

PUBLIC HEALTH 2024 SANTÉ PUBLIQUE

23-25 APRIL
DU 23 AU 25 AVRIL
HALIFAX

FINAL PROGRAM
PROGRAMME FINAL

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 CHAMPIONS | CHAMPIONS DE LA SANTÉ PUBLIQUE



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**CANADIAN
PUBLIC HEALTH
ASSOCIATION**

**ASSOCIATION
CANADIENNE DE
SANTÉ PUBLIQUE**

CPHA is pleased to host Public Health 2024 through a unique and effective collaboration with:

L'ACSP a le plaisir d'organiser Santé publique 2024 par l'entremise d'une collaboration unique et efficace avec :

CONTRIBUTING PARTNERS | PARTENAIRES COLLABORATEURS



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



COLLABORATORS | COLLABORATEURS



CARRFS ACSRRF
Canadian Alliance for Regional Risk Factor Surveillance
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**



PHANS
PUBLIC HEALTH ASSOCIATION OF NOVA SCOTIA

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.

- Ian Culbert (Chair), Canadian Public Health Association
- Kimberly Banks Hart, Public Health Agency of Canada
- Maulik Baxi, Public Health Physicians of Canada
- Keith Denny, Canadian Institute for Health Information, Canadian Population Health Initiative
- Dara Hakimzadeh, Public Health Agency of Canada
- Angela Hache, Public Health Association of New Brunswick and Prince Edward Island
- Sarah Henderson, National Collaborating Centres for Public Health
- Queen Jacques, Student Representative
- Caitlin Johnston, Canadian Public Health Association
- Bahar Kasaai, Canadian Institutes of Health Research, Institute of Population and Public Health
- Marlene Larocque, Assembly of First Nations
- Cheryl MacNeil, Public Health Association of Nova Scotia
- Arnab Majumdar, Canadian Institutes of Health Research, Institute of Population and Public Health
- Kelsie McGregor, Assembly of First Nations
- Dionne Patz, Pan American Health Organization, World Health Organization
- Céline Plante, Canadian Alliance for Regional Risk Factor Surveillance
- Dana Riley, Canadian Institute for Health Information, Canadian Population Health Initiative
- Japteg Singh, Student Representative
- Malcolm Steinberg, Network of Schools and Programs of Population and Public Health
- Eduardo Vides, Métis National Council

CONFERENCE OBJECTIVES

Public Health 2024 will provide:

- a dynamic setting that brings together researchers, policy-makers and practitioners to profile action-oriented best practices, evidence-informed interventions, successful strategies and new research from both domestic and global settings;
- a venue that supports forward thinking, reflection and critical dialogue to prepare public health to meet future challenges;
- a supportive environment for sharing innovative ideas and approaches to public health practice, policy and research that encourage further collaborations across and within sectors;
- a multisectoral knowledge exchange and networking opportunity to discuss current public health issues from across Canada and around the world; and
- a venue for public health professionals at all stages of their education and careers to collaborate, innovate and help shape the health and well-being of Canadians.

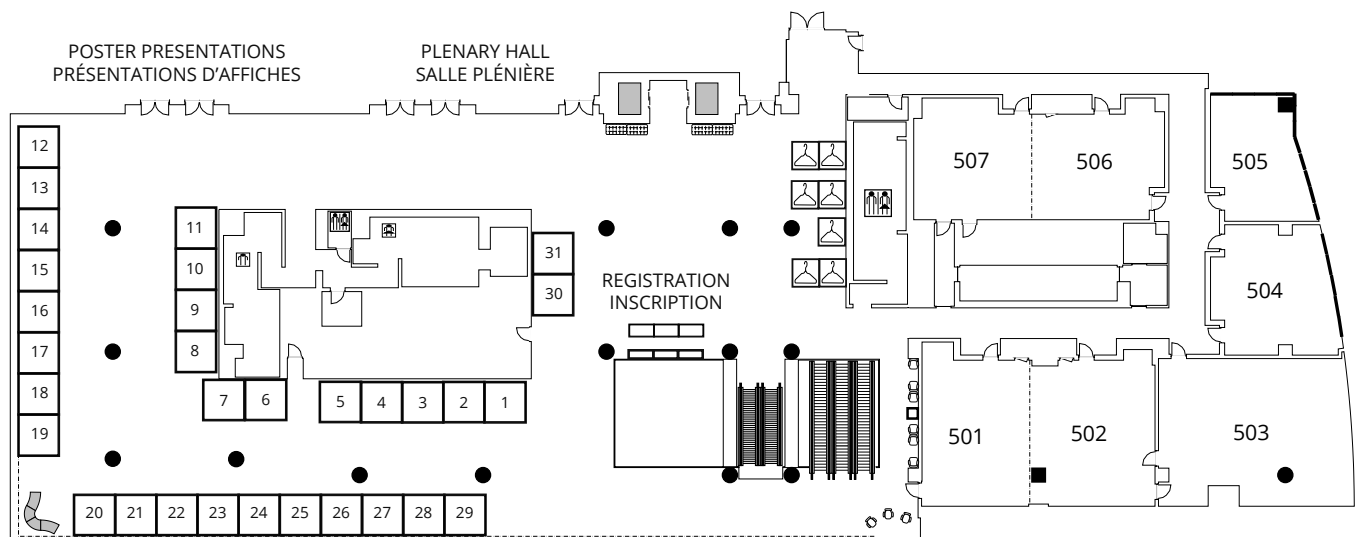
OBJECTIFS DE LA CONFÉRENCE

Santé publique 2024 sera :

- un lieu dynamique où les chercheurs, responsables des politiques et praticiens présentent des pratiques exemplaires orientées sur l'action, des interventions éclairées par les données probantes, des stratégies fructueuses et de nouvelles études provenant de milieux canadiens et mondiaux;
- une tribune qui favorise la pensée prospective, la réflexion et le dialogue critique pour préparer la santé publique à relever les défis à venir;
- un milieu favorable au partage d'idées et d'approches novatrices dans la pratique, les politiques et la recherche en santé publique pour favoriser d'autres collaborations inter- et intrasectorielles;
- une tribune multisectorielle d'échange de connaissances et une occasion de réseauter pour discuter des questions de santé publique de l'heure au Canada et ailleurs dans le monde;
- un lieu où les professionnels de la santé publique à tous les stades de leurs études et de leurs carrières peuvent collaborer, innover et contribuer à façonner la santé et le bien-être de la population canadienne.

EXHIBIT HALL | SALLE D'EXPOSITION

AstraZeneca Canada Inc.	9	National Collaborating Centre for Indigenous Health Centre de collaboration nationale de la santé autochtone	6
Atlantic Summer Institute on Healthy and Safe Communities, Inc.	26	National Collaborating Centre for Methods and Tools Centre de collaboration nationale des méthodes et outils	4
Bavarian Nordic.	28	National Collaborating Centres for Public Health (NCCEH, NCCID, NCCDH) Centres de collaboration nationale en santé publique (CCNSE, CCNMI, CCNDS)	7
Canadian Alliance for Regional Risk Factor Surveillance Alliance canadienne pour la surveillance régionale des facteurs de risque	8	Public Health Association of New Brunswick and Prince Edward Island	31
Canadian Centre for Occupational Health and Safety Centre canadien d'hygiène et de sécurité au travail.	29	Pan American Health Organization Organisation panaméricaine de la santé	17
Canadian Hospice Palliative Care Association Association canadienne des soins palliatifs	22	Pfizer Canada	14
Canadian Institute for Health Information Institut canadien d'information sur la santé	13	Public Health Agency of Canada Agence de la santé publique du Canada	20
Canadian Institutes of Health Research Instituts de recherche en santé du Canada	15	Public Health Association of Nova Scotia	31
Canadian Nurses Association Association des infirmières et infirmiers du Canada	25	Public Health Physicians of Canada Médecins de santé public du Canada	23
Canadian Scholars & Women's Press	3	Réseau francophone international pour la promotion de la santé	16
Immunize Canada Immunisation Canada	30	Sanofi Canada	12
Johns Hopkins Bloomberg School of Public Health. ...	18	Statistics Canada Statistique Canada	21
Journal of Military, Veteran and Family Health	2	Stepped Care Solutions	19
Lakehead University.	10	Telfer School of Management École de gestion Telfer	24
McMaster University	27		
Métis National Council	1		
National Collaborating Centre for Healthy Public Policy Centre de collaboration nationale sur les politiques publiques et la santé	5		



PUBLIC HEALTH 2024 | SANTÉ PUBLIQUE 2024

ACCREDITATION | ACCREDITATION

Public Health 2024 has been approved for a maximum of 13.75 credit hours under Section 1 of the Maintenance of Certification (MOC) program of the Royal College of Physicians and Surgeons of Canada.

Santé publique 2024 a été approuvée pour un maximum de 13,75 heures crédits à titre d'activité d'apprentissage collectif agréée (section 1), conformément à la définition du programme de Maintien du certificat du Collège royal des médecins et chirurgiens du Canada.

REGISTRATION | INSCRIPTION

We understand your busy schedule and are pleased to offer a variety of registration options to expand your knowledge with the relevant content. Take advantage of networking and knowledge exchange opportunities while you discover new solutions, innovations and partnerships to apply in your day-to-day work. Registration options include the full three-day conference, two-day packages, or attending the day that is of most interest to you.

Sachant que vous avez un horaire chargé, nous sommes heureux de pouvoir offrir diverses options d'inscription pour élargir vos connaissances des thèmes qui vous intéressent. Profitez d'occasions de réseautage et d'échange des connaissances pendant que vous découvrez de nouvelles solutions, des innovations et des partenariats à mettre en pratique au quotidien dans votre travail. Vous pouvez vous inscrire aux trois jours de la conférence, à deux jours seulement ou n'assister qu'à la journée qui vous intéresse le plus.

CPHA MEMBERS

Participant: \$375 - \$850

Student / Retiree: \$200 - \$425

MEMBRE DE L'ACSP

Participant : 375 \$ à 850 \$

Étudiant·e / Retraité·e : 200 \$ à 425 \$

NON-MEMBERS

Participant: \$400 - \$975

Student / Retiree: \$235 - \$500

NON-MEMBRES

Participant : 400 \$ à 975 \$

Étudiant·e / Retraité·e : 235 \$ à 500 \$

COMMUNITY RATE

\$275 - \$650

Available to those who self-identify as First Nations, Inuit or Métis or work or volunteer for a community-based organization with limited professional development or conference attendance funds.

TARIFS DE DIVERSITÉ

275 \$ à 650 \$

Les frais sont disponibles aux participants qui s'identifient comme étant membres d'une Première Nation, Inuits ou Métis ou qui travaillent ou font du bénévolat pour un organisme de proximité dont les fonds de développement professionnel ou de participation à des conférences et congrès sont limités.

REGISTER TODAY

INSCRIVEZ-VOUS AUJOURD'HUI

HOTEL | HÉBERGEMENT

A conference rate of \$209 is available at the Sutton Place. The rate is subject to availability and is not guaranteed.

Reservations must be made by calling the reservations department at 1-866-378-8866 or 1-902-932-7548 and providing the booking agent the code **2404CPHA24**.

Un tarif conférence de 209 \$ est disponible au Sutton Place. Ce tarif est soumis à disponibilité et n'est pas garanti.

Les réservations doivent être faites en appelant le service des réservations au 1-866-378-8866 ou 1-902-932-7548 et en donnant à l'agent de réservation le code **2404CPHA24**.

RESERVE YOUR STAY

RÉSERVEZ VOTRE CHAMBRE

PROGRAM OVERVIEW | RÉSUMÉ DU PROGRAMME

🔊 Simultaneous Interpretation provided | Interprétation simultanée fournie

9:00-10:30 Ballroom B2 & B3	🔊 PLENARY I PLÉNIÈRE I 🔊 ADDRESSING STRUCTURAL RACISM AS A DETERMINANT OF HEALTH LE RACISME STRUCTUREL EN TANT QUE DÉTERMINANT DE LA SANTÉ		
10:30-11:00 Ballroom Salon	NETWORKING BREAK WITH SPONSORS AND EXHIBITORS RÉSEAUTAGE AVEC LES COMMANDITAIRES ET LES EXPOSANTS		
11:00-12:15 Ballroom B1	POSTER PRESENTATIONS PRÉSENTATIONS D'AFFICHES		
12:00-13:45 Argyle 1-2	CPHA AGM & POLICY FORUM L'AGA et FORUM POLITIQUE DE L'ACSP		
12:15-13:45 Ballroom B2 & B3	NETWORKING LUNCH DÉJEUNER DE RÉSAUTAGE		
13:45-15:00	CONCURRENT SESSIONS SÉANCES SIMULTANÉES		
	Oral Abstracts - Session 1 Room 503	Oral Abstracts - Session 2 Room 506-507	Oral Abstracts - Session 3 Room 603-604
Room 501-502	All hands on deck: Developing a standardized health promotion response to youth substance use outbreaks in schools and communities		
Argyle 3	Canada's Guidance on Alcohol and Health: Successes, challenges, engagement, and next steps		
Argyle 1-2	Catalyzing conversations on climate displacement and health		
Room 201	Innovative approaches to First Nations public health		
Room 608-609	Turning the tide on health inequities: An introduction to systematic equity action-analysis in public health		
15:00-15:30 Ballroom Salon	NETWORKING BREAK WITH SPONSORS AND EXHIBITORS RÉSEAUTAGE AVEC LES COMMANDITAIRES ET LES EXPOSANTS		
15:30-16:45	CONCURRENT SESSIONS SÉANCES SIMULTANÉES		
	Oral Abstracts - Session 4 Room 503	Oral Abstracts - Session 5 Room 506-507	Oral Abstracts - Session 6 Room 603-604
Argyle 3	Addressing the social determinants of nutrition through public health surveillance: Documenting food inequities to inform policies		
Argyle 1-2	Collaborative autoethnography: Learning from, sharing, and generating collective insights to enhance eco-social approaches to public and planetary health		
Room 201	Competency-led education for Black health: Reflections on innovative practice		
Room 202	Healthy cities		
Room 608-609	Homeless no more: A shared leadership process for ending rural homelessness		
Room 501-502	Relationship building, storytelling, and centring lived expertise: Knowledge translation strategies in health equity work		
16:30-18:30 Room 501-502	STUDENT AND EARLY CAREER PROFESSIONAL NETWORKING EVENT ÉVÉNEMENT DE MISE EN RÉSEAU DES ÉTUDIANTS ET DES PROFESSIONNELS EN DÉBUT DE CARRIÈRE		



ADDRESSING STRUCTURAL RACISM AS A DETERMINANT OF HEALTH

The time is ripe for candid discussions on the structural factors that influence population health, on a national and global scale. These structural determinants of health are more broadly defined as the larger societal, economic, ecological, and political contexts that shape the social determinants of health and, in turn, population health and well-being. One key structural determinant of health is structural racism. It is manifested in legislative policies, hiring practices, unequal resource allocation and access to resources, and inequitable practices both within and outside public health systems and services. These together play a role in driving continued inequities in health outcomes.

