers with measuring and reporting on health inequalities. Launched in October 2018, this toolkit is organized in 3 phases: planning your analysis, analyzing your data and reporting your findings. In this session, participants will learn how to use standard equity stratifier definitions, identify available stratifiers in selected CIHI and Statistics Canada data, calculate stratified indicator rates and summary measures, and apply key guidelines for interpreting and reporting on health inequalities. Practical examples will be based on commonly used health indicators, and will draw on participants' experience and areas of interest. This toolkit is available online at <https://www.cihi.ca/en/measuring-health-inequalities-a-toolkit>. Participants can also access free eLearning courses that expand on the workshop content through [CIHI's Learning Centre](#).

Learning Objectives:

- Create an analysis plan for measuring health inequalities by considering the standard equity stratifier definitions and by exploring data availability using CIHI's equity stratifier inventory.
- Demonstrate the steps and key considerations for carrying out a stratified analysis and quantifying inequalities using summary measures.
- Interpret results, including summary measures and indicator rates, to identify and effectively communicate key findings to stakeholders.

Workshop Facilitators:

- Erin Pichora, Program Lead, Canadian Institute for Health Information
- Christina Catley, Senior Analyst, Canadian Institute for Health Information
- Kinsey Beck, Analyst, Canadian Institute for Health Information

ROOM 202

RESPONDING TO CLIMATE CHANGE AS A PUBLIC HEALTH PROFESSIONAL

Climate change is already affecting the physical and mental health of Canadians and promises to do much greater harm in the coming decades unless we take swift action to slow climate change. The World Health Organization has called climate change "the greatest health threat of the 21st century" and *The Lancet* Commission has declared that tackling climate change could be "the greatest global health opportunity of the 21st Century."

In this workshop, presenters will provide a summary of the health impacts associated with climate change, present the trends in emissions across the country, and discuss the climate solutions that can produce immediate health co-benefits for the jurisdictions that take action. In roundtable discussions, participants will be asked to identify the climate-related health impacts they are witnessing in their communities, the climate solutions that would be most effective in their communities, and the local partners with whom they could collaborate.

Learning Objectives:

- Describe how climate change can affect health in participants' communities.
- Explore how to collaborate across disciplines to win public policies that improve health.
- Identify the health co-benefits that can result from climate solutions.

Speakers:

- Kim Perrotta, Executive Director, Canadian Association of Physicians for the Environment; Editor of CAPE's *Climate Change Toolkit for Health Professionals: Climate Change Health Impacts across Canada*
- Helen Marie Doyle, Author of Module 3 of CAPE's *Climate Change Toolkit for Health Professionals: Climate Change Health Impacts across Canada*

ROOM 215

TAILORED TO FIT: MAKING ADAPTATIONS TO EVIDENCE-BASED PUBLIC HEALTH PROGRAMS

Adaptations to evidence-based public health programs are commonplace. These adaptations are primarily made to enhance the cultural relevance of the program, and can therefore improve uptake of the program. However, adaptations also tend to be reactive and disconnected from the theory and evidence base of the program, which threatens programs' effectiveness. A practical method of adapting programs while considering their theory and evidence basis is required.

In this workshop, facilitators will describe when, why and how adaptations are made to public health programs. Practical implementation science frameworks will be discussed. Conference delegates will be engaged in two interactive activities: 1) identifying and unpacking different types of adaptations, and 2) using frameworks to plan adaptations so that the learnings can be directly applied to their own work. By the end of this workshop, delegates will have a sound understanding of how to consider program adaptations before and during implementation.

Learning Objectives:

- Describe when, why and how adaptations are made to evidence-based public health programs.
- Classify types of adaptations using a framework.
- Design a proactive adaptation plan.

Workshop Facilitators:

- Julia E. Moore, Director, The Center for Implementation
-

ROOM 210

VACCINATION IN PREGNANCY: TO VACCINATE OR NOT... THAT IS THE QUESTION!

