

PUBLIC HEALTH 2021 SANTÉ PUBLIQUE

6-8 OCTOBER
DU 6 AU 8 OCTOBRE



FINAL PROGRAM
PROGRAMME FINAL

SPONSORS | COMMANDITAIRES

PUBLIC HEALTH SUPPORTERS | PARTISANS DE LA SANTÉ PUBLIQUE

CPHA appreciates the financial support from corporate sponsors. The Steering and Scientific Committees have complete control over the content of this program with no input from supporters/industry.

L'ACSP apprécie l'aide financière de ses sociétés commanditaires. Les comités directeur et scientifique contrôlent entièrement le contenu du programme, sans aucune contribution des bailleurs de fonds ni de l'industrie.



INNOVATIVE
MEDICINES
CANADA

SANOFI PASTEUR 



UNIVERSITY OF WATERLOO
FACULTY OF APPLIED HEALTH SCIENCES
School of Public Health and Health Systems

EXHIBITORS | EXPOSANTS

Enter the virtual exhibit hall on **Wednesday 6 October from 13:25 – 14:05** to visit with our exhibitors and to find new resources and solutions. Connect directly with exhibitors during the conference, or send them a message to follow up afterwards!

Entrer dans la salle d'exposition virtuelle **le mercredi 6 octobre de 13 h 25 à 14 h 05** pour vous entretenir avec nos exposants et trouver de nouvelles ressources et solutions. Communiquez directement avec les exposants durant la conférence ou envoyez-leur un message après!

- Canadian Alliance for Regional Risk Factor Surveillance / Alliance canadienne de surveillance régionale des facteurs de risque
- Canadian Institute for Health Information / Institut canadien d'information sur la santé
- Canadian Public Health Association / Association canadienne de santé publique
- CANVax
- CardioMed Supplies Inc.
- CATIE
- Health Canada – Tobacco / Santé Canada – Tabagisme
- Immunize Canada / Immunisation Canada
- International Union for Health Promotion and Education / Union Internationale de Promotion de la Santé et d'éducation pour la Santé
- Lakehead University
- McMaster University, Division of e-Learning Innovation
- Métis National Council / Ralliement national des Métis
- National Collaborating Centre for Environmental Health / Centre de collaboration nationale en santé environnementale
- National Collaborating Centre for Healthy Public Policy / Centre de collaboration nationale sur les politiques publiques et la santé
- National Collaborating Centre for Indigenous Health / Le Centre de collaboration nationale de la santé autochtone
- National Collaborating Centre for Infectious Disease / Centre de collaboration nationale des maladies infectieuses
- National Collaborating Centre for Methods and Tools / Centre de collaboration nationale des méthodes et outils
- Pan American Health Organization/WHO / Organisation panaméricaine de la santé/OMS
- Public Health Agency of Canada / Agence de la santé publique du Canada
- Réseau Francophone International pour la promotion de la Santé

COLLABORATORS | COLLABORATEURS



**CANADIAN
PUBLIC HEALTH
ASSOCIATION**

**ASSOCIATION
CANADIENNE DE
SANTÉ PUBLIQUE**

CPHA is pleased to host Public Health 2021 through a unique and effective collaboration with:

L'ACSP a le plaisir d'organiser Santé publique 2021 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



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

COLLABORATORS | COLLABORATEURS



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-calibre 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
- Josée Lavoie (Scientific Chair), Université de Montréal
- Katie-Sue Derejko, Board of Directors, Canadian Public Health Association
- Marlene Larocque, Assembly of First Nations
- Jonathan Dunn, Assembly of First Nations
- Drona Rasali, Canadian Alliance for Regional Risk Factor Surveillance
- Jean Harvey, Canadian Institute for Health Information, Canadian Population Health Initiative
- Dana Riley, 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
- Claire Betker, National Collaborating Centres for Public Health
- James Valcour, Network of Schools and Programs of Population and Public Health
- Natalie Frandsen, Network of Schools and Programs of Population and Public Health
- Dionne Patz, Pan American Health Organization, World Health Organization
- Kerry Robinson, Public Health Agency of Canada
- Maulik Baxi, Public Health Physicians of Canada
- Leah Salvage, Public Health Physicians of Canada

LEARNING OBJECTIVES

Having attended Public Health 2021, delegates will be better prepared to:

- Articulate the current status of public health evidence, research, policy and practice;
- Identify public health challenges and related solutions, trends, emerging issues and gaps;
- Utilize effective evidence-based public health programs, practices, structures and systems; and
- Identify strategies for knowledge translation and exchange.

OBJECTIFS D'APPRENTISSAGE

Après avoir assisté à Santé publique 2021, les délégués seront mieux préparés à :

- exposer clairement l'état actuel des preuves, de la recherche, des politiques et des pratiques en santé publique;
- cerner les problèmes et leurs solutions, les tendances, les nouveaux enjeux et les lacunes à combler en santé publique;
- utiliser des programmes, des pratiques, des structures et des systèmes de santé publique efficaces fondés sur les données probantes; et
- définir des stratégies d'application et d'échange des connaissances.

CONFERENCE PLATFORM

BENEFITS

The virtual conference platform boasts a number of benefits and features.

- Stream live sessions and connect with speakers via online polls and live Q&A.
- Connect with other participants, sponsors, and exhibitors via 1:1 or group text chat or video calls through the Meeting Hub.
- Discover new solutions, innovations, and partnerships to apply in your day-to-day setting.
- Learn in your personal work environment at your own pace.
- Gain additional learnings with unlimited, on-demand access to the presentation gallery for one year.

PRESENTATION FORMATS

PLENARY SESSIONS

Live plenary sessions are 60 minutes in length. After an introduction by the moderator, speakers will deliver their remarks for a total of 30 minutes. During the remaining session time, speakers will take part in a live discussion and moderated Q&A.

SYMPOSIUMS

Live Symposium are 60 minutes in length and following an introduction by the moderator, speakers will present for a maximum of 30 minutes. During the remaining session time, speakers will take part in a live discussion and moderated Q&A.

WORKSHOPS

Live Workshops are 60-minute sessions that deliver in-depth knowledge and generate lively interactions among participants with the use of participatory elements such as break out groups, live polling, facilitated Q&A and more.

VIRTUAL ABSTRACT PRESENTATIONS

During these highly interactive sessions, participants connect with speakers to view presentations, ask questions and exchange ideas. During four unique presentation blocks, speakers give a brief presentation followed by a brief discussion period with participants. Presentations will end after 8 minutes and participants can attend a new abstract presentation.

PRESENTATION RECORDINGS

All live sessions, excluding abstract presentations, will be recorded and available for review by registered participants through the Presentation Gallery for one year.

NETWORKING

Take some time during the conference to enter the Meeting Hub to connect with other participants and visit the Virtual Exhibit Hall to connect with our sponsors and exhibitors and to find new resources and solutions. Connect via chat or video call 1:1 or in small groups.

REGISTER TODAY
INSCRIVEZ-VOUS AUJOURD'HUI

PROGRAM OVERVIEW | RÉSUMÉ DU PROGRAMME

- Subject to change | Sous réserve de modifications
- All times are Eastern Daylight Time | Toutes les heures sont exprimées en heure avancée de l'Est

11:00-12:05	PLENARY I PLÉNIÈRE I THE FUTURE OF PUBLIC HEALTH AFTER COVID-19 L'AVENIR DE LA SANTÉ PUBLIQUE APRÈS LA COVID-19
12:05-12:15	STRETCH BREAK PAUSE-ÉTIREMENTS
12:15-13:15	CONCURRENT SESSIONS SÉANCES SIMULTANÉES
	Bridging clinical and lived expertise to address health equity: Development of experiential eLearning to reduce sexual health and substance use stigma
	A connected community approach to building community-centered resilience in the face of shocks and chronic stressors in racialized/marginalized neighbourhoods
	Steps along the Way: Preparing and responding to the COVID-19 pandemic in First Nations communities in Northern Ontario
	Surveillance of socioeconomic disparities in Coronavirus Disease-19 (COVID-19): Perspectives from three provinces to inform pandemic response
	Unintended consequences of COVID-19 on mental health and substance use
13:15-13:25	STRETCH BREAK PAUSE-ÉTIREMENTS
13:25-14:05	NETWORKING BREAK WITH EXHIBITORS AND PARTICIPANTS PAUSE NETWORKING AVEC LES EXPOSANTS ET LES PARTICIPANTS
14:05-14:15	STRETCH BREAK PAUSE-ÉTIREMENTS
14:15-15:15	CONCURRENT SESSIONS SÉANCES SIMULTANÉES
	Climate change and health impacts in Canada – Strategies and tools to understand risks and build resilience
	COVID-19 pandemic reviews in Canada: Comments on a “public health” perspective
	Impact of the COVID-19 pandemic on the opioid overdose crisis
	World Health Organization's Global Action Plan on Physical Activity and what it means for Canadians
15:15-15:25	STRETCH BREAK PAUSE-ÉTIREMENTS
15:25-16:30	PLENARY II PLÉNIÈRE II RACISM IN CANADA: DISRUPTING WHITENESS IN PUBLIC HEALTH LE RACISME AU CANADA : PERTURBER LA BLANCHITÉ EN SANTÉ PUBLIQUE



11:00 – 12:05

PLENARY I

11 h à 12 h 05

PLÉNIÈRE I

THE FUTURE OF PUBLIC HEALTH AFTER COVID-19

The COVID-19 pandemic and other national and international events heightened our awareness of the injustices present in our world and how the determinants of health play out so predictably and with devastating impact on the health and well-being of recognizable and underserved populations. COVID-19 laid bare the frayed edges and gaping holes in our social safety nets. Dr. Theresa Tam will reflect on Canada's response to COVID-19 and will look to the future of public health in Canada.

Learning Objectives

- Discuss the vulnerabilities in our health and social systems exposed by COVID-19.
- Explore the responses of the public health community and investigate lessons learned.
- Identify recommendations for the future of public health in Canada.

Speaker | Oratrice

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

Moderator | Modératrice

- Vamini Selvanandan, Chair-elect, Canadian Public Health Association Board of Directors

L'AVENIR DE LA SANTÉ PUBLIQUE APRÈS LA COVID-19

La pandémie de COVID-19 et d'autres événements au pays et à l'étranger nous ont fait prendre plus vivement conscience des injustices qui règnent dans notre monde, de la tournure hautement prévisible des déterminants de la santé, et de leurs effets dévastateurs sur la santé et le bien-être de populations identifiées mal desservies. La COVID-19 a mis à nu les bords effilochés et les trous béants de nos filets de sécurité sociale. Dre Theresa Tam analysera la riposte du Canada à la COVID-19 et envisagera l'avenir de la santé publique au Canada.

Objectifs d'apprentissage

- Discuter des failles de nos systèmes sociaux et de santé exposées par la COVID-19.
- Explorer les interventions de la communauté de santé publique et en tirer des leçons.
- Formuler des recommandations pour l'avenir de la santé publique au Canada.

