



# PUBLIC HEALTH 2019 SANTÉ PUBLIQUE

30 APRIL - 2 MAY  
DU 30 AVRIL AU 2 MAI  
OTTAWA | SHAW CENTRE

PRELIMINARY PROGRAM  
PROGRAMME PRÉLIMINAIRE



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- ACC Technical Services
- AccuVax by TruMed Systems
- Brock University
- Canadian Centre for Occupational Health and Safety
- Canadian Public Health Association
- Cardiomed Supplies Inc.
- CATIE
- École de santé publique de l'Université de Montréal
- Environment and Climate Change Canada
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- Health Canada, Canadian Health Measures Survey
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- Immunize Canada
- Lakehead University
- McGill University, Department of Epidemiology, Biostatistics & Occupational Health
- National Collaborating Centre for Aboriginal Health
- Ottawa Public Health
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- Thunderbird Partnership Foundation
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CPHA is pleased to host Public Health 2019 through a unique and effective collaboration with:

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## COLLABORATORS | COLLABORATEURS



Canadian Alliance for Regional  
Risk Factor Surveillance **CARRFS**  
**ACSRFR** Alliance canadienne de surveillance  
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**OPIHA**  
Ontario Public Health Association  
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# COMMITTEES | COMITÉS

A conference of this magnitude is the result of hard work and commitment from the dedicated members of the conference Steering and Scientific Committees. Our ongoing collaboration continues to create a unique knowledge exchange opportunity, grounding in a high-caliber 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
- Donika Jones, CPHA Board of Directors
- Yan Kestens, Scientific Chair, Université de Montréal
- Marlene Larocque, Assembly of First Nations
- Doug Dover, Canadian Alliance for Regional Risk Factor Surveillance
- Michelle Marquis, Canadian Alliance for Regional Risk Factor Surveillance
- Jean Harvey, Canadian Institute for Health Information, Canadian Population Health Initiative
- Marisa Creatore, Canadian Institutes of Health Research, Institute of Population and Public Health
- Jennifer Morgan, Canadian Institutes of Health Research, Institute of Population and Public Health
- Eduardo Vides, Métis National Council
- Yoav Keynan, National Collaborating Centres for Public Health
- Margaret Haworth-Brockman, National Collaborating Centres for Public Health
- Malcolm Steinberg, Network of Schools and Programs of Population and Public Health
- Fran Scott, Network of Schools and Programs of Population and Public Health
- Karen Ellis-Scharfenberg, Ontario Public Health Association
- Dionne Patz, Pan American Health Organization, World Health Organization
- Danielle Halloran, Public Health Agency of Canada
- Kerry Robinson, Public Health Agency of Canada
- Ray Clark, Public Health Agency of Canada
- Odette Laplante, Public Health Physicians of Canada
- Laura McQuillan, Student/Early Career Representative

## SCIENTIFIC COMMITTEE | COMITÉ SCIENTIFIQUE

- Yan Kestens, Université de Montréal (Chair)
- Katie-Sue Derejko, Assembly of First Nations
- Dana Riley, Canadian Institute for Health Information, Canadian Population Health Initiative
- Liudmila Husak, Canadian Institute for Health Information, Canadian Population Health Initiative
- Marisa Creatore, Canadian Institutes of Health Research, Institute of Population and Public Health
- Jennifer Morgan, Canadian Institutes of Health Research, Institute of Population and Public Health
- Sarah Ambrose, Public Health Agency of Canada
- Ray Clark, Public Health Agency of Canada
- Suzanne De Haney, Ontario Public Health Association
- Françoise Bouchard, Public Health Physicians of Canada

## CONFERENCE OBJECTIVES

Public Health 2019 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 forum 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 forum 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

Public Health 2019 will provide delegates the opportunity 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 2019 sera :

- Un lieu dynamique où 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 étrangers;
- 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 intra-sectorielles;
- 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

Santé publique 2019 offrira aux délégués l'occasion :

- 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;
- de définir des stratégies d'application et d'échange des connaissances.

# PROGRAM SCHEDULE | HORAIRE DE PROGRAMME

	APRIL 28-29 AVRIL	APRIL 30 AVRIL	MAY 1 MAI	MAY 2 MAI
PRE-CONFERENCE SESSIONS SÉANCES PRÉPARATOIRES	✓			
PLENARY SESSIONS SÉANCES PLÉNIÈRES		✓	✓	✓
SCIENTIFIC SESSIONS SÉANCES SCIENTIFIQUES		✓	✓	✓
POSTERS AFFICHES		✓	✓	✓
EXHIBIT HALL SALLE D'EXPOSITION		✓	✓	
NETWORKING BREAKS PAUSE-RAFRAÎCHISSEMENTS		✓	✓	✓
LUNCH DÉJEUNER		✓	✓	✓
CME CREDITS CRÉDITS DE FMC		✓	✓	✓

# PHPC SESSIONS | SÉANCES MSPC

## PUBLIC HEALTH PHYSICIANS OF CANADA SESSIONS SÉANCES DE MÉDECINS DE SANTÉ PUBLIQUE DU CANADA

SUNDAY 28 APRIL | DIMANCHE 28 AVRIL

### 8:30 – 10:00 ANNUAL GENERAL MEETING

Join us at the AGM to hear highlights of what PHPC accomplished in the past year and help set the direction in the years moving forward.

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### 10:00 – 17:00 PHPC CPD SYMPOSIUM DAY 1

Additional registration fee required:

- Resident: \$150
- Physician: \$200

MONDAY 29 APRIL | LUNDI 29 AVRIL

### 10:00 – 17:00 PHPC CPD SYMPOSIUM DAY 2

Additional registration fee required:

- Resident: \$150
- Physician: \$200

Register for both days and save

- April 28 – 29 Resident: \$200
  - April 28 – 29 Physician: \$300
- 

### 19:00 – 22:00 PHPC ANNUAL SOCIETY DINNER

Join the networking dinner for public health and preventive medicine specialists and other physicians working in public health.

Additional registration fee required:

- Resident: \$85
- Physician: \$100

# TUESDAY 30 APRIL | MARDI 30 AVRIL

Sessions will be presented in the language as indicated by their respective titles.  
Les séances seront présentées dans la langue de leur titre.

## PROGRAM OVERVIEW | RÉSUMÉ DU PROGRAMME

8:30 - 10:00 8 h 30 à 10 h	PLENARY I: VOICES OF INCLUSION PLÉNIÈRE I : VOIX D'INCLUSION
10:00 - 10:45 10 h à 10 h 45	REFRESHMENT BREAK WITH EXHIBITORS PAUSE-RAFRAÎCHISSEMENTS AVEC LES EXPOSANTS
CONCURRENT SESSIONS 10:45 - 12:15  SÉANCES SIMULTANÉES 10 h 45 à 12 h 15	<i>CIHR presents:</i> Future-proofing public health in Canada: A fireside chat with four public health agency heads
	<i>CPHA presents:</i> Promoting healthy relationships for youth through comprehensive sexuality education: What does the evidence tell us?
	CPHA Policy Forum
	Oral Presentations   Présentations de résumés oraux
12:15 - 14:00 12 h 15 à 14 h	NETWORKING LUNCH   DÉJEUNER CONTACTS
	POSTER PRESENTATION SESSION 1   PRÉSENTATION D'AFFICHES 1
CONCURRENT SESSIONS 14:00 - 15:30  SÉANCES SIMULTANÉES 14 h à 15 h 30	<i>NSPPH presents:</i> Cultural safety training and anti-racism education within MPH programs
	<i>CPHA presents:</i> Play in the city: A public health perspective
	<i>PHPC presents:</i> Improving public health capacity in Canada
	Oral Presentations   Présentations de résumés oraux
15:30 - 15:45 15 h 30 à 15 h 45	REFRESHMENT BREAK   PAUSE-RAFRAÎCHISSEMENTS
CONCURRENT SESSIONS 15:45 - 17:15  SÉANCES SIMULTANÉES 15 h 45 à 17 h 15	Approaches to evaluate coordinated community plans and initiatives to prevent and reduce opioid-related harms in Canada
	Basic income: An idea whose time has come? An interactive workshop to build public health capacity
	Building organizational capacity for health equity action
	CAIRE and PIPER: Leading research on the science, safety, effectiveness and feasibility of immunization in pregnancy in Canada
	Defining thresholds for indoor temperatures as a public health issue
	Establishing First Nations population health and wellness indicators for the next 10 years
	<i>CARRFS presents:</i> Knowledge translation strategies for action – Let's talk about the future of public health surveillance!
	Lessons learned from a large collaborative group
	Migration and health: Global journeys through policy and practice
17:30 - 19:30 17 h 30 à 19 h 30	<i>OPHA presents:</i> Public health and climate change: from evidence to action
	Making Connections – a 5 à 7 with the NCCs and the Rural, Remote, and Northern Public Health Network 5 à 7 avec les CCN et le Réseau de santé des régions rurales, nordiques et éloignées



# TUESDAY 30 APRIL | MARDI 30 AVRIL

8:30 – 10:00

8 h 30 à 10 h

OPENING CEREMONY AND PLENARY I

CÉRÉMONIE D'OUVERTURE ET SÉANCE PLÉNIÈRE I

Simultaneous interpretation will be available for this session.  
L'interprétation simultanée sera disponible pour cette séance.

## VOICES OF INCLUSION

The lead public health professional of Canada – Chief Public Health Officer Dr. Theresa Tam – and of the United States – Surgeon General Vice Admiral Jerome M. Adams – will come together in an engaging plenary session to discuss the drivers of stigma and discrimination, identify concrete actions that can spur systems change, and inspire individuals to catalyze action in their spheres of influence.

Following a presentation by Dr. Adams, a moderated armchair discussion will be held on cross-cutting public health themes such as mental health and substance use. Conference delegates will have the opportunity to explore and learn with the two nations' leading public health professionals during a question-and-answer period, with the goal of driving change and moving beyond stigma and discrimination system inertia.

### Learning Objectives:

- Describe how stigma impacts health.
- Explore their own spheres of influence to identify drivers of stigma and discrimination in their own health context.
- Describe actions that can reduce stigma and discrimination across health systems.

### Speakers | Orateur et oratrice:

- Vice Admiral Jerome M. Adams, United States, Surgeon General
- Theresa Tam, Chief Public Health Officer, Public Health Agency of Canada

## VOIX D'INCLUSION

La principale autorité en santé publique du Canada – l'administratrice en chef de la santé publique D<sup>re</sup> Theresa Tam – et le directeur du Service de santé publique des États-Unis – le vice-amiral Jerome M. Adams – animeront ensemble une séance plénière où il sera question des vecteurs de la stigmatisation et de la discrimination, de mesures concrètes pour favoriser l'évolution des systèmes et des moyens de motiver les gens à devenir des catalyseurs d'action dans leurs sphères d'influence.

À la suite d'une présentation par le Dr Adams, une discussion libre animée aura lieu sur les thèmes transversaux en santé publique tels que la santé mentale et la consommation de substances. Les délégués à la conférence auront la possibilité d'explorer et d'apprendre avec les autorités en santé publique responsables des deux pays lors d'une période de questions et réponses, dans le but d'inciter le changement et de dépasser l'inertie du système de stigmatisation et discrimination.

### Objectifs :

- Mieux comprendre les conséquences des préjugés pour la santé.
- Explorer leur sphère d'influence respective afin de détecter les facteurs de préjugés et de discrimination dans leur propre contexte de santé.
- Décrire les mesures susceptibles de combattre les préjugés et la discrimination dans tous les systèmes de santé.

