

PUBLIC HEALTH **2022** SANTÉ PUBLIQUE

14-16 JUNE
DU 14 AU 16 JUIN



COLLABORATOR AND SPONSOR SUPPLEMENT

SUPPLÉMENT DES COLLABORATEURS ET DES COMMANDITAIRES



Dre Theresa Tam

Administratrice en chef de la santé publique du Canada

MESSAGE de l'**A-C-S-P**

Mot de bienvenue de l'administratrice en chef de la santé publique du Canada

Bonjour et bienvenue à tous les participants de la conférence Santé publique 2022 ! Plus de deux ans se sont écoulés depuis le début d'une pandémie mondiale sans précédent, qui nous a donné une leçon d'humilité et un défi énorme en tant que professionnels de la santé publique. La pandémie a brusquement poussé la santé publique à s'adapter rapidement, à innover et à unir ses forces dans tous les secteurs afin de soutenir nos collectivités. Ces avancées doivent être soutenues, et le progrès doit se poursuivre.

L'équité au cœur de la transformation de la santé publique

La transformation de la santé publique est un thème récurrent du programme de cette année. Je crois fermement que nous pouvons bâtir de solides systèmes de santé publique à tous les niveaux qui visent l'excellence. Mais pour y arriver, nous devons accorder la priorité à l'action dans les domaines clés. Nous devons renforcer notre main-d'œuvre en santé publique, améliorer nos outils et nos systèmes de données et

moderniser notre gouvernance et nos façons de travailler ainsi que les modèles de financement.

Par-dessus tout, l'équité en santé doit demeurer au cœur de tous nos efforts. En promouvant une population résiliente et en santé et un système de santé publique solide et agile, nous serons mieux outillés pour faire face non seulement à la pandémie actuelle, y compris à ses conséquences imprévues, mais aussi à d'autres crises de santé publique émergentes.

Le changement climatique est un enjeu de santé publique

Alors que nous faisons face à ces crises de santé qui se chevauchent, la santé publique aura de nombreux rôles importants à jouer. Les systèmes de santé publique du Canada continueront d'être sollicités pour combattre en aval les répercussions des changements climatiques. Nous devons aussi promouvoir la santé en amont, en consentant des efforts supplémentaires d'adaptation et d'atténuation. Tout comme dans le cas de la COVID-19, ce n'est pas tout le monde qui vivra les changements climatiques ou qui sera en mesure de s'y adapter de la même façon. La réponse du système de santé publique doit faire progresser l'équité en santé et la justice. À cette fin, nous devons échanger avec les collectivités pour répondre à leurs besoins et travailler avec les secteurs afin de promouvoir des politiques qui accordent la priorité à la santé.

La promotion de la santé d'abord

La santé publique joue également un rôle essentiel dans le rétablissement de l'espoir dans nos collectivités et dans le changement de notre mentalité collective en matière de santé, de la maladie et des crises au bien-être mental et physique. C'est particulièrement important pour les groupes touchés de façon disproportionnée par la pandémie, y compris les aînés, les enfants et les jeunes, qui ont fait face à de multiples défis en matière de santé, notamment des

périodes prolongées d'isolement social et une réduction de l'activité physique et sociale.

Intégration des perspectives des peuples autochtones

Pour mener à bien ces rôles et le travail qui nous attend, il sera essentiel d'écouter l'expertise, l'expérience et le savoir des Premières Nations, des Inuits et des Métis et d'apprendre de ces derniers, puisqu'ils ont une compréhension plus globale de la santé et de ses liens avec la santé des terres. En appuyant la vision des Premières Nations, des Inuits et des Métis en matière de santé publique, en faisant la promotion de la réconciliation, de la décolonisation ainsi que du droit à l'autodétermination, nous pourront grandement enrichir et renforcer le travail en santé publique à l'échelle du pays. Je vous encourage vivement à participer à la séance plénière sur ce sujet !

Une conférence pour stimuler l'action et les interactions !

J'espère que cette conférence vous inspirera dans votre travail, peu importe l'étape où vous en êtes dans votre carrière en santé publique. J'espère également qu'elle vous donnera l'occasion de créer des liens avec vos collègues, de partager vos expériences et d'échanger des idées. Il y a beaucoup de travail à faire, mais la pandémie nous a montré qu'en travaillant ensemble, nous pouvons faire de grands progrès. Nous devons adhérer à cet esprit alors que nous renforçons les systèmes de santé publique du Canada pour le XXI^e siècle !



www.canada.ca/rapportacsp2021



Agence de la santé publique du Canada

Public Health Agency of Canada

Canada



Dr. Theresa Tam

Chief Public Health Officer of Canada

C•P•H•O MESSAGE

Welcome from Canada's Chief Public Health Officer

Hello and welcome to all participants of *Public Health 2022*! We are now over two years into an unprecedented global pandemic that has humbled and challenged us tremendously as public health professionals. The pandemic has propelled public health to rapidly adapt, innovate, and to join forces across sectors to support our communities. These advances must be sustained and built on for the future.

Equity at the heart of public health transformation

Transforming public health is a recurrent theme in this year's program. I firmly believe that we can build strong public health systems at all levels that strive for excellence. But to get there, we need to prioritize action in key areas. We must renew our public health workforce, improve our tools and data systems, and modernize our governance and ways of working, as well as funding models.

