

PUBLIC
HEALTH
2022
SANTÉ
PUBLIQUE

14-16 JUNE
DU 14 AU 16 JUIN
VIRTUAL | VIRTUELLE

PRELIMINARY PROGRAM
PROGRAMME PRÉLIMINAIRE

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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.

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CPHA is pleased to host Public Health 2022 through a unique and effective collaboration with:

L'ACSP a le plaisir d'organiser Santé publique 2022 par l'entremise d'une collaboration unique et efficace avec :

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EXHIBITORS | EXPOSANTS

Enter the virtual exhibit hall on Tuesday 14 June from 13:25 – 14:10 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 mardi 6 juin de 13 h 25 à 14 h 10 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 Evaluation Society / Société canadienne d'évaluation
- Canadian Public Health Association / Association canadienne de santé publique
- Canadian Red Cross / Croix-Rouge canadienne
- Harm Reduction Coalition
- Lakehead University
- National Collaborating Centre for Environmental Health / Centre de collaboration nationale en santé environnementale
- National Collaborating Centre for Determinants of Health / Centre de collaboration nationale des déterminants de la santé
- 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 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



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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
- Caitlin Johnson, Board of Directors, Canadian Public Health Association
- Marlene Larocque, Assembly of First Nations
- Mayilee Canizares, Canadian Alliance for Regional Risk Factor Surveillance
- Dana Riley, Canadian Institute for Health Information, Canadian Population Health Initiative
- Julie Stratton, Canadian Institute for Health Information, Canadian Population Health Initiative
- Morgan Lay, 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
- Malcolm Steinberg, Network of Schools and Programs of Population and Public Health
- Dionne Patz, Pan American Health Organization, World Health Organization
- Kerry Carignan, Public Health Agency of Canada
- Julia Purkis, Public Health Agency of Canada
- Maulik Baxi, Public Health Physicians of Canada

LEARNING OBJECTIVES

Having attended Public Health 2022, 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 2022, 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 Symposiums 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 breakout groups, live polling, facilitated Q&A and more.

BRIEF ORAL ABSTRACT PRESENTATIONS

During these highly interactive sessions, participants connect with speakers to view presentations, ask questions, and exchange ideas.

During three unique presentation blocks, speakers give a brief presentation followed by a brief discussion period with participants. Presentations will end after 13 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

TUESDAY 14 JUNE | MARDI 14 JUIN

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 TRANSFORMING PUBLIC HEALTH IN CANADA TRANSFORMER LA SANTÉ PUBLIQUE AU CANADA
12:05-12:15	STRETCH BREAK PAUSE-ÉTIREMENTS
12:15-13:15	CONCURRENT SESSIONS SÉANCES SIMULTANÉES
	Doing research and impacting policy during dual public health emergencies: Perspectives of people who use drugs
	The Immunization Partnership Fund: A spotlight on successes and challenges in combating vaccine-related mis- and dis-information
	Intersectoral action for decent work: Broader lessons from the Paid Sick Days Campaign
	Linking health and climate services: Climate change and health vulnerability and adaptation assessments
13:15-13:25	STRETCH BREAK PAUSE-ÉTIREMENTS
13:25-14:10	NETWORKING BREAK WITH EXHIBITORS AND PARTICIPANTS PAUSE-NETWORKING AVEC LES EXPOSANTS ET LES PARTICIPANTS
14:10-14:20	STRETCH BREAK PAUSE-ÉTIREMENTS
14:20-15:20	CONCURRENT SESSIONS SÉANCES SIMULTANÉES
	Advancing health equity, diversity, and inclusion in public health through the application of an intersectional analysis
	Effect of COVID-19-related misinformation and disinformation on the public health workforce in Canada
	Interconnection between food insecurity and mental health
	Virtual care for substance use during the COVID-19 pandemic
15:20-15:30	STRETCH BREAK PAUSE-ÉTIREMENTS
15:30-16:30	PLENARY II PLÉNIÈRE II FIRST NATIONS, INUIT, AND MÉTIS VISIONS OF POPULATION AND PUBLIC HEALTH VISIONS DE LA SANTÉ PUBLIQUE ET POPULATIONNELLE DES PREMIÈRES NATIONS, DES INUITS ET DES MÉTIS



11:00 – 12:05

PLENARY I

11 h à 12 h 05

PLÉNIÈRE I

TRANSFORMING PUBLIC HEALTH IN CANADA

The COVID-19 pandemic has highlighted the strengths and vulnerabilities of the world's public health systems, including those here in Canada. As in 2003, post-SARS, we find ourselves once again in a critical window of opportunity for key public health actors to mobilize and advocate for the importance of investing in public health. For example, the 2021 CPHO Annual Report offers a forward-looking vision of a renewed and strengthened Canadian public health system rooted in equity and based on the best available evidence and input from the broader public health community. Canada has also put forward an important and ambitious pan-Canadian health data strategy to ensure that data is available to provide insights and inform action, and the government has made unprecedented investments in disaggregation of population data. The pandemic also highlighted the need for high-quality, timely research evidence and effective ways to mobilize that evidence to inform public health practice, policies, and programs. A shared priority across these calls to strengthen public health systems, data and research is the need for clear and effective strategies to promote equity.

This session will bring together key thought leaders from diverse sectors – who share a goal of improving the health of Canadians – to reflect on what it will take to transform public health in Canada. They will each speak from their perspective on the importance of thinking globally and acting locally, of applying complex systems thinking to population health challenges, and how to actively promote anti-discriminatory and anti-colonial public health systems. The themes highlighted in this session will align with the upcoming CIHR Institute of Population & Public Health strategic plan, to be publicly released in conjunction with Public Health 2022 and this panel discussion.

TRANSFORMER LA SANTÉ PUBLIQUE AU CANADA

La pandémie de COVID-19 a exposé les forces et les vulnérabilités des systèmes de santé publique dans le monde, y compris au Canada. Comme en 2003 après le SRAS, le moment est propice pour que les principaux acteurs de la santé publique se mobilisent et défendent l'importance d'investir dans la santé publique. Par exemple, le rapport 2021 de l'administratrice en chef de la santé publique présente une vision éclairée d'un système de santé publique canadien renouvelé et renforcé, ancré dans l'équité et fondé sur les meilleures preuves disponibles et sur l'apport de toute la communauté de la santé publique. Le Canada propose aussi une importante et ambitieuse stratégie pancanadienne de données sur la santé afin de disposer des données nécessaires pour apporter un éclairage et orienter l'action; et le gouvernement a fait des investissements sans précédent dans la désagrégation des données démographiques. La pandémie a montré qu'il faut des données de recherche actuelles et de haute qualité et des moyens efficaces de mobiliser ces données pour éclairer les pratiques, les politiques et les programmes en santé publique. L'une des priorités communes à tous ces appels à renforcer les systèmes de santé publique, les données et la recherche est le besoin de stratégies claires et efficaces pour promouvoir l'équité.

Cette séance réunira des leaders d'opinion de divers secteurs – qui ont en commun l'objectif d'améliorer la santé des Canadiennes et des Canadiens – pour réfléchir à ce qu'il faudra faire pour transformer la santé publique au pays. Ces leaders parleront selon leur propre perspective de l'importance d'avoir une pensée mondiale et une action locale, d'appliquer une pensée systémique complexe aux problèmes de santé des populations, et des moyens de promouvoir activement des systèmes de santé publique qui luttent contre la discrimination et le colonialisme. Les thèmes abordés durant la séance seront conformes au prochain plan stratégique de l'Institut de la santé publique et des populations des IRSC, qui sera publié conjointement avec Santé publique 2022 et ce débat de spécialistes.

