



PUBLIC
HEALTH
2025
SANTÉ
PUBLIQUE

29 APRIL-1 MAY
DU 29 AVRIL AU 1^{er} MAI
WINNIPEG

WINNIPEG

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.

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CPHA is pleased to host Public Health 2025 through a unique and effective collaboration with:

L'ACSP a le plaisir d'organiser Santé publique 2025 par l'entremise d'une collaboration unique et efficace avec :

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Alliance canadienne de surveillance régionale des facteurs de risque



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publique du Canada



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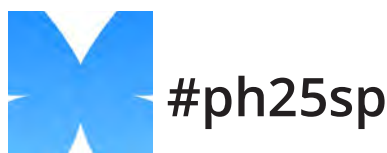
STEERING COMMITTEE | COMITÉ DIRECTEUR

A conference of this magnitude is the result of hard work and commitment from the dedicated members of the conference Steering and Scientific Committees. Our ongoing collaboration continues to create a unique knowledge exchange opportunity, grounded in a high-calibre scientific program.

Une conférence de cette envergure est le fruit de l'excellent travail et du dévouement des membres du comité directeur et du comité scientifique de la conférence. Notre collaboration continue ne cesse de créer des possibilités uniques d'échange de connaissances, ancrées dans un programme scientifique de haut calibre.

STEERING COMMITTEE | COMITÉ DIRECTEUR

- Ian Culbert (Chair), Canadian Public Health Association
- Wanda Phillips-Beck (Scientific Chair), First Nations Health and Social Secretariat of Manitoba
- Kimberly Banks Hart, Public Health Agency of Canada
- Mayilee Canizares, Canadian Alliance for Regional Risk Factor Surveillance
- Keith Denny, Canadian Institute for Health Information, Population and Indigenous Health Division
- Tara Elton-Marshall, Network of Schools and Programs of Population and Public Health
- Darlene Girard, Manitoba Public Health Association
- Salima Hadibhai, Canadian Institute for Health Information, Population and Indigenous Health Division
- Dara Hakimzadeh, Public Health Agency of Canada
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- Sarah Henderson, National Collaborating Centres for Public Health
- Queen Jacques, Student Representative
- Bahar Kasaai, Canadian Institutes of Health Research, Institute of Population and Public Health
- Carolyn Lacka, Métis National Council
- Marlene Larocque, Assembly of First Nations
- Fleur Macqueen Smith, Saskatchewan Public Health Association
- Kelsie McGregor, Assembly of First Nations
- Garret Munch, Manitoba Métis Federation
- Kyler Nault, Manitoba Métis Federation
- Dionne Patz, Pan American Health Organization, World Health Organization
- Danielle Schirmer, Canadian Institutes of Health Research, Institute of Population and Public Health
- Japteg Singh, Student Representative
- Kavita Singh, Canadian Alliance for Regional Risk Factor Surveillance
- Malcolm Steinberg, Network of Schools and Programs of Population and Public Health
- Stephanie Thevarajah, Métis National Council



CONFERENCE OBJECTIVES

Public Health 2025 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.

LEARNING OBJECTIVES

Having attended Public Health 2025, delegates will be better prepared to:

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

OBJECTIFS DE LA CONFÉRENCE

Santé publique 2025 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.

OBJECTIFS D'APPRENTISSAGE

Après avoir assisté à Santé publique 2025, les délégués seront mieux préparés à :

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

REGISTRATION, HOTELS, TRAVEL | INSCRIPTION, HÉBERGEMENT, DÉPLACEMENT

REGISTRATION | INSCRIPTION

Registration options include the full three-day conference, two-day packages, or attending the day that is of most interest to you.

CPHA MEMBERS

- Participant: \$375 - \$875
- Student / Retiree: \$200 - \$450

NON-MEMBERS

- Participant: \$400 - \$975
- Student / Retiree: \$235 - \$525

COMMUNITY RATE

- \$300 - \$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.

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.

MEMBRE DE L'ACSP

- Participant : 375 \$ à 875 \$
- Étudiant-e / Retraité-e : 200 \$ à 450 \$

NON-MEMBRES

- Participant : 400 \$ à 975 \$
- Étudiant-e / Retraité-e : 235 \$ à 525 \$

TARIFS DE DIVERSITÉ

- 300 \$ 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.



GROUP REGISTRATION

\$425 - \$825

Available to organizations registering four or more employees for the conference. Student, community, and daily rates are not eligible for a discount but can be counted towards the minimum number of registrations.

INSCRIPTION DE GROUPE

425 \$ à 825 \$

Disponible aux organisations qui inscrivent au moins quatre employés à la conférence. Les tarifs d'étudiants, de diversité et quotidien ne donnent pas droit à une réduction mais peuvent être pris en compte dans le nombre minimum d'inscriptions.



TRAVEL | DÉPLACEMENT

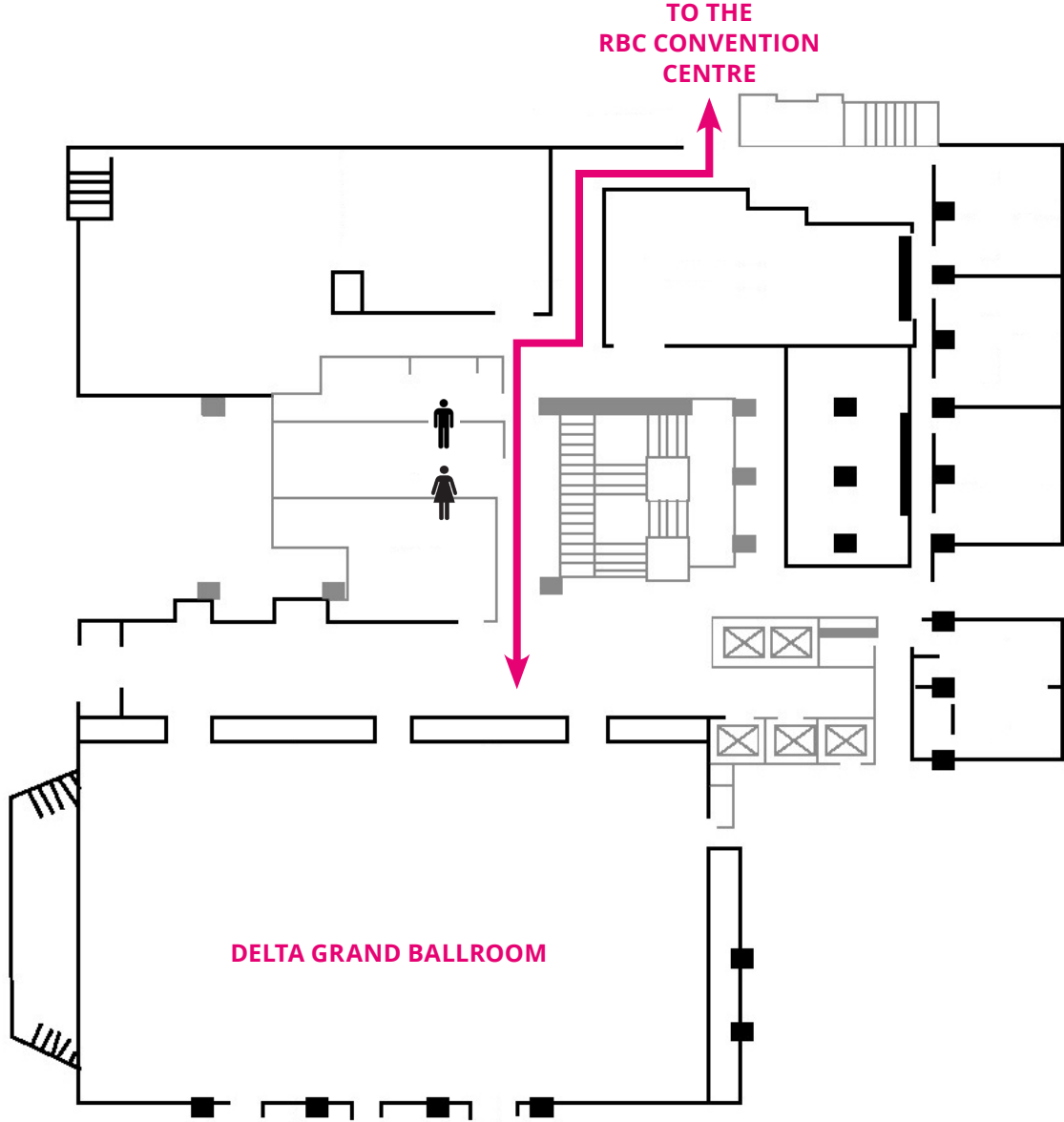
Take advantage of the discounts available for your conference travel to Winnipeg.

Profitez des réductions disponibles pour vos voyages de conférence à Winnipeg.



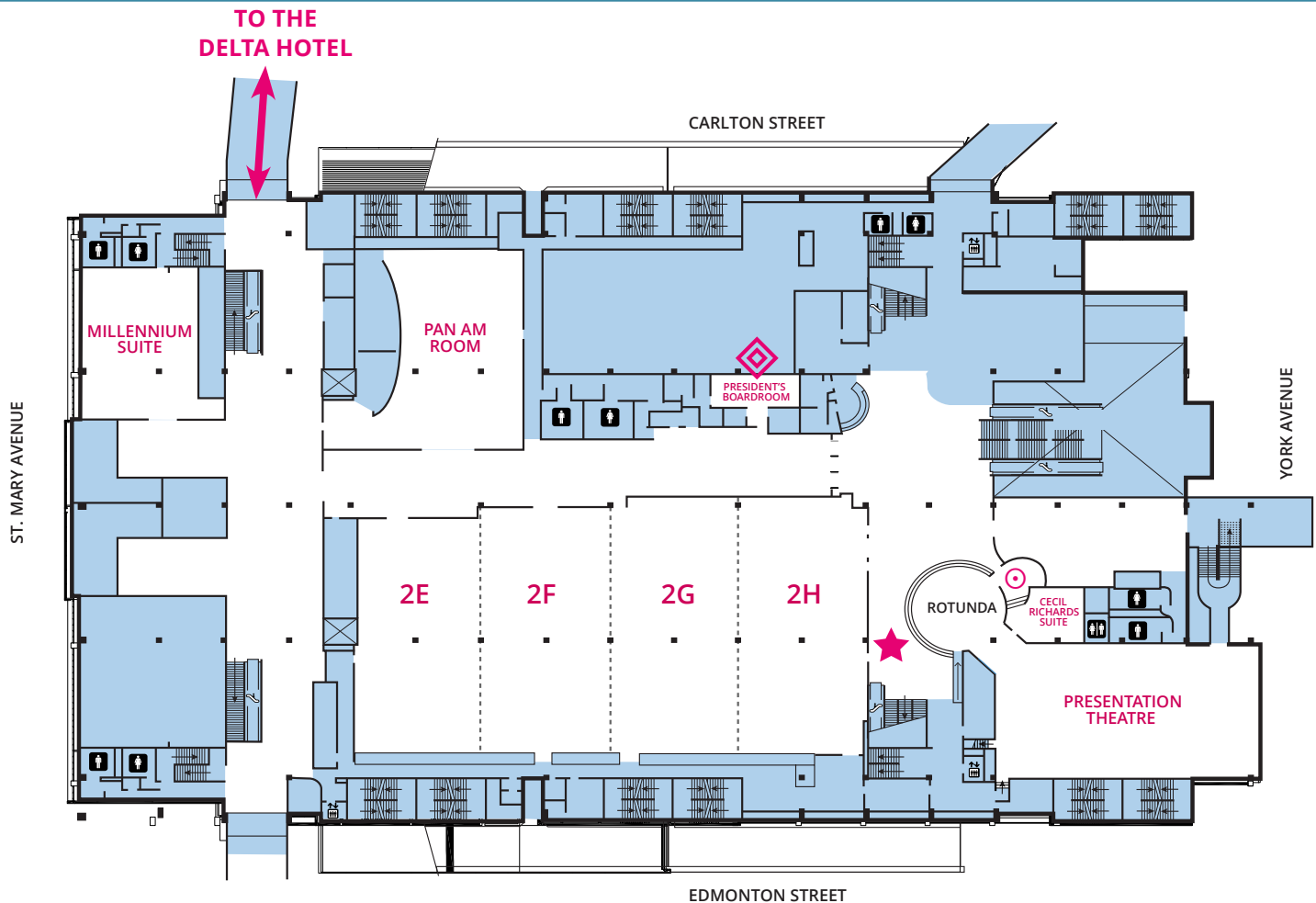
FLOOR PLANS | PLANS D'ÉTAGE

DELTA HOTEL



FLOOR PLANS | PLANS D'ÉTAGE

RBC CONVENTION CENTRE



REGISTRATION

The registration desk is located on the second floor of the RBC Convention Centre as indicated by the star (★) on the floor plan above.

INSCRIPTION

Le bureau d'inscription est situé au deuxième étage du Centre des congrès RBC, comme indiqué par l'étoile (★) sur le plan d'étage ci-dessus.

SPEAKER READY ROOM

The Speaker Ready Room is located in the Cecil Richards Room (⊙).

SALON DES CONFÉRENCIERS

La salon des conférenciers est située dans la Cecil Richards Suite (⊙).

INDIGENOUS QUIET ROOM

The **President's Boardroom** (◇) is reserved for First Nations, Inuit, and Métis participants seeking a quiet place to rest, reflect, or reconnect during the conference. Two Elders-in-Residence will be present throughout the day to offer support, guidance, or conversation, as desired. The room is intended to be a culturally safe and welcoming environment grounded in respect, care, and community.

SALLE DE TRANQUILLITÉ POUR LES PARTICIPANT-E-S AUTOCHTONES

La salle « **President's Boardroom** » (◇) est réservée aux participant-e-s des Premières Nations, Inuit et Métis qui souhaitent un endroit calme pour se reposer, réfléchir ou se recentrer pendant la conférence. Deux Aîné-e-s en résidence seront présent-e-s tout au long de la journée pour offrir du soutien, des conseils ou simplement une conversation, selon les besoins. La salle se veut un environnement accueillant et culturellement sécuritaire, fondé sur le respect, le soin et le sens de la communauté.

TUESDAY 29 APRIL | MARDI 29 AVRIL

PROGRAM OVERVIEW | RÉSUMÉ DU PROGRAMME

Subject to change | Sous réserve de modifications

🔊 PLENARY I PLÉNIÈRE I 🔊	
9:00-10:45 Hall A, 3 rd Floor	ADVANCING INDIGENOUS HEALTH EQUITY: BRIDGING TRUTH, RECONCILIATION, AND DECOLONIZATION FAIRE AVANCER L'ÉQUITÉ EN SANTÉ AUTOCHTONE : RELIER VÉRITÉ, RÉCONCILIATION ET DÉCOLONISATION
10:45-12:00 Hall A, 3 rd Floor	NETWORKING BREAK WITH SPONSORS AND EXHIBITORS RÉSEAUTAGE AVEC LES COMMANDITAIRES ET LES EXPOSANTS POSTER PRESENTATIONS PRÉSENTATIONS D'AFFICHES
12:00-13:15 Hall A, 3 rd Floor	NETWORKING LUNCH DÉJEUNER DE RÉSAUTAGE
13:15-14:45	CONCURRENT SESSIONS SÉANCES SIMULTANÉES
Millenium Suite	Oral Abstract Presentation 1
Presentation Theatre	Beyond illness: Operationalizing a substance use health framework into community development and public health initiatives in Ottawa
Room 2F	Bridging gaps in public health: Understanding and addressing anti-Black racism through Black community stories
Room 2E	Community-led vaccine research and health promotion in Yukon First Nations communities
Delta Hotel Ballroom, 2 nd Floor	From intent to action: Advancing truth, rights, and reconciliation
Room 2G	How the pandemic reshaped trust and equity in Canadian public health
Room 2H	Overcoming barriers: Enhancing access to primary health care services in national and territorial contexts in the region of the Americas
14:45-15:30 Hall A, 3 rd Floor	NETWORKING BREAK WITH SPONSORS AND EXHIBITORS RÉSEAUTAGE AVEC LES COMMANDITAIRES ET LES EXPOSANTS
15:30-17:00	CONCURRENT SESSIONS SÉANCES SIMULTANÉES
Millenium Suite	Oral Abstract Presentation 2
Presentation Theatre	Centering health equity in the knowledge synthesis process: Sharing evidence and learnings
Room 2E	COVID-19 and Indigenous public health sovereignty in British Columbia: Addressing systemic inequity through community-driven solutions
Room 2F	Engaging community to scale and evaluate stigma reduction interventions: Lessons learned piloting the organizational stigma assessment tool to promote more supportive and inclusive sexual health and harm reduction services
Room 2H	The impact of health system transformation on public health in the prairie provinces: The good, the bad, and the ugly
Pan AM Room	Instructions have been provided: Addressing Indigenous-specific racism and implementing foundational obligations to Indigenous Peoples in public health system
Delta Hotel Ballroom, 2 nd Floor	Science as an essential component of public health pandemic preparedness: A workshop to inform science coordination and collaboration
Room 2G	Social prescribing as a public health tool: Addressing health equity and community needs

🔊 Simultaneous Interpretation provided | Interprétation simultanée fournie



PLENARY I ADVANCING INDIGENOUS HEALTH EQUITY: BRIDGING TRUTH, RECONCILIATION, AND DECOLONIZATION

This plenary session unites leading voices in Indigenous health to address critical pathways for advancing health equity through reconciliation, decolonization, and culturally grounded public health approaches. The discussion will explore the integration of Indigenous perspectives within public health systems, progress and gaps in implementing the Truth and Reconciliation Commission's Calls to Action, and strategies for dismantling colonial structures. Speakers will share insights on fostering Indigenous self-determination, addressing systemic inequities, and creating partnerships that center Indigenous knowledge. This session will guide public health professionals in taking actionable steps to create an inclusive, equitable, and resilient health system in Canada.

Learning objectives

- Analyze the integration of Indigenous perspectives within public health systems and evaluate progress in implementing the Truth and Reconciliation Commission's Calls to Action.
- Identify barriers and gaps in dismantling colonial structures that impact Indigenous health and well-being.
- Examine culturally grounded public health approaches that foster Indigenous self-determination and advance health equity.
- Explore strategies for building meaningful partnerships that center Indigenous knowledge and address systemic inequities.