Above all, health equity must remain at the core of all our efforts. By fostering a healthy and resilient population and a strong and agile public health system, we will be better-equipped to face not only the current pandemic—including its unintended consequences—but other concurrent and emerging public health crises as well.

Climate change *is* a public health issue

As we confront these overlapping health crises, public health has many important roles to play. This includes a critical role in protecting Canadians from the health impacts associated with climate change. Public health systems throughout Canada will continue to be called upon to address the downstream impacts of climate change. There is also a role to promote health through further upstream adaptation and mitigation efforts. Like COVID-19, not everyone will experience climate change, or be able to adapt, in the same way. The public health system response must advance health equity and justice. To this end, we must engage with communities to meet their needs, and work across sectors to promote policies that prioritize health.

A focus on health promotion

There is also a critical role for public health in restoring hope in our communities, and shifting our collective mindset around health, from sickness and crises, to mental and physical wellness. This is particularly important for those groups disproportionately impacted by the pandemic, including our seniors, and our children and youth, who have faced multiple health challenges, including extended periods of social isolation and reduced physical and social activity.

Incorporating Indigenous Peoples' perspectives

To successfully carry out these roles, and the work that lies ahead, it will be key to listen and learn from the expertise, experience, and ways of knowing of First Nations, Inuit and Métis Peoples who have a more holistic understanding of health and its connection to the health of the land. By supporting the First Nations, Inuit, and Métis Peoples' vision for public health, promoting reconciliation and decolonization, and championing the right to self-determination, we stand to greatly enrich and strengthen public health's work across our country. Be sure to watch the plenary session on this topic!

A conference to stimulate action and interactions!

I hope this conference will inspire you in your work, whatever stage you may be in your public health career. I also hope it provides an opportunity to connect with your colleagues, to share experiences and exchange ideas. There is much work to be done, but the pandemic has shown us that by working together we can make great strides. We need to embrace this spirit as we bolster Canada's public health systems for the 21st century!



www.canada.ca/CPHOReport2021

La santé mentale des enfants et des jeunes au Canada

L’Institut canadien d’information sur la santé a diffusé de nouvelles informations sur la santé mentale des enfants et des jeunes au Canada. Notre analyse examine les tendances relatives aux hospitalisations, aux visites aux urgences et à l’utilisation de médicaments chez les enfants et les jeunes depuis 2016.

Principales constatations

- La proportion de visites aux urgences et d’hospitalisations pour un trouble de santé mentale chez les enfants et les jeunes de 5 à 24 ans a augmenté au fil du temps.
- Les filles de 15 à 17 ans étaient 2 fois plus susceptibles que les garçons du même âge d’être hospitalisées pour un trouble de santé mentale et de recevoir des médicaments pour des troubles anxieux ou de l’humeur.
- Les enfants et les jeunes vivant dans les quartiers défavorisés affichaient des taux plus élevés de visites aux urgences et d’hospitalisations en raison de troubles de santé mentale.
- Pendant la pandémie de COVID-19, les hospitalisations en raison de troubles alimentaires chez les filles de 10 à 17 ans ont augmenté de près de 60 % par rapport aux niveaux prépandémiques.

Ces constatations illustrent l’ampleur des répercussions de la pandémie de COVID-19 sur les enfants et les jeunes et dressent un portrait plus large de la santé mentale au Canada.



Hospitalisations pour les troubles de l’alimentation chez les enfants et les jeunes

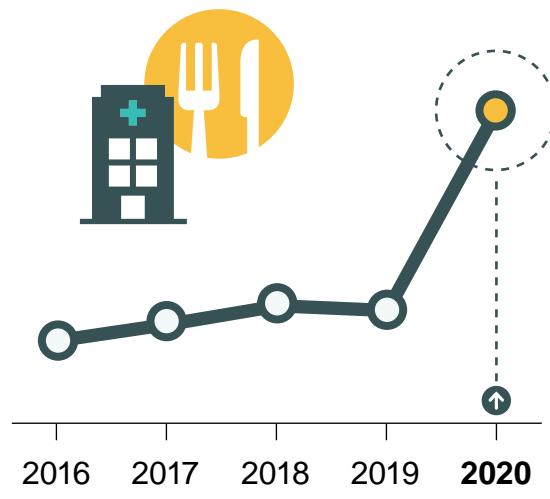
10 à 17 ans

Le taux d’hospitalisations

pour les troubles de l’alimentation était

1,6 X plus élevé en 2020

qu’en 2019 chez les filles de 10 à 17 ans



Aidez-nous à en savoir plus sur l’expérience des Canadiens en matière d’accès aux services liés à la santé mentale ou à l’utilisation de substances.

Mental health of children and youth in Canada

The Canadian Institute for Health Information has released new information on the mental health of children and youth in Canada. Our analysis examines trends in hospitalizations, emergency department (ED) visits and medication use for children and youth since 2016.

Key findings

- The proportion of ED visits and hospitalizations for mental health disorders among children and youth age 5 to 24 has increased over time.
- Young women age 15 to 17 were twice as likely as their male peers to receive hospital care for mental health disorders and to be dispensed medication for mood and anxiety disorders.
- Those living in less-affluent neighbourhoods had higher rates of ED visits and hospitalizations for mental health disorders.
- During the COVID-19 pandemic, hospitalizations for eating disorders among girls and young women age 10 to 17 increased almost 60% compared with pre-pandemic levels.