In this session, panelists will explore current research, policies, histories, and interventions designed to address structural racism as a determinant of health, including challenges and opportunities involved in doing so. As an example, race-based and Indigenous identity data is essential for measuring health inequalities and for identifying inequities that stem from racism, bias, and discrimination. Health equity data can be used to inform actions and interventions to improve health equity among racialized groups; yet they can pose limitations if not contextualized within evolving policy choices or the history and ongoing legacy of colonialism and structural racism. Particular emphasis will be placed on current and future areas of research and practice.

Learning objectives

- Define how structural racism is manifested within and outside public health systems and services.
- Illustrate how data should be used to inform actions and interventions to improve health equity among racialized groups.
- Describe how current and future research can be designed to address structural racism.

Speakers | Orateur et oratrice

- John Ariyo, Executive Director, Equity and Engagement, Strategy, Performance and Partnerships Branch, Nova Scotia Department of Health and Wellness
- Catherine Cook, former Vice-president (Indigenous), University of Manitoba

Moderator | Modératrice

- Katherine (Kate) Frohlich, Scientific Director, Institute of Population and Public Health, Canadian Institutes of Health Research

ABORDER LE RACISME STRUCTUREL EN TANT QUE DÉTERMINANT DE LA SANTÉ

L'heure est venue de discuter franchement des facteurs structurels qui influencent la santé des populations à l'échelle nationale et mondiale. Ces déterminants structurels de la santé sont plus généralement définis comme étant les contextes sociétaux, économiques, écologiques et politiques plus larges qui structurent les déterminants sociaux de la santé et, en retour, la santé et le bien-être des populations. L'un des principaux déterminants structurels de la santé est le racisme structurel. Il se manifeste dans les politiques législatives, les pratiques d'embauche, les inégalités dans l'allocation des ressources et l'accès aux ressources et les pratiques inéquitables, tant à l'intérieur qu'à l'extérieur des systèmes et des services de santé publique. Ensemble, ces éléments contribuent à pérenniser les iniquités dans les résultats de santé.

Durant cette séance, des panélistes exploreront la recherche actuelle, les politiques, les histoires et les interventions conçues pour aborder le racisme structurel en tant que déterminant de la santé, avec les limites et les possibilités que cela implique. À titre d'exemple, il est essentiel d'avoir des données fondées sur la race et l'identité autochtone pour mesurer les inégalités en santé et repérer les iniquités qui découlent du racisme, des préjugés et de la discrimination. Les données sur l'équité en santé peuvent servir à éclairer les actions et les interventions visant à améliorer l'équité en santé dans les groupes racisés; pourtant, elles peuvent imposer des restrictions s'il n'est pas tenu compte du contexte de l'évolution des choix stratégiques ou de l'histoire et de l'héritage toujours présent du colonialisme et du racisme structurel. L'accent sera mis en particulier sur les domaines de recherche et de pratique actuels et futurs.

Objectifs d'apprentissage

- Définir comment le racisme structurel se manifeste à l'intérieur et à l'extérieur des systèmes et services de santé publique.
- Illustrer comment les données devraient être utilisées pour informer les actions et les interventions visant à améliorer l'équité en matière de santé parmi les groupes racialisés.
- Décrire comment les recherches actuelles et futures peuvent être conçues pour lutter contre le racisme structurel.

TUESDAY 23 APRIL | MARDI 23 AVRIL

10:30 - 11:00
10 h 30 à 11 h

NETWORKING BREAK
PAUSE DE RÉSAUTAGE

BALLROOM SALON

11:00-12:15
11 h à 12 h 15

POSTER PRESENTATIONS
PRÉSENTATION D'AFFICHES

BALLROOM B1

The dedicated poster session and networking event will enable presenters to engage with participants and exchange innovative ideas, while facilitating productive discussion and feedback.

Posters will be presented on both days.

Please see pages 41-44 for the list of presentations.

La séance d'affichage et l'événement de mise en réseau permettront aux présentateurs de dialoguer avec les participants et d'échanger des idées novatrices, tout en facilitant les discussions productives et les retours d'information.

Les affiches seront présentées les deux jours.

Veuillez consulter les pages 41-44 pour la liste des présentations.

12:00-13:45

12 h à 13 h 45

CPHA ANNUAL GENERAL MEETING & POLICY FORUM

ASSEMBLÉE GÉNÉRALE ANNUELLE et FORUM POLITIQUE DE L'ACSP

ARGYLE 1-2

CPHA's Annual General Meeting (AGM) is open to all participants at the conference; however, only CPHA members may vote. Prior to the start of the session, members are asked to check in at the AGM desk to obtain their voting cards. CPHA members whose membership has lapsed but who wish to attend the AGM and be eligible to vote may renew their membership just before the AGM. Anyone wishing to take out a new CPHA membership can do so by Monday 22 April 2024. Lunch will be provided.

L'assemblée générale annuelle (AGA) de l'ACSP est ouverte à tous les participants de la conférence, mais seuls les membres de l'ACSP peuvent y voter. Avant le début de la séance, les membres sont priés de se présenter au bureau de l'AGA pour obtenir leur carte de vote. Les membres dont l'adhésion est caduque, mais qui souhaitent assister à l'AGA et pouvoir y voter peuvent renouveler leur adhésion juste avant l'AGA. Toute personne qui n'a jamais été membre de l'ACSP peut le devenir avant le lundi 22 avril 2024. Le déjeuner sera servi.

12:15-13:45

12 h 15 à 13 h 45

NETWORKING LUNCH
DÉJEUNER CONTACTS

BALLROOM B2 & B3

13:45-15:00

13 h 45 à 15 h

CONCURRENT SESSIONS
SÉANCES SIMULTANÉES

ROOM 503

ABSTRACT SESSION 1

- Cultural considerations while using a wrap-around approach: Learning from the Maskwacis Early Years program successes to increase immunization uptake — [Charlene Rattlesnake](#)
- Improving immunization services and health outcomes for children and families in five Health Networks of the Saskatchewan Health Authority: A community-based participatory research project — [Charlene Thompson](#)
- Routine childhood immunization during the COVID-19 pandemic: Changes in vaccine confidence and barriers to access — [Cindy Tao](#)
- Co-designing an innovative skill-building learning solution for healthcare providers to enhance vaccination in pregnancy conversations — [Eliana Castillo](#)
- A health equity approach to improving childhood vaccination coverage in Ottawa, Ontario — [Sarah Wallingford](#)

13:45-15:00

CONCURRENT SESSIONS

13 h 45 à 15 h

SÉANCES SIMULTANÉES

ROOM 506-507

ABSTRACT SESSION 2

- The development and implementation of an innovative community-based intervention to strengthen community capacity for HIV prevention and care among African, Caribbean and Black (ACB) women in Ontario: Implementation study protocol — [Amoy Jacques](#)
- GetaKit: An online HIV and STI testing service — [Patrick O'Byrne](#)
- Syphilis Point-of-Care Testing and Immediate Treatment Evaluation (SPRITE) in 5 Ontario public health units — [Megan Carter](#)
- A national survey of psychosocial correlates of Canadian women's intentions to participate in human papillomavirus test-based primary cervical screening — [Ovidiu Tatar](#)
- Mapping person-focused innovation(s) for screening and diagnosis of sexually transmissible and blood-borne infections (STBBIs) during the COVID-19 pandemic: A scoping review — [Shannan Grant](#)

ROOM 603-604

ABSTRACT SESSION 3

- Prioritization of zoonotic infectious diseases in Canada to inform capacity building for health professionals using multi-criteria decision analysis — [Julie Thériault](#)
- Research in support of community-led wastewater surveillance and respiratory virus testing in remote Canadian communities — [Michael Becker](#)
- Protocol for a One Health Approach to Risk Assessment in Canada — [Melanie Cousins](#)
- Review of the Canadian Notifiable Disease Surveillance System — [Tracey Russnak-Redden](#)
- Knowledge mobilization pathways for wastewater-based surveillance to support public health — [Talia Glickman](#)

ROOM 501-502

ALL HANDS ON DECK: DEVELOPING A STANDARDIZED HEALTH PROMOTION RESPONSE TO YOUTH SUBSTANCE USE OUTBREAKS IN SCHOOLS AND COMMUNITIES

This session includes a before and after poll evaluating participants' comfort levels when responding to school substance use outbreaks. Facilitators will provide an overview of the All Hands On Deck quality improvement project, in a presentation-style format. First, facilitators will guide participants through a values exercise where they will analyze their own values regarding substances and reflect in group discussions how values can play a role in determining a response to a substance use outbreak. Second, facilitators will lead a small-group activity in which participants imagine themselves in the roles of key school partners (e.g., administration, teachers, parents) to better understand potential barriers to change and action and discuss in their groups what strategies could be used to build trust and offer support.

Learning objectives

- Analyze values and readiness for change in discussions with school partners in order to lead others in a health promotion approach to substance use.
- Apply and adapt the step-by-step health promotion guide to other school settings to create more consistency amongst health promoters in their approaches to substance use.
- Evaluate existing approaches to school substance use and identify opportunities to influence and improve in their own school settings.

Workshop Facilitators

- Emily Berrigan, Health Promoter, Mental Health and Addictions, Nova Scotia Health
- Alyce Casey, Health Promoter, Mental Health and Addictions, Nova Scotia Health
- Laura J. Kennedy, RN, Health Promoter, PhD candidate, Dalhousie University

ARGYLE 3

CANADA'S GUIDANCE ON ALCOHOL AND HEALTH: SUCCESSES, CHALLENGES, ENGAGEMENT, AND NEXT STEPS

The symposium will focus on Canada's Guidance on Alcohol and Health. It will discuss knowledge mobilization aspects and the critical role of engaging and collaborating with partners and communities to mobilize the Guidance information effectively. National and regional initiatives based on the new Guidance will be presented, and challenges, successes, ongoing activities, and lessons learned will be discussed. Participants will gain insight into various components that support the dissemination of public health guidance, including public campaigns, media coverage, and monitoring of uptake and use. Attendees will be encouraged to actively engage in a dialogue about leveraging the Guidance within their respective settings and explore ongoing opportunities to collaborate with the Canadian Centre on Substance Use and Addiction (CCSA) as a facilitator and convener of partners in this domain.

Learning objectives

- Identify ways to use Canada's Guidance on Alcohol and Health in participants' practices, using existing resources and tailoring resources for their audiences.
- Describe initiatives taking place in different parts of Canada related to Canada's Guidance on Alcohol and Health.
- Discuss participants' plans and opportunities for using the Guidance in their settings and tailored to their key audiences.

Speakers

- Eftyhia Helis, Knowledge Broker, Canadian Centre on Substance Use and Addiction
- Kara Thompson, Associate Professor of Psychology, St. Francis Xavier University
- Cheryl Peters, British Columbia Centre for Disease Control
- Tim Naimi, Director, University of Victoria's Canadian Institute for Substance Use Research

Moderator

- Bryce Barker, Senior Knowledge Broker, Canadian Centre on Substance Use and Addiction

ARGYLE 1-2

CATALYZING CONVERSATIONS ON CLIMATE DISPLACEMENT AND HEALTH

The 2022 annual report of the Chief Public Health Officer (CPHO) focused on mobilizing public health action on climate change and identified displacements and evacuations as a key area for future research. This workshop will be an opportunity to present preliminary findings from our project focusing on climate displacement and health in British Columbia. Presenters will facilitate discussions that invite participants to think about how climate displacement impacts, or may impact, health and health services and systems in their own regions, and what needs to be considered in order to better prepare communities and/or participants' work to mitigate the disruptive effects of climate displacement. The workshop will create space for collaborative and cross-sectoral dialogues and networking opportunities to connect those who need to be working together to better understand the health impacts of, and how to prepare for, climate displacement.

Learning objectives

- Identify the ways in which climate displacement impacts health policies, programs, and services.
- Identify the gaps in current understandings of climate displacement and health.
- Determine priorities for future research and actions related to climate displacement and health.

Workshop Facilitators

- Nicole Bates-Eamer, Postdoctoral Fellow; Health, Environment and Communities Lab, University of Victoria
- Kathryn Stone, PhD candidate, University of Victoria, Social Dimensions of Health
- Angel Kennedy, PhD candidate, Simon Fraser University, Faculty of Health

ROOM 201

INNOVATIVE APPROACHES TO FIRST NATIONS PUBLIC HEALTH

Presented by: Assembly of First Nations

First Nations across Canada continue to respond to multiple and generational public health issues by applying strengths-based and culture-informed responses to ongoing health and wellness inequities. While First Nations contend with structural and policy barriers that amplify the consequences of inequities, we counter impractical arrangements with frameworks that offer innovative approaches to emerging challenges to lay the foundation for improved coordination of programs and fiscal arrangements to support the wellness of generations to come. This session will highlight two initiatives that apply a First Nations lens to current challenges. The first is a Holistic Continuum of Care that works across the determinants of health to support First Nations individuals' transition safely through all stages of life, setting the foundation to benefit the wellness of the next seven generations. This approach seeks to coordinate and align existing programs and services across sectors and apply a First Nations lens reflecting holistic, culturally based paths to lifelong wellness. AFN Resolution 30/2023 Towards a National Cultural Safety and Humility Standard is a tool to address anti-Indigenous racism in health care. Working with national partners, the goal is to close a core strategic gap in accountability and enable the health sector to implement the national standard when completed.

Learning objectives

- Describe a First Nations vision for a holistic continuum of health and wellness, using culture as foundation for good medicine for future generations.
- Explain a First Nations proposal to address anti-Indigenous racism through a mechanism to secure accountability back to an affected population.

Speakers

- Jonathan Luke Dunn, Senior Policy Analyst, Assembly of First Nations
- Kelsie McGregor, Policy Analyst, Assembly of First Nations

Moderator

- Marlene Larocque, Senior Policy Advisor, Assembly of First Nations
-

ROOM 608-609

TURNING THE TIDE ON HEALTH INEQUITIES: AN INTRODUCTION TO SYSTEMATIC EQUITY ACTION-ANALYSIS IN PUBLIC HEALTH

In this workshop, we introduce and describe [Systematic Equity Action-Analysis](#) (SEAA) as a tool that translates equity scholarship and evidence into a structured process that leaders, teams, and communities can use to advance equity in their own settings. The SEAA Framework balances practices of agency, humility, critically reflective dialogue, and systems thinking through distinct elements of action-analysis, equipping people to explicitly recognize and interrupt their own entanglements in the intersecting systems of oppression and injustice that produce and uphold inequities. Using real-world examples, participants will use an applied example to move through each element of the SEAA framework. Recognizing that systems are composed of people and are held in place through people's day-to-day work, participants will explore how to leverage their own agency and sphere of influence as part of systems-level change for advancing equity.

