

PUBLIC
HEALTH
2023
SANTÉ
PUBLIQUE

20-22 JUNE
DU 20 AU 22 JUIN
VIRTUAL | VIRTUELLE



PRELIMINARY PROGRAM
PROGRAMME PRÉLIMINAIRE

SPONSORS | COMMANDITAIRES

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

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

PUBLIC HEALTH SUPPORTERS | PARTISANS DE LA SANTÉ PUBLIQUE



EXHIBITORS | EXPOSANTS

Enter the virtual exhibit hall on Tuesday 20 June from 12:00 - 13:30 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!

- AstraZeneca
- Canada FASD Research Network
- Canadian Alliance for Regional Risk Factor Surveillance / Alliance canadienne pour la surveillance régionale des facteurs de risque
- Canadian Evaluation Society / Société canadienne d'évaluation
- Canadian Hospice Palliative Care Association / Association canadienne de soins palliatifs
- Canadian Institute for Health Information / Institut canadien d'information sur la santé
- Canadian Institutes of Health Research / Instituts de recherche en santé du Canada
- Canadian Public Health Association / Association canadienne de santé publique
- CANVax
- CSL Seqirus
- Lakehead University
- Immunize Canada / Immunisation Canada
- McMaster University Continuing Education

Entrer dans la salle d'exposition virtuelle le mardi 20 juin de 12 h à 13 h 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!

- National Collaborating Centre for Determinants of Health / Centre de collaboration nationale des déterminants de la santé
- National Collaborating Centre for Environmental Health / Centre de collaboration nationale en santé environnementale
- National Collaborating Centre for Healthy Public Policy / Centre de collaboration nationale sur les politiques publiques et la santé
- National Collaborating Centre for Indigenous Health / Centre de collaboration nationale de la santé autochtone
- National Collaborating Centre for Methods and Tools / Centre de collaboration nationale des méthodes et outils
- Ontario Medical Association / OMA Insurance Inc.
- Pan American Health Organization / Organisation panaméricaine de la santé
- Public Health Agency of Canada / Agence de la santé publique du Canada
- Public Health Physicians of Canada / Médecins de santé publique du Canada
- Rural Development Network

COLLABORATORS | COLLABORATEURS



**CANADIAN
PUBLIC HEALTH
ASSOCIATION**

**ASSOCIATION
CANADIENNE DE
SANTÉ PUBLIQUE**

CPHA is pleased to host Public Health 2023 through a unique and effective collaboration with:

L'ACSP a le plaisir d'organiser Santé publique 2023 par l'entremise d'une collaboration unique et efficace avec :

CONTRIBUTING PARTNERS | PARTENAIRE COLLABORATEURS



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



CIHR IRSC
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Health Research Instituts de recherche
en santé du Canada



National Collaborating Centres
for Public Health
Centres de collaboration nationale
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COLLABORATORS | COLLABORATEURS



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



Network of Schools and Programs of
Population and Public Health
Canada



Public Health
Agency of Canada

Agence de la santé
publique du Canada



STEERING COMMITTEE | COMITÉ DIRECTEUR

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, Canadian Public Health Association
- Marlene Larocque, Assembly of First Nations
- Kelsie McGregor, Assembly of First Nations
- Mayilee Canizares, Canadian Alliance for Regional Risk Factor Surveillance
- Keith Denny, Canadian Institute for Health Information, Canadian Population Health Initiative
- Dana Riley, Canadian Institute for Health Information, Canadian Population Health Initiative
- Jennifer Gunning, 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
- Sarah Hendersen, National Collaborating Centres for Public Health
- Maisam Najafizada, Network of Schools and Programs of Population and Public Health
- Dionne Patz, Pan American Health Organization
- Dara Hakimzadeh, Public Health Agency of Canada
- Maulik Baxi, Public Health Physicians of Canada

LEARNING OBJECTIVES

Having attended Public Health 2023, 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 2023, les délégués seront mieux préparés à :

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

GROUP REGISTRATION \$200/person



Organizations can save up to \$100 per person when registering four or more employees for Public Health 2023.

Contact conference@cpha.ca to start the process.

TUESDAY 20 JUNE | MARDI 20 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

11:00-12:00	 PLENARY I PLÉNIÈRE I  PUBLIC HEALTH SYSTEMS RENEWAL LE RENOUVELLEMENT DES SYSTÈMES DE SANTÉ PUBLIQUE
12:00-13:30	NETWORKING BREAK WITH SPONSORS AND EXHIBITORS RÉSEAUTAGE AVEC LES COMMANDITAIRES ET LES EXPOSANTS
13:30-14:30	CONCURRENT SESSIONS SÉANCES SIMULTANÉES
	Action for dismantling white supremacy and building anti-racist public health systems
	Preparing for heat-related health risks: Climate data, tools and risk communication strategies to support building healthy and resilient communities
	Perspectives on prescribed safer supply: Practice, experience, and emerging evidence
	Surveillance for health risks among older adults: Meeting the public health needs of an aging demographic
	Oral Research Abstracts - Session 1
14:30-15:00	STRETCH BREAK PAUSE-ÉTIREMENTS
15:00-16:00	CONCURRENT SESSIONS SÉANCES SIMULTANÉES
	Advancing health equity action: results of a review on health equity frameworks
	Creating a shared vision for the future state of public health surveillance in Canada
	Countering mis- and disinformation on COVID-19 vaccines: Bridging the gap between data and action
	Towards the modernization of the core competencies for public health in Canada
	Oral Research Abstracts - Session 2



11:00 – 12:00

PLENARY I

11 h à 12 h 00

PLÉNIÈRE I



PUBLIC HEALTH SYSTEMS RENEWAL

The COVID-19 pandemic illuminated shortcomings in Canada's public health systems that have been repeatedly identified in recent decades. As we leave the crisis phase of the pandemic, we have an opportunity to renew and transform these systems to better support the health and well-being of everyone in Canada. While the delivery of public health services is primarily the responsibility of provinces and territories, there are important roles played by federal, Indigenous, regional and municipal jurisdictions. These actors need to work together to create cohesive, comprehensive and accountable public health systems that will prevent negative health outcomes, improve population health, and protect the primary and acute health care systems from being overburdened. During this session, panelists will discuss the roles of each jurisdiction in systems renewal and identify the core structural elements of public health systems that need to be strengthened, while exploring opportunities for collaboration that will improve health outcomes for all.