Speakers | Orateur et oratrices

- Anil Arora, Chief Statistician of Canada
- Lisa Helps, Mayor, City of Victoria, British Columbia
- Jane Philpott, Dean, Faculty of Health Sciences, Queen's University
- Daniele Behn Smith, Deputy Provincial Health Officer, Indigenous Health, BC
- Theresa Tam, Chief Public Health Officer of Canada, Public Health Agency of Canada

Moderator | Modérateur

- Steven Hoffman, Scientific Director, Canadian Institutes of Health Research, Institute of Population and Public Health

12:05 – 12:15

STRETCH BREAK

12 h 05 à 12 h 15

PAUSE-ÉTIREMENT

12:15 – 13:15

CONCURRENT SESSIONS

12 h 15 à 13 h 15

SÉANCES SIMULTANÉES

DOING RESEARCH AND IMPACTING POLICY DURING DUAL PUBLIC HEALTH EMERGENCIES: PERSPECTIVES OF PEOPLE WHO USE DRUGS

In this session, we describe our community-based participatory research approach, including our framework for engagement that outlines a range of community researcher roles, including partnership, advisory, employment, and an important fourth role of advocacy. Community researchers with lived and living experience will share their experiences and thoughts on what it means and how it feels to be part of this research. We will address the importance of flexibility and adaptability in developing and conducting research collaboratively.

Through this sharing, insights about the meaning of community-based research work – as well as what works and what doesn't work to support community researchers as full members and partners of a research team – will be explored, with insights about learnings for the value and application of such approaches in policy and practice. These insights and learnings will be shared through a variety of means such as stories, poetry or art to effectively share lived experience of partnering and collaborating on research during dual and ongoing public health emergencies. We will provide recommendations for other academic researchers, policy makers and practitioners seeking to do authentic and meaningful work in partnership with people with lived and living experience.

Learning objectives:

- Discuss the model and framework for engaging people with lived or living experience as partners, advisors and employees in community engaged research.
- Describe how collaborative research involving community and academic partnerships is developed and implemented to enhance real time meaning and impact.
- Identify how to engage meaningfully with people who use drugs in research, policy and practice.

THE IMMUNIZATION PARTNERSHIP FUND: A SPOTLIGHT ON SUCCESSES AND CHALLENGES IN COMBATING VACCINE-RELATED MIS- AND DIS-INFORMATION

The vaccine mis- and dis-information (MIDI) ignited by COVID-19 appears to be here to stay. How can people in Canada learn to identify MIDI and make evidence-informed vaccine decisions in the face of competing and conflicting information? This interactive session will provide participants with insight into how the Public Health Agency of Canada is investing in efforts to counter the ongoing threat of COVID-19 vaccine MIDI. Participants will learn about the Immunization Partnership Fund (IPF), its objectives, and how its funding is supporting efforts to combat MIDI and build capacity within Canada – particularly amongst equity-deserving populations – that can bolster vaccine confidence.

The session will feature the successes, challenges, best practices and lessons learned of three projects working to combat vaccine-related MIDI through tailored, community-led, and community-responsive approaches. Participants will gain insights into how the broader public health community can be harnessed to effectively respond to and combat this ongoing and growing threat.

Learning objectives:

- Explain the critical role of mis- and dis-information in relation to vaccine hesitancy and linkages to public health strategies, and identify the populations most susceptible to its influence.
- Illustrate the importance of engaging trusted community partners to dispel vaccine mis- and dis-information among equity-deserving populations.
- Apply an equity lens to the adaptation or development and use of tools, resources, and interventions designed to counter vaccine-related mis- and dis-information.

12:15 – 13:15

CONCURRENT SESSIONS

12 h 15 à 13 h 15

SÉANCES SIMULTANÉES

INTERSECTORAL ACTION FOR DECENT WORK: BROADER LESSONS FROM THE PAID SICK DAYS CAMPAIGN

Precarious employment can affect many social determinants of health and is further exacerbated by the COVID-19 pandemic. If precarious employment is the problem, decent work is the solution. Public health has a unique opportunity for intersectoral collaboration and action in pursuit of decent work. Public health is well positioned to engage in collaborative efforts through intersectoral action with primary health care, community groups, and movement builders in pursuit of decent work. This is a key area for health equity action.

Participants will explore:

- The impact of precarious employment on the health of people in Canada,
- A successful case study of intersectoral action for paid sick days, and
- Opportunities for intersectoral action planning for decent work.

Learning objectives:

- Describe the role that precarious employment has on the health of people in Canada coming out of COVID-19.
- Explain the potential for intersectoral action between public health and community groups to address precarious employment.
- Implement intersectoral action as a tool to advance health equity across the social determinants of health, including advocating for decent work.

LINKING HEALTH AND CLIMATE SERVICES: CLIMATE CHANGE AND HEALTH VULNERABILITY AND ADAPTATION ASSESSMENTS

Climate change poses risks to Canadian health and health systems. Canada's National Adaptation Strategy will increase momentum towards strengthening the resilience of these systems. Enhanced communication between health and climate services facilitates health vulnerability and adaptation assessments, improves understanding of climate-related exposure pathways, and helps find new ways to support these efforts. In this session, participants will hear from health organizations participating in Health Canada's HealthADAPT program and from the Canadian Centre for Climate Services on the challenges, choices, and opportunities for developing, finding, and using health and climate data.

Emerging climate information tools to support health vulnerability and adaptation assessments will also be discussed. Participants will leave the session with an increased understanding of the health vulnerability and adaptation assessment process, and be more aware of health-relevant climate data and products, and how they can be used to support such assessments.

Learning objectives:

- Describe how to undertake a health vulnerability and adaptation assessment.
- Analyze sources of health and climate information and of the challenges and limitations of working with both health and climate data.
- Identify where they can go for help when conducting climate change and health vulnerability assessments.

13:15 – 13:25

STRETCH BREAK

13 h 15 à 13 h 25

PAUSE-ÉTIREMENTS

13:25 – 14:10

NETWORKING BREAK WITH SPONSORS AND EXHIBITORS

13 h 25 à 14 h 10

PAUSE DE RÉSAUTAGE AVEC LES COMMANDITAIRES ET EXPOSANTS

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.

14:10 – 14:20

STRETCH BREAK

14 h 10 à 14 h 20

PAUSE-ÉTIREMENTS

14:20 – 15:20

CONCURRENT SESSIONS

14 h 20 à 15 h 20

SÉANCES SIMULTANÉES

ADVANCING HEALTH EQUITY, DIVERSITY, AND INCLUSION IN PUBLIC HEALTH THROUGH THE APPLICATION OF AN INTERSECTIONAL ANALYSIS

The COVID-19 pandemic has brought into focus and amplified existing health inequities and the importance of applying a health equity, diversity, and Inclusion (EDI) lens in public health programming, policy, and decision-making. Sex and Gender-Based Analysis Plus (SGBA Plus) uses an intersectional analysis to formulate responsive and inclusive research, policies, and programs. It is applied at the Public Health Agency of Canada (PHAC) to understand how overlapping social determinants of health and lived realities intersect with systems of power, privilege, and marginality to contribute to differences in accessing health-related resources and health outcomes.

In this session, coordinated by PHAC's Health Equity Integration Team, panelists will discuss concrete examples of how SGBA Plus was applied or adapted to advance health equity in their initiatives and strategies. The Health Equity Integration Team will share learnings from efforts to build SGBA Plus capacity across the Agency. The session will demonstrate the benefit of applying an intersectional analysis to achieve EDI in Public Health programming and policies.

Learning objectives:

- Identify EDI considerations that should be integrated into public health practice.
- Design more equitable public health policy and programs that are inclusive of diverse perspectives through the application of an intersectional analysis, such as SGBA Plus.

EFFECT OF COVID-19-RELATED MISINFORMATION AND DISINFORMATION ON THE PUBLIC HEALTH WORKFORCE IN CANADA

Presented by: Public Health Physicians of Canada

Overabundance of COVID-19-related information online has been a defining characteristic of the pandemic. The World Health Organization (WHO) Director General Dr. Tedros Adhanom Ghebreyesus had identified it as a potential health risk, and the WHO coined the term 'infodemic' for this phenomenon. While one of the primary differences between misinformation and disinformation is the intent with which it is shared, the detrimental effects of both are similar. As the local, regional, provincial and federal Medical Health Officers and Public Health Physicians have played leading roles in mitigating the health effects of COVID-19, their roles have often been subjected to misinformation and disinformation. Several physicians have faced personal harassments and threats both online and offline. Several healthcare workers and staff members working in immunization clinics have also reported abuses, protests and harassments.

