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| 14:00 - 15:30 | CONCURRENT SESSIONS | SÉANCES SIMULTANÉES               | Room 208                             |
| Room 208 | NSPPPH presents: Cultural safety training and anti-racism education within MPH programs | Room 213                             |
| Room 213 | CPHA presents: Play in the city: A public health perspective | Room 215                             |
| Room 215 | PHPC presents: Improving public health capacity in Canada | Room 215                             |

| 15:30 - 16:00 | REFRESHMENT BREAK | PAUSE-RAFRAÎCHISSEMENTS               | Room 208                             |

| 16:00 - 17:30 | CONCURRENT SESSIONS | SÉANCES SIMULTANÉES               | Room 208                             |
| Room 215 | Approaches to evaluate coordinated community plans and initiatives to prevent and reduce opioid-related harms in Canada | Room 213                             |
| Room 213 | Basic income: An idea whose time has come? An interactive workshop to build public health capacity | Room 205                             |
| Room 205 | Building organizational capacity for health equity action | Room 210                             |
| Room 202 | CAIRE and PIPER: Leading research on the science, safety, effectiveness and feasibility of immunization in pregnancy in Canada | Room 204                             |
| Room 204 | Defining thresholds for indoor temperatures as a public health issue | Room 208                             |
| Room 208 | Establishing First Nations population health and wellness indicators for the next 10 years | Room 201                             |
| Room 201 | CARRFS presents: Knowledge translation strategies for action – Let’s talk about the future of public health surveillance! | Room 209                             |
| Room 209 | Lessons learned from a large collaborative group | Room 206                             |
| Room 206 | Migration and health: Global journeys through policy and practice | Room 210                             |
| Room 210 | OPHA presents: Public health and climate change: from evidence to action | Room 208                             |

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 | Rideau Canal Atrium South (Second Floor) |

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<td>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</td>
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<td>Room 215</td>
<td>CIHI presents: Strength-based approaches to health and wellness: Learning from, and building on, the knowledge and wisdom of First Nations, Inuit and Métis</td>
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**HEALTHY PARKS, HEALTHY PEOPLE FORUM**

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### THURSDAY 2 MAY | JEUDI 2 MAI

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<td>Providing optimal environments for children's unstructured play in</td>
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<td>15:00-15:30</td>
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<td>15:30-17:00</td>
<td>Closing Plenary</td>
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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.

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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 has a 30-year career in social work and is the Executive Director of the First Nations Child & Family Caring Society of Canada as well as an Associate Professor of Social Work at McGill University. She is a leader in the field of Indigenous child welfare and is recognized for her contributions to the field through her work with the First Nations Child and Family Caring Society of Canada (Caring Society). Cindy has been involved in child protection and Indigenous child welfare and other services, and has been a leader in promoting the rights of Indigenous children and families. Her work has been recognized by First Nations communities across Canada, including the Norway House Cree Nation, Jordan River Anderson’s home community.

Cindy Blackstock is the Executive Director of the First Nations Child & Family Caring Society of Canada (Caring Society) and an Associate Professor of Social Work at McGill University. She is a leader in the field of Indigenous child welfare and has been involved in child protection and Indigenous child welfare and other services. Cindy has been recognized by First Nations communities across Canada, including the Norway House Cree Nation, Jordan River Anderson’s home community.

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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.

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.

CERTIFICAT DU MÉRITE

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 bispéhénol 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 submersion, 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.

PRIX R. STIRLING FERGUSON

Au fil d’une carrière de plusieurs dizaines d’années dans plusieurs pays, Dr 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, Dr’ Barss a mis ses connaissances en épidémiologie sanitaire à contribution pour guider l’élaboration du premier système national de surveillance des traumatismes au Canada, fondément 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.

Dr’ 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.

Dr’ 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 les lésions cérébrales, dans toute la population canadienne sur une période de 15 ans. La présentation des résultats du Dr’ 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.
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’JOHN HASTINGS
Le Prix des étudiants Dr. 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.

RICA 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.