LE RENOUVELLEMENT DES SYSTÈMES DE SANTÉ PUBLIQUE

La pandémie de COVID-19 a mis en lumière des carences dans les systèmes de santé publique du Canada signalées à maintes reprises au cours des dernières décennies. Maintenant que s'achève la phase critique de la pandémie, nous avons la possibilité de renouveler et de transformer ces systèmes pour qu'ils appuient mieux la santé et le bien-être de chaque personne au Canada. La prestation des services de santé publique relève principalement des provinces et des territoires, mais les instances fédérales, autochtones, régionales et municipales ont des rôles importants à jouer. Ces acteurs doivent collaborer à créer des systèmes de santé publique cohésifs, complets et responsables qui préviendront les résultats cliniques négatifs, amélioreront la santé des populations et empêcheront les systèmes de soins primaires et de soins actifs d'être submergés. Durant la séance, les panélistes discuteront des rôles de chaque instance dans le renouvellement des systèmes et indiqueront les éléments structurels de base des systèmes de santé publique qui doivent être renforcés, tout en explorant des possibilités de collaboration qui amélioreront les résultats de santé pour tous et toutes.

Speakers | Oratrices

- Heather Jeffrey, President, Public Health Agency of Canada
- Bonnie Henry, Provincial Health Officer, Ministry of Health, British Columbia
- Eileen de Villa, Medical Officer of Health, Toronto Public Health
- Sharon Rudderham, Director of Health Transformation, Tajiikeimik | Mi'kmaw Health and Wellness

Moderator | Modérateur

- Jason Cabaj, Medical Officer of Health, Alberta Health Services; Director, Public Health and Preventive Medicine Residency Program, University of Calgary; Chair-elect, Canadian Public Health Association

12:00 - 13:30

NETWORKING BREAK WITH SPONSORS AND EXHIBITORS

12 h à 13 h 30

PAUSE DE RÉSAUTAGE AVEC LES COMMANDITAIRES ET EXPOSANTS

During this interactive networking 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.

ACTION FOR DISMANTLING WHITE SUPREMACY AND BUILDING ANTI-RACIST PUBLIC HEALTH SYSTEMS

Presented by: Institute of Population and Public Health, Canadian Institutes of Health Research

Over five days in May 2022, the CIHR Institute of Population and Public Health and the National Collaborating Centre for Determinants of Health brought together public health practitioners and decision makers, policymakers and researchers, trainees and students, intersectoral partners and community organizations for an action-based strategic planning workshop on dismantling White supremacy in public health.

This session will present and encourage discussion on the common ground action statements that emerged from the workshop, as well as what is needed to build on and expand the impact of this work. By highlighting ongoing efforts and future commitments to disrupt White supremacy and build anti-racist public health systems, the session intends to foster greater individual and collective dialogue and action towards these goals.

[Future Search: Action for Disrupting White Supremacy and Racism in Public Health Systems Workshop Report](#)

Learning objectives

- Discuss the common ground emerging from a strategic planning workshop on dismantling White supremacy in public health.
- Examine actions that are needed to address racism across the public health system.
- Discover individual and collective approaches to dismantling White supremacy in public health.

PREPARING FOR HEAT-RELATED HEALTH RISKS: CLIMATE DATA, TOOLS AND RISK COMMUNICATION STRATEGIES TO SUPPORT BUILDING HEALTHY AND RESILIENT COMMUNITIES

Extreme heat events are increasing in Canada and are projected to continue to increase in the future, not only in intensity and duration, but also in geographic extent. Greater efforts to prepare for these events are therefore required as threats to individuals, communities and health systems from extreme heat increase with greater warming. Communities not currently exposed to extreme heat events may also become vulnerable to them in the future. To help public health authorities understand how vulnerability may change, this session will present the most recent projections for extreme heat, including new projections of humidex, and discuss the challenges of communicating future extreme heat risk. In addition, this interactive session will demonstrate climate data analysis tools, using specific community examples, to boost audience confidence in the use of climate data. This will help communities identify their vulnerability to extreme heat, support adaptation efforts and increase resilience in the future.

Learning objectives

- Describe the latest projections of extreme heat and humidex and be able to find relevant climate data and analysis tools. The take-home exercise will provide a step-by-step walkthrough of how to choose relevant climate data and provide examples based on indices relevant to extreme heat events.
- Determine the climate component of extreme heat risk in participants' communities.
- Illustrate the challenges in communicating extreme heat risk to communities and health services and be able to suggest appropriate solutions to increase community preparedness and resilience.

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PERSPECTIVES ON PRESCRIBED SAFER SUPPLY: PRACTICE, EXPERIENCE, AND EMERGING EVIDENCE

Prescribed safer supply (PSS) programs are programs in which individuals at high risk of overdose are prescribed pharmaceutical opioids as an alternative to the fentanyl-adulterated drug supply. PSS programs have been integrated into harm-reduction programming in several Canadian jurisdictions. In these programs, prescription of pharmaceutical opioids — generally daily-dispensed, immediate-release hydromorphone provided as take-home doses — is often paired with long-acting opioid medications (primarily slow-release oral morphine and, less frequently, methadone) and additional interventions to promote engagement with care and management of co-existing conditions. PSS in community settings is proving to be a critical tool for addressing the drug toxicity overdose crisis. As a new approach to providing care for people who use drugs, there are many questions about safer supply and its individual- and community-level risks and benefits. This session brings together clinical, programmatic, and client perspectives to discuss experiences of PSS programs and the emerging evidence.

Learning objectives

- Explain what prescribed safer supply is and the emerging evidence about it.
- Describe the role of PSS in addressing the drug toxicity overdose crisis and its limitations.
- Discuss how prescribed safer supply relates to and differs from other forms of care for people who use drugs.

SURVEILLANCE FOR HEALTH RISKS AMONG OLDER ADULTS: MEETING THE PUBLIC HEALTH NEEDS OF AN AGING DEMOGRAPHIC

Presented by: Canadian Alliance for Regional Risk Factor Surveillance

Between the 2016 and 2021 census, the number of Canadian seniors aged 65 and older grew six times faster than the number of children 0-14 years of age. The 7 million seniors now account for nearly one-fifth of the total Canadian population (19.0%). As the population of older adults increases, ongoing surveillance is needed to monitor the prevalence of health risks related to this population. Surveillance data provides information to guide interventions for health promotion and disease prevention among the older population; evidence demonstrates that reducing poor health behaviours and health risks is beneficial throughout the life course, including late in life. This session will cover key issues on risk factor surveillance and its use for public health policy development, for targeted intervention and as a tool to assess outcomes in the aging population.

Learning objectives

- Explore sources of data to monitor factors related to healthy aging (e.g., healthy behaviours, oral health).
- Discuss uses of surveillance data to promote active aging (e.g., physical activity and sedentary behaviour, role of age-friendly environments, social participation).
- Identify challenges to adequately represent the diversity of older adults and their different needs (e.g., access to care in the community, caregiving, coordination of care, discrimination against older people and disabilities), using surveillance data.