Learning objectives

- Identify the ways in which worldview and coherence between rhetoric and action, and between evidence and action, work as a foundational determinants of equity.
- Critically reflect on the equity implications of particular actions or policies, and identify more equity-advancing choices available.
- Situate equity work in the context of participants' own agencies, with specific examples of how participants will work to become more aware of systemic determinants of equity in their own public health setting.

Workshop Facilitators

- Katrina Plamondon, Assistant Professor, School of Nursing, Faculty of Health and Social Development, University of British Columbia
- Sana Shahram, Assistant Professor, School of Nursing, Faculty of Health and Social Development, University of British Columbia

TUESDAY 23 APRIL | MARDI 23 AVRIL

15:00-15:30

NETWORKING BREAK WITH SPONSORS AND EXHIBITORS

15 h à 15 h 30

PAUSE DE RÉSAUTAGE AVEC LES COMMANDITAIRES ET EXPOSANTS

15:30-16:45

CONCURRENT SESSIONS

15 h 30 à 16 h 45

SÉANCES SIMULTANÉES

ROOM 503

ABSTRACT SESSION 4

- Alcohol policies: Why are they not keeping pace with alcohol-related harm in Canada? — [Norman Giesbrecht](#)
- The frequency and distribution of alcohol advertising on broadcast television in Canada and potential implications for youth and public health policy — [Elise Pauzé](#)
- Reconciling perspectives on drugs across Canadians who use drugs, law professionals, and health professionals — [Niki Kiepek](#)
- Cannabis use and self-reported mental health in citizens of the Métis Nation of Ontario: A cross-sectional analysis — [Sarah Edwards](#)
- Cannabis legalization in Canada: Do we have a safe supply? — [Mike DeVillaer](#)

ROOM 506-507

ABSTRACT SESSION 5

- Public health mobile units bringing COVID and flu services to the community — [Beth Gillis](#)
- Willingness of Canadian community pharmacists to adopt a proactive life-course vaccination practice: A qualitative study — [Nancy Waite](#)
- The tale of two assumptions: Incorporating health-seeking behaviour in a deterministic model for influenza — [Marie Varughese](#)
- Does influenza vaccination protect against long-term care admission? A report from the Canadian Immunization Research Network Serious Outcomes Surveillance Network — [Melissa K. Andrew](#)
- Influenza vaccination over time among adults in Canada from 2018-2019 to 2022-2023 — [Ruoke Chen](#)

ROOM 603-604

ABSTRACT SESSION 6

- Investigating systems responses to violence against women across three Canadian provinces: Results from the Interprovincial Violence Against Women Project — [Alexa Yakubovich](#)
- Health outcomes of survivors of violence against women during the COVID-19 pandemic: Findings from the Interprovincial Violence Against Women Project — [Alyssa Gerhardt](#)
- Existing inequalities and new vulnerabilities: Responding to sex trafficking during the COVID-19 pandemic — [Janice Du Mont](#)
- Perceptions and capacity of professionals working within the health and social service sectors to respond to domestic sex trafficking in Canada: A national survey — [Janice Du Mont](#)
- "When other doors were closed, ours were open": The impact of the COVID-19 pandemic on domestic abuse survivors and the domestic violence shelters and staff that support them — [Miranda Pilipchuk](#)

ARGYLE 3

ADDRESSING THE SOCIAL DETERMINANTS OF NUTRITION THROUGH PUBLIC HEALTH SURVEILLANCE: DOCUMENTING FOOD INEQUITIES TO INFORM POLICIES

Presented by: Canadian Alliance for Regional Risk Factor Surveillance

Unhealthy eating is a major risk factor for multiple chronic diseases. Across Canada, food bank usage has gone up for several years in a row, with the largest single-year increase of 32% recorded from 2022 to 2023. Lack of access to, and availability of, affordable healthy food, increasing food prices, and deleterious food environments such as food deserts affect population access to healthy eating. Economical and physical barriers to following a healthy eating lifestyle constitute an important social determinant of health for chronic diseases and exacerbate health inequalities. Speakers will present recent findings on socioeconomic and environmental factors that play critical roles in diet-related disparities, and will provide examples of how surveillance data may be used toward creating solutions aiming to reduce diet-related disparities.

Learning objectives

- Illustrate how socio-economic disparities can adversely affect food security and access to healthy food in the population.
- Describe the associations between social determinants of health and access to healthy nutrition.
- Explore new methods and surveillance systems for monitoring diet-related disparities and best practices for dissemination of results to effect policy changes.

Speakers

- Catherine L. Mah, Professor and Canada Research Chair in Promoting Healthy Populations, School of Health Administration, Dalhousie University
- Céline Plante, Scientific Advisor, Institut national de santé publique du Québec
- Willy Dunbar, Expert scientific advisor, National Collaborating Centre for Healthy Public Policy, Institut national de santé publique du Québec



ARGYLE 1-2

COLLABORATIVE AUTOETHNOGRAPHY: LEARNING FROM, SHARING, AND GENERATING COLLECTIVE INSIGHTS TO ENHANCE ECO-SOCIAL APPROACHES TO PUBLIC AND PLANETARY HEALTH

Collaborative autoethnography (CAE) is an underutilized tool for understanding and tackling intersectional challenges in complex eco-social settings, based on insights from diverse perspectives grounded in direct experience. Informed by a pilot funded by the Canadian Institutes of Health Research (CIHR), presenters will share key features and strengths of CAE as a tool for gathering, unpacking, and reflecting on the experiences of public health researchers, teachers, trainees, and professionals, with emphasis on curricular reform for public health in the Anthropocene. Drawing on results from a collaborative autoethnography of early-, mid-, and late-career eco-social health educators, innovators, and champions, the workshop will share insights arising from CAE, including its potential for building community and capacity for collective action. Participants will engage in guided journaling (a core element of CAE) and debrief in breakout groups to gain firsthand experience with CAE and collective sense-making, followed by a wrap-up that explores pathways for CAE to enhance public health education, practice, and scholarship.

Learning objectives

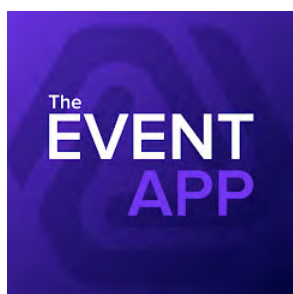
- Describe collaborative autoethnography and its applicability to public health education, practice, and scholarship.
- Apply alternate stories and ethnographies that contribute to ongoing knowledge production and enhance responses to complex eco-social public health challenges.
- Acquire novel pedagogies and approaches to address the training needs for public health in the Anthropocene.

Workshop Facilitators

- Blake Poland, Associate Professor, Dalla Lana School of Public Health, University of Toronto
- Margot Parkes, Professor, University of Northern British Columbia
- Angel Kennedy, PhD candidate, Simon Fraser University
- Carlos Sanchez Pimienta, PhD candidate, Dalla Lana School of Public Health, University of Toronto
- Sandra Martin Harris, Wetsuwet'en Nation, Indigenous Planner, New Hazelton, British Columbia; PhD candidate, University of Northern British Columbia
- De-Ann Sheppard, Mi'kmaw Independent Indigenous Health Researcher; PhD candidate, Ontario Institute for Studies in Education/University of Toronto; Board member, Canadian Association of Nurses for the Environment, Nurses for Planetary Health Movement

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l'événement : ph24sp

Voir le courriel de bienvenue pour les
détails de connexion.

15:30-16:45

CONCURRENT SESSIONS

15 h 30 à 16 h 45

SÉANCES SIMULTANÉES

ROOM 201

COMPETENCY-LED EDUCATION FOR BLACK HEALTH: REFLECTIONS ON INNOVATIVE PRACTICE

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

Efforts are underway to modernize the 2008 Public Health Agency of Canada Public Health Competencies. Tertiary educational efforts to prepare students for public health practice, within schools and programs of public health and other disciplinary settings such as nursing, are challenged to align curricula efforts to achieve core and specialized competencies. Current core competencies are silent on Black health and anti-Black racism. This symposium will discuss the need for core competencies on Black health and approaches to support students and practitioners to achieve core competencies in Black Health, with a focus on learning innovations. This will include examples of the alignment of core competencies with learning objectives and outcomes.

Learning objectives

- Appreciate the need for focused competencies for Black health and anti-Black racism.
- Reflect on the Black Health Education Collaborative's anti-Black racism and Black health competencies.
- Describe the competencies required to address Black health.
- Review examples of anti-Black racism and Black health competency education and training.

Speakers

- Sume Ndumbe-Eyoh, Director, Black Health Education Collaborative; Assistant Professor, Dalla Lana School of Public Health, University of Toronto
- OmiSoore Dryden, co-lead, Black Health Education Collaborative, James R. Johnston Chair in Black Canadian Studies, Associate Professor, Dalhousie University
- Onye Nnorom, co-lead, Black Health Education Collaborative, Assistant Professor, University of Toronto

Moderator

- Malcolm Steinberg, Executive Chair, Network of Schools and Programs of Population and Public Health; Director, Public Health, Faculty Health Sciences, Simon Fraser University

ROOM 202

HEALTHY CITIES

Presented by: Canadian Institutes of Health Research

CIHR's Healthy Cities Research Initiative (HCRI) has recently developed a plan for knowledge mobilization (KM) with the overarching goal of complementing and amplifying the work of municipalities, community organizations and researchers who are implementing and evaluating evidence-informed interventions to improve equitable health outcomes in urban spaces. In support of this KM plan, this session will allow researchers and partners to highlight their work funded through the Initiative and provide an opportunity to identify next steps for implementation science and urban spaces. Panelists will explore topics including active transportation, climate justice, children and youth, and healthy aging through an implementation science lens.

Learning objectives

- Explore some of the latest research findings on healthy city living in Canada, including accessibility and city design, active transportation, and climate justice.
- Consider the critical role of partnerships between policy-makers, community organizers, researchers, and other knowledge-users in the effective integration of research outputs into evidence-informed interventions.
- Reflect on the science and practical limitations of implementation science through case-studies in Canadian cities and projects.

Speakers

- Kate Storey, Associate Professor, School of Public Health, University of Alberta
- Danielle Bouchard, Full Professor, Faculty of Kinesiology, University of New Brunswick
- Muhajarine Nazeem, Professor, Community Health and Epidemiology, University of Saskatchewan

Moderator

- Katherine (Kate) Frohlich, Scientific Director, Institute of Population and Public Health, Canadian Institutes of Health Research

ROOM 608-609

HOMELESS NO MORE: A SHARED LEADERSHIP PROCESS FOR ENDING RURAL HOMELESSNESS

An interactive session where the Homeless No More Initiative shares about and models their shared leadership process of community development, community-led research, and inclusive engagement of local organizations and groups. Recognizing, as a key determinant of health, that housing is a human right, this human-centred approach builds on a collective impact theory of change process. The goal is to end homelessness across the lifespan in a rural area, while recognizing multiple systemic barriers to adequate housing. Groups serving populations experiencing homelessness and who are precariously housed informed this new change management strategy. They participated in action-based research through community- and service-based counts. Building on an equity approach, this shared leadership, inclusive of diverse partners, creates stronger resilience for local communities and organizations. Together, through this movement, the initiative identifies cross-governmental policy options as key advocacy levers for healthy public policy.

Learning objectives

- Discuss how presenters identified and use a community-led process for shared leadership, including sector-informed advocacy and research.
- Describe the creation of intentional partnerships in rural areas that are innovative, to impact action to improve systems.
- Discuss how the initiative engages and acts with community organizations, empowering participation in an inclusive approach.
- Describe the process of supporting community organizations in local research.
- Reflect on the learnings and challenges experienced during this work.

Speakers

- Nancy Stewart, Health Promoter, Homeless No More Initiative
- Olivia Pattison, Health Promoter, Homeless No More Initiative
- Alisha Christie, Town of Kentville – Housing and Community Partnerships Coordinator, Homeless No More Initiative
- Mary Sweatman, Associate Professor - Department of Community Development – Acadia University, Homeless No More Initiative
- Shasta Grant, Master of Community Development student – Acadia University, Homeless No More Initiative

ROOM 501-502

RELATIONSHIP BUILDING, STORYTELLING, AND CENTRING LIVED EXPERTISE: KNOWLEDGE TRANSLATION STRATEGIES IN HEALTH EQUITY WORK

The National Collaborating Centre for Determinants of Health (NCCDH) will explore knowledge translation (KT) that is equity-focused and trust-building, and reflects lived expertise of inequities. Innovative values-based KT by NCCDH in recent years includes storytelling, roundtables, convening, adopting anti-oppressive approaches, and co-development with partners in all project phases. Changing the way KT is done and how solutions are discovered involves humility and relationships, providing a model for public health at all levels for KT that is equitable, anti-oppressive, and decolonizing. This session will interest all levels of public health and across professions involved in KT to advance health equity.

Learning objectives

- Describe concrete steps to decrease health inequities through values-driven knowledge translation (KT) approaches.
- Explore anti-oppressive principles for KT at individual and organizational levels.
- Identify practical ways to shift KT practices to be more equitable and anti-oppressive.

Workshop Facilitators

- Dianne Oickle, Knowledge Translation Specialist, National Collaborating Centre for Determinants of Health
- Rebecca Cheff, Knowledge Translation Specialist, National Collaborating Centre for Determinants of Health

TUESDAY 23 APRIL | MARDI 23 AVRIL

17:00-18:30

17 h à 18 h 30

STUDENT AND EARLY CAREER PROFESSIONAL NETWORKING EVENT

ÉVÉNEMENT DE MISE EN RÉSEAU DES ÉTUDIANTS ET DES
PROFESSIONNELS EN DÉBUT DE CARRIÈRE

ROOM 501-502

A networking event targeted to students and trainees to connect with your peers and enjoy a light snack.

Pre-registration required

Un événement de réseautage destiné aux étudiants et aux stagiaires pour se connecter avec vos pairs et profiter d'une légère collation.