12:05 – 12:15

STRETCH BREAK

12 h 05 à 12 h 15

PAUSE D'ÉTIREMENT

12:15 – 13:15

CONCURRENT SESSIONS

12 h 15 à 13 h 15

SÉANCES SIMULTANÉES

BRIDGING CLINICAL AND LIVED EXPERTISE TO ADDRESS HEALTH EQUITY: DEVELOPMENT OF EXPERIENTIAL E-LEARNING TO REDUCE SEXUAL HEALTH AND SUBSTANCE USE STIGMA

Presented by: Canadian Public Health Association

Online learning has become a vital tool for training/professional development—particularly in the context of COVID-19 and remote work/learning. Attitudes toward the effectiveness of online professional development courses vary. While self-directed online learning offers many benefits, it can be difficult to replicate the richness of in-person, group learning experiences—especially when trying to influence professionals' attitudes, values, beliefs and practices. CPHA recently launched a free, accredited online course for family physicians and other clinical care providers focusing on reducing stigma related to sexual health, substance use and sexually transmitted and blood-borne infections (STBBI). Addressing this complex, multi-faceted issue through e-learning required creative approaches and the weaving together of perspectives from lived/living experience, public health, social science, medicine, adult education and game theory. This workshop will share insights and lessons learned from CPHA's process of collaborating with such diverse stakeholders to create an experiential online learning course, and participants will experience an interactive, case-based learning activity from the course.

Learning Objectives

- Summarize the opportunities afforded by online learning to impact professionals' attitudes, values, beliefs and practices – particularly in the context of social justice and health equity issues.
- Illustrate skills to bridge perspectives from diverse disciplines and stakeholders (e.g., people with lived/living experience, clinicians, researchers, developers, accredited continuing professional development (CPD) providers) to collaboratively develop impactful multimedia tools for health professional education and training.

Workshop Facilitators

- Laura Bouchard, Project Officer, Canadian Public Health Association
- Rachel MacLean, Senior Project Officer, Canadian Public Health Association

A CONNECTED COMMUNITY APPROACH TO BUILDING COMMUNITY-CENTRED RESILIENCE IN THE FACE OF SHOCKS AND CHRONIC STRESSORS IN RACIALIZED/MARGINALIZED NEIGHBOURHOODS

Building community resilience to extreme weather, climate change, and other shocks and stressors is an integral component of healthy cities and communities, and one that is being increasingly addressed by public health, emergency preparedness, NGOs and citizen groups. While the need to connect the resilience-building initiatives emerging from civil society actors and formal institutions has been widely acknowledged, there is little guidance on how to do this well. Building on 20+ years of experience, C3's "Connected Communities Approach" (CCA) fills this gap. In this symposium we hear from the founder of C3, a grassroots leader, and an advocate of equity and racial justice its application to building community-centred resilience, and lessons learned from the development of the Toronto Resilience Strategy and a recent study of grassroots accounts of community resilience during COVID in six racialized low-income neighbourhoods in Toronto. Resource links and discussion will focus on applying CCA in practice.

Learning Objectives:

- Describe the CCA, its potential application to building community-centered resilience in the face of shocks and stressors facing racialized and marginalized communities, and relevance to core public health values and goals.
- Articulate where to access resources to deepen their understanding of a CCA.
- Share lessons learned and best practices with colleagues with shared interests in CCA.

Speakers

- Anne Gloger, Principal, Centre for Connected Communities
- Issaq Ahmed, Grassroots Leader; Director, Project Susan
- Imara Rolston, Policy Development Officer, Confronting Anti-Black Racism Unit, City of Toronto; Assistant professor, Dalla Lana School of Public Health, University of Toronto

Moderator

- Blake Poland, Associate Professor, Director, Collaborative Specialization in Community Development, Dalla Lana School of Public Health, University of Toronto

12:15 – 13:15

CONCURRENT SESSIONS

12 h 15 à 13 h 15

SÉANCES SIMULTANÉES

STEPS ALONG THE WAY: PREPARING AND RESPONDING TO THE COVID-19 PANDEMIC IN FIRST NATIONS COMMUNITIES IN NORTHERN ONTARIO

The session will cover the unique ways in which the Sioux Lookout First Nations Health Authority and the Sioux Lookout-area First Nations minimized the impact of COVID-19 in the region, despite long-standing health inequities, and then further asserted their sovereignty. The presentation will discuss the approach they took to working with communities on case management, contact tracing, and overall pandemic response. It will also provide insights into the challenges related to the jurisdictional gaps related to public health and the lack of true recognition of provincial and federal partners of the First Nations public health authority.

Learning Objectives

- Describe the health disparities that exist within First Nations communities, both historically and at present.
- Explore First Nations self-determination, sovereignty, and resilience in responding to the COVID-19 pandemic.
- Discuss partnership and advocacy approaches to further enhance the work of reconciliation with First Nations communities.

Speakers

- Lloyd Douglas, Public Health Physician, Sioux Lookout First Nation Health Authority
- Derek Maud, Lac Seul First Nation

Moderator

- Janet Gordon, Chief Operating Officer, Sioux Lookout First Nation Health Authority



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



12:15 – 13:15

CONCURRENT SESSIONS

12 h 15 à 13 h 15

SÉANCES SIMULTANÉES

SURVEILLANCE OF SOCIOECONOMIC DISPARITIES IN CORONAVIRUS DISEASE-19 (COVID-19): PERSPECTIVES FROM THREE PROVINCES TO INFORM PANDEMIC RESPONSE

Presented by: Canadian Alliance for Regional Risk Factor Surveillance

Health impacts of the COVID-19 pandemic have been worse in vulnerable populations around the world. Using surveillance data across Canada, this session will underscore the disparate toll of the pandemic. We will discuss the importance of mobilizing surveillance data to inform COVID-19 response and deploying population-specific interventions to tackle health inequities. The session will also explore usages of surveillance data to identify at risk sub-populations and to better inform decision-makers to address the socioeconomic inequities of COVID-19.

Learning Objectives

- Characterize socioeconomic disparities in COVID-19 resulting in disproportionate health impacts across populations in Canada.
- Assess the use of surveillance data to identify risk factors and protective levers to inform decision-makers and community leaders deploying population-specific interventions to reduce disparities of COVID-19 in vulnerable populations.
- Discuss opportunities on how surveillance data can continue to support the implementation of mitigation measures to address the inequitable impacts of COVID-19.

Speakers

- Drona Rasali, Director, Population Health Surveillance & Epidemiology, BC Centre for Disease Control, British Columbia Provincial Health Services Authority; Adjunct Professor, School of Population and Public Health, University of British Columbia
- Christine Blaser, Social epidemiologist, Senior scientific advisor, Institut national de santé publique du Québec; Associate Clinical Professor, École de santé publique, Département de médecine sociale et préventive, Université de Montréal
- Sharmistha Mishra, Infectious disease physician, Associate Professor, Department of Medicine, University of Toronto; Clinician Scientist, Division of Infectious Disease, St. Michael's Hospital, Unity Health Toronto; Tier 2 Canada Research Chair in Mathematical Modeling and Program Science

Moderator

- Céline Plante, Scientific advisor, Institut national de santé publique du Québec

GROUP REGISTRATION \$200

Organizations can save up to \$100 per person when registering four or more employees for Public Health 2021.

Contact conference@cpha.ca to start the process.

WEDNESDAY 6 OCTOBER | MERCREDI 6 OCTOBRE

12:15 – 13:15 **CONCURRENT SESSIONS**
12 h 15 à 13 h 15 **SÉANCES SIMULTANÉES**

UNINTENDED CONSEQUENCES OF COVID-19 ON MENTAL HEALTH AND SUBSTANCE USE

Presented by: Canadian Institute for Health Information

Professionals working in public health are witnessing the unintended consequences of COVID-19 related to: the social determinants of health (such as income and employment through business closures); health behaviours (e.g., changes in physical activity, substance use); access to health care (e.g., ability to see a doctor in person, changes to surgery schedules); and health outcomes (e.g., mental health).

This session will describe the unintended consequences of COVID-19 related to substance use (alcohol use, cannabis use, opioid use) and mental health (self-harm; and isolation and depression). Come listen to how public health interventions at the provincial and territorial levels are helping to manage these challenges, and participate in a discussion about reducing these negative impacts in the future.

Learning Objectives

- Demonstrate how CIHI's COVID-19 Intervention Scan is used for describing public health interventions impacting those seeking health care for mental health and substance use, and for those living in long-term care.
- Share CIHI's COVID-19 indicators related to mental health and substance use which you can use to support health system and population health planning and decision making.
- Describe the impact of public health measures on the health and well-being of the general population and mitigation strategies.
- Connect local, CIHI and system data to support public health decision making.

Speakers

- Christina Catley, Program Lead, Canadian Institute for Health Information
- Geoff Paltser, Program Lead, Canadian Institute for Health Information
- Stephanie Wolfe, Epidemiologist, Simcoe-Muskoka District Health Unit

Moderator

- Julie Stratton, Senior Researcher, Canadian Institute for Health Information

13:15 – 13:25 **STRETCH BREAK**
13 h 15 à 13 h 25 **PAUSE D'ÉTIREMENTS**

13:25 – 14:05 **NETWORKING BREAK WITH EXHIBITORS AND PARTICIPANTS**
13 h 25 à 14 h 05 **PAUSE NETWORKING AVEC LES EXPOSANTS ET LES PARTICIPANTS**

During this interactive 45-minute break, participants can connect with exhibitors by video or chat to learn about their organization and view their resources. In the Meeting Hub, Participants will have the opportunity to connect and learn from each other.

14:05 – 14:15 **STRETCH BREAK**
14 h 05 à 14 h 15 **PAUSE D'ÉTIREMENTS**

14:15 – 15:15
14 h 15 à 15 h 15

CONCURRENT SESSIONS
SÉANCES SIMULTANÉES

CLIMATE CHANGE AND HEALTH IMPACTS IN CANADA – STRATEGIES AND TOOLS TO UNDERSTAND RISKS AND BUILD RESILIENCE

Climate change is having an impact on Canadian health and health systems. Given that climate warming will continue for many years, robust adaptation measures are required to minimize these impacts. This session will introduce strategies and tools that can be used to understand how future climate is projected to change and to facilitate the planning of actions aimed at reducing vulnerability and increasing resilience, particularly to extreme heat. Participants will be introduced to one such tool, [ClimateData.ca](https://climate.data.ca), which provides access to, visualisation of, and custom analysis of climate data (e.g., heat wave events with customizable thresholds). Participants will see how climate and health data can be linked, and will be introduced to some ongoing work, including that of the national HealthADAPT initiative. Finally, participants will hear practitioners' experiences of using climate information to assess community and health system vulnerability to climate change, and in developing and implementing adaptation options.

Learning Objectives

- Determine the impacts of climate change on health and health systems, particularly with regard to extreme heat.
- Use [ClimateData.ca](https://climate.data.ca) to find local climate information and understand best practices for using this information in vulnerability assessments.
- Help communities anticipate the challenges climate change will pose for health and health systems, in order to plan ahead to increase resilience and decrease adverse health impacts.