ORAL RESEARCH SESSION 1

- Moderation of the association between COVID-19-related income loss and depression by receipt of financial support: Repeated cross-sectional surveys of young adults in Canada and France (2020-2021) – *Pierre-Julien Coulaud*
- Community-engaged research in the time of COVID-19: Advancing an intersectoral network to address gender-based violence during a global pandemic – *Janice Du Mont*
- A mixed methods evaluation of a food prescription program on self-reported quality of life, mental well-being, and physical well-being during the COVID-19 pandemic – *Alice Schoffel*
- Social-cognitive predictors of COVID-19 mitigation behaviours: Evidence from the COVID-19 Experience Survey – *Peter Hall*
- Predictors and outcomes of loneliness in Canada during COVID-19 – *Moutasem Zakkar*

TUESDAY 20 JUNE | MARDI 20 JUIN

14:30 – 15:00

STRETCH BREAK

14 h 30 à 15 h 00

PAUSE-ÉTIREMENTS

15:00 – 16:00

CONCURRENT SESSIONS

15 h à 16 h 00

SÉANCES SIMULTANÉES

ADVANCING HEALTH EQUITY ACTION: RESULTS OF A REVIEW ON HEALTH EQUITY FRAMEWORKS

Health equity frameworks are one tool that public health can use to start or continue disrupting systems of oppression and actioning health equity. Presenters will share the results of a review which identified 47 actionable health equity frameworks in the literature. Notably, most of the included frameworks come from the United States or Canada, emerged from the grey literature, and focus on advancing equity for Indigenous or Aboriginal populations in specified regions. Presenters will share key considerations for framework users, including the need to interrogate our own assumptions and biases, and to meaningfully share power with partners when actioning health equity. Participants will engage in an interactive exercise to simulate application of a framework in a public health context, including identifying considerations specific to their own settings. The findings of this review can assist public health in navigating the complexities involved with advancing health equity in practice.

Learning objectives

- Identify key results of the review of health equity frameworks which can be used to action health equity.
- Determine the applicability and relevance of different health equity frameworks for public health practitioners' own contexts.
- Apply use of a health equity framework to advance health equity in a public health context.

CREATING A SHARED VISION FOR THE FUTURE STATE OF PUBLIC HEALTH SURVEILLANCE IN CANADA

Presented by: Public Health Agency of Canada

The session will outline how the Public Health Agency of Canada will use a collaborative process to engage surveillance stakeholders in co-developing a vision for a high-functioning surveillance ecosystem in Canada. The vision will describe an ambitious future state, which can serve as a shared vision to guide opportunities to enhance surveillance in Canada, enabling better identification of, and response to, threats through evidence-based decisions. This session will allow participants to engage in discussion that will inform this vision and shape future work.

Panelists from different organizations and parts of Canada, will share their perspectives on the future of public health surveillance. Participants will be encouraged to participate in active discussion around common principles and new directions in science, technology, data, policy, analysis, and workforce required to drive innovation in public health surveillance. Participants will also learn how they can continue to contribute to the development of the vision.

Learning objectives

- Summarize different perspectives relevant to the future of public health surveillance in Canada.
- Describe the project for creating a vision for public health surveillance in Canada by 2030.
- State how to engage in the conversation.

COUNTERING MIS- AND DISINFORMATION ON COVID-19 VACCINES: BRIDGING THE GAP BETWEEN DATA AND ACTION

Vaccine acceptance requires public trust in public health officials who play a critical role both in communicating accurate information and dispelling mis- and disinformation. Even before the COVID-19 pandemic, online mis- and disinformation were identified as key issues negatively impacting vaccine acceptance. The pandemic further increased the spread of mis- and disinformation, exacerbating polarization and politicization of vaccination. While the scientific consensus on the public health benefits of vaccination is unequivocal, there is however no such agreement on how best to address combat online mis- and disinformation about vaccines. Different interventions, such as pre-bunking, debunking, fact-checking, educational communication, and social media listening, have been used and studied during the pandemic. However, many challenges remain to increase their use by public health authorities. Better dissemination of evidence from research in an accessible and actionable format and proper infrastructure within public health systems are needed to ensure the implementation of effective interventions to counter mis- and disinformation about vaccines.

Learning objectives

- Describe the role of mis- and disinformation on individuals' understanding of vaccine-related information and identify current challenges around online mis- and disinformation.
- Identify innovative solutions to better communicate about vaccines online.
- Explore how interdisciplinary research can inform public health actions.

TOWARDS THE MODERNIZATION OF THE CORE COMPETENCIES FOR PUBLIC HEALTH IN CANADA

Co-facilitated by: Network of Schools and Programs of Public and the National Collaborating Centre for the Determinants of Health

The Public Health Agency of Canada (PHAC) has recognized the need to modernize its 15-year-old core competencies for public health in Canada. With funding provided through the National Collaborating Centres, this work is currently underway. This interactive session aims to share the process and progress towards the modernization of the PHAC Core Competencies and engage participants in reviewing selected, emerging competency domains and statements. This interactive session provide an opportunity for participants to review and provide feedback on selected emerging competency domains and statements. Participants will be invited to indicate their interest in engaging in the modernization of the Core Competencies beyond the workshop. This interactive session provides an excellent opportunity for public health professionals to engage in the modernization of the PHAC Core Competencies. Participants will gain an appreciation of the recent developments in this area, contribute to the review of selected domains and competency statements, and explore opportunities for further involvement in the modernization process.

Learning objectives

- Describe the recent developments towards the modernization of the PHAC Core Competencies.
- Participate in a review of selected emerging competency domains and statements.
- Create a networking opportunity for further involvement of participants in the modernization process.

ORAL RESEARCH SESSION 2

- Housing conditions and self-reported health in Citizens of the Métis Nation of Ontario – *Tatiana Baziw*
- Seeking culturally appropriate consent practices for Indigenous children: A scoping review – *Cindy Peltier*
- Grounding mental wellness: Understanding and addressing barriers to land-based and land-informed healing through urban Indigenous Peoples' experiences in British Columbia – *Viviane Josewski*
- Household food insecurity in Citizens of the Métis Nation of Ontario – *Leah Quinlan*
- COVID-19 vaccine intentions among Métis parents of children under 11 years old in Ontario – *Abigail Simms*