10:00 – 10:45

10 h à 10 h 45

REFRESHMENT BREAK WITH EXHIBITORS

PAUSE-RAFRAÎCHISSEMENTS AVEC LES EXPOSANTS

# TUESDAY 30 APRIL | MARDI 30 AVRIL

10:45 – 12:15

CONCURRENT SESSIONS

10 h 45 à 12 h 15

SÉANCES SIMULTANÉES

## CPHA POLICY FORUM

**Presented by:** Canadian Public Health Association

The Policy Forum is an opportunity for participants to have direct influence on CPHA's policy initiatives. During this session, participants will be asked to provide comments on proposals currently under development. The results of the discussions will be used to adjust the proposals to better reflect participants' concerns before review and approval by CPHA's Board. Written summaries of these subjects will be circulated prior to Public Health 2019. The session will wrap up with a Rapid-Fire Policy Round, where participants will be given 30 seconds each to present one issue of particular interest to them.

### Learning Objectives:

- Describe CPHA's current and future policy direction.
  - Explore the viewpoints of participants concerning current policy development options.
- 

## FUTURE-PROOFING PUBLIC HEALTH IN CANADA: A FIRESIDE CHAT WITH FOUR PUBLIC HEALTH AGENCY HEADS

**Presented by:** Canadian Institutes of Health Research

CIHR's Institute of Population & Public Health is bringing together the leaders of Canada's four national and provincial public health agencies for a fireside chat to discuss the key challenges and opportunities that we will face in the next 10 years and discuss strategies to future-proof public health in our country.

This informal discussion will touch on emerging topic areas of great importance and areas where we anticipate future challenges, which will include ample time for questions from the audience. Examples of questions for discussion include:

What are the implications of big data, artificial intelligence and smart technologies on public health and health equity? How should public health engage in these issues?

- What is public health's role in promoting and supporting healthy, resilient and sustainable cities?
- How will public health institutions need to evolve in the future in order to address global challenges like pandemics, food systems and climate change?

This session will stimulate a lively discussion forecasting future challenges and opportunities for public health based on current and emerging societal trends. Discussants and the audience will be encouraged to think proactively to anticipate challenges and opportunities that may arise in the next 10 years, and about how public health can position itself as a leader in promoting a healthy, inclusive, and sustainable Canada.

### Learning Objectives:

- Identify key societal and environmental drivers of change that will impact the role of public health in the future.
  - Identify some actions or strategies to address these challenges and opportunities from a decision-making and implementation perspective.
  - Identify and discuss the role that public health leaders can play in addressing current and future challenges.
-

# TUESDAY 30 APRIL | MARDI 30 AVRIL

10:45 – 12:15 CONCURRENT SESSIONS  
10 h 45 à 12 h 15 SÉANCES SIMULTANÉES

## PROMOTING HEALTHY RELATIONSHIPS FOR YOUTH THROUGH COMPREHENSIVE SEXUALITY EDUCATION: WHAT DOES THE EVIDENCE TELL US?

**Presented by:** Canadian Public Health Association

Previous research has found that sexual health education is delivered inconsistently across Canada, with significant variation in the amount and mode of instruction as well as the topics covered. Generally, youth report a desire to learn more about healthy relationships and sexual pleasure, topics often unaddressed through school curricula. Although preliminary evidence and theory suggest that addressing these topics through sexuality education programs could contribute to dating violence prevention (DVP) amongst youth, current evaluations are limited with respect to measurement of DVP-related outcomes.

This presentation will outline themes from the literature and interviews with experts in the field, and highlight the primary issues faced by Canadian youth as well as the need for a youth-informed approach to DVP. Through facilitated discussion, participants will be invited to reflect and share their thoughts on possible strategies to overcome some of the current barriers related to the implementation and evaluation of DVP programming in Canada.

### Learning Objectives:

- Identify the primary issues faced by Canadian youth with regard to dating violence.
- Describe the key principles of a youth-informed approach to dating violence prevention.
- Apply critical thinking with regard to current barriers and promising practices related to the implementation and evaluation of sexuality education and dating violence prevention programs for youth.

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## ORAL ABSTRACT SESSIONS

### PRÉSENTATIONS DE RÉSUMÉS ORAUX

*Details to follow. / Les détails à suivre.*

12:15 – 13:00 NETWORKING LUNCH  
12 h 15 à 13 h DÉJEUNER CONTACTS

13:00 – 14:00 POSTER PRESENTATIONS – SESSION 1  
13 h à 14 h PRÉSENTATIONS D’AFFICHES – SÉANCE 1

The dedicated poster session and networking event will enable presenters to engage with delegates in a more dynamic setting. Less structured than an oral presentation and with more presentation time, the goal of the poster presentation session is to allow delegates to network, and exchange innovative ideas, while facilitating productive discussion and feedback.

La séance spéciale d’affiches et de réseautage permettra aux présentateurs d’engager la conversation avec les délégués et de présenter dans un lieu plus dynamique. Moins structurée qu’un exposé oral et avec plus de temps de présentation, la séance d’affiches permettra aux délégués de créer des liens et d’échanger des idées novatrices tout en facilitant des discussions et des commentaires productifs.

# TUESDAY 30 APRIL | MARDI 30 AVRIL

14:00 – 15:30

CONCURRENT SESSIONS

14 h à 15 h 30

SÉANCES SIMULTANÉES

## CULTURAL SAFETY TRAINING AND ANTI-RACISM EDUCATION WITHIN MPH PROGRAMS

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

This session will build on the work of the National Collaborating Centre for Aboriginal Health (NCCAH) to bring an Indigenous perspective to the core competencies for public health. The focus will be on exploring approaches to prioritize Indigenous teachings, and anti-racism and cultural safety practice within a decolonizing framework for graduate public health education transformation. The session will include a panel presentation from three MPH programs; the panellists will share emerging insights and challenges faced in integrating educational initiatives in response to the Truth and Reconciliation Commission Call to Action #24. Symposium participants will then work in small groups to develop competency statements to help guide MPH training initiatives in this area.

### Learning Objectives:

- Describe a decolonizing framework for graduate education transformation and explain how cultural safety training and anti-racism education fit into the framework.
  - Identify where the TRC Call to Action #24 (to incorporate cultural safety training and anti-racism education into curricula) can be placed within a public health training program or continuing education program.
  - Develop competency statements and approaches to incorporate cultural safety training and anti-racism education into a public health training program or continuing education program.
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## PLAY IN THE CITY – A PUBLIC HEALTH PERSPECTIVE

**Presented by:** Canadian Public Health Association

CPHA, with the generous support of the Lawson Foundation, has recently released a policy toolkit to support increased access to child-led unstructured play in Canada, as well as a supporting CPHA position statement. These documents provide generic tools to support improved access, but there is a need to identify approaches to operationalize this vision within rural and urban communities.

Through a combination of presentations and facilitated discussion, those attending will have the opportunity to consider how selected communities have improved access to children's play and discuss how attendees could support such initiatives within their communities.

### Learning Objectives:

- Explore the barriers and facilitators to improving access to child-led unstructured play.
  - Describe an approach to improving access to play.
-



# TUESDAY 30 APRIL | MARDI 30 AVRIL

14:00 – 15:30

CONCURRENT SESSIONS

14 h à 15 h 30

SÉANCES SIMULTANÉES

## IMPROVING PUBLIC HEALTH CAPACITY IN CANADA

Presented by: Public Health Physicians of Canada

Across the country, health system reforms, budget constraints and changes in system priorities have been impacting public health to varying degrees over the past 10 years. As a follow-up to last year's session, which asked the question of how to best collect data to measure the success of public health systems, the Urban Public Health Network (UPHN) has been working with health system researchers to better understand and quantify these impacts on public health capacity, including changes in governance, structure, programs and staffing/funding levels. Preliminary results from a survey of UPHN member cities across Canada will be shared alongside perspectives from rural and remote jurisdictions and across Canada more broadly. Through large and small group structured discussion we will explore actions that can be taken to advocate for a strengthening of public health capacity for the future.

### Learning Objectives:

- Discuss the impacts of the health system reforms on public health capacity that have been taking place across Canada.
- Analyze preliminary results from a survey of system changes and impacts undertaken with Urban Public Health Network member cities across Canada.
- Identify potential actions to advocate for and strengthen public health capacity across Canada in order to improve health outcomes.

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## ORAL ABSTRACT SESSIONS

## PRÉSENTATIONS DE RÉSUMÉS ORAUX

*Details to follow. / Les détails à suivre.*

15:30 – 15:45

REFRESHMENT BREAK WITH EXHIBITORS

15 h 30 à 15 h 45

PAUSE-RAFRAÎCHISSEMENTS AVEC LES EXPOSANTS

15:45 – 17:15

CONCURRENT SESSIONS

15 h 45 à 17 h 15

SÉANCES SIMULTANÉES

## **APPROACHES TO EVALUATE COORDINATED COMMUNITY PLANS AND INITIATIVES TO PREVENT AND REDUCE OPIOID-RELATED HARMS IN CANADA**

Multi-strategy community plans to prevent and reduce opioid-related harms have been emerging in Canada, yet the effectiveness of such an approach is not yet understood. Findings from a recent scoping review on community plans identified a lack of evaluated responses to inform public health practice. Further, consulted stakeholders identified the need to improve evaluation efforts despite challenges associated with capacity. This 90-minute workshop will focus on building evaluation capacity of public health professionals to develop evaluation activities related to coordinated community opioid-related plans.

Participants will be engaged in discussion on the current state of evaluation findings on community responses to address opioid-related harms, the application of the Municipal Drug Strategy Coordinators Network of Ontario (MDSCNO) Evaluation Framework, and the opportunity to increase evaluation activities in their ongoing work related to opioids. Learnings from the workshop can inform evaluation planning for public health initiatives addressing opioids.

### **Learning Objectives:**

- Describe how the MDSCNO evaluation framework and evaluation activities from other communities can be applied for ongoing learning related to local plans to address opioid-related harms.
- Apply the MDSCNO evaluation framework to plan the steps of an evaluation for a community plan to address opioid-related harms.
- Recognize the facilitators for conducting evaluation activities and identify potential opportunities to inform evaluation planning on community plans to address opioid-related harms.

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## **BASIC INCOME: AN IDEA WHOSE TIME HAS COME? AN INTERACTIVE WORKSHOP TO BUILD PUBLIC HEALTH CAPACITY**

This workshop will convene a public health discussion on basic income. Facilitators will provide an overview of evidence on basic income; then, through facilitated discussion, they will focus on the role of public health practitioners, and the potential policy levers at different orders of government (local, provincial, and federal) that could be used to move basic income ideas and the evidence base forward in Canada. We welcome participants who have been involved in basic income research and advocacy in their jurisdictions, as well as those who are new to the topic and interested in learning more. Following this workshop, delegates will be able to facilitate a conversation on basic income-related actions in their own jurisdictions.

### **Learning Objectives:**

- Describe key features of basic income models and related health evidence in current policy debates.
  - Appraise the potential applicability and impact of basic income in public health practice, given jurisdictional policy and population health context.
  - Facilitate future conversations on basic income-related actions in participants' own jurisdictions.
-

15:45 – 17:15

CONCURRENT SESSIONS

15 h 45 à 17 h 15

SÉANCES SIMULTANÉES

## **BUILDING ORGANIZATIONAL CAPACITY FOR HEALTH EQUITY ACTION**

Organizational capacity for health equity, the ability of an organization to identify existing health inequities and act to reduce them, is a key area of investment for public health organizations. In pursuit of health equity, organizations must assess and build their organizational capacity to engage in deep and sustained action. The National Collaborating Centre for Determinants of Health is implementing a participatory initiative (evidence synthesis, learning circle, direct support to public health organizations) to identify frameworks, strategies and organizational conditions that support organizational capacity for health equity action.

Speakers will share perspectives on how the initiative is achieving the anticipated outcomes to support public health organizations to identify components of organizational capacity needed to enable health equity action and shift their practice. Participants will learn about domains of organizational health equity capacity and a multi-level approach to organizational change. Delegates will be introduced to the experiences of public health organizations developing organizational-level change activities to support action to improve health equity.