Vaccination during pregnancy offers a safe option that improves outcomes for mothers and babies, yet many pregnant women choose not to receive vaccinations. By understanding the factors that influence decisions and practices of women's healthcare providers, improvements and changes to antenatal care provision can be recommended. Ultimately, changes in practice can have a long-term impact on the number of cases of maternal and fetal morbidity and mortality related to vaccine-preventable illnesses during pregnancy, and this can be translated into potential cost savings to the healthcare system.

Symposium participants will gain insight into current practices of maternal healthcare providers and the barriers to optimizing immunization coverage during pregnancy. Participants will learn about strategies to mitigate the challenges and how they can receive training to feel confident and competent counselling about vaccination during pregnancy. They will receive specific guidance on the influenza and Tdap vaccines.

Learning Objectives:

- Evaluate the current knowledge, beliefs, attitudes and practices of women's healthcare providers related to vaccination during pregnancy.
- Identify the sources for vaccine hesitancy, including barriers and challenges.
- List the current recommendations for vaccination in pregnancy.

Speakers:

- Courtney Green, Manager, Medical Research and Guidelines, Society of Obstetricians and Gynaecologists of Canada
- Julie van Schalkwyk, Head, Department of Obstetrics & Gynecology, BC Women's Hospital & Health Centre
- Vanessa Poliquin, Assistant Professor, Rady Faculty of Health Sciences, University of Manitoba

Session Chair:

- Jocelynn Cook, Chief Scientific Officer, Society of Obstetricians and Gynaecologists of Canada



Welcome Remarks | Mots d'ouverture :

- Yan Kestens, Scientific Chair, Public Health 2019; Professeur agrégé, Département de médecine sociale et préventive, École de santé publique, l'Université de Montréal
- The Honourable Chantal Petitclerc, Senator

CPHA Awards Presentations | Remise des prix de l'ACSP :

- Dr. John Hastings Student Award:
 - Manal Masud (Masters)
 - Richa Sharma (PhD)

BUILDING SOCIAL CONNECTIONS FOR HEALTH AND HAPPINESS

We are in the midst of an epidemic of social isolation. While certain populations are at greater risk, loneliness does not discriminate and can affect anyone. Various factors associated with increasing social isolation include changing family structures, increased social and professional mobility, weakening community institutions, and increased reliance on digital media. Social connectedness and opportunities for meaningful community involvement have been shown to protect against loneliness and associated negative health and wellness outcomes. This session will explore the relationship between loneliness and wellness, the social determinants of health, and current trends in community participation in Canada, and will reflect on how to promote and develop communities with the goal of strengthening social connectedness.

Learning Objectives:

- Describe frameworks for social connectedness and how it is a social determinant of health.
- Measure and assess the degree of social connectedness in a community so that interventions can be evaluated over time.
- Explore how to enhance social connectedness.

Speakers | Orateur et oratrice :

- John Helliwell, Senior Fellow, Canadian Institute for Advanced Research
- Kate Mulligan, Director of Policy and Communication, Alliance for Healthier Communities

Moderator | Modérateur :

- Yan Kestens, Scientific Chair, Public Health 2019; Professeur agrégé, Département de médecine sociale et préventive, École de santé publique, l'Université de Montréal

CONSTRUIRE DES LIENS SOCIAUX POUR LA SANTÉ ET LE BONHEUR

Nous sommes au beau milieu d'une épidémie d'isolement social. Certaines populations y sont plus vulnérables que d'autres, mais la solitude ne fait aucune discrimination et peut frapper partout. Divers facteurs sont associés à l'isolement social croissant : l'évolution des structures familiales, la mobilité sociale et professionnelle accrue, l'affaiblissement des institutions de proximité et le recours accru aux médias numériques. Il est démontré que la connexité sociale et la possibilité de s'impliquer concrètement dans son milieu protègent contre la solitude et les problèmes de santé et de bien-être qui y sont associés. Durant cette séance, nous explorerons les liens entre la solitude et le mieux-être, les déterminants sociaux de la santé et les tendances actuelles de la participation de proximité au Canada et nous réfléchirons aux moyens de favoriser et de créer des milieux de vie qui renforcent la connexité sociale.