WEDNESDAY 21 JUNE | MERCREDI 21 JUIN

PROGRAM OVERVIEW | RÉSUMÉ DU PROGRAMME

- Subject to change | Sous réserve de modifications
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11:00-12:00	<p>🔊 PLENARY II PLÉNIÈRE II 🔊</p> <p>ADDRESSING CLIMATE CHANGE AND ITS INEQUITIES THROUGH PUBLIC HEALTH ACTION ABORDER LES CHANGEMENTS CLIMATIQUES ET LEURS INIQUITÉS PAR DES MESURES DE SANTÉ PUBLIQUE</p>
12:00-12:15	STRETCH BREAK PAUSE-ÉTIREMENTS
12:15-13:15	<p>🔊 PLENARY III PLÉNIÈRE III 🔊</p> <p>DATA SCIENCE AND PUBLIC HEALTH LA SCIENCE DES DONNÉES ET LA SANTÉ PUBLIQUE</p>
13:15-14:00	STRETCH BREAK PAUSE-ÉTIREMENTS
14:00-15:00	CONCURRENT SESSIONS SÉANCES SIMULTANÉES
	Building a resilient health workforce in a post COVID-19 pandemic era
	Integrating science and politics for public health
	SARS-Cov-2 transmission in child care and K-12 settings in the Vancouver Coastal Health Region: Lessons from the COVID-19 pandemic
	Shelters and public health
	Oral Research Abstracts - Session 3
15:00-15:30	STRETCH BREAK PAUSE-ÉTIREMENTS
15:30-16:30	CONCURRENT SESSIONS SÉANCES SIMULTANÉES
	Palliative and end-of-life care in Canada
	Reducing the Impact of Financial Strain (RIFS): A population and public health partnership with primary care to reduce the risk of cancer and chronic disease
	Undertaking a policy and process review through the lens of white supremacy and indigenous-specific racism within BC's Office of the Provincial Health Officer
	Why social media influencers are the next frontier for longitudinal research – Lessons from developing tech in the social services sector
	Oral Research Abstracts - Session 4



11:00 – 12:00
11 h à 12 h 00

PLENARY II
PLÉNIÈRE II



ADDRESSING CLIMATE CHANGE AND ITS INEQUITIES THROUGH PUBLIC HEALTH ACTION

Canada is warming at twice the global average. The North is warming three to four times faster. The changing climate impacts every aspect of our lives, and the public health community can play multiple roles in addressing climate change. Public health can:

- help identify and describe the health threats through research and surveillance;
- work with intersectoral partners to build population resilience and adaptive capacity;
- focus on the disproportionate impacts of the changing climate to ensure that health equity and Indigenous Peoples are centred in all conversations; and
- support other sectors in climate change mitigation through reduced greenhouse gas emissions.

ABORDER LES CHANGEMENTS CLIMATIQUES ET LEURS INIQUITÉS PAR DES MESURES DE SANTÉ PUBLIQUE

Le Canada se réchauffe deux fois plus vite que la moyenne mondiale, et le Nord, trois à quatre fois plus vite. Le climat changeant a des incidences sur tous les aspects de nos vies, et la communauté de la santé publique peut jouer de nombreux rôles pour aborder les changements climatiques. Elle peut :

- contribuer à cerner et à décrire les menaces pour la santé par la recherche et la surveillance;
- travailler avec des partenaires intersectoriels à renforcer la résilience et la capacité d'adaptation des populations;
- se concentrer sur les effets disproportionnés du climat changeant, pour que l'équité en santé et les peuples autochtones soient au centre de toutes les conversations;
- aider d'autres secteurs à atténuer les changements climatiques en réduisant les émissions de gaz à effet de serre.

Speakers | Oratrices

- Sherilee Harper, Canada Research Chair in Climate Change and Health; Associate Professor, School of Public Health, University of Alberta
- Kelly Skinner, Associate Professor, School of Public Health Sciences, Faculty of Health, University of Waterloo; CIHR-PHAC Applied Public Health Chair
- Shannon Waters, Medical Health Officer, Island Health

Moderator | Modératrice

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

12:00 – 12:15
12 h à 12 h 15

STRETCH BREAK
PAUSE-ÉTIREMENTS

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12:15 – 13:15

PLENARY III

12 h 15 à 13 h 15

PLÉNIÈRE III



DATA SCIENCE AND PUBLIC HEALTH

Data science blends techniques from computer science, statistics, epidemiology, and data visualization. It often focuses on large or novel data sources and the application of sophisticated methods such as machine learning or natural language processing. New data science approaches show promise in addressing critical public health needs. If used appropriately, they may aid in addressing health inequities. However, data science techniques can also exacerbate inequities by incorporating bias. Realizing the benefits will require conscious mitigation of the potential for bias through transparent and participatory development of methods and tools. These approaches can help improve the timeliness of health information, assist us in responding to public health threats earlier, and increase the efficiency and effectiveness of prevention campaigns. In this session, the speaker will describe examples of public health applications of data science methods and the value derived from them. The speaker will also discuss options for enabling responsible and accountable data science.

Speaker | Orateur

- Tarun Katapally, Associate Professor, School of Health Studies, Western University; Canada Research Chair in Digital Health for Equity

Moderator | Modératrice

- Rhonda Kropp, Associate Vice-President, Research – Strategy, Canadian Institutes of Health Research

LA SCIENCE DES DONNÉES ET LA SANTÉ PUBLIQUE

La science des données allie des techniques de l'informatique, de la statistique, de l'épidémiologie et de la visualisation de données. Elle porte souvent sur de vastes ou de nouvelles sources de données et sur l'application de méthodes complexes comme l'apprentissage machine ou le traitement des langues naturelles. Les nouvelles approches de science des données laissent présager la possibilité d'aborder les besoins essentiels en santé publique. Si elles sont utilisées à bon escient, elles pourraient aider à redresser les iniquités en santé. Par contre, si elles sont biaisées au départ, les techniques de la science des données peuvent aussi exacerber les iniquités. Pour en concrétiser les avantages, il faudra atténuer consciemment les biais possibles par l'élaboration transparente et participative de méthodes et d'outils. De telles approches peuvent contribuer à actualiser les informations sur la santé, à riposter plus tôt aux menaces pour la santé publique et à améliorer l'efficacité et l'efficacités des campagnes de prévention. Dans cette séance, nous donnerons des exemples d'applications des méthodes de la science des données au domaine de la santé publique et des bénéfices de ces applications. Nous discuterons aussi d'options pour rendre la science des données responsable et justifiable.

13:15 – 14:00

STRETCH BREAK

13 h 15 à 14 h 00

PAUSE-ÉTIREMENTS

BUILDING A RESILIENT HEALTH WORKFORCE IN A POST-COVID-19 PANDEMIC ERA

Presented by: Pan American Health Organization

In this session, the Pan American Health Organization (PAHO) will highlight the challenges faced in the Americas during the COVID-19 pandemic in the area of the health workforce, from protecting critical health workers, to addressing vaccine hesitancy, and the lack of available and qualified health workers to maintain essential health services. As countries transition from the pandemic, PAHO/WHO estimates between 600,000 to 1.2 million additional health workers are needed to recover lost health gains and achieve the goals set out in the Sustainable Development Health Agenda. Expansion of coverage, universal access, and health security will require countries to invest in health systems and the health workforce for the Region to be better prepared for future public health emergencies. Presenters will discuss the impact of COVID-19 on the health workforce, challenges in the attraction, recruitment, and retention of health workers, and global and regional initiatives to address future shortfalls.