Speakers

- Courtney Howard, Emergency Physician Yellowknife; Clinical Associate Professor, Cumming School of Medicine, University of Calgary
- Elaine Barrow, Senior Advisor, Canadian Centre for Climate Services
- Birgit Isernhagen, Program Evaluation Officer, Ottawa Public Health

Moderator

- Katie Hayes, Policy Analyst, Climate Change and Innovation Bureau, Health Canada

COVID-19 PANDEMIC REVIEWS IN CANADA: COMMENTS ON A "PUBLIC HEALTH" PERSPECTIVE

Presented by: Public Health Physicians of Canada

COVID-19 has put a spotlight on public health and public health practitioners, but it has also highlighted the gaps in understanding about public health by non-public health sectors and professionals. As Canada shifts into the next phases of managing COVID-19, attention has already turned to assessments of, and learnings from, the response. A clear understanding of the role and scope of public health in Canada, including the role of Public Health and Preventive Medicine medical specialists, is required for this process. This session will outline some learnings from the pandemic from a public health perspective, while flagging different understandings and misunderstandings of public health. The hope is that these learnings will contribute to our overall goals of improving health and decreasing inequity.

Learning Objectives

- Identify recommendations from past pandemic reviews and public health system capacity-related reports.
- Reflect on the understandings and misunderstandings about public health practice.
- Discuss potential impacts of these understandings on discussions about the public health response to the COVID-19 pandemic in Canada.
- Identify opportunities to clarify the role and scope of the public health practice in Canada, as well as how it relates to COVID-19 reviews.

Speakers

- Ian Culbert, Executive Director, CPHA
- Sudit Ranade, Medical Officer of Health, Lambton Public Health
- Julie Kryzanowski, Government of Saskatchewan, Deputy Chief Medical Health Officer

Moderator

- Jasmine Pawa, President, Public Health Physicians of Canada

14:15 – 15:15

CONCURRENT SESSIONS

14 h 15 à 15 h 15

SÉANCES SIMULTANÉES

IMPACT OF THE COVID-19 PANDEMIC ON THE OPIOID OVERDOSE CRISIS

This symposium will address the intersecting dual public health crises of the opioid overdose crisis and the COVID-19 pandemic. Panelists will discuss the conditions that have led to a worsening of Canada's opioid overdose crisis, present relevant and updated surveillance data and research, and share simulation modeling of the impact of COVID-19 on the crisis. Panelists will discuss the evidence on specific factors and public health measures that have influenced the worsening of the crisis, and how these changes affect policies and program delivery.

Finally, the symposium will address how evidence is used to inform policy decisions and how it was used to implement harm reduction measures in collaboration with community-based organizations, including people who use drugs in British Columbia. Participants will be able to discuss collaboration between stakeholders, including other orders of government, civil society, health service providers, and people with lived and living experience, in addressing the crisis.

Learning Objectives

- Explain how the opioid overdose crisis has evolved during the COVID-19 pandemic.
- Describe how marginalized groups have been made increasingly vulnerable during the pandemic.
- Summarize opportunities and challenges faced in policy development and program implementation, and how evidence is used to inform decisions.

Moderator

- Fiona Kouyoumdjian, Associate Chief Medical Officer of Health, Ontario Ministry of Health

Speakers

- Heather Orpana, Senior Research Scientist, Public Health Agency of Canada
- Bernie Pauly, Professor, School of Nursing, University of Victoria; Scientist, Center for Addictions Research of British Columbia

WEDNESDAY 6 OCTOBER | MERCREDI 6 OCTOBRE

14:15 – 15:15

CONCURRENT SESSIONS

14 h 15 à 15 h 15

SÉANCES SIMULTANÉES

WORLD HEALTH ORGANIZATION'S GLOBAL ACTION PLAN ON PHYSICAL ACTIVITY AND WHAT IT MEANS FOR CANADIANS

Presented by: Canadian Institutes of Health Research – Institute of Musculoskeletal Health and Arthritis

Regular physical activity is proven to help prevent and treat non-communicable diseases such as heart disease, stroke, diabetes, and breast and colon cancer. It also helps prevent hypertension, overweight and obesity and can improve mental health, quality of life and well-being. Yet much of the world is becoming less active. The WHO has developed a new global action plan to help countries scale up policy actions to promote physical activity. This session outlines the plan's four objectives to address the cultural, environmental, and individual determinants of inactivity and to provide insights into Canada's response and opportunities for engagement.

LEARNING OBJECTIVES

- Provide an overview of the WHO's Global Action Plan on Physical Activity with opportunities for engagement.
- Discuss the strengths of peer-to-peer healthcare/patient co-design in physical activity research.
- Discuss the national medical education strategy to train Canada's future doctors.

Speakers

- Fiona Bull, Head of Unit, Physical Activity, Department of Health Promotion, World Health Organization
- Jane Thornton, Assistant Professor, Canada Research Chair, Injury Prevention and Physical Activity for Health, Department of Family Medicine, Schulich School of Medicine & Dentistry, Western University

Moderator

- Karim Khan, Professor, Department of Family Practice, University of British Columbia; Scientific Director, Canadian Institutes of Health Research – Institute of Musculoskeletal Health and Arthritis

15:15 – 15:25

STRETCH BREAK

15 h 15 à 15 h 25

PAUSE D'ÉTIREMENTS

REGISTER TODAY
INSCRIVEZ-VOUS AUJOURD'HUI

15:25 – 16:30

PLENARY II

15 h 25 à 16 h 30

PLÉNIÈRE II

RACISM IN CANADA: DISRUPTING WHITENESS IN PUBLIC HEALTH

White supremacy and Whiteness underpin the processes and structures of settler colonialism, anti-Indigenous racism, anti-Black racism and systemic racism that lead to deep and persistent inequities in health and social determinants of health for these populations. As more public health organizations recognize the health and social inequities created by racism, there is a need to explicitly name and understand Whiteness and White supremacy as drivers of racism. This plenary will explore Whiteness as a systemic feature and driver of racial inequities and it will challenge delegates to de-normalize Whiteness in Canada. Markers of Whiteness in public health and in organizational settings will be discussed along with the impact of Whiteness on health. The panelists will discuss critical Whiteness approaches that are part of decolonizing, anti-racist practice along with three broad roles and opportunities for public health to meaningfully address Whiteness: engaging in institutional change; supporting community-driven action; and contributing to changes in public policy.

This plenary builds on work supported by the National Collaborating Centre for Determinants of Health.

Learning Objectives

- Identify examples of Whiteness in public health.
- Describe the impact of Whiteness on health and well-being.
- Identify opportunities for public health organizations to disrupt Whiteness in practice and policy.

Speakers | Oratrices

- Sume Ndumbe-Eyoh, Director, Black Health Education Collaborative; Assistant Professor, Clinical Public Health Division, Dalla Lana School of Public Health, University of Toronto
- Nancy Laliberte, Indigenous Health Consultant
- Alycia Fridkin, Equity and Anti-racism Policy Consultant

Moderator | Modérateur

- Thomas Piggott, Director, Canadian Public Health Association Board of Directors

LE RACISME AU CANADA : DÉSORGANISER LA BLANCHITÉ EN SANTÉ PUBLIQUE

La suprématie blanche et la « blanchité » sous-tendent les processus et les structures du colonialisme, du racisme anti-Autochtones, du racisme anti-Noirs et du racisme systémique qui ont mené à des iniquités profondes et persistantes dans la santé et les déterminants sociaux de la santé de ces populations. À mesure que les organismes de santé publique prennent la mesure des iniquités sociales et de santé créées par le racisme, il devient nécessaire de nommer explicitement et de comprendre la blanchité et la suprématie blanche en tant que moteurs du racisme. Durant cette plénière, nous explorerons la blanchité comme particularité systémique et comme moteur des iniquités raciales et nous inviterons les délégués à dénormaliser cette blanchité au Canada. Les marques de la blanchité en santé publique et dans les milieux organisationnels seront abordées, ainsi que son impact sur la santé. Les panélistes discuteront des approches essentielles face à la blanchité qui font partie d'une pratique antiraciste de décolonisation, et de trois grands rôles que peut jouer la santé publique pour aborder sérieusement la blanchité : engager un changement institutionnel; soutenir l'action locale; et contribuer à faire évoluer les politiques publiques.

Cette plénière fait fond sur un travail financé par le Centre de collaboration nationale des déterminants de la santé.

Objectifs d'apprentissage

- Donner des exemples de la blanchité en santé publique.
- Décrire l'impact de la blanchité sur la santé et le bien-être.
- Cerner les possibilités pour les organismes de santé publique de désorganiser la blanchité dans la pratique et dans les politiques.

THURSDAY 7 OCTOBER | JEUDI 7 OCTOBRE

PROGRAM OVERVIEW | RÉSUMÉ DU PROGRAMME

- Subject to change | Sous réserve de modifications
- All times are Eastern Daylight Time | Toutes les heures sont exprimées en heure avancée de l'Est

11:00-12:05	PLENARY III PLÉNIÈRE III MEDIA FRAMES, RISK AND PUBLIC HEALTH CADRES MÉDIATIKES, RISQUE ET SANTÉ PUBLIQUE
12:05-12:15	STRETCH BREAK PAUSE-ÉTIREMENTS
12:15-13:15	CONCURRENT SESSIONS SÉANCES SIMULTANÉES
	Black Political Organizing: A Necessary and Permanent Intervention for Public Health
	Canada's Role in Global Health: What is Our Approach?
	Lessons and Real-time Learning about Pandemic Adaptations by PHAC's Mental Health Promotion Innovation Fund
	Long-term Effects of Evacuations on First Nations Communities: Lessons Learned for Public Health Responses
	Towards a Long-term Pan-Canadian Health Data Strategy (pCHDS)
13:15-13:25	STRETCH BREAK PAUSE-ÉTIREMENTS
13:25-14:05	LIVE ABSTRACT PRESENTATIONS PRÉSENTATIONS DE RÉSUMÉS EN DIRECT
14:05-14:15	STRETCH BREAK PAUSE-ÉTIREMENTS
14:15-15:15	CONCURRENT SESSIONS SÉANCES SIMULTANÉES
	Adventures in Youth and Caregiver Engagement: Setting the Stage for Meaningful Collaboration
	"From the Front Lines": Physician Engagement in National Public Health Surveillance during the COVID-19 Pandemic
	Stigma Faced by Peer Workers in Overdose Response Settings
	Vaccine Supply Chain Transformation in the Context of COVID-19: Lessons Learned and Looking Forward
15:15-15:25	STRETCH BREAK PAUSE-ÉTIREMENTS
15:25-16:30	PLENARY IV PLÉNIÈRE IV THE POTENTIAL OF VIRTUAL CARE AND THE CHALLENGE OF THE DIGITAL DIVIDE LE POTENTIEL DES SOINS VIRTUELS ET LE DÉFI DE LA FRACTURE NUMÉRIQUE



MEDIA FRAMES, RISK AND PUBLIC HEALTH

The vast majority of Canadians receive their health information from the stories they read and see in print and broadcast news, popular television and film, the Internet and social media. These different media may not tell people what to think, but they are highly effective in telling us what to think about. Not surprisingly, we place considerable analytical energy on understanding how public health issues are represented and, often, thinking strategically about how they might be reframed. Representations of public health shape our awareness of both opportunities and risks to our safety and well-being, they orient our beliefs and behaviours, and they guide policy-makers in determining which issues are most deserving of attention and resources. Yet, as Dr. Greenberg will argue in this presentation, there are analytically important issues beyond representation that we should also consider. This talk presents an overview of these issues, and it argues that while attention to representation remains important, we must also address other communicative phenomena: the working practices and pressures of journalists; the public relations and risk communication activities of biomedical experts, political actors, corporations and patient advocacy groups; and questions of audience reception and public engagement with health and medicine. This is not a call to abandon our focus on representation, but to enrich it by attending to the broader context from which representations of public health issues emerge.