Speakers | Oratrices

- Marcia Anderson, Vice-Dean, Indigenous Health, Social Justice and Anti-Racism, Rady Faculty of Health Sciences, University of Manitoba
- Wayne Inuglak Clark, Director, Wâpanachakos Indigenous Health Program, Faculty of Medicine & Dentistry, University of Alberta
- Senator Margo Greenwood
- Caroline Tait, Professor, Faculty of Social Work, University of Calgary

Moderator | Modératrice

- Melanie MacKinnon, Head and Executive Director, Ongomiizwin - Indigenous Institute of Health and Healing, Rady Faculty of Health Sciences, University of Manitoba

PLÉNIÈRE I FAIRE AVANCER L'ÉQUITÉ EN SANTÉ AUTOCHTONE : RELIER VÉRITÉ, RÉCONCILIATION ET DÉCOLONISATION

Cette plénière rassemble des voix influentes en santé autochtone afin de discuter des voies essentielles pour faire progresser l'équité en santé à travers la réconciliation, la décolonisation et des approches de santé publique ancrées dans les cultures autochtones. Les discussions porteront sur l'intégration des perspectives autochtones au sein des systèmes de santé publique, les avancées et les lacunes dans la mise en œuvre des appels à l'action de la Commission de vérité et réconciliation, ainsi que les stratégies visant à démanteler les structures coloniales. Les panélistes partageront leurs réflexions sur la promotion de l'autodétermination autochtone, la lutte contre les inégalités systémiques et la création de partenariats qui mettent au centre les savoirs autochtones. Cette séance guidera les professionnel·les de la santé publique dans la mise en œuvre d'actions concrètes pour bâtir un système de santé inclusif, équitable et résilient au Canada.

Objectifs d'apprentissage

- Analyser l'intégration des perspectives autochtones dans les systèmes de santé publique et évaluer les progrès réalisés dans la mise en œuvre des appels à l'action de la Commission de vérité et réconciliation.
- Identifier les obstacles et les lacunes dans le démantèlement des structures coloniales qui affectent la santé et le bien-être des peuples autochtones.
- Examiner les approches de santé publique ancrées dans les cultures autochtones qui favorisent l'autodétermination et font progresser l'équité en santé.
- Explorer des stratégies pour établir des partenariats significatifs qui placent le savoir autochtone au centre et s'attaquent aux iniquités systémiques.

TUESDAY 29 APRIL | MARDI 29 AVRIL

10:30 - 12:00 NETWORKING BREAK WITH SPONSORS AND EXHIBITORS
10 h 30 à 12 h PAUSE DE RÉSAUTAGE AVEC LES COMMANDITAIRES ET EXPOSANTS

10:30-12:00 POSTER PRESENTATIONS RBC CONVENTION CENTRE
10 h 30 à 12 h PRÉSENTATION D’AFFICHES HALL A, 3RD FLOOR

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 53-58 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 53-58 pour la liste des présentations.

12:00-13:15 NETWORKING LUNCH RBC CONVENTION CENTRE
12 h à 13 h 15 DÉJEUNER CONTACTS HALL A, 3RD FLOOR

13:15-14:45 CONCURRENT SESSIONS
13 h 15 à 14 h 45 SÉANCES SIMULTANÉES

ORAL ABSTRACT PRESENTATIONS 1

MILLENIUM SUITE, RBC CONVENTION CENTRE

- Impact of out-of-home care on children’s outcomes: A longitudinal cohort study using linked administrative data from Manitoba, Canada — *Marni Brownell, Kayla Frank*
- ‘Healing our Youth Home’ research approach: Weaving Métis youths’ conceptualization of life promotion into youth suicide prevention — *Logan Burd*
- “I feel fiercely protective of the innocence of childhood”: Voicing the holistic health needs of Métis Nation of Ontario children and their primary caregivers — *Sabastian Koprach, Helana Boutros*
- Adapting an Indigenous wellness measure with children, youth, and service providers in Nunavut — *Mylène Michaud, Nancy Young*

13:15-14:45

CONCURRENT SESSIONS

13 h 15 à 14 h 45

SÉANCES SIMULTANÉES

BEYOND ILLNESS: OPERATIONALIZING A SUBSTANCE USE HEALTH FRAMEWORK INTO COMMUNITY DEVELOPMENT AND PUBLIC HEALTH INITIATIVES IN OTTAWA

PRESENTATION THEATRE, RBC CONVENTION CENTRE

76% of Canadians use substances. 40% face significant health risks, yet most remain unaware: 83% have never discussed substance use with a healthcare provider, relying on media as their primary information source, exposing critical gaps in public health knowledge and supports. These gaps highlight the need to move beyond a focus on illness (“addiction”) to include health promotion for the broader population. This symposium introduces a Substance Use Health framework, a comprehensive approach addressing substance use across a spectrum—from non-use to substance use disorder. Community Addictions Peer Support Association (CAPSA) will present the evidence base, emphasizing its role in reducing stigma and supporting informed decision-making. Ottawa Public Health will share lessons from integrating these principles into policies, practices, and resources. Alliance for Healthier Communities will discuss its recent resolution to adopt the framework province-wide, featuring Pinecrest-Queensway Community Health Centre as a demonstration site. Participants will leave with strategies to implement the framework in diverse contexts.

Learning objectives

After attending the symposium, participants will be able to:

- Describe the evidence underpinning a Substance Use Health framework, including knowledge gaps and the economic and social toll on public health.
- Identify actionable strategies to embed health promotion and population health approaches into programs, policies, and research.
- Discuss the systemic challenges and opportunities of adopting a Substance Use Health framework in participants’ organizations and communities.

Speakers

- Shawn Fisk, Education and Partnerships Lead, CAPSA
- Harpreet Grewal, Supervisor, Addictions and Substance Use Health, Ottawa Public Health (video remarks)
- Robynn Collins, Health Promoter, Community Development Services, Pinecrest-Queensway Community Health Centre

Moderator

- Brianne Peters, Research Lead, CAPSA

BRIDGING GAPS IN PUBLIC HEALTH: UNDERSTANDING AND ADDRESSING ANTI-BLACK RACISM THROUGH BLACK COMMUNITY STORIES

ROOM 2F, RBC CONVENTION CENTRE

Anti-Black racism represents a pervasive structural and social determinant of health, impacting Black people across Canada and contributing to significant inequities in health outcomes. This workshop aims to highlight the crucial role of community-based research in informing effective anti-racist interventions within public health. Utilizing the Community Stories: Experiences of Anti-Black Racism in the Canadian Health Care System research project as a case study, participants will deepen their understanding of the challenges faced by diverse Black communities due to anti-Black racism in healthcare, and will explore strategies for resistance and wellness and the role of public health. In this interactive workshop, participants will reflect on the narratives shared and how they can apply and impact their work to equitably cultivate healthier communities in partnership with Black people, communities, and colleagues.

Learning objectives

After attending the workshop, participants will be able to:

- Describe the need for Black representation and leadership in public health approaches to address anti-Black racism.
- Identify the unique health needs and experiences of Black people across Canada, as well as the role of public health in this context.
- Explore the role of public health in addressing anti-Black racism by amplifying community voices.

Workshop Facilitators

- Javiera-Violeta Durán Kairies, Program Coordinator, Black Health Education Collaborative
- Raha Mahmoudi, Program Specialist, Black Health Education Collaborative

COMMUNITY-LED VACCINE RESEARCH AND HEALTH PROMOTION IN YUKON FIRST NATIONS COMMUNITIES

ROOM 2E, RBC CONVENTION CENTRE

During the COVID-19 pandemic, Indigenous communities in Canada, including Yukon First Nations, suffered worse outcomes than the general population. Colonial practices and policies continue to affect access to health services and create inequities for Indigenous people, leading to adverse health outcomes. There is a lack of knowledge and understanding within the health system of the ongoing history of Indigenous peoples' experiences and how this history influences vaccination attitudes and decisions. Using a collaborative, community-led research strategy, the Understanding Yukoners' Attitudes Towards Vaccines (ATV) project investigated Yukoners' attitudes towards COVID-19 and influenza vaccinations through this lens, considering how history, culture, relationships, and trust impact vaccine decision-making. The ATV team will share results and lessons learned, including the challenges and benefits of engaging in respectful, collaborative, community-led vaccine research with Yukon First Nations communities. We will elaborate on the implications for culturally and contextually tailored health promotion strategies.

Learning objectives

After attending the symposium, participants will be able to:

- Describe the key elements of a collaborative, community-led research framework and explore how future research can be designed to prioritize relationship-building, Indigenous self-determination in research, and Indigenous data sovereignty.
- Critically reflect on the obstacles and challenges to conducting collaborative, community-based research and provide tangible examples of how these challenges can be addressed and overcome.
- Illustrate how community-led collaborative research can lead to innovative, culturally and contextually tailored health promotion strategies that are crucial for improving healthcare access, equity, and outcomes for Indigenous communities in Canada.

Speakers

- Ruth Nielsen, Senior Research Professional, Council of Yukon First Nations & Yukon University
- Kristeen McTavish, Independent Researcher
- Alison Perrin, Senior Research Professional, Yukon University
- April Goulin, Research Intern, Independent Researcher

13:15-14:45

CONCURRENT SESSIONS

13 h 15 à 14 h 45

SÉANCES SIMULTANÉES

FROM INTENT TO ACTION: ADVANCING TRUTH, RIGHTS, AND RECONCILIATION

DELTA HOTEL BALLROOM, 2ND FLOOR

Health care systems, government bodies, regulatory bodies, associations, academics, and policymakers from coast to coast to coast are actively introducing new anti-racism and cultural safety initiatives to address long-standing harm related to Indigenous peoples' experience of, the quality of, and access to, health care services. However, the evidence tying cultural safety initiatives to positive results remains lean. Advancing cultural safety and humility and addressing Indigenous-specific racism in healthcare and public health to address these disparities and inequities requires closing the gap between knowledge and action. This session will provide an overview of the impact of Indigenous-specific systemic racism and discrimination on Indigenous Peoples' access to, and the quality and experience of, care. The session will showcase insights from panelists representing groups actively advancing cultural safety, highlighting how Indigenous-led cultural safety initiatives – such as the Core Public Health Competencies, the Canadian Medical Association (CMA) Apology and ReconciliACTION plan, and national standards and accreditation – can drive health systems to move from intent to meaningful action.

Learning objectives

After attending the symposium, participants will be able to:

- Apply Health Standards Organization (HSO) standards and the updated Core Competencies for Public Health in Canada within their spheres of influence to create more culturally safe environments.
- Implement practical actions in health and social service organizations that align with the Canadian Medical Association's ReconciliACTION plan, supporting the apology to, and addressing past and ongoing harms experienced by, First Nations, Inuit, and Métis Peoples.
- Promote the inclusion of Indigenous-led standards, tools, and resources in organizational and governmental policies, ensuring they align with cultural safety and humility.

Speakers

- Karhinéthá' Cortney Clark, Director, Indigenous Health, Canadian Medical Association
- Michelle DeGroot, Vice President, Policy, Planning and Strategic Services, First Nations Health Authority
- Malcolm Steinberg, Chair, Advisory Committee for the Revision of Core Public Health Competencies
- Vishal Jain, Director, Health Equity, Health Standards Organization; Adjunct Professor, Faculty of Health Sciences, Simon Fraser University

Moderator

- Vishal Jain, Director, Health Equity, Health Standards Organization

GROUP REGISTRATION

Organizations can save up to \$100 per person when registering four or more employees for Public Health 2025.

Contact conference@cpha.ca to start the process.

13:15-14:45

CONCURRENT SESSIONS

13 h 15 à 14 h 45

SÉANCES SIMULTANÉES

HOW THE PANDEMIC RESHAPED TRUST AND EQUITY IN CANADIAN PUBLIC HEALTH

ROOM 2G, RBC CONVENTION CENTRE

The session will explore the critical role of public trust in government, health institutions, and social organizations, focusing on its impact during the COVID-19 pandemic. Based on findings from a nationwide mixed-methods study of over 5,600 Canadian adults and 41 qualitative interviews, it explores shifts in trust levels before and during the pandemic. Key demographic factors, including age, gender identity, race, ethnicity and culture, education, rural/urban residence, province/territory of residence, and spiritual adherence, are analyzed for their influence on trust across six trust sources: government (provincial/territorial and federal), public health authorities, health scientists, medical providers, social networks, and interpersonal relationships. The session also highlights the association between vaccine-related behaviours and trust dynamics. Discussions will provide actionable insights for addressing health inequities, improving public communication, and fostering resilience in health systems. Attendees will co-create practical strategies for enhancing equitable healthcare access, strengthening public engagement, and preparing health systems for future crises, making this session relevant for researchers, policymakers, and practitioners.

Learning objectives

After attending the symposium, participants will be able to:

- Evaluate how characteristics such as age, gender identity, race, ethnicity and culture, education, and place of residence influenced shifts in public trust across six sources, including health institutions and social organizations, during the COVID-19 pandemic.
- Evaluate how vaccine-related behaviours and public trust dynamics were associated; assess health communication and sources of communication on public trust.
- Develop evidence-informed strategies to address trust disparities, improve public engagement, and enhance equitable healthcare access to strengthen health system resilience for future crises.

Speakers

- Nazeem Muhajarine, Co-Principal Investigator, University of Saskatchewan and CoVaRR-Net
- Cory Neudorf, Co-Principal Investigator, University of Saskatchewan and CoVaRR-Net
- Thilina Bandara, Researcher, University of Saskatchewan and CoVaRR-Net

Moderator

- Claire Betker, Scientific Director, National Collaborating Centre for Determinants of Health, and Equity, Diversity, Inclusion (EDI), and Indigeneity, CoVaRR-Net

REGISTER TODAY
INSCRIVEZ-VOUS AUJOURD'HUI

13:15-14:45

CONCURRENT SESSIONS

13 h 15 à 14 h 45

SÉANCES SIMULTANÉES

OVERCOMING BARRIERS: ENHANCING ACCESS TO PRIMARY HEALTH CARE SERVICES IN NATIONAL AND TERRITORIAL CONTEXTS IN THE REGION OF THE AMERICAS

ROOM 2H, RBC CONVENTION CENTRE

Presented by: Pan American Health Organization

This session explores strategies to improve access to primary care services across the Americas, focusing on national and territorial contexts. Drawing on recent reports from the Pan American Health Organization and the work of Canada's World Health Organization Collaborating Center for Health Services and Systems Performance, we will examine methods for assessing community needs and demands for primary care. Presenters will collectively analyze key access barriers and disparities across countries in the Region and discuss strategic recommendations to overcome these challenges. This session aims to foster dialogue on innovative approaches to improve primary health care (PHC) accessibility and equity in the Americas, with a particular emphasis on addressing unmet healthcare needs and financial protection to advance towards universal health.

Learning objectives

After attending the symposium, participants will be able to:

- Analyze the current state of PHC access in the Americas, including the prevalence of unmet healthcare needs and related barriers to access.
- Evaluate the impact of recent health system reforms and initiatives on improving PHC access.
- Identify tailored policy options to address intersecting barriers that lead to unmet healthcare needs in PHC, with a focus on populations in situations of vulnerability.

Speakers

- Natalia Houghton, Technical Officer, Primary Health Care Policy, Planning and Evaluation, Health Systems and Services Department, Pan American Health Organization
- Katherine Rouleau, Professor, Department of Family and Community Medicine, St. Michael's Hospital; Director, WHO Collaborating Centre on Family Medicine and Primary Care

Moderator

- Dionne Patz, Senior Advisor, Public Health Policy, Office of the Assistant Director, Pan American Health Organization

14:45 - 15:30

NETWORKING BREAK WITH SPONSORS AND EXHIBITORS

14 h 45 à 15 h 30

PAUSE DE RÉSAUTAGE AVEC LES COMMANDITAIRES ET EXPOSANTS

15:30-17:00

CONCURRENT SESSIONS

15 h 30 à 17 h

SÉANCES SIMULTANÉES

ORAL ABSTRACT PRESENTATIONS 2

MILLENIUM SUITE, RBC CONVENTION CENTRE

- The Canadian poverty, health equity, and climate change initiative – Key lessons learned in getting a knowledge mobilization enterprise off the ground — *Mariya Bezgrebelna*
- Climate emotions in rural, remote, and midsize communities across Canada: Exploring lived experiences through interviews and letters — *Lindsay Galway*
- Rural-proofing emergency management in Canada: A public health approach — *Amanda Mongeon*
- Assessing the health impacts of extreme heat on individuals experiencing homelessness: A rapid review — *Jolly Noor*

CENTERING HEALTH EQUITY IN THE KNOWLEDGE SYNTHESIS PROCESS: SHARING EVIDENCE AND LEARNINGS PRESENTATION THEATRE, RBC CONVENTION CENTRE

Public health frequently relies on evidence-informed decision-making processes to guide its work, often supported by the development of different types of knowledge syntheses. As knowledge syntheses are grounded in Western scientific methods, they can delegitimize and marginalize diverse knowledge systems and worldviews (including Indigenous and Afrocentric). This can result in biases in not only how public health views the world, but also in how it defines problems, and the range of solutions identified to address those problems. Speakers at this symposium will present recent work, including results of a 2024 rapid review, [Towards Equity-informed Approaches to Evidence Synthesis](#), and specific approaches and learnings they have used to apply a health equity and anti-oppressive and anti-racist approach to the development of knowledge syntheses that participants can apply in their own contexts.

Learning objectives

After attending the symposium, participants will be able to:

- Recognize the inherent limitations of knowledge syntheses grounded in Western scientific methods and worldviews.
- Describe examples of actions public health practitioners are taking to centre health equity and anti-oppressive and anti-racist practice into the development of knowledge syntheses.
- Identify actions they can take to centre health equity and anti-oppressive and anti-racist practice into the development of knowledge syntheses.