Learning objectives

- Analyze the situation of human resources for health in the Region of the Americas prior to the COVID-19 pandemic.
- Discuss the impact of COVID-19 on regional health workforce policy, including challenges and innovations.
- Examine global and regional initiatives in development to address critical workforce challenges for health systems.

INTEGRATING SCIENCE AND POLITICS FOR PUBLIC HEALTH

Public health policymaking is inherently political. It involves value-based decisions about resource allocations and regulations that must weigh numerous factors including, but not limited to, the prevailing scientific evidence. Understanding the role of scientific evidence in public health decisions therefore requires a nuanced understanding of both the nature of evidence and the functioning of the policymaking process. This presentation will explore these issues by drawing on the emerging field of “public health political science.” We will assess how the concepts of “politics” and “evidence” are commonly understood in public health and political science, respectively; evaluate different mechanisms that can be used to reconcile scientific and political considerations in public health policymaking; and explore the relationship between scientific evidence and public health policymaking in practice using examples from Canada, the United Kingdom, and Australia.

Learning objectives

- Draw on the conceptual toolkit of political science to critically evaluate the strengths and limits of how public health routinely conceptualizes the relationship between science and policy.
- Identify and evaluate the strengths and weaknesses of different mechanisms to bring scientific evidence to bear on the making of public health policy.
- Understand concrete examples of how scientific evidence can inform policy in different national contexts.

SARS-COV-2 TRANSMISSION IN CHILD CARE AND K-12 SETTINGS IN THE VANCOUVER COASTAL HEALTH REGION: LESSONS FROM THE COVID-19 PANDEMIC

Robust contact tracing, self-collected, non-invasive viral testing, questionnaire, and serology data helped support evidence-based public health school policies for children and youth in the Vancouver Coastal Health region during the COVID-19 pandemic. We will report on the findings from studies conducted from September 2020 to February 2023, which found that the majority of SARS-CoV-2 infections were acquired in the community rather than within schools. Even following the introduction of variants of concern, including Omicron, the overall risk of SARS-CoV-2 infection in schools was not significantly greater than risk in the community. During this session, discuss how partnerships between public health authorities, academics, government and funding agencies and community partners (in this case the school community) can be leveraged to generate new knowledge to guide pandemic responses, in real-time.

Learning objectives

- Appraise the current evidence about SARS-CoV-2 transmission in the school setting.
- Identify challenges in generating rapid evidence in the school setting during a pandemic.
- Discuss how evidence was generated and applied to produce a safe, balanced response to mitigate the risk of SARS-CoV-2 infections in the school population while minimizing the impact of those measures on the children and school staff.

SHELTERS AND PUBLIC HEALTH

Presented by: National Collaborating Centre for Public Health

The National Collaborating Centre for Infectious Diseases is leading a project with the Collaborating Centres for Public Health considering shelters as public health settings. There are research groups and “toolkits” to address houselessness, but little attention on shelters and public health or the complexity of mental and physical health for people who use shelters. Roles for public health programs and personnel, including appropriateness, potential harms, missed opportunities, and trust, will be explored in this session. Presenters will describe how respectful consultations with shelter staff and public health personnel were initiated, and present findings from a scoping review, and present the outcomes of a Winter Institute held in February 2023 – a safe space for difficult conversations on a number of topics. After the presentations, session participants will take part in a facilitated discussion to consider opportunities and roles for public health when thinking of shelter client populations, and shelters as units for effective change.

Learning objectives

- Explore whether and how there is a role for public health to partner with shelters to reduce infectious diseases in populations who use shelters.
- Describe promote, and disseminate ideas for partnerships with shelters that clarify roles for public health responses and programs.

ORAL RESEARCH SESSION 3

- Climate emotions and anxiety among young people in Canada: A national survey and call to action – *Lindsay Galway*
- Environmental health and sustainability in child care settings in Canada – *Erica Phipps*
- Weight-control intentions and mental health among Canadian adolescents in the COMPASS study: A follow-up study of students during the COVID-19 pandemic – *Michelle Vine*
- Validating the content and estimating the feasibility of the Child Community Health Inclusion Index: An evaluation tool for measuring health inclusion of children with disabilities in the community – *Paul Yoo*
- The Hidden Triad of Cannabis Influence: A grounded theory on the health of young adults in a legal recreational, medical, and illicit cannabis context – *Cynthia Bojkovsky*

15:00 - 15:30

STRETCH BREAK

15 h à 15 h 30

PAUSE-ÉTIREMENTS

15:30 - 16:30

CONCURRENT SESSIONS

15 h 30 à 16 h 30

SÉANCES SIMULTANÉES

PALLIATIVE AND END-OF-LIFE CARE IN CANADA

Presented by: Canadian Institute for Health Information

Palliative care helps address the needs of people with life-limiting conditions to improve their quality of life and that of their families. With an aging population, improving access to palliative care in community settings has become a priority for federal, provincial and territorial governments. One important aspect of palliative care is end-of-life care. Many Canadians would prefer to receive end-of-life care at home rather than in hospital. When supports are available, a higher proportion of deaths at home or in the community, rather than hospital, may indicate that Canadians are getting access to community-based services for end-of-life care.

Learning objectives

- Describe the current state of palliative care in Canada: what we know from recent work.
- Discuss the challenges in capturing/measuring access to good quality palliative care and identify opportunities for improvement.
- Highlight gaps or inequities in access to palliative care.

REDUCING THE IMPACT OF FINANCIAL STRAIN (RIFS): A POPULATION AND PUBLIC HEALTH PARTNERSHIP WITH PRIMARY CARE TO REDUCE THE RISK OF CANCER AND CHRONIC DISEASE

Presented by: Public Health Physicians of Canada

Financial well-being is not just an individual circumstance, but rather is influenced by household, community and social contexts, as well as life transitions and financial shocks. The Reducing the Impact of Financial Strain (RIFS) project aimed to reduce financial strain as a barrier to health, particularly in the areas of cancer and chronic disease management and prevention. We used a transdisciplinary approach to address income and interdependent determinants of health through upstream action at the clinic and community level. Three primary care clinics implemented the Alberta Clinical Poverty Tool and four communities implemented the Alberta Healthy Communities Approach (AHCA). The RE-AIM Framework was used to describe reach, effectiveness, adoption, implementation and maintenance. Partnerships and collaboration were evaluated using a mixed-methods approach.

Learning objectives

- Describe the transdisciplinary approach to upstream action on the determinants of health across clinic and community.
- Identify how the RE-AIM Framework was used.