Learning Objectives

- Describe how a range information sources can determine what public health issues affect our awareness of both opportunities and risks to our safety and well-being.
- Discuss how public health policy can be defined by social and cultural influences.
- Identify how effective communication strategies can positively affect the larger public health community.

Speaker

- Joshua Greenberg, Director, School of Journalism & Communication; Professor, Communication & Media Studies, Carleton University

Moderator | Modératrice

- Natalie Brender, Director of Policy, Canadian Public Health Association

CADRAGES MÉDIATIQUES, RISQUE ET SANTÉ PUBLIQUE

La très grande majorité de la population canadienne obtient ses informations sur la santé des anecdotes lues et vues dans la presse écrite et radiotélévisée, les émissions populaires et les films, sur Internet et dans les médias sociaux. Ces différents médias ne dictent pas toujours aux gens quoi penser, mais sont très efficaces quand il s'agit de leur dire à quoi penser. Il n'est donc pas surprenant que nous dépensions une énergie considérable à analyser la représentation des questions de santé publique et, souvent, à réfléchir de façon stratégique aux moyens possibles de les recadrer. Les représentations de la santé publique façonnent notre conscience des possibilités et des risques pour notre sécurité et notre bien-être, elles orientent nos convictions et nos comportements, et elles aident les responsables des politiques à déterminer les questions qui méritent le plus d'attention et de ressources. Pourtant, comme le Pr Greenberg le fera valoir dans sa présentation, d'autres questions que la représentation sont importantes sur le plan analytique et doivent aussi être étudiées. Cette conférence présente un aperçu de ces questions et soutient que bien qu'il soit important de porter attention à la représentation, nous devons aussi aborder d'autres phénomènes liés à la communication : les pratiques de travail des journalistes et les pressions qu'ils subissent; les activités de relations publiques et de communication des risques des spécialistes biomédicaux, des acteurs politiques, des entreprises et des groupes de défense des droits des patients; et les questions de réceptivité de l'auditoire et d'intéressement du public à la santé et à la médecine. Ceci n'est pas un appel à laisser de côté notre accent sur la représentation, mais à l'enrichir en nous occupant du contexte élargi duquel émergent les représentations des questions de santé publique.

Objectifs d'apprentissage

- Décrire comment un éventail de sources d'informations peut déterminer quelles sont les questions de santé publique qui influencent tant les possibilités que les risques pour notre sécurité et notre bien-être dont nous sommes conscients.
- Expliquer pourquoi les politiques de santé publique peuvent être définies par les influences sociales et culturelles.
- Montrer que des stratégies de communication efficaces peuvent avoir un effet positif sur la grande communauté de la santé publique.

THURSDAY 7 OCTOBER | JEUDI 7 OCTOBRE

12:05 – 12:15

STRETCH BREAK

12 h 05 à 12 h 15

PAUSE D'ÉTIREMENTS

12:15 – 13:15

CONCURRENT SESSIONS

12 h 15 à 13 h 15

SÉANCES SIMULTANÉES

BLACK POLITICAL ORGANIZING: A NECESSARY AND PERMANENT INTERVENTION FOR PUBLIC HEALTH

This symposium will bring together emerging Black public health researchers, practitioners and organizers from different areas of health to discuss the importance of Black political organizing as a public health strategy during and post-COVID-19.

This symposium will unpack key case examples from HIV, SARS, and H1N1 to illustrate how political organizing is vital to the current conversations about COVID-19 “recovery” efforts and how it can directly impact health inequities. Through these case examples, panelists will explore how organizing diverges from public health advocacy and bring to light the importance of networks of care and resistance for public health.

The session will conclude with examples of the Black Public Health Collective's (BPHC) organizing campaigns, tensions of this work, and lessons learned from organizing through a pandemic. Given the growing calls for centering Black communities in health equity, this symposium will prompt practitioners to prioritize strategies that recognize and address political dimensions of public health issues.

Learning objectives:

- Describe the importance of political organizing as a public health intervention.
- Employ a critical lens in considering the role public health institutions do and can play in systems change.
- Apply lessons from previous public health crises to the contemporary COVID-19 context.

Speakers

- Falan Bennett, Student, Dalla Lana School of Public Health at the University of Toronto
- Lucina Rakotovoao, Student, Dalla Lana School of Public Health at the University of Toronto
- Gideon Quaison, Core member, Black Public Health Collective

Moderator

- Ilhan Abdullahi, Core Member, Black Public Health Collective

CANADA'S ROLE IN GLOBAL HEALTH: WHAT IS OUR APPROACH?

Canada committed to the 17 Sustainable Development Goals, to the promotion of gender equality, adopted a feminist-oriented angle to foreign policy, is taking strides towards addressing the climate crisis, and contributed to emerging global initiatives to tackle COVID-19 inequities – but what are our best options for taking a coherent approach? This symposium will assess what concrete steps Canada has taken in the past year to promote global health. It will also reflect on how, and if at all, domestic public health stakeholders engage in the process of shaping Canada's global role – and what we can collectively do to make that engagement stronger.

Learning Objectives

- Describe current trends and pressing issues shaping Canada's role in global health, such as COVID-19.
- Debate and discuss challenges facing the public health community in responding to global health issues.
- Identify opportunities for coherent public health action in response to priority global health issues.

Speakers

- Erica Di Ruggiero, Associate Professor of Global Health, Dalla Lana School of Public Health, University of Toronto
- Bonnie Henry, Chief Medical Officer of Health, British Columbia
- Peter Singer, Special Advisor to the Director General, World Health Organization
- Joshua Tabah, Director General, Health and Nutrition, Global Affairs Canada

Moderator

- Garry Aslanyan, Adjunct Professor, Dalla Lana School of Public Health; Manager of Partnerships and Governance, World Health Organization Special Programme on Research and Training on Tropical Diseases

LESSONS AND REAL-TIME LEARNING ABOUT PANDEMIC ADAPTATIONS BY PHAC'S MENTAL HEALTH PROMOTION INNOVATION FUND

Presented by: Public Health Agency of Canada

The COVID-19 pandemic put mental health and wellness in the spotlight and reinforced the need to strengthen determinants of mental health. The Public Health Agency of Canada's Mental Health Promotion Innovation Fund (MHP-IF) is a 10-year program addressing this need. It includes a strong focus on knowledge development and exchange (KDE), facilitated by a KDE Hub (<http://kdehub.ca>). Rich learning is available from a KDE Hub-led study of pandemic adaptations involving all 20 MHP-IF projects that serve diverse populations, including First Nations, Métis, Inuit, newcomers, refugees, and LGBTQ2S+ children and youth. The panel will describe main lessons from the study and how pandemic adaptations continue to evolve, with examples from MHP-IF projects.

Learning Objectives

- Share findings of a real-time study about pandemic adaptations by PHAC's Mental Health Promotion Innovation Fund (MHP-IF) projects.
- Provide a space for MHP-IF projects to speak to lessons and evolving adaptations in the context of pandemic response.

Speakers

- Renata Valaitis, Evaluation and Research Manager, KDE Hub for Mental Health Promotion, Renison University College, University of Waterloo
- Lisa Gamblin, Project Manager, The Pas Family Resource Centre Inc – Minisewin Waska
- Joey Jalal, Project Coordinator, Youth Program, Multicultural Health Brokers Cooperative

Moderator

- Barb Riley, Scientific Director, KDE Hub for Mental Health Promotion, Renison University College, University of Waterloo

LONG-TERM EFFECTS OF EVACUATIONS ON FIRST NATIONS COMMUNITIES: LESSONS LEARNED FOR PUBLIC HEALTH RESPONSES

Presented by: National Collaborating Centres for Public Health

The National Collaborating Centres for Public Health (NCCPH) undertook the Long-Term Evacuees Project to explore the role of public health in addressing the long-term health and social impacts of evacuations due to natural disasters. The project included environmental and literature scans, key informant interviews, and community-based research to understand the lived experiences of members of two First Nations communities evacuated due to natural disaster. This session will present findings from two case studies, profiling community voices during evacuation and on returning to their home communities, and implications for public health. Session participants will be invited to explore how the lessons can be shared, and to explore practical applications to public health practice beyond the usual short-term emergency response activities.

Learning Objectives

- Describe the effects of evacuations for First Nations communities through two case studies: the Ashcroft Indian Band following the Elephant Hill Wildfire in 2016, and the Siksika Nations following the Bow River flood in 2013.
- Determine current and potential roles for public health to support long-term evacuees, beyond short-term emergency preparedness and response.
- Identify potential collaborations for public health with communities to address the long-term health and social impacts of evacuations due to natural disasters.

Speakers

- Lilia Yumagulova, Program Director, Preparing Our Home
- Darlene Yellow Old Woman-Munro, Elder, Siksika Nation
- Emily Dicken, Director, North Shore Emergency Management

Moderator

- Margaret Haworth-Brockman, National Collaborating Centre for Infectious Diseases

THURSDAY 7 OCTOBER | JEUDI 7 OCTOBRE

12:15 – 13:15
12 h 15 à 13 h 15

CONCURRENT SESSIONS
SÉANCES SIMULTANÉES

TOWARDS A LONG-TERM PAN-CANADIAN HEALTH DATA STRATEGY (PCHDS)

This session will provide participants with an understanding of the current state of health data sharing in Canada, including the barriers that have prevented significant progress for the better part of six decades. Participants will learn about the pCHDS, the Expert Advisory Group's (EAG) progress, and what remains to be done.

The EAG's initial report set the stage for improving the use and protection of health data in Canada. Since the issuance of the report in June 2021, hundreds of stakeholders from a variety of sectors were consulted, and their input will inform the EAG's advice to the federal, provincial, territorial, and Indigenous partners who will ultimately develop the recommendations for a pCHDS and implementation framework.

Participants will have an opportunity to discuss the EAG's findings to date, and offer their own opinions on the current and future state of health data in Canada.

Learning Objectives

- Provide participants with a deeper understanding of the current state of health data in Canada, and the root causes that have hindered progress towards a cohesive health data ecosystem.
- Discuss the vision, core action areas, and principles proposed by the EAG as necessary for a solid health data foundation and that will inform the development of a pCHDS.
- Explore practical actions that can be taken to overcome systemic barriers to a robust health data ecosystem in Canada.