Objectifs d'apprentissage :

- Décrire des cadres de connexité sociale et expliquer pourquoi il s'agit d'un déterminant social de la santé.
- Mesurer et analyser le degré de connexité sociale d'un milieu pour que les interventions puissent être évaluées au fil du temps.

R.D. DEFRIES AWARD

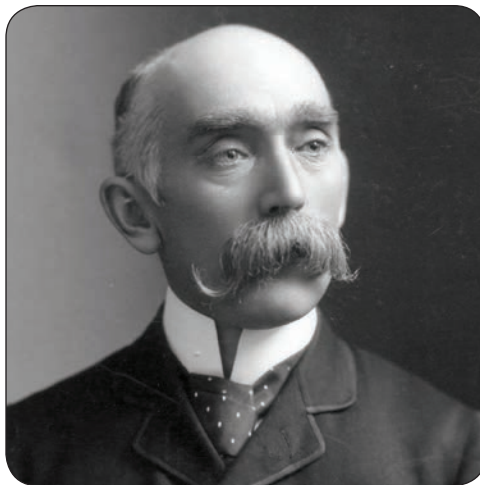
Dr. Peter H. Bryce, a charter member of the Canadian Public Health Association, was a leader in the field of public health at the turn of the 20th Century. He played an important role in Canadian history as a whistleblower who documented and released evidence of the rate of Indigenous children who were dying in residential schools.

In 1904, Bryce was hired by Indian Affairs Department in Ottawa to report on the health conditions of the Canadian residential school system in western Canada. In 1907, he visited 35 residential schools and found that the schools were overcrowded and poorly ventilated, conditions known at the time to facilitate the spread of tuberculosis and other diseases among students. Bryce was so disgusted by what he saw that he devoted the rest of his career to exposing the truth about the conditions in residential schools.

After inspecting these schools, Dr. Bryce wrote his 1907 "Report on the Indian Schools of Manitoba and the Northwest Territories." In it, he reported, "It suffices for us to know... that of a total of 1,537 pupils reported upon nearly 25% are dead, of one school with an absolutely accurate statement, 69% of ex-pupils are dead, and that everywhere the almost invariable cause of death given is tuberculosis." Dr. Bryce also made it clear that the people running the schools – the churches and the Canadian government – were responsible for the health of these children.

Dr. Bryce repeatedly called upon Duncan Campbell Scott, federal Deputy Superintendent of the Department of Indian Affairs, to improve conditions in the schools. Scott made it clear that he understood the extent of the death rates in residential schools, and wrote, "It is readily acknowledged that Indian children lose their natural resistance to illness by habitating so closely in the residential schools and that they die at a much higher rate than in their villages. But this does not justify a change in the policy of this Department which is geared towards a final solution of our Indian Problem."

In 1922, Bryce published *The Story of a National Crime: Being an Appeal for Justice to the Indians of Canada*, in which he provided clear evidence of the government's role in creating and maintaining conditions that led to the huge number of student deaths in residential schools. In particular, the report outlined the fact that the government had chosen not to take any action since Bryce's 1907 report.



PETER HENDERSON BRYCE
(posthumously/à titre posthume)

PRIX R.D. DEFRIES

Membre fondateur de l'Association canadienne de santé publique, D^r Peter H. Bryce fut l'une des têtes dirigeantes de la santé publique au tournant du 20^e siècle. Il a joué un grand rôle dans l'histoire canadienne : c'est lui le dénonciateur qui a documenté les taux de décès d'enfants autochtones dans les pensionnats et en a publié les preuves.