UNDERTAKING A POLICY AND PROCESS REVIEW THROUGH THE LENS OF WHITE SUPREMACY AND INDIGENOUS-SPECIFIC RACISM WITHIN BC'S OFFICE OF THE PROVINCIAL HEALTH OFFICER

Working towards allyship and solidarity with Indigenous peoples requires a structural analysis that uncovers the ways in which inherited white supremacy and racism are embedded in systems and that takes anti-racist actions to dismantle these. To illuminate which written Office of the Provincial Health Officer (OPHO) policies and processes currently uphold systemic white supremacy and racism, a matrix grounded in the methodology of Dr. Camara Jones' 'Science & Practice of Anti-Racism' framework of three tasks: (1) naming racism; (2) asking, how is it operating here?; and (3) organizing and strategizing to act is used. This session will share an emerging tool for undertaking a policy and process review in BC's OPHO. This session invites dialogue and thought-provoking insight for public health reconciliation. The opportunity is here to influence and participate in the emerging reality of the evolution of Indigenous rights and title, and the requirement for making space for Indigenous peoples in public health.

Learning objectives

- Analyze the ways in which inherited white supremacy shows up in public health structures, policies and practices.
- Identify and recognize how Indigenous-specific racism is operating in public health organizations.
- Discuss next steps moving forward in organizing and contributing to reconciliation in public health.

WHY SOCIAL MEDIA INFLUENCERS ARE THE NEXT FRONTIER FOR LONGITUDINAL RESEARCH – LESSONS FROM DEVELOPING TECH IN THE SOCIAL SERVICES SECTOR

Non-profits are set up to fail. We ask people to retell the worst moments of their lives, and measure deficiencies, not success. Their well-being, their goals, and respect for their data is not part of how we have set up the sector to work. As a result, we lack data when it comes to the long-term impact of many of our interventions. How can a different approach to data collection, one that is human centred, and learns from influencers, allow us to disrupt broken systems and improve? This workshop will highlight innovative solutions developed for the frontline to conduct client intake with empathy, the importance of beautiful design, what omni-channel communication is and its importance to public health, how data collection changes can combat systemic inequity, and pathways for pushing innovation in social service/public health.

Learning objectives

- Interpret gaps in present data collection methods and how they impact long-term efforts and multi-barriered clients
- Describe what Service Design Thinking is and how it relates to serving underserved communities.
- Identify opportunities for reimagining welcoming, outreach, and longitudinal research with multi-barriered clients using digital tools, including social media.

ORAL RESEARCH ABSTRACTS SESSION 4

- Sex, gender and cannabis: Prompting evidence to action for service providers – *Nancy Poole*
- Reflecting on women's chronic pain and prescription opioid use: Implications for practice and policy – *Lindsay Wolfson*
- Impact of the COVID-19 pandemic on mental health and substance use among key populations in Canada – *Marcus Wong*
- Evaluation of Breaking Free Online, a digital substance use program expanded across Ontario: A mixed methods study – *Bilal Khan*
- Understanding substance use amongst apprentices in the trades – *Kemi Odegbile*

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THURSDAY 22 JUNE | JEUDI 22 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

11:00-12:00	CONCURRENT SESSIONS SÉANCES SIMULTANÉES
	Hindsight, insight, and foresight: Vaccine record-keeping and the COVID-19 pandemic
	Incorporating Indigenous cultural safety in public health practice
	Sharing the air – Building public health capacity to address ventilation and indoor air quality concerns
	Oral Research Abstracts - Session 5
12:00-12:15	STRETCH BREAK PAUSE-ÉTIREMENTS
12:15-13:15	PUBLIC HEALTH POLICY AND PROGRAMS — PRESENT, DISCUSS, CONNECT POLITIQUES ET PROGRAMMES DE SANTÉ PUBLIQUE — PRÉSENTER, DISCUTER, RAPPROCHER
13:15-13:45	BREAK PAUSE
13:45-14:45	CONCURRENT SESSIONS SÉANCES SIMULTANÉES
	Community-engaged public health research: Centring lived experience of disability and peer researcher perspectives
	Improving COVID-19 vaccine confidence and uptake among minoritized communities in Ontario: reflections on community engagement and partnership approaches
	Shelters for people experiencing houselessness as settings for public health intervention: Opportunities for partnerships
	Oral Research Abstracts - Session 6
14:45-15:00	STRETCH BREAK PAUSE-ÉTIREMENTS
15:00-16:00	🔊 PLENARY IV PLÉNIÈRE IV 🔊 PUBLIC TRUST AND CONFIDENCE IN PUBLIC HEALTH LA CONFIANCE DE LA POPULATION ENVERS LA SANTÉ PUBLIQUE



HINDSIGHT, INSIGHT, AND FORESIGHT: VACCINE RECORD-KEEPING AND THE COVID-19 PANDEMIC

Canadians have unprecedented access to their online COVID-19 vaccine record(s), seemingly circumventing previously identified barriers to the use of immunization information systems within a decentralized healthcare system. We want to apply pandemic learnings to other routine immunizations and together with CPHA attendees, stimulate solutions for a future centralized vaccine registry in Canada. Hindsight on the issue of vaccine record-keeping will be given by summarizing existing literature on the facilitators and barriers associated with vaccine record-keeping. Insights will be provided into which previously identified barriers to vaccine record-keeping have been overcome in the pandemic, which persist, and which new ones have become apparent from the frontlines in Nova Scotia while encouraging participants to share their own critical reflections. We will conclude with an exercise in foresight wherein we share the concept for a research project to generate pandemic-informed solutions to the ongoing issue of establishing a centralized vaccine registry in Canada.

Learning objectives

- Hindsight: Identify and describe complex and interrelated determinants of vaccine record-keeping in Canada.
- Insight: Critically reflect on whether and how vaccine record-keeping may have changed during the pandemic in their local context.
- Foresight: Apply lessons learned throughout the COVID-19 pandemic to propose characteristics of a centralized vaccine registry across Canada.

INCORPORATING INDIGENOUS CULTURAL SAFETY IN PUBLIC HEALTH PRACTICE

This session will discuss the cultural safety continuum, a micro-credential for public health practitioners, accountability measures, land-based learning, and meaningfully engaging with First Nations, Inuit and Métis peoples, communities and organizations. We will speak about the 3Ps (power, privilege and positionality), self-reflection through cultural safety training like micro-credentials that can lead to land-based courses or events, which assist learners (in this case, public health professionals) with learning with Elders, Knowledge Keepers and Seniors on and with the land. We will provide an accountability tool (Indigenous Cultural Safety Performance Evaluation tool) that can be used in public health settings to determine the level of knowledge that staff have and what courses or offerings are needed to increase their ability to work in a culturally safe manner with Indigenous peoples. With participants at the session, we will practice an Indigenous way of introducing oneself, and the importance of this way.

Learning objectives

- Apply the cultural safety continuum and how participants' own learning journey is situated on the continuum for different groups, specifically First Nations, Inuit and Métis peoples.
- Describe and discern spaces and places that accountability tools and methods can be incorporated into their personal and professional learning journeys to be accountable to made-vulnerable peoples, including Indigenous peoples.
- Illustrate an experience in self-reflection as it relates to participants' own anti-oppression/anti-biases in contemporary public health practice after going through the activities and knowledge provided.