Speakers

- Nandini Saxena, Knowledge Translation Specialist, National Collaborating Centre for Determinants of Health
- Emily Clark, Knowledge Broker, National Collaborating Centre for Methods and Tools
- Taheera Walji, Senior Program Specialist, Health Equity, Public Health Ontario

Moderator

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

COVID-19 AND INDIGENOUS PUBLIC HEALTH SOVEREIGNTY IN BRITISH COLUMBIA: ADDRESSING SYSTEMIC INEQUITY THROUGH COMMUNITY-DRIVEN SOLUTIONS

ROOM 2E, RBC CONVENTION CENTRE

Indigenous peoples in the Western hemisphere have a tragic history with communicable disease. The most notable evidence of this history is the aftermath of contact with European explorers and settlers when smallpox devastated Indigenous populations. Narratives of disease and First Nations communities are most often deficit-based, aligning with ongoing patterns of systemic racism. Further, approaches to Indigenous health often draw on pan-Indigenous narratives that erase significant individuality amongst diverse Indigenous cultures and nations. This session will share results from a project that challenges these narratives and patterns in health research, through an examination of Indigenous community-driven and specific sovereignty-based solutions that arose during the COVID-19 pandemic.

Learning objectives

After attending the symposium, participants will be able to:

- Discover the shared value of local knowledge and relationships in fostering resilience and strengthening emergency response in rural and remote First Nations communities, as well as other communities made vulnerable by structural and systemic issues across Canada.
- Detect successful pathways for shared decision-making during the COVID-19 pandemic, which enabled respect for local governance and support for self-determination/ sovereignty of leadership within communities during a critical time when the usual engagement processes were strained.
- Recognize enablers for building trusting relationships and establishing communication pathways ahead of emergencies.

Speakers

- Lyana Patrick, Assistant Professor, Simon Fraser University
- Adam Patrick, Community member, Stelat'en First Nation

15:30-17:00

CONCURRENT SESSIONS

15 h 30 à 17 h

SÉANCES SIMULTANÉES

ENGAGING COMMUNITY TO SCALE AND EVALUATE STIGMA REDUCTION INTERVENTIONS: LESSONS LEARNED PILOTING THE ORGANIZATIONAL STIGMA ASSESSMENT TOOL TO PROMOTE MORE SUPPORTIVE AND INCLUSIVE SEXUAL HEALTH AND HARM REDUCTION SERVICES

ROOM 2F, RBC CONVENTION CENTRE

Stigma is a significant barrier to sexual health, harm reduction and sexually transmitted and blood-borne infection (STBBI) related services in Canada. Through a multi-year partnership, Nine Circles Community Health Centre and the Canadian Public Health Association (CPHA) have piloted CPHA's newly updated Organizational Stigma Assessment Tool to generate insights about effective stigma intervention. Session participants will learn from Nine Circles' experience engaging staff, volunteers, and service users in the assessment process, and consider how promising practices in organizational change, community engagement, and group facilitation can be applied in their own workplaces to create more inclusive policies, programs, and services. Participants will be introduced to tools and supports available from CPHA, and consider how to best use and adapt them for their unique contexts. Participants will exchange insights through group discussions, identifying tangible actions to reduce stigma and to sustain and scale efforts to provide more supportive and inclusive services.

Learning objectives

After attending the workshop, participants will be able to:

- Recognize various factors that contribute to stigma associated with sexuality, substance use and STBBI, including intersecting forms of oppression
- Identify opportunities and challenges for initiating and sustaining organizational change efforts to address sexual health, substance use and STBBI stigma
- Apply promising practices in organizational change, community engagement and group facilitation and tools from CPHA to work toward creating more inclusive and supportive policies, programs, and services in their own unique organizational contexts.

Workshop Facilitators

- Srinath Maddur, Health Educator, Nine Circles
- Mike Payne, Executive Director, Nine Circles
- Jacqueline Flett, Peer Training Facilitator, Nine Circles
- Nolan Hill, Training Centre Facilitator, Centre for Sexuality
- Laura Bouchard, Manager, Canadian Public Health Association

15:30-17:00

CONCURRENT SESSIONS

15 h 30 à 17 h

SÉANCES SIMULTANÉES

THE IMPACT OF HEALTH SYSTEM TRANSFORMATION ON PUBLIC HEALTH IN THE PRAIRIE PROVINCES: THE GOOD, THE BAD, AND THE UGLY **ROOM 2H, RBC CONVENTION CENTRE**

Presented by: Alberta Public Health Association, Manitoba Public Health Association and the Saskatchewan Public Health Association

The capacity and effectiveness of public health systems are significantly affected by the organization and structure of the broader systems of which they are part. Before, during and after COVID, public health systems have experienced significant structural changes as part of health care transformation. This session will look at recent system transformations in the three Prairie provinces of Alberta, Saskatchewan, and Manitoba and explore the impact of organizational structures on public health capacity. A brief overview of the current context of public health in each province will be followed by critical reflections on the system barriers and facilitators at play. Participatory dialogue will then explore recommendations for organizational changes to optimize resilient, decolonized, and equity-focused provincial public health systems to close health gaps and improve population health.

Learning objectives

After attending the symposium, participants will be able to:

- Describe how the public health systems are structured and situated within the broader health care systems in the Prairie provinces.
- Identify the strengths and shortcomings associated with how public health is structured in each of the systems.
- Identify recommendations to strengthen public health capacity through system and organizational changes.
- Identify mechanisms for public health practitioners – within the system and outside the system – to advocate for needed resources and organizational clarity.

Speakers

- Jason Cabal, Medical Officer of Health, Alberta Health Services; Clinical Associate Professor, Community Health Sciences, University of Calgary; Chair, CPHA Board of Directors
- Thilina Bandara, Assistant Professor, School of Public Health, University of Saskatchewan
- Souradet Shaw, Assistant Professor, Max Rady College of Medicine, Department of Community Health Sciences, University of Manitoba

Moderator

- Joss Reimer, President of the Canadian Medical Association

INSTRUCTIONS HAVE BEEN PROVIDED: ADDRESSING INDIGENOUS-SPECIFIC RACISM AND IMPLEMENTING FOUNDATIONAL OBLIGATIONS TO INDIGENOUS PEOPLES IN PUBLIC HEALTH SYSTEM **PAN AM ROOM, RBC CONVENTION CENTRE**

Solutions to Indigenous health disparities have been provided in the United Nations (UN) Declaration on the Rights of Indigenous Peoples, Truth & Reconciliation Calls to Action, Missing & Murdered Indigenous Women & Girls 2SLGBTQQIA+ Calls for Justice, and other provincial/regional/local reports. These are our “Foundational Obligations to Indigenous Peoples.” Despite public health’s clear obligations and mandates to uphold Indigenous rights and eradicate Indigenous-specific racism, we often hear the big question: how? British Columbia’s Unlearning & Undoing White Supremacy and Indigenous Specific Racism Lab for Population & Public Health (“U&U Lab”) is busy responding to this question. We will share three practical tools to monitor participants’ units’ current engagement with the Foundational Obligations, build capacity to uphold them in day-to-day work, and stay accountable.

Learning objectives

After attending the symposium, participants will be able to:

- Identify key Foundational Obligations to Indigenous Peoples and their relevance to public health.
- Assess their, and their team’s, knowledge and awareness of the Foundational Obligations to Indigenous Peoples.
- Implement monitoring, training, and accountability tools to support their teams to uphold the Foundational Obligations to Indigenous Peoples.

Workshop Facilitators

- Danièle Behn Smith, British Columbia Deputy Provincial Health Officer, Indigenous Health
- Kate Jongbloed, Senior Scientist, BC Centre for Disease Control
- Juanessa Prince, Indigenous Youth Intern, BC Office of the Provincial Health Officer
- Kirsten White, Research Coordinator, Unlearning & Undoing Lab

15:30-17:00

CONCURRENT SESSIONS

15 h 30 à 17 h

SÉANCES SIMULTANÉES

SCIENCE AS AN ESSENTIAL COMPONENT OF PUBLIC HEALTH PANDEMIC PREPAREDNESS: A WORKSHOP TO INFORM SCIENCE COORDINATION AND COLLABORATION

DELTA HOTEL BALLROOM, 2ND FLOOR

The Public Health Agency of Canada (PHAC) and the Canadian Institutes of Health Research (CIHR) Centre for Research on Pandemic Preparedness and Health Emergencies (CRPPHE) invite participants to a workshop to exchange ideas and provide feedback on science production, coordination, and collaboration related to pandemic preparedness and response. Preliminary content has been generated through virtual workshops with partners in science across the country, including representatives from federal, provincial, and territorial governments, academia, and First Nations, Inuit, and Métis organizations. The content will inform science collaboration and coordination within pandemic preparedness planning and the CRPPHE in its mandate to support, coordinate, and mobilize an emergency-ready health research system that contributes to timely, equitable, and effective decision-making. PHAC and CIHR are inviting preliminary feedback on the early content, seeking to identify gaps or areas for expansion, and to ensure that content incorporates equity, diversity, inclusion, Indigenous rights, ethics, and One Health.

Learning objectives

After attending the workshop, participants will be able to:

- Explain the purpose of strong science integration into pandemic preparedness, and the linkages between effective public health response during a pandemic and long-term research planning and investments.
- Exchange ideas on early content for the technical annex for science collaboration and coordination in Canada's Pandemic Preparedness Plan (CPPP), identify gaps, ensure the inclusion of diverse perspectives, and confirm alignment with organizational roles and regional needs.
- Identify priorities for increasing capacity for the production, coordination, and mobilization of research during a pandemic or emergence of a new pathogen.

Workshop Facilitators

- Pam Ponic, Deputy Chief Science Officer, Public Health Agency of Canada
- Nadine Sicard, Senior Medical Advisor, Public Health Agency of Canada
- Marisa Creatore, Executive Director, Centre for Research on Pandemic Preparedness and Health Emergencies, Canadian Institutes of Health Research

15:30-17:00

CONCURRENT SESSIONS

15 h 30 à 17 h

SÉANCES SIMULTANÉES

SOCIAL PRESCRIBING AS A PUBLIC HEALTH TOOL: ADDRESSING HEALTH EQUITY AND COMMUNITY NEEDS **ROOM 2G, RBC CONVENTION CENTRE**

This symposium will explore social prescribing, an emerging, evidence-based approach that integrates health and social care to improve population health and advance health equity. By leveraging asset-based community development approaches to foster collaborative pathways across health and community sectors that address the broader social determinants of health, social prescribing is a key strategy for promoting social well-being and addressing health disparities. Through interactive discussions with community leaders and experts in public health, participants will learn how social prescribing is being applied in diverse settings, with a focus on its role in enhancing health equity and integrating services across health and social systems. Attendees will gain insights into the latest research on emerging best practices, effectiveness and impact. This session will also offer practical strategies for adapting social prescribing models to local needs, overcoming implementation challenges, and building sustainable partnerships across sectors. Participants will leave with tools to strengthen collaboration between healthcare systems and community networks, improving well-being for individuals and communities.

Learning objectives

After attending the symposium, participants will be able to:

- Describe the key components of social prescribing, its processes, and its application in various geographic and socioeconomic settings to address health inequities.
- Assess the effectiveness, cost-efficiency, and health equity outcomes of social prescribing to improve population health, while identifying common barriers to, and opportunities for, its implementation.
- Apply social prescribing concepts to public health practice and policy, including adapting and scaling social prescribing initiatives to meet the specific needs of diverse communities and fostering cross-sector partnerships.

Speakers

- Michael Routledge, Medical Advisor, Manitoba Association of Senior Communities
- Beth Mansell, Provincial Social Prescribing Project Manager, Healthy Aging Alberta
- Gary Bloch, Physician Lead, Social Interventions and Equity, St. Michael's Hospital Academic Family Health Team

Moderator

- Sandra Allison, Public Health Physician

WEDNESDAY 30 APRIL | MERCREDI 30 AVRIL

PROGRAM OVERVIEW | RÉSUMÉ DU PROGRAMME

8:30-10:00 Hall A, 3 rd Floor	🗣️ PLENARY II PLÉNIÈRE II 🗣️ SOCIAL CONNECTION AS CLIMATE RESILIENCE LA CONNEXION SOCIALE COMME RÉSILIENCE FACE AUX CHANGEMENTS CLIMATIQUES	
10:00-11:00 Hall A, 3 rd Floor	NETWORKING BREAK WITH SPONSORS AND EXHIBITORS RÉSEAUTAGE AVEC LES COMMANDITAIRES ET LES EXPOSANTS POSTER PRESENTATIONS PRÉSENTATIONS D’AFFICHES	
11:00-12:30	CONCURRENT SESSIONS SÉANCES SIMULTANÉES	
	Oral Abstract Presentations 3 Millenium Suite	Oral Abstract Presentations 4 Pan AM Room
Room 2F	Advancing Black People’s health: Culturally responsive approaches in health research	
Delta Hotel Ballroom, 2 nd Floor	Global health diplomacy skills in an uncertain world	
Room 2E	Growing ‘Unlearning Clubs’ towards eradicating Indigenous-specific structural racism and systemic White supremacy in population and public health	
Room 2H	Innovative ways to engage the public health workforce: Integrating and sustaining the updated core competencies for public health in Canada in practice	
Room 2G	Iyâkwâmisîtâu wîchîhîtûtâu kiyâh chiskûtimâsûtâu iiyâakwaamisiitâau wîchîihîitûtâau kiyâah chiskuutimaasuutâau Collaborations between public health and emergency measures: Lessons learned from Eeyou Istchee	
Presentation Theatre	Shared health priorities: Measuring progress and bridging data gaps with common indicators	
12:30-13:30 Hall A, 3 rd Floor	NETWORKING LUNCH DÉJEUNER DE RÉSAUTAGE	
13:30-15:00	CONCURRENT SESSIONS SÉANCES SIMULTANÉES	
Millenium Suite	Oral Abstract Presentations 5	
Presentation Theatre	Applied Public Health Chairs: A case study of applied research and advocacy	
Room 2E	Determining the comprehensive gender-inclusive sexual and reproductive care needs of Indigenous Peoples in Ontario: A desire-based, Indigenous-led collaborative assessment of needs	
Room 2F	Engagement resources to advance health equity for First Nations, Inuit, and Métis Peoples and communities	
Delta Hotel Ballroom, 2 nd Floor	Equitable leadership for public health systems change	
Pan AM Room	Fifty years of struggle for recognition of mercury poisoning: Learning from the experience of Asubpeeschoseewagong Anishinabek, Grassy Narrows First Nation	
Room 2G	Screen use and child and adolescent health in Canada: Triangulation of evidence assessing the state of the sector	
Room 2H	Turning vision into action: Advancing public health surveillance in Canada	
15:00-15:30 Hall A, 3 rd Floor	REFRESHMENT BREAK PAUSE RAFRAÎCHISSEMENT	
15:30-17:00	CONCURRENT SESSIONS SÉANCES SIMULTANÉES	
Millenium Suite	Oral Abstract Presentations 6	
Room 2H	Better together: Drawing on 20 years of knowledge translation to navigate new public health challenges	
Room 2E	Empowerment and decentralization of STBBI testing using dried blood spots, for communities experiencing health inequities	
Room 2F	Health economics and modelling 101 for public health	
Room 2G	Hindsight + Insight = Foresight: Invigorating population and public health equity research in uncertain times	
Delta Hotel Ballroom, 2 nd Floor	Integrating AI training into the curricula of schools and programs in public health: What are the core competencies required for public health practice?	
Pan AM Room	Mental health and substance use in Sioux Lookout area First Nations: Trends, challenges, and community-centered solutions	
Presentation Theatre	Who do you trust? Vaccines in the age of vaccine hesitancy	

🗣️ Simultaneous Interpretation provided | Interprétation simultanée fournie

8:30 – 10:00
8 h 30 à 10 h

PLENARY II
PLÉNIÈRE II



RBC CONVENTION CENTRE
HALL A, 3RD FLOOR

PLENARY II

SOCIAL CONNECTION AS CLIMATE RESILIENCE

This session will explore how strong social bonds contribute to community resilience in the face of climate change. Panelists will examine the critical role of social connection in supporting populations during extreme weather events, resource scarcity, and displacement. Discussion will focus on how cohesive communities experience better health outcomes, faster recovery times, and improved adaptive capacity during climate-related crises. By highlighting case studies and evidence on the effectiveness of community networks, the session aims to illustrate how fostering social ties can mitigate the public health impacts of climate change. Attendees will gain insight into strategies for building social capital as a tool for climate adaptation, providing a framework for public health initiatives that prioritize community engagement and social resilience as essential components of climate preparedness.

Learning Objectives

- Analyze the role of social connection in enhancing community resilience during climate-related crises, including extreme weather events, resource scarcity, and displacement.
- Examine evidence and case studies demonstrating how strong social bonds contribute to improved health outcomes, faster recovery, and greater adaptive capacity in the face of climate change.
- Identify key strategies for fostering social capital as a tool for climate adaptation and public health preparedness.
- Explore approaches to integrating community engagement and social resilience into public health initiatives addressing climate change.

Speakers | Oratrices

- Evalyna Bogdan, Assistant Professor, Disaster & Emergency Management, York University
- Melissa Lem, Clinical Assistant Professor, Faculty of Medicine, University of British Columbia, President, Canadian Association of Physicians for the Environment
- Abhay Singh Sachal, Founder and Executive Director, [Break The Divide](#)

Moderator | Modératrice

- Sarah Henderson, Scientific Director, National Collaborating Centre for Environmental Health

PLÉNIÈRE II

LA CONNEXION SOCIALE COMME RÉSILIENCE FACE AUX CHANGEMENTS CLIMATIQUES

Cette séance explorera comment des liens sociaux forts renforcent la résilience des communautés face aux changements climatiques. Les panélistes examineront le rôle essentiel de la connexion sociale dans le soutien aux populations lors d'événements météorologiques extrêmes, de la rareté des ressources et des déplacements forcés. Les discussions mettront en lumière comment les communautés solidaires bénéficient de meilleurs résultats en santé, de temps de rétablissement plus courts et d'une capacité d'adaptation accrue lors des crises climatiques. En s'appuyant sur des études de cas et des données probantes sur l'efficacité des réseaux communautaires, cette plénière illustrera comment le renforcement des liens sociaux peut atténuer les impacts des changements climatiques sur la santé publique. Les participant·es découvriront des stratégies pour développer le capital social comme outil d'adaptation climatique, offrant un cadre aux initiatives de santé publique qui placent l'engagement communautaire et la résilience sociale au cœur de la préparation aux changements climatiques.