This work highlights the wide-reaching consequences of the COVID-19 pandemic on children and youth, and provides insights into the larger mental health picture in Canada.



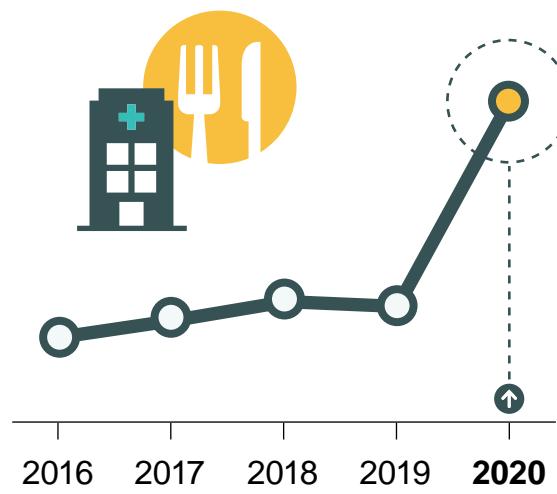
Hospitalizations for eating disorders for children and youth

age 10 to 17



1.6× higher in 2020

compared with 2019 for females age 10 to 17

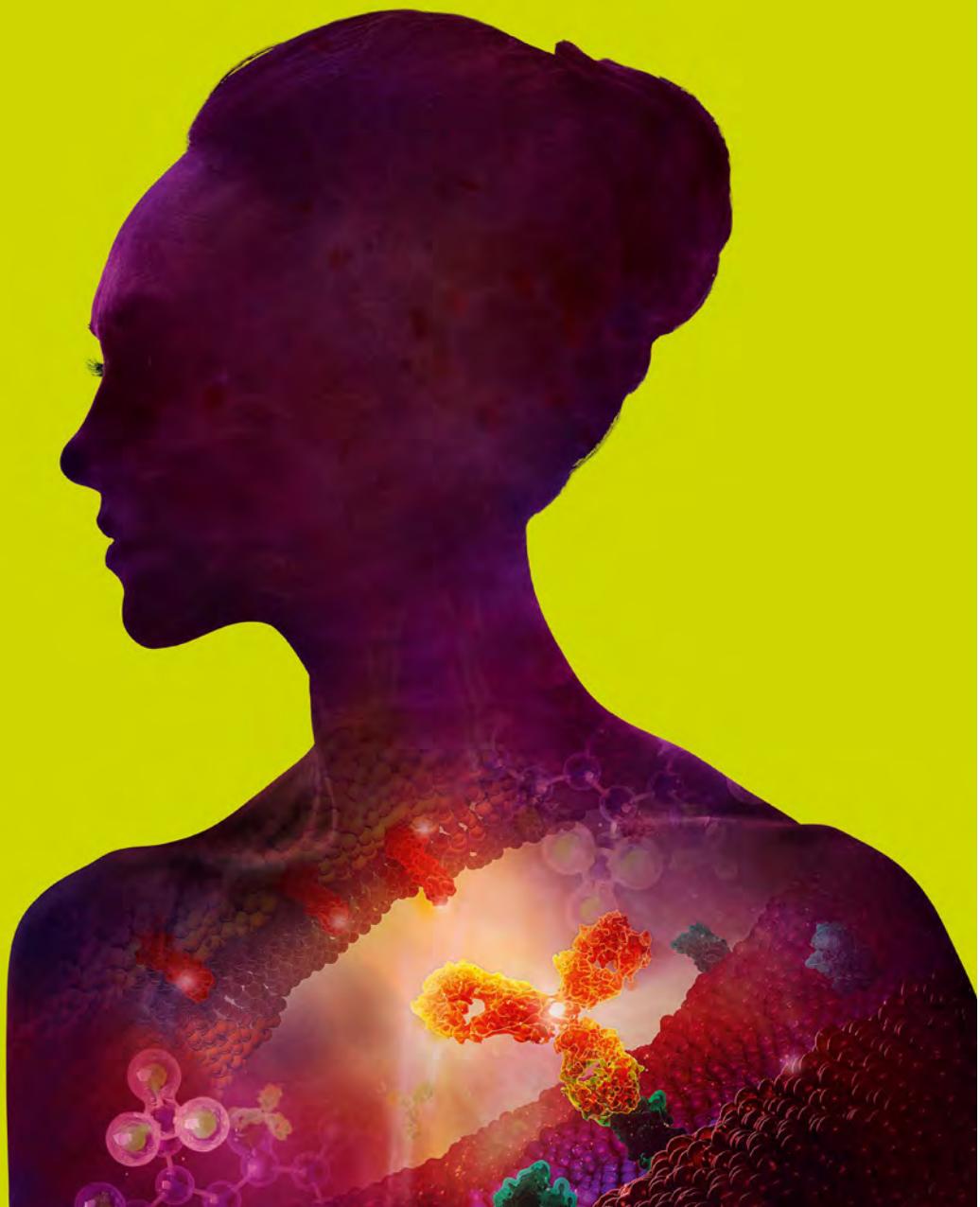


Help us learn more about the experiences of Canadians with accessing mental health or substance use services.