THURSDAY 22 JUNE | JEUDI 22 JUIN

11:00 - 12:00

CONCURRENT SESSIONS

11 h à 12 h

SÉANCES SIMULTANÉES

SHARING THE AIR – BUILDING PUBLIC HEALTH CAPACITY TO ADDRESS VENTILATION AND INDOOR AIR QUALITY CONCERNS

The COVID-19 pandemic has emphasized the importance of clean air in buildings. Ventilation and filtration have been recognized globally as a key component of a layered approach to mitigate SARS-CoV-2 transmission and prevent the spread of COVID-19 and other respiratory pathogens. Within Canada's public health systems, this increased focus on indoor air quality (IAQ) creates novel challenges. The first is the need for specialized knowledge and engagement of subject matter experts. The second is a regulatory question – it is unclear which regulatory body should be responsible for enforcing and improving building standards, designing guidelines, and inspecting systems to ensure that air quality is maintained. This panel discussion will explore how public health systems are currently tasked with offering advice and guidance to non-healthcare public settings, and how technical and regulatory questions have been addressed by different jurisdictions and entities.

Learning objectives

- Discuss specific knowledge gaps and capacity needs within public health organizations to address IAQ issues.
- Examine the role that different public health agencies have taken to action or build competency in indoor air quality issues.

ORAL RESEARCH ABSTRACTS SESSION 5

- Impacts of the COVID-19 pandemic on the sexual and reproductive health of women, trans, and non-binary people with disabilities in Canada: Implications for equitable public health policy and practice – *Meredith Evans*
- "It saves lives": Peer support and resilience in transgender and gender-diverse communities – *Hannah Kia*
- Towards racial and health equity in public spaces: The Park Perceptions and Racialized Realities Project – *Nadha Hassen*
- A mixed methods evaluation of an urban mobile health clinic: "There's no discrimination on the bus, I feel very comfortable" – *Robert Redelmeier*
- How structural racism influences chronic disease and health and wellness of First Nations in Canada: Critical pathways and approaches to addressing structural racism – *Krista Stelkia*

12:00 - 12:15

STRETCH BREAK

13 h 15 à 13 h 25

PAUSE-ÉTIREMENTS

GROUP REGISTRATION \$200/person

Organizations can save up to \$100 per person when registering four or more employees for Public Health 2023.

Contact conference@cpha.ca to start the process.

The Present-Discuss-Connect session is an opportunity for presenters to highlight innovative public health policies or programs that demonstrate a tangible benefit to the communities where people live, learn, work and play.

Presenters will prepare a 5-minute pre-recorded presentation (maximum of 10 slides) that highlights the public health policy or program. Participants will be encouraged to view the pre-recorded presentation in advance of the conference.

During this dedicated session on Thursday 22 June, we encourage participants to connect with presenters to ask questions via chat or video call.

- Coordinated Threat Assessment: An essential tool for public health risk awareness and action – *Heather Hannah*
- Surveillance of laboratory exposures to human pathogens and toxins, Canada 2021 – *Christine Abalos*
- Wastewater-based surveillance for infectious diseases: A previously underused resource for public health – *Margaret Haworth-Brockman*
- Mobilization of science advice by the Canadian federal government to support the COVID-19 pandemic response – *Dominika Bhatia*
- Moving forward together through integrated respiratory surveillance: A case study on the federal integration of COVID-19 laboratory test surveillance with other respiratory viruses – *Laura Gilbert*
- A socio-ecological approach to evaluate COVID-19 vaccine decision-making in Parc-Extension, Montreal – *Maryam Parvez*
- The state of mental health and intention to leave among the public health workforce in Canada during COVID-19 – *Emily Belita*
- Impacts of the COVID-19 pandemic on carer-employees' well-being: A twelve-country comparison – *Allison Williams*
- Toronto Voluntary Isolation Centre (TVIC) - Leveraging partnership in public health to respond to COVID-19 – *Rachael Markovsky*
- Overcoming barriers to immunization through tailored outreach clinic design – *Meghan Martin*
- CANVax: An online resource centre health professionals can trust to improve vaccine confidence in Canada – *Antonella Pucci*
- What is Social Prescribing? Defining a key approach to population health and wellbeing – *Christina Godfrey*
- Standing up and standing beside: Lessons learned from engagement in harm reduction advocacy – *Sheikh Muhammad Zeeshan Qadar*
- Harm reduction and gender-responsive care: St. John's Status of Women Council operates a different kind of managed alcohol program (MAP) in Newfoundland – *Mary Walsh*
- Area-based methods used to analyze substance-related acute toxicity deaths: An analysis of a national chart review study of coroner and medical examiner data – *Richelle Baddeliyanage*
- Upstream and mental health promoting approaches to online learning – *Natalie Frandsen*
- It all starts here: Examining the content and use of nutrition and healthy eating policies within child care and preschool settings – *Makayla Vermette*
- Shade availability at children's playgrounds and barriers and facilitators to shade provision – *Jennifer McWhirter*
- Preventing traumatic head injury due to child maltreatment – *Gabriella Riche*
- A spatial and spatiotemporal analysis of traumatic brain injury: Mapping high-risk neighborhoods to inform public health – *Nelofar Kureshi*
- Collaborating to reimagine and plan healthy low-carbon, climate-resilient social housing – *Laura Chow*
- The Right to Cool: Informing and advocating for public health policy on extreme heat protection in housing – *Craig Brown*
- Chronic diseases associated with mortality in British Columbia, Canada during the 2021 western North America extreme heat event – *Michael Lee*
- HealthADAPT - Working together to build climate-resilient health systems – *Emin Nawaz*

- Measurement of climate change related food insecurity and food sovereignty in Canada's northern communities and the circumpolar region: A scoping review – [Iva Seto](#)
- Building resilience to climate change through development and deployment of novel public health tools with communities – [Meghan Straight](#)
- Instructions have been provided: Actioning foundational commitments to Indigenous Peoples in the BC Office of the Provincial Health Officer – [Jordan Hendry](#)
- Understanding the relationship between housing conditions and health of citizens of Métis Nation of Ontario – [Noel Tsui](#)
- Mental health disparities among Arab immigrants in Ontario, Canada: the CAN-HEAL community-engaged study – [Sarah Elshahat](#)
- Food budget ratio as a more equitable metric for food affordability across Canada's remote Indigenous communities – [Jennifer Guan](#)
- Food insecurity among Black communities in Canada during the COVID-19 pandemic: An analysis of a national survey – [Egbe Etowa](#)
- Promoting health equity through a co-development approach for the Mental Health of Black Canadians Initiative – [Christine Soon](#)
- The RESPCCT Study: Examining equity, safety, and justice in perinatal services across Canada – [Saraswathi Vedam](#)
- Dakelh midwifery past and present: Frontloading perinatal health practitioners in preparation for revitalizing traditional birth practices – [Marion Erickson](#)