Objectifs d'apprentissage

- Analyser le rôle des liens sociaux dans le renforcement de la résilience communautaire face aux crises climatiques, y compris les phénomènes météorologiques extrêmes, la rareté des ressources et les déplacements.
- Examiner les données probantes et les études de cas illustrant comment des liens sociaux solides contribuent à de meilleurs résultats en matière de santé, à une récupération plus rapide et à une plus grande capacité d'adaptation aux changements climatiques.
- Identifier les principales stratégies pour renforcer le capital social en tant qu'outil d'adaptation aux changements climatiques et de préparation en santé publique.
- Explorer des approches visant à intégrer l'engagement communautaire et la résilience sociale dans les initiatives de santé publique en réponse aux changements climatiques.

WEDNESDAY 30 APRIL | MERCREDI 30 AVRIL

10:00 - 11:00

NETWORKING BREAK WITH SPONSORS AND EXHIBITORS

10 h à 11 h

PAUSE DE RÉSAUTAGE AVEC LES COMMANDITAIRES ET EXPOSANTS

10:00-11:00

POSTER PRESENTATIONS

RBC CONVENTION CENTRE

10 h à 11 h

PRÉSENTATION D'AFFICHES

HALL A, 3RD FLOOR

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 53-58 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 53-58 pour la liste des présentations.

11:00-12:30

CONCURRENT SESSIONS

11 h à 12 h 30

SÉANCES SIMULTANÉES

ORAL ABSTRACT PRESENTATIONS 3

MILLENIUM SUITE, RBC CONVENTION CENTRE

- Shifting towards a culturally safer and equitable emergency management process for evacuations of Indigenous communities — *Julia Creglia*
- Decolonizing place: A pathway to transforming mental health and well-being practices through Indigenous knowledge — *Miranda Field*
- Strengthening urban Indigenous health: The role of friendship centres in community wellness and culturally grounded care — *Victoria Marchand*
- Giga Mino Ganawenimaag Anishinaabeg: Development of Manitoba's new Indigenous cultural safety training for health care and education — *Lisa Wlasichuk, Linda Diffey*

ORAL ABSTRACT PRESENTATIONS 4

PAN AM ROOM, RBC CONVENTION CENTRE

- Gender and emergency management: Creating awareness, a framework, and a network — *Ella Huber*
- The BREATHE Project: building resilience to emerging airborne threats and heat events — *Riley Condon*
- Building public health capacity to address climate change and prepare for climate-related emergencies, including evacuations — *Vanita Sahni*
- Collaborative governance for intersectoral action on extreme heat in three Canadian provinces — *Mélanie Seabrook, Stephanie Simpson*

11:00-12:30

CONCURRENT SESSIONS

11 h à 12 h 30

SÉANCES SIMULTANÉES

ADVANCING BLACK PEOPLE'S HEALTH: CULTURALLY RESPONSIVE APPROACHES IN HEALTH RESEARCH **ROOM 2F, RBC CONVENTION CENTRE**

This interactive workshop focuses on advancing culturally responsive approaches to health research with Black communities in Canada. Participants will explore strategies to address systemic challenges such as mistrust, underrepresentation, and inequitable engagement in research processes. Through real-world case studies, group activities, and facilitated discussions, participants will learn practical methods for building trust, recruiting inclusively, and fostering equitable collaboration with Black communities. The session emphasizes co-creating solutions that respect the lived experiences and intersectional identities of Black populations. Participants will leave equipped with actionable strategies and a personalized action plan to integrate culturally safe and ethical practices into their work, ultimately contributing to health equity and improved outcomes for Black communities. This workshop is ideal for researchers, healthcare practitioners, policymakers, and community leaders committed to promoting inclusive and effective health research.

Learning objectives

After attending the workshop, participants will be able to:

- Identify key challenges and barriers in engaging Black communities in health research.
- Develop strategies for culturally inclusive recruitment and engagement.
- Create action plans for implementing equity-focused practices in research or professional work.

Workshop Facilitators

- Bukola Salami, Full Professor and Tier 1 Canada Research Chair in Black and Racialized Peoples' Health University of Calgary
- Sophie Yohani, Full Professor, University of Alberta

GLOBAL HEALTH DIPLOMACY SKILLS IN AN UNCERTAIN WORLD **DELTA HOTEL BALLROOM, 2ND FLOOR**

Discussants will reflect on the impact of global negotiation processes on Canada's public health outcomes and the importance of global health diplomacy training when negotiating health issues on the global stage. With panelists uniquely in tune with Canadian and multilateral fora, symposium participants will explore ways in which countries work across national interests and negotiate effective global and equitable solutions. As countries continue to navigate complex global challenges such as increased polarization, misinformation, the climate crisis, and geopolitical instability, an effective cadre of skilled global health diplomacy practitioners is needed to work across contexts to promote collective action towards better health and health equity in Canada and globally.

Learning objectives

After attending the symposium, participants will be able to:

- Identify the importance of global health diplomacy skills in the attainment of health outcomes in Canada.
- Identify the types of skills required to practise global health diplomacy effectively.
- Better understand how global health diplomacy skills can enable governments to work across national interests and negotiate effective, equitable global solutions for health.

Speakers

- Garry Aslanyan, Adjunct Professor, Dalla Lana School of Public Health, University of Toronto and Manager, Partnerships and Governance, Special Programme for Research and Training in Tropical Diseases, World Health Organization
- Marisa Creatore, Executive Director, Centre for Research on Pandemic Preparedness and Health Emergencies, Canadian Institutes of Health Research
- Erica Di Ruggiero, Associate Professor, Global Health and Director, Centre for Global Health, Dalla Lana School of Public Health, University of Toronto

Moderator

- Erica Di Ruggiero, Associate Professor, Global Health and Director, Centre for Global Health, Dalla Lana School of Public Health, University of Toronto

11:00-12:30

CONCURRENT SESSIONS

11 h à 12 h 30

SÉANCES SIMULTANÉES

GROWING 'UNLEARNING CLUBS' TOWARDS ERADICATING INDIGENOUS-SPECIFIC STRUCTURAL RACISM AND SYSTEMIC WHITE SUPREMACY IN POPULATION AND PUBLIC HEALTH

ROOM 2E, RBC CONVENTION CENTRE

The British Columbia Office of the Provincial Health Officer's Unlearning Club was a 17-month structured space dialogue and self-directed unlearning related to Indigenous rights, anti-racism, anti-white supremacy, and cultural safety using materials already created by IBPOC people to avoid creating additional burden. Now, Unlearning Clubs are taking place at the University of British Columbia (UBC) School of Population & Public Health, Ministry of Health Strategic Innovation Division, BC College of Nurses and Midwives, and Pan Canadian Public Health Network. Anyone can host Unlearning Clubs in their public health team, unit, or organization. This is a critical way our field can uphold our responsibilities to Indigenous Peoples, specifically actioning instructions provided in UNDRIP (15); TRC (18, 22, 23, 57); and MMIWG 2SLGBTQIA+ (2.6, 7.6, 15.2). This session will include information about the Unlearning Club model, demonstrate how we use it, and offer support for implementation in your setting.

Learning objectives

After attending the workshop, participants will be able to:

- Identify a model for self-directed co-learning about Indigenous rights, truth, reconciliation, and anti-racism, with specific application to population and public health.
- Implement the Unlearning Club model in your own team, unit, or organization.

Workshop Facilitators

- Danièle Behn Smith, BC Deputy Provincial Health Officer, Indigenous Health
- Kate Jongbloed, Senior Scientist, BC Centre for Disease Control
- Juanessa Prince, Indigenous Youth Intern, BC Office of the Provincial Health Officer
- Kirsten White, Research Coordinator, Unlearning & Undoing Lab

INNOVATIVE WAYS TO ENGAGE THE PUBLIC HEALTH WORKFORCE: INTEGRATING AND SUSTAINING THE UPDATED CORE COMPETENCIES FOR PUBLIC HEALTH IN CANADA IN PRACTICE

ROOM 2H, RBC CONVENTION CENTRE

The National Collaborating Centres for Public Health (NCCPH) and the Fraser Health Authority will share their efforts to bring the Core Competencies for Public Health in Canada to life, supporting the public health workforce to integrate them into practice. NCCPH will share an overview of the process, outcomes, and evaluation they have undertaken to update the core competencies. Fraser Health Authority will discuss their education for public health staff on the foundational themes and values underpinning the core competencies. Participants will engage with tangible practice examples as a tool to support use and adoption of the competencies. Lessons learned and recommendations will also be shared on how to support staff to deepen their understanding and application of the core competencies. This symposium will be relevant for anyone wanting to learn more about the updated core competencies for public health and innovative ways to prepare and educate public health staff to have essential knowledge, skills, and attitudes.

Learning objectives

After attending the symposium, participants will be able to:

- Explain how the core competencies for public health in Canada were updated and why.
- Describe at least 2 strategies for how to engage public health staff in deepening their understanding of the essential public health functions and competencies and how to apply them to their practice.
- Practice using real world examples to engage diverse teams in co-learning and linking the core competencies for public health to their practice.

Speakers

- Claire Betker, Scientific Director, National Collaborating Centre for Determinants of Health
- Allyn Whyte, Clinical Nurse Educator, Population and Public Health, Fraser Health Authority

Moderator

- Margaret Haworth Brockman, Program Senior Manager, National Collaborating Centre for Infectious Diseases

11:00-12:30

CONCURRENT SESSIONS

11 h à 12 h 30

SÉANCES SIMULTANÉES

İYÂKWÂMISÎTÂU WICHÎHÎTUTÂU KIYÂH CHISKÛTIMÂSÛTÂU IYAAKWAAMISIITAAU WICHIIHITUTAAU KIYAAH CHISKUUTIMAASUUTAAU | COLLABORATIONS BETWEEN PUBLIC HEALTH AND EMERGENCY MEASURES: LESSONS LEARNED FROM EYYOU ISTCHEE

ROOM 2G, RBC CONVENTION CENTRE

Following the James Bay and Northern Quebec Agreement, Eeyou Istchee is recognized as a territory of self-governed Cree Nations situated within the province of Quebec. In terms of health and social services, the region is Quebec's 18th provincial "socio-sanitary" region, overseen by a Cree-led regional organization, The Cree Board of Health and Social Services of James Bay. However, civil security structures are embedded in each Nation's band council and supported through Indigenous Services Canada, a federal body. These two separate structures need to work closely in times of emergency. Bringing these structures together has called for the two work cultures to understand one another's roles, responsibilities and expertise. Investment in this collaboration reinforces Eeyou Istchee's self-governance, autonomy and the quality of emergency responses. Through presentations and storytelling, our panel will review some emergency responses that required collaboration and public health expertise to the forefront in supporting the Nation's emergency committees in the decision-making and the assessment of the health risk. We will show how collaboration is often established through discussion, bringing together public health expertise, empiric knowledge and traditional knowledge in decision-making and risk assessment analyses.

Learning objectives

After attending the symposium, participants will be able to:

- Describe initiatives where regional public health has been integrated into the operations of a self-governed local emergency response committee.
- Discuss strategies for streamlining inter-ministerial jurisdiction through a coordinated emergency response committee.
- Explain how public health knowledge can inform emergency response risk assessment and decision-making.

Speakers

- Jason Coonishish, Regional Coordinator, Pre-hospital and emergency measures, Cree Board of Health and Social Services of James Bay
- Justine Daoust Lalande, Regional Public Health - Health Protection Coordinator, Cree Board of Health and Social Services of James Bay
- Jason Shecapio, Former Public Safety Officer and Emergency Coordinator; Director, Public Infrastructure, Cree Nation of Mistissini
- Reggie Tomatuk, Programming and Research Officer, Cree Board of Health and Social Services of James Bay

Moderator

- Robin Gull-Saganash, Planning, Programming and Research Officer - Infectious Diseases, Cree Board of Health and Social Services of James Bay

REGISTER TODAY
INSCRIVEZ-VOUS AUJOURD'HUI

11:00-12:30

CONCURRENT SESSIONS

11 h à 12 h 30

SÉANCES SIMULTANÉES

SHARED HEALTH PRIORITIES: MEASURING PROGRESS AND BRIDGING DATA GAPS WITH COMMON INDICATORS

PRESENTATION THEATRE, RBC CONVENTION CENTRE

Presented by: Canadian Institute of Health Information

In 2023, Canada's federal, provincial, and territorial governments agreed to work together to improve health care for Canadians in four shared priority areas:

- Improving access to primary health care;
- Increasing the supply of health workforce and decreasing waits for surgeries;
- Improving access to mental health and substance use services; and
- Modernizing health information systems.

They also committed to prioritizing care for older adults, and working with First Nations, Inuit, and Métis partners to better support Indigenous health priorities. This session will provide a closer look at how CIHI is leading a collaborative process with partners from across the country to collectively bridge data gaps and develop and publicly report on common indicators that measure progress and drive improvements in the priority areas. To provide a comprehensive overview of the ongoing work, the discussion will incorporate different perspectives including jurisdictions, data partners, and persons with lived experience.

Learning objectives

After attending the symposium, participants will be able to:

- Describe approaches for fostering collaborative engagement with diverse stakeholders and experts to select and develop indicators that would be meaningful to Canadians across the country.
- Illustrate the critical role of partnerships and how a collaborative approach was taken to bridge gaps in data.
- Discuss the ongoing work from multiple perspectives including opportunities for using the data to improve healthcare across Canada, and why this is important to the Canadian public.

Speakers

- Allison Sabad, Program Consultant, Thematic Priorities, Canadian Institute for Health Information
- Jennifer McConnell-Nzunga, Ph.D. Unit Head – Centre for Health Data Integration, Social, Health and Labour Statistics Field, Statistics Canada
- Phil Jarman, Executive Director and Chief Data Officer, Manitoba Health
- Jenna Kedy, Patient Advocate

Moderator

- Salima Hadibhai, Manager, Health System Performance Special Projects, Canadian Institute for Health Information

12:30-13:30

NETWORKING LUNCH

RBC CONVENTION CENTRE

12 h 30 à 13 h 30

DÉJEUNER CONTACTS

HALL A, 3RD FLOOR

13:30-15:00

CONCURRENT SESSIONS

13 h 30 à 15 h

SÉANCES SIMULTANÉES

ORAL ABSTRACT PRESENTATIONS 5

MILLENIUM SUITE, RBC CONVENTION CENTRE

- Leveraging academic resources and community relationships to advance well-being for and with urban Indigenous people in New Brunswick — *Jason Hickey*
- CIHR Network Environments for Indigenous Health Research Program: Supporting Indigenous health, well-being, and self-determination — *Fleur Macqueen Smith*
- BC Office of the Provincial Health Officer's COVID-19 360 Review through the lens of Indigenous rights and anti-racism: A path to addressing colonial knots in public health emergency response — *Kirsten White*
- Walking Together: First Nations Health Authority and Interior Health Authority immunization knowledge sharing — *Hermadeep Deo*

APPLIED PUBLIC HEALTH CHAIRS: A CASE STUDY OF APPLIED RESEARCH AND ADVOCACY PRESENTATION THEATRE, RBC CONVENTION CENTRE

Presented by: Canadian Institutes of Health Research

The [Applied Public Health Chair \(APHC\) Program](#), a joint initiative of the CIHR Institute of Population and Public Health (IPPH) and the Public Health Agency of Canada (PHAC), supports mid-career researchers to lead research programs that address pressing public health challenges in Canada. The Chairs conduct applied research across the country that is responsive to (re-)emerging applied public health priorities, focused on actionable solutions, and integrated with policy and decision-making processes to improve health and health equity. In leading this work, Chairs have reported the importance of, and challenges in, engaging in advocacy (a core public health competency) and championing evidence-informed policies and services that promote and protect population health and well-being. In this session, a panel (composed of three Chairs and a senior decision-maker closely involved in the APHC Program) will share their perspectives, successes, and challenges in advocating for policies and services based on their research findings on controversial, hot-button public health issues, such as harm reduction and the decriminalization of illicit drugs; public trust and vaccinations; (re-)emerging infectious diseases, and wastewater surveillance. The panelists will have frank discussions on their experiences, and share practical tips and strategies to advocate effectively, equitably, and in a way that is palatable to different audiences and across the political spectrum.

Learning objectives

After attending the symposium, participants will be able to:

- Describe the Applied Public Health Chair Program and its integration with and responsiveness to public health decision-making processes.
- Make connections between advocacy as a core competency in public health and its role in closing the research-policy gap in the APHC Program.
- Explore strategies, opportunities, challenges, and best practices for applied researchers to champion and advocate for evidence-informed policies and services that promote and protect population health and well-being.

Speakers

- Kora DeBeck, Associate Professor, School of Public Policy, Simon Fraser University
- Devon Greyson, Assistant Professor, School of Population and Public Health, University of British Columbia
- Robert Delatolla, Professor, Department of Civil Engineering, University of Ottawa
- Perry Kendall, Public Health Physician; Former Provincial Health Officer, British Columbia Ministry of Health

Moderator

- Eleni Galanis, Director General, Applied Public Health Sciences Directorate, Science and Policy Integration Branch, Public Health Agency of Canada

13:30-15:00

CONCURRENT SESSIONS

13 h 30 à 15 h

SÉANCES SIMULTANÉES

DETERMINING THE COMPREHENSIVE GENDER-INCLUSIVE SEXUAL AND REPRODUCTIVE CARE NEEDS OF INDIGENOUS PEOPLES IN ONTARIO: A DESIRE-BASED, INDIGENOUS-LED COLLABORATIVE ASSESSMENT OF NEEDS **ROOM 2E, RBC CONVENTION CENTRE**

This study aims to transform sexual and reproductive health (SRH) care for Indigenous Peoples in Ontario by centring their voices, desires, and self-determined needs. Colonial and systemic barriers continue to create inequities in SRH services for Indigenous communities, including Two Spirit and gender-diverse individuals. Through a collaborative and culturally sensitive approach, this project seeks to document Indigenous desires for comprehensive and inclusive SRH care, map existing service gaps, and drive meaningful policy, programmatic, and healthcare delivery changes. Our work supports self-determination and aims to create tangible improvements in health outcomes by facilitating culturally safe and gender-affirming care for Indigenous communities. This initiative aligns with principles enshrined in the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and other frameworks advocating for social justice and health equity. While the project remains in the data collection phase, initial findings have facilitated the development of a preliminary geographic map of SRH services across Ontario, providing a foundational visualization of existing services and identifying service gaps from a community-defined perspective. The research approach, grounded in Indigenous feminist and queer theories, examines colonial impacts, systemic inequities, and intersections of identity in SRH care for Indigenous Peoples.