### **Learning Objectives:**

- Describe domains of organizational health equity capacity.
  - Identify elements of organizational change to support health equity action.
  - Identify practical examples of public health organizations building capacity for health equity action.
- 

## **CAIRE AND PIPER: LEADING RESEARCH ON THE SCIENCE, SAFETY, EFFECTIVENESS AND FEASIBILITY OF IMMUNIZATION IN PREGNANCY IN CANADA**

Immunization in pregnancy is routinely recommended in Canada to protect against influenza and pertussis. However, coverage is not high. This is due in part to hesitancy about vaccination and in part to lack of streamlined delivery systems during pregnancy care. This symposium will present Canadian research on the science of vaccine safety and effectiveness in pregnancy, explore the feasibility issues related to immunization in pregnancy, and enable discussion of potential solutions to improving uptake of immunization in pregnancy.

Participants will leave the session better informed about the strong evidence base that supports the safety of immunization in pregnancy. They will have contributed to an active discussion on addressing hesitancy and feasibility issues in providing immunization during pregnancy. The information can be used by participants to strengthen the quality of advice, support championing of immunization in pregnancy, and increase access to immunization.

### **Learning Objectives:**

- Describe the strength of the scientific evidence supporting the safety and effectiveness of immunization during pregnancy.
  - Understand the feasibility issues facing implementation of recommendations to vaccinate in pregnancy.
  - Evaluate the feasibility of improving access to immunization in pregnancy in participants' jurisdictions.
  - Discuss priorities for future research and evaluation on immunization in pregnancy.
-

15:45 – 17:15

CONCURRENT SESSIONS

15 h 45 à 17 h 15

SÉANCES SIMULTANÉES

## DEFINING THRESHOLDS FOR INDOOR TEMPERATURES AS A PUBLIC HEALTH ISSUE

Most heat-related fatalities occur in an indoor setting, with exposure to high indoor temperatures forming an underlying cause of many heat-related fatalities during extreme heat events. Climate change is expected to increase the frequency, severity and duration of extreme events, yet currently there is no guidance on maximum indoor temperature that could be considered a threshold to inform prevention strategies or heat protection measures.

This session aims to introduce the need for the identification of maximum indoor temperature thresholds in support of effective health adaptation to heat in the context of the changing climate. Participants will be introduced to a complex public health issue, the directions that have been taken, and considerations being analyzed to inform future action. This session offers participants an opportunity to participate in the policy analysis process and influence future public health activities by speaking to vulnerabilities, considerations, and opportunities for collaboration.

### Learning Objectives:

- Analyze a complex public health issue and be able to describe the health implications of high indoor temperatures.
  - Assess the factors (i.e., sub-population risk factors, stakeholder needs, information gaps) that should be considered in guideline development.
  - Interpret research and policy plans (i.e., maximum indoor temperature guidelines) and recognize key considerations for developing these plans in addressing other public health issues.
- 

## ESTABLISHING FIRST NATIONS POPULATION HEALTH AND WELLNESS INDICATORS FOR THE NEXT 10 YEARS

The Office of the Provincial Health Officer (PHO) of British Columbia (BC) and the Office of the Chief Medical Officer (OCMO) of the First Nations Health Authority (FNHA) have developed a renewed set of 15 indicators to help advance First Nations Population Health and Wellness in the Province of BC by setting an agenda for the next 10 years (2019 to 2029). This symposium will focus on a case example of how BC is transforming population health reporting on First Nations at a provincial level. By privileging Indigenous worldviews and knowledge, and expanding current population and public health discourse, the new indicators move away from a sickness- and deficit-based view of health to a more holistic and strengths-based perspective on health.

This session will share how a Two-Eyed Seeing approach was used to develop the indicators. Participants can expect to learn about the First Nations Perspective on Health and Wellness and how such a framework can be applied in their public health reporting, research, or community initiatives.

### Learning Objectives:

- Explore how to incorporate a holistic and strengths-based approach to population health reporting.
  - Illustrate how Indigenous worldviews on health and wellness can be made central to the development of new population health indicators.
  - Promote greater awareness among health leaders of the First Nations Perspective on Health and Wellness, specifically how it can positively impact health and wellness outcomes and how participants can use it in research, public health or community settings.
-



15:45 – 17:15

CONCURRENT SESSIONS

15 h 45 à 17 h 15

SÉANCES SIMULTANÉES

## KNOWLEDGE TRANSLATION STRATEGIES FOR ACTION – LET’S TALK ABOUT THE FUTURE OF PUBLIC HEALTH SURVEILLANCE!

**Presented by:** Canadian Alliance for Regional Risk Factor Surveillance

A cornerstone of public health surveillance is getting the right information to the right people in a timely fashion for them to act and change for the better.

This session focuses on knowledge translation strategies for action. First we explore the foundations of knowledge transfer asking “Why we need knowledge transfer and what are the basic principles of knowledge transfer?” and “Is there a gap between science and policy?” Then we will delve deeper into the last 8 of the 12 steps for successfully translating knowledge to action, examining public health successes including health proverbs, chronic disease clock, making information accessible and readable, motivating and rewarding users. Then it will be time to look to the future. The upcoming impacts of new computer technologies, improved statistical analyses, data visualizations, improved information dissemination, and information technology are scrutinized. Also, what new networks of professionals are evolving and how clinicians and public health professionals are beginning to interact in an emerging field of “Clinical Public Health” are examined.

### Learning Objectives:

- Identify and describe key challenges and success factors in knowledge translation
  - Understand the 12 steps from knowledge to action and especially the last 8 steps, and the gaps between science and policy.
  - Inspire future public health surveillance knowledge translation activities, incorporating the roles of new technologies and new relationships.
- 

## LESSONS LEARNED FROM A LARGE COLLABORATIVE GROUP

Strong collaborations and partnerships are essential in public health to address emerging issues and promote optimal implementation of best practices. This panel session will focus on experiences, challenges, and advantages of collaboration. Panelists are members of a current Public Health Ontario Locally Driven Collaborative Project (LDCP), including Public Health Unit staff and an academic partner from Brock University. Panelists will discuss approaches (i.e., Integrated Knowledge Translation) and tools (i.e., partnership surveys) adopted to enhance their partnership and collaboration, including results of partnership evaluations that were conducted in 2016 and 2018.

Results of this evaluation will be shared to show areas that required focused attention, and the panel will discuss how the results were used to strengthen the team’s partnership. Through an interactive Q&A, participants will learn about different tools and approaches that foster effective collaboration with this LDCP and how these may be successfully adopted in their own partnerships.

### Learning Objectives:

- Identify approaches to enhance partnerships and collaboration.
  - Describe barriers or challenges in collaborative relationships.
  - Apply ongoing strategies to evaluate collaboration with partners.
-

15:45 – 17:15

CONCURRENT SESSIONS

15 h 45 à 17 h 15

SÉANCES SIMULTANÉES

## MIGRATION AND HEALTH: GLOBAL JOURNEYS THROUGH POLICY AND PRACTICE

This workshop will facilitate the exploration of the global, regional, national and local contexts that shape the everyday experiences of health and health care of migrating people and families. We will briefly share some key issues, and then will share the results of research through role-play case exercises. Participants will run through a simulated experience of the journey and settlement of migrating families as they navigate systems and policies. Through role-play exercises, workshop participants will learn how to assess the health equity impact of policy and practice through reflection on their experiences in the role play that expose health consequences experienced along the journey of migration and settlement.

After the role-play exercise, participants will be divided into teams to develop a group health equity impact assessment of one of the policy/practice examples from the role play. The groups will then present their analysis to inform a collective story of how health equity is compromised in the migration journey. Lastly, the group will recommend policy and practice changes that align with principles of equity.

### Learning Objectives:

- Classify and explain specific ways policy and practice compromise health equity.
  - Compare and analyze policies and practices through a health equity lens.
  - Implement a health equity approach through producing a health equity impact assessment of policy or practice.
  - Explore and create policy recommendations that advance health equity.
- 

## PUBLIC HEALTH AND CLIMATE CHANGE: FROM EVIDENCE TO ACTION

**Presented by:** Ontario Public Health Association

The World Health Organization (WHO) has identified climate change as the defining issue for public health in the 21<sup>st</sup> century. Scientific evidence on the health impacts of climate change has been mounting over the last year, along with media and public attention. Hear from experts about the latest evidence on health impacts – in particular the health equity implications for individuals and communities – as well as actions being planned and underway at the national level. Learn from practitioners about leading public health practices in local mitigation and adaptation. The Ontario Public Health Association will share its learnings from the development of a provincial health-related climate communications campaign. This session will provide delegates with an opportunity to discuss how public health professionals can promote collaboration with others to build greater awareness about climate change-related health risks as well as actions that can be taken to improve population health.

### Learning Objectives:

After attending this session, participants will be able to:

- Describe the health impacts of climate change, including the implications for health equity.
  - Identify effective strategies and practices.
  - Explore the opportunities for collaborative action that can be led by their agencies.
-

# TUESDAY 30 APRIL | MARDI 30 AVRIL

17:30 – 19:30

MAKING CONNECTIONS – A 5 à 7 WITH THE NCCs AND THE RURAL, REMOTE, AND NORTHERN PUBLIC HEALTH NETWORK

17 h 30 à 19 h 30

5 à 7 AVEC LES CCN ET LE RÉSEAU DE SANTÉ DES RÉGIONS RURALES, NORDIQUES ET ÉLOIGNÉES

Join the six National Collaborating Centres for Public Health (NCCs) and the RRNPHN for a dual language, interactive “5 à 7” networking event.

Meet and connect with NCC and RRNPHN staff, as well as conference speakers and other CPHA 2019 participants. Learn about projects and explore new collaborative opportunities to strengthen public health in the rural and remote communities of Canada.

Light snacks will be served and a cash bar will be available. Please note that registration is required as space is limited.

Registration fee: \$25

Joignez-vous aux Centres de collaboration nationale de santé publique (CCNSP) et au Réseau de santé des régions rurales, nordiques et éloignées (RSRNE) pour un 5 à 7 bilingue et interactif.

Tissez des liens avec le personnel des deux organisations hôtes ainsi qu'avec les conférencier(ières) et d'autres participants de Santé publique 2019. Cet événement convivial vous permettra d'en savoir davantage sur les projets en cours et d'explorer les possibilités de partenariats en vue d'améliorer l'état de santé des gens qui vivent dans les régions rurales, nordiques ou éloignées du Canada.

Des amuse-gueules seront servis et un bar payant sera ouvert pour la durée de l'événement. Inscrivez-vous sans tarder car le nombre de places est limité!

Frais d'inscription : 25 \$

# WEDNESDAY 1 MAY | MERCREDI 1<sup>er</sup> MAI

Sessions will be presented in the language as indicated by their respective titles.  
Les séances seront présentées dans la langue de leur titre.