Learning objectives:

- Explore the experiences of Canada's public health workforce affected by misinformation and disinformation.
 - Identify lessons learned for various stakeholders.
 - Identify opportunities to integrate infodemic management in future health emergency planning.
-

14:20 – 15:20

CONCURRENT SESSIONS

14 h 20 à 15 h 20

SÉANCES SIMULTANÉES

INTERCONNECTION BETWEEN FOOD INSECURITY AND MENTAL HEALTH

Presented by: Canadian Alliance for Regional Risk Factor Surveillance

Food insecurity is defined as inadequate or uncertain access to food due to financial constraints. Food insecurity is a well-recognized public health problem that has significant negative impacts on health and general well-being. There is a particularly strong relationship between food insecurity and poor mental health. A growing body of evidence worldwide suggests that food insecurity adversely affects mental health, even after adjusting for socio-economic status (SES). Food insecurity may contribute to mental health disorders through various pathways, such as a heightened stress response that leads to anxiety and depression. Conversely, mental health issues can lead to food insecurity through changes in SES such as loss of employment. This session will explore the interconnections between food insecurity and mental health using data from across Canada (before and during the COVID-19 pandemic). The relevance of food insecurity as a modifiable risk factor for adverse mental health outcomes will be discussed.

Learning objectives:

- Describe the relationship between mental health and food insecurity using data from across Canada.
- Explore data on the association between food insecurity and mental health during the pandemic.
- Discuss the relevance of food insecurity status as an independent social determinant of health and as a modifiable risk factor for mental health outcomes.

VIRTUAL CARE FOR SUBSTANCE USE DURING THE COVID-19 PANDEMIC

Presented by: Canadian Institute for Health Information

Throughout the COVID-19 pandemic, health care services had to adapt and evolve. Hospitals prioritized lifesaving and more urgent treatments, retrained and shifted human resources, and cancelled or delayed surgeries. For primary care physicians and specialists, virtual care became the prominent means of connecting with patients. This session will explore the impact of the pandemic on health care visits, harms caused by substance use, and how changes to virtual care service offerings have affected patients and providers.

Learning objectives:

- Describe the role of virtual care for substance use, substance use disorders, and concurrent disorders, including variations by gender and age.
- Examine how virtual care has impacted the delivery of care for service providers.
- Explore the impacts of virtual care from a patient perspective.
- Share current priorities regarding mental health and substance use as related to virtual care.

15:20 – 15:30

STRETCH BREAK

15 h 20 à 15 h 30

PAUSE-ÉTIREMENTS

15:30 – 16:30

PLENARY II

15 h 30 à 16 h 30

PLÉNIÈRE II

FIRST NATIONS, INUIT, AND MÉTIS VISIONS OF POPULATION AND PUBLIC HEALTH

Visioning the Future: First Nations, Inuit, & Métis Population and Public Health represents a multi-faceted vision as articulated by Indigenous peoples from coast to coast to coast. This report lays out an achievable public health vision that acknowledges Indigenous (First Nations, Inuit, and Métis) peoples' multiple systems for public health and ensures that Indigenous peoples' knowledge(s) permeate the Canadian public health system. This session will feature a panel discussion on three of the topics addressed by the report: governance, data and data governance, and urban Indigenous peoples.

Required reading: Participants attending this session are strongly encouraged to read [Visioning the Future: First Nations, Inuit, & Métis Population and Public Health](#) in advance to benefit the most from the discussion.

Speakers | Oratrices

- Sarah Funnell, Founding Director, Centre for Indigenous Health Research and Education, University of Ottawa
- Shannon MacDonald, First Nations Health Authority
- Janet Smylie, Centre for Inner City Health Research, St. Michael's Hospital; Dalla Lana School of Public Health, University of Toronto (Invited)

Moderator | Modératrice

- Margo Greenwood, Academic Leader, National Collaborating Centre for Indigenous Health

VISIONS DE LA SANTÉ PUBLIQUE ET POPULATIONNELLE DES PREMIÈRES NATIONS, DES INUITS ET DES MÉTIS

Le rapport *Vers un avenir meilleur : santé publique et populationnelle chez les Premières Nations, les Inuits et les Métis* représente la vision multidimensionnelle exposée par les peuples autochtones de l'Atlantique au Pacifique et à l'océan Arctique. Il propose une vision réalisable de la santé publique qui reconnaît les nombreux systèmes pour la santé publique des peuples autochtones (Premières Nations, Inuits et Métis) en s'assurant que le(s) savoir(s) autochtones imprègnent le système de santé publique canadien. Cette séance comportera un débat de spécialistes sur trois des sujets abordés dans le rapport : la gouvernance, les données et la gouvernance des données, et les populations autochtones urbaines.

Lecture obligatoire : Les participants de la séance sont vivement encouragés à lire au préalable le rapport [Vers un avenir meilleur : santé publique et populationnelle chez les Premières Nations, les Inuits et les Métis](#) pour tirer le meilleur parti de la discussion.

GROUP REGISTRATION \$200/person

Organizations can save up to \$100 per person when registering four or more employees for Public Health 2022.

Contact conference@cpha.ca to start the process.

PROGRAM OVERVIEW | RÉSUMÉ DU PROGRAMME

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11:00-12:05	PLENARY III PLÉNIÈRE III IMPROVING PUBLIC HEALTH SYSTEMS' CONNECTION TO COMMUNITY POUR AMÉLIORER LES LIENS DES SYSTÈMES DE SANTÉ PUBLIQUE AVEC LES COMMUNAUTÉS
12:05-12:15	STRETCH BREAK PAUSE-ÉTIREMENTS
12:15-13:15	CONCURRENT SESSIONS SÉANCES SIMULTANÉES
	Anticipating the post-COVID-19 season of inquiries: a public health perspective on what the future of Canada's public health systems should look like
	Caregiver-centered care: Increasing public health response abilities in meeting family caregiver needs
	Competency-led education: Designing and re-designing public health curricula for a resilient and world class workforce
	E mamu aapitishiistikiniwich attawin: Working together against COVID-19. The Quebec James Bay Cree Nation experience
	Responding to the next public health threat: Antimicrobial resistance
13:15-13:25	STRETCH BREAK PAUSE-ÉTIREMENTS
13:25-14:10	BRIEF ORAL ABSTRACT PRESENTATIONS BRÈVES PRÉSENTATIONS ORALES
14:10-14:20	STRETCH BREAK PAUSE-ÉTIREMENTS
14:20-15:20	CONCURRENT SESSIONS SÉANCES SIMULTANÉES
	Expanding a public health approach to substance use: Integrating sex, gender and equity factors into knowledge translation for substance use practice, health promotion and policy
	Lessons learned from the COVID-19 pandemic in the Region of the Americas
	Métis Nation Saskatchewan COVID recovery plan
	Public health transformation in Canada: The inevitable need for a global health approach
15:20-15:30	STRETCH BREAK PAUSE-ÉTIREMENTS
15:30-16:30	PLENARY IV PLÉNIÈRE IV GOVERNANCE OPTIONS TO STRENGTHEN PUBLIC HEALTH SYSTEMS DES OPTIONS DE GOUVERNANCE POUR RENFORCER LES SYSTÈMES DE SANTÉ PUBLIQUE



11:00 – 12:05

PLENARY III

11 h à 12 h 05

PLÉNIÈRE III

IMPROVING PUBLIC HEALTH SYSTEMS' CONNECTION TO COMMUNITY

Community-led action at the neighbourhood scale proved vital to addressing complex health inequities further exposed during the COVID-19 pandemic in Canada. Community organizations – partnered with public health, health care, and other government services – demonstrated how to meet equity needs within a targeted universalist approach to public health.

A renewal of public health post-COVID-19 is an opportunity to incorporate community participation into public health systems across networks and scales by sharing power, ensuring clear accountabilities, and centring community self-determination through processes of engagement, coproduction, and governance.

This session will feature a panel discussion highlighting some examples of community-led innovations and how these innovations could lead to systemic change in the future.

Required reading: Participants attending this session are strongly encouraged to read [Strengthening Community Connections: The Future of Public Health is at the Neighbourhood Scale](#) in advance to benefit the most from the discussion.