Learning objectives

After attending the symposium, participants will be able to:

- Describe the current sexual and reproductive health service landscape for Indigenous Peoples in Ontario, highlighting specific gaps and areas for improvement from a community-defined perspective.
- Identify colonial and systemic barriers to accessing gender-inclusive sexual and reproductive healthcare for Indigenous communities, especially for Two Spirit and gender-diverse individuals.
- Apply principles of Indigenous data sovereignty (OCAP®) in research and healthcare contexts to enhance community ownership, control, and self-determination in sexual and reproductive health.
- Recommend strategies to build culturally safe, gender-affirming, and accessible sexual and reproductive healthcare services for Indigenous Peoples in Ontario.

Speakers

- Karen Lawford, Anishinaabeg Midwife, Lac Seul First Nation; Founding member of the National and Global Councils of Indigenous Midwives
- Jacob Barry, PhD candidate in Gender, Sexuality, and Women's Studies, Western University; Founder and Executive Director, TransCare+
- Sarah Durant, Master's Student, Canadian Studies at Carleton University; Research assistant, Returning Care and Health Home
- Amanda Thomas, Midwifery Student, McMaster University, BSc in Nursing
- Ainslie Unruh, Midwifery Student, McMaster University; Undergraduate Research Fellow, RCHH
- Theresa Elugbaju, Life Sciences undergraduate student, McMaster University
- Holly McKenzie, Assistant Professor in the School of Public Health at the University of Saskatchewan

13:30-15:00

CONCURRENT SESSIONS

13 h 30 à 15 h

SÉANCES SIMULTANÉES

ENGAGEMENT RESOURCES TO ADVANCE HEALTH EQUITY FOR FIRST NATIONS, INUIT, AND MÉTIS PEOPLES AND COMMUNITIES

ROOM 2F, RBC CONVENTION CENTRE

Improving Indigenous health requires equitable relationships between public health and First Nations, Inuit, and Métis (FNIM) organizations. There are gaps in implementing and sustaining collaborative and supportive relationships. Ensuring appropriate engagement practices up front has the potential to improve public health service design, delivery, and outcomes for the First Nations, Inuit, and Métis populations. In this workshop, the Indigenous Primary Health Care Council and public health partners at Emerald Health share resources developed using a two-eyed seeing approach, published as the *First Nation, Inuit, and Métis Community Engagement Guide: For Public Health Agencies and Relationship Agreement: Guide and Template*. Following an overview of the resources, participants will be invited to use and apply resources in small-group discussions. This workshop aims to prepare public health professionals, new to engagement, with the necessary knowledge and resources, and strengthen the skills and practices of those looking to genuinely engage FNIM communities and organizations.

Learning objectives

After attending the workshop, participants will be able to:

- Describe key engagement principles, including being community-specific, spiritually grounded, trauma-informed, and strength-based, and practising cultural humility.
- Apply key principles and practical tools to support relationship building between public health organizations and First Nations, Inuit, and Métis organizations.
- Design plans to build and maintain relationships with First Nations, Inuit, and Métis organizations.

Speakers

- Elissa Noah, Program Coordinator, Indigenous Primary Health Care Council
- Julia Creglia, Program Coordinator, Indigenous Primary Health Care Council
- Jasmine Pawa, Public Health Physician; Lead, Emerald Health Consulting

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FP3437

13:30-15:00

CONCURRENT SESSIONS

13 h 30 à 15 h

SÉANCES SIMULTANÉES

EQUITABLE LEADERSHIP FOR PUBLIC HEALTH SYSTEMS CHANGE

DELTA HOTEL BALLROOM, 2ND FLOOR

Climate change and opioid crises, persistent inequities, and the COVID-19 pandemic have renewed attention on the need for a competent public health workforce that can effectively lead public health organizations. Leadership competencies are needed at both individual and organizational levels to ensure the effective governance of public health organizations and systems in Canada. This session will present research and progress on core competencies for public health, organizational leadership competencies, and how these efforts complement one another. Research indicates that organizational leadership competencies must attend to systems thinking, policy, partnerships, learning, and oversight, while integrating anti-oppression and decolonizing approaches for equitable public health systems. Leadership, communication, and health equity competencies have been identified as critical to effective public health practice. Discussants from academia and from national and provincial public health systems will present the implications of this work for equitable public health practice, including post-secondary education, workforce training, standards, and accreditation activities.

Learning objectives

After attending the symposium, participants will be able to:

- Describe public health competencies relevant to individual and organizational leadership.
- Identify how these individual and organizational leadership competencies can inform future public health workforce development requirements, education, training, and accreditation.

Speakers

- Erica Di Ruggiero, Associate Professor, Dalla Lana School of Public Health, University of Toronto
- Claire Betker, Scientific Director, National Collaborating Centre for Determinants of Health
- Cory Neudorf, Professor, Dept. of Community Health & Epidemiology, College of Medicine, University of Saskatchewan
- Sume Ndumbe-Eyoh, Director, Black Health Education Collaborative; Assistant Professor, Dalla Lana School of Public Health, University of Toronto (video remarks)
- Pam Ponc, Deputy Chief Science Officer, Public Health Agency of Canada

Moderator

- Madelyn Law, Associate Professor, Brock University

13:30-15:00

CONCURRENT SESSIONS

13 h 30 à 15 h

SÉANCES SIMULTANÉES

FIFTY YEARS OF STRUGGLE FOR RECOGNITION OF MERCURY POISONING: LEARNING FROM THE EXPERIENCE OF ASUBPEESCHOSEEWAGONG ANISHINABEK, GRASSY NARROWS FIRST NATION **PAN AM ROOM, RBC CONVENTION CENTRE**

In the 1970s and 80s, Health Canada reported mercury exposure in 514 Indigenous communities. The session will explore the ways in which community knowledge, participative research, and clinical expertise can be combined to understand the long- and short-term health effects of mercury. In Grassy Narrows First Nation, a pulp mill discharged approximately 10 tons of mercury into their territorial waters, poisoning the fish, central to their health and well-being, cultural identity, traditions, livelihood, and diet. A community member from Grassy Narrows First Nation will present first-hand experiences of the decades-long fight for environmental and health justice. In support of their struggle, Grassy Narrows established strong partnerships with researchers. We will present findings and challenges in understanding the contributions of long- and short-term mercury exposure to various health outcomes. Knowledge of the serious health effects of mercury can lead to more appropriate health care for Indigenous communities in Grassy Narrows and elsewhere.

Learning objectives

After attending the workshop, participants will be able to:

- Distinguish the contributions of environmental contaminants (such as mercury) from other determinants of health in Indigenous communities.
- Resolve health study challenges related to small-to-moderate population sizes, financial and feasibility constraints, ethical considerations, and community needs.
- Describe how different forms of knowledge (community experiences, situated and traditional Indigenous knowledge, scientific and clinical research, and historical and social context) can be integrated to produce impactful public health interventions.

Speakers

- Jenn Lee, post-doctoral fellow, Université TELUQ
- Aline Philibert, Adjunct professor, Université du Québec à Montréal
- Véronique Small, Optometrist and Master's Student at the École d'optométrie and Department of Social and Preventive Medicine, Université de Montréal

Moderators

- Judy Da Silva, Knowledgeable Grassy Narrows Community Member
- Donna, Mergler, professor emerita, Université du Québec à Montréal

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13:30-15:00

CONCURRENT SESSIONS

13 h 30 à 15 h

SÉANCES SIMULTANÉES

SCREEN USE AND CHILD AND ADOLESCENT HEALTH IN CANADA: TRIANGULATION OF EVIDENCE ASSESSING THE STATE OF THE SECTOR

ROOM 2G, RBC CONVENTION CENTRE

A review of the Canadian “state of the sector” demonstrated widespread multi-sectoral concerns over excessive and inappropriate digital screen use and its detrimental impacts on Canadian children and adolescents. The results of five interrelated sub-studies highlight that, despite recent increases in activity across sectors in Canada related to screen use and healthy child and youth development, there is converging evidence of a lack of intersectoral and intrasectoral coordination, collaboration, and synergy, resulting in suboptimal impact. The result is that we are failing to “do no harm” to our children and adolescents, relating to screen use. We hope this review acts as a timely call to action to all related sectors to promote more leadership, investment, awareness, advocacy, coordination, collaboration, and impact. This will involve the development and implementation of evidence-informed policies and best practices designed to protect children and adolescents from excessive and inappropriate screen use and online harms.

Learning objectives

After attending the symposium, participants will be able to:

- Describe the current state of the sector related to digital screen use and child and adolescent health in Canada.
- Identify the lack of action in the digital screen use space among Canadian children and adolescents and the consequence of inaction (or poor action) in this sector.
- Recognize how parents, educators, clinicians, public health professionals, legislators, and others can better collaborate to mitigate future harms among children, adolescents and the wider sector.

Speakers

- Mark Tremblay, Senior Scientist, CHEO Research Institute; Professor of Pediatrics, University of Ottawa; Chair, Sedentary Behaviour Research Network
- Valerie Carson, Professor, Faculty of Kinesiology, Sport, and Recreation, University of Alberta
- Leigh Vanderloo, Scientific Director, ParticipACTION; Adjunct Professor, School of Occupational Therapy, Western University

Moderator

- Mark Tremblay, Senior Scientist, CHEO Research Institute; Professor of Pediatrics, University of Ottawa; Chair, Sedentary Behaviour Research Network

13:30-15:00

CONCURRENT SESSIONS

13 h 30 à 15 h

SÉANCES SIMULTANÉES

TURNING VISION INTO ACTION: ADVANCING PUBLIC HEALTH SURVEILLANCE IN CANADA ROOM 2H, RBC CONVENTION CENTRE

This symposium explores how experts and organizations across Canada are currently advancing public health surveillance, and moving towards the opportunities for action outlined in “Vision 2030: Moving data to public health action”. Through three diverse case studies, speakers will share how their initiatives align with the opportunities for action identified in Vision 2030, sharing practical approaches for strengthening surveillance to improve health and reduce inequities. Participants will gain insights into implementing these actions within their own organizations or practice. This session will feature a moderated panel discussion and audience Q&A which will provide opportunities for attendees to explore challenges and share ideas for advancing towards this shared vision.

Learning objectives

After attending the symposium, participants will be able to:

- Analyze the opportunities for action described in the report and identify potential areas to improve and advance public health surveillance efforts in their own organizations.
- Assess how the presented case studies can be adapted or applied to their own organizations to enhance surveillance practices in their organizational contexts.
- Explore challenges and potential solutions with panelists and peers that support making progress towards the vision in diverse contexts.

Speakers

- Jillian Waruk, Public Health Epidemiologist, First Nations Health and Social Secretariat of Manitoba
- Kate Smolina, Scientific Director, Data & Analytic Services and Knowledge Translation, BC Centres for Disease Control
- Laura Rosella, Professor and Scientific Director, Population Health Analytics Lab, Dalla Lana School of Public Health, University of Toronto

Moderator

- David Buckeridge, Executive Scientific Director, Data Surveillance and Foresight Branch, Public Health Agency of Canada



Vision 2030: Moving data to public health action



Vision 2030 : Utiliser les données pour de meilleures interventions en santé publique

15:00 - 15:30

BREAK

RBC CONVENTION CENTRE

15 h à 15 h 30

PAUSE

HALL A, 3RD FLOOR

15:30-17:00

CONCURRENT SESSIONS

15 h 30 à 17 h

SÉANCES SIMULTANÉES

ORAL ABSTRACT PRESENTATIONS 6

MILLENIUM SUITE, RBC CONVENTION CENTRE

- Nimoo Waanihkew (Unforgotten): Supporting Métis citizens in British Columbia through resilience — *Taylor Clark*
- Red River Métis perspectives on medical assistance in dying (MAID): Fostering meaningful dialogue — *Debbie Olotu*
- Exploring the experiences of Métis Nation of Ontario citizen caregivers using visiting — *Abigail Simms*
- Clearing the Air: The Red River Métis tobacco reduction strategy to reclaim health — *Calista St. Hilaire*

BETTER TOGETHER: DRAWING ON 20 YEARS OF KNOWLEDGE TRANSLATION TO NAVIGATE NEW PUBLIC HEALTH CHALLENGES

ROOM 2H, RBC CONVENTION CENTRE

Presented by: National Collaborating Centres for Public Health

This symposium will focus on how knowledge translation and mobilization can help navigate challenges in public health, drawing on lessons from 20 years of experience and partnerships of the National Collaborating Centres for Public Health. A guided panel discussion with the National Collaborating Centres will set the stage, highlighting their role as collaborators in knowledge translation over the years to tackle emerging and evolving public health issues. Participants will be invited to talk about their experiences with knowledge translation and mobilization, and how processes and products have changed in the last two decades. This dialogue will encourage reflection on innovations in knowledge mobilization methods over the 20 years of the NCCPH, and the role of partnerships and collaboration for responsive public health systems. The session will conclude with a celebration (cake!) and networking.

Learning objectives

After attending the symposium, participants will be able to:

- Describe the role of partnerships and collaboration in knowledge translation/ knowledge mobilization (KT/KM).
- Assess how different KT/KM responses have been used for current and emerging public health challenges.
- Share and reflect on personal experiences with KT/KM challenges and lessons learned.

Speakers

- Claire Betker, National Collaborating Centre for Determinants of Health
- Lydia Ma, National Collaborating Centre for Environmental Health
- Marianne Jacques, National Collaborating Centre for Healthy Public Policy
- Donna Atkinson, National Collaborating Centre for Indigenous Health
- Margaret Haworth-Brockman, National Collaborating Centre for Infectious Diseases
- Sarah Neil-Sztramko, National Collaborating Centre for Methods and Tools

15:30-17:00

CONCURRENT SESSIONS

15 h 30 à 17 h

SÉANCES SIMULTANÉES

EMPOWERMENT AND DECENTRALIZATION OF STBBI TESTING USING DRIED BLOOD SPOTS, FOR COMMUNITIES EXPERIENCING HEALTH INEQUITIES

ROOM 2E, RBC CONVENTION CENTRE

This workshop will highlight the state of dried blood spot (DBS) testing for sexually transmitted and blood-borne infections (STBBI) within Canada, focusing on its role in addressing health inequities. Participants will learn about this simple, minimally invasive testing method, which helps overcome barriers to traditional forms of testing, including geographic isolation and social determinants of health, and including racism, stigma, housing insecurity, social class and inter-generational trauma. This workshop will highlight the widespread acceptance of DBS in many communities and settings and its impact on public health policy, particularly the recognition of DBS as an accepted testing modality. Finally, through a practical demonstration, participants will also directly observe the DBS collection technique and learn important steps in ensuring sample quality. This workshop will provide valuable insights into how DBS testing can improve access to STBBI testing and contribute to reducing health disparities across Canada.

Learning objectives

After attending the workshop, participants will be able to:

- Describe a simple, minimally invasive form of STBBI testing known as DBS testing and the impact it has already had within Canada, including positive policy implementation.
- Understand how and where this form of testing has already been implemented and how it has been used to address lack of availability or acceptance of traditional testing due to health and social inequities, including racism and inter-generational trauma.
- Witness a live demonstration of the technique, including how simple it is to conduct.

Workshop Facilitators

- Sandy Kiazzyk, Head, National Laboratory for HIV Reference Services, Public Health Agency of Canada, National Microbiology Laboratory
- Kohavit Kleitman, National Laboratory for HIV Reference Services, Public Health Agency of Canada, National Microbiology Laboratory
- Ashley DeBaets, National Laboratory for HIV Reference Services, Public Health Agency of Canada, National Microbiology Laboratory
- John Kim, Chief, National STBBI Laboratories Reference Services, Public Health Agency of Canada, National Microbiology Laboratory

HEALTH ECONOMICS AND MODELLING 101 FOR PUBLIC HEALTH

ROOM 2F, RBC CONVENTION CENTRE

This workshop is intended for policy analysts, decision makers, public health researchers, and health professionals interested in learning more about health economics and modeling. It will aim to increase understanding of the tools used in health economics and modelling, the key terminology from these fields, and the strengths and limitations of these analytic tools. The workshop format will use live polling to check for understanding and for immediate feedback from participants, along with interactive breakout sessions to foster discussions and expand on the information presented in the session.

Learning objectives

After attending the workshop, participants will be able to:

- Describe terminology used in health economics and modelling.
- Learn about the tools available in health economics and modelling to answer public health questions, including those related to infectious disease and vaccination.
- Advise on the strengths and limitations of these analytical tools to respond to public health questions.

Workshop Facilitators

- Ellen Rafferty, Senior Principal Health Economist, Institute of Health Economics
- Marie Varughese, Senior Principal Mathematical Modeler, Institute of Health Economics

15:30-17:00

CONCURRENT SESSIONS

15 h 30 à 17 h

SÉANCES SIMULTANÉES

HINDSIGHT + INSIGHT = FORESIGHT: INVIGORATING POPULATION AND PUBLIC HEALTH EQUITY RESEARCH IN UNCERTAIN TIMES

ROOM 2G, RBC CONVENTION CENTRE

This symposium marks the 25th anniversary of the Saskatchewan Population Health and Evaluation Research Unit (SPHERU), offering an opportunity to critically examine its contributions within the broader trajectory of Canadian population health equity research. We will explore how SPHERU's interdisciplinary and community-focused approach has responded to key public health challenges, from SARS-Cov-1 and COVID-19 to the transformative impact of the Truth and Reconciliation Commission's Calls to Action. Participants will engage in a structured dialogue to unpack contemporary challenges—digital health, AI, equity, and the "infodemic"—through the lens of lessons learned over the past 25 years. This session emphasizes an imperative for collaborative approaches to address systemic health inequities and advance ethical, evidence-based public health practice. Participants will leave equipped with frameworks and strategies to inform their own work, fostering critical discussions on the evolving role of population and public health research in Canada's health landscape.

Learning objectives

After attending the symposium, participants will be able to:

- Identify and describe the significant events in Canadian population public health over the past 25 years and how researchers, practitioners, and decision-makers have responded to these events.
- Apply insights gained from the session in their workplaces and communities when faced with public health-related challenges.
- Identify the key takeaways in facilitating research culture that promotes innovation, equity, and interdisciplinary collaboration in responsiveness to public health challenges.