## PROGRAM OVERVIEW | RÉSUMÉ DU PROGRAMME

7:00 - 8:45 7 h à 8 h 45	CPHA ANNUAL GENERAL MEETING ASSEMBLÉE GÉNÉRALE ANNUELLE DE L'ACSP
9:00 - 10:00 9 h à 10 h	PLENARY II: INTEGRATING INDIGENOUS KNOWLEDGE AND VALUES INTO ESTABLISHED PUBLIC HEALTH PROGRAMS PLÉNIÈRE II : POUR INTÉGRER LE SAVOIR ET LES VALEURS AUTOCHTONES DANS LES PROGRAMMES DE SANTÉ PUBLIQUE ÉTABLIS
10:00 - 10:45 10 h à 10 h 45	REFRESHMENT BREAK WITH EXHIBITORS PAUSE-RAFRAÎCHISSEMENTS AVEC LES EXPOSANTS
CONCURRENT SESSIONS 10:45 - 12:15  SÉANCES SIMULTANÉES 10 h 45 à 12 h 15	<i>PHAC presents:</i> David Butler Jones / Chief Public Health Officer Symposium: Social and cultural drivers of antibiotic use
	<i>CIHI presents:</i> What is measured matters: Developing strengths-based, culturally relevant wellness indicators
	Oral Presentations   Présentations de résumés oraux
12:15 - 14:00 12 h 15 à 14 h	NETWORKING LUNCH   DÉJEUNER CONTACTS
	POSTER PRESENTATION SESSION 2   PRÉSENTATION D'AFFICHES 2
CONCURRENT SESSIONS 14:00 - 15:30  SÉANCES SIMULTANÉES 14 h à 15 h 30	Building a collaborative environment: Bridging disciplines of public health and planning
	Empowering Women's Leadership in Population, Public, & Indigenous Health
	Engaging students and young professionals: What can public health organizations do?
	Engaging tenant leadership in strategies for achieving the right to healthy, affordable housing
	Front-of-package nutrition labels: Experimental evidence to guide national and global policy development
	<i>PAHO presents:</i> Monitoring the sustainable development goals: Ensuring equity in the region of the Americas
	Preventing suicide among older adults: Responding to a global public health challenge
	<i>MNC presents:</i> Relational approach in developing health and wellness strategies for Métis citizens
15:30 - 15:45 15 h 30 à 15 h 45	Tackling inequities in health care: The HEIA tool
	REFRESHMENT BREAK   PAUSE-RAFRAÎCHISSEMENTS
CONCURRENT SESSIONS 15:45 - 17:15  SÉANCES SIMULTANÉES 15 h 45 à 17 h 15	Become a data explorer - Understanding canadian substance use costs and harms using data visualization
	Canada's new Food Guide
	Education for reconciliation: Decolonized and engaged pedagogy - An experiential learning exercise to transform empathy into social action
	The future of the microbiome in public health
	How to develop a submission to profile your public health innovation in policy or practice in the <i>Canadian Journal of Public Health</i>
	<i>NCCPH presents:</i> NCCPH Knowledge Translation Graduate Student Awards: Panel presentation
	Partnerships for racial equity in health
	Recover: A social innovation approach for urban wellness and SDOH
	You Completed a Public Health Program: What Now?



# WEDNESDAY 1 MAY | MERCREDI 1<sup>er</sup> MAI

7:00 – 8:45

CPHA ANNUAL GENERAL MEETING

7 h à 8 h 45

ASSEMBLÉE GÉNÉRALE ANNUELLE DE L'ACSP

The CPHA Annual General Meeting (AGM) is open to all participants and pre-registration is required. Participants must have an active membership to vote at the AGM. Those with expired memberships or new members must have an active membership by noon on Tuesday, April 30 to be eligible to vote.

Breakfast will be provided.

L'assemblée générale annuelle de l'ACSP est ouverte à tous les participants, mais il faut s'inscrire à l'avance. Seuls les membres en règle peuvent voter à l'AGA. Les participants dont l'adhésion a expiré et les nouveaux membres doivent être en règle d'ici le mardi 30 avril à midi pour pouvoir voter.

Le petit déjeuner sera servi.

9:00 – 10:00

PLENARY II

9 h à 10 h

SÉANCE PLÉNIÈRE II

## INTEGRATING INDIGENOUS KNOWLEDGE AND VALUES INTO ESTABLISHED PUBLIC HEALTH PROGRAMS

The Truth and Reconciliation Commission (TRC) underscored the importance of self-determination for Indigenous peoples. Public health needs to re-examine disease management with cultural respect and humility if health equity goals are to be met. For First Nations, Inuit and Métis peoples in Canada, tuberculosis (TB) is rooted in colonization and ongoing structural violence.

In the context of the TRC Calls to Action, the Political Declaration on the Fight against TB, and the Sustainable Development Goal to end TB, delegates will learn about TB elimination efforts. The lessons learned from these initiatives can then be used to guide health equity efforts that focus on the social and ecological determinants of health and the integration of Indigenous cultural norms and knowledge in program implementation. This session will have relevance across a broad range of topics and settings.

### Learning Objectives:

- Explore the impact of colonization and structural violence on the health and well-being of First Nations, Inuit and Métis peoples.
- Describe approaches to integrate Indigenous knowledge and values into new and established public health programs.

### Speakers | Oratrices et orateur :

- Marg Friesen, Minister of Health of Métis Nation Saskatchewan
- Natan Obed, President, Inuit Tapiriit Kanatami
- Isa Wolf, Communicable Disease Control Nurse Specialist, FNHA TB Services

## POUR INTÉGRER LE SAVOIR ET LES VALEURS AUTOCHTONES DANS LES PROGRAMMES DE SANTÉ PUBLIQUE ÉTABLIS

La Commission de vérité et réconciliation (CVR) a souligné l'importance de l'autodétermination pour les Autochtones. La communauté de la santé publique doit revoir la gestion des soins thérapeutiques avec humilité et respect pour la culture autochtone si elle espère atteindre les objectifs d'équité en santé. Pour les peuples des Premières Nations, les Inuits et les Métis du Canada, la tuberculose est ancrée dans la colonisation et la violence structurelle persistante.

Dans le contexte des Appels à l'action de la CVR, de la Déclaration politique sur la lutte contre la tuberculose et de l'objectif de développement durable qui consiste à mettre fin à la tuberculose, les délégués seront informés des efforts en cours pour éradiquer la tuberculose. Les leçons de ces initiatives pourront ensuite guider une démarche d'équité en santé axée sur les déterminants sociaux et écologiques de la santé et l'incorporation du savoir et des normes culturelles autochtones dans la mise en œuvre des programmes. Cette séance se rapporte à un vaste éventail de sujets et de milieux.

### Objectifs d'apprentissage :

- Explorer les incidences de la colonisation et de la violence structurelle sur la santé et le bien-être des peuples des Premières Nations, des Inuits et des Métis.
- Décrire des démarches d'incorporation du savoir et des valeurs autochtones dans les programmes de santé publique nouveaux et existants.

# WEDNESDAY 1 MAY | MERCREDI 1<sup>er</sup> MAI

10:00 – 10:45

REFRESHMENT BREAK WITH EXHIBITORS

10 h à 10 h 45

PAUSE-RAFRAÎCHISSEMENTS AVEC LES EXPOSANTS

10:45 – 12:15

CONCURRENT SESSIONS

10 h 45 à 12 h 15

SÉANCES SIMULTANÉES

## DAVID BUTLER JONES / CHIEF PUBLIC HEALTH OFFICER SYMPOSIUM: SOCIAL AND CULTURAL DRIVERS OF ANTIBIOTIC USE

Antimicrobial resistance is one of the emerging public health challenges of the 21<sup>st</sup> century in Canada and across the world. Faced with the threat of losing treatment options to common infections, a system-wide approach is needed to preserve the efficacy of antibiotics. This includes having a better understanding of the social and cultural drivers of antibiotic use, including deeply held beliefs, culture, and habits that underpin prescribing patterns and use.

This session will provide an opportunity to better understand the reasons behind prescribing, use and misuse, and to hear lessons learned from various multi-sectoral initiatives with practitioners and the public.

### Learning Objectives:

- Explore the social and cultural contexts that influence optimal antibiotic prescribing and use.
- Describe lessons learned from other countries and sectors.
- Discuss what is needed to catalyze further action in Canada.

## SYMPOSIUM DE DAVID BUTLER JONES ET DE L'ADMINISTRATRICE EN CHEF DE LA SANTÉ PUBLIQUE – DÉTERMINANTS SOCIAUX ET CULTURELS DE L'USAGE DES ANTIBIOTIQUES

La résistance aux antimicrobiens est l'un des nouveaux défis de santé publique du 21<sup>e</sup> siècle au Canada et à l'échelle internationale. Devant la menace de perdre les solutions de traitement d'infections courantes, une approche systémique est nécessaire en vue de préserver l'efficacité des antibiotiques. Cette approche consiste à mieux comprendre les déterminants sociaux et culturels de l'usage des antibiotiques, y compris les croyances profondément ancrées, la culture et les habitudes qui sous-tendent les tendances en matière d'ordonnance des antibiotiques et leur utilisation.

Cette séance offrira une occasion de mieux comprendre les raisons qui expliquent l'ordonnance, l'usage et le mauvais usage des antibiotiques, d'entendre les leçons tirées de diverses initiatives multisectorielles menées auprès des praticiens et du public.

### Objectifs :

- Explorer le contexte social et culturel qui influence l'ordonnance et l'utilisation optimales des antibiotiques.
- Tirer les enseignements découlant des expériences d'autres pays et d'autres secteurs.
- Examiner ce qui est nécessaire pour catalyser des mesures supplémentaires au Canada.

# WEDNESDAY 1 MAY | MERCREDI 1<sup>er</sup> MAI

10:45 – 12:15

CONCURRENT SESSIONS

10 h 45 à 12 h 15

SÉANCES SIMULTANÉES

## WHAT IS MEASURED MATTERS: DEVELOPING STRENGTHS-BASED, CULTURALLY RELEVANT WELLNESS INDICATORS

**Presented by:** Canadian Institute for Health Information

Answering the Truth and Reconciliation Commission Call to Action #19 calls for *the establishment of measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends.*

Indigenous concepts of wellness are distinct from western notions of wellness, and are unique to each community's respective worldview. Strengths-based wellness indicators that positively reflect values, culture, and aspirations, and that are developed and monitored with and/or by the community itself best support communities to measure what is important to them.

Relevant and useful health information enhances communities' ability to tell their own narrative of wellness, and to be able to direct programs and services specifically to their communities' needs and priorities.

How do we, as Indigenous and non-Indigenous people, support and answer this call to action? Let's learn together from our unique panelists who have experience and different perspectives on strengths-based wellness indicators.

### Learning Objectives:

- Describe what strength based indicators are and their application to public health practice.
- Explore the value of strength based indicators through narratives on Indigenous wellness.
- Discuss how strength based indicators can help close the gaps in health outcomes between Aboriginal and non-Aboriginal communities.

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## ORAL ABSTRACT SESSIONS

### PRÉSENTATIONS DE RÉSUMÉS ORAUX

*Details to follow. / Les détails à suivre.*

12:15 – 13:00

NETWORKING LUNCH

12 h 15 à 13 h

DÉJEUNER CONTACTS

13:00 – 14:00

POSTER PRESENTATIONS – SESSION 2

13 h à 14 h

PRÉSENTATIONS D'AFFICHES – SÉANCE 2

The dedicated poster session and networking event will enable presenters to engage with delegates in a more dynamic setting. Less structured than an oral presentation and with more presentation time, the goal of the poster presentation session is to allow delegates to network, and exchange innovative ideas, while facilitating productive discussion and feedback.

La séance spéciale d'affiches et de réseautage permettra aux présentateurs d'engager la conversation avec les délégués et de présenter dans un lieu plus dynamique. Moins structurée qu'un exposé oral et avec plus de temps de présentation, la séance d'affiches permettra aux délégués de créer des liens et d'échanger des idées novatrices tout en facilitant des discussions et des commentaires productifs.