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

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.
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
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Attend this session on April 30, from 10:45-12:15

At the Canadian Institutes of Health Research (CIHR), we know that research has the power to change lives. As Canada’s health research investment agency, we collaborate with partners and researchers to support the discoveries and innovations that improve our health and strengthen our health care system. CIHR is a proud partner of the Canadian Public Health Association (CPHA) Annual Conference.

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Measuring Health Inequalities: A Toolkit

CIHI has developed a toolkit to help analysts and researchers measure and report on health inequalities. This toolkit contains guidelines and resources for producing and interpreting stratified health indicator results in 3 phases.

- Plan your analysis
  - Select relevant equity stratifiers
  - Explore approaches for accessing equity stratifiers

- Analyze your data
  - Carry out a stratified analysis
  - Quantify inequalities using summary measures

- Report your findings
  - Interpret results for key findings
  - Present findings to your audience

Engage stakeholders, partners and subject matter experts

Key resources, including equity stratifier definitions, an equity stratifier inventory and SAS macros, are available at www.cihi.ca/en/measuring-health-inequalities-a-toolkit.

Complimentary eLearning series

Learn how to apply each phase of the toolkit with our free online courses. This 4-part series on measuring health inequalities is available in CIHI’s Learning Centre (https://learning.cihi.ca).

To learn more, attend our workshop at Public Health 2019 on Thursday, May 2 at 1 p.m.

détails lors de notre atelier à la conférence Santé publique 2019, le jeudi 2 mai à 13 h

Mesurer les inégalités en santé : trousse d’outils

L’ICIS a préparé une trousse d’outils pour aider les analystes et les chercheurs à mesurer les inégalités en santé et à présenter les résultats de leurs analyses. Cette trousse d’outils contient des lignes directrices et des ressources qui aident à produire des résultats stratifiés pour les indicateurs de santé et à interpréter ces résultats en 3 phases.

- Planifier l’analyse
  - Sélectionner des facteurs de stratification de l’équité pertinents
  - Examiner les approches permettant d’accéder aux facteurs de stratification

- Analyser les données
  - Effectuer une analyse stratifiée
  - Quantifier les inégalités à l’aide de mesures sommaires

- Diffuser les résultats
  - Interpréter les principaux résultats
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On Wednesday, May 1st, at Public Health 2019, the National Collaborating Centres for Public Health will proudly present the following Knowledge Translation Awards, recognizing the work of graduate students in Canada.

**STEFAN LAM**  
PhD student, University of Guelph, Public Health.  
Project: Towards gender transformative changes: the potential role of collaborative evaluation and integrated knowledge translation.

**SHERRI NESBITT**  
Master’s student, McMaster University, Global Health.  
Thesis: Experiences of Social Exclusion Among Older Women in a Rural Canadian Context.

**OSNAT WINE**  
PhD student, University of Alberta, Department of Pediatrics.  
Thesis: Identifying essential components of the collaborative process in integrated knowledge translation: an environmental health research case study.

Meet the prize winners! The prize winners will present their projects and answer questions during a concurrent session being held at Public Health 2019 the same day.


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Public Health for Everyone, Everywhere

I am very pleased to once again come together with my public health colleagues at the Canadian Public Health Association Conference. As we continue to work together to identify and address the many complex challenges we face as public health professionals, opportunities such as this conference to meet, interact and share our knowledge and expertise face-to-face are more important and necessary than ever.

As Canadians, we are very fortunate to live in a society that holds equity among its core values. Our nation has constructed and fostered a health system dedicated to meeting and serving the needs of all its citizens. This is, rightfully, a source of great pride and comfort for many Canadians.

However, along with that pride there comes a duty of maintenance and care. Our health system must adapt to the changing needs of Canadians and it must evolve alongside the shifting landscape of our social and cultural context. Above all, we must ensure that no one is left behind.

The challenges that drive persistent health inequities in Canada are broad and complex. Yet, as health professionals, one of the most direct and immediate actions that we can take is to identify and address the barriers to access, opportunities and support that have crept into our own systems. In particular, we must focus on eliminating stigma and discrimination from our health and social services, workplaces and communities.