Speakers | Oratrices et orateur

- Aderonke Akande, Interim Director, Community Resources, Social Development, Finance and Administration, City of Toronto (Invited)
- Sandra Allison, Medical Officer of Health, Island Health British Columbia
- Joshua Smees, Chief Executive Officer, Food First NL

Moderator | Modératrice

- Kate Mulligan, Founding Director, Canadian Institute for Social Prescribing

POUR AMÉLIORER LES LIENS DES SYSTÈMES DE SANTÉ PUBLIQUE AVEC LES COMMUNAUTÉS

L'action communautaire à l'échelle des quartiers a joué un rôle crucial dans l'atténuation des iniquités de santé complexes qui sont ressorties encore davantage durant la pandémie de COVID-19 au Canada. Les organismes communautaires – ayant établi des partenariats avec les milieux de la santé publique, des soins de santé et d'autres services publics – ont montré la façon de répondre aux besoins d'équité dans le cadre d'une approche universelle ciblée en santé publique.

Le renouvellement de la santé publique une fois la pandémie de COVID-19 terminée se révélerait une occasion d'intégrer l'engagement communautaire dans les réseaux et les champs d'action des systèmes de santé publique. Le partage du pouvoir, l'énonciation de responsabilités claires et l'accent sur l'autodétermination des collectivités pourraient devenir réalité en établissant des processus d'engagement, de coproduction et de gouvernance.

Cette séance comportera un débat de spécialistes où l'on présentera des exemples d'innovations communautaires et des façons dont ces innovations pourraient un jour conduire à des changements systémiques.

Lecture obligatoire : Les participants de la séance sont vivement encouragés à lire au préalable le rapport [Renforcer les liens communautaires : l'avenir de la santé publique se joue à l'échelle des quartiers](#) pour tirer le meilleur parti de la discussion.

12:05 – 12:15

STRETCH BREAK

12 h 05 à 12 h 15

PAUSE-TIREMENTS

12:15 – 13:15

CONCURRENT SESSIONS

12 h 15 à 13 h 15

SÉANCES SIMULTANÉES

ANTICIPATING THE POST-COVID-19 SEASON OF INQUIRIES: A PUBLIC HEALTH PERSPECTIVE ON WHAT THE FUTURE OF CANADA'S PUBLIC HEALTH SYSTEMS SHOULD LOOK LIKE

Presented by: Canadian Institutes for Health Research

The COVID-19 pandemic has highlighted the cracks in Canada's public health systems. It has also provided us with a unique opportunity for systems transformation that benefits all Canadians. Building on challenges and priorities identified in the Chief Public Health Officer's 2021 Report and the CIHR Institute of Population and Public Health's Moving Forward Report, panelists and the audience will engage in discussion on how the Canadian public health community can advance a shared vision for Canada's future public health system.

The session will focus on how to address the challenges highlighted by the COVID-19 pandemic, including the questions: What key partnerships will drive solutions? How can we make the case for public health? What emerging area is most pressing? This forward-looking discussion will help foster a common vision for the future of Canada's public health systems.

CAREGIVER-CENTERED CARE: INCREASING PUBLIC HEALTH RESPONSE ABILITIES IN MEETING FAMILY CAREGIVER NEEDS

The practices and policies surrounding caring need to be considered to address health inequities. While forming the backbone of Canada's healthcare system, family caregivers (FCGs) remain largely undervalued, under-supported, and marginalized by current healthcare policies and practices. Public health professionals are well positioned to address this gap; however, the ability to respond to this gap is limited through a collective lack of recognition of FCGs and the diverse roles, impacts, and needs of caregiving.

This workshop will combine FCG stories, interactive learning, and facilitated discussion to introduce learners to the diverse roles, impacts, and experiences of FCGs. Learners will have opportunities to discuss the role of determinants of health in shaping FCGs' caring and well-being, critically reflect upon societal views and biases about FCGs, and build their response abilities to bring Caregiver-Centered Care into their workplaces and communities to respect, support, and meaningfully integrate FCGs into healthcare policy and practice.

Learning objectives:

- Recognize the value, impacts, roles, and diversity of family caregivers.
- Promote the health and well-being of family caregivers.
- Enhance the culture and context of healthcare.

COMPETENCY-LED EDUCATION: DESIGNING AND RE-DESIGNING PUBLIC HEALTH CURRICULA FOR A RESILIENT AND WORLD-CLASS WORKFORCE

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

The 2021 annual report of the Chief Public Health Officer (CPHO) identifies priority actions for public health renewal. These include modernizing public health competencies to match current requirements for public health practice. Key areas identified for strengthening of public health core competencies include working in complex government systems, collaboration for intersectoral action, healthy public policymaking, social and racial equity, ecological determinants linked to climate change, community engagement, and Indigenous health. This symposium will highlight selected public health training initiatives that are addressing some of the core public health competency areas in need of strengthening, and approaches that can support the development, monitoring, and refreshing of core public health competencies within the training environment.

Learning objectives:

- Identify the gaps in the current PHAC Public Health Core Competencies.
- Describe the core competencies required to guide public health training in the areas of Indigenous health and well-being, social and racial equity, and ecosocial health, and approaches to support the inclusion of these competencies within public health training curricula.
- Consider approaches to support the development, monitoring, and refreshing of core public health competencies within the training environment.

12:15 – 13:15

CONCURRENT SESSIONS

12 h 15 à 13 h 15

SÉANCES SIMULTANÉES

E MAMU AAPITISHIISHTIKINIWICH ATTAWIN: WORKING TOGETHER AGAINST COVID-19. THE QUEBEC JAMES BAY CREE NATION EXPERIENCE

We will share an experience of a public health initiative that facilitated community engagement and ownership of the COVID-19 response in Eeyou Istchee (the Cree Territory of James Bay): community-based contact tracing. This program includes a 9-hour training program developed by community members for community members, as well as resources and supports for communities to develop their own contact tracing program to meet that community's unique needs. This project acknowledges local knowledge and facilitates the integration of that knowledge into a tailored public health response for each unique community. We will speak about the challenges and successes of this work. We will then take a step back to more broadly discuss working with First Nations partners to develop public health interventions led by communities in order to have interventions that last over time and that can be integrated in community emergency response plans.

Learning objectives:

- Identify partners in your community to involve in setting up a community-based infectious disease response.
- Identify key elements for the implementation of lasting programs.
- Describe the principle of self-governance and how to support public health activities in self-governed communities.

RESPONDING TO THE NEXT PUBLIC HEALTH THREAT: ANTIMICROBIAL RESISTANCE

Presented by: Public Health Agency of Canada

A panel made up of representatives from the human health, animal health, and environmental sectors will test the established approach of grounding the response to antimicrobial resistance (AMR) in a One Health perspective in order to better understand the challenges in public health governance, collaboration, preparedness, and competencies, and strengthen the development of the response. They will answer the following provocative questions: Why do we need a One Health approach? What evidence is there that animal antibiotic use is relevant to human health, and that the environment influences AMR? Is advancing a fully integrated One Health actually practical and possible? What does One Health really mean when we are developing strategies for preventing and mitigating AMR? How do we address equity in the response to AMR? How do we strengthen coordination across the human health, animal health, and environmental sectors?

13:15 – 13:25

STRETCH BREAK

13 h 15 à 13 h 25

PAUSE-ÉTIREMENTS

REGISTER TODAY
INSCRIVEZ-VOUS AUJOURD'HUI

13:25 – 14:10

BRIEF ORAL ABSTRACT PRESENTATIONS

13 h 25 à 14 h 10

BRÈVES PRÉSENTATIONS ORALES

During this highly interactive live abstract presentation session, participants connect with speakers to view presentations, ask questions, and exchange ideas.

There are three unique presentation blocks between 13:25 – 14:10, and for each, speakers give a brief presentation (10 minutes maximum) followed by a 3-minute discussion period with participants. Presentations will end after 13 minutes and participants can attend a new abstract presentation.

Multiple participants can join an abstract presentation at the same time. Unless turned off by participants, microphones are enabled. The abstract presentations will not be recorded.