Préinscription obligatoire

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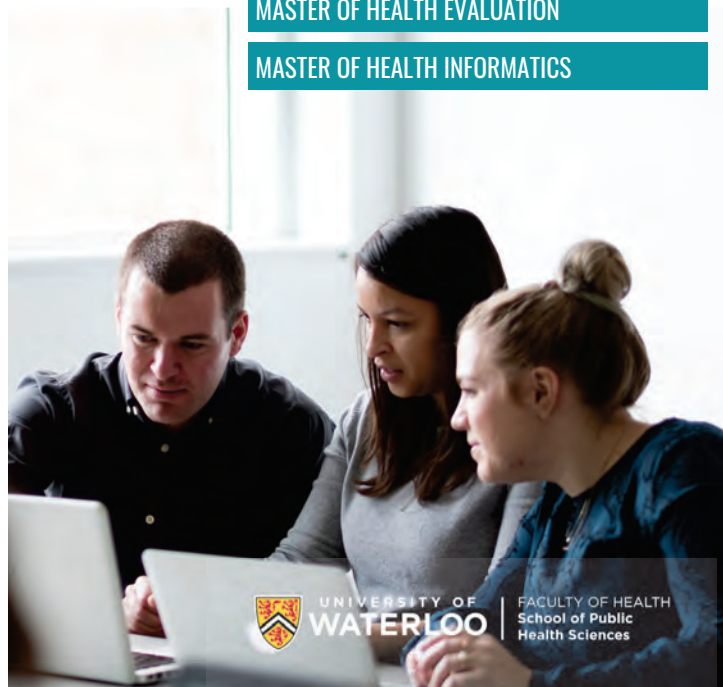
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MASTER OF PUBLIC HEALTH

MASTER OF HEALTH EVALUATION

MASTER OF HEALTH INFORMATICS



WEDNESDAY 24 APRIL | MERCREDI 24 AVRIL

PROGRAM OVERVIEW | RÉSUMÉ DU PROGRAMME

🔊 Simultaneous Interpretation provided | Interprétation simultanée fournie

7:45-8:45 Argyle 1-2	Enhancing Pan-Canadian Public Health Data (pre-registration required)		
9:00-10:30 Ballroom B2 & B3	🔊 PLENARY II PLÉNIÈRE II 🔊 CLIMATE EMERGENCIES AND THE HEALTH OF EVACUATED POPULATIONS LES URGENCES CLIMATIQUES ET LA SANTÉ DES POPULATIONS ÉVACUÉES		
10:30-11:00 Ballroom Salon	NETWORKING BREAK WITH SPONSORS AND EXHIBITORS RÉSEAUTAGE AVEC LES COMMANDITAIRES ET LES EXPOSANTS		
11:00-12:15	CONCURRENT SESSIONS SÉANCES SIMULTANÉES		
	Oral Abstracts - Session 7 Room 503	Oral Abstracts - Session 8 Room 506-507	Oral Abstracts - Session 9 Room 603-604
Room 201	Climate change and equity		
Room 608-609	Identifying and addressing organizational stigma to promote more supportive and inclusive sexual health and harm reduction services		
Argyle 3	A Métis approach to Taanishishi Aen Miyomaashchihoohk (how to live well/how to be healthy)		
Room 501-502	Publishing in the <i>Canadian Journal of Public Health</i> : Tips from two editors-in-chief		
Ballroom B3	The science agenda of a national public health organization: An emerging vision for science at the Public Health Agency of Canada Le programme scientifique d'un organisme de santé publique national : une vision émergente de la science à l'Agence de la santé publique du Canada 🔊		
Argyle 1-2	Transforming a vision into action: A collaborative review and discussion of a proposed vision for public health surveillance in Canada by 2030		
12:15-13:30 Room 501-502	Unlock the art of insightful critique in qualitative research		
12:15-13:30 Ballroom B2 & B3	NETWORKING LUNCH DÉJEUNER DE RÉSEAUTAGE		
13:30-14:30 Ballroom B1	POSTER PRESENTATIONS PRÉSENTATIONS D'AFFICHES		
14:30-14:45 Ballroom Salon	BREAK PAUSE		
14:45-16:00	CONCURRENT SESSIONS SÉANCES SIMULTANÉES		
	Oral Abstracts - Session 10 Room 503	Oral Abstracts - Session 11 Room 506-507	Oral Abstracts - Session 12 Room 603-604
Room 201	Dementia in long-term care and home care settings: Results from recent research and surveillance projects		
Room 202	Digital transformation of public health		
Room 501-502	Engaging Indigenous reproductive justice as a framework for health research		
Room 608-609	Evidence pathways: Navigating evidence-informed decision making in public health		
Argyle 1-2	Preventing climate change and public health risks: Tackling complex challenges by integrating action across public health functions		
Argyle 3	Something in the air: Towards a new understanding of aerosols and respiratory disease transmission		
16:15-18:00 Room 504	Indigenous Public Health Professionals' Gathering (pre-registration required)		
16:15-18:30 Room 501-502	Student Skills-building Workshop (pre-registration required; \$15 fee)		

ARGYLE 1-2

Join the Canadian Institute for Health Information and the Public Health Agency of Canada for a discussion about the need for comparable pan-Canadian public health data, emerging collaborations and the opportunities ahead. The COVID-19 pandemic and other recent public health events have highlighted the importance of having timely, comparable and linkable data to understand and address public health impacts, inequities and system gaps. Enhanced pan-Canadian public health data will be critical to ensuring public health system readiness and better health system management. Improving data collection and measurement will lead to better outcomes for and accountability to Canadians. A light breakfast will be served.

Pre-registration required

9:00 - 10:30

9 h à 10 h 30

PLENARY II

PLÉNIÈRE II



BALLROOM B2 & B3

CLIMATE EMERGENCIES AND THE HEALTH OF EVACUATED POPULATIONS

Extreme events driven by climatic changes are becoming more frequent and intense across Canada. Over the past decade, hundreds of thousands of people have been evacuated due to the impacts of wildfires and flooding, and thousands have been displaced indefinitely. Evacuations have immediate and long-lasting impacts on physical and mental health, and these impacts disproportionately affect those who are less resilient due to poverty, racialization, disability, and chronic disease. This session will explore the health impacts of evacuations from multiple perspectives, including case studies from recent events. It will highlight lessons learned over decades of research and tools for reducing the health impacts of climate-related extreme events in future.

Learning objectives

- Describe why evacuations disproportionately affect those who are less resilient due to poverty, racialization, disability, and chronic disease.
- Explore how innovative research and tools can reduce the health impacts of climate-related extreme events.

Speakers | Orateur et oratrices

- Julie Drolet, Professor, Faculty of Social Work, University of Calgary
- Blair Feltmate, Head, Intact Centre on Climate Adaptation, University of Waterloo
- Tara McGee, Professor, Department of Earth and Atmospheric Sciences, University of Alberta

Moderator | Modératrice

- Theresa Tam, Chief Public Health Officer of Canada

LES URGENCES CLIMATIQUES ET LA SANTÉ DES POPULATIONS ÉVACUÉES

Les événements extrêmes entraînés par les changements climatiques gagnent en fréquence et en intensité au Canada. Au cours de la dernière décennie, des centaines de milliers de gens ont été évacués en raison de feux incontrôlés et d'inondations, et des milliers ont été déplacés pour une durée indéterminée. Les évacuations ont des effets immédiats et durables sur la santé physique et mentale, et ces effets touchent démesurément les personnes moins résilientes en raison de la pauvreté, de la racialisation, des invalidités et des maladies chroniques. Cette séance portera sur les effets sanitaires des évacuations selon plusieurs points de vue et inclura des études de cas d'événements récents. Elle présentera des leçons retenues au fil de dizaines d'années de recherche et des outils pour réduire les effets sur la santé des événements climatiques extrêmes à venir.

Objectifs d'apprentissage

- Décrire pourquoi les évacuations touchent de manière disproportionnée les personnes qui sont moins résilientes en raison de la pauvreté, de la racialisation, du handicap et des maladies chroniques.
- Explorer comment la recherche et les outils innovants peuvent réduire les effets sur la santé des événements extrêmes liés au climat.

WEDNESDAY 24 APRIL | MERCREDI 24 AVRIL

10:30 - 11:00

10 h 30 à 11 h

NETWORKING BREAK

PAUSE DE RÉSAUTAGE

BALLROOM SALON

11:00 - 12:15

11 h à 12 h 15

CONCURRENT SESSIONS

SÉANCES SIMULTANÉES

ROOM 503

ABSTRACT SESSION 7

- Equity-oriented isolation supports: Learnings from the Nova Scotia COVID-19 pandemic response — [Eleanor Eville](#)
- Stakeholders' experiences with school-based immunization programs during the COVID-19 pandemic in the Canadian Maritimes: A qualitative study — [Allyson Gallant](#)
- Supporting vaccine confidence among families in Prince Edward Island using motivational interviewing: A community-based approach — [Kate Kelly](#)
- Improving vaccine uptake: Immunization governance in Atlantic Canada — [Rachel Parker](#)
- Supporting quality assurance in Nova Scotia Public Health in the post-pandemic world — [Krissy Rose-Muise](#)

ROOM 506-507

ABSTRACT SESSION 8

- Vaping in pregnancy: Navigating agency, assessment, and ambivalence — [Nancy Poole](#)
- Engaging public health in action on substance use in pregnancy — [Nancy Poole](#)
- Examining evacuation birth policy in Ontario and the influence of health systems' cultures on the provision of maternity care for First Nations Peoples birthing outside of their communities — [Erika Campbell](#)
- Responding to Indigenous women's stories of reproductive coercion — [Holly McKenzie](#)
- Comprehensive review of Healthy Families, Healthy Babies perinatal home visiting program — [Laura Brennan](#)

ROOM 603-604

ABSTRACT SESSION 9

- A latent class analysis of substances detected among accidental acute toxicity deaths in Canada from 2016 to 2017 — [Aganeta Enns](#)
- Walking the path to equity, anti-oppression and anti-racism: Developing and implementing an organizational health equity strategy in mental health and substance use care at the system level — [Hinna Hafeez](#)
- "2.5 g, I could do that before noon": A qualitative study on people who use drugs' perspectives on the impacts of British Columbia's decriminalization of illegal drugs threshold limit — [Cayley Russell](#)
- Substance use and access to harm reduction services among people who injected opioids in Canada (2003-2019) — [Herak Apelian](#)
- Network approach to addressing the system level gaps in care for people with complex mental health and substance use needs — [Krista English](#)

ROOM 201

CLIMATE CHANGE AND EQUITY

Presented by: Pan American Health Organization

In this session, the Pan American Health Organization (PAHO) will present its Agenda for Climate Change and Health, with a focus on equity. This agenda aims to strengthen climate-resilient health systems by incorporating equity, which is a core principle of PAHO to ensure that no one is left behind. It includes the preparedness of health systems and communities, in particular populations in situations of vulnerability, for the effects of climate change. Presenters will discuss the actions taken to address the impacts of climate change and health; the disproportionate impacts of climate change and possible solutions; the efforts made by the health sector to focus on the social determinants in addressing climate change impacts on health; and the development and monitoring of indicators that include equity dimensions. It will also highlight the importance of community participation and the role of local governments in formulating effective and sustainable responses.

Learning objectives

- Present an analysis of the regional situation on climate change and health and its impact on health, with a particular focus on populations in situations of vulnerability.
- Describe PAHO's agenda on Climate Change and Health and how it is applied at the regional, national, and local levels.
- Discuss approaches and solutions for reducing inequities through the strengthening of climate-resilient health systems in the Americas.

Speakers

- Daniel Buss, Unit Chief, Climate Change and Environmental Determinants of Health, Social and Environmental Determinants for Health Equity Department, PAHO/WHO
- Kim Perrotta, Executive Director, Canadian Health Association for Sustainability and Equity (CHASE)
- Carolyn Tateishi, Director, Climate Change and Innovation Bureau, Health Canada

Moderator

- Gerry Eijkemans, Director, Social and Environmental Determinants for Health Equity Department, PAHO/WHO

ROOM 608-609

IDENTIFYING AND ADDRESSING ORGANIZATIONAL STIGMA TO PROMOTE MORE SUPPORTIVE AND INCLUSIVE SEXUAL HEALTH AND HARM REDUCTION SERVICES

Stigma represents a major and persistent barrier to accessing safe, supportive and inclusive sexual health, harm reduction and sexually transmitted and blood-borne infection (STBBI) related services in Canada. This interactive and evidence-informed workshop will offer participants an opportunity to explore the newly updated Organizational Assessment Tool for STBBIs and Stigma (2024) and to engage in discussion with their peers about collective efforts to reduce stigma in Canada. Following the workshop, participants will be equipped with the knowledge and tools to recognize the many factors that contribute to stigma and other intersecting forms of oppression within their organizations and communities more broadly and, most importantly, identify tangible actions to promote more supportive and inclusive sexual health, harm reduction and STBBI services.

Learning objectives

- Describe the many factors that contribute to stigma associated with sexuality, substance use, and sexually transmitted and blood-borne infections (STBBIs), including intersecting forms of oppression.
- Appraise the policies and practices of participants' own organizations, and determine potential areas for improvement related to stigma reduction.
- Summarize tangible actions that will contribute to more supportive and inclusive services within participants' own organizations.

Workshop Facilitators

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

11:00 - 12:15

CONCURRENT SESSIONS

11 h à 12 h 15

SÉANCES SIMULTANÉES

ARGYLE 3

A MÉTIS APPROACH TO TAANISHISHI AEN MIYOMAASHCHIHOOHK (HOW TO LIVE WELL/HOW TO BE HEALTHY)

Presented by: Métis Nation Saskatchewan and Métis National Council

This session will focus on the Métis social determinants of health and the ways Métis Nation-Saskatchewan is taking a holistic/wrap-around approach across departments to support a healthy nation.

Learning objectives

- Reflect the Métis Nation's Vision of Health, including how Métis social determinants of health are distinct from the social determinants of health of the general public.
- Summarize how the foundation of achieving Métis health & well-being is grounded in Métis self-determination, Métis culture, and language revitalization.
- Describe the unique programs, services, and initiatives led and implemented by Métis Nation-Saskatchewan, and the impact they are having on Métis individuals, family, and community.
- Define current challenges the nation faces, upcoming Métis Nation-Saskatchewan priorities, and plans going forward.

Speakers

- Tanya Pruden, Director of Health, Métis Nation-Saskatchewan
- Kristi Ross, Manager, Culture, Heritage and Language, Métis Nation-Saskatchewan

ROOM 501-502

PUBLISHING IN THE CANADIAN JOURNAL OF PUBLIC HEALTH: TIPS FROM TWO EDITORS-IN-CHIEF

Presented by: Canadian Journal of Public Health

As the only Canadian peer-reviewed publication dedicated to public health in Canada, the *Canadian Journal of Public Health* (CJPH) should be a venue of choice for Canadian researchers and graduate students to publish original results from their research projects. Publishing in peer-reviewed journals, however, is often a challenging journey. Typically, the CJPH receives 400 papers per year for consideration, two-thirds of which are rejected without being sent for peer review. In this workshop, senior editors from CJPH will share with participants some of the fundamental considerations for developing and successfully submitting a manuscript for a peer-reviewed journal.

Learning objectives

- Describe how the CJPH publishes original research and scholarly articles that are relevant to population and public health.
- Discuss the difficult but worthwhile process of publishing in peer-reviewed journals.
- Apply understandings for how to develop a manuscript for submission to a peer-reviewed journal.