En 1904, Bryce est embauché par le ministère des Affaires indiennes à Ottawa pour rendre compte des conditions sanitaires du système des pensionnats dans l'Ouest canadien. En 1907, il visite 35 pension-

nats et découvre des écoles surpeuplées et mal ventilées, conditions déjà connues à l'époque pour faciliter la propagation de la tuberculose et d'autres maladies parmi les élèves. Il établit un lien clair entre les conditions d'hygiène et de santé dans ces écoles et le nombre effarant de décès d'enfants. Dégoûté par ce qu'il voit, Bryce consacre le reste de sa carrière à faire connaître la vérité sur les conditions dans les pensionnats.

Après son inspection des écoles, Bryce rédige en 1907 un rapport sur les écoles indiennes du Manitoba et des Territoires du Nord-Ouest, où il écrit : « Il nous suffit de savoir... que sur les 1 537 élèves qui ont des dossiers, près de 25 % ont perdu la vie; que dans une école en particulier, et c'est un énoncé absolument exact, 69 % des ex-élèves sont morts; et que partout, la cause du décès est presque invariablement citée comme étant la tuberculose ». Bryce attribue aussi clairement la responsabilité de la santé des enfants aux autorités qui gèrent les écoles : les églises et le gouvernement canadien.

Le D^r Bryce exhorte à maintes reprises Duncan Campbell Scott, surintendant adjoint du ministère fédéral des Affaires indiennes, à améliorer les conditions dans les écoles. Scott fait clairement savoir qu'il comprend l'ampleur des taux de mortalité dans les pensionnats, mais écrit : « Il est évident que les enfants indiens perdent leur résistance naturelle à la maladie en vivant si près les uns des autres dans les pensionnats et qu'ils meurent à un rythme beaucoup plus élevé que dans leurs villages. Mais cela ne justifie pas un changement dans la politique de ce Ministère, qui veut trouver une solution définitive à notre "problème indien". »

En 1922, il publie *The Story of a National Crime: Being an Appeal for Justice to the Indians of Canada*, où il présente des preuves manifestes du rôle du gouvernement dans la création et le maintien des conditions ayant mené au nombre immense de décès d'élèves dans les pensionnats. Il cite en particulier le fait que le gouvernement ait choisi de ne pas agir depuis la publication du rapport Bryce en 1907.

NATIONAL PUBLIC HEALTH HERO

A member of the Gitksan First Nation, Cindy Blackstock has over 30 years of social work experience in child protection and Indigenous children's rights. She is the Executive Director of the First Nations Child & Family Caring Society of Canada (the Caring Society) and a Professor of Social Work at McGill University. Cindy's work for fundamental human rights for First Nations young people, culturally based and evidence-informed solutions, including work on the case on First Nations child welfare and Jordan's Principle, have been recognized by First Nations communities across Canada, including Norway House Cree Nation, Jordan River Anderson's home community.

Cindy's career has involved speaking out and acting upon the systemic inequalities in public services experienced by First Nations children, youth and families. In 2007, the Assembly of First Nations and the Caring Society filed a complaint to the Canadian Human Rights Commission pursuant to the *Canadian Human Rights Act*, alleging Canada discriminates against First Nations children by consistently under-funding child welfare and other services. In a landmark decision on 26 January 2016 (2016 CHRT 2), the Canadian Human Rights Tribunal (CHRT) ruled that the federal government discriminates against 165,000 First Nations children by providing less child welfare funding to First Nations child and family service agencies (as compared to non-Indigenous service agencies) and by failing to implement Jordan's Principle in its full scope. The Tribunal ordered the Government of Canada to cease its discriminatory conduct and to fully implement Jordan's Principle to ensure that First Nations children receive services when they need them.

The case on First Nations child welfare and Cindy's role is the subject of a 2016 documentary film by Alanis Obomsawin, *We Can't Make the Same Mistake Twice*, which had its world premiere at the 2016 Toronto International Film Festival. Cindy can be seen in the film and during her travels carrying the elusive Spirit Bear, which has witnessed all of the hearings at the CHRT and which serves as a beacon of reconciliation and doing the right thing for children.