What Science Can Do

At AstraZeneca, we believe in the power of what science can do to transform serious diseases like cancer, heart disease, diabetes, COPD, asthma, and the COVID-19 virus.

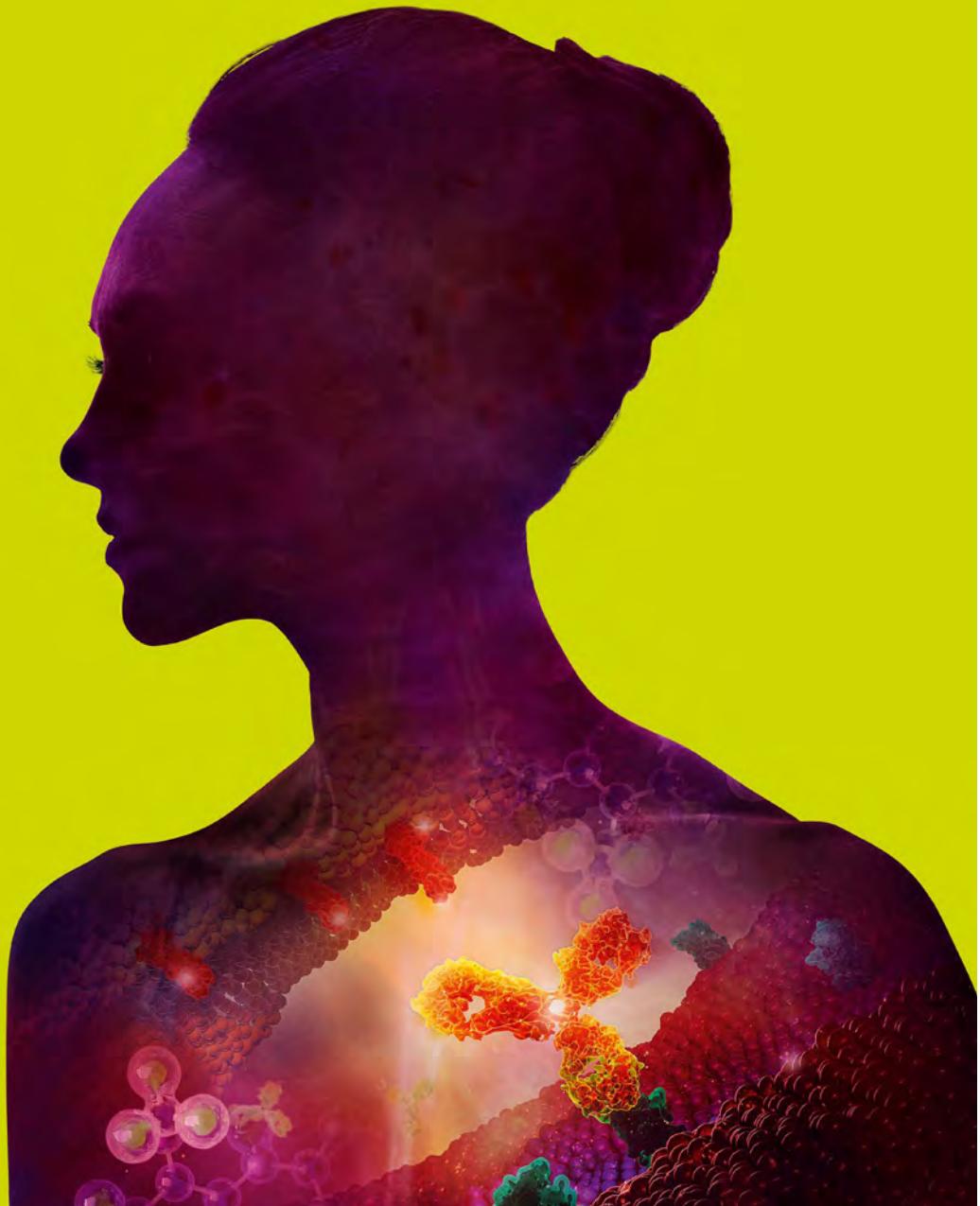
AstraZeneca is proud to support Public Health 2022 and the Canadian Public Health Association as part of our commitment to improving the quality of life of all Canadians, including those most vulnerable to infectious diseases, such as COVID-19 and respiratory syncytial virus (RSV).



Ce que la science peut accomplir

Chez AstraZeneca, nous croyons en ce que la science peut faire pour transformer les maladies graves comme le cancer, la maladie cardiaque, le diabète, la MPOC, l'asthme et le virus de la COVID-19.

AstraZeneca est fière de soutenir Santé publique 2022 et l'Association canadienne de santé publique dans le cadre de son engagement visant à améliorer la qualité de vie de tous les Canadiens, y compris les personnes les plus vulnérables aux maladies infectieuses, comme la COVID-19 et le virus respiratoire syncytial (VRS).