14:00 – 15:30

CONCURRENT SESSIONS

14 h à 15 h 30

SÉANCES SIMULTANÉES

## **BUILDING A COLLABORATIVE ENVIRONMENT: BRIDGING DISCIPLINES OF PUBLIC HEALTH AND PLANNING**

The Public Health Agency of Canada released a report in 2017 discussing how the built environment can help create healthy lifestyles and ultimately improve health. Collaboration between public health and planning has great potential for developing healthy built environments (HBEs) that address the social determinants of health. A concerted, intersectoral and collaborative effort to integrate public health perspectives into planning and policy development can support the development of HBEs that not only foster more vibrant and liveable communities but can also facilitate health and resilience. This session will bring together a panel of speakers to address pathways, resources and tools for better integration of health into planning and influencing public policies that shape the built environment. Panelists will share examples of collaborations between public health and planning sectors, lessons learned, and insights on strengthening the “evidence to practice” link to influence decisions. Participants will be able to identify actionable steps for fostering collaboration between public health and planning groups, and reflect about implementation opportunities in their respective context.

### **Learning Objectives:**

- Describe the relationship between health objectives and ways in which planning can contribute positively to community well-being, and identify actionable steps toward engaging and working with planners.
  - Recognize barriers that hinder effective partnerships, and, conversely, put forward enablers and facilitations toward having planning and public health at the same table.
  - Explore the ways that Indigenous perspectives can be respected and incorporated in health-planning collaborations.
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## **EMPOWERING WOMEN'S LEADERSHIP IN POPULATION, PUBLIC, & INDIGENOUS HEALTH**

Women constitute over 80% of the public health and health sciences workforce, yet they occupy proportionately fewer leadership positions. Our overall project goal – Empowering Women Leaders in Health (EWoLiH) – is to achieve transformative systemic gender equity change in the health care, health sciences, and Indigenous health contexts through the application of a set of evidence-informed tools to increase the participation, visibility, and advancement of women and Two Spirit leaders. The workshop will begin with two presentations: one on an overview of the EWoLiH initiative and the second on a LEADS-based tool kit of evidence-informed, promising individual, team, organizational and system-level practices. Following these short presentations, participants will break out into smaller working groups to discuss the challenges and enablers to women's leadership, facilitated by the project investigators and research associates. Participants will be able to apply the skill they learn in their day-to-day research or public health setting.

### **Learning Objectives:**

- Gather evidence-informed promising practices at the individual, team, organizational and system level to advance women's participation in leadership positions.
  - Apply promising practices to public health care and health sciences contexts.
  - Describe the unique context for Indigenous and Two Spirit Leaders in public health and health sciences contexts.
-

14:00 – 15:30

CONCURRENT SESSIONS

14 h à 15 h 30

SÉANCES SIMULTANÉES

## ENGAGING STUDENTS AND YOUNG PROFESSIONALS: WHAT CAN PUBLIC HEALTH ORGANIZATIONS DO?

This workshop will focus on what public health organizations can do to address the issue of a changing public health workforce and the engagement of students and young professionals (SYPs). Speaking from literature on trends in the public health workforce and the surveys and stakeholder engagements conducted by the World Federation of Public Health Associations' Student and Young Professional Working Group, this workshop will encourage participants to consider local application and implementation of the recommendations.

Based on a global survey completed with the aid of the World Federation of Public Health Associations' Students and Young Professionals section, presenters will discuss tangible strategies for SYP engagement and metrics designed to assess the implementation of these recommendations by public health organizations. Participants will leave with an understanding of why SYP engagement is a critical issue, and specific programs and activities their organization can implement to engage SYPs.

### Learning Objectives:

- Discuss the changing landscape of public health and engagement for the next generation to ensure growth in the field of public health.
- Identify local application and implementation of the recommendations for public health organizations from the World Federation of Public Health Associations.
- Discuss programs and activities that can be implemented to further engage SYPs in public health organizations.

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## ENGAGING TENANT LEADERSHIP IN STRATEGIES FOR ACHIEVING THE RIGHT TO HEALTHY, AFFORDABLE HOUSING

This symposium will explore strategies in research and practice to address housing as it intersects with other determinants of health, featuring ongoing work in Vancouver, BC, Ottawa, ON and Owen Sound, ON. Specifically, the session will explore community-based research approaches that support local intersectoral efforts, including the role of public health, in tackling housing inadequacy as a key driver of health inequities.

Participants will learn about research supporting tenant organizing strategies to address the inhabitable conditions of single room occupancy hotels in Vancouver's Downtown Eastside, intersectoral research on the role and future of rooming houses in Ottawa, the RentSafe research initiative with public health and multiple other sectors on housing habitability in rural-based Owen Sound, and a novel Indigenous-led intersectoral table on homelessness in Owen Sound. Participants will have the opportunity to explore the emergent concept of Equity-focused Intersectoral Practice (EquiP) and how it can be used to promote meaningful intersectoral work to address systemic gaps and barriers.

### Learning Objectives:

- Explore how housing quality as a social determinant of health interacts with poverty and other forms of disadvantage to perpetuate persistent health inequities and social injustices for low-income tenants, with a focus on environmental health hazards, landlord relations, and their effects on residents' physical and mental well-being.
  - Compare innovative strategies employed by researchers and students to enhance collaboration between sectors, partners, and community organizations in order to support tenant empowerment and improve health service collaboration; participants will be challenged to consider ways in which they can develop equitable, participatory partnerships in their professional or student work to better address housing-related health inequities.
  - Explore EquiP (Equity-focused Intersectoral Practice), a framework in which professionals are encouraged to prepare themselves for equity-focused intersectoral work by critically examining their partnerships, with whom they are working and how.
-

14:00 – 15:30

CONCURRENT SESSIONS

14 h à 15 h 30

SÉANCES SIMULTANÉES

## FRONT-OF-PACKAGE NUTRITION LABELS: EXPERIMENTAL EVIDENCE TO GUIDE NATIONAL AND GLOBAL POLICY DEVELOPMENT

The symposium will provide an overview of FOP labelling and summarize findings from three studies investigating the impact of FOP nutrition labelling systems. The studies presented in this symposium use innovative research designs (both Canadian and international) to assess consumer understanding and purchasing behaviours in response to different FOP labelling systems. All studies compared different FOP label designs to explore differences between Canada's proposed 'high in' system and other common FOP label formats used internationally. Participants will gain an understanding of the status of FOP regulations in Canada and internationally, and will become familiar with different experimental methods that can be used to assess FOP labels and other nutrition policies. The session will also provide a context for discussion of the potential benefits, weaknesses and policy implications of the many different FOP nutrition labelling formats.

### Learning Objectives:

- Describe policy-relevant evidence examining the impact of FOP nutrition labels on consumer understanding and purchasing behaviours.
- Illustrate key experimental research methodologies that can be used to evaluate FOP nutrition labelling systems and other nutrition policies.
- Evaluate, through participant discussion, the potential benefits, drawbacks and policy implications of different FOP nutrition labelling systems.

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## MONITORING THE SUSTAINABLE DEVELOPMENT GOALS: ENSURING EQUITY IN THE REGION OF THE AMERICAS

Presented by: Pan American Health Organization

In this session, the Pan American Health Organization (PAHO) will present its corporate framework for the monitoring of the Sustainable Development Goals (SDGs 2030) in Latin America and the Caribbean. This framework is unique in that it incorporates the centrality of equity as part of its monitoring and analysis, which is a core principle of PAHO to ensure no one is left behind in the Region. The framework is linked with the Sustainable Health Agenda for the Americas and PAHO's Strategic Plan, and builds accountability measures into country commitments. Presenters will discuss the development of the corporate framework, its application at the country level, country experience with inequalities monitoring, and information requirements.

### Learning Objectives:

- Describe the regional situation on monitoring health inequalities including key challenges.
- Present PAHO's corporate framework to monitor SDGs and its applicability at the regional and country levels.
- Discuss implications for changing public health practices in the Region.

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## PREVENTING SUICIDE AMONG OLDER ADULTS: RESPONDING TO A GLOBAL PUBLIC HEALTH CHALLENGE

Suicide is a global cause of preventable mortality, claiming over 800,000 lives annually (WHO, 2014). Older adults have high rates of suicide, and the older adult population is expanding rapidly. Relatively little research evidence exists regarding later-life suicide risk detection and prevention, and even promising interventions are rarely offered to at-risk individuals (Heisel & Duberstein, 2016). Systemic factors contribute to this problem, including increasing pressure on an already-strained public healthcare system and a relative paucity of providers trained in aging and mental health. This symposium will focus on suicide prevention in later life, sharing mental health, public health, and social justice perspectives. Participants will benefit from a review of the epidemiology of later-life suicide, risk and resiliency indicators, evidence-based and promising approaches to suicide risk detection and intervention, and interactive discussion on healthcare challenges, opportunities, and the need for novel public health solutions to this growing problem.

### Learning Objectives:

- Discuss the epidemiology of older adult suicide and associated challenges to public health.
- Identify established and promising evidence-based approaches to suicide risk identification and prevention with older adults at the clinical, community, and public health levels.
- Apply lessons learned from this symposium to develop and implement evidence-based approaches to older adult suicide prevention, influenced by the diverse voices and perspectives of the presenters and attendees.



14:00 – 15:30

CONCURRENT SESSIONS

14 h à 15 h 30

SÉANCES SIMULTANÉES

## RELATIONAL APPROACH IN DEVELOPING HEALTH AND WELLNESS STRATEGIES FOR MÉTIS CITIZENS

**Presented by:** Métis National Council/Métis Nation Saskatchewan

The history of Canada has been greatly influenced by the Métis people who emerged in the west central North America with their own unique languages, common culture, traditions, and Métis Nation government structures. In 2018, Canada and the Métis Nation signed a framework agreement to begin the dialogue towards reconciliation through regionally tailored exploratory discussions and/or negotiations based upon a nation-to-nation, government-to-government relationship and approach.

Metis Nation Saskatchewan recognizes the need for enhanced communication and collaborative partnerships to ensure the most effective mechanisms for the development of health and wellness services, culturally responsive programs and policies for Métis citizens are being considered with other community stakeholders

This session will feature a historical presentation on the Métis Nation and the many contributions that helped shape Canada. Presenters will explore how to advance Metis Nation health priorities and how partnerships can collaborate to achieve better health outcomes.

### Learning Objectives:

- Explore the history of Métis, Metis Nation Saskatchewan government and governance structure.
- Describe the Métis health research and engagement processes.
- Identify Metis Nation Saskatchewan health priorities and strategies.

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## TACKLING INEQUITIES IN HEALTH CARE: THE HEIA TOOL

The Ontario Government has identified health equity as a key component of health care. As a result, identifying and responding to health inequities has become a growing concern for organizations across the province.

But how do we tackle this concern? Ontario's Health Equity Impact Assessment, or HEIA, is a key tool.

HEIA guides organizations in identifying and preventing the unintended health inequities that may result from a policy, program or service that might have an impact on people's health.

HEIA can help:

- Build health equity into an organization's decision-making process;
- Raise awareness about health equity in an organization;
- Spot the unintended effects of a policy or program on the health of vulnerable or marginalized groups; and
- Improve the design of policies or programs to increase the positive, and reduce the negative, health equity impacts.

Our HEIA training explores key concepts related to health equity and goes on to examine the HEIA tool in detail. Participants will think about how the HEIA tool can be applied to their own practice and follow a series of guided steps to plan for their own HEIA.

### Learning Objectives:

- Discuss how social and economic conditions can impact an individual's health.
- Demonstrate how the HEIA tool can be applied to a policy, program, or initiative to mitigate the negative unintended impacts that could be had on a marginalized population.
- Apply the HEIA tool to a hypothetical health scenario.

15:30 – 15:45

REFRESHMENT BREAK WITH EXHIBITORS

15 h 30 à 15 h 45

PAUSE-RAFRAÎCHISSEMENTS AVEC LES EXPOSANTS

15:45 – 17:15

CONCURRENT SESSIONS

15 h 45 à 17 h 15

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## **BECOME A DATA EXPLORER - UNDERSTANDING CANADIAN SUBSTANCE USE COSTS AND HARMS USING DATA VISUALIZATION**

This workshop will provide an overview of the methods and key provincial and territorial findings from the recent study of Canadian substance use costs and harms. Following this, facilitators will demonstrate the functionality of a complementary online data visualization tool. This will include explanations of the different study measures (e.g., counts, rates, costs); outcomes (e.g., hospitalizations, deaths, policing); and variables (e.g., substance, sex, age, year) that can be examined. It will also include a demonstration on generating various types of figures (e.g., plots, tables, maps).