Open discussion that fosters a better understanding of stigma can provide the basis for more compassionate and effective approaches to organizing health and social systems that can better serve some of the most marginalized and vulnerable groups in Canada; those who are most in need of support and care.

In this context, I hope that you will join me in continuing this important and necessary discussion at the opening plenary of this conference, Voices of Inclusion: Stigma and Discrimination, where I will participate in an armchair discussion with our special guest, United States Surgeon General, Dr. Jerome Adams. It is my sincere honour to welcome Dr. Adams on his first visit to Canada as Surgeon General, and I very much look forward to exchanging perspectives on this topic with far-reaching impacts both within Canada and the United States, and around the world.

Once again, I am pleased to join you for Public Health 2019, and I want to thank all of you for your continued efforts and leadership in advancing public health. Our ongoing partnership and collaboration is essential as we work toward the common goal of life-long health for all Canadians, everywhere. I wish you all the best and a very successful conference.

Dr. Theresa Tam, BMBS (UK), FRCP
@CPHO_Canada

Santé publique pour tous, partout

Je suis très heureuse de retrouver une fois de plus mes collègues en santé publique à l’occasion de la conférence de l’Association canadienne de santé publique. Pendant que nous continuons de travailler ensemble pour cerner et aborder les nombreux défis complexes avec lesquels nous devons composer à titre de professionnels de la santé publique, les occasions – comme cette conférence – de nous rencontrer, d’interagir et d’échanger nos connaissances ainsi que notre expertise en personne sont plus importantes et nécessaires que jamais.

Nous avons l’immense chance, au Canada, de vivre dans une société où l'équité est une valeur fondamentale. Notre nation a bâti et nourri un système de santé dont le but est de répondre aux besoins de tous les membres de la population et d'être à leur service. C'est, à juste titre, une source de grande fierté et de tranquillité d'esprit pour de nombreuses personnes au pays.

Cette fierté se double toutefois d'un devoir d'entretien et de diligence. Notre système de santé doit s'adapter à l'évolution des besoins de la population canadienne et progresser au même rythme que la transformation du contexte socioculturel. Nous devons avant tout veiller à ce que personne ne soit oublié.

Les défis qui alimentent les inégalités persistantes en matière de santé au Canada sont vastes et complexes. Pourtant, l'une des mesures les plus directes et immédiates que nous pouvons prendre à titre de professionnels de la santé est de cerner et de contrer les obstacles qui nuisent à l'accès, aux occasions et aux mesures de soutien qui se sont immiscés dans nos propres systèmes. Nous devons en particulier nous concentrer sur l'élimination de la stigmatisation et de la discrimination dans nos services socio-sanitaires, nos milieux de travail et nos collectivités.

Une discussion ouverte qui favorise une meilleure compréhension de la stigmatisation peut servir de fondement à des approches efficaces centrées sur la compassion pour l'organisation de systèmes socio-sanitaires qui servent mieux certains des groupes les plus marginalisés et vulnérables au Canada, c'est-à-dire les personnes qui ont le plus besoin de soutien et de soins.

Dans ce contexte, j'espère que vous vous joindrez à moi pour poursuivre cette discussion importante et nécessaire lors de la première plénière de la conférence, intitulée Voix d'inclusion : stigmatisation et discrimination, pendant laquelle je participerai à une causerie avec notre invité d'honneur, le Dr Jerome Adams, directeur du Service de santé publique des États-Unis. C'est pour moi sincèrement un honneur de souhaiter la bienvenue au Dr Adams à l'occasion de sa première visite au Canada à titre de directeur du Service de santé publique. J'ai très hâte d'échanger des points de vue sur ce sujet, qui a de vastes répercussions tant au sein du Canada qu'aux États-Unis, et partout dans le monde.

Je suis encore une fois heureuse de me joindre à vous à l'occasion de Santé publique 2019, et je tiens à tous vous remercier pour vos efforts continus et votre leadership en vue de faire progresser la santé publique. Notre collaboration et notre partenariat continus sont essentiels alors que nous travaillons à notre objectif commun de santé tout au long de la vie pour toute la population canadienne, partout. Je vous prie d'agréer mes meilleurs vœux et vous souhaite une conférence fructueuse.