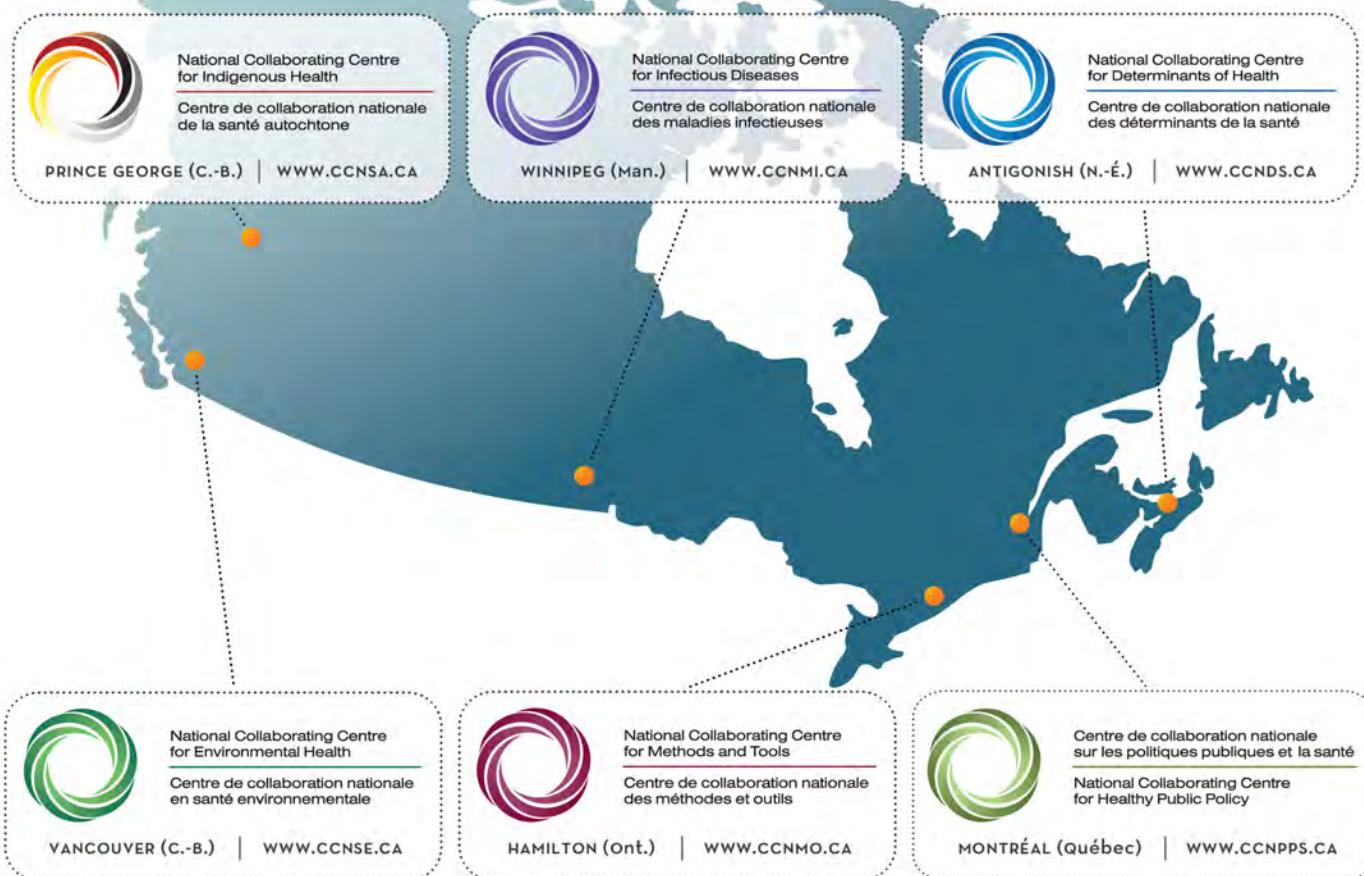


National Collaborating Centres
for Public Health

Centres de collaboration nationale
en santé publique

Créés en 2005 et financés par l'Agence de la santé publique du Canada (ASPC), les **six Centres de collaboration nationale en santé publique** (les CCN) unissent leurs efforts pour promouvoir l'utilisation des connaissances issues de la recherche scientifique et des autres savoirs afin de renforcer les pratiques, les programmes et les politiques de santé publique au Canada.

Les CCN travaillent à repérer les lacunes dans les connaissances afin de stimuler la recherche dans les domaines prioritaires de santé publique et mettent en lien chercheurs et praticiens afin de créer des réseaux à la grandeur du pays. Ils traduisent les connaissances émergentes et existantes en informations faciles à comprendre au moyen de ressources informées par des données probantes, des produits multimédias et d'autres activités de mobilisation des connaissances.





National Collaborating Centres for Public Health

Centres de collaboration nationale
en santé publique

Established in 2005 and funded through the Public Health Agency of Canada, the **six National Collaborating Centres for Public Health** (NCCs) work together promoting the use of scientific research and other knowledge to strengthen public health practices, programs, and policies in Canada.

The NCCs identify knowledge gaps to stimulate research in public health priority areas and link public health researchers with practitioners to build networks across Canada. New and existing knowledge is translated into easy-to-understand information through evidence-informed resources, multi-media products, and other knowledge mobilization activities.





Vivre en santé, ça commence avec un diagnostic : avez-vous été testé récemment ?

Le saviez-vous?