CINDY BLACKSTOCK

PRIX NATIONAL DE HÉROS DE LA SANTÉ PUBLIQUE

Membre de la Première Nation gitksane, Cindy Blackstock compte plus de 30 ans d'expérience en travail social dans les domaines de la protection de l'enfance et des droits des enfants autochtones. Elle est directrice générale de la Société de soutien à l'enfance et à la famille des Premières Nations du Canada et professeure de travail social à l'Université McGill. Sa promotion des droits fondamentaux de la personne pour les jeunes des Premières Nations et de solutions fondées sur la culture et éclairées par les données probantes,

notamment son travail dans la cause de la protection des enfants des Premières Nations et du principe de Jordan, est reconnu par les communautés des Premières Nations de tout le Canada, dont la Nation des Cris de Norway House, communauté d'attache de Jordan River Anderson.

Cindy Blackstock a fait carrière en disant ce qu'elle pense des inégalités systémiques à l'endroit des enfants, des jeunes et des familles des Premières Nations dans les services publics et en agissant sur cette base. En 2007, l'Assemblée des Premières Nations et la Société de soutien à l'enfance et à la famille des Premières Nations du Canada ont déposé une plainte devant la Commission canadienne des droits de la personne en vertu de la *Loi canadienne sur les droits de la personne*, alléguant que le Canada fait preuve de discrimination envers les enfants des Premières Nations en sous-finançant systématiquement les services auxquels ils ont droit, notamment les services de protection de l'enfance. Dans une décision historique rendue le 26 janvier 2016 (2016 TCDP 2), le Tribunal canadien des droits de la personne (TCDP) a conclu que le gouvernement fédéral exerce une discrimination à l'encontre de 165 000 enfants des Premières Nations en offrant moins de financement aux services de protection de l'enfance destinés aux enfants et aux familles des Premières Nations (par opposition aux services destinés aux enfants et aux familles non autochtones) et en omettant d'appliquer pleinement le principe de Jordan. Le tribunal a ordonné au gouvernement du Canada de cesser sa conduite discriminatoire et d'appliquer pleinement le principe de Jordan pour que les enfants des Premières Nations reçoivent les services dont ils ont besoin quand ils en ont besoin.

La cause de la protection des enfants des Premières Nations et le rôle de Cindy Blackstock ont fait l'objet d'un documentaire tourné en 2016 par Alanis Obomsawin, *We Can't Make the Same Mistake Twice*, présenté en primeur mondiale au Festival international du film de Toronto la même année. Cindy Blackstock peut être vue, dans le film et durant ses voyages, transportant l'insaisissable « ours esprit », qui ayant assisté à toutes les audiences au TCDP est devenu le symbole de la réconciliation et de la nécessité d'agir dans l'intérêt des enfants.

CERTIFICATE OF MERIT

Erica Phipps has a longstanding track record of leadership in policy action, knowledge translation and applied research on environmental health issues. She has worked in the environmental health field for over 20 years in Canada and internationally. As the Executive Director of the Canadian Partnership for Children's Health and Environment (CPCHE) since 2008, she has been a leader, guiding force, ambassador and spokesperson for its collective efforts to protect children's health from toxic chemicals and pollution, with a focus on health equity.

Erica is passionate about the need to protect the developing brain from toxic exposures, and has worked tirelessly for recognition of the link between early life exposure to toxic substances and the later development of chronic disease. Her advocacy efforts have contributed to policy changes on Bisphenol A (BPA), raised awareness and promoted action on radon in homes and child care centres, and advanced parents' knowledge of common sources of toxic chemicals in the home and what can be done to reduce kids' exposures.