Workshop Facilitators

- Laura Rosella, Editor-in-Chief, CJPH; Professor, Dalla Lana School of Public Health, University of Toronto
- Louise Potvin, former CJPH Editor-in-Chief (2014-2023); Professor, Department of Social and Preventive Medicine, Faculty of Medicine, University of Montréal



THE SCIENCE AGENDA OF A NATIONAL PUBLIC HEALTH ORGANIZATION: AN EMERGING VISION FOR SCIENCE AT THE PUBLIC HEALTH AGENCY OF CANADA

Presented by: Public Health Agency of Canada

The purpose of this workshop is to share and gather feedback from Canadian public health professionals and leaders on the emerging themes and science missions, objectives, and values that will underpin PHAC's Science Strategy. Participants will engage in facilitated discussions, building on findings from a domestic and international engagement process which provided insight on how public health stakeholders perceive, contribute to, use and trust PHAC's science, and value its unique contribution as a national public health organization that promotes and protects the health of Canadians. This engagement is also an opportunity for the Canadian public health and science community to engage with the Agency and to reflect together on pathways for collaboration to strengthen the integration of science into decision-making processes to accelerate societal impact, including science advice mechanisms, knowledge mobilization and science communication. Participants are invited to bring internet-enabled devices for participation (e.g., smartphone, laptop).

Learning objectives

- Critically appraise and share feedback on the findings emerging from the Science Strategy engagement process, which characterize how public health stakeholders perceive, contribute to, use and trust PHAC's science, and value its unique contribution as a national public health organization.
- Identify mechanisms for science collaborations between PHAC and the Canadian public health ecosystem.

Speaker | Oratrice

- Sarah Viehbeck, Chief Science Officer, Public Health Agency of Canada

LE PROGRAMME SCIENTIFIQUE D'UN ORGANISME DE SANTÉ PUBLIQUE NATIONAL : UNE VISION ÉMERGENTE DE LA SCIENCE À L'AGENCE DE LA SANTÉ PUBLIQUE DU CANADA

Présenté par : Agence de la santé publique du Canada

Cet atelier vise à recueillir et à partager la rétroaction de personnels professionnels et de leaders de la santé publique canadienne sur les thèmes scientifiques émergents et sur les missions, les objectifs et les valeurs qui étayeront la stratégie scientifique de l'ASPC. Des discussions dirigées permettront aux participantes et aux participants de s'appuyer sur les constats d'un vaste processus de dialogue national et international qui a éclairé les perceptions de la démarche scientifique de l'ASPC chez les parties prenantes de la santé publique, leur contribution à cette démarche, l'utilisation qu'elles en font, la confiance qu'elles lui accordent et la valeur qu'elles attribuent au rôle particulier de l'Agence en tant qu'organisme de santé publique national chargé de promouvoir et de protéger la santé de la population canadienne. Cet engagement est aussi une occasion pour la communauté de la santé publique et la communauté scientifique dans leur ensemble de dialoguer avec l'Agence et de réfléchir avec elle à des voies de collaboration pour renforcer l'intégration de la science dans les processus décisionnels afin d'accélérer les effets sociétaux, notamment par les mécanismes de conseils scientifiques, la mobilisation des connaissances et la vulgarisation scientifique. Les participants sont invités à se munir d'appareils compatibles avec l'internet (smartphone, ordinateur portable).

Objectifs d'apprentissage

- Évaluer d'un œil critique et partager la rétroaction sur les constats d'un processus de dialogue sur la stratégie scientifique de l'ASPC qui décrit les perceptions de la démarche scientifique de l'Agence chez les parties prenantes de la santé publique, leur contribution à cette démarche, l'utilisation qu'elles en font, la confiance qu'elles lui accordent et la valeur qu'elles attribuent au rôle particulier de l'Agence en tant qu'organisme de santé publique national.
- Définir des mécanismes de collaboration scientifique entre l'ASPC et l'écosystème canadien de la santé publique.

11:00 - 12:15

CONCURRENT SESSIONS

11 h à 12 h 15

SÉANCES SIMULTANÉES

ARGYLE 1-2

TRANSFORMING A VISION INTO ACTION: A COLLABORATIVE REVIEW AND DISCUSSION OF A PROPOSED VISION FOR PUBLIC HEALTH SURVEILLANCE IN CANADA BY 2030

This symposium, led by the Public Health Agency of Canada, marks a significant juncture in the evolution of public health surveillance in the country. Centred around a proposed vision for public health surveillance for 2030, we will engage with public health stakeholders in a collaborative review and discussion of the vision. This is an opportunity for participants to refine the proposed vision to ensure that it is comprehensive, forward thinking, and grounded in the current realities of surveillance practice in Canada. The symposium will encourage and foster dialogue on the practical applications of the vision in public health practice, policy development, and research.

Learning objectives

- Assess the proposed vision for public health surveillance in Canada by 2030 by refining its relevance, applicability, and inclusivity through diverse perspectives.
- Identify practical applications of the proposed vision in domains such as public health practice, policy development, and research.
- Describe approaches for fostering collaborative engagement with diverse stakeholders, experts, and academics to develop a vision.

Speakers

- Amy Colquhoun, Director, Public Health Analytics, Alberta Health
- Samantha Salter, Acting Supervisor, Territorial Epidemiologist Team, Government of Yukon
- Janet Smylie, Professor and Canada Research Chair in Advancing Generative Health Services for Indigenous Populations in Canada, University of Toronto
- Claire Betker, Scientific Director, National Collaborating Centre for Determinants of Health

Moderator

- Eleni Galanis, Director General, Centre for Surveillance, Integrated Insights and Risk Assessment, Data, Surveillance and Foresight Branch, Public Health Agency of Canada

12:15-13:30

NETWORKING LUNCH

BALLROOM B2 & B3

12 h 15 à 13 h 30

DÉJEUNER CONTACTS

ROOM 501-502

UNLOCK THE ART OF INSIGHTFUL CRITIQUE IN QUALITATIVE RESEARCH

Pre-registration required

Designed for students and early-career professionals, this session will delve into the nuances of evaluating qualitative research manuscripts. Participants will explore the key elements of a well-constructed qualitative study, from the clarity of research questions to the richness of data analysis. Participants will hone their skills in identifying methodological rigor, ethical considerations, and the integration of theory. The session facilitators will share practical strategies for providing constructive feedback, fostering a culture of peer collaboration. This workshop promises to enhance participants' ability to assess, contribute meaningfully, and elevate the quality of qualitative research in academic publishing.

Session Leaders

- Louise Potvin, former CJPH Editor-in-Chief (2014-2023); Professor, Department of Social and Preventive Medicine, Faculty of Medicine, University of Montréal
- Blake Poland, Associate Professor, Dalla Lana School of Public Health, University of Toronto

WEDNESDAY 24 APRIL | MERCREDI 24 AVRIL

13:30-14:30

POSTER PRESENTATIONS

BALLROOM B1

13 h 30 à 14 h 30

PRÉSENTATION D'AFFICHES

The dedicated poster session and networking event will enable presenters to engage with participants and exchange innovative ideas, while facilitating productive discussion and feedback.

Posters will be presented on both days.

Please see pages 41-44 for the list of presentations.

La séance d'affichage et l'événement de mise en réseau permettront aux présentateurs de dialoguer avec les participants et d'échanger des idées novatrices, tout en facilitant les discussions productives et les retours d'information.

Les affiches seront présentées les deux jours.

Veuillez consulter les pages 42-45 pour la liste des présentations.

14:30-14:45

BREAK

BALLROOM SALON

14 h 30 à 14 h 45

PAUSE

14:45-16:00

CONCURRENT SESSIONS

14 h 45 à 16 h

SÉANCES SIMULTANÉES

ROOM 503

ABSTRACT SESSION 10

- How are we preparing the future public health workforce to engage in culturally safe and anti-racist praxis? An examination of training interventions in MPH curricula — [Malcolm Steinberg](#)
- The governance of core competencies for public health: An environmental scan and recommendations for the Canadian context — [Claire Betker](#)
- Sustainable financing for public health systems: A case study of British Columbia and Nova Scotia — [Melanie Seabrook](#)
- Identifying opportunities to support, lead, and influence transformative public health action on the structural and social determinants of health — [Pemma Muzumdar](#)
- The population-centered medical model: A method of practice for public health physicians — [Sudit Ranade](#)

ROOM 506-507

ABSTRACT SESSION 11

- Tripartite preparedness and response during the COVID-19 pandemic: A First Nations perspective — [Crystal Hardy](#)
- The CAPP 2 Study Protocol: Strengthening the capacity of healthcare providers to reduce the impact of COVID-19 on African, Caribbean, and Black communities in Ontario — [Amoy Jacques](#)
- How have public health units in Ontario engaged with faith-based organizations to improve confidence in COVID-19 vaccines within ethno-racial communities? — [Erica Di Ruggerio](#)
- Comparative analysis of the COVID-19 pandemic responses in four Canadian provinces: A focus on the regulation of public spaces — [Sara Allin](#)
- Community-based testing: Bridging healthcare inequities for underserved populations in Canada's northern, remote and isolated communities — [Tracy Taylor](#)

ROOM 603-604

ABSTRACT SESSION 12

- Mental well-being trends and protective factors among adolescents in British Columbia from 2014-2022: A population-based repeated cross-sectional study — [Eva Oberle](#)
- What influences student mental health beyond individual factors: A scoping review — [Justine Pineault](#)
- Associations between gender identity and mental health in early adolescents: A cross-sectional population-based study in British Columbia — [Maram Alkawaja](#)
- Examining sport participation by gender identity among Canadian youth: A cross-sectional analysis using COMPASS data — [McKenna Szczepanowski](#)
- What is child positive mental health? A scoping review to inform the development of a Canadian Child Positive Mental Health Surveillance Indicator Framework — [Melanie Varin](#)

14:45-16:00

CONCURRENT SESSIONS

14 h 45 à 16 h

SÉANCES SIMULTANÉES

ROOM 201

DEMENTIA IN LONG-TERM AND HOME CARE SETTINGS: RESULTS FROM RECENT RESEARCH AND SURVEILLANCE PROJECTS

Presented by: Canadian Institute of Health Information

The number of people living with dementia is growing in Canada, and healthcare needs of people living with dementia and their caregivers are complex. In June 2019, the Minister of Health announced the release of Canada's first national dementia strategy. To support its implementation, the Public Health Agency of Canada funded a portfolio of projects through the Enhanced Dementia Surveillance Initiative to address the following data gaps: dementia by cause, progression and stages; socio-demographic, risk, and protective factors; and dementia caregivers. This session will present results of a collaboration between CIHI, jurisdictional partners, and research organizations with the Public Health Agency of Canada to support the implementation of the National Dementia Strategy through the Enhanced Dementia Surveillance Initiative. The projects explored a variety of topics such as dementia costs, the progression of the condition, transitions from community to long-term care settings, the experiences of caregivers, the experience of living with dementia, and the determinants of cognitive health and their impacts on dementia risk, utilizing a holistic framework. The findings will support planning and service provision with information on the challenges and needs of people living with dementia across care settings and their caregivers.

Learning objectives

- Describe the Enhanced Dementia Surveillance Initiative and its portfolio of projects.
- Discuss a Holistic Model of Dementia and disseminate findings from its application to existing data holdings for dementia surveillance in Canada.
- Identify health care trajectories of people living with dementia with an emphasis on transitions to home care and long-term care, and hospitalizations before transitions.

Speakers

- Stacey Fisher, Postdoctoral Fellow, Ottawa Hospital Research Institute
- George Heckman, Associate Professor, School of Public Health Sciences, University of Waterloo; Schlegel Research Chair in Geriatric Medicine, Schlegel-UW Research Institute for Aging
- Liudmila Husak, Manager, Health Systems Analytics, Canadian Institute for Health Information
- Andrea Olmstead, Epidemiologist, British Columbia Office of the Provincial Health Officer

Moderator

- Larry Shaver, Acting Senior Epidemiologist, Public Health Agency of Canada

ROOM 202

DIGITAL TRANSFORMATION OF PUBLIC HEALTH

Presented by: Public Health Physicians of Canada

Public health relies on timeliness and relevance of data to provide their best advice in both regular operations and during outbreaks and emergencies. Emergence of newer technologies, newer ways of working, and newer analytical tools have the potential to transform the way public health operates in Canada. This session will focus on exploring how digital transformation can support aims such as reduced cost, streamlined public health physician practice experience, better health staff and collaborating agency experience, better client experience, and improved health outcomes for Canadians.

Learning objectives

- Illustrate drivers of digital transformation in public health.
- Define digital public health and its attributes.
- Investigate impact of digital transformation on future public health practice.

Speakers

- Alyssa Ness, PHPC President; Medical Officer of Health, Central Zone, Alberta Health Services; Locum family physician, East Calgary Family Care Clinic
- Jasmine Pawa, PHPC Past President; Public Health Physician; Adjunct Lecturer, University of Toronto

14:45-16:00

CONCURRENT SESSIONS

14 h 45 à 16 h

SÉANCES SIMULTANÉES

ROOM 501-502

ENGAGING INDIGENOUS REPRODUCTIVE JUSTICE AS A FRAMEWORK FOR HEALTH RESEARCH

First, this session will demonstrate the links between deficit-based research on Indigenous people's reproductive health and unsafe healthcare experiences. Then this session will introduce Indigenous reproductive justice as one strengths-based framework by which researchers have recently engaged in health research with Indigenous peoples. Reproductive justice is often described as an intersectional and social justice-oriented approach to reproductive health. Indigenous concepts of reproductive justice are informed by relational and socio-ecological Indigenous concepts of health, as well as by movements for decolonization and Indigenous sovereignty. Workshop facilitators will reflect on their experiences in engaging Indigenous reproductive justice in quantitative and qualitative studies. These reflections will highlight how doing so strengthened their study and relationships, and facilitated uptake of study findings. Then, using an adapted World Café method, workshop participants will discuss how to foster researchers' engagement with Indigenous reproductive justice. This workshop conversation will be summarized on a one-pager available at www.hollyannmckenzie.ca/Indigenous-RJ.

Learning objectives

- Discuss the harms of deficit-based reproductive health research on Indigenous people.
- Describe why, and how, Indigenous reproductive justice is used as a framework in reproductive health research.
- Identify further learning opportunities to develop related skills and knowledge.

Workshop Facilitators

- Danette Jubinville, PhD candidate, Simon Fraser University, Faculty of Health Sciences; Founding Member, Ekw'í7l Doula Collective; Director, Indigenous Women and Family Health, Vancouver Coastal Health
- Holly Ann McKenzie, Saskatchewan Health Research Foundation/Canadian Institutes of Health Research Health System; Impact Postdoctoral Fellow, Sanctum Care Group and the University of Saskatchewan

ROOM 608-609

EVIDENCE PATHWAYS: NAVIGATING EVIDENCE-INFORMED DECISION MAKING IN PUBLIC HEALTH

Public health decision making should draw on different sources of evidence and follow a systematic decision-making process. Models for evidence-informed decision making outline evidence to consider and steps to follow, but applying these models in different situations can be challenging. Participants will learn how to operationalize these models and integrate evidence from various sources into each step of the decision-making process. They will engage in several real-world public health decision-making situations and explore how evidence from various sources can be integrated into the decision-making process. They will also engage with expert facilitators to navigate the evidence-informed decision-making process. Participants will learn about flexible and adaptable resources to apply to an evidence-informed approach in their public health roles.