Speakers

- Gail Tomblin Murphy, Vice President Research, Innovation and Discovery, and Chief Nurse Executive, Nova Scotia Health
- Kimberlyn Grail, Professor, University of British Columbia; Scientific Director, Population Data BC and Health Data Research Network Canada
- Bartha M. Knoppers, Professor and Director, Centre of Genomics and Policy, Faculty of Medicine, Human Genetics, McGill University
- Michael Wolfson, Canada Research Chair in Population Health Modeling, University of Ottawa

Moderator

- Cory Neudorf, Professor, Department of Community Health and Epidemiology, University of Saskatchewan; Interim Senior Medical Health Officer, Saskatchewan Health Authority

13:15 – 13:25
13 h 15 à 13 h 25

STRETCH BREAK
PAUSE D'ÉTIREMENTS

THURSDAY 7 OCTOBER | JEUDI 7 OCTOBRE

13:25 – 14:05

LIVE ABSTRACT PRESENTATIONS

13 h 25 à 14 h 05

PRÉSENTATIONS DE RÉSUMÉS EN DIRECT

Each abstract title will be presented four times. During each presentation block, speakers will give a brief presentation (6 minutes maximum) followed by a 2-minute discussion period with participants. Microphones are enabled (unless turned off by participants) allowing participants to ask questions and connect directly with speakers. Presentations will end after 8 minutes and participants can attend a new abstract presentation. Multiple participants can join a presentation at the same time. These presentations will not be recorded.

Join a separate presentation during each presentation block:

□ 13:25 – 13:33

□ 13:35 – 13:43

□ 13:45 – 13:53

□ 13:55 – 14:03

- Animation of the endocannabinoid system: A knowledge translation tool to clarify the risks and benefits of cannabis – [Sarah Flögen](#)
- Assertion of First Nations sovereignty in preparing and responding to the COVID-19 Pandemic' in Northern Ontario – [Janet Gordon](#)
- Associations between the self-reported happy home lives and the health of Canadian school-aged children: An exploratory analysis – [Colleen Davison](#)
- CONNECTing concussion care across Ontario – [Cindy Hunt](#)
- COVID-19 Assessment and Risk Evaluation (CARE) Program – [Graziella El-khechen Richandi](#)
- COVID-19 workplace health and safety interventions in Ontario long-term care homes: A policy implementation analysis – [Dorothy Apedaile](#)
- Development of an interdisciplinary task force to address the needs of Canadian Muslim communities during the COVID-19 pandemic – [Shaimaa Helal](#)
- Duration of neurocognitive impairment with medical cannabis use – [Lindsay Lo](#)
- Effect of overdose education and naloxone distribution: An umbrella review of systematic reviews – [Amir Razaghizad](#)
- Evidence-informed support for public health through the transition to a “new normal” in the age of COVID-19 – [Emily Belita](#)
- Exploring pharmacists' role in caring for patients with opioid use disorder during COVID-19 – [Lisa Bishop](#)
- How to curb COVID-19 in the MURB: Investigating transmission of SARS-CoV-2 in three multi-unit residential building (MURB) clusters – [Kavya Anchuri](#)
- Identifying preliminary recommendations for future public health emergencies based on the COVID-19 pandemic using qualitative semi-structured interviews with long-term care stakeholders – [Manmeet Benepal](#)
- Identifying student-level factors associated with vape reduction and cessation among Canadian students in the COMPASS study – [Negin Aalaei](#)
- Influence of peer support on the wellbeing of mothers and their children experiencing adversities enrolled in an individualized, strengths-based parenting program – [Leeann Donnelly](#)
- Mental health impacts of COVID-19 on diverse youth and families in Canada – [Lucksini Raveendran](#)
- Mental health of Canadian respiratory therapists during COVID-19: A quantitative exploration – [Andrea D'Alessandro](#)
- Mental wellness knowledge exchange for Indigenous children & youth – [Mia Bourque](#)
- Multivariate analyses of risk factors associated with laboratory exposure incidents – [Rojiemiahd Edjoc](#)
- Non-medical cannabis regulations in Alberta: A review of municipal bylaws – [Michelle Fry](#)
- Not just another vaccine locator: Achieving equitable access to flu vaccines in Ontario with MyFluShot.ca – [Lucie Marisa Bucci](#)
- Parents' intention to vaccinate their children against COVID-19 – [Mylène Lachance-Grzela](#)
- Patterns in change of opioid overdose death rate with the day of the week and their implications – [William Duan](#)
- Peer support as a protective factor against suicide in trans populations: A scoping review – [Hannah Kia](#)
- Positive mental health during the second wave of the COVID-19 pandemic in Canada – [Colin Capaldi](#)
- Preventing alcohol-related suicide: Implications of the international evidence for Canadian policies, programs and research – [Norman Giesbrecht](#)
- Problematic social media use, cyberbullying and the psychological health of adolescents: Investigation of a potential social pathway – [Jonas Shellenberger](#)
- Promoting early childhood development with the early years check-in and Play&Learn – [Anthony Levinson](#)
- Racial identity, income adequacy, and dietary quality among Canadians: An intersectional approach – [Natalie Doan](#)

THURSDAY 7 OCTOBER | JEUDI 7 OCTOBRE

- Scoping review of the social determinants of perinatal mental health during the COVID-19 pandemic – [Jessica Yijia Li](#)
- Search for immunization resources: How CANVax is meeting the practical needs of immunization program managers to improve vaccine acceptance and uptake in Canada – [Antonella Pucci](#)
- Sex and gender-based analysis of cannabis use survey data – [Lorraine Greaves](#)
- Social inequalities in COVID-19 mortality by area- and individual-level characteristics in Canada, January to July/August 2020 – [Alexandra Blair](#)
- Stepping up to the Canadian opioid crisis: A longitudinal analysis of the correlation between income and population rates of opioid-related health outcomes (2000 – 2017) – [Wasem Alsabbagh](#)
- Strategies and indicators to address health equity in health service and delivery systems: A scoping review – [Hilary Caldwell](#)
- There's more to this than cannabis: A focus on Inuit youth and maternal health and wellbeing – [Chelsea Giesel](#)
- Visual representations of the social determinants of health in public health – [Svetlana Ristovski-Slijepcevic](#)
- What are the psychological consequences of austerity measures in social housing? A quasi-experimental study – [Karanpreet Azra](#)
- What community engagement looks like when introducing drone-mediated health program into communities – [Vyshnave Jeyabalan](#)
- Who sleeps well in Canada? The social determinants of sleep health among middle-aged and older adults in the Canadian longitudinal study on aging – [Rebecca Rodrigues](#)

14:05 – 14:15 STRETCH BREAK
14 h 05 à 14 h 15 PAUSE D'ÉTIREMENTS

14:15 – 15:15 CONCURRENT SESSIONS
14 h 15 à 15 h 15 SÉANCES SIMULTANÉES

ADVENTURES IN YOUTH AND CAREGIVER ENGAGEMENT: SETTING THE STAGE FOR MEANINGFUL COLLABORATION

It is critical to include individuals with lived expertise as partners in the design, planning, implementation, and evaluation of mental health and substance use services and supports. Too often, service users and those with lived/living experience and expertise are engaged at a tokenistic level due to constraints with resources (e.g., time/money) or lack of best practice knowledge. Ensuring meaningful engagement upfront can lead to improved service design, increase buy-in from service users, and improve innovation through suggestions of useful features or ideas that service providers might miss. In this workshop, we will explore how Frayme ensures meaningful engagement of youth, caregivers and advocates, leading from a knowledge equity lens. In addition, we will work with workshop attendees to improve their own engagement. Breakout rooms include a focus on engagement allyship, capacity building, being purposeful/meaningful, and exploring difficulties with engagement.

Learning Objectives

- Identify and enhance their own skills, strengths and abilities to contribute to meaningful engagement of youth and caregivers.
- Obtain a nuanced understanding of the methods and strategies used to meaningfully engage with youth and caregivers in an equitable and accessible way.
- Generate scalable and versatile concepts to support youth in achieving optimal well-being.

Workshop Facilitators

- Micaela Harley, MCISc Candidate; Senior Engagement & Knowledge Equity Lead, Frayme, Hosted by the Royal's Institute of Mental Health Research
- Kristy Allen, Lived Expertise Engagement Specialist, Frayme, Hosted by the Royal's Institute of Mental Health Research

“FROM THE FRONT LINES”: PHYSICIAN ENGAGEMENT IN NATIONAL PUBLIC HEALTH SURVEILLANCE DURING THE COVID-19 PANDEMIC

The COVID-19 pandemic showcased the strength and resilience of Canada’s national public health surveillance infrastructure, as well as the power and limitations of voluntary physician-based surveillance. One such enterprise is the Canadian Paediatric Surveillance Program (CPSP). Within 6 weeks of the first SARS-CoV-2 case in Canada, the CPSP launched a project to capture detailed case-level information on all children hospitalized with SARS-CoV-2. Within 6 weeks of the first report of a hyperinflammatory condition temporally associated with SARS-CoV-2, the CPSP launched a parallel study to capture data on all children with PIMS / MIS-C features. Leveraging the CPSP infrastructure, national study teams were able to rapidly deploy new targets and capture near-real-time data. Optimizing engagement, and generating responsive, serially-adapted questionnaires facilitated the collection of meaningful scientific information. However, long-standing challenges with capacity, privacy legislation and physician-reported ethnicity data complicated this important work. This session will highlight the strengths and constraints of voluntary physician-based surveillance systems and offer constructive ideas to strengthen this valuable public health asset.

Learning Objectives

- Discuss the unique strengths and limitations associated with physician-led national public health surveillance systems;
- Describe the current health data and privacy landscape vis-à-vis surveillance, as well as the ongoing challenges associated with physician-reported race and ethnicity data; and
- Leverage, engage with, promote and optimize the impact of physician-led national public health surveillance systems in both pandemic and post-pandemic times.

Speakers

- Charlotte Moore Hepburn, Director of Medical Affairs, Canadian Paediatric Society; Director of Medical Affairs, Canadian Paediatric Surveillance Program
- Shaun Morris, Clinician-Scientist, Division of Infectious Disease, Hospital for Sick Children; Associate Professor, Paediatrics, University of Toronto School of Medicine
- Rae Yeung, Hak-Ming and Deborah Chiu Chair in Pediatric Translational Research; Professor, Immunology & Medical Science, University of Toronto

Moderator

- Jay Onysko, Manager, Maternal, Child and Youth Health Division, Public Health Agency of Canada

STIGMA FACED BY PEER WORKERS IN OVERDOSE RESPONSE SETTINGS

This session will explore the omnipresence of stigma in workplaces employing peers (people with lived/living experience with substance use who use their lived experience to inform their professional work). Participants will identify how stigma is manifest in peer workplaces, locate these interpersonal instances of stigma within a broader system that marginalizes people who use substances, and explore ways in which employers can meaningfully address stigma and facilitate a more equitable workplace. Acknowledgement and discussion of stigma facing peer workers is critical in actively moving toward more equitable workplaces for people who use substances. This workshop aims to highlight the importance of organizations regularly evaluating how their peer workers are treated. Further, it aims to prompt a ripple effect of dialogue throughout communities employing people who use substances and encourage awareness of the often-implicit manifestations of stigma.