Speakers

- Nazeem Muhajarine, Co-Director, SPHERU
- Paul Hackett, Research Faculty, SPHERU
- Gabriela Novotna, Co-Director, SPHERU
- Sylvia Abonyi, Research Faculty, SPHERU

15:30-17:00

CONCURRENT SESSIONS

15 h 30 à 17 h

SÉANCES SIMULTANÉES

INTEGRATING AI TRAINING INTO THE CURRICULA OF SCHOOLS AND PROGRAMS IN PUBLIC HEALTH: WHAT ARE THE CORE COMPETENCIES REQUIRED FOR PUBLIC HEALTH PRACTICE?

DELTA HOTEL BALLROOM, 2ND FLOOR

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

This session will focus on the use of artificial intelligence (AI) in public health practice and the need to prepare students in training for using AI critically and ethically. The session will include selected presentations to share approaches in preparing trainees on the use of AI in selected public health domains (data analysis, literature/systematic reviews, best practice development, and research proposal development). These presentations will lead us into a discussion of core competencies required for the use of AI in public health practice, to guide teaching and training initiatives in public health. Finally, the session will attempt to identify strategies to develop best practices in teaching AI, and initiatives to share ongoing experiences amongst schools and programs in public health and with public health practice environments.

Learning objectives

After attending the workshop, participants will be able to:

- Appreciate instances when the use of AI may be a valuable and ethical contribution to public health research and practice.
- Contribute to curriculum development and reform initiatives to best prepare public health and related programs with regard to the integration of training on the ethical and appropriate use of AI for public health research and practice.
- Access emerging competencies, resources, and innovations to support equitable AI and machine learning for public health research, policy, and practice in Canada.

Speakers

- Marisa Creatore, Executive Director, Centre for Research on Pandemic Preparedness and Health Emergencies, Canadian Institutes of Health Research (CIHR)
- Laura Rosella, Professor, Dalla Lana School of Public Health; Canada Research Chair in Population Health Analytics; Founder and Scientific Director, Population Health Analytics Lab
- Farah Mawani, Assistant Professor, School of Public Health & Social Policy, University of Victoria; BC Regional Lead, CIHR Health System Impact Training Platform
- Jennifer McWhirter, Associate Professor, Department of Population Medicine, University of Guelph
- Melissa MacKay, Postdoctoral Scholar, Department of Population Medicine, University of Guelph

Moderators

- Malcolm Steinberg, Director, Public Health Practice, Faculty Health Sciences, Simon Fraser University; Chair, Network of Schools and Program of Population and Public Health
- Tara Elton-Marshall, Director, MPH Program, School of Epidemiology and Public Health, University of Ottawa

GROUP REGISTRATION

Organizations can **save up to \$100 per person** when registering four or more employees for Public Health 2025.

Contact conference@cpha.ca to start the process.

15:30-17:00

CONCURRENT SESSIONS

15 h 30 à 17 h

SÉANCES SIMULTANÉES

MENTAL HEALTH AND SUBSTANCE USE IN SIOUX LOOKOUT AREA FIRST NATIONS: TRENDS, CHALLENGES, AND COMMUNITY-CENTERED SOLUTIONS

PAN AM ROOM, RBC CONVENTION CENTRE

This session presents key findings from a study examining mental health and substance use (MHSU) trends in Sioux Lookout-area First Nations (SLaFN) from 2011 to 2022. Conducted by the Sioux Lookout First Nations Health Authority (SLFNHA), the report documents alarming increases in MHSU service utilization, particularly among youth and young adults. Limited access to community-based services and barriers to care in urban centres further exacerbate the crisis. Most concerning are the unnatural death and suicide rates, which far exceed provincial and national averages. The study highlights the deep impact of colonial legacies, systemic inequities, and inadequate infrastructure on community well-being. Through extensive engagement with Elders, leaders, and members, the study emphasizes Indigenous knowledge and lived experiences in shaping solutions. This session will present the most striking data findings and guide discussions on restoring physical, mental, emotional, and spiritual well-being through community-led, culturally grounded strategies.

Learning objectives

After attending the symposium, participants will be able to:

- Identify the evidence for increased rates of mental health and substance use service utilization among Sioux Lookout-area First Nations community members.
- Discuss the underlying determinants contributing to the severity of, and widening disparity in, mental health and substance use service utilization rates between Sioux Lookout-area First Nations and the rest of Ontario over time.
- Explain approaches to reduce disparities, enhance community-based services, and integrate culturally grounded, community-led interventions to restore well-being.

Speakers

- Lloyd Douglas, Public Health Physician, Approaches to Community Wellbeing, Sioux Lookout First Nations Health Authority
- Angie Morris, Mental Wellness Lead, Preventing Chronic Diseases, Approaches to Community Wellbeing Sioux Lookout First Nations Health Authority

WHO DO YOU TRUST? VACCINES IN THE AGE OF VACCINE HESITANCY

PRESENTATION THEATRE, RBC CONVENTION CENTRE

Anti-vaccination discourse was already on the rise before COVID-19 vaulted the topic to center stage on the court of social media opinion. Filmmaker and director C. Hudson Hwang digs deep across the country to find personal stories of vaccine refusal, learning along the way that hesitancy lies less in understanding the science, and more with unresolved traumas, social inequities, and placing confidence in those that would seed distrust for their own political, economic, or popularity gain.

Learning objectives

After attending the symposium, participants will be able to:

- Identify the underlying social, psychological, and structural factors contributing to vaccine hesitancy beyond scientific misunderstanding.
- Examine the role of trust, trauma, and social inequities in shaping individual and community responses to vaccination.
- Evaluate the influence of media narratives and political or economic interests in fueling vaccine misinformation and public skepticism.

Speaker

- Calvin Hudson Hwang, Filmmaker and Director

THURSDAY 1 MAY | JEUDI 1^{er} MAI

PROGRAM OVERVIEW | RÉSUMÉ DU PROGRAMME

Subject to change | Sous réserve de modifications

08:30-10:00	CONCURRENT SESSIONS SÉANCES SIMULTANÉES
Millenium Suite	Oral Abstract Presentations 7
Delta Hotel Ballroom, 2 nd Floor	Climate-sensitive health risks and wildfire evacuations in Manitoba
Presentation Theatre	Community organizing: A community power-building approach to advancing health equity
Room 2F	Indigenized forum theatre for youth mental wellness
Room 2G	Publishing in the <i>Canadian Journal of Public Health</i> : Tips from the Editor-in-Chief
Room 2E	Understanding the root causes of Indigenous health inequity, the impact on health outcomes, and how to move forward in a good way with health data
Room 2H	What matters to public health clients regarding their public health experiences? How their involvement in co-designing public health initiatives can make a difference
10:00-10:30 Level 2 Concourse	REFRESHMENT BREAK PAUSE RAFRAÎCHISSEMENT
10:30-12:00	CONCURRENT SESSIONS SÉANCES SIMULTANÉES
Millenium Suite	Oral Abstract Presentations 8
Pan AM Room	Program Showcase
Room 2H	The battle for truth: Misinformation and the role of the health professional
Delta Hotel Ballroom, 2 nd Floor	Bringing it all together: Approaches for navigating, communicating and decision-making with public health evidence
Room 2G	Build your climate literacy: Climate data tools for public health adaptation
Room 2F	Evaluating implementation strategies of the <i>Black Health Primer</i> in public health practice: Reflections, strategies, and ways forward
Presentation Theatre	Looking forward, looking back: Two decades of pan-Canadian public health leadership
Room 2E	Using digital storytelling to gather insights on Indigenous health, wellness and sovereignty: Lessons from four community-based research projects
12:00-12:30 Hall A, 3 rd Floor	LUNCH DÉJEUNER
12:30-13:30 Hall A, 3 rd Floor	🎧 PLENARY III PLÉNIÈRE III 🎧 VISIONING THE FUTURE OF PUBLIC HEALTH IN CANADA IMAGINER L'AVENIR DE LA SANTÉ PUBLIQUE AU CANADA

🎧 Simultaneous Interpretation provided | Interprétation simultanée fournie



#ph25sp

8:30-10:00

CONCURRENT SESSIONS

8 h 30 à 10 h

SÉANCES SIMULTANÉES

ORAL ABSTRACT PRESENTATIONS 7

MILLENIUM SUITE, RBC CONVENTION CENTRE

- Avian influenza: A case study of rapid public health research prioritization as part of a federal One Health science response to emerging health risks — *Anna Bellos*
 - Strengthening Canada's public health resilience: The role of the Canadian Public Health Laboratory Network — *Jean Longtin*
 - Protocol for enhanced human surveillance of avian influenza A (H5N1) on farms in Canada — *Kaitlin Patterson*
 - Tackling infectious disease threats: One Health approach in action — *Kerry Robinson*
-

CLIMATE-SENSITIVE HEALTH RISKS AND WILDFIRE EVACUATIONS IN MANITOBA

DELTA HOTEL BALLROOM, 2ND FLOOR

This session examines the climate-sensitive health risks impacting northern Manitoba communities, with a focus on the direct and indirect effects of recurring wildfire evacuations. Insights from the first-ever Health Emergency Management (HEM) Symposium for Northern Communities will spotlight the essential role of community-specific, community-led, and community-driven approaches in addressing these challenges. The session explores how climate emergencies create ripple effects, including respiratory issues, mental health strain, and disrupted services, while also highlighting the missed opportunities to consider their long-term impacts. Emphasizing the importance of a systems lens, this discussion will showcase how locally informed, community-driven strategies can strengthen resilience and improve health outcomes. Participants will gain actionable knowledge to integrate community perspectives into research, policies, and practices, ensuring that climate and health planning is both inclusive and sustainable. This session reinforces the importance of collaborative, community-centered solutions for tackling climate-related health challenges.

Learning objectives

After attending the symposium, participants will be able to:

- Analyze the direct and indirect health impacts of wildfire evacuations on northern Manitoba communities.
- Explore multilayered community health challenges through a climate-sensitive lens.
- Identify strategies for integrating community knowledge into public health planning and response efforts.

Speakers

- Marwa Suraj, Health Director – Manitoba & Nunavut, Canadian Red Cross
- Shannon McDonald, Indigenous Health Consultant; Retired Public Health Physician

Moderator

- Desneige Meyer, Project Manager - Health, Canadian Red Cross

COMMUNITY ORGANIZING: A COMMUNITY POWER-BUILDING APPROACH TO ADVANCING HEALTH EQUITY PRESENTATION THEATRE, RBC CONVENTION CENTRE

Advancing health equity by intervening to change the structural determinants of health involves building power with communities facing inequities and disrupting the power of those who use it to maintain the status quo. Community organizing is a proven strategy to cultivate community power; yet, while examples of public health partnering with community-organizing groups and utilizing organizing methods exist, these strategies remain an underdeveloped area for practice. In this symposium, we will deepen public health practitioners' understanding of community organizing as a public health intervention by defining community organizing, describing community organizing practices and the benefits of public health engaging with organizers, and providing case studies (focused on precarious work and immigration) of public health both partnering with organizers and using organizing methods to advance equity.

Learning objectives

After attending the symposium, participants will be able to:

- Explain community organizing as a public health intervention to address the structural determinants of health and advance health equity.
- Describe examples of public health partnering with community organizers and using community organizing methods to advance health equity.
- Identify actions they can take to integrate community organizing into public health interventions.

Speakers

- Jonathan Heller, Senior Health Equity Specialist, National Collaborating Centre for Determinants of Health
- Diwa Marcelino, Organizer, Migrante Manitoba

INDIGENIZED FORUM THEATRE FOR YOUTH MENTAL WELLNESS ROOM 2F, RBC CONVENTION CENTRE

It is becoming increasingly evident that successful mental health interventions for Indigenous youth need to use a strength-based approach. Forum Theatre brings youth and other community members together to build a "community" through activities and laughter. Following a short presentation outlining Forum Theatre and its approach, audience members will actively participate in games and imaging exercises led by Indigenous community facilitators. Team members will then put on a short Forum play and invite the audience to interact with the play either by replacing a character or by suggesting different actions. Finally, there will be a group discussion on the potential for using Forum Theatre in different communities and for different issues. At the end of this session, participants will understand Forum Theatre, possibilities for Indigenizing the approach using a decolonizing lens, and potential uses in different communities/situations.

Learning objectives

After attending the workshop, participants will be able to:

- Identify an Indigenized Forum Theatre approach through participating in games and activities that reflect language and cultural adaptations.
- Describe the process of collective problem-solving through interaction with a short Forum Theatre play as "spect-actors".
- Utilize some Forum Theatre approaches or activities in their own communities and practices.

Workshop Facilitators

- Cindy Jardine, Professor and Tier 1 CRC in Health and Community, University of the Fraser Valley
- Laurie-Ann Lines, Post-Secondary Programs Manager, Yellowknives Dene First Nation
- Shaun Anderson, Community Research Assistant, Fishing Lake Métis Settlement

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

ROOM 2G, RBC CONVENTION CENTRE

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, the CJPH will share with participants some of the fundamental considerations for developing and successfully submitting a manuscript for a peer-reviewed journal.

Learning objectives

After attending the workshop, participants will be able to:

- 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.

Speaker

- Laura Rosella, Editor-in-Chief, CJPH; Professor, Dalla Lana School of Public Health, University of Toronto
-

UNDERSTANDING ROOT CAUSES OF INDIGENOUS HEALTH INEQUITY, ITS IMPACT ON HEALTH OUTCOMES, AND HOW TO MOVE FORWARD IN A GOOD WAY WITH HEALTH DATA

ROOM 2E, RBC CONVENTION CENTRE

Analyzing and reporting data is foundational to public health practice. There is significant room for improvement in approaches to Indigenous health data that recognize the expertise of First Nations, Inuit, and Métis partners. Using a two-eyed seeing approach, the Indigenous Primary Health Care Council and public health collaborators at Emerald Health developed resources to help advance Indigenous data practices in public health. During this workshop, participants will learn about and apply new resources on Indigenous health data to support the data-related practices of their organizations. Participants will review key concepts, including Indigenous data governance, strengths-based approaches, self-identification considerations, and examples of indicators. Participants will then engage in a small-group activity reflecting on current and possible approaches to population health assessments in public health, at multiple levels. Given public health's our extensive interactions with health data, this workshop may interest epidemiologists, decision-makers, and others.

Learning objectives

After attending the workshop, participants will be able to:

- Share with others Indigenous-informed and strengths-based approaches to Indigenous health data.
- Apply the Indigenous Data Governance Framework to plan for a population health assessment and reflect on changes for public health practitioners.
- Provide feedback on the Indigenous Data Governance Framework.

Speakers

- Marlon Cole, Director of IT/IM and Communications, Indigenous Primary Health Care Council
- Jasmine Pawa, Public Health Physician and Lead, Emerald Health Consulting

THURSDAY 1 MAY | JEUDI 1^{er} MAI

8:30-10:00

CONCURRENT SESSIONS

8 h 30 à 10 h

SÉANCES SIMULTANÉES

WHAT MATTERS TO PUBLIC HEALTH CLIENTS REGARDING THEIR PUBLIC HEALTH EXPERIENCES? HOW THEIR INVOLVEMENT IN CO-DESIGNING PUBLIC HEALTH INITIATIVES CAN MAKE A DIFFERENCE

ROOM 2H, RBC CONVENTION CENTRE

To improve experiences of deliverers and users of public health initiatives such as information, interventions or innovations, it is imperative to involve them in innovative ways to be the engineers, testers, and evaluators. Co-design is one such innovative approach. Through its application, all relevant stakeholders involved in public health initiatives as deliverers and users can be actively involved as collaborative teams (i.e., patients or the public, healthcare and other service providers, and decision makers). The intent is to have the team co-design, co-develop, co-implement and co-evaluate their identified public health initiative. The authors walk through a co-design 101 approach in a workshop, sharing a guide that was co-developed, evaluated and tested by 22 different care setting teams. This guide provides advice for healthcare leaders, care providers, and patients/families to be equally ready to become partners in co-designing public health initiatives.

Learning objectives

After attending the workshop, participants will be able to:

- Describe what the comprehensive nature of co-design is and how it can be applied to various public health initiatives.
- Apply the presented steps of the co-design 101 approach as part of an exercise exploring public health initiatives.
- Evaluate the process and experience with applying the co-design 101 steps as part of a plan for developing a public health initiative.

Workshop Facilitators

- Katharina Kovacs Burns, Senior Provincial Consultant, Alberta Health Services
- Marian George, Patient/Family Advisor, Alberta Health Services

10:00 - 10:30

BREAK

RBC CONVENTION CENTRE

10 h à 10 h 30

PAUSE

LEVEL 2 CONCOURSE

10:30-12:00

CONCURRENT SESSIONS

10 h 30 à 12 h

SÉANCES SIMULTANÉES

ORAL ABSTRACT PRESENTATIONS 8

MILLENIUM SUITE, RBC CONVENTION CENTRE

- Healthy Moms, Healthy Babies: An immunization campaign for expectant mothers in the Greater Toronto Area — *Ying Cao*
- Parental experiences of caring for their preschool children after declining vaccines: A qualitative systematic review — *Christine Huel*
- Patients and families co-develop a survey to evaluate the vaccine conversations they have with their healthcare providers — *Katharina Kovacs Burns*
- Simplifying parental consent for immunizations: learning from the Nova Scotia experience — *Kat MacDonald*

10:30-12:00

CONCURRENT SESSIONS

10 h 30 à 12 h

SÉANCES SIMULTANÉES

PROGRAM SHOWCASE

PAN AM ROOM, RBC CONVENTION CENTRE

Reclaiming Manitoba First Nations data: Our journey towards data sovereignty, in our own voice

- Sidney Leggett, Reclaim Research Coordinator, First Nations Health and Social Secretariat of Manitoba
- Sherry Copenace, Indigenous Knowledge Keeper
- Doris Young, Indigenous Knowledge Keeper
- Wanda Phillips-Beck, Seven Generations Scholar, Adjunct Professor, University of Manitoba; Indigenous Research Chair in Nursing, First Nations Health and Social Secretariat of Manitoba

A Call to Action: Achieving data sovereignty for First Nations in Manitoba

- Stephanie Sinclair, Lead, First Nation Data Sovereignty in Manitoba, First Nations Health and Social Secretariat of Manitoba
- Jillian Waruk, Public Health Epidemiologist, First Nations Health and Social Secretariat of Manitoba
- Carla Cochrane, Implementation Lead in Data Sovereignty, First Nations Health and Social Secretariat of Manitoba
- Ashley Saulog, Data Sovereignty Project Manager, First Nations Health and Social Secretariat of Manitoba

THE BATTLE FOR TRUTH: MISINFORMATION AND THE ROLE OF THE HEALTH PROFESSIONAL

ROOM 2H, RBC CONVENTION CENTRE

Canada has experienced stunning change over the past several years in how Canadians receive information. This dynamic environment is challenging leaders across industries on how best to respond and reach Canadians with the information they need. The stakes are particularly high in the health sector, where misinformation can have life-or-death consequences. To shed light on this critical issue, the Canadian Medical Association (CMA) commissioned Abacus Data to explore the current state of Canada's information environment. Abacus Data CEO David Coletto will present the findings and Dr. Joss Reimer, CMA president, will share her experience with misinformation as a public health physician, what the CMA is doing to address current challenges and how health providers can make an impact.