- Pour assurer un **mode de vie sain** ainsi que pour prévenir et traiter la maladie, il est crucial et urgent de prioriser les tests diagnostics.
- **68 % des personnes âgées** de 25 à 34 ans ont **manqué un dépistage de routine** ou un test de diagnostic au cours des 18 derniers mois*
- Qu'il s'agisse de maladies infectieuses, de cancer ou d'autres menaces pour la santé, la recherche de **solutions aux problèmes de santé** commence avec les diagnostics et en dépend pour prévenir, diagnostiquer, traiter et surveiller les maladies **potentiellement mortelles**.

L'engagement de Roche

Nous nous engageons à faire progresser les solutions de diagnostic qui peuvent soutenir les décisions critiques pour la santé des patients. Il est important pour nous d'améliorer la façon dont ces outils essentiels sont intégrés dans les systèmes de santé avec les meilleurs résultats possibles à moindre coût. En aidant les gens à comprendre la valeur des diagnostics, nous espérons changer la façon dont chacun prend conscience de sa santé et la gère.

Que faire pour améliorer l'accès aux diagnostics ?

Il est temps de faire une plus grande place aux solutions de diagnostic dans nos systèmes de soins de santé pour simplifier et transformer les soins aux patients. Il est possible d'apporter de la valeur au système de santé public et aux patients à un coût relativement faible.

**Curieux
d'en connaître
davantage?**





Healthy living starts with Diagnostics: When was the last time you got checked?

Did you know?

- Diagnostic testing needs to be prioritized as part of a **healthy lifestyle**, in addition to addressing disease.
- **68% of people** aged 25-34 have **missed routine screening** or diagnostic testing in the past 18 months.*
- Whether it's infectious diseases, cancer or other health threats, the quest to **solve healthcare challenges** starts with and depends on diagnostics to prevent, diagnose, treat and monitor **life-threatening** health conditions.

Roche's commitment

We are committed to advancing diagnostic solutions that can support critical healthcare decisions. It is important to improve the way these essential tools are integrated into health systems so that the best possible outcomes are delivered at a lower cost. By helping people understand the value of diagnostics, we hope to change the way every person takes notice of and manages their health.

What's next for better patient access to diagnostics solutions?

Now is the time to look at healthcare systems along with innovative diagnostic solutions to radically simplify and transform patient care. Value can be delivered to the public health system and to patients at a relatively low cost.

[Learn more](#)





CARRFS WELCOMES PUBLIC HEALTH PROFESSIONALS TO JOIN OUR NETWORK

The Canadian Alliance for Regional Risk Factor Surveillance (CARRFS) provides a platform to strengthen an innovative pan-Canadian health surveillance community through networking, and envisions timely and quality surveillance of health determinants to inform policies and practices across Canada.

- ▶ **JUNE 13 (11:30-17:00 ET) - Virtual Symposium**
Strengthening Public Health Systems and Decision-Making: Need for new research, surveillance and methodologies to adapt to a changing world

- ▶ **JUNE 14 (14:20-15:20 ET) - Public Health 2022 Collaborator Session**
Interconnection Between Food Insecurity and Mental Health

L'ACSRFR ENCOURAGE TOUS LES PROFESSIONNELS DE SANTÉ PUBLIQUE À SE JOINDRE À NOTRE RÉSEAU

L'Alliance canadienne pour la surveillance des facteurs de risque régionaux (ACSRFS) fournit une plateforme pour renforcer une communauté pancanadienne novatrice de surveillance de la santé grâce au réseautage et à comme vision une surveillance des déterminants de la santé de qualité et réalisée en temps opportun afin d'éclairer les politiques et les actions de santé publique à travers le Canada.

- ▶ **13 JUIN (11h30-17h HE) - Symposium virtuel**
Renforcer le système de santé publique et la prise de décision : besoin d'innovation en recherche, en surveillance et dans les approches méthodologiques afin de s'adapter à un monde en évolution

- ▶ **14 JUIN (14h20-15h20 HE) - Session des collaborateurs lors de Santé publique 2022**
Interconnexions entre l'insécurité alimentaire et la santé mentale



Build Back Stronger

Leaving no one behind

The Pan American Health Organization (PAHO) is the specialized international health agency for the Americas. In 2022, it celebrates 120 years of collaboration and support for the countries of the Region to improve the health and well-being of their populations.

Throughout the COVID-19 pandemic PAHO has provided leadership in all countries and territories of the Americas. PAHO has tracked the spread of COVID-19, provided essential supplies to frontline health workers, and supported surveillance, testing, contact-tracing, and laboratory capacity. In addition, PAHO has supported its Member States throughout the preparation and roll-out of COVID-19 vaccines and has delivered over 100 million COVAX vaccine doses in the Region.

PAHO is committed to work with countries to build back stronger – helping create strong, equitable, and resilient health systems for the best attainable health for every woman, man, and child in the Americas.