Starting in 2013, Erica led the CPCHE partnership in a new direction with the launch of RentSafe, an intersectoral initiative that prioritizes the engagement of people whose grounded expertise derives from first-hand experience of housing inadequacy. RentSafe connects people across sectors (public health, legal aid clinics, municipal property standards/by-law enforcement, and social service sectors as well as housing providers and tenants) to address housing-related health risks affecting tenants living on low income. This work has resulted in a number of publications, policy recommendations, videos and tools. RentSafe set the stage for Erica's doctoral research in which she is working with tenant advocates, public health and other community partners to advance the concept and implementation of equity-focused intersectoral practice on housing and health equity. In 2018, Erica worked with the National Collaborating Centre for Determinants of Health to develop the resource "Towards healthy homes for all: What the RentSafe findings mean for public health in Canada" as a way of channeling this ground-breaking work into public health practice.



ERICA PHIPPS

CERTIFICAT DU MÉRITE

Erica Phipps possède une longue feuille de route de dirigeante dans les domaines de l'action stratégique, de l'application des connaissances et de la recherche appliquée sur les questions de santé environnementale. Elle travaille en santé environnementale depuis plus de 20 ans, au Canada et à l'étranger. Directrice générale du Partenariat canadien pour la santé des enfants et de l'environnement (PCSEE) depuis 2008, elle est à la fois chef de file, force motrice, ambassadrice et porte-parole des efforts collectifs du partenariat pour protéger la santé des enfants

contre les produits chimiques toxiques et la pollution, dans une optique d'équité en santé.

Erica Phipps croit passionnément au besoin de protéger le cerveau en développement contre l'exposition aux produits chimiques et travaille sans relâche à faire reconnaître le lien entre l'exposition aux substances toxiques durant la petite enfance et l'acquisition ultérieure de maladies chroniques. Ses activités de revendication ont contribué à la modification de la politique sur le bisphénol A (BPA), sensibilisé la population au radon dans les maisons et les centres de la petite enfance et promulgué des mesures d'intervention, et amélioré les connaissances des parents sur les sources courantes de produits chimiques toxiques à la maison et sur ce qui peut être fait pour réduire l'exposition des enfants.

En 2013, Erica Phipps a fait prendre une nouvelle direction au PCSEE avec le lancement de LogementSain, une initiative multisectorielle axée sur la mobilisation de personnes dont le savoir spécialisé découle d'une expérience de première main des carences dans l'offre de logements. LogementSain met en rapport des gens de divers secteurs (santé publique, cliniques d'aide juridique, agents d'application des normes et des règlements municipaux sur la propriété, services sociaux, fournisseurs de logements et locataires) pour aborder les risques des logements pour la santé des locataires à faible revenu. Son travail a donné lieu à des publications, des recommandations de principe, des vidéos et des outils. LogementSain a posé les jalons de la recherche doctorale d'Erica Phipps, qui travaille avec des porte-parole des locataires, des représentants de la santé publique et d'autres partenaires associatifs à promouvoir le concept et la mise en œuvre de la pratique multisectorielle axée sur l'équité en matière de logement et d'équité en santé. En 2018, elle a travaillé avec le Centre de collaboration nationale des déterminants de la santé à l'élaboration d'une ressource, « Vers des habitations saines pour tout le monde : Incidence des constatations de LogementSain sur la santé publique au Canada », dans l'espoir de canaliser ce travail innovateur dans la pratique en santé publique.

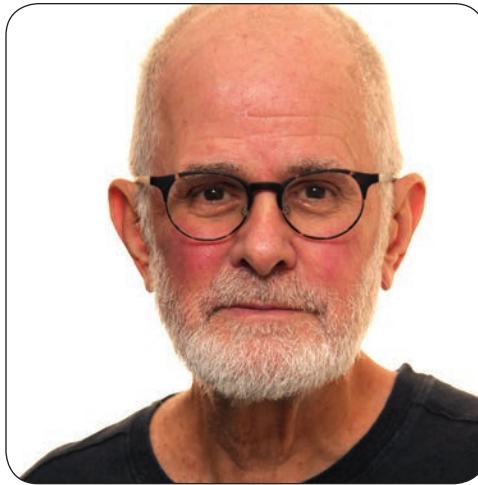
R. STIRLING FERGUSON AWARD

With a career that spans multiple decades and several countries around the world, Dr. Peter Barss has a tremendous track record in a broad range of areas including community protection from traffic, water-related, stair-related, intentional, and other injuries, as well as toxic and social effects of resource extraction. His early-career work with low-income tropical communities convinced him of the importance of natural and person-made environments, occupation, and culture for falls and other injuries.