Participants will be asked to develop a professionally relevant query that can be answered with the data. Then, with the help of a facilitator, they will generate the desired data visualizations. Through attending this workshop, participants will gain knowledge and understanding of this valuable resource that they can use to help answer research and policy questions, and to inform decision-making and other processes.

### **Learning Objectives:**

- Explore the available data and analyze the appropriate datasets to answer participants' unique questions about substance use costs and harms in Canada.
  - Create customized data visualizations for use in participants' own work, including data tables and different types of figures, using the online visualization tool.
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## **CANADA'S NEW FOOD GUIDE**

On January 22, 2019, Health Canada launched the new Food Guide, which transformed the way dietary guidance is communicated. This session will provide an overview of the approach to the revision of the Food Guide, the tools and resources released in early 2019, and next steps. This session will also provide an opportunity for participants to ask questions and seek clarification to support their understanding and use of the Guidelines and various tools and resources.

### **Learning Objectives:**

- Explore the approach to the revision process and evidence underpinning the new Food Guide.
  - Discover the new Food Guide tools and resources released in early 2019.
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## **EDUCATION FOR RECONCILIATION: DECOLONIZED AND ENGAGED PEDAGOGY - AN EXPERIENTIAL LEARNING EXERCISE TO TRANSFORM EMPATHY INTO SOCIAL ACTION**

This workshop is an experiential-based learning exercise created by Indigenous scholar, teacher and researcher Dr. Jennifer Leason. It was created as a call to action to transform participants' understanding about the impacts of colonization on Indigenous peoples in Canada. The exercise is centred on reconciliation, decolonization and indigenization.

**Reconciliation:** The Truth and Reconciliation Commission's Calls to Action (2015) aim to ensure all sectors:

1. Build student capacity for intercultural understanding, empathy, and mutual respect (p. 7, #62–63 iii), and
2. Offer skills-based training in intercultural competence training, conflict resolution, human rights and anti-racism (p. 3, #24).

**Decolonized and Engaged Pedagogy:** Decolonization and engaged pedagogy aims to transform consciousness through a paradigm shift from a culture of denial towards making space for Indigenous political philosophies, ways of knowing, being and doing.

**Indigenization through Indigenous Pedagogy:** Indigenous pedagogy is inclusive, holistic and reflective of Indigenous ways of teaching and learning. The Talking Circle is utilized as pedagogy to create a safe space, where each one is equal and each one belongs. Participants in a Talking Circle learn to listen and respect others, as well as taking turns sharing their thoughts, ideas, emotions and experiences. Indigenous pedagogy engages teaching/learning practices that connect the head, heart, and spirit to "transform people in powerful ways that

15:45 – 17:15

CONCURRENT SESSIONS

15 h 45 à 17 h 15

SÉANCES SIMULTANÉES

may not be fully understood on a rational level alone” (Paulette Regan, 2010, p. 205). The transformation is to move beyond the mere description and theorizing about the impacts of colonization, towards the experience and transformation of understanding towards empathy and social action.

## Learning Objectives:

- Educate participants on the Canadian history of colonization. Through a series of PowerPoint slides, participants are exposed to key historical events that have impacted, and continue to impact, Indigenous peoples.
- Create a safe and ethical space of engagement through the use of a sharing and learning circle. Throughout the exercise, sensitive topics such as historical trauma, racism, violence and abuse, power imbalance and intergenerational impacts are examined; these require extreme sensitivity and support.
- Transform understanding and build empathy and understanding towards social action by raising participants’ critical consciousness about how colonialism has impacted Indigenous peoples in Canada. Discussion will focus on current health outcomes and the impacts of Indigenous peoples’ health and well-being.
- Engage participants in a conversation around “What does reconciliation mean to me? What role do we play as individuals and as a society to work towards reconciliation? What are some ways or ideas to work towards reconciliation?”

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## THE FUTURE OF THE MICROBIOME IN PUBLIC HEALTH

Research into the human microbiome is evolving at a rapid pace, disrupting our established understanding of healthy development and aging. Concurrently, the public has been demonstrating a burgeoning interest in the microbiome and how it can support health while at the same time adopting new behaviours and practices that are impacting the microbiome in ways that could have negative-long term health consequences. What does the current state of the science tell us about the individual and community microbiome, and how can that drive improvements to public health? Through this interactive session, global leaders in microbiome research will engage with participants to explore how the human microbiome shapes health and disease across the lifespan, the implications of shifting societal and cultural practices on the microbiome, and how the emerging evidence in these areas may inform the development of key public health programs, practices and policies.

## Learning Objectives:

By attending this symposium, participants will:

- Develop a new and/or deeper understanding of the current state of the knowledge of the human microbiome and its connections to population and public health.
  - Develop new ideas for how this knowledge can inform and shape current and emerging public health programs, policies and practices.
  - Explore opportunities and discuss strategies to further advance the awareness and integration of knowledge of the microbiome into public health (e.g., education, messaging) and which priority public health issues warrant immediate microbiome related research.
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15:45 – 17:15

CONCURRENT SESSIONS

15 h 45 à 17 h 15

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## HOW TO DEVELOP A SUBMISSION TO PROFILE YOUR PUBLIC HEALTH INNOVATION IN POLICY OR PRACTICE IN THE *CANADIAN JOURNAL OF PUBLIC HEALTH*

Local public health providers are continually facing new challenges and coming up with promising approaches to deal with these challenges as part of their jobs. When these evidence-informed innovations are effective, other public health providers want to know about them and determine if similar approaches might be effective for their locale in a timely manner. The CJPH has developed a journal section to promote the dissemination of evidence-based innovations in public health policy and practice that have been evaluated and shown promise, but may not conform to a standard research article format.

In this workshop, organized and led by the Editor-in-Chief and a senior editor of the *Canadian Journal of Public Health*, participants will learn about this section of the Journal, the types of innovations that have been published to date, and learn the fundamentals of submitting an abstract and article for this section.

Participants will engage in a facilitated exercise and discussion to determine the types of program and policy innovations that would be of interest to the journal, and how to write this idea as an abstract to submit to the Journal.

### Learning Objectives:

- Describe the Innovations in Policy and Practice (IPP) section of the CJPH to colleagues.
- Define the elements of a high-quality abstract for this section.
- Determine which program and policy innovations they have been involved with may be a good fit for this section, or how to submit them for consideration.
- Learn how to become a peer reviewer for the IPP section.

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## NCCPH KNOWLEDGE TRANSLATION GRADUATE STUDENT AWARDS: PANEL PRESENTATION

**Presented by:** National Collaborating Centres for Public Health

The six National Collaborating Centres (NCCs) for Public Health (NCCPH) work together in knowledge translation (KT) to promote the use of research evidence and other knowledge to strengthen public health practices, programs and policies in Canada. Defined by the Canadian Institutes of Health Research, knowledge translation is a dynamic and iterative process that includes synthesis, dissemination, exchange, and the ethically sound application of knowledge to improve the health of Canadians, provide more effective health services and products, and strengthen the health care system.

Every year, as part of the NCCPH's commitment to develop expertise in future generation(s) of public health, the six NCCs collaborate on the NCCPH Knowledge Translation Graduate Student Awards. The awards are presented to three students at the annual Canadian Public Health Association (CPHA) conference and celebrate the experience and incentive of public health students to learn and acquire new knowledge translation skills. This panel session will highlight the graduate student knowledge translation projects awarded at Public Health 2019. The three students will present their award-winning topics and KT approaches, and engage with the audience in a question-and-answer period.

### Learning Objectives:

- Highlight student projects that demonstrate effective and innovative knowledge translation methods.
  - Engage participants in explorations of novel knowledge translation strategies.
  - Foster discussion on opportunities for bridging research, policy and practice, bringing evidence and other knowledge to application in public health settings.
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15:45 – 17:15

CONCURRENT SESSIONS

15 h 45 à 17 h 15

SÉANCES SIMULTANÉES

## **PARTNERSHIPS FOR RACIAL EQUITY IN HEALTH**

This workshop, offered by the National Collaborating Centre for Determinants of Health, will continue the dynamic conversation from the plenary on Racism in Society at Public Health 2017, by motivating delegates to remain engaged in anti-racism dialogue and action. Specifically, this workshop will allow delegates to increase their own level of understanding of racism and to move towards a culture of racial equity in order to build and maintain partnerships that will have a powerful impact on racialized health inequities. Using a combination of presentations, self-reflective exercises, and group work, the anticipated outcome of the workshop is to have participants return to their workplaces with key strategies, tools, and promising practices to advance racial equity through partnerships and effective engagement to create systems change.

### **Learning Objectives:**

- Compare and contrast different levels and forms of racism and their impact on health.
  - Discuss barriers to equitable partnership building and engagement.
  - Identify promising approaches for enhancing collaboration and partnerships to address racial inequities in public health.
- 

## **RECOVER: A SOCIAL INNOVATION APPROACH FOR URBAN WELLNESS AND SDOH**

RECOVER is a collective approach to figure out solutions that work for all and improve “urban wellness” in Edmonton’s downtown core neighbourhoods. RECOVER is using social innovation to explore ideas that achieve urban wellness, a complex challenge influenced by a myriad of determinants of health. Working with and listening deeply to communities, businesses, agencies, governments, and residents, RECOVER generated ideas or prototypes that were grounded in ethnographic research and other quantitative data. RECOVER tested 13 of these prototypes in the field that involved over 70 people from diverse sectors who brought them to life over a short (8-week) period. The continual learning from prototyping and the process offered insights for scaling up.

In this workshop, participants will use hands-on exercises to apply the tools we used in RECOVER, and vignettes to share learnings from our journey. The participants will walk away with concrete tools to cultivate innovative solutions for urban wellness in their municipalities.

### **Learning Objectives:**

- Identify the principles of social innovation approach in Edmonton’s RECOVER project to promote health and improve urban wellness in the downtown core neighbourhoods.
  - Explore practical tools to test opportunity areas for change that emerge from research findings.
  - Apply social innovation tools to different contexts to improve urban wellness.
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15:45 – 17:15

CONCURRENT SESSIONS

15 h 45 à 17 h 15

SÉANCES SIMULTANÉES

## YOU COMPLETED A PUBLIC HEALTH PROGRAM: WHAT NOW?

The field of public health is vast and new professionals can find themselves working in a diverse number of areas. Graduates from a public health program find work in the public, private, not-for-profit or academic sectors across a wide number of public health disciplines. Often time, a graduate may find themselves as the sole or one of few public health professionals in a workplace. As a result, it can be difficult for an early career professional to remain actively connected to the public health community as they transition out of the academic environment and into the workforce.

This workshop will provide early (and-soon-to-be) career professionals and students with the opportunity to participate in an interactive “speed-dating” activity and two moderated sessions focused on navigating the diverse public health workforce and a CV/resume development. Following this workshop attendees will be able to: identify techniques to optimize the academic to workforce transition, identify opportunities for connectivity and engagement with the public health community in Canada, apply CV/resume building pointers and improve networking skills.

### Learning Objectives

- Discuss the challenges of navigating the diverse public health workforce
- Identify opportunities for early career professionals to stay connected with the public health community and informed of current public health practice
- Provide attendees with the opportunity to engage with a wide variety of public health professionals in an interactive small-group networking activity
- Review key CV/resume building skills and requirements.



Sessions will be presented in the language as indicated by their respective titles.  
Les séances seront présentées dans la langue de leur titre.