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PAHOWHO



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Pan American
Health
Organization



World Health
Organization
Americas

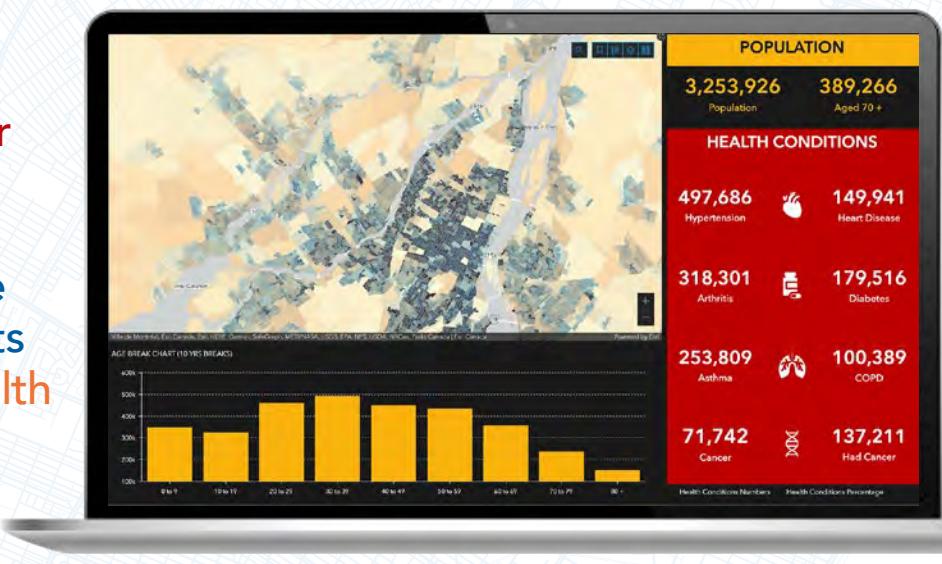
REGIONAL OFFICE FOR THE Americas



When it comes to health, location matters!



Spatial data and analysis can **uncover** gaps in access to care within your populations, prepare for unforeseen events and improve the health of our community.



esri.ca/health

The image depicted contains models and is being used for illustrative purposes only. Janssen Inc. © JI 2022

Creating a future where disease is a thing of the past.

Janssen's vaccine research and development program aims to redefine the prevention of infectious diseases for the most vulnerable people and their communities. Our innovations aim to protect and save lives both today and in the future. Learn more at www.janssen.com.



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NEW INDICATION



SHINGRIX IS NOW INDICATED IN ADULT PATIENTS 18 YEARS OF AGE AND OLDER WHO ARE OR WILL BE AT INCREASED RISK OF SHINGLES DUE TO IMMUNODEFICIENCY OR IMMUNOSUPPRESSION CAUSED BY KNOWN DISEASE OR THERAPY

SHINGRIX is indicated for the prevention of herpes zoster (HZ, or shingles) in:¹

- adults 50 years of age or older;
- adults 18 years of age or older who are or will be at increased risk of HZ due to immunodeficiency or immunosuppression caused by known disease or therapy.

There are a variety of risk factors that can put your patients at increased risk of shingles.²

- ≥90% of Canadians have had varicella and are at risk for shingles.³
- Age-related decline in immunity was shown to be the dominant driver of shingles, with 2/3 of shingles cases occurring in those over the age of 50. The risk and severity of shingles is greatest in the elderly.^{1,2}
- The risk of shingles is higher in adults 18 years and older with immunosuppression due to disease and/or therapy.¹
- The **risk of hospital-attended shingles (i.e., seen in hospitals or emergency departments) in immunocompromised adults was 2.9 times higher** than that of immunocompetent adults, and ranged from 2.6 to 12.3 times higher depending on the immunocompromising conditions.^{4*}

With this new indication, the number of patients eligible for SHINGRIX has increased.

Recommend SHINGRIX to all your eligible patients and help protect them against shingles.

Visit **THINKSHINGRIX.ca** to learn more.

Consult the Product Monograph at gsk.ca/SHINGRIX/PM for contraindications, warnings and precautions, adverse reactions, interactions, dosing and administration information. To request a Product Monograph, or to report an adverse event, please call 1-800-387-7374.

* According to a retrospective cohort analysis design to estimate annual incidence rates, organized by April to March fiscal year. The study included adults 18 years and older who had an emergency department visit or hospitalization for shingles from 1 April 2002 to 31 August 2016 in Ontario. Only Ontario residents with a valid provincial health insurance number were included. Ethics approval was obtained from Public Health Ontario's Ethics Research Board. The primary outcome was hospital-attended HZ (as defined by seen in hospital or emergency department).⁴

References: 1. SHINGRIX Product Monograph. GlaxoSmithKline Inc., November 24, 2021. 2. Harpaz R, Ortega-Sanchez IR, Seward JF; Advisory Committee on Immunization Practices (ACIP), Centers for Disease Control and Prevention (CDC). Prevention of herpes zoster: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR Recomm Rep* 2008;57(RR-5):1-30. 3. National Advisory Committee on Immunization (NACI). Statement on the recommended use of herpes zoster vaccine. *Can Commun Dis Rep* 2010;36(ACS-1):1-19. 4. Buchan SA et al. Incidence of hospitalizations and emergency department visits for herpes zoster in immunocompromised and immunocompetent adults in Ontario, Canada, 2002–2016. *Clin Infect Dis* 2020;71(1):22-29.

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PUBLIC HEALTH PHYSICIANS ARE VITAL

for healthy communities

Who we are

The Public Health Physicians of Canada (PHPC) is the national specialty society for public health and preventive medicine specialists working in public health.

Learn more online at www.phpc-mspc.ca >



We represent

441

MEMBERS

100
UP TO

RESIDENTS

13
ACROSS

PROVINCES AND
TERRITORIES



What does
a Public
Health and
Preventive
Medicine
specialist do?

They use data, evidence, public engagement, research, education and more, all toward the ultimate goal of building healthier communities for all Canadians.