Learning objectives

- Apply models for evidence-informed decision making in public health.
- Access resources to support evidence-informed decision making in public health.

Speakers

- Emily Clark, Knowledge Broker, National Collaborating Centre for Methods and Tools
- Robyn Traynor, Knowledge Broker, National Collaborating Centre for Methods and Tools

14:45-16:00

CONCURRENT SESSIONS

14 h 45 à 16 h

SÉANCES SIMULTANÉES

ARGYLE 1-2

PREVENTING CLIMATE CHANGE AND PUBLIC HEALTH RISKS: TACKLING COMPLEX CHALLENGES BY INTEGRATING ACTION ACROSS PUBLIC HEALTH FUNCTIONS

Tackling the significant challenges posed by climate change will require a whole-of-society approach to address key gaps in existing public health actions, including public health guidance, data, science, intersectoral action, co-development, and partnerships. This session will use the 2022 Chief Public Health Officer of Canada's report, [Mobilizing Public Health Action on Climate Change in Canada](#), as a guide to explore through a panel how public health leadership can ensure that people living in Canada and the public health sector understand the public health risks posed by climate change, and that they have the information, skills, and tools they need to reduce and prevent the impacts of climate change on health through key public health functions.

Learning objectives

- Translate the session learnings into actions that can be taken to advance public health and climate change activities within participants' organizations or areas of responsibility.
- Identify collaborative intersectoral opportunities that can be fostered or enriched to maximize co-benefits for public health and climate change, with a focus on public health functions.
- Describe the need for engaging, and opportunities to engage, diverse communities, including those who face disproportionate risks, to address climate change challenges from a source of strength and community resilience.

Speakers

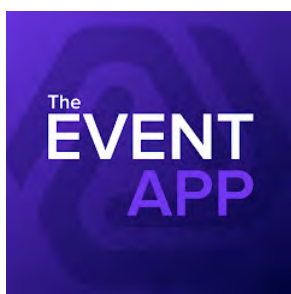
- Kerry Robinson, Director General, and Lesley-Anne Dams, Manager, Climate Change and Public Health Hub, Public Health Agency of Canada
- Amber MacLean-Hawes, Manager, Public Health, Northern Zone, Nova Scotia Health
- Melanie Madore, Senior Program Advisor, Public Health New Brunswick

Moderator

- Breanne Aylward, PhD candidate, University of Alberta School of Public Health

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l'événement : ph24sp

Voir le courriel de bienvenue pour les
détails de connexion.

14:45-16:00

CONCURRENT SESSIONS

14 h 45 à 16 h

SÉANCES SIMULTANÉES

ARGYLE 3

SOMETHING IN THE AIR: TOWARDS A NEW UNDERSTANDING OF AEROSOLS AND RESPIRATORY DISEASE TRANSMISSION

The session will consist of three 20-minute talks and a 15-minute question period for speakers. Professor Tellier will discuss the current state of knowledge around airborne transmission of respiratory pathogens, including SARS-CoV-2, influenza, respiratory syncytial virus, and others. He will also discuss the historical development of the concept of "droplets" as the dominant paradigm driving infection control practices. Professor Li will discuss the basics of improving indoor air through ventilation, filtration, and use of germicidal UV radiation; some of the challenges associated with each of these tools; and benefits of clean indoor air beyond infectious disease control, including reduced chronic disease risk and improved educational achievement. Dr. Hirji will review their efforts to improve community understanding of, and access to, clean indoor air in public health jurisdictions in Ontario.

Learning objectives

- Describe the behaviour of respiratory aerosols, including infectious aerosols, and understand how these properties drive the epidemiology of respiratory infectious diseases.
- Identify the basic application of ventilation, filtration, and germicidal ultraviolet radiation for improving indoor air quality, and understand the potential limitations and drawbacks associated with each of these tools; understand how these tools will enable compliance with new standards for indoor air quality, including how new standards will impact respiratory infection transmission risk.
- Formulate strategies for engaging communities and stakeholders in order to prioritize indoor settings for action, improve the quality of indoor air as a means of improving public health, and improve health equity in Canadian communities.

Speakers

- Mustafa Hirji, Medical Officer of Health, Public Health Sudbury and Districts
- Amy Li, Assistant Professor Department of Civil and Environmental Engineering, University of Waterloo
- Raymond Tellier, Associate Professor of Medicine, McGill University

Moderator

- David Fisman, Professor, Epidemiology, University of Toronto

The session speakers and the Canadian Aerosol Transmission Coalition invite you to stay after the session for informal in-depth conversations about the pandemic response, from 16:15 to 17:30.

16:15-18:00

INDIGENOUS PUBLIC HEALTH PROFESSIONALS' GATHERING

ROOM 504

This gathering will provide an exclusive, safe space for Indigenous public health professionals to speak their realities, share their expertise, hopes and aspirations and create opportunities for solidarity and support. A conversation facilitated by Rose LeMay of the Indigenous Reconciliation Group will also explore participants expectations for CPHA in the realm of Truth and Reconciliation.

Pre-registration required

16:15-18:30

STUDENT SKILLS BUILDING WORKSHOP

ROOM 501-502

The session will be hosted by a professional career facilitator and will focus on:

- How to hone your professional presence
- Before (preparation), During (action) and After (strategic follow-up)
- Explore STAR principles and how to practically apply them for panel or recorded interviews (Situation, Task, Action, Result)
- How to articulate the required competencies and your value proposition for impact
- Strategies to beat anxiety and recover quickly from mistakes
- Mock interviews - review and practice of interview questions

Pre-registration required; \$15 fee

THURSDAY 25 APRIL | JEUDI 25 AVRIL

PROGRAM OVERVIEW | RÉSUMÉ DU PROGRAMME

🔊 Simultaneous Interpretation provided | Interprétation simultanée fournie

9:00-10:15	CONCURRENT SESSIONS SÉANCES SIMULTANÉES	
	Oral Abstracts - Session 13 Room 503	Oral Abstracts - Session 14 Room 506-507
Room 202	2024 Core Competencies for Public Health in Canada: Supporting use and application	
Room 501-502	Building power for health equity	
Argyle 1-2	Building the case to strengthen public health and the public health workforce: Public health systems and services data	
Argyle 3	Centring community in equity-driven emergency preparedness and response in Nova Scotia	
Room 201	The future of health promotion in Canada: Emerging issues and applications to public health	
10:15-10:45 Ballroom Salon	BREAK PAUSE	
10:45-12:00	CONCURRENT SESSIONS SÉANCES SIMULTANÉES	
	Oral Abstracts - Session 15 Room 503	Oral Abstracts - Session 16 Room 506-507
Argyle 3	Building networks and health equity through community-engaged research	
Room 501-502	The intersectional pandemic preparedness playbook: Workshopping strategies for equity-based pandemic response	
Room 201	Lessons about the collateral consequences of the COVID-19 pandemic on child and youth activity, sedentary, and sleep behaviours: Collective findings from Canadian repeated cross-sectional multi-method studies	
Argyle 1-2	Tackling environmental racism: An urgent call for public health	
Room 202	What can public health organizations do to improve their capacities to act on healthy public policies?	
12:00-12:15 Ballroom Salon	BREAK PAUSE	
12:15-13:15 Ballroom B2 & B3	🔊 PLENARY III PLÉNIÈRE III 🔊 PUTTING THE COMMON GOOD FIRST: LOCAL LESSONS FROM A GLOBAL PANDEMIC LE BIEN COMMUN D'ABORD : LES LEÇONS LOCALES D'UNE PANDÉMIE MONDIALE	

09:00-10:15

CONCURRENT SESSIONS

09 h à 10 h 15

SÉANCES SIMULTANÉES

ROOM 503

ABSTRACT SESSION 13

- Estimating public health risk of infectious disease events: A Canadian approach to rapid risk assessments — [Clarence Tam](#)
- Why are multi-disciplinary voices essential for effective protection in a complex pandemic? — [Dorothy Wigmore](#)
- Stringency index for emergency management and response: A post-COVID-19 analysis evaluating application and future directions — [Jessica Yau](#)
- Evaluating a novel national COVID-19 outbreak surveillance system in Canada — [Kaitlin Patterson](#)
- A passing grade? How risk communication strategies aligned with the public's efforts to access health information during COVID-19: A rapid review — [Rawan Farran](#)

ROOM 506-507

ABSTRACT SESSION 14

- Examining youth experiences of food insecurity in Canada in 2020 — [Alexandra Peppetone](#)
- Monitoring childhood disability rights to inform health and social policy — [Linda Nguyen](#)
- Lost in translation: Lessons learned creating resources for newcomer families — [Katherine Hutka](#)
- Exploring the volume and type of unhealthy advertising in close proximity to schools: An audit of bus stop advertising in one mid-size Canadian city — [Laura Kennedy](#)
- Developing a monitoring system for school healthy eating programs in Nova Scotia — [Sarah Shaw](#)

ROOM 202

2024 CORE COMPETENCIES FOR PUBLIC HEALTH IN CANADA: SUPPORTING USE AND APPLICATION

Presented by: National Collaborating Centres for Public Health

The National Collaborating Centres for Public Health (NCCPH) have been commissioned by the Public Health Agency of Canada to update the 2008 Core Competencies for Public Health in Canada. For the past two years, the NCCPH has been engaging with the public health community across Canada to shape the 2024 Core Competencies. This session will describe the process used to develop the core competencies and profile the revised competencies. The conversation will focus on using the 2024 Core Competencies for Public Health in Canada, allowing participants to provide feedback on the support they need at individual, organizational, and systems levels to bring these competencies into their work. This information will help the National Collaborating Centres and others to plan activities to support the 2024 Core Competencies in the years ahead.

Learning objectives

- Review the 2024 Core Competencies for Public Health in Canada framework and statements.
- Assess how the revised core competencies can be used in public health training and practice.
- Identify facilitators and barriers to use.
- Discuss opportunities for the NCCPH to support use and application.

Speakers

- Claire Betker, Scientific Director, National Collaborating Centre for Determinants of Health
- Margaret Haworth-Brockman, Senior Program Manager, National Collaborating Centre for Infectious Diseases

ROOM 501-502

BUILDING POWER FOR HEALTH EQUITY

Changing the structural determinants of health and advancing health equity require shifting power from groups that currently benefit from inequities to groups that are harmed by inequities. In this workshop, participants will develop the skills to understand, analyze, and develop strategies to address power imbalances through a combination of presentation and facilitated small-group exercises. Throughout the workshop, two case studies will be used: raising wages in Nova Scotia, and regularization of undocumented people and residency for migrant workers federally. This workshop will introduce and build on a suite of knowledge translation products related to power recently released by the National Collaborating Centre for Determinants of Health, providing participants with practical frameworks and tools they can use to incorporate an analysis of power into their health equity work.

Learning objectives

- Define power and describe its relationship to health equity work.
- Apply power analysis frameworks and tools to proposed policy and practice changes.
- Develop strategies to advance equity, based on analyzing power.

Workshop Facilitators

- Jonathan Heller, Visiting Scholar, National Collaborating Centre for Determinants of Health
- Rebecca Cheff, Knowledge Translation Specialist, National Collaborating Centre for Determinants of Health
- Carolina Jimenez, Knowledge Translation Specialist, National Collaborating Centre for Determinants of Health
- Monika Dutt, Medical Officer of Health, Central Zone, Nova Scotia
- Hailie Tattrie, Justice for Workers Organizer, Nova Scotia; PhD candidate, Mount Saint Vincent University
- Suzanne MacNeil, Justice for Workers Organizer, Nova Scotia

ARGYLE 1-2

BUILDING THE CASE TO STRENGTHEN PUBLIC HEALTH AND THE PUBLIC HEALTH WORKFORCE: PUBLIC HEALTH SYSTEMS AND SERVICES DATA

Public health has faced multiple crises over the past two decades where workforce capacity, governance models, and levels of investment have all been called into question. Yet, unlike many parts of the health system, there is no systematic data captured about Public Health Systems and Services in this country to monitor changes, build business cases, and study the impacts of decisions that influence the public health system. The Urban Public Health Network has led work on adapting survey instruments used in other countries to the Canadian context to capture data on the public health system in Canada – levels of funding, programs and services offered, staffing details, and governance models – aiming to fill this gap. Progress to date will be shared, reactions and advice will be gathered, and links to work on core competency renewal and system performance indicator development will be explored in this concurrent session.

Learning objectives

- Describe the new Census of Local Public Health Units project and plans to expand this work in Canada.
- Explore linkages of this work to other projects, such as public health core competencies renewal and system performance indicator development, as well as efforts to define the public health system for the purposes of this work.
- Provide input into possible use cases, options for collection, storage and access, and funding models, for this new data source.

Speakers

- Cordell Neudorf, Professor, Department of Community Health & Epidemiology, College of Medicine, University of Saskatchewan
- Thilina Bandara, Assistant Professor, School of Public Health, University of Saskatchewan

ARGYLE 3

CENTRING COMMUNITY IN EQUITY-DRIVEN EMERGENCY PREPAREDNESS AND RESPONSE IN NOVA SCOTIA

This symposium offers an interactive learning experience, motivating participants to shift the way they do emergency preparedness and response (EPR) to be more inclusive and equitable. Michelle Ward and Megan Peters, community leaders serving families with young children living with low income and people who use substances, will share experiences and insights to help participants understand the urgency for change and how to make it happen. Their advice for system change will provide food for thought for those who work in public health and emergency management. Public health physician Dr. Gaynor Watson-Creed, a strong advocate for equity-centred public health emergency planning and preparedness, will challenge symposium participants with key questions, such as: Who lives outside of the resources in an emergency? What assets (e.g., holding the trust of marginalized populations) do communities have that we can rely upon in an emergency? What, during an emergency, can this community not do without?

Learning objectives

- Describe the unique impacts of emergencies on families with young children living with low income, and on people who use substances.
- Identify ways that public health and emergency management practitioners can make changes in governance, training and education, and communications, to help build community resilience.
- Establish a network of other practitioners who are working toward the common goal of embedding equity in EPR.