## PROGRAM OVERVIEW | RÉSUMÉ DU PROGRAMME

8:30 - 10:15 8 h 30 à 10 h 15	PLENARY III: PRECISION PUBLIC HEALTH? PLÉNIÈRE III : UNE SANTÉ PUBLIQUE DE PRÉCISION?
10:15 - 10:45 10 h 15 à 10 h 45	REFRESHMENT BREAK PAUSE-RAFRAÎCHISSEMENTS
CONCURRENT SESSIONS 10:45 - 12:15  SÉANCES SIMULTANÉES 10 h 45 à 12 h 15	Debunking "race": Contextualizing racial health inequalities
	CPHA presents: Public health and health system renewal
	AFN presents: Transforming public health knowledge into action for First Nations
	Oral Presentations   Présentations de résumés oraux
12:15 - 13:00 12 h 15 à 13 h	NETWORKING LUNCH   DÉJEUNER CONTACTS
CONCURRENT SESSIONS 13:00 - 14:30  SÉANCES SIMULTANÉES 13 h à 14 h 30	Advancing Indigenous equity in health care using storytelling and role play
	Aligning two worlds: What can AMR surveillance do for public health?
	Analytical innovation in public health evidence and practice: Integrating sex, gender, key identity factors and social determinants of health
	Building evidence-based community guidelines to end homelessness using multi-stakeholder engagement
	Cheers and fears of vaping e-cigarettes: Cutting-edge research, policy and practice
	Measuring health inequalities: Applying a toolkit developed by the Canadian Institute for Health Information
	Tailored to fit: Making adaptations to evidence-based public health programs
14:30 - 16:00 14 h 30 à 16 h	Vaccination in pregnancy: To vaccinate or not... that is the question!
	PLENARY IV: BUILDING SOCIAL CONNECTIONS FOR HEALTH AND HAPPINESS PLÉNIÈRE IV :

8:30 – 10:15

PLENARY III

8 h 30 à 10 h 15

SÉANCE PLÉNIÈRE III

## PRECISION PUBLIC HEALTH?

While precision medicine promises a new era in health care, public health practitioners are concerned about the disproportionate emphasis on genes, drugs, and disease, while neglecting strategies to address the social determinants of health. But could the same technologies that propel precision medicine usher in a parallel era of “precision public health”? If precision medicine is about providing the right treatment to the right patient at the right time, precision public health could be viewed as providing the right intervention for the right population at the right time. More accurate methods for measuring and diagnosing disease, pathogens, exposures, behaviours, susceptibility, and resilience could allow better assessment of population health and the development of policies and targeted programs for preventing disease.

The purpose of this session is to review the potential application by public health of two advances in precision medicine – genomics and artificial intelligence – and consider the legal and ethical implications, and then translate this new understanding to public health policy and practice.

### Learning Objectives:

- Describe the concepts of precision medicine and precision public health.
- Appreciate the current extent of, and future need for, research.
- Understand the ethical considerations associated with the application of these technologies.
- Develop an enhanced capacity for informed decision-making.
- Discuss the potential impacts of precision public health on the practice of public health and the health of populations.

### Speaker | Orateur :

- Dr. Muin Khoury, Office of Public Health Genomics, US Centers for Disease Control and PRevention

## UNE SANTÉ PUBLIQUE DE PRÉCISION?

La médecine de précision annonce une nouvelle ère dans les soins de santé, mais les praticiens de la santé publique ont des réserves par rapport à l'accent disproportionné qu'elle met sur les gènes, les médicaments et les maladies tout en négligeant les stratégies pour aborder les déterminants sociaux de la santé. Les techniques qui propulsent la médecine de précision pourraient-elles cependant inaugurer en parallèle l'ère de la « santé publique de précision »? Si la médecine de précision consiste à offrir le bon traitement au bon patient au bon moment, la santé publique de précision pourrait être considérée comme offrant la bonne intervention à la bonne population au bon moment. Des méthodes plus précises pour mesurer et diagnostiquer les maladies, les agents pathogènes, les expositions, les comportements, la susceptibilité et la résilience pourraient améliorer l'évaluation de la santé des populations et la formulation de politiques et de programmes ciblés pour prévenir les maladies.

Cette séance vise à examiner l'adoption éventuelle par la santé publique de deux avancées de la médecine de précision – la génomique et l'intelligence artificielle – à en peser les conséquences juridiques et éthiques, puis à appliquer ces nouvelles connaissances aux politiques et aux pratiques de santé publique.

### Objectifs d'apprentissage :

- Décrire les concepts de la médecine de précision et de la santé publique de précision.
- Reconnaître la portée actuelle de la recherche et la nécessité de la poursuivre.
- Comprendre les considérations éthiques associées à l'application de ces techniques.
- Renforcer notre capacité de prendre des décisions éclairées.
- Discuter des incidences possibles de la santé publique de précision sur l'exercice de la santé publique et la santé des populations.

10:15 – 10:45

REFRESHMENT BREAK

10 h 15 à 10 h 45

PAUSE-RAFRAÎCHISSEMENTS

10:45 – 12:15

CONCURRENT SESSIONS

10 h 45 à 12 h 15

SÉANCES SIMULTANÉES

## DEBUNKING “RACE”: CONTEXTUALIZING RACIAL HEALTH INEQUALITIES

Measuring health inequalities is a key step in identifying differences that may be considered unfair and can be acted on to improve health equity in Canada. The Canadian Institute for Health Information (CIHI), along with experts from across Canada, is developing standard equity stratifier definitions (socio-demographic variables) to harmonize and inform the measurement of health inequalities. There is growing interest in Canada in monitoring racial and ethnic inequalities in various sectors, such as health, justice and labour. In the health care sector, careful consideration is required in the interpretation of racial and ethnic health inequalities to ensure that data is not misinterpreted and used in a way that perpetuates racism.

This symposium will focus on key learnings from CIHI's engagement with researchers, analysts, practitioners and government stakeholders in the fields of health inequality measurement, racism and health care. During this symposium, participants will learn and participate in discussions on:

- the conflation of “race” and ethnicity,
- pathways linking racism and health, and
- using “race”-based data to address and monitor systemic racism in health care.

### Learning Objectives:

- Explore how racial data can be used to monitor and address systemic racism in the healthcare system.
  - Recognize how social norms and institutional structures may contribute to racial health inequalities.
  - Identify key considerations for interpreting racial health inequalities.
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## PUBLIC HEALTH AND HEALTH SYSTEM RENEWAL

**Presented by:** Canadian Public Health Association

Over the last several years provincial and territorial governments have made significant adjustments to the ways in which they deliver health services, including public health. The resulting changes have raised concerns that these systems will no longer be able to meet the current mandate or address future concerns regarding public health service delivery. The Canadian Public Health Association (CPHA) – with the assistance of an expert advisory panel of senior public health professionals, CPHA's Public Policy Committee and Board of Directors, and an electronic membership consultation – has developed a discussion paper that explores the fundamentals of public health governance in Canada, and a position statement describing the Association's perspective on the future of public health service delivery.

The purpose of this workshop is to review the recommendations presented in the position statement and to seek members' viewpoints on how to develop and implement advocacy concerning the future direction of public health delivery in Canada.

### Learning Objectives:

- Describe the current changes affecting public health service delivery in Canada.
  - Explore CPHA's perspective concerning these changes.
  - Develop and describe approaches to support a renewed vision for public health in Canada.
-

# THURSDAY 2 MAY | JEUDI 2 MAI

10:45 – 12:15

CONCURRENT SESSIONS

10 h 45 à 12 h 15

SÉANCES SIMULTANÉES

## TRANSFORMING PUBLIC HEALTH KNOWLEDGE INTO ACTION FOR FIRST NATIONS

Presented by: Assembly of First Nations

Public health frameworks, strategies and models guide interventions and policies to promote health and reduce health disparities. First Nations' contributions to the scope and methodologies of evidence mobilizing and the formulation of public health interventions can strengthen uptake and relevance.

This collaborator session will emphasize public health agendas developed by First Nations that stimulate approaches that are established on strengths-based Indigenous methodologies, governance and knowledge systems.

### Learning Objectives:

- Identify the opportunities and challenges associated with improving the individual and collective health of First Nations.
- Recognize the value of applying strengths-based, Indigenous-informed knowledge into public health interventions for First Nations.
- Describe the prominence of appropriate health governance in a First Nations context.

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## ORAL ABSTRACT SESSIONS

### PRÉSENTATIONS DE RÉSUMÉS ORAUX

*Details to follow. / Les détails à suivre.*

12:15 – 13:00

NETWORKING LUNCH

12 h 15 à 13 h

DÉJEUNER CONTACTS

## ADVANCING INDIGENOUS EQUITY IN HEALTH CARE USING STORYTELLING AND ROLE PLAY

This workshop uses storytelling to demonstrate the gaps in knowledge and practice that compromise culturally safe, quality health care for Indigenous patients, families and communities. The exercises will demonstrate strategies to address these gaps through experiential learning activities that build concrete skills. The aim of this workshop is to improve understanding of the complexity of Indigenous determinants of health, and to share strategies on how to effectively engage and build capacity among health professionals and trainees.

This workshop will provide experiential learning opportunities for health educators and practitioners to improve their ability to offer culturally safe care for Indigenous people. In addition, the workshop will support participants to develop theatre-based training activities in their own health service settings. The presenters will illustrate a range of challenges facing Indigenous people, both within the health care system and in the social determinants of health. Narratives will be presented, drawing on examples from Indigenous health experiences that demonstrate the challenges Indigenous people face.

Participants will work in teams to explore the issues in the cases, reflecting on Indigenous determinants of health. Participants will construct and present a theatrical sketch that rewrites the scenario in line with a culturally safe approach. The workshop facilitators will then guide a reflection on the process and explore ways participants can apply this approach to their own settings.

### Learning Objectives:

- Identify the range of health and service access challenges faced by Indigenous peoples.
- Demonstrate evidence-based narratives and theatre exercises to improve health care providers' attitudes, knowledge and skills in promoting culturally safe changes in health care delivery.
- Support participants in developing educational and workplace strategies applicable to their own workplace and community settings.

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## ALIGNING TWO WORLDS: WHAT CAN AMR SURVEILLANCE DO FOR PUBLIC HEALTH?

This symposium will begin with a brief review of the Federal Framework and Action Plan and the Pan-Canadian Framework for Action. The session will then move to describe surveillance systems and datasets that provide a picture of antimicrobial resistance (AMR) in Canada, particularly between acute- and community-care settings. Finally, the session will summarize new resources and products designed to help public health stakeholders make better use of the data for planning and responses.

Providing the context for new developments in the fight against AMR, including surveillance, can help to inform delegates of the shared and crucial responsibility of all stakeholders to reduce AMR. More importantly, the symposium will provide valuable information on how to find and use AMR data for day-to-day research or public health decision-making and policy.

### Learning Objectives:

- Describe the growing efforts of the federal, provincial and territorial governments in fighting AMR in Canada.
  - Determine the ways in which integrated AMR surveillance systems and data may help public health practice and policy.
  - Identify the ways in which AMR surveillance data can be retrieved and used by public health.
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13:00 – 14:30

CONCURRENT SESSIONS

13 h à 14 h 30

SÉANCES SIMULTANÉES

## **ANALYTICAL INNOVATION IN PUBLIC HEALTH EVIDENCE AND PRACTICE: INTEGRATING SEX, GENDER, KEY IDENTITY FACTORS AND SOCIAL DETERMINANTS OF HEALTH**

Health inequities between and among men, women, girls, boys and gender-diverse populations have been increasingly recognized. Efforts to address these inequities to improve public health practice and action are increasingly informed by awareness of the social determinants of health and how these intersect to unequally affect health outcomes. Advancements in data and analytical tools can strengthen evidence-based interventions that are better tailored to the needs and circumstances of diverse groups of the population, and that have greater potential impact.