Communities where fewer people get sick, get hurt, live with chronic diseases or are forced to depend on an already overburdened health and social support system for their care and wellbeing.



Canada's Medical Experts for
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- | | |
|---|--|
| <ul style="list-style-type: none">• Epidemiology• Indigenous and Northern Health | <ul style="list-style-type: none">• Gerontology• Social-Ecological Systems, Sustainability and Health |
|---|--|

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1. Data on file. Sanofi Pasteur Limited. October 20, 2021. **2.** National Advisory Committee on Immunization. *Canadian Immunization Guide Chapter on Influenza and Statement on Seasonal Influenza Vaccine for 2022–2023*. December 2021. **3.** Supemtek™ Product Monograph. Sanofi Pasteur Limited. May 10, 2022.

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- Indigenous and Northern Health
- Gerontology
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- Nursing
- Social-Ecological Systems, Sustainability and Health

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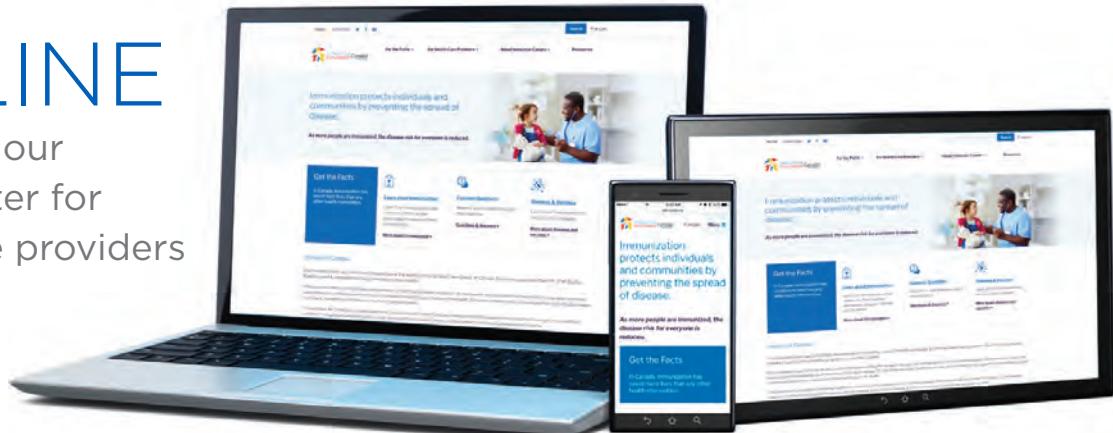
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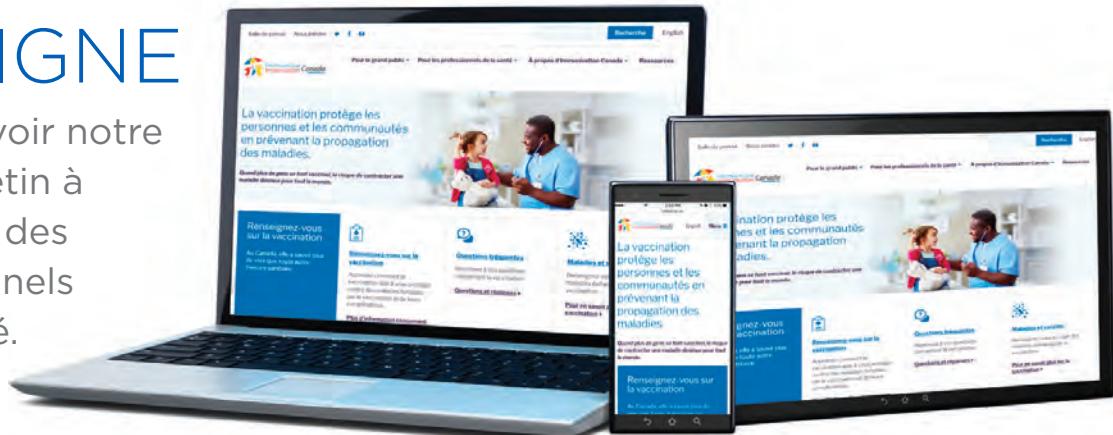
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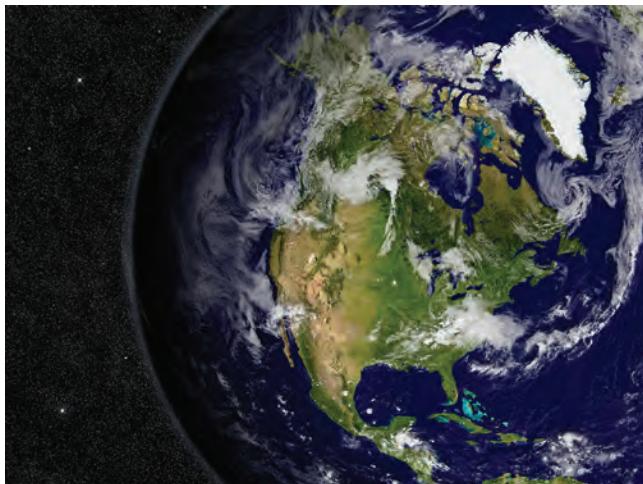


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Canadian Journal of Public Health Revue canadienne de santé publique



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