Presentation Blocks

1. 13:25 – 13:38
2. 13:40 – 13:53
3. 13:55 – 14:08

Presentations

- A public health framework for action on financial well-being and financial strain — [Candace Nykiforuk](#)
- A smartphone app for vaping cessation co-designed for and by youth: Preliminary evaluation and 3-month outcomes of the Stop Vaping Challenge — [Sherald Sanchez](#)
- A systematic review and meta-regression of food safety knowledge and behaviour among primary food preparers for young children in the home setting — [David Obande](#)
- Adapting the Aaniish Naa Gegii: The Children's Health and Well-being Measure (ACHWM) to include children 4 to 7 years of age — [Nancy Young](#)
- An Ontario perspective on the critical roles and impact of public health nurses during COVID-19 — [Emily Belita](#)
- CANVax: An online knowledge resource centre aiming to improve vaccine confidence during the COVID-19 pandemic and beyond — [Antonella Pucci](#)
- Characterizing psychological and functional outcomes among Canadian Public Safety Personnel during the Delta and Omicron waves of the COVID-19 pandemic — [Andrea D'Alessandro](#)
- Community Health Ambassador Program (CHAMP) — [Sara Daou](#)
- Comparing the goals, governance, policies, and communication strategies of provincial COVID-19 vaccination campaigns — [Cheryl Camillo](#)
- Conducting rapid reviews for health policy makers during the pandemic in an evolving evidence ecosystem: New synthesis methods and dissemination plans — [Stephanie Hopkins](#)
- Considerations for implementing a Network of Community-Based Testing (CBT) in Northern, Remote and Isolated (NRI) Communities — [Paul Sandstrom](#)
- Cross-sector engagement in Long-term Care Homes (LTCHs) and Retirement Homes (RHs) to address COVID-19 outbreak management — [Lindsay Fowler](#)
- Cultural safety and anti-racism in MPH curricula: Barriers and facilitators shaping uptake and implementation — [Alexandra Kent](#)
- Developmental disorders in Canada: A snapshot of health inequalities and other challenges across the life course — [Sarah Palmetter](#)
- Emerging methods for public health surveillance during the COVID-19 pandemic — [Emily Clark](#)

WEDNESDAY 15 JUNE | MERCREDI 15 JUIN

- Evidence for sex- and gender-informed lower-risk alcohol drinking guidelines — *Nancy Poole*
- Examining the implementation and health outcomes of zero-fee post-secondary education in Drayton Valley, Alberta — *Alexa Ferdinands*
- Exploring concerns about violence in the home during the COVID-19 pandemic — *Dawn-Li Blair*
- Exploring the experiences of homelessness and food insecurity during the COVID-19 pandemic among pregnant and postpartum people in Toronto, Ontario — *Barbara Chyzzy*
- From rumour to holler: Amplifying trusted voices in public health — *Sandra Romain*
- HPV immunization: Are we saying the right things to the right people? — *Riley Urquhart-Ducharme*
- Impacts of COVID-19: Indigenous women, their families, and communities — *Tyara Marchand*
- Inequalities in COVID-19 vaccination uptake and intent in Canada: Results from the Canadian Community Health Survey 2021 — *Ruoke Chen*
- Integration of intersectionality theory in quantitative health equity analysis: A rapid review and checklist of promising practices to guide the Pan-Canadian Health Inequalities Reporting Initiative — *Alexandra Blair*
- Leadership training and coaching for COVID-19 immunization: The Ottawa Public Health (OPH) case — *Marcela Tapia*
- Maternal health literacy and health numeracy conceptualizations in public health: A scoping review — *Dahlia Khajeei*
- Mental health interventions for First Nations, Inuit and Métis peoples in Canada: A systematic review — *Krista Stelkia*
- Ontario's substance use landscape has changed over the past two years: What are the impacts on health equity? — *Alexander Wray*
- Opioid preference for safe supply among people who use drugs in British Columbia, Canada — *Jessica Xavier*
- Overdose deaths and the COVID-19 pandemic in British Columbia — *Heather Palis*
- Prevalence of multimorbidity and chronic diseases in citizens of the Métis Nation of Ontario — *Sarah Edwards*
- Promises and perils: Examining the experiences of health system centralization reforms on public health governance and practice in three Canadian provinces — *Tamika Jarvis*
- The Beauty in Brain Difference: Supporting Inuit families and communities affected by Fetal Alcohol Spectrum Disorder — *Reyna Uriarte*
- The role of teachers in grade 6 school-based immunization programs in British Columbia — *Maya Bird*
- This is not an American problem: Lived experiences of Asian-Canadian discrimination during the COVID-19 pandemic — *Stephana Julia Moss*

14:10 – 14:20

STRETCH BREAK

14 h 10 à 14 h 20

PAUSE-ÉTIREMENTS

EXPANDING A PUBLIC HEALTH APPROACH TO SUBSTANCE USE: INTEGRATING SEX, GENDER, AND EQUITY FACTORS INTO KNOWLEDGE TRANSLATION FOR SUBSTANCE USE PRACTICE, HEALTH PROMOTION, AND POLICY

This session will highlight evidence-based sex-, gender-, and equity-related factors affecting substance use and program, policy, and peer responses to substance use, and how these factors can be incorporated into knowledge translation processes and products. It will discuss several Canadian-led examples of this integration in handbooks, websites, knowledge hubs, and job competencies, and describe processes of analysis, development, and engagement behind each of these products. Participants will learn about current evidence on the impact of sex, gender, and equity and the interactions and intersections with other factors and processes on substance use. Engagement with audiences, and utilization of products in this area, will be highlighted. Participants will interact with each of these examples, discuss their potential use in their own contexts, and discover how to engage with audiences in knowledge translation processes in their own contexts.

Learning objectives:

- Identify examples of important sex-, gender-, and equity-related factors affecting substance use and how substance use materials, programs, policies, or health information can benefit from incorporating this information.
- Identify key approaches and selected Canadian knowledge translation products that incorporate these issues, for further learning.
- Expand knowledge and build support in their own organizations for this integration, including improving training and job competencies in these areas.

LESSONS LEARNED FROM THE COVID-19 PANDEMIC IN THE REGION OF THE AMERICAS

Presented by: Pan American Health Organization

In this session, the Pan American Health Organization will present lessons learned from the COVID-19 pandemic in Latin America and the Caribbean related to its impact on health systems, priority public health programs, and specific health outcomes, such as maternal mortality and mental health. COVID-19 has challenged the governance of health systems, tested their resilience, and led to widespread disruptions in essential health services. The course of the pandemic reiterated lessons from previous emergencies on the importance of applying evidence in decision-making, and the need for strong primary health care systems in the control of epidemic outbreaks, underscoring the importance of integrated health programs and coordination of service delivery throughout the continuum.

Presenters will discuss the impact of COVID-19 on health systems and programs, and will present a critical analysis of the uptake of evidence, research and innovation at the country level, including practical solutions and lessons learned for future pandemics.

14:20 – 15:20

CONCURRENT SESSIONS

14 h 20 à 15 h 20

SÉANCES SIMULTANÉES

MÉTIS NATION SASKATCHEWAN COVID RECOVERY PLAN

Presented by: Métis National Council and Métis Nation Saskatchewan

Our communities were affected by the pandemic, and many citizens find themselves in a difficult situation. The impact continues even after the pandemic. To address the needs of our citizens and to help them recover from the pandemic, MN-S has developed and implemented the following support programs:

- Medical travel assistance program (including cancer, dialysis, and general medical travel)
- Medical accommodation program
- Healthy food program during medical appointments
- Mental health and addiction help line
- Health promotion and prevention
- Partnership with healthcare providers

Learning objectives:

- Describe how Métis communities are affected by the pandemic.
- Explore some of the support programs available to help Métis communities.
- Identify key elements for the implementation for the MS-S.

PUBLIC HEALTH TRANSFORMATION IN CANADA: THE INEVITABLE NEED FOR A GLOBAL HEALTH APPROACH

The COVID-19 pandemic has revealed the cracks in our health, social, and economic systems and further exacerbated inequities. As countries, including Canada, seek to build back more equitable and resilient public health systems, an explicit global health approach is also needed – informed by lessons learned from this and past pandemics, and other intersecting crises, including persistent racial and gender inequities and climate change. Canada's Chief Public Health Officer's annual report in 2021 outlined a vision and key elements for transforming the country's public health system to ensure that the necessary conditions are in place for Canada to effectively respond to current and future pressing public health challenges. How might a global health approach enhance these plans? This symposium will provide a forum to discuss the value-add of a global health approach to planned public health system transformation, and how the public health sector can best shape these efforts.

Learning objectives:

- Describe plans for public health system transformation in Canada in the context of pressing global issues.
- Identify opportunities for integrating a global health perspective as part of public health system transformation efforts.
- Discuss challenges and opportunities for Canada to develop and implement a global health strategy.