Learning objectives:

After attending the symposium, participants will be able to:

- Describe the Canadian environment for health information, including the common sources of misinformation, its pervasiveness and its impact.
- Discuss at least two emerging trends that are likely to exacerbate the spread of misinformation and impact trust in evidence-based medicine.
- Identify at least three actionable strategies to combat misinformation at the local, regional and/or national levels, based on lessons learned from jurisdictions across Canada.

Speakers

- Joss Reimer, President, Canadian Medical Association
- David Coletto, Founder and CEO, Abacus Data (attending virtually)

Moderators

- Tristan Eclarin, Director, Community Engagement, Canadian Medical Association
- Sophie Nadeau, Vice President, CMA Media, Canadian Medical Association

10:30-12:00

CONCURRENT SESSIONS

10 h 30 à 12 h

SÉANCES SIMULTANÉES

BRINGING IT ALL TOGETHER: APPROACHES FOR NAVIGATING, COMMUNICATING AND DECISION-MAKING WITH PUBLIC HEALTH EVIDENCE

DELTA HOTEL BALLROOM, 2ND FLOOR

Evidence-informed decision-making draws on many sources of evidence, each with strengths and limitations. The effective synthesis of evidence, appropriately weighting it according to its strength, is critical to effective decision-making in public health. Transparency is required for public health senior leadership, public health team members, and community members. Flexibility is required to adapt to the unique nature of any given public health decision. While foundational principles guide evidence synthesis, every public health decision and situation is unique, and organizational norms and expectations add to the complexity. Structured processes that allow for flexibility in various situations are required to increase the rigour and transparency of public health decisions. This workshop is designed for those whose role include identifying, synthesizing, and interpreting evidence for decision-making. Participants will gain experience with templates and approaches to this complex challenge, with hands-on practice to explore potential solutions to sample decision-making scenarios.

Learning objectives

After attending the workshop, participants will be able to:

- Apply models for evidence-informed decision-making to public health decisions at their organizations.
- Prepare structured and transparent summaries of evidence and its strengths and limitations for public health decision-making.

Workshop Facilitators

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

BUILD YOUR CLIMATE LITERACY: CLIMATE DATA TOOLS FOR PUBLIC HEALTH ADAPTATION

ROOM 2G, RBC CONVENTION CENTRE

This workshop aims to demystify key climate science concepts through a public health lens, with a focus on extreme heat events. The workshop begins with a reflection on the challenges of using climate data within a public health context and how we might address these barriers collaboratively. Climate basics will be framed in relatable terms, connecting the dots between public health and climate impacts. The session will introduce [ClimateData.ca](https://climateData.ca), Canada's trusted climate information portal, demonstrating how heat-related data can inform community health planning and communication. In a breakout session, participants will use [ClimateData.ca](https://climateData.ca)'s Spatial Analogues tool, which enables exploration of other cities' climate conditions to anticipate future scenarios for their own regions.

Learning objectives

After attending the workshop, participants will be able to:

- Access climate data that is relevant to their health region or community.
- Speak with confidence about climate changes that have already occurred and the need for adaptation action.
- Explore climate projections for the future, based on their variables of interest.

Workshop Facilitators

- Rachel Malena-Chan, Outreach Specialist, Canadian Centre for Climate Services

EVALUATING IMPLEMENTATION STRATEGIES OF THE *BLACK HEALTH PRIMER* IN PUBLIC HEALTH PRACTICE: REFLECTIONS, STRATEGIES, AND WAYS FORWARD

ROOM 2F, RBC CONVENTION CENTRE

Anti-Black racism is a structural and social determinant of health and a daily reality for Black people across Canada, contributing to disproportionate health outcomes. The purpose of this collaborative workshop is to share and gather feedback from Canadian public health professionals, leaders, and trainees on the competency-based education and training offered through the Black Health Education Collaborative's *Black Health Primer*. Through a case study, participants will hear about the current implementation of the Primer at the National Collaborative Centre for Determinants of Health and its impact on organizational practice and engagement with anti-Black racism 6 months post-training. Through facilitated discussions, participants will reflect on current knowledge, values, and attitudes; identify organizational readiness and resistance; learn and apply core competencies in Black health; and build upon effective strategies to prioritize the learning and unlearning of anti-Black racism. Participants will leave with a framework that incorporates Black health in their work.

Learning objectives

After attending the workshop, participants will be able to:

- Describe the need for focused competency-based training and education for increasing Black health equity and addressing systemic anti-Black racism as a determinant of health.
- Identify organizational and professional barriers and levers to advance Black health and combat anti-Black racism.
- Evaluate and explore strategies to integrate anti-racist competencies and learning in organizational training and practice.

Workshop Facilitators

- Raha Mahmoudi, Program Specialist, Black Health Education Collaborative
- Claire Betker, Scientific Director, National Collaborative Centre for Determinants of Health
- Javiera-Violeta Durán Kairies, Program Coordinator, Black Health Education Collaborative

LOOKING FORWARD, LOOKING BACK: TWO DECADES OF PAN-CANADIAN PUBLIC HEALTH LEADERSHIP PRESENTATION THEATRE, RBC CONVENTION CENTRE

Presented by: Public Health Agency of Canada

2025 marks two decades of collaboration in promoting public health across Canada's 14 jurisdictions. Over the past 20 years, the Pan-Canadian Public Health Network (PHN) has been integral to strengthening and enhancing public health policy and practice in Canada, collaborating on key health priorities, from emerging infectious diseases, the burden of chronic diseases and the complex issues of toxic drug poisonings and poor mental health, as well as addressing persistent health inequities. As Canada's public health landscape continues to evolve, a new strategic plan and its actions are being implemented to enhance alignment and responsiveness among federal, provincial, territorial, and Indigenous partners.

Learning objectives

After attending the symposium, participants will be able to:

- Gain insight into the impact of the Public Health Network on public health in Canada.
- Examine the integrated nature of pan-Canadian collaboration on public health.
- Discuss the future of the Public Health Network.

Speakers

- Theresa Tam, Chief Public Health Officer of Canada, PHNC Federal Co-Chair
- Robert Strang, Nova Scotia, Chief Public Health Officer, Council of Canadian Medical Officers of Health Chair
- Brent Roussin, Manitoba, Chief Provincial Public Health Officer, CCMOH Vice Chair
- Sudit Ranade, Yukon, Chief Medical Officer of Health, PHNC PT Co-Chair
- Bonnie Henry, British Columbia Provincial Health Officer, PHNC Member
- Heather Morrison, Prince Edward Island, Chief Public Health Officer, PHNC Member

Moderator

- Danièle Behn Smith, British Columbia Deputy Provincial Health Officer, Indigenous Health

THURSDAY 1 MAY | JEUDI 1^{er} MAI

10:30-12:00

CONCURRENT SESSIONS

10 h 30 à 12 h

SÉANCES SIMULTANÉES

USING DIGITAL STORYTELLING TO GATHER INSIGHTS ON INDIGENOUS HEALTH, WELLNESS AND SOVEREIGNTY: LESSONS FROM FOUR COMMUNITY-BASED RESEARCH PROJECTS

ROOM 2E, RBC CONVENTION CENTRE

Data collected through the digital stories, focus group, and conversations in-between the development of the digital stories was or will be analyzed for linkages across stories and data sets. Codes were created and then brought together under specific themes that highlight the most common points made by participants. Analysis has been completed on two projects: *We Know Who We Are*, and *Métis Survivors of Cancer*, and is included briefly below.

Analysis in the Métis youth in the *We Know Who We Are* project helped develop an understanding of the importance that grounded Métis identity has on youth, and the importance that the Prairies and Métis Homeland have on positive aspects of self, health and well-being. Analysis revealed five interrelated themes that included: (a) connection to Métis culture and identity, (b) the importance of intergenerational relationships, (c) a strong connection to the Métis Homeland; (d) the education system as a place of shame and resurgence, and (e) a responsibility to protect Métis understandings of self. Data ascertained through the research highlights complexities related to Métis identity, much of which is linked to historical and contemporary impacts of colonialism.

Analysis in the cancer survivors project found a number of interrelated themes and policy gaps that impact the continuum of care for Métis cancer patients and survivors. These included travel, financial and language barriers as well as a lack of Métis specific care. This project further illustrates that one's belief system and the importance of healing and non-western ways of knowing have an important effect on an individual's wellbeing, especially for those who have experienced cancer. Cancer studies are increasingly recognizing that the distance to care significantly affects access to diagnosis, treatment and, consequently, health outcomes, something that Knowledge Keeper Terri Hansen-Gardiner discussed in her story, advocating for screening in Northern Saskatchewan.

Learning objectives

After attending the symposium, participants will be able to:

- Describe how combining traditional storytelling with digital tools is a powerful method to collect and share Métis narratives around health, well-being, healthcare experiences, and health disparities.
- Examine how using a model of relational accountability in these projects centres the voices of community members, giving them control and ownership across the research and knowledge mobilization lifecycle.
- Identify themes and policy gaps highlighted in these digital storytelling projects, such as the importance of Métis identity, intergenerational relationships, and barriers to healthcare access.

Speakers

- Kelsa Remy Henry, Following their Voices Facilitator, Saskatchewan Rivers School Division
- Terri Hansen-Gardiner, Knowledge Keeper in Residence, Saskatchewan Network Environments for Indigenous Health Research; Co-led the Metis Survivors of Cancer project
- Chantel Huel, Program Manager, Str8 UP

Facilitators

- Rani Sanderson, Executive Director, StoryCentre Canada
- Fleur Macqueen Smith, Manager, Saskatchewan NEIHR

12:00-12:30

LUNCH

RBC CONVENTION CENTRE

12 h à 12 h 30

DÉJEUNER CONTACTS

HALL A, 3RD FLOOR



PLENARY III

VISIONING THE FUTURE OF PUBLIC HEALTH IN CANADA

From addressing public health emergencies such as the Ebola virus, mpox, and the opioid crisis, to guiding Canada's response to the COVID-19 pandemic, including the rollout of the largest vaccination campaign in Canadian history, Dr. Theresa Tam has played a central role in public health as Canada's Chief Public Health Officer. The closing plenary of this year's conference will explore highlights and key lessons learned about public health leadership and system transformation, promoting health equity, and advancing reconciliation with Indigenous Peoples from Dr. Tam's tenure as CPHO as well as other leadership roles over her 25 years working in public health. She will delve into the key challenges as well as opportunities for Canada's public health system of the future, including the growing struggle against health-related mis- and dis-information, and the opportunities afforded by new and emerging technologies such as artificial intelligence for the public health system. This plenary will offer participants the opportunity to hear directly from Dr. Tam on her vision for the future of public health in Canada.

Learning objectives

- Explore lessons learned from 25 years of public health leadership.
- Identify central themes and recommendations from the past eight years of annual CPHO reports, centring on public health system transformation.
- Examine key opportunities and challenges facing Canada's public health system in the future.

Speaker | Oratrice

- Theresa Tam, Chief Public Health Officer of Canada/Administratrice en chef de la santé publique du Canada

PLÉNIÈRE III

IMAGINER L'AVENIR DE LA SANTÉ PUBLIQUE AU CANADA

Qu'il s'agisse de gérer des urgences de santé publique comme le virus Ebola, le mpox et la crise des opioïdes, ou de guider la réponse du Canada à la pandémie de COVID-19, y compris le déploiement de la plus grande campagne de vaccination de l'histoire du pays, la D^{re} Theresa Tam a joué un rôle central en tant qu'administratrice en chef de la santé publique du Canada. La plénière de clôture de cette conférence mettra en lumière les moments clés et les principales leçons tirées de son leadership en santé publique, de la transformation des systèmes de santé, de la promotion de l'équité en santé et des avancées vers la réconciliation avec les peuples autochtones. Forte de ses 25 années d'expérience en santé publique, la D^{re} Tam partagera ses réflexions sur les défis majeurs et les occasions à saisir pour l'avenir du système de santé publique au Canada, notamment la lutte croissante contre la désinformation et la désinformation en matière de santé, ainsi que le potentiel des nouvelles technologies émergentes, telles que l'intelligence artificielle, pour renforcer le système de santé publique. Cette plénière offrira aux participant-es l'occasion d'entendre directement la D^{re} Tam exposer sa vision pour l'avenir de la santé publique au Canada.

Objectifs d'apprentissage

- Explorer les leçons tirées de 25 ans de leadership en santé publique.
- Identifier les thèmes centraux et les recommandations des huit dernières années de rapports annuels de l'Administrateur-trice en chef de la santé publique, en mettant l'accent sur la transformation du système de santé publique.
- Examiner les principales opportunités et défis auxquels fera face le système de santé publique du Canada à l'avenir.

POSTER PRESENTATIONS | PRÉSENTATION D'AFFICHES

COLLABORATION, COMMUNICATIONS, AND EDUCATION | COLLABORATION, COMMUNICATION ET EDUCATION

1. Fostering intersectoral partnerships to support public health in Canada — *Krishian Camargo*
2. A modern public health communication competency framework to support systems transformation — *Melissa MacKay, Jennifer McWhirter*
3. The Public Health Communication Competency Framework — *Jennifer McWhirter, Melissa MacKay*
4. Collective learning and collaboration in public health through the exchange of evidence syntheses — *Emily Clark*
5. Strengthening core competencies in public health through staff education — *Allyn Whyte*
6. A modified Delphi process to reach agreement on core competencies for public health in Canada — *Claire Betker*
7. What does the Canadian public health community need to do to address the structural and social determinants of health? What we learned from a national online survey — *Claire Betker*
8. Defining the public health system in Canada: What does the “ideal” public health system look like? — *Cory Neudorf*
9. Prioritization of public health risks in Canada in the next 5 years using multi-criteria decision analysis and foresight analysis — *Marsha Taylor*
10. Integration of health inequity in infectious disease risk prioritization in Canada — *Marsha Taylor*
11. North American Preparedness for Animal and Human Pandemics Initiative (NAPAHPI): A longstanding international partnership — *Olga Peña-Serrato*
12. Looking forward: Understanding current public health needs to meet future challenges — *Sarah Neil-Sztramko*
13. Building an organization-wide rapid evidence synthesis support system at the Public Health Agency of Canada — *Catherine Elliot*
14. Organizational interventions to support and promote the mental health of health care workers during pandemics and epidemics: A systematic review — *Emily Belita*
15. Trends in the public health nursing workforce in Canada: A decade of demographic and workforce change (2013–2023) — *Japteg Singh*
16. Disrupting engagement: Leveraging primary care professionals to promote equity and trust using a design thinking framework — *Durwesh Kadri, Hailey Russell*
17. How can we train the public health workforce to maximize opportunities for digital transformation of public health in Canada? Findings from a multiphase exploratory study — *Ihoghosa Iyamu*
18. Developing an organizational strategy for digital public health: A qualitative study of health professionals' perspectives of opportunities and challenges in a provincial public health agency in Canada — *Ihoghosa Iyamu*
19. Building health data literacy for Canada's diverse communities — *Courtney Sabo*
20. Transforming professional education with digital tools: Lessons from the CHRL Program — *Josephine Etowa*
21. ACB communities and the COVID-19 pandemic: Improving digital literacy for stronger health outcomes — *Josephine Etowa*
22. Advancing health equity through culturally responsive training programs — *Josephine Etowa*
23. Evaluating the Critical Health and Racial Literacy (CHRL) Program: An intervention to address health inequities — *Josephine Etowa*
24. Addressing unemployment in Francophone newcomer communities: A tailored approach by TAIBU Community Health Centre — *Ahmat Hassan Tchanaye*
25. See Us, Understand Us. Exploring Newcomer's Maternity Care Experiences in Saskatoon: A Case Study — *Isabelle Dena*
26. Methodological insights involving subject matter experts in community research — *Helana Marie Boutros, Sebastian Koprlich*
27. The impact of the COVID-19 pandemic on individuals with generalized anxiety disorder: Assessing COVID-19 media source exposure and behaviour changes — *Khrisha Alphonsus*
28. Evaluation and impact of an oral health education program in a mental health inpatient setting — *Nesya Walls, Margo Reilly*
29. Exploring the relationship between religion and public health — *Andrew Hatala*
30. Leveraging living experiences to improve decision-making in addressing overdose deaths in Pima County — *Kimberly Wang*
31. A community-engaged approach to building a reproductive justice and public health graduate certificate — *Holly McKenzie, Sara Reena*
32. Driving change: Building capacity in social service organizations with child passenger safety training — *Emma Daughton, Jen Shapka*
33. Enhancing child passenger safety through evidence-based legislative reform in Canada — *Emma Daughton, Jen Shapka*