13:15 - 13:45

STRETCH BREAK

13 h 15 à 13 h 45

PAUSE-ÉTIREMENTS

13:45 - 14:45

CONCURRENT SESSIONS

13 h 45 à 14 h 45

SÉANCES SIMULTANÉES

COMMUNITY-ENGAGED PUBLIC HEALTH RESEARCH: CENTRING LIVED EXPERIENCE OF DISABILITY AND PEER RESEARCHER PERSPECTIVES

In this session, the presenters will describe their community-engaged approach to research, including building partnerships with disability organizations, consulting advisory committees, and working with peer researchers (i.e., members of the research project's community of interest who co-lead the research). Drawing from our study on the effects of the COVID-19 pandemic on access to health care for people with disabilities as an example, we will share insights on the value of community engagement in research, policy, and practice, including recommendations for engaging meaningfully, ethically, and responsibly with communities. We will also address challenges of moving away from extractive research models, and how the benefits of community-engaged research are negotiated and produced in practice. Peer researchers will share their perspectives on the importance of centring lived experience of disability in public health research. This session will provide opportunities for researchers, policy-makers, and practitioners to reflect on how to engage communities in their own work.

Learning objectives

- Recognize the importance of centring lived experiences and community-based perspectives in public health research.
- Describe methods for centring the perspectives of people with lived experiences as research partners, collaborators, and advisors.
- Illustrate how to engage meaningfully, ethically, and responsibly with communities, including peer researchers, in public health research, policy, and practice.

IMPROVING COVID-19 VACCINE CONFIDENCE AND UPTAKE AMONG MINORITIZED COMMUNITIES IN ONTARIO: REFLECTIONS ON COMMUNITY ENGAGEMENT AND PARTNERSHIP APPROACHES

The COVID-19 pandemic has coincided with several pre-existing crises, including rising racial, social and health inequities. These inequities can be partially explained by minoritized communities' mistrust in health systems, due to systemic racism, chronic underrepresentation of minority communities in the health system, and health practitioners' limited understanding of the nuances of risk and resilience processes among diverse communities. In Ontario, public health units, community-based and faith-based organizations, and community-driven COVID-19 task forces collaborated to implement community engagement activities and partnerships to improve vaccine confidence; however, these efforts have yet to be systematically documented. This panel will aim to discuss and contrast different mechanisms of community engagement and partnerships to promote vaccine confidence and uptake among minoritized communities in Ontario. It brings together researchers with public health units and community leaders. Panelists will reflect on what engagement mechanisms worked/did not work to increase confidence and uptake among Ontario's minoritized communities.

Learning objectives

- Discuss and share successes and challenges related to community engagement and partnership mechanisms to promote vaccine confidence and uptake for minoritized communities in Ontario.
- Describe and identify promising strategies that inform implementation best practices for vaccine confidence and uptake among minoritized communities.

SHELTERS FOR PEOPLE EXPERIENCING HOUSELESSNESS AS SETTINGS FOR PUBLIC HEALTH INTERVENTION: OPPORTUNITIES FOR PARTNERSHIPS

Shelters for people experiencing houselessness are potential sites for effective systemic public health approaches. Shelter clients have specific needs, but may not be reached through existing programs. Furthermore, clients move in and out of shelters, which can impede program and care continuity. There are few examples of collaborations between shelters and public health. How can public health personnel support stronger connections between shelters and public health? What is needed to bring public health into shelters successfully, with greater frequency? What advances in population health could be made by delivering public health services in and with shelters? This session will present the findings of a scoping review on public health working with shelters, share findings from consultations and a 2023 Institute that explored this topic and potential new directions, and will engage participants in discussion to identify meaningful opportunities for liaison between shelters for people experiencing houselessness and public health.

Learning objectives

- List programs in which public health and shelters for people experiencing houselessness have worked together, or could work together.
- Identify opportunities to advance collaboration between public health and shelters in their own spheres of work.

ORAL RESEARCH ABSTRACTS SESSION 6

- Developing a One Health approach to risk assessment in Canada – *Sharon Calvin*
- Acting upstream: Scoping and systematic reviews of structural interventions for population health equity – *Emily Clark*
- Let's talk intersectionality and public health: Use, misuse, challenges and opportunities – *Pemma Muzumdar*
- How can we promote the importation of a public policy that has been effective elsewhere? – *Ludwine Wandji Tchata*
- The implications of declaring humans as part of nature for public health – *Carlos E. Sanchez-Pimienta*

14:45 - 15:00

STRETCH BREAK

15 h 20 à 15 h 30

PAUSE-ÉTIREMENTS

15:00 - 16:00

PLENARY IV

15 h 30 à 16 h 30

PLÉNIÈRE IV



PUBLIC TRUST AND CONFIDENCE IN PUBLIC HEALTH

The COVID-19 pandemic has been challenging for Canadians, health care and public health systems. We have seen throughout the pandemic that public trust can be fragile in times of crises. As public health officials have dealt with an evolving virus and related gaps in knowledge, maintaining trust has been challenging given the complexity of the virus and the diversity of considerations, contexts, histories, lived experiences and barriers for various communities. This challenge extends beyond COVID-19. We cannot reduce health inequities and be effective public health authorities without the participation, collaboration and trust of civil society and the public. Effective communications and meaningful engagement are vital. This session will explore best practices, innovative approaches, and what public health can do to be more trustworthy.

LA CONFIANCE DE LA POPULATION ENVERS LA SANTÉ PUBLIQUE

La pandémie de COVID-19 a été difficile pour la population canadienne et pour les systèmes de soins de santé et de santé publique. Nous avons vu tout au long que la confiance de la population est fragile en temps de crise. Pendant que les autorités de santé publique composaient avec l'évolution du virus et tentaient de combler les lacunes connexes dans les connaissances, il était difficile de maintenir cette confiance, vu la complexité du virus et la diversité des éléments à considérer, des contextes, des discours, des expériences vécues et des obstacles éprouvés par diverses communautés. Cette difficulté va au-delà de la COVID-19. Nous ne pouvons pas réduire les iniquités en santé et être des autorités de santé publique efficaces sans la participation, la collaboration et la confiance de la société civile et du grand public. Des communications efficaces et une véritable collaboration sont indispensables. Durant cette séance, nous explorerons des pratiques exemplaires, des approches novatrices, et ce que la santé publique peut faire pour être plus digne de confiance.

Speakers | Orateur et oratrice

- Robert Danisch, Professor, Director, Arts First Department of Communication Arts, University of Waterloo
- Sarah Viehbeck, Chief Science Officer, Public Health Agency of Canada

Moderator | Modérateur

- Ian Culbert, Executive Director, Canadian Public Health Association

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