15:20 – 15:30

STRETCH BREAK

15 h 20 à 15 h 30

PAUSE-ÉTIREMENT

15:30 – 16:30

PLENARY IV

15 h 30 à 16 h 30

PLÉNIÈRE IV

GOVERNANCE OPTIONS TO STRENGTHEN PUBLIC HEALTH SYSTEMS

Health has become one of the most densely populated areas of governance globally, with a wide array of institutions seeking to contribute to the development or attainment of population health. The COVID-19 pandemic has challenged the governance of health, social, and economic systems, and further exposed pre-existing social, racial, and health inequities.

To build more resilient and equitable public health systems, governance approaches in Canada need to be strengthened at multiple levels, both within public health systems and across other sectors, by actively engaging communities to redress systemic inequities.

This session will feature a panel discussion of a potential framework for governance of public health in Canada, with a particular emphasis on legislative reform, research, and policy development and priority setting.

Recommended reading: Participants attending this session are strongly encouraged to read [Governing for the Public's Health: Governance Options for a Strengthened and Renewed Public Health System in Canada](#) in advance to benefit the most from the discussion.

Speakers | Orateurs

- Patrick Fafard, Professor, Public and International Affairs, Faculty of Social Sciences, University of Ottawa
- Ak'ingabe Guyon, Adjunct Professor, Faculty of Medicine and Health Sciences, McGill University

Moderator | Modératrice

- Erica di Ruggiero, Director, Centre for Global Health, Dalla Lana School of Public Health, University of Toronto

DES OPTIONS DE GOUVERNANCE POUR RENFORCER LES SYSTÈMES DE SANTÉ PUBLIQUE

La santé est devenue l'un des secteurs de gouvernance les plus densément peuplés au monde, comprenant un large éventail d'institutions qui s'emploient à la promotion ou à l'atteinte de la santé des populations.

La pandémie de COVID-19 a mis à l'épreuve la gouvernance des systèmes de santé, sociaux et économiques, et a exposé davantage les inégalités sociales, raciales et sanitaires préexistantes. Pour bâtir des systèmes de santé publique plus résilients et équitables, les approches de gouvernance au Canada doivent être renforcées à des paliers multiples, tant au sein des systèmes de santé publique que dans d'autres secteurs, en mobilisant activement les communautés pour corriger les inégalités systémiques.

Cette séance comportera un débat de spécialistes sur un éventuel cadre de gouvernance de la santé publique au Canada en insistant particulièrement sur la réforme législative, la recherche, l'élaboration de politiques et l'établissement de priorités.

Lecture recommandée : Les participants de la séance sont vivement encouragés à lire au préalable le rapport [Gouverner pour la santé du public : options de gouvernance pour un système de santé publique renforcé et renouvelé au Canada](#) pour tirer le meilleur parti de la discussion.

GROUP REGISTRATION \$200/person

Organizations can save up to \$100 per person when registering four or more employees for Public Health 2022.

Contact conference@cpha.ca to start the process.

THURSDAY 16 JUNE | JEUDI 16 JUIN

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 HEALTH OF CANADIANS IN A CHANGING CLIMATE LA SANTÉ DES CANADIENS ET DES CANADIENNES DANS UN CLIMAT EN CHANGEMENT
12:05-12:15	STRETCH BREAK PAUSE-ÉTIREMENTS
12:15-13:15	CONCURRENT SESSIONS SÉANCES SIMULTANÉES
	Conceptualizing digital public health in Canada: What are the implications for practice?
	Introduction to Party n Play/Chemsex: Providing culturally and clinically competent care to GBMSM communities
	Supporting the deployment of Health in All Policies in Canada: Implementation prospects, training review, creation of a pan-Canadian network
	Visioning lessons learned into First Nations public health transformation
	Responding to the next public health threat: Antimicrobial resistance
13:15-13:25	STRETCH BREAK PAUSE-ÉTIREMENTS
13:25-14:10	BRIEF ORAL ABSTRACT PRESENTATIONS BRÈVES PRÉSENTATIONS ORALES
14:10-14:20	STRETCH BREAK PAUSE-ÉTIREMENTS
14:20-15:20	CONCURRENT SESSIONS SÉANCES SIMULTANÉES
	Alcohol, cancer, and COVID-19: How the pandemic weakened Canadian alcohol policies and what can be done about it
	Disconnect in a hyperconnected world: Strategies and partnerships for digital equity
	Mental Health Surveillance during the COVID-19 Pandemic
	Supporting intersectoral collaboration to promote health equity in immigrants and refugees: Findings from a pan-Canadian needs assessment
15:20-15:30	STRETCH BREAK PAUSE-ÉTIREMENTS
15:30-16:30	PLENARY VI PLÉNIÈRE VI BENITA COHEN MEMORIAL LECTURE: HEALTH, EQUITY, SOCIAL JUSTICE, AND PUBLIC HEALTH PRACTICE CONFÉRENCE À LA MÉMOIRE DE BENITA COHEN : LA SANTÉ, L'ÉQUITÉ, LA JUSTICE SOCIALE ET LA PRATIQUE EN SANTÉ PUBLIQUE



11:00 – 12:05

PLENARY V

11 h à 12 h 05

PLÉNIÈRE V

HEALTH OF CANADIANS IN A CHANGING CLIMATE

Climate change is already affecting the health of Canadians and, if we do not take concerted action, will continue to result in injury, illness, and death. Many of these health impacts can be prevented if Canada rapidly and substantially scales up efforts now to adapt to growing threats to health. With increased awareness of the issue and collaboration among partners, health decision makers and communities should seize this window of opportunity to adopt strong adaptation measures and make health systems and facilities environmentally sustainable and resilient to climate. This session will feature a solutions-oriented discussion of promising practices that address issues such as health equity and mental health.

Required reading: Participants attending this session are strongly encouraged to read [Health of Canadians in a Changing Climate](#) in advance to benefit the most from the discussion.

LA SANTÉ DES CANADIENS ET DES CANADIENNES DANS UN CLIMAT EN CHANGEMENT

Les changements climatiques ont déjà une incidence sur la santé des Canadiens et des Canadiennes et, si nous ne prenons pas de mesures concertées, ils continueront d'entraîner des blessures, des maladies et des décès. Bon nombre de ces effets sur la santé peuvent être évités si le Canada intensifie rapidement et considérablement ses efforts pour s'adapter aux menaces croissantes pour la santé. Si l'on fait mieux connaître la question et que l'on améliore la collaboration entre les partenaires, les décideurs et les milieux de la santé devraient profiter de cette conjoncture favorable pour adopter des mesures d'adaptation solides et rendre les systèmes et les installations de santé durables sur le plan environnemental et capables de s'adapter au climat. Cette séance comportera une discussion – orientée sur les solutions – de pratiques prometteuses qui abordent des questions comme l'équité en santé et la santé mentale.

Lecture obligatoire : Les participants de la séance sont vivement encouragés à lire au préalable le rapport [La santé des Canadiens et des Canadiennes dans un climat](#) en changement pour tirer le meilleur parti de la discussion.

Speakers | Oratrices

- Louise Aubin, Director, Health Protection, Regional Municipality of Peel
- Mary Cameron, Director, Health Protection Branch, Population and Public Health Division, BC Ministry of Health
- Katie Hayes, Policy Analyst, Climate Change and Innovation Bureau, Health Canada
- Rebekka Schnitter, Policy Analyst, Climate Change and Innovation Bureau, Health Canada

MODERATOR | MODÉRATEUR

- Peter Berry, Senior Policy Analyst and Science Advisor to the Director, Climate Change and Innovation Bureau, Safe Environments Program, Health Canada

12:05 – 12:15

STRETCH BREAK

12 h 05 à 12 h 15

PAUSE-ÉTIREMENTS

CONCEPTUALIZING DIGITAL PUBLIC HEALTH IN CANADA: WHAT ARE THE IMPLICATIONS FOR PRACTICE?