POSTER PRESENTATIONS | PRÉSENTATION D'AFFICHES

COMMUNICABLE AND NONCOMMUNICABLE DISEASES | MALADIES TRANSMISSIBLES ET MALADIES NON TRANSMISSIBLES

34. Investigation of mpox infections in the Canadian Prairies: A serological and qualitative mixed methods study — *Elise Gork*
35. Unlocking solutions: Digital solutions for enhanced immunization practices — *Kat MacDonald*
36. Evaluating the feasibility of a data-driven vaccine safety surveillance system using CIHI administrative health data — *Cameron Bell*
37. Facilitators and barriers to childhood immunization in Canada: A scoping review — *Charlene Thompson*
38. Antimicrobial stewardship competencies: A Pan-Canadian framework for nurses — *Sahar Momin*
39. Racism and discrimination among nurses in Canada and the impacts of the COVID-19 pandemic: A scoping review — *Sahar Momin*
40. Vaccine decisions among equity-deserving groups in Scarborough — *Amy Stephenson*
41. Taking pandemic lessons to heart: How can five key proposals avert future tragedies? — *Aleeza Gerstein*
42. Sex disparities in mental health service use among men and women during COVID-19: A population-based analysis — *Cindy Choi*
43. Beyond single conditions: Crafting the metrics of chronic disease multimorbidity — *Kate Smolina*
44. Care for children and youth with mental disorders: Emerging trends from analyses of CIHI data — *Allie Chen*
45. Moving the needle forward: Results from Immunize Canada's Public Health HPV Vaccine Task Force to improve vaccination rates in Ontario — *Antonella Pucci*
46. Developing the Public Health Agency of Canada's human vaccine research and development priorities, 2025 using multi-criteria decision analysis and a modified Delphi framework — *Krista Wilkinson*
47. Where are they now? Tracking the 2015 Public Health Agency of Canada human vaccine research and development priorities — *Krista Wilkinson*
48. Understanding the public health and program needs for vaccines in pivotal licensure studies: Developing a modified Vaccine Value Profile (VVP) for Lyme disease in Canada — *Krista Wilkinson*

ENVIRONMENTAL AND OCCUPATIONAL HEALTH | SANTÉ ENVIRONNEMENTALE ET PROFESSIONNELLE

49. Health Canada's national wastewater drug surveillance: Preliminary results from 2023 — *Pavitra Ramachandran*
50. Surveillance of exposures to human pathogens and toxins within the academic sector in Canada from 2016 to 2023 — *Antoinette Davis*
51. Learning from a wildfire evacuation scenario process with Keewatinook Okimakanak Tribal Council and member communities — *Lindsay Galway*
52. NB HeatADAPT: Strengthening the New Brunswick heat alert and response system — PHASE 2 — *Arifur Rahman*
53. East Coast success: New Brunswick's "advocacy sandwich" wins clean air policies — *Kathleen Gadd*
54. Informing public health's role: Nova Scotia Health Public Health's Climate Action Framework — *Olivia Pattison*
55. Climate Hub: Providing humanitarian aid in domestic climate emergencies — *Ayham Alomari*
56. A scoping review on shade equity for urban heat and climate adaptation — *Reed Ciarloni*
57. Burden of recreational water illness due to exposure to cyanobacteria and their toxins in freshwater beaches in Canada: First-year findings of a two-year study — *Binyam Desta*
58. Canadian beach cohort study: Insights from a multi-year study to assess the burden of recreational water illness — *Binyam N. Desta*
59. Understanding and predicting beach water quality in Canada — *Binyam Desta*

HEALTH POLICY AND SYSTEMS | POLITIQUE ET SYSTÈMES DE SANTÉ

60. Integrating the Public Health Agency of Canada's respiratory virus surveillance following the COVID-19 pandemic — *Claire Sevenhuysen*
61. Canada's shared health priorities: Measuring progress and bridging data gaps with common indicators — *Winnie Chan*
62. Developing a Pan-Canadian data sharing agreement for public health — *Brendan Haveman*
63. Futures thinking for strategic foresight in public health — *Marwa Suraj*
64. Sustainable financing to strengthen public health systems in Canada — *Mélanie Seabrook*
65. Triangulating evidence for an improved public health governance framework — *Shawn Harmon, Janice Graham*

POSTER PRESENTATIONS | PRÉSENTATION D'AFFICHES

66. The parents' bill of rights: Implications for sexual health education and equity in Saskatchewan — *Katie Tolley*
67. Development of a perinatal depression screening policy within a northern and rural public health context — *Jocelyn Moreno*
68. Empowering Healthy Starts: Supporting Perinatal Nutrition among Families Affected by Health Inequities across Canada — *JoAnna Baxter*
81. Health promotion for all: A new program at the Umbrella Multicultural Health Co-op (UMHC) for 4 ethnocultural communities in metro Vancouver — *Irene Santos*
82. Leveraging the role of pharmacists in vaccine education and uptake among newcomers to Canada — *Rochelle Spears*
83. National vaccination coverage and sociodemographic influences among Indigenous adults in Canada: A descriptive analysis from the 2023 Adult National Immunization Coverage Survey — *Sailly Dave*

HEALTH PROMOTION AND DISEASE PREVENTION | PROMOTION DE LA SANTÉ ET PRÉVENTION DES MALADIES

69. Comparative analysis of methods for identifying multimorbidity patterns among people with opioid dependence: A retrospective single-cohort study — *Myanca Rodrigues*
70. Advancing national surveillance of all substance-related toxicity deaths — *Amanda Vansteelandt*
71. Substance-related acute toxicity deaths among the household population, Canada, 2016 to 2021 — *Amanda Vansteelandt*
72. A new 11-year longitudinal substance use harm cohort that uses linked health and census data to analyze social drivers of health in Canada — *Charles Planet*
73. Enhancing substance use service delivery in rural Ontario: Evidence-informed considerations for policy — *Arina Bogdan, Cara Evans*
74. Canadian Substance Use Surveillance Project: Towards a comprehensive and integrated public health surveillance system — *Alex Owilli, Emilia Gillies*
75. Understanding fetal alcohol spectrum disorder in New Brunswick's justice system — *Hannah Denberg*
76. Managed alcohol programs: A concept analysis for frontline nurses — *Hannah Raphael*
77. Describing the trends of support for alcohol consumption policies among policy influencers and the general public in Alberta (2016-2021) — *Jason Were*
78. Building a cross-jurisdictional, intersectoral community of practice to support policy change that promotes public health: Experiences from the Canadian Alcohol Policy Evaluation (CAPE) project — *Elizabeth Farkouh*
79. Federal alcohol policy in Canada: Recommendations to reduce alcohol-caused harms and costs — *Elizabeth Farkouh*
80. Alcohol control policies for public health: Best practice policies in Canadian provinces and territories — *Elizabeth Farkouh*
84. Factors associated with complete vaccination of 2-year-old children in Canada: Findings from the 2021 Childhood National Immunization Coverage Survey — *Sailly Dave*
85. Factors associated with not receiving the influenza vaccine among children with chronic medical conditions in Canada — *Sailly Dave*
86. Sexual health behaviour trends in a nationally representative sample of Canadian migrant adolescents from 2014 to 2022 — *Daniel Ji*
87. Food insecurity experiences of African immigrant lone parents in Nova Scotia — *Olukorede Esan*
88. Realist evaluation of food waste diversion programs across Canada — *Caitlin Olason Barlas*
89. Enhancing healthy eating, physical activity, and social emotional development within StrongStart BC Early Learning Centres — *Keren Massey*
90. Does neighbourhood walkability and bikeability impact park usage? — *Nitharsana Manoharan*
91. Principles to Operationalize Community Engagement, Equity, and Sustainability in South Asian Health Research in Canada, Exploring research practices and principals toward achieving South Asian health equity in Canada (PROTOCOL) — *Inaara Ismail*
92. Promoting an active lifestyle in South Asian aging women — *Andrea Borges*
93. Evaluating the reach of the culturally tailored community-based South Asian Diabetes Prevention Program (SADPP) — *Aravind Raj*
94. A mixed method exploratory research study exploring the perspectives of tenants participating in the intergenerational community-engaged residency program in Niagara, Ontario — *Michelle Vine*
95. An interdisciplinary approach to evaluating clinical outcomes in services for adults with intellectual and developmental disabilities — *Michelle Vine*
96. The self-management frailty coach program — *Patrick McGowan*

POSTER PRESENTATIONS | PRÉSENTATION D'AFFICHES

97. Gender differences in cigarette smoking intensity among current smokers: An analysis of survey data from 172 countries — *Tina Nanyangwe-Moyo*
98. Pictou County Personal Empowerment Program (PEP): Harnessing community retreats for chronic disease empowerment — *Marks Tsirigotis, Rob Rutledge*
99. Pictou County Personal Empowerment Program (PEP): A community-based initiative for chronic disease management — *Gabriela Ilie, Cody Macdonald*

HEALTH PROTECTION | PROTECTION DE LA SANTÉ

100. Assessing public health threats: An overview of threat assessment at the Public Health Agency of Canada — *Elissa Giang*
101. Roadmap to Canada's Pandemic Preparedness Plan — *Hannah Sachs*
102. Strengthening pandemic preparedness in Canada through a humanitarian lens — *Julia Hajjar*
103. Post-pandemic adaptations to managing a pertussis outbreak in Nunavut — *Chloe Norris*
104. Travel measures in response to health emergencies: Equity implications of information and communication strategies — *Alice Murage*
105. Safely removing needle debris off the streets of Canada — *Twyla Ens-Giesbrecht*
106. Adapting to a changing climate: Norovirus and food safety — *Tina Chen*
107. Syphilis Point-of-care Rapid Testing and Immediate Treatment Evaluation (SPRITE): Implementation across five Ontario public health units — *Maggie Hoover*

INDIGENOUS (FIRST NATIONS, INUIT, MÉTIS) HEALTH | SANTÉ DES PEUPLES AUTOCHTONES (PREMIÈRES NATIONS, INUITS, MÉTIS)

108. A spirit-led journey to relational accountability: A visiting approach to understanding interconnections between substance use, healing pathways, and Mino-Bimaadiziwin: Conversations with Anishinabek — *Alycia Benson*
109. Developing a community-focused health promotion communication strategy: A case study from Sioux Lookout First Nations Health Authority — *Candi Edwards, Laine Helbling*
110. The cost of eating well in Kiiwetinoong — *Candi Edwards*
111. Minwanjigewin: Nourishing our communities through sustainable food systems within the Williams Treaties First Nations — *Kerry Ann Charles*

112. The health priorities of Métis youth in Ontario: A health research engagement following the paths of our ancestors — *Abigail Simms*
113. Supporting access to childhood vaccinations in a First Nations Community in Alberta — *Jessica Haight*
114. Walking Together: First Nations Health Authority and Interior Health Authority immunization knowledge sharing — *Hermandeep Deo*
115. School-delivered HPV immunization in Indigenous communities: A scoping review — *Mark Ondieki*
116. Immunization partnership with Sipekne'katik First Nations Community, in Hants County, Nova Scotia — *Jenny Sharkey, Peggy O'Reilly*
117. Childhood vaccination coverage among Sioux Lookout area First Nations 2024 — *Karyn Meekis, Nghia Nguyen*
118. Communicable disease report: Sioux Lookout area First Nations — *Jaden Hudyma, Amanda Laverdure, Jaswinder Singh*
119. Sexually transmitted infection point-of-care testing in a Northern Ontario First Nation community — *Hali Pitawanakwat*
120. Piloting a community-led, culturally-informed urban Indigenous prenatal program in New Brunswick — *Jason Hickey*
121. Describing maternal and reproductive health for citizens of the Métis Nation of Ontario: A retrospective, population-based cohort study — *Hibah Sehar*
122. Maternal health in Red River Métis: Improving access to maternal and child health care services among Métis Women — *Debbie Olotu*
123. Ta Saantii Mamawapowuk: Strengthening Métis health through community dialogue — *Taylor Clark*
124. Flying together: The journey of Indigenous cultural competency — *Kimberly Resch, Christine Evans*
125. Age well at home pilot program — *Ainsley Balkwill*
126. Models of Care Manitoba: Enhancing palliative care with First Nations communities in Southern Health-Santé Sud — *Michelle Cardinal, Tanja Borchers*
127. Fostering cultural safety among medical students through Indigenous pedagogies — *Lana Ray*
128. Reacting to radon: Red River Métis community surveillance and education — *Alycia Fletcher*
129. Building a legacy of care: A Red River Métis framework for long-term continuing care — *Nell Perry*

POSTER PRESENTATIONS | PRÉSENTATION D'AFFICHES

130. Understanding prevalence and incidence of stroke and post-hospital outcomes among citizens of the Métis Nation of Ontario — *Rachel Wamsteeker*
131. When systems fall apart: The performance of the nursing station model in communities with populations over 2500: Results from the IK-Health study — *James Zacharias, Tannyce Cook*
132. Improving the continuum of kidney care in Manitoba: recommendations from First Nation patients — *Tannyce Cook, James Zacharias*
133. Emergency department and primary care visits for dental problems not associated with trauma among citizens of the Métis Nation of Ontario — *Bahja Farah*
134. Cancer health status and services for Sioux Lookout area First Nations (SLaFN) communities — *Ahmad Shah Salehi, Patricia Keesickquayash*
135. A critical review of the role of pharmacists in providing care to Indigenous Peoples with diabetes mellitus — *Izuchukwu Ejie*
144. Mothers Marketing to Mothers: An exploration of cannabis use and constructions of motherhood on Instagram and blog posts — *Stella Kraft*
145. Cannabis in Contexts: Examining plurisexual adolescent girls' and young women's mental health experiences — *Sarah Mangle*
146. Identifying significant predictors of adolescent online gambling using a random forest approach — *Victoria Matheou*
147. The association between experienced weight bias and substance use among adolescents: A COMPASS Investigation — *Kristen Lucibello*
148. Examining the bidirectional associations between vaping and changing eating to manage weight and shape over three years among Canadian adolescents — *Kristen Lucibello*
149. Development of a contemporary scale to describe engagement in adolescent risk behaviours — *Larissa Loabo*
150. Factors influencing cross-sectoral collaboration to improve outcomes for children and youth in a vulnerable context— *Sara Zahid, Erin Thomsen*

POPULATION HEALTH AND HEALTH EQUITY | SANTÉ DES POPULATIONS ET ÉQUITÉ EN MATIÈRE DE SANTÉ

136. Perceived safety, usability, and acceptability of microarray patches for vaccination: A mixed methods study — *Matthew Berger*
137. Routine vaccination coverage at fourteen and seventeen years of age before, during, and after the COVID-19 pandemic: Results from the Standardized Reporting on Vaccination (STARVAX) system — *Ahash Jeevakanthan*
138. See Us, Hear Us! Coping, physical activity, and mental health of youth during the COVID-19 pandemic: A mixed methods study — *Vaidehi Pisolkar*
139. From pilot to policy: The evolution of DBS-based STBBI testing and its impact on health equity — *Sandra Kiazzyk*
140. Closing the gap: Understanding and addressing sub-regional HPV immunization inequities in Canada — *Mika Rathwell*
141. Drivers of enhancing prenatal syphilis screening recommendations across Ontario public health units — *Amanda Featherstone*
142. The Manitoba Interdisciplinary Lactation Center: An interdisciplinary 'bench to population' research platform and administrative data linkage proof-of-concept study — *Larisa Lotoski*
143. Exploring mothers' alcohol consumption and the sociocultural context of its use: A scoping review — *Anne Waugh*
151. Active living's role in boosting resilience among marginalized youth — *Shaheer Khan*
152. How post-secondary students' attachment to their cellphone impacts their mental health — *Danielle de Moissac*
153. Cultural differences in parental responses to coming out: Experiences of sexual minority youth in Canada — *Adi Ferrara*
154. Challenges and assumptions in estimating prevalence of female genital mutilation/cutting (FGM/C) among women and girls in migrant-host countries: Insights from international surveys and extrapolation methods — *Bilkis Vissandjee*
155. Cultural orientation and mental health: A framework for investigating collectivism and individualism — *Riana Sihota*
156. Cultural orientation and gender differences in post-pandemic mental health outcomes — *Riana Sihota*
157. Moving the needle on health inequities: An exploration of healthy community priorities and initiatives in Ontario — *Keely Stenberg*
158. Reimagining public health: Towards a Canadian population health and wellbeing act — *Sarah Jervis*
159. Public health governance: Emerging themes from community engagements across Canada — *Sarah Jervis*

POSTER PRESENTATIONS | PRÉSENTATION D'AFFICHES

160. Digging deep: Using a tree metaphor for critical reflection and improved action on structural, social and ecological determinants of health — *Jonathan Heller*
161. The Healthy Aging Asset Index: A community-based assessment tool program — *Beth Mansell*
162. Integrating health equity projects and public health in New Brunswick — *Allison Holland*
163. Cycling and cognition in middle-aged and older adults: A scoping review — *Kate Walker*
164. An evaluation of Pedal Poll/Sondo Vélo, Canada's national annual bicycle count program — *Kate Walker*
165. Measuring inequity: Impact of individual versus neighbourhood socioeconomic disparities in bicycling, pedestrian, and motor vehicle injuries in a Canadian commuter cohort — *Ryann Yeo*
166. Childhood transportation risk inequity: Pediatric road injury in a Canadian, linked, population-based cohort — *Anne Harris*
167. Free rural transportation for health equity: Gender comparisons of cost and access barriers in Northern Saskatchewan — *Prashikchhya Parajuli*
168. Evaluating the implementation of active transportation infrastructure during the pandemic: A RE-AIM study — *Zarah Monfareddi*
169. Monitoring where new bicycle infrastructure is built across Canada: Implications for health and equity — *Meghan Winters*
170. Applying implementation science approaches in healthy cities' research and practice: Insights from the Building CapaCITY/É for Sustainable Transportation Team — *Meghan Winters*
171. Beyond free: Temperature as a determinant of the use of a free bus service in rural Saskatchewan — *Jacob Alhassan*
172. Transportation barriers and supportive interventions for those with substance use disorder: A systematic review of evidence from five countries — *Vinesh Rao*
173. Housing vulnerability across gender identities in Canada: A comprehensive analysis using 2021 census data — *Gwen Ehi*
174. Response to the epidemic of homelessness and addiction in Guelph-Wellington: A best practices approach using performance management — *Jeff Wilson*
175. Rural responses to homelessness: Use of motels as shelters in rural Ontario — *Ellen Buck-McFadyen*
176. The impact of alcohol minimum pricing policies on vulnerable populations and health equity: A rapid review — *James Clay*
177. Enhancing healthcare access for immigrants through AI-powered insights — *Ying Cao*
178. Investigating the robustness of the healthy immigrant effect in Canada using overlap weighting — *Andrew Fullerton*
179. Barriers and facilitators to inequity measurement across health systems — *Aliya Allen-Valley, Joanna Dos Santos*
180. Population health assessment possibilities — *Jasmine Hasselback*
181. Health impacts of anti-Black racism in Canada: A scoping review — *Samantha Mannala*
182. Disrupting white supremacy and building anti-racist public health systems — *Nandini Saxena*
183. Intersectoral action as a public health practice for health equity: A 2024-2025 streamlined review — *Nandini Saxena*