While working with the injury prevention program at Montreal Public Health and McGill University, Dr. Barss provided public health epidemiological expertise to guide development of the first national injury surveillance system in Canada, as the research basis for a quarter-century of reports and programs that successfully averted many drownings, cold submersions, and other water-related injuries of children and adult males. Related work contributed to Quebec norms and standards for home swimming pools and diving safety.

Dr. Barss also worked with First Nations and Inuit communities to develop regional, culturally-sensitive, and evidence-based injury prevention initiatives for on- and off-road incidents, falls, drownings, and suicides, as well as national programs for firearm injuries. This included development of a 20-year report on surveillance and prevention of immersion deaths of Indigenous Peoples with the Public Health Agency of Canada, Canadian Red Cross, and cultural anthropologists.

Dr. Barss also collaborated with master of public health students and colleagues in architecture and ergonomics to document issues of built environment safety, with a focus on falls on stairs as a source of deaths and hospitalizations including brain injuries, for the entire Canadian population for a 15-year period. Dr. Barss' presentation of the results, as a member of the National Research Council of Canada task group on step dimensions in support of safer national building codes, contributed to improved codes mandating deeper stair treads.



PETER BARSS

PRIX R. STIRLING FERGUSON

Au fil d'une carrière de plusieurs dizaines d'années dans plusieurs pays, D^r Peter Barss a obtenu d'excellents résultats dans un vaste éventail de domaines, dont la protection des populations contre les accidents de la route, les blessures liées à l'eau, les chutes dans les escaliers, les blessures volontaires et involontaires, ainsi que les agents toxiques et les effets sociaux de l'extraction des ressources. Au début de sa carrière, son travail auprès de populations tropicales à faible revenu l'a convaincu de l'importance de l'environnement (naturel et anthropique), de la profession et de la culture dans les chutes et autres blessures.

En travaillant au programme de prévention des traumatismes de la Direction de santé publique de Montréal et de l'Université McGill, D^r Barss a mis ses connaissances en épidémiologie sanitaire à contribution pour guider l'élaboration du premier système national de surveillance des traumatismes au Canada, fondement de l'étude d'un quart de siècle de rapports et de programmes ayant réussi à prévenir de nombreuses noyades, submersions en eau froide et autres blessures liées à l'eau chez les enfants et les hommes adultes. Ses travaux connexes ont contribué aux normes québécoises pour les piscines domestiques et la sécurité en plongée.

D^r Barss a travaillé avec des communautés inuites et des Premières Nations à l'élaboration d'initiatives régionales culturellement appropriées et factuelles pour la prévention des accidents de la route et hors route, des chutes, des noyades et des suicides, ainsi que de programmes nationaux contre les blessures par balle. Il a notamment participé à l'élaboration d'un rapport de 20 ans sur la surveillance et la prévention des décès par immersion chez les peuples autochtones avec l'Agence de la santé publique du Canada, la Croix-Rouge canadienne et des anthropologues culturels.

D^r Barss a collaboré avec des étudiantes et des étudiants de maîtrise en santé publique et avec des collègues architectes et ergonomes à répertorier les problèmes de sécurité du milieu bâti, en particulier des chutes dans les escaliers ayant causé des décès et des hospitalisations, notamment pour lésions cérébrales, dans toute la population canadienne sur une période de 15 ans. La présentation des résultats du D^r Barss, à titre de membre du groupe d'étude du Conseil national de recherches du Canada sur les dimensions des marches d'escalier, a contribué à l'amélioration de la sécurité dans les codes du bâtiment nationaux, qui stipulent aujourd'hui une plus grande profondeur du plan de marche.