Speakers

- Michelle Ward, Executive Director, Kids First Association
- Megan Peters, Program Coordinator, The Ally Centre of Cape Breton
- Gaynor Watson-Creed, Associate Dean, Serving and Engaging Society, Faculty of Medicine, Dalhousie University; Public Health and Preventive Medicine physician

Moderator

- Donna Malone, Senior Program Manager, Public Health Agency of Canada – Atlantic Region



09:00-10:15

CONCURRENT SESSIONS

09 h à 10 h 15

SÉANCES SIMULTANÉES

ROOM 201

THE FUTURE OF HEALTH PROMOTION IN CANADA: EMERGING ISSUES AND APPLICATIONS TO PUBLIC HEALTH

This symposium will profile a dialogue among contributors to the forthcoming fifth edition of *Health Promotion in Canada: A World in Acceleration* (Canadian Scholars' Press, 2024). Speakers will reflect on critical strategies to enhance the practice of health promotion, including intersectionality, Indigenous knowledge, anti-racism, decolonization, and relational knowledge translation. New perspectives on mental health promotion, healthy cities, digital health, population migration, and 2S/LGTBQIA+ health will be highlighted as emerging areas of focus in health promotion. Public health governance, reflexivity, social innovation, and the intersections of health promotion with addressing structural determinants of health equity will also be profiled as novel health promotion strategies. This symposium will involve interactive dialogue on the history and future of health promotion as a field, and describe the intellectual, policy, and practical position of health promotion within the landscape of public health in Canada. The symposium will be of interest to frontline practitioners, students, scholars, and leaders across public health professions and organizations.

Learning objectives

- Discuss the health promotion approach as an essential public health function with a unique social justice and ecological approach to health.
- Describe current innovations in health promotion approaches.
- Explore innovative and disruptive strategies for applying health promotion concepts to complex public health priorities.

Speakers

- Ann Pederson, author, *Health Promotion in Canada: A World in Acceleration*, "Emergence of health promotion in Canada" (5th edition)
- Olivier Ferlatte, Editor and chapter author, *Health Promotion in Canada: A World in Acceleration*, "Intersectionality, and 2SLGTBQI+ health promotion"
- Dianne Oickle, Knowledge Translation Specialist, National Collaborating Centre for Determinants of Health
- Sume Ndumbe-Eyoh, Director, Black Health Education Collaborative; Assistant Professor, Dalla Lana School of Public Health, University of Toronto

Moderator

- Katherine Frohlich, Editor, *Health Promotion in Canada: A World in Acceleration* (5th edition)

10:15-10:45

REFRESHMENT BREAK

BALLROOM SALON

10 h 15 à 10 h 45

PAUSE RAFRAÎCHISSEMENTS

10:45-12:00

CONCURRENT SESSIONS

10 h 45 à 12 h

SÉANCES SIMULTANÉES

ROOM 503

ABSTRACT SESSION 15

- The impacts of core housing needs on physical and mental health outcomes: Evidence from the Canadian Housing Survey — [Lawrence Agyepong](#)
- Developing research relationships with Indigenous communities and supporting Indigenous self-determination through a province-wide health research network environment in British Columbia — [Tara Erb](#)
- Kisêwâtisiwin for the home: The built environment as a determinant of health for Saskatchewan Indigenous communities — [Wanda Martin](#)
- Promoting health equity: Engaging communities and building neighbourhood health and wellness hubs to support place-based solutions — [Zhaida Uddin](#)

ROOM 506-507

ABSTRACT SESSION 16

- Reducing cannabis harms for children and youth in Canada: A population health approach — [Sarah Blades](#)
- Prevalence and characteristics of polysubstance use among Canadian youth — [Gabriella Luongo](#)
- Impact of the COVID-19 pandemic on alcohol and drug use patterns among youth: Findings from a cross-sectional sample from British Columbia — [Kirsten Marchand](#)
- Examining differences in substance use outcomes among gender minority and non-gender minority youth: Evidence from the COMPASS Study — [Thepikaa Varatharajan](#)

ARGYLE 3

BUILDING NETWORKS AND HEALTH EQUITY THROUGH COMMUNITY-ENGAGED RESEARCH

Three different project reviews will showcase innovative community-engaged research in Eastern Nova Scotia (including rural areas). The first research project is a homelessness count data collection tool, which is now in use across rural communities in Nova Scotia and provides evidence to the homelessness sector. The second research project will share results from first voice interviews with men who have been incarcerated provincially. It explores interconnections with poverty, substance use, and mental illness, and has motivated a network of service providers to call for system change. The third is a participatory action research project focused on the experiences of food assistance programs in Eastern Nova Scotia. Results of this project will address the gap in data collection and will provide clarity on how food assistance operates, through network analysis. Common to these research projects is the creation of networks that provide lasting community engagement to take action in addressing these health inequities.

Learning objectives

- Describe the value of action-oriented research in public health that is respectful of those with lived experience and focuses on the social determinants of health.
- Consider how local networks and partnerships play a role in all phases, from research design to dissemination.
- Reflect on how community-level research (particularly in smaller cities and rural areas) may be used to influence policy change at organizational, municipal, provincial, and federal levels.

Speakers

- Peggy Vassallo, Acting Consultant, Public Policy and Social Action, Eastern Zone Public Health, Nova Scotia Health
- Marcie McKay, MA (Community Psych.), Health Promoter, Eastern Zone Public Health, Nova Scotia Health
- Karen MacKinnon, MAHN, RD, Nutritionist, Public Health, Nova Scotia Health

Moderator

- Jesse Kancir, Regional Medical Officer of Health, Eastern Zone, Nova Scotia Health

10:45-12:00

CONCURRENT SESSIONS

10 h 45 à 12 h

SÉANCES SIMULTANÉES

ROOM 501-502

THE INTERSECTIONAL PANDEMIC PREPAREDNESS PLAYBOOK: WORKSHOPPING STRATEGIES FOR EQUITY-BASED PANDEMIC RESPONSE

This workshop will invite participants to engage with the new Intersectional Pandemic Preparedness Playbook, recently developed by Simon Fraser University, Women and Gender Equality Canada, and the Public Health Agency of Canada. The purpose of the Playbook is to offer strategies for incorporating intersectional approaches into various aspects of pandemic preparedness and response, including public health, economic relief, and social services. Participants will have an opportunity to learn about intersectional theory and how it applies to public health, and then workshop different tools, providing input into the Playbook's further development. The session will interest leaders at all levels, including practitioners, middle and senior managers, program decision-makers, educators, researchers, policymakers, and funders.

Learning objectives

- Describe health inequities and the role of intersecting identities on health and access to social supports.
- Develop critical thinking on intersectionality-based pandemic preparedness guidance.
- Evaluate policies for inclusivity and applicability based on the pandemic preparedness playbook.

Workshop Facilitators

- Julia Smith, Assistant Professor, Simon Fraser University
- Muhammad Haaris Tiwana, Research Fellow, Simon Fraser University

ROOM 201

LESSONS ABOUT THE COLLATERAL CONSEQUENCES OF THE COVID-19 PANDEMIC ON CHILD AND YOUTH ACTIVITY, SEDENTARY, AND SLEEP BEHAVIOURS: COLLECTIVE FINDINGS FROM CANADIAN REPEATED CROSS-SECTIONAL MULTI-METHOD STUDIES

This symposium will present findings from a collection of studies that assessed changes in child and caregiver physical activity, sedentary behaviour, and sleep across the COVID-19 pandemic in Canada. The session will highlight results from our national surveys and results from qualitative semi-structured interviews conducted at three and two time-points, respectively, during the pandemic. From quantitative findings (i.e., survey and follow-up spatial analysis), attendees will gain an understanding of the collateral consequences the pandemic had on child and caregiver movement behaviours, and how these varied across time and by geographic location. From qualitative findings, attendees will recognize caregiver perspectives on the challenges related to COVID-19, how parenting practices may have changed during COVID-19 related restrictions, and caregiver use of community resources during the pandemic. The session will emphasize the need for public health professionals to develop strategies to mitigate the impacts of future public health crises on children's and caregivers' health.

Learning objectives

- Describe the collateral consequences of the COVID-19 pandemic on children's movement behaviours (i.e., physical activity, sedentary behaviour).
- Highlight the roles of the child, their family, and their environments, in recalibrating movement behaviours to promote children's health.
- Consider ways to balance the implementation of public health restrictions and supporting children's movement in future public health crises.

Speakers

- Sarah A Moore, Assistant Professor, School of Health and Human Performance, Dalhousie University
- Raktim Mitra, Associate Professor, School of Urban and Regional Planning, Toronto Metropolitan University
- Julie Campbell, PhD candidate, School of Health and Human Performance, Dalhousie University

Moderator

- Mark Tremblay, Director of Healthy Active Living and Obesity Research, CHEO Research Institute

10:45-12:00

CONCURRENT SESSIONS

10 h 45 à 12 h

SÉANCES SIMULTANÉES

ARGYLE 1-2

TACKLING ENVIRONMENTAL RACISM: AN URGENT PUBLIC HEALTH ISSUE

This session invites participants to engage with the often-overlooked topic of environmental racism, an urgent health equity issue with significant physical and mental health impacts. Participants will hear about the systemic location of industrial waste sites near African Nova Scotian and Mi'kmaw communities, and the ongoing resistance to cleaning and restoring sites of environmental contamination. Addressing environmental racism is a pan-Canadian issue, one that is particularly relevant in what is now known as Nova Scotia. Reflecting on the experience of the historic African Nova Scotian community in Shelburne as an illustrative example, leaders from research, public health, and community advocacy perspectives will engage in a nuanced, values-driven conversation. Together, they will explore how public health can move from performative statements about inclusivity and diversity to taking meaningful action on the anti-Black and anti-Indigenous racism that drives the spatial and procedural injustice characteristics of this issue.

Learning objectives

- Describe environmental racism characterized by spatial and procedural injustice.
- Interpret the health and health equity impacts of environmental racism experienced by African Nova Scotian and Mi'kmaw communities.
- Analyze concrete opportunities for increased public health engagement and partnership to address environmental racism.

Speakers

- Louise Delisle, Shelburne community member and representative of the Environmental Noxiousness, Racial Inequities and Community Health Project (The ENRICH Project)
- Vanessa Hartley, Shelburne community member and representative of the Environmental Noxiousness, Racial Inequities and Community Health Project (The ENRICH Project)
- Gaynor Watson-Creed, Associate Dean, Serving and Engaging Society, Faculty of Medicine, Dalhousie University; Public Health and Preventive Medicine physician
- Sume Ndumbe-Eyoh, Director, Black Health Education Collaborative; Assistant Professor, Dalla Lana School of Public Health, University of Toronto

Moderator

- Pemma Muzumdar, Knowledge Translation Specialist, National Collaborating Centre for Determinants of Health

10:45-12:00

CONCURRENT SESSIONS

10 h 45 à 12 h

SÉANCES SIMULTANÉES

ROOM 202

WHAT CAN PUBLIC HEALTH ORGANIZATIONS DO TO IMPROVE THEIR CAPACITIES TO ACT ON HEALTHY PUBLIC POLICIES?

This symposium offers an overview of strategies available to public health organizations to enhance their capacities to play a bigger role in the promotion, adoption, and implementation of healthy public policies. Based on the National Collaborating Centre for Healthy Public Policy (NCCHPP) analysis of the scientific literature and the experiences of Vancouver Public Health's Healthy Public Policy Unit and Nova Scotia Health, Public Health, presenters will describe a variety of initiatives established by public health organizations. Vancouver Coastal Health will present its approach to laying the groundwork for the unit, involving refining policy skills, creating novel instruments, and dedicating resources to the ongoing improvement of public policy practices. Nova Scotia Health, Public Health will share specific healthy public policy (HPP) tools, capacity building, processes, and structures used to re-establish healthy public policy work following a 3-year staff redeployment during COVID. These concrete examples will lead to a broader discussion exploring contextual factors, lessons learned and relevant theoretical concepts.

Learning objectives

- Describe diverse strategies to increase public health organizations' capacities to act on healthy public policies.
- Initiate or deepen a reflection about how public health organizations can improve their capacities to act on healthy public policies.
- Summarize guiding principles and favouring factors behind these strategies.

Speakers

- Martin Renauld, Expert Scientific Advisors, National Collaborating Centre for Healthy Public Policy
- Laure Baglinière, Expert Scientific Advisors, National Collaborating Centre for Healthy Public Policy
- Melinda Markey, Manager, Healthy Public Policy Unit, Vancouver Coastal Health
- Kari Barkhouse, Healthy Communities Manager, Science and System Performance, Nova Scotia Health, Public Health

Moderator

- TBC, Scientific Advisor, National Collaborating Centre for Healthy Public Policy

12:00-12:15

BREAK

12 h à 12 h 15

PAUSE



PUTTING THE COMMON GOOD FIRST: LOCAL LESSONS FROM A GLOBAL PANDEMIC

Public health systems have proven how well they can respond to an unprecedented global infectious disease outbreak, and the current context presents a new set of crises that can be tackled with some of the lessons learned during the pandemic. From global warming and affordability to polarization, politicization and threats to our democracy, the big-picture view can be paralyzing and lead to a 'what can I do?' response. The speakers will address the challenges and opportunities that have emerged in the wake of the pandemic, and how they affect the public's confidence in government, health and social systems, and public health measures. We will delve into the potential roles of the public health community to help build connected and caring communities that put the common good first.

Learning objectives

- Explain why public health systems are a vital and unique component of infectious disease response.
- Summarize the outcomes when public's confidence in public health measures are challenged.
- Describe the role of the public health community to build confidence in public health and social systems.

Speakers | Orateurs

- Juliana Julian, Health Director, Paqtnkek First Nation
- Sharon Davis Murdoch, Co-Chair & Director, Health Association of African Canadians
- Robert Strang, Chief Medical Officer of Health, Nova Scotia Department of Health and Wellness

Moderator | Modératrice

- Gaynor Watson-Creed, Associate Dean, Serving and Engaging Society, Dalhousie University

LE BIEN COMMUN D'ABORD : LES LEÇONS LOCALES D'UNE PANDEMIC MONDIALE

Les systèmes de santé publique ont prouvé leur capacité à répondre à une épidémie mondiale de maladies infectieuses sans précédent et le contexte actuel présente une nouvelle série de crises qui peuvent être abordées grâce à certaines des leçons tirées de la pandémie. Qu'il s'agisse du réchauffement climatique, de l'accessibilité financière, de la polarisation, de la politisation ou des menaces qui pèsent sur notre démocratie, la vue d'ensemble peut être paralysante et conduire à se demander ce que l'on peut faire. Les orateurs aborderont les défis et les opportunités qui ont émergé dans le sillage de la pandémie, et la manière dont ils affectent la confiance du public dans le gouvernement, les systèmes sociaux et de santé, et les mesures de santé publique. Nous nous pencherons sur les rôles potentiels de la communauté de la santé publique pour aider à construire des communautés connectées et bienveillantes qui placent le bien commun au premier plan.

Objectifs d'apprentissage

- Expliquer pourquoi les systèmes de santé publique sont une composante vitale et unique de la réponse aux maladies infectieuses.
- Résumer les conséquences de la remise en cause de la confiance du public dans les mesures de santé publique.
- Décrire le rôle de la communauté de la santé publique dans le renforcement de la confiance dans les systèmes sociaux et de santé publique.