Learning Objectives

- Recognize concrete examples of stigma faced by peer workers in their workplaces.
- Identify ways employers can meaningfully support peer workers.
- Dissect the systemic causes of workplace stigma faced by peer workers.

Workshop Facilitators

- Sophie McKenzie, Project Assistant, BC Centre for Disease Control
- Zahra Mamdani, Project Manager, BC Centre for Disease Control
- Mike Knott, Peer Supporter, SOLID Outreach
- Tracy Scott, Peer Worker, RainCity Housing – Maple Ridge

THURSDAY 7 OCTOBER | JEUDI 7 OCTOBRE

14:15 – 15:15

CONCURRENT SESSIONS

14 h 15 à 15 h 15

SÉANCES SIMULTANÉES

VACCINE SUPPLY CHAIN TRANSFORMATION IN THE CONTEXT OF COVID-19: LESSONS LEARNED AND LOOKING FORWARD

To support and facilitate the distribution of COVID-19 vaccines, the Public Health Agency of Canada (PHAC) formed a Vaccine Rollout Task Force, guided by the Canadian COVID-19 Immunization Plan, including a workstream dedicated to coordinated Logistics and Operations. In addition to standing up a control tower, a National Operations Centre, and overseeing all vaccine logistics and distribution considerations, PHAC acted as a liaison across all FPTs with manufacturers. As a component of the COVID-19 Vaccine Logistics Strategy, the Government of Canada contracted logistics service providers to provide supplementary and contingency capacity. PHAC also coordinated the distribution and stockpiling of ancillary supplies for vaccinations, such as needles and freezers, to ensure that F/P/Ts had everything they need to administer vaccines when they were ready. Administration and prioritization decisions, as well as distribution within P/T jurisdictions, were managed by the provinces and territories themselves. Speakers will provide a brief overview of the routine and seasonal influenza vaccine supply chain and share how they prepared and adapted their supply chains to COVID-19 responses including reflections on the modified role of the federal government in coordinating across provinces and territories, the change in modus operandi of vaccine deliveries direct to points of administration, and the impact on existing supply distribution systems and processes. The facilitator will then engage the speakers in a discussion on potential responses to future pandemics, identifying where provinces, territories, and the federal government can all collaborate to create a flexible, coordinated, and responsive public health commodities supply chain. Speakers will reflect on what lessons have been learned from implementing the new systems.

Learning Objectives

- Appraise participants' existing supply chains for any urgent or future adaptations required to enable rapid distribution of existing and emerging vaccines.
- Analyze different approaches taken by colleagues in provinces and territories to determine applicability and acceptability in participants' contexts.
- Explore opportunities for collaboration with colleagues in other provinces and territories and at the federal level on piloting and implementation of supply chain adaptation.

Speakers

- Marnie MacKinnon, Director, Vaccine Implementation, Ontario Ministry of Health
- Marija Pavkovic, Acting Immunization Program Manager, Yukon Health and Social Services
- Heather Deehan, Executive Director, Vaccine Distribution and Logistics

Moderator

- Maruchi Wotogbe, Public Health Agency of Canada

15:15 – 15:25

STRETCH BREAK

15 h 15 à 15 h 25

PAUSE D'ÉTIREMENT

THE POTENTIAL OF VIRTUAL CARE AND THE CHALLENGE OF THE DIGITAL DIVIDE

Canadian governments have made investments in new platforms for mental and primary health care, as well as the expansion of existing virtual healthcare services, including an online portal that provides self-assessment, free resources, and professional counselling services for mental health and substance use disorders. While these tools are effective for much of the population, they may not be accessible to those of lower socio-economic status, those who live in rural and remote communities and on reserve, and/or those who lack access to high-speed internet connections. Concerns are also noted regarding the cultural sensitivity of some of these tools, and/or their accessibility for newcomers. This session will discuss both the potential of virtual care platforms to improve population health as well as the health equity challenges created or exacerbated by their adoption.

Learning Objectives

- Describe how virtual care can benefit all residents of Canada, including those traditionally underserved.
- Identify how the social determinants of health influence access to virtual care and what digital factors can promote inequities.
- Illustrate how virtual care services can be designed and implemented to ensure that all services can be accessed in an equitable manner.

Speaker

- Ewan Affleck, Co-Chair of the Virtual Care Task Force

LES POSSIBILITÉS DES SOINS VIRTUELS ET LES DÉFIS DU FOSSÉ NUMÉRIQUE

Les gouvernements canadiens ont investi dans la création de nouvelles plateformes de soins de santé mentale et de soins primaires et dans l'élargissement des services de soins de santé virtuels existants, entre autres en créant un portail en ligne qui offre un outil d'auto-évaluation, des ressources gratuites et des services de consultation professionnels en santé mentale et en toxicomanie. Ces outils sont efficaces pour une grande partie de la population, mais ne sont pas toujours accessibles aux personnes de faible statut socioéconomique, aux résidents des communautés rurales et éloignées et des réserves, ni à ceux qui n'ont pas de connexion Internet haute vitesse. Des préoccupations ont aussi été exprimées quant à la sensibilité culturelle de certains de ces outils et/ou à leur facilité d'accès pour les nouveaux arrivants. Durant cette séance, il sera question à la fois des possibilités pour les plateformes de soins virtuels d'améliorer la santé des populations et des problèmes d'équité en santé créés ou exacerbés par leur adoption.

Objectifs d'apprentissage

- Décrire comment les soins virtuels peuvent bénéficier à tous les résidents du Canada, y compris aux populations habituellement mal desservies.
- Montrer que les déterminants sociaux de la santé influencent l'accès aux soins virtuels et quels sont les facteurs numériques qui pourraient faire naître des iniquités.
- Illustrer comment il serait possible de concevoir et de mettre en œuvre des services de soins virtuels pour que tous les services soient équitablement accessibles.

REGISTER TODAY INSCRIVEZ-VOUS AUJOURD'HUI

FRIDAY 8 OCTOBER | VENDREDI 8 OCTOBRE

PROGRAM OVERVIEW | RÉSUMÉ DU PROGRAMME

- Subject to change | Sous réserve de modifications
- All times are Eastern Daylight Time | Toutes les heures sont exprimées en heure avancée de l'Est

11:00-12:05	PLENARY V PLÉNIÈRE V ALTERNATIVE APPROACHES TO DRUG POLICY IN CANADA APPROCHES ALTERNATIVES À LA POLITIQUE EN MATIÈRE DE DROGUES AU CANADA
12:05-12:15	STRETCH BREAK PAUSE-ÉTIREMENTS
12:15-13:15	CONCURRENT SESSIONS SÉANCES SIMULTANÉES
	Impact of the COVID-19 Pandemic on Non-communicable Diseases and Mental Health in the Region of the Americas
	Promoting Health Equity through Tackling Substance Use Stigma, Racism and Violence: An Action Kit for Organizations
	Strengthening the Academic-Practice Interface in Public Health
	Wading through the Weeds: A Public Health Response to Supporting Pregnant People and Parents who Consume Cannabis
13:15-13:25	STRETCH BREAK PAUSE-ÉTIREMENTS
13:25-14:05	LIVE ABSTRACT PRESENTATIONS PRÉSENTATIONS DE RÉSUMÉS EN DIRECT
14:05-14:15	STRETCH BREAK PAUSE-ÉTIREMENTS
14:15-15:15	CONCURRENT SESSIONS SÉANCES SIMULTANÉES
	COVID-19 and Mental Health for All: A Framework for Moving Forward
	Shifting the Obesity Narrative: Reducing Obesity Stigma in Public Health Policy and Practice
	Train the Trainer: Socio-demographic Data Collection in Health Settings
15:15-15:25	STRETCH BREAK PAUSE-ÉTIREMENTS
15:25-16:30	PLENARY IV PLÉNIÈRE IV RETROFITTING THE RELATIONSHIP BETWEEN PUBLIC HEALTH AND PRIMARY CARE MODERNISER LA RELATION ENTRE LA SANTÉ PUBLIQUE ET LES SOINS PRIMAIRES



11:00 – 12:05

PLENARY V

11 h à 12 h 05

PLÉNIÈRE V

ALTERNATIVE APPROACHES TO DRUG POLICY IN CANADA

The use of illegal psychoactive substances in Canada persists despite ongoing efforts to limit their consumption. Criminalization of those who use these substances remains the principal tool to control their use and it is not only unsuccessful, it is driving the drug poisoning crises across the country. An alternative approach is required. The panelists will describe complementary options for reform. First, within the context of a public health framework, supply control, demand reduction, health promotion, and harm reduction are the hallmarks of an alternative regulatory model that includes access for medical and non-medical purposes.

Concurrently, municipal and provincial governments can take immediate steps to minimize the harms of current drug laws by decriminalizing drug possession for personal use (i.e., simple drug possession) in their own jurisdictions. This can be accomplished through a request to the federal Minister of Health, who has a broad power to issue exemptions from the federal law criminalizing simple drug possession. This approach is not novel, and employs an existing provision in the Controlled Drugs and Substances Act (CDSA) that already allows supervised consumption services to operate without risk of criminal prosecution.

Learning Objectives

- Explain why a public health approach to drugs in Canada that focusses on prevention, harm reduction and treatment services can ensure that proper support systems are accessible for the people who need them.
- Summarize how effective harm reduction strategies are proven to reduce the spread of infectious diseases and the number of overdose deaths.
- Describe how effective public health strategies can be implemented in community settings.

Speakers | Oratrices et Orateur

- Sandra Ka Hon Chu, Co-Executive Director, HIV Legal Network
- Dan Werb, Director, Centre on Drug Policy Evaluation
- Natasha Touesnard, Executive Director, Canadian Association of People who Use Drugs

SOLUTIONS DE RECHANGE AUX POLITIQUES ANTIDROGUES AU CANADA

La consommation des substances psychotropes illicites au Canada persiste malgré les efforts soutenus pour en réduire l'usage. La criminalisation des consommateurs de ces substances demeure le principal outil de contrôle, et cet outil n'est pas seulement inefficace, il alimente les crises d'empoisonnement aux drogues dans tout le pays. Une autre solution s'impose. Nos panélistes décriront des options de réforme complémentaires. Premièrement, dans le contexte d'un cadre de santé publique, le contrôle de l'offre, la diminution de la demande, la promotion de la santé et la réduction des méfaits sont les principales caractéristiques d'un modèle réglementaire de rechange incluant l'accès aux drogues à des fins médicales et non médicales.