D’Dr Theresa Tam, BMBS (Royaume-Uni), FRCP
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• Current Issues in Public Health
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• Transition Experiences
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Selected pieces will be published quarterly. Submissions will be accepted on a rolling basis. Note that submissions do not need to be original content and may have been published elsewhere, for example, you may consider adapting a paper you wrote for coursework. We look forward to hearing from you!

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**An influenza vaccine for individuals 65+**

**FLUZONE® High-Dose vaccine demonstrated superior efficacy vs FLUZONE®, a standard dose influenza vaccine.**

In a multicentre study (FIM12) conducted in the United States and Canada, adults 65 years of age and older were randomized (1:1) to receive either FLUZONE® High-Dose or FLUZONE® Trivalent. The study was conducted over two influenza seasons (2011–2012 and 2012–2013). FLUZONE® High-Dose contained 60 μg of HA per strain/dose while FLUZONE® Trivalent contained 15 μg of HA per strain/dose. The per-protocol analysis set for efficacy assessments included 15,892 FLUZONE® High-Dose recipients and 15,911 FLUZONE® Trivalent recipients. The primary endpoint of the study was the occurrence of laboratory-confirmed influenza, defined as a new onset (or exacerbation) of at least one of the following respiratory symptoms: sore throat, cough, sputum production, wheezing, or difficulty breathing; concurrent with at least one of the following systemic signs or symptoms: temperature > 37.2°C, chills, tiredness, headaches or myalgia.

26.2% more efficacious against laboratory-confirmed influenza illness caused by any viral type or subtype in adults 65 years of age and older (95% CI: 9.7; 36.5).

The attack rates of laboratory-confirmed influenza-like illness (primary endpoints) were 1.43% in the FLUZONE® High-Dose arm and 1.89% for the FLUZONE® arm.

The FLUZONE® High-Dose vaccine demonstrated superior efficacy vs FLUZONE®, a standard dose influenza vaccine.

24.2% more efficacious against laboratory-confirmed influenza illness caused by any viral type or subtype in adults 65 years of age and older (95% CI: 9.7; 36.5).

For more information, please visit [sanofipasteur.ca/PM/fluzoneHD_e](http://sanofipasteur.ca/PM/fluzoneHD_e) for the Product Monograph.

**Indications and Clinical Use:**
FLUZONE® High-Dose is indicated for active immunization against influenza caused by the specific strains of influenza virus contained in the vaccine in adults 65 years of age and older. Annual influenza vaccination using the most current vaccine is recommended as immunity declines in the year following vaccination.

**Contraindications:**
Known severe allergic reaction to egg protein or any component of the vaccine or after previous administration of FLUZONE® High-Dose or a vaccine containing the same components or constituents.

**Relevant Warnings & Precautions:**
- FLUZONE® High-Dose vaccine is not indicated for persons less than 65 years of age.
- As with any vaccine, immunization with FLUZONE® High-Dose may not protect 100% of individuals. Protection is limited to those strains of virus from which the vaccine is prepared or against closely related strains.
- Do not administer FLUZONE® High-Dose vaccine by intravascular injection. Do not administer into the buttocks.
- Postpone vaccination in case of moderate/severe febrile illness or acute disease.
- Administer FLUZONE® High-Dose vaccine with caution in persons suffering from coagulation disorders or on anticoagulation therapy.
- Immunocompromised persons (whether from disease or treatment) may not elicit the expected immune response.
- Avoid vaccinating persons who are known to have experienced Guillain-Barré syndrome (GBS) within 6 weeks after a previous influenza vaccination.

**For More Information:** Consult the product monograph at [sanofipasteur.ca/PM/fluzoneHD_e](http://sanofipasteur.ca/PM/fluzoneHD_e) for important information relating to adverse reactions, drug interactions and dosing information which have not been discussed in this piece. You may also contact Sanofi Pasteur’s Vaccine Information Service (in Canada) at 1-888-621-1146.

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What will be your legacy?

Que laisserez-vous derrière vous