Our goal is to enhance participants' recognition of the role of digital public health (DPH) and the growing need to think carefully about its role in public health practice. The session will consist of three presentations that (a) share findings of a scoping review which describes a conceptual framework for DPH in Canada, building on the European Public Health Association's (EUPHA) conceptual framework for digitalization of public health and the CPHA's conceptual framework for public health; (b) review the EUPHA's perspectives, progress and challenges in conceptualizing and implementing DPH in Europe; and (c) explore the implications of DPH for public health practice in Canada. The session will conclude with a discussion of the practical implications of this framework for public health practitioners and institutions regarding advocacy, capacity building, and resource investment priorities. The session will be interspersed with interactive statements to capture the "pulse" of the session and enhance engagement.

Learning objectives:

- Recognize the role of digital public health and the growing need to think carefully about its role in public health practice.
- Describe the concept of digital public health and identify its application in participants' practice.
- Recognize opportunities and challenges of digital public health through the experiences of other public health practitioners.

INTRODUCTION TO PARTY N PLAY/CHEMSEX: PROVIDING CULTURALLY AND CLINICALLY COMPETENT CARE TO GBMSM COMMUNITIES

Party n Play (PnP), also known as Chemsex, is the sexualized use of recreational substances by gay, bisexual, and men who have sex with men (GBMSM). PnP involves using several substances that prolong and enhance the experience of sex. Commonly used substances in PnP scenes are crystal meth, GHB, and to a lesser extent, alcohol, cocaine, MDMA, ketamine, poppers, and Viagra. Health inequities persist for GBMSM who experience intersecting forms of oppression, stigma, and discrimination. Participants will explore what distinguishes PnP from substance use, and learn of cultural safety, cultural humility, and clinically competent care for cis and trans-GBMSM who PnP.

Learning objectives:

- Describe PnP and populations that are disproportionately impacted.
- Demonstrate knowledge of the biopsychosocial context of PnP in the GBMSM community.
- Identify a harm reduction approach to substance use in the context of sex.
- Develop competencies in cultural humility, cultural safety, and clinical care.

SUPPORTING THE DEPLOYMENT OF HEALTH IN ALL POLICIES IN CANADA: IMPLEMENTATION PROSPECTS, TRAINING REVIEW, AND CREATION OF A PAN-CANADIAN NETWORK

The symposium will provide a theoretical and empirical context for the implementation of the Health in All Policies (HiAP) approach in Canada. Based on data collected from various research projects, scientific advisors from the National Collaborating Centre for Healthy Public Policy (NCCHPP) will present their findings on the foundations of this approach, expert proposals on the needs and configuration of a future pan-Canadian HiAP network, and an analysis of existing training. These elements will provide an overview of the challenges and potential of implementing the HiAP approach in the Canadian context, including Indigenous contexts. A discussion will conclude the symposium, and will address questions raised by the participants and stimulate a collective reflection on the perspectives of research and implementation of HiAP in Canada.

Learning objectives:

- Identify the opportunities and challenges of the HiAP approach in Canadian contexts, taking into account Indigenous realities.
- Examine and evaluate the challenges and parameters necessary for the development of a Canadian HiAP network.
- Summarize the strengths and weaknesses of available training in HiAP, and consider possible options for adapting this provision to Canadian contexts.

THURSDAY 16 JUNE | JEUDI 16 JUIN

12:15 – 13:15

CONCURRENT SESSIONS

12 h 15 à 13 h 15

SÉANCES SIMULTANÉES

VISIONING LESSONS LEARNED INTO FIRST NATIONS PUBLIC HEALTH TRANSFORMATION

Presented by: Assembly of First Nations

The COVID-19 pandemic has verified the scope of health and social inequities and offers an opportunity to address long-standing disparities; in Canada, the cumulative burden of inequities is carried by First Nations. With a vision for improved health outcomes, First Nations are leading initiatives that reinforce health and social equity.

This session will explore First Nations' unique and dynamic public health interventions that serve as foundations to implement durable strategies that address local and regional inconsistencies. First Nations' responses function within multiple persistent factors such as restrictive funding envelopes, scarcity of medical/clinical professionals, and the generations-long housing and infrastructure crisis in many communities. This session will recognize the lessons learned, adaptation and innovation during the COVID-19 pandemic, and will identify strengths-based approaches for First Nations public health transformation.

Learning objectives:

- Describe strategies to address the burden of inequities carried by First Nations communities.
- Explore First Nations' public health interventions that were implemented to address inconsistencies at the local and regional levels.
- Identify strengths-based approaches for First Nations public health transformation.

13:15 – 13:25

STRETCH BREAK

13 h 15 à 13 h 25

PAUSE-ÉTIREMENTS

13:25 – 14:10

BRIEF ORAL ABSTRACT PRESENTATIONS

13 h 25 à 14 h 10

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1. 13:25 – 13:38
2. 13:40 – 13:53
3. 13:55 – 14:08

Presentations

- A foot in the door: History of early implementation of BC's Risk Mitigation Guidance (RMG) and the potential impacts for future safe supply models — [Daniel Gudino](#)
- Alberta family caregivers' needs for the future: Lessons for Canadian public health — [Tanya L'Heureux](#)
- Catalyzing new partnerships toward implementing COVID-19 Rapid Antigen Testing: Canadian Red Cross and the Ministry of Natural Resources and Forestry — [Neyra Adel](#)
- Childbirth and postpartum experiences during COVID-19: Mental health implications for new parents in Canada — [Marie Tarrant](#)

THURSDAY 16 JUNE | JEUDI 16 JUIN

13:25 – 14:10

BRIEF ORAL ABSTRACT PRESENTATIONS

13 h 25 à 14 h 10

BRÈVES PRÉSENTATIONS ORALES

- Climate change is impacting mental health in North America: A systematic scoping review of the hazards, exposures, vulnerabilities, risks, and responses — *Breanne Aylward*
- Corrections as a site for public health renewal — *Susan Taylor*
- COVID-19 Sikh Gurdwara Initiative: A culturally effective public health intervention — *Sukhmeet Sachal*
- COVID-19 vaccination intention and vaccine hesitancy among citizens of Métis Nation of Ontario — *Noel Tsui*
- Developing a national operational guidance document for the implementation of supervised consumption services in Canada — *Kelsey Speed*
- Discrimination during the COVID-19 pandemic: Assessing the experiences of Chinese Canadian immigrants through a gender lens — *Stephanie Sheng*
- Embracing multi-ethnicity, diversity, and equity: Canadian Red Cross partnership approach to optimize COVID-19 vaccine coverage — *Dharmistha Kaul*
- Enacting care by being experts and managing relationships: A discourse analysis of media briefings by MOHs during the COVID-19 pandemic — *Sudit Ranade*
- Equity in action: Interventions to improve health equity in pandemic planning, response, and recovery — *Kristia Maatta*
- Examining transformations within Indigenous primary health care policy in Alberta: A provincial analysis of policy reform — *Danika Goveas*
- Exploring the impact of newcomers' cultural conceptualizations of mental wellness on mental health service utilization — *Brittany Davy*
- Exploring the implementation of a capability-based planning approach within public health emergency management — *Liam Totten*
- Food insecurity and adolescent eating patterns and well-being — *Allison H. MacNeil*
- How to promote financial well-being and reduce financial strain: A guidebook of strategies and indicators for action at the population level — *Ana Paula Belon*
- Lessons learned from an elder-led cultural pilot program for mothers in a remote northern community in Alberta, Canada — *Kayla Fitzpatrick*
- Loneliness and cannabis use during the COVID-19 pandemic in Canada — *Ben Yeoh*
- Playful mindfulness program for families experiencing stress: FunConnectFam Training for early childhood educators in New Brunswick — *Jalila Jbilou*
- Psychological well-being among doctoral students during the COVID-19 pandemic — *Samira Feizi*
- Public health and clinical interventions to improve health outcomes of people who use inhalants: A systematic review — *Alisha Atri*
- Rates of opioid mortality, hospitalization, and emergency visits amongst areas with marginalization ratings in Ontario: 2000-2017 longitudinal analyses — *Noor-Ul-Huda Shah*
- Recreational screen time prior to and during the COVID-19 pandemic across sociodemographic groups — *Stephanie Toigo*
- Sleeping soundly: Strengthening school-based sleep promotion through diverse perspectives — *Pamela Mellon*