POSTER PRESENTATIONS | PRÉSENTATION D'AFFICHES

TUESDAY 23 APRIL - 11:00-12:15 | MARDI 23 AVRIL - 11 h à 12 h 15

BALLROOM B1

WEDNESDAY 24 APRIL - 13:00-14:30 | MERCREDI 24 AVRIL - 13 h à 14 h 30

1. Food & beverage industry activities that can influence population health: Development of the HEALTH-CORP-F&B typology – *Raquel Burgess*
2. Assessing the impacts and implementation of a fresh food prescription program in Guelph, Ontario: A realist evaluation – *Megan Delamere*
3. Knowledge, attitudes, and practices related to prenatal alcohol use and Fetal Alcohol Spectrum Disorder across New Brunswick – *Lisa-Gay Taylor*
4. How are harm reduction interventions implemented in acute care settings for people who use alcohol and/or drugs? A scoping review – *Mari Somerville*
5. Facebook mom groups and alcohol-related behaviour: A mixed-method study of online posts – *Emilene Reisdorfer*
6. Showcasing authentic actions and voices of tobacco users for an inclusive and innovative Quit Contest – *Karen Kuzmich*
7. Implementing and evaluating the Wellington-Dufferin-Guelph Public Health Homewood Community Addiction Services School-based Program for Youth – *Danielle Pellegrini*
8. The Dope Experience: Outcome evaluation results and lessons learned from an arts-based substance use education and community engagement initiative with youth in the Northwest Territories – *Alana Kronstal*
9. Development of a cannabis health literacy questionnaire – *Queen Jacques*
10. Cannabis use and self-reported mental health in citizens of the Métis Nation of Ontario: A cross-sectional analysis – *Sarah Edwards*
11. Engaging family members in mental health and substance use research: Integrating the literature with experience-based critical reflections – *Natasha Sheikhan*
12. Reporting issues with lived experience engagement in mental health and substance use research – *Natasha Sheikhan*
13. Addressing overdose risks and fatalities in public bathrooms: Insights from the development of a safer bathroom toolkit in British Columbia – *Trevor Goodyear*
14. Exploring multi-drug combinations in national apparent opioid and stimulant mortality surveillance data – *Aganeta Enns*
15. Characteristics of patients with repeat emergency department visits for opioid-related harms in Alberta, Ontario, and Yukon – *Aganeta Enns*
16. Consumption of psychoactive substances among students in minority French-speaking Canadian universities: Comparison of rural and urban areas – *Vickie Plourde*
17. A national survey of key professionals on a public health approach to substance use – *Greg Penney*
18. Substance use and stigma: Initiating system-level change through an organizational assessment tool – *Greg Penney*
19. Mapping alcohol outlet density in New Brunswick – *Novella Martinello*
20. The cost of injury in Atlantic Canada – *Tessa Firth*
21. Barriers and facilitators to long-acting injectable HIV PrEP implementation in primary care – *Shimrit Keddem*
22. Characterizing LGBTQ+ scholarship within the pharmacy profession – *Kathleen Bergin*
23. Two Spirit Peoples' experiences accessing and receiving care in community pharmacies – *Marissa Piriot*
24. Care and support for women with female genital mutilation/cutting in Canada: A scoping review of resources for service providers – *Bilkis Vissandjee*
25. Knowledge, attitudes, and practices of Canadian healthcare providers and people with lived experience regarding female genital mutilation – *Apekshya Dhakal*
26. Communicating equality for primary prevention of violence against women and girls – *Carol Munoz Nieves*
27. Urgently needed: Health systems change to improve the response to sex-trafficked persons – *Robin Mason*
28. Mental health outcomes after virtual vs. in-person follow-up care for psychiatric emergency department visits – *Matthew Crocker*
29. Risk factors for suicides among men in the Tamil community: An exploratory study – *Kaveenaa Chandrasekaran*
30. Risk factors for loneliness among older immigrants in Toronto – *Kaveenaa Chandrasekaran*
31. Using the Federal Suicide Surveillance Indicator Framework to monitor suicide-related outcomes in Canada – *Melanie Varin*

POSTER PRESENTATIONS | PRÉSENTATION D'AFFICHES

32. What does meaningful Indigenous community engagement look like? Examining collaboration processes in health policy and systems transformation in southeastern Ontario – *Samantha Lavallee*
33. Evaluating the Sakəməłsowakən Family Success Program at the Under One Sky Friendship Centre in Fredericton, New Brunswick – *Jason Hickey*
34. Scoping review of the landscape of Métis health – *Helana Marie Boutros*
35. Soutien au développement sain des enfants inuit en milieu urbain : Regard sur les besoins des familles inuit du sud du Québec – *Lauriane Ouellet*
36. Adapting an Indigenous children's wellness measure for the Wolastoqiyik culture – *Joline Guitard*
37. Antibiotic access and use in refugee and migrant populations: A scoping review and evidence map – *Suzanne Naro*
38. First Nations First: A Developed Framework for Pandemic Response in First Nations – *Crystal Hardy*
39. Life as an infodemic manager: Pandemic response and beyond – *Renata Mares*
40. The Interoperability Initiative within the Public Health Agency of Canada – *Caroline Pao*
41. Impacting essential public competencies: Empowering incarcerated women for a hopeful and professionally skilled future through education, health, and resocialization initiatives – *Juliana Faquim*
42. Building a policy strategy to support implementation of provincially-funded healthcare interpretation services – *Christine Kouri*
43. Evolution of a proposed public health leadership for health equity learning circle – *Jonathan Heller*
44. Applying an intersectional approach to partner and stakeholder engagement in public health – *Samantha Ghanem*
45. Identifying drivers of self-reported health outcomes in Canadians: The Health, Attitudes, and Behavioural Insights Tracker (HABIT) survey – *Annamarie Grant*
46. Strategies and indicators to integrate health equity in health service and delivery systems in high-income countries: A scoping review – *Hilary Caldwell*
47. Assessing federal public-facing risk communication about enteric illness outbreaks in Canada – *Vayshali Patel*
48. Examining the amplification of public communications by the Public Health Agency of Canada's provincial/territorial partners during multi-jurisdictional enteric illness outbreaks: Qualitative content analysis of organizational social media and news releases – *Hisba Shereefdeen*
49. Detect, Understand, Act: Using event-based surveillance to respond to an inter-jurisdictional outbreak of suspected fungal meningitis – *Emily Thompson*
50. Population-level cascade of care for hepatitis C in Newfoundland and Labrador – *Lee Turner*
51. Establishing a Bordetella pertussis Controlled Human Infection Model to promote innovative public health research – *Kara Redden*
52. Sexually transmitted and blood-borne infections in transgender people in Canada: A scoping review – *Herak Apelian*
53. Historical evaluation of tick and animal surveillance studies for Lyme disease in Canada: A review of the literature (1975-2023) – *Alexander Davidson*
54. What do people know about respiratory syncytial virus? A systematic review of international studies measuring awareness, knowledge, practices, and intentions – *Sandra Chyderiotis*
55. Nova Scotia health vaccine consult service: Virtual support for healthcare professionals – *Mackenzie d'Entremont-Harris*
56. Exploring secondary analysis of qualitative data to better understand public perceptions of public health during COVID-19 – *Christina Holmes*
57. Building vaccine confidence amongst newcomers in Canada: Educating parents on school-based vaccination programs – *Caitlin Ford*
58. National survey on attitudes towards COVID-19 among immunocompromised and non-immunocompromised Canadians in spring 2023 – *Caitlin Ford*
59. COVID-19 outbreak at a residential apartment building in Northern Ontario, Canada – *Kendra Carswell*
60. Primary care nurse roles supporting complex patients during COVID-19: Novel findings from a qualitative cross-provincial study – *Emily Gard Marshall*
61. Métis experiences of un/wellness: The mental health of Métis Nation of Ontario citizens before and during the COVID-19 pandemic – *Abigail Simms*

POSTER PRESENTATIONS | PRÉSENTATION D'AFFICHES

62. A population-based repeated cross-sectional study using administrative health data to examine the impact of the COVID-19 pandemic on mental wellness in citizens of the Métis Nation of Ontario – *Noel Tsui*
63. Traditional Chinese medicine use and COVID infection among Chinese immigrants in Canada – *Nan Lei*
64. Assessing long COVID and associated factors among Chinese immigrants in Canada – *Matin Shariati*
65. Housing policy and mental health during the COVID-19 pandemic: A comparative analysis of Vancouver and Toronto – *Aidan Bodner*
66. Social determinants of health and COVID-19 health outcomes in ACB populations in high-income countries: A systematic review with thematic mapping – *Amoy Jacques*
67. The pandemic of violence in the shadow of COVID-19: Distancing restrictions and the rise of gender-based violence – *Alexa Davis*
68. Sociocultural perspectives on routine childhood vaccination during the COVID-19 pandemic: "Here in Canada, we're multicultural people, right?" – *Robin Humble*
69. Factors associated with COVID-19 non-vaccination among children with chronic medical conditions – *Etran Bouchouar*
70. Determinants of childhood COVID-19 vaccine hesitancy in Canada – *Etran Bouchouar*
71. Understanding COVID-19 vaccine perceptions during parenthood in British Columbia – *Heidi Sze Lok Fan*
72. Mood states of children and youth in Saskatchewan in the second year of COVID-19 pandemic: Insights from the See Us, Hear Us 2.0 study – *Nahin Shakurun*
73. Factors associated with parental intentions to vaccinate 0-4-year-old children: A cross-sectional study using the Childhood COVID-19 Immunization Coverage Survey – *Abdallah Alami*
74. Parent-influenced factors associated with childhood COVID-19 vaccination among Indigenous children in Canada: A secondary analysis of the childhood COVID-19 Immunization Coverage Survey, 2022 – *Abdallah Alami*
75. Determinants of COVID-19 vaccination for children in Canada: insights from a national survey – *Abdallah Alami*
76. Findings from the 2021 Survey on Vaccination during Pregnancy (SVP): Factors associated with pertussis (whooping cough) non-vaccination during pregnancy – *Abdallah Alami*
77. Measurement of population-level measles immunity in Ontario using serology data linked to health administrative data – *Archchun Ariyaratjah*
78. Exploring parental preferences regarding communication approach for vaccination during pregnancy discussions: A patient-oriented research study – *Marcia Bruce*
79. Postpartum videoconferencing for parents: The development of a toolkit – *Masoumeh Gholampour Chefeli*
80. Videoconferencing postpartum support groups for parents: A sociomaterial and post-structural analysis – *Masoumeh Gholampour Chefeli*
81. Hailie and Trent's Law: Saving lives one car seat at a time – *Eran Jones*
82. A Canadian Act (Bill C-35) respecting early learning and children care: A review of key areas to address for children with disabilities and their families – *Linda Nguyen*
83. An analysis of social networks involved in the implementation of human rights disability policies in Canada – *Linda Nguyen*
84. Access to post-secondary education as a public health policy issue – *Jacqueline Gahagan*
85. Final-year university students' mental health and access to support as they prepared to graduate – *Megan Magier*
86. Inequities in sleep duration and quality among adolescents in Canada – *Megan Magier*
87. Insufficient sleep, impaired sleep, and medically treated injury in Canadian adolescents: A national cross-sectional study – *Valerie Pagnotta*
88. Assessing the emotional toll of climate change on young people in Canada: A national cross-sectional survey – *Breanne Aylward*
89. Validation of climate change emotion, impact on daily life, and coping scales in a sample of Canadian adolescents – *Gina Martin*
90. A place-based orientation to eco-social health literacy for youth and children – *Angel Kennedy*
91. Leveraging primary care, public health and municipal partnerships to identify correlations between childhood obesity measurements and neighbourhood characteristics – *Jessica Maher*
92. Equity, Community and Trust: Building vaccine confidence with marginalized populations – *Sara Bhatti*
93. Health promotion activities in Ontario community health centres – *Sara Bhatti*

POSTER PRESENTATIONS | PRÉSENTATION D'AFFICHES

94. From disadvantage to innovation: A health impact evaluation of the benefits of a free rural transportation service in Northern Saskatchewan – *Jacob Alhassan*
95. Variegated vulnerabilities: Health impacts of loss of intercity public transportation in Saskatchewan – *Jacob Alhassan*
96. Fostering planetary health in a sacrifice zone: What planetary health frameworks and practices can learn from an Indigenous community in the Global South – *Carlos E. Sanchez-Pimienta*
97. Reviewing the health implications of the climate crisis for populations in Canada experiencing poverty – *Mariya Bezgrebelna*
98. General morphological analysis in public health emergency management: An environmental scan – *Maria Acenas*
99. Health Canada's National Human Biomonitoring Program: Past, present and future – *Kate Werry*
100. Canadian beach water quality in Canada: Understanding and predicting the environmental drivers – *Binyam Desta*
101. Canadian beach cohort study: Determining the burden of illness due to recreational water contact – *Binyam Desta*
102. HealthADAPT – Working together to build climate-resilient health systems – *Emin Nawaz*
103. A scoping review of Lyme disease prediction methodologies – *Danny Szaroz*
104. Better data for public health surveillance: What can we learn from the International Classification of Health Interventions to enhance Canada's intervention classification? – *Keith Denny*
105. Public health surveillance functions in international jurisdictions – *Willy Dunbar*
106. Development of a health system impact scale for use in risk assessments in Canada – *Melanie Cousins*
107. A Modified Delphi process to reach agreement on an updated set of core competencies for public health in Canada – *Claire Betker*
108. A modern public health communication competency framework to support systems transformation – *Melissa Mackay*
109. Assessing alignment of public health communication training and education with core competencies for enhanced workforce development in Canada – *Melissa Mackay*
110. Survey insights from the Canadian public health workforce: evaluating modernized public health communication competency statements – *Devon McAlpine*
111. Burnout among public health workers in Canada: A cross-sectional study – *Japteg Singh*
112. Reimagining public health – *Shawn Harmon*
113. Public health governance: An incoherent system; a fragmented framework – *Janice Graham*
114. Perceptions des professionnels de la santé à l'égard de l'intelligence artificielle dans leur pratique clinique – *Faustin Etindele*
115. Towards a socioeconomic model of sleep health among the Canadian population – *Faustin Etindele*
116. Investigating oral health practices in long-term care – *Shauna Hachey*
118. Methods for evaluating intersectoral partnerships to address the social determinants of health: A scoping review – *Rachel Ma*
119. Quality of life framework for Canada: Advancing health equity and multi-sectoral action through well-being policy – *Rachel Ma*
120. Effectiveness of health literacy interventions for community-dwelling older adults: A systematic review of randomized control trials – *Jasdeep Brar*
121. Implementing Health Impact Assessment (HIA) as a required component of policy development: A proposed protocol for the Ontario Government – *Stephanie Simpson*
122. "Strong personalities and fossilized bureaucratic structures": Exploring 20 years of momentum and inertia surrounding Health Impact Assessment (HIA) within Ontario's Ministry of Health – *Stephanie Simpson*