AWARDS PROGRAM | PROGRAMME DES PRIX

DR. JOHN HASTINGS STUDENT AWARD

The Dr. John Hastings Student Award is named in honour and memory of Dr. Hastings and his commitment to and belief in students as the future of public health in our country.



MANAL MASUD

Master of Public Health Student
Faculty of Health Sciences
Simon Fraser University

*Evaluation of Fraser Health's
Community-based Overdose Response*

PRIX DES ÉTUDIANTS D^r JOHN HASTINGS

Le Prix des étudiants D^r John Hastings est nommé en l'honneur et à la mémoire du Dr Hastings et de son engagement envers les étudiants, qu'il considérait comme étant l'avenir de la santé publique dans notre pays.



RICHA SHARMA

PhD Candidate
School of Population
and Public Health
University of British Columbia

*The Cedar Project: Experiences of
interpersonal racism among young
Indigenous people who have used drugs
in Prince George and Vancouver, BC*

NCCPH KNOWLEDGE TRANSLATION GRADUATE STUDENT AWARDS

The objective of the NCCPH Knowledge Translation Awards is to recognize the work of graduate students in Canada.

LES PRIX D'APPLICATION DES CONNAISSANCES DES CCNSP POUR ÉTUDIANTS DES CYCLES SUPÉRIEURS

L'objectif de ces Prix est de reconnaître le travail d'étudiants et d'étudiantes des cycles supérieurs en matière d'application des connaissances en santé publique au Canada.



STEVEN LAM
PhD Student
University of Guelph
Public Health



OSNAT WINE
PhD Student
University of Alberta
Department of Pediatrics



SHERRY NESBITT
Master's Student
McMaster University
Global Health

AWARDS PROGRAM | PROGRAMME DES PRIX

CIHR-IPPH TRAILBLAZER AWARD IN POPULATION AND PUBLIC HEALTH RESEARCH

The CIHR-IPPH Trailblazer Award in Population and Public Health Research is a career achievement award that recognizes exceptional contributions in the area of population and public health research. Applicants must have made substantial impacts on the field of population health and its use in policy and/or practice in Canada and/or internationally. The award also recognizes the leadership, mentorship, and innovative contributions of the recipients.

PRIX DU PIONNIER EN SANTÉ PUBLIQUE ET DES POPULATIONS DE L'ISPP DES IRSC

Le Prix du pionnier en santé publique et des populations de l'ISPP des IRSC est un prix d'excellence de carrière qui reconnaît les contributions exceptionnelles dans le domaine de la recherche en santé publique et en santé des populations. Les candidats doivent avoir exercé un impact considérable dans le domaine de la recherche en santé des populations et de son application aux politiques ou aux pratiques au Canada ou à l'étranger. Ce prix récompense aussi le leadership, le mentorat et les contributions innovatrices.



Senior Career
LOUISE POTVIN
Université de Montréal



Senior Career
MICHEL ALARY
Université Laval



Mid-Career
LINDSAY MCLAREN
University of Calgary



Early Career
ALEX ABRAMOVICH
Centre for Addiction and Mental Health



**CANADIAN
PUBLIC HEALTH
ASSOCIATION**

**ASSOCIATION
CANADIENNE DE
SANTÉ PUBLIQUE**

**The Voice of Public Health
La voix de la santé publique**

CPHA is the independent national voice and trusted advocate for public health, speaking up for people and populations to all levels of government.

OUR VISION

A healthy and just world

OUR MISSION

CPHA's mission is to enhance the health of people in Canada and to contribute to a healthier and more equitable world.

cpa.ca

Porte-parole national indépendant et défenseur fidèle de la santé publique, l'ACSP parle au nom des individus et des populations avec tous les ordres de gouvernement.

NOTRE VISION

Un monde de santé et de justice

NOTRE MISSION

L'ACSP a pour mission de rehausser la santé des gens au Canada et de contribuer à un monde plus sain et plus équitable.