THURSDAY 16 JUNE | JEUDI 16 JUIN

13:25 – 14:10

BRIEF ORAL ABSTRACT PRESENTATIONS

13 h 25 à 14 h 10

BRÈVES PRÉSENTATIONS ORALES

- Social class and the risk of dementia: A systematic review and meta-analysis of the prospective longitudinal studies — *Yuliya Bodryzlova*
- Social media crisis communication guidebook for public health — *Melissa Mackay*
- spatialEpisim: A R Shiny app for tracking COVID-19 in low- and middle-income (LMIC) countries — *Crystal Wai*
- Supporting healthy aging with intelligent environment — A smart-home-based data ecosystem — *Kang Wang*
- Temporal trends and determinants of COVID-19 vaccination during pregnancy in Ontario — *Gillian D. Alton*
- The White Owl Food Share Program: An evaluation of an urban Indigenous food initiative in Southwestern Ontario — *Laura Peach*
- Walking together: How four guiding principles underpinned meaningful collaboration between local public health and Indigenous partners during COVID-19 — *Liliana Bressan*
- Youth-related strategies to vaccination: A public health perspective — *Anik Dubé*

14:10 – 14:20

STRETCH BREAK

14 h 10 à 14 h 20

PAUSE-ÉTIREMENTS

14:20 – 15:20

CONCURRENT SESSIONS

14 h 20 à 15 h 20

SÉANCES SIMULTANÉES

ALCOHOL, CANCER, AND COVID-19: HOW THE PANDEMIC WEAKENED CANADIAN ALCOHOL POLICIES AND WHAT CAN BE DONE ABOUT IT

This session will re-energize public health dialogue on alcohol and cancer, as well as evidence-informed policy actions in Canada, as jurisdictions emerge from COVID-19 restrictions. Participants will increase their knowledge of the latest research and policy guidance on alcohol and cancer and the impact of the COVID-19 pandemic; apply this knowledge to develop evidence-informed public health approaches to reduce consumption, cancer risk, and associated effects; and investigate available evidence-informed actions that can be pursued.

With presentations from an oncologist who treats patients with cancer and from researchers working to evaluate and influence implementation of effective policies to minimize alcohol-related harms, this session will present the latest data linking alcohol to cancer, identify available evidence-informed policy actions, and share the current state of alcohol policy in Canada, including the impact of COVID-19.

Learning objectives:

- Examine recent developments in research and policy related to alcohol consumption and cancer prevention in Canada, as well as impacts of the COVID-19 pandemic.
 - Identify what policy shifts are needed to minimize alcohol-related harms, including cancers, across Canada.
 - Apply public health policy approaches to reduce alcohol consumption, cancer risk and associated effects.
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DISCONNECT IN A HYPERCONNECTED WORLD: STRATEGIES AND PARTNERSHIPS FOR DIGITAL EQUITY

Everyone deserves an equal opportunity to benefit from digital health technologies. However, intersecting personal, contextual, and technological factors determine their uptake and use, preventing some from having an equal opportunity to benefit. A rapid and finite situational assessment explored considerations for equity-informed approaches to digital mental health and addictions services around core dimensions of digital equity. Communities living with inequities due to socioeconomic status and structural exclusion (e.g., racism) are less able to use and benefit from digital mental health and addictions services. Eliminating historical, institutional, and structural barriers to digital health technology must be a policy priority for health systems. Decision makers must recognize how digital equity intersects with social determinants of health and embed principles of equity into policy and planning for digital mental health and addictions programs and services, to ensure the dramatic increase in digital services does not further entrench the digital divide.

Learning objectives:

- Describe how access, affordability, digital literacy, relevance, and safety/security intersect with social and structural determinants of health equity.
- Identify key community and professional partnerships to develop interventions for digital equity in health service policy.
- Apply strategies to address barriers and identify opportunities to achieve digital equity in public health.

MENTAL HEALTH SURVEILLANCE DURING THE COVID-19 PANDEMIC

The COVID-19 pandemic and the public health measures implemented to reduce the spread of SARS-CoV-2 have impacted the mental health of many Canadians. The Public Health Agency of Canada (PHAC) added to existing mental health surveillance programs to respond to information needs during the pandemic. This session will include descriptions of surveillance programs and products related to the mental health of Canadians during the COVID-19 pandemic. Presenters will discuss PHAC's mental health surveillance programs and highlight recent national survey data on positive mental health, mental illness, and suicidal ideation in the context of the pandemic. Challenges and successes of mental health surveillance initiatives will be discussed, along with new products for dissemination of key mental-health-related findings to all Canadians.

Learning objectives:

- Locate and describe the mental health surveillance programs implemented by PHAC.
 - Discuss the strengths and weaknesses of the data sources used for mental health surveillance at the national level.
 - Explain the status of the mental health of Canadians in the context of the COVID-19 pandemic.
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THURSDAY 16 JUNE | JEUDI 16 JUIN

14:20 – 15:20

CONCURRENT SESSIONS

14 h 20 à 15 h 20

SÉANCES SIMULTANÉES

SUPPORTING INTERSECTORAL COLLABORATION TO PROMOTE HEALTH EQUITY AMONG IMMIGRANTS AND REFUGEES: FINDINGS FROM A PAN-CANADIAN NEEDS ASSESSMENT

N4 is a national network for the diversity of providers who assist newcomers in navigating Canada's complex healthcare and social service systems. The dual pandemics of COVID-19 and systemic racism have highlighted the vulnerabilities of newcomers among health and social service organizations. Many organizations made commitments to improving Equity, Diversity and Inclusion (EDI), but struggled to actualize real change. From April 2020 to January 2021, N4 engaged with over 40 organizations from across Canada to better understand their experiences as they supported newcomers navigating health and social services. N4 will present key findings from this report, including challenges, barriers, successes, and innovations. N4 will discuss how they are applying these findings to support professionals in advancing EDI across Canada by addressing the systemic barriers new Canadians experience when they interact with Canada's complex healthcare and social service systems.

Learning objectives:

- Describe systemic barriers newcomers experience when interacting with Canada's healthcare and social service systems that have been exacerbated during COVID-19.
- Identify and recall unique models of care that work to overcome the cultural and linguistic barriers newcomers experience when interacting with Canada's healthcare and social service systems.
- Apply novel tools and resources that support connection, learning, and collaboration among professionals in the health and social service sectors who work with newcomer populations.

15:20 – 15:30

STRETCH BREAK

15 h 20 à 15 h 30

PAUSE-ÉTIREMENTS

15:30 – 16:30

PLENARY VI

15 h 30 à 16 h 30

PLÉNIÈRE VI

BENITA COHEN MEMORIAL LECTURE: HEALTH, EQUITY, SOCIAL JUSTICE, AND PUBLIC HEALTH PRACTICE

Benita Cohen was an Associate Professor at the College of Nursing at the University of Manitoba; its research program is focused on strengthening public health capacity to address and reduce inequities in health using a social justice lens. Benita was a soft-spoken, brilliant, thorough, often conciliatory, gentle, and caring social activist; she was the real deal. She used her gifts in many venues, including classrooms, academic papers, and in multi-disciplinary meeting rooms, promoting a more caring and equitable society.

Shelley Marshall, one of Benita's doctoral students, will reflect on Benita's legacy and discuss current and future challenges for public health in reducing health inequities and improving social justice.

Speaker | Oratrice

- Shelley Marshall, Clinical Nurse Specialist, Winnipeg Regional Health Authority, Population and Public Health

CONFÉRENCE À LA MÉMOIRE DE BENITA COHEN : LA SANTÉ, L'ÉQUITÉ, LA JUSTICE SOCIALE ET LA PRATIQUE EN SANTÉ PUBLIQUE

Benita Cohen était professeure agrégée à l'École des sciences infirmières de l'Université du Manitoba; son programme de recherche porte sur le renforcement des capacités en santé publique pour aborder et réduire les iniquités en santé dans une optique de justice sociale. Militante sociale brillante, minutieuse, souvent conciliante, douce et prévenante, Benita n'avait pas besoin d'élever le ton; elle était authentique. Elle dispensait ses dons à de nombreux publics : dans les salles de classe, les communications savantes et les salles de conférence pluridisciplinaires, en préconisant une société plus solidaire et équitable.

Shelley Marshall, une étudiante de troisième cycle de Benita, reviendra sur l'héritage que celle-ci nous laisse et parlera des défis actuels et futurs de la santé publique lorsqu'il s'agit de réduire les iniquités en santé et d'améliorer la justice sociale.