En parallèle, les administrations municipales et les gouvernements provinciaux peuvent immédiatement prendre des mesures pour réduire les torts causés par les lois antidrogues actuelles en décriminalisant la possession de drogues pour usage personnel (c.-à-d. la simple possession) dans leur sphère de compétence. Cela peut se faire en présentant une demande à la ministre fédérale de la Santé, qui a le pouvoir d'accorder des exemptions à la loi fédérale criminalisant la simple possession. Cette solution n'est pas nouvelle, et elle emploie une disposition existante de la Loi réglementant certaines drogues et autres substances (LRCDAS) qui autorise déjà les services de consommation supervisée à fonctionner à l'abri des poursuites criminelles.

Objectifs d'apprentissage

- Expliquer pourquoi une démarche de santé publique en matière de drogue au Canada axée sur la prévention, la réduction des méfaits et les services de traitement peut faire en sorte que de bons systèmes de soutien soient accessibles aux personnes qui en ont besoin.
- Résumer les preuves qui montrent que des stratégies de réduction des méfaits efficaces réduisent la propagation des maladies infectieuses et le nombre de décès par surdose.
- Décrire comment des stratégies de santé publique efficace peuvent être mises en œuvre en milieu associatif.

FRIDAY 8 OCTOBER | VENDREDI 8 OCTOBRE

12:05 – 12:15
12 h 05 à 12 h 15

STRETCH BREAK
PAUSE D'ÉTIREMENTS

12:15 – 13:15
12 h 15 à 13 h 15

CONCURRENT SESSIONS
SÉANCES SIMULTANÉES

IMPACT OF THE COVID-19 PANDEMIC ON NON-COMMUNICABLE DISEASES AND MENTAL HEALTH IN THE REGION OF THE AMERICAS

Presented by: Pan American Health Organization / WHO

In this session, the Pan American Health Organization (PAHO) will present the situation of the COVID-19 pandemic in Latin America and the Caribbean (LAC) and its impact on essential health services, particularly at the primary health care level. The pandemic has led to widespread disruptions in health services across the Region, resulting in the need for innovative approaches to maintain access to care. Non-communicable diseases (NCDs) and mental health services have been significantly impacted, and the prevalence of mental health conditions in the Region has increased. In a recent survey conducted in 29 countries, 60% reported disrupted services for mental, neurological, and substance use disorders, and 41% for NCDs.

Presenters will discuss the current situation of COVID-19, health systems and community-based strategies to manage NCDs and address mental health conditions, and country experiences with implementing novel strategies to maintain access to health services during the pandemic, including lessons learned.

Learning Objectives

- Analyze the impact of the COVID-19 situation on essential health services in the Region of the Americas.
- Discuss the impact of COVID-19 on NCDs and mental health in the Region.
- Illustrate innovative approaches and implementation challenges to improve access to and coverage of NCD and mental health services.

Speakers

- Silvana Luciani, Unit Chief, Noncommunicable Diseases, Pan American Health Organization / World Health Organization
- Lucía Alleyne, Psychiatrist, Mental Health Division, Ministry of Health, Panama
- Hazel Othello, Director, Mental Health Unit, Ministry of Health, Trinidad and Tobago

Moderator

- Anselm Hennis, Director, Department of Non-communicable Diseases and Mental Health, Pan American Health Organization/ World Health Organization

PROMOTING HEALTH EQUITY THROUGH TACKLING SUBSTANCE USE STIGMA, RACISM AND VIOLENCE: AN ACTION KIT FOR ORGANIZATIONS

This session will provide an overview of the Action Kit. Participants will be polled on their interests and starting points. Following an overview of the evidence base upon which the Action Kit is founded and a virtual “tour” of the Action Kit, participants will be invited to try out selected tools, such as the “Rate Your Organization on Harm Reduction” Tool and the “Map Your Organizational Landscape Tool”, with participants sharing insights via polling and discussion. Finally, participants will be invited to identify their top choice of tool or resource to try in their own settings.

Learning Objectives

- Describe the evidence base for understanding the key dimensions of equity-oriented health care.
- Identify the “essentials” for health care providers, organizational leaders, and decision-makers, related to substance use, substance use stigma, racism and cultural safety, trauma- and violence- informed care, and equity-oriented health care.
- Practise using a selection of tools with a view to promoting equity within organizations and agencies.

Workshop Facilitators

- Colleen Varcoe, Professor, University of British Columbia
- Annette J. Browne, Professor, University of British Columbia
- Erin Wilson, Assistant Professor, University of Northern British Columbia
- Nadine Wathen, Professor, University of Western Ontario

STRENGTHENING THE ACADEMIC-PRACTICE INTERFACE IN PUBLIC HEALTH

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

In Canada and globally, the COVID-19 pandemic has highlighted the importance of reliable and responsive public health systems. The pandemic has required decisive leadership and collaboration across all sectors of society informed by the best available evidence. In this symposium, panelists will draw on their public health institutional experiences throughout the pandemic to discuss approaches to strengthen and improve collaboration between public health education programs and public health practice to support reimagining public health. A key focus will be to review experiences and approaches to improving collaboration between public health education programs and public health practice to address system needs (e.g., surge capacity) and persisting health inequities.

Learning Objectives

- Identify and describe the successes and barriers to collaboration between public health education programs and public health practice during COVID-19.
- Evaluate their (or their organizations') specific policies and practices (or lack thereof).
- Identify opportunities to improve and increase collaboration between public health education programs and public health practice during COVID-19.

Speakers

- Brent E. Fought, Professor, Health Sciences, Brock University
- Mélissa Gagnéux, Associate Professor, Department of community health sciences, Faculty of Medicine and Health Sciences, University of Sherbrooke
- Gaynor Watson-Creed, Assistant Dean, Serving and Engaging Society, Faculty of Medicine, Dalhousie University

Moderators

- Natalie Frandsen, Assistant Teaching Professor, School of Public Health and Social Policy, University of Victoria
- James Valcour, Associate Professor of Epidemiology, Memorial University

WADING THROUGH THE WEEDS: A PUBLIC HEALTH RESPONSE TO SUPPORTING PREGNANT PEOPLE AND PARENTS WHO CONSUME CANNABIS

This session will share insights from feminist, community-engaged research focused on cannabis consumption in the context of pregnancy, infant feeding and parenting. Participants will learn about the experiences of pregnant people and parents who consume cannabis, including the role cannabis plays in their lives more broadly, what questions they have about cannabis consumption during the perinatal period, and their preferences and needs for interacting with and receiving support from health and social care providers. An evidence brief outlining the current state of research and practice knowledge on the topic of cannabis, pregnancy, and parenting will be shared to highlight opportunities for practice and policy improvements in ways that respond to the lived experiences of people who consume cannabis. The session will culminate with an engagement activity in which participants will inform the development of knowledge translation tools that are relevant and applicable to their practice contexts.

Learning Objectives

- Describe the experiences, needs, and preferences of pregnant people and parents who consume cannabis, and recommendations for practice.
- Articulate the current state of research evidence and practice knowledge as it relates to cannabis consumption in the context of pregnancy and parenting.
- Consider how practices and policies could be strengthened to ensure they are responsive to the needs and preferences of people who consume cannabis.

Workshop Facilitators

- Allyson Ion, Assistant Professor (CLA), School of Social Work, McMaster University
- Saara Greene, Professor, School of Social Work, McMaster University
- Marisa Blake, Cannabis Project Coordinator, Native Women's Association of Canada
- Kelly Pridding, Research Assistant, McMaster University
- Gabrielle Griffith, Research Assistant, McMaster University

FRIDAY 8 OCTOBER | VENDREDI 8 OCTOBRE

13:15 – 13:25 STRETCH BREAK
13 h 15 à 13 h 25 PAUSE D'ÉTIREMENTS

13:25 – 14:05 LIVE ABSTRACT PRESENTATIONS
13 h 25 à 14 h 05 PRÉSENTATIONS DE RÉSUMÉS EN DIRECT

Each abstract title will be presented four times. During each presentation block, speakers will give a brief presentation (6 minutes maximum) followed by a 2-minute discussion period with participants. Microphones are enabled (unless turned off by participants) allowing participants to ask questions and connect directly with speakers. Presentations will end after 8 minutes and participants can attend a new abstract presentation. Multiple participants can join a presentation at the same time. These presentations will not be recorded.

Join a separate presentation during each presentation block:

□ 13:25 – 13:33 □ 13:35 – 13:43 □ 13:45 – 13:53 □ 13:55 – 14:03

- Access to refugee and migrant mental health care services during the first six months of the COVID-19 pandemic: A Canadian refugee clinician survey – [Joseph Benjamin](#)
- Canadian healthcare workers' mental health during the COVID-19 pandemic – [Andrea D'Alessandro](#)
- Cannabis use in pregnancy and maternal and infant outcomes: a cross-jurisdictional Canadian study – [Sabrina Luke](#)
- COVID-19 and the mental health of older adults in Canada: Key lessons for policy making – [Lucksini Raveendran](#)
- COVID-19 pandemic response: Are we sacrificing social health for physical health among seniors, family, and formal caregivers? – [Justine Levesque](#)
- COVID-19: The Canada Border Testing Program – [Elizabeth Rolland-Harris](#)
- Descriptive analysis of access to care for LGBT2Q Canadians during the COVID-19 pandemic: Results from the Sex Now Survey – [Quinten Clarke](#)
- Descriptive study of perinatal substance use on maternal mental health – [Catherine Grandy](#)
- Development and implementation of a national COVID-19 activity level indicator – [Nadia Lapczak](#)
- Driving equity-oriented, anti-colonial health systems transformation through community-led action – [Sana Shahram](#)
- Embedding evaluation into the development and implementation of the COVID-19 contact tracing initiative at Public Health Ontario – [Michelle Vine](#)
- Ensuring strategic and scientific expertise to inform pandemic decisions and interventions at Montreal Public Health – [Ak'ingabe Guyon](#)
- Exploring the connections among climate change, land, and health in Fort William First Nation: Findings and teachings from a community-based project applying Two-eyed Seeing – [Lindsay Galway](#)
- Exploring the dynamic transitions in use patterns of youth substance use: A latent variable modelling approach using the COMPASS Data – [Yang Yang](#)
- Finding and using quality appraised synthesis evidence on the cost-effectiveness of public health interventions – [Emily Clark](#)
- Flushed with new data: Use of wastewater surveillance during the COVID-19 pandemic in a large urban population, Toronto, Canada – [Shinhuja Wijayasri](#)
- Global impact of COVID-19 public health measures on the incidence, prevalence and severity of substance use: Results from a systematic review – [Rose Schmidt](#)
- HIV prevention and treatment interventions for Black MSM in Canada: A scoping, systematic review – [Jemal Demeke](#)
- How susceptible is susceptible, when discussing animal hosts for SARS-CoV-2? – [Connor Rutherford](#)
- Impact of the COVID-19 vaccine experience on vaccine literacy and its influence on Influenza vaccine attitudes in Canada – [Kim Perrault](#)
- Increasing rates of sexually transmitted and blood-borne infections in younger women across Canada – [Carmen Issa](#)
- Investigating climate change communication on public health websites in Ontario: Uncovering opportunities for inspiring engagement and action – [Aynsley Klassen](#)
- Multi-faceted approach to integrating Canada's evidence on sex, gender & cannabis – [Julie Stinson](#)
- Neighbourhood built environment and its association with health-related fitness: A systematic review – [Levi Frehlich](#)

- Opioid use in medical cannabis authorization adult patients from 2013-2018: Alberta, Canada – *Cerina Lee*
- PROGRESS-Plus Equity Audit Tool for public health programs and health services – *Simone Smith*
- Relative economic burden of vaccine-preventable diseases in older adults in Canada – *Thomas Shin*
- Self-reported increase in alcohol use among essential and frontline workers in Canada during the COVID-19 pandemic: Findings from a cross-sectional national survey – *Mélanie Varin*
- Staying at zero: A novel approach to prevention of COVID-19 in a food processing plant workplace – *Judy Hodge*
- Surveillance of Lyme disease in Canada, 2009-2019 – *Koffi Jules*
- Systematic review of the associations between the built environment and physical activity among adults with low socio-economic status in Canada – *Chelsea Christie*
- Tick and tick-borne pathogen surveillance, Canada, 2019 – *Christy Wilson*
- Towards designing a Paramedic-Led Mobile Influenza Immunization Clinic Model based on improving the patient experience – *Brent Mcleod*
- Use of publicly available data as part of national COVID-19 surveillance strategy – *Lindsay Whitmore*
- Where is the policy for 2SGBMSM health and well-being? – *Cameron McKenzie*

14:05 – 14:15

STRETCH BREAK

14 h 05 à 14 h 15

PAUSE D'ÉTIREMENTS

Creating a healthier future. **YOUR FUTURE.**

Learning doesn't stop when you start working. At the University of Waterloo's School of Public Health Sciences we have three professional programs to choose from.

Develop your skills and knowledge to enhance your career - without having to put it on hold.

Study online, part-time or full-time.

Our programs offer the flexibility you need.

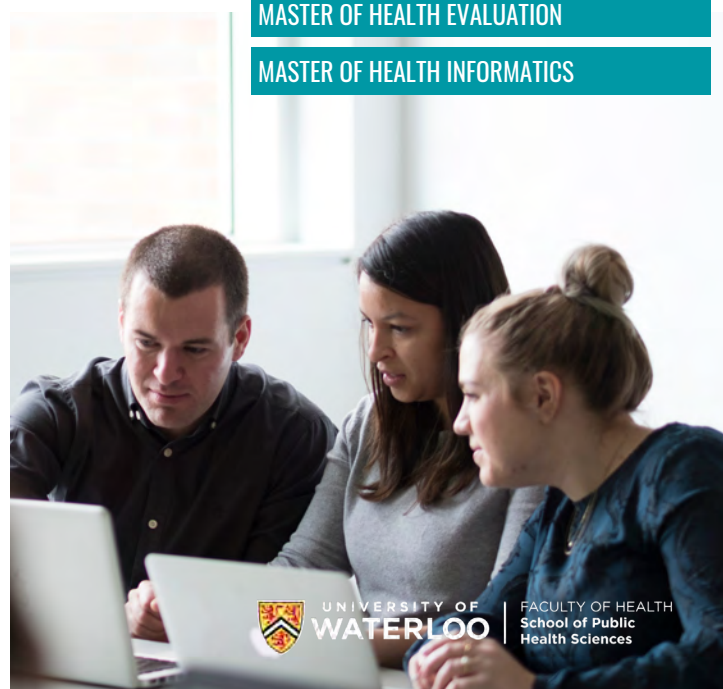
Your future starts here:

uwaterloo.ca/public-health/professional

MASTER OF PUBLIC HEALTH

MASTER OF HEALTH EVALUATION

MASTER OF HEALTH INFORMATICS



14:15 – 15:15

CONCURRENT SESSIONS

14 h 15 à 15 h 15

SÉANCES SIMULTANÉES

COVID-19 AND MENTAL HEALTH FOR ALL: A FRAMEWORK FOR MOVING FORWARD

The panel – which includes realist experts, researchers, knowledge users, and individuals with lived experience of physical and mental health comorbidities – will discuss the development of the Framework of Mental Health Promotion Interventions. The Framework identifies four levels of COVID-19 related threats and relevant positive interventions related to: 1) mental health promotion/mental health in all policies, 2) integrated mental health care systems, 3) community assets for mental health, and 4) individual-level supports. In addition, five identified mechanisms necessary for interventions that promote mental health – including trust and feedback, accountability and responsibility, power, resilience, and social connectedness – will be highlighted, with examples of actions that different countries have undertaken. Symposium participants will have the opportunity to reflect on the Framework and will be invited to engage in dialogue about its implementation in different contexts.

Learning Objectives

- Describe threats to population mental health and evidence-based positive interventions to prevent and mitigate them.
- Outline how integrated health and social care strategies may be employed at different socio-ecological levels to strengthen population mental health.
- Identify key mechanisms that need to be employed for the operation of many of the interventions that promote mental health.

Speakers

- Simon Carroll, University of Victoria
- Maura Macphee, University of British Columbia
- Brandon Hey, Mental Health Commission of Canada
- Marcie Dolce, Patient Advisor

Moderators

- Karen Davison, Kwantlen Polytechnic University
- Vidhi Thakkar, Kwantlen Polytechnic University

14:15 – 15:15
14 h 15 à 15 h 15

CONCURRENT SESSIONS
SÉANCES SIMULTANÉES

SHIFTING THE OBESITY NARRATIVE: REDUCING OBESITY STIGMA IN PUBLIC HEALTH POLICY AND PRACTICE

The 2019 report on the Health of Canadians recognized stigma as a public health issue. Included in the report was one form of stigma – obesity or weight stigma – that has proven remarkably difficult to overcome. Weight bias, stigma and weight-based discrimination can impact health and social outcomes such as housing, employment, income, social relationships, psycho-social or behavioural responses, and overall morbidity and mortality. For the first time, researchers are ensuring that the newly updated Canadian Clinical Practice Guidelines for obesity management include explicit recommendations on how to reduce weight bias, stigma and discrimination in health settings. The newly released guidelines also provide guidance for policy makers on how to effect change. The objective of this symposium is to present strategies that public health professionals can use to apply the new obesity guidelines in their daily practice.

Learning Objectives

- Summarize how participants can apply the adult obesity clinical practice guideline to inform their day-to-day public health research, policy and practice.
- Discuss strategies to reduce weight bias and stigma in public health practice and policy.
- Engage people living with obesity in public health research, policy and practice.

Speakers

- Lisa Schaffer, Chair, Public Engagement Committee, Obesity Canada
- Ximena Ramos Salas, Director of Research & Policy, Obesity Canada
- Sara Kirk, Professor, School of Health and Human Performance, Dalhousie University

Moderator

- Mary Forhan, Associate Professor and Chair, Department of Occupational Sciences and Occupational Therapy, University of Toronto; Scientific Director, Obesity Canada

TRAIN THE TRAINER: SOCIO-DEMOGRAPHIC DATA COLLECTION IN HEALTH SETTINGS

Public Health Ontario (PHO) has been supporting the implementation of socio-demographic (SD) data collection in Ontario for COVID-19 cases and vaccinations; SD data elements include race, ethnicity, language, household size and income. The integration of an equity analysis has been a key piece of these supports. This workshop leverages PHO's capacity-building work and is geared toward potential trainers on SD collection and SD data collection planners. Presenters will use materials from PHO's training webinars, learning exchanges, and educational tools to outline the key elements of getting staff ready for SD data collection in the health sector. Participants will learn about best practices in collection and will be prompted to think about the importance of considering data ownership and data analyses and use during the data collection stage. To support learning, workshop activities will include group work on responding to staff concerns and developing training agendas.

Learning Objectives

- Make the case for, and address staff concerns around, socio-demographic data collection.
- Develop a plan for a staff training session on socio-demographic data collection.
- Describe how to embed an equity analysis in socio-demographic data collection planning.

Workshop Facilitators

- Samiya Abdi, Senior Program Specialist, Public Health Ontario
- Caroline Bennett AbuAyyash, Knowledge Exchange Specialist, Public Health Ontario

15:15 – 15:25
15 h 15 à 15 h 25

STRETCH BREAK
PAUSE D'ÉTIREMENTS

15:25 – 16:30

PLENARY VI

15 h 25 à 16 h 30

PLÉNIÈRE VI

RETROFITTING THE RELATIONSHIP BETWEEN PUBLIC HEALTH AND PRIMARY CARE

The relationship between public health and primary care has long been ill defined and the subject of decades of discourse. The COVID-19 pandemic creates an opportunity to reassess and transform public health for a variety of reasons, including to advance health equity in pandemic planning response and recovery, and to realize improved population health. One essential change in the transformation is to examine the relationship between public health and primary care and to look for opportunities to enhance both sectors. This session will explore a situation analysis of the public health-primary care relationship commissioned by the National Collaborating Centres for Determinants of Health and Infectious Diseases. The session will highlight examples of how public health and primary care responded together to COVID-19 and other issues, and discuss examples of how a strengthened public health/primary care relationship can result in greater health equity, shared knowledge and outcomes.

Learning Objectives

- Identify vulnerabilities in our health and social systems exposed by COVID-19.
- Describe how population health and primary care can integrate to ensure that services are available, affordable and provided equally to all individuals irrespective of their gender, age, ethnicity or location.
- Summarize how a strengthened public health and primary care relationship can improve population health outcomes.

Speakers | Oratrice et orateurs

- Marichu Antonio, former Executive Director, ActionDignity
- Cesar Cala, Convenor, Filipinos Rising
- Annalee Coakley, Family Physician
- Jia Hu, Public Health and Preventive Medicine Specialist; Chair, 19 To Zero

Moderator | Modératrice

- Claire Betker, Scientific Director, National Collaborating Centre for Determinants of Health

POUR RÉAJUSTER LA RELATION ENTRE LES SERVICES DE SANTÉ PUBLIQUE ET LES SOINS PRIMAIRES

La relation entre les services de santé publique et les soins de primaires est sous-utilisée depuis longtemps. La pandémie de COVID-19 est l'occasion de transformer la santé publique, de réaliser des gains en santé des populations et de faire progresser l'équité en santé. L'un des ingrédients essentiels de cette transformation est de réajuster la relation entre la santé publique et les soins primaires — les éléments des systèmes de santé du Canada qui sont les plus proches des causes fondamentales de la santé individuelle et collective — de manière à améliorer de façon synergique les deux secteurs. Durant cette séance, les panélistes analyseront leurs expériences durant la riposte à la COVID-19 et donneront des exemples où le renforcement des liens entre la santé publique et les soins primaires a amélioré les résultats de santé de la population.

Objectifs d'apprentissage

- Nommer les failles de nos systèmes sociaux et de santé exposées par la COVID-19.
- Décrire comment intégrer la santé des populations et les soins primaires pour que les services soient disponibles, abordables et offerts également à toute personne, peu importe le sexe, l'âge, l'ethnicité ou l'emplacement géographique.
- Expliquer sommairement comment une relation renforcée entre la santé publique et les soins primaires peut améliorer les résultats de santé des populations.