Making the linkages between the social determinants of health approach and rigorous application of sex and gender considerations in policy, program and research, the Public Health Agency of Canada (PHAC) and other health promotion partners have strengthened evidence, interventions and programs to reduce health inequities in Canada.

### **Learning Objectives:**

- Describe how PHAC has been applying sex and gender considerations to increase knowledge and evidence in order to act on social determinants of health.
- Explore the Pan-Canadian Health Inequalities Reporting Initiative, as a key national data infrastructure to support collaborative efforts to reduce health inequalities in Canada.
- Identify innovative examples that contribute to a better understanding of social determinants of health and reducing health inequalities, with a particular focus on LGBTQ+, Indigenous populations and Black Canadians.

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## **BUILDING EVIDENCE-BASED COMMUNITY GUIDELINES TO END HOMELESSNESS USING MULTI-STAKEHOLDER ENGAGEMENT**

Individuals who face homelessness or who are vulnerably housed have higher risks of poor health and social outcomes. Limited access to basic social supports, stigma that both affects homeless persons and may marginalize their practitioners, and mental illness are key priorities for evidence-based community guidelines.

Our project aims to assess the effectiveness of a broad range of interventions for homeless and vulnerably-housed individuals. Facilitators reviewed the literature on experiences of homeless individuals who engage with services; by partnering with primary care, public health, community organizations and youth advocates, we have drafted recommendations to improve the care and health outcomes of people experiencing homelessness.

A panel of primary care researchers and individuals with lived experience of homelessness will present on current knowledge synthesis and mobilization strategies being used to improve health and social outcomes. Delegates will be able to use this information to inform program design and implementation, and act on identified research gaps.

### **Learning Objectives:**

- Describe the scope of interventions and research aimed at addressing the physical, social and mental health of homeless and vulnerably-housed individuals, and identify research priorities.
  - Discuss knowledge mobilization, such as the development of mobile applications to support primary care practitioners, and barriers to primary care provider and public health uptake of guidelines.
  - Explore the roles that multi-stakeholder engagement, such as that of individuals with lived experience of homelessness and youth advocates, can play in guideline development and implementation.
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13:00 – 14:30

CONCURRENT SESSIONS

13 h à 14 h 30

SÉANCES SIMULTANÉES

## **CHEERS AND FEARS OF VAPING E-CIGARETTES: CUTTING-EDGE RESEARCH, POLICY AND PRACTICE**

To answer the three questions, speakers will present findings from systematic literature reviews, select published studies, and four of their Canadian studies: 1) Cohort Study of 1,040 youth, 60% of whom are regular vapers; 2) Concept Mapping study on the experiences smokers have when trying to quit smoking by vaping; 3) 14 Focus Groups – half with youth vapers and non-vapers, and half with adults; and 4) Point-of-Sale study in 50 stores in five cities. The manager of a large Tobacco Control Area Network will present on the implications of findings for public health action and on a comprehensive strategy for reducing potential harms while realizing any potential benefits. Participants will be engaged in small-group work sessions in which they will be asked to draw out implications of what they have heard for policy development and programmatic intervention at local, provincial and federal levels.

### **Learning Objectives:**

- Describe public health trends and dilemmas related to vaping.
  - Explore experiences smokers have when they vape to quit, and vaping patterns of young people over time.
  - Assess the impacts of vaping promotions and advertising.
  - Identify and design interventions that will reduce the potential harms from youth uptake of vaping. Participants will be able to inform decisions about the potential of vaping as a harm reduction alternative to smoking cigarettes.
- 

## **MEASURING HEALTH INEQUALITIES: APPLYING A TOOLKIT DEVELOPED BY THE CANADIAN INSTITUTE FOR HEALTH INFORMATION**

Health equity is a growing priority for healthcare systems in Canada; however, there is limited routine measurement and reporting of inequalities in health care access, quality and outcomes. This workshop will provide participants with an overview of a toolkit developed by the Canadian Institute for Health Information (CIHI) to assist analysts and researchers with measuring and reporting on health inequalities. Launched in October 2018, this toolkit is organized in 3 phases: planning your analysis, analyzing your data and reporting your findings. In this session, participants will learn how to use standard equity stratifier definitions, identify available stratifiers in selected CIHI and Statistics Canada data, calculate stratified indicator rates and summary measures, and apply key guidelines for interpreting and reporting on health inequalities.

Practical examples will be based on commonly used health indicators, and will draw on participants' experience and areas of interest. This toolkit is available online at <https://www.cihi.ca/en/measuring-health-inequalities-a-toolkit>. Participants can also access free eLearning courses that expand on the workshop content through CIHI's Learning Centre.

### **Learning Objectives:**

- Create an analysis plan for measuring health inequalities by considering the standard equity stratifier definitions and by exploring data availability using CIHI's equity stratifier inventory.
  - Demonstrate the steps and key considerations for carrying out a stratified analysis and quantifying inequalities using summary measures.
  - Interpret results, including summary measures and indicator rates, to identify and effectively communicate key findings to stakeholders.
-

13:00 – 14:30

CONCURRENT SESSIONS

13 h à 14 h 30

SÉANCES SIMULTANÉES

## **TAILORED TO FIT: MAKING ADAPTATIONS TO EVIDENCE-BASED PUBLIC HEALTH PROGRAMS**

Adaptations to evidence-based public health programs are commonplace. These adaptations are primarily made to enhance the cultural relevance of the program, and can therefore improve uptake of the program. However, adaptations also tend to be reactive and disconnected from the theory and evidence base of the program, which threatens programs' effectiveness. A practical method of adapting programs while considering their theory and evidence basis is required.

In this workshop, facilitators will describe when, why and how adaptations are made to public health programs. Practical implementation science frameworks will be discussed. Conference delegates will be engaged in two interactive activities: 1) identifying and unpacking different types of adaptations, and 2) using frameworks to plan adaptations so that the learnings can be directly applied to their own work. By the end of this workshop, delegates will have a sound understanding of how to consider program adaptations before and during implementation.

### **Learning Objectives:**

- Describe when, why and how adaptations are made to evidence-based public health programs.
  - Classify types of adaptations using a framework.
  - Design a proactive adaptation plan.
- 

## **VACCINATION IN PREGNANCY: TO VACCINATE OR NOT... THAT IS THE QUESTION!**

Vaccination during pregnancy offers a safe option that improves outcomes for mothers and babies, yet many pregnant women choose not to receive vaccinations. By understanding the factors that influence decisions and practices of women's healthcare providers, improvements and changes to antenatal care provision can be recommended. Ultimately, changes in practice can have a long-term impact on the number of cases of maternal and fetal morbidity and mortality related to vaccine-preventable illnesses during pregnancy, and this can be translated into potential cost savings to the healthcare system.

Symposium participants will gain insight into current practices of maternal healthcare providers and the barriers to optimizing immunization coverage during pregnancy. Participants will learn about strategies to mitigate the challenges and how they can receive training to feel confident and competent counselling about vaccination during pregnancy. They will receive specific guidance on the influenza and Tdap vaccines.

### **Learning Objectives:**

- Evaluate the current knowledge, beliefs, attitudes and practices of women's healthcare providers related to vaccination during pregnancy.
- Identify the sources for vaccine hesitancy, including barriers and challenges.
- List the current recommendations for vaccination in pregnancy.

14:30 – 16:00

PLENARY IV

14 h 30 à 16 h

SÉANCE PLÉNIÈRE IV

## **BUILDING SOCIAL CONNECTIONS FOR HEALTH AND HAPPINESS**

We are in the midst of an epidemic of social isolation. While certain populations are at greater risk, loneliness does not discriminate and can affect anyone. Various factors associated with increasing social isolation include changing family structures, increased social and professional mobility, weakening community institutions, and increased reliance on digital media. Social connectedness and opportunities for meaningful community involvement have been shown to protect against loneliness and associated negative health and wellness outcomes. This session will explore the relationship between loneliness and wellness, the social determinants of health, and current trends in community participation in Canada, and will reflect on how to promote and develop communities with the goal of strengthening social connectedness.

### **Learning Objectives:**

- Describe frameworks for social connectedness and how it is a social determinant of health.
- Measure and assess the degree of social connectedness in a community so that interventions can be evaluated over time.
- Explore how to enhance social connectedness.

### **Speakers | Orateur et oratrice :**

- John Helliwell, Senior Fellow, Canadian Institute for Advanced Research
- Kate Mulligan, Director of Policy and Communication, Alliance for Healthier Communities

## **CONSTRUIRE DES LIENS SOCIAUX POUR LA SANTÉ ET LE BONHEUR**

Nous sommes au beau milieu d'une épidémie d'isolement social. Certaines populations y sont plus vulnérables que d'autres, mais la solitude ne fait aucune discrimination et peut frapper partout. Divers facteurs sont associés à l'isolement social croissant : l'évolution des structures familiales, la mobilité sociale et professionnelle accrue, l'affaiblissement des institutions de proximité et le recours accru aux médias numériques. Il est démontré que la connexité sociale et la possibilité de s'impliquer concrètement dans son milieu protègent contre la solitude et les problèmes de santé et de bien-être qui y sont associés. Durant cette séance, nous explorerons les liens entre la solitude et le mieux-être, les déterminants sociaux de la santé et les tendances actuelles de la participation de proximité au Canada et nous réfléchirons aux moyens de favoriser et de créer des milieux de vie qui renforcent la connexité sociale.

### **Objectifs d'apprentissage :**

- Décrire des cadres de connexité sociale et expliquer pourquoi il s'agit d'un déterminant social de la santé.
- Mesurer et analyser le degré de connexité sociale d'un milieu pour que les interventions puissent être évaluées au fil du temps.

# COLLABORATORS | COLLABORATEURS



CANADIAN  
PUBLIC HEALTH  
ASSOCIATION

ASSOCIATION  
CANADIENNE DE  
SANTÉ PUBLIQUE

**CPHA** is the national, independent, not-for-profit, voluntary association representing public health in Canada. CPHA's members believe in universal and equitable access to the basic conditions which are necessary to achieve health for all Canadians.

**L'ACSP** est une association bénévole nationale indépendante à but non lucratif qui représente la santé publique au Canada. Les membres de l'ACSP croient à l'accès universel et équitable aux conditions de base nécessaires à la santé de tous les Canadiens.

## CONTRIBUTING PARTNERS | PARTENAIRES COLLABORATEURS



Canadian Institute  
for Health Information

Institut canadien  
d'information sur la santé

The **Canadian Institute for Health Information** is an independent, not-for-profit organization that provides essential information on Canada's health systems and the health of Canadians.

We provide comparable and actionable data and information that are used to accelerate improvements in health care, health system performance and population health across Canada. Our stakeholders use our broad range of health system databases, measurements and standards, together with our evidence-based reports and analyses, in their decision-making processes. We protect the privacy of Canadians by ensuring the confidentiality and integrity of the health care information we provide. For more information, visit [cihi.ca](http://cihi.ca).

**L'Institut canadien d'information sur la santé** est un organisme autonome sans but lucratif qui fournit de l'information essentielle sur les systèmes de santé du Canada et sur la santé des Canadiens.

Nous fournissons des données et une information comparables et exploitables qui favorisent une amélioration rapide des soins de santé, de la performance des systèmes de santé et de la santé de la population dans tout le Canada. Nos intervenants utilisent dans leurs processus décisionnels notre vaste gamme de bases de données, de mesures et de normes sur la santé, en parallèle avec nos rapports et analyses fondés sur des données probantes. Soucieux de protéger la vie privée des Canadiens, nous assurons la confidentialité et l'intégrité des renseignements sur la santé que nous fournissons.



The **Canadian Institutes of Health Research** is the Government of Canada's health research investment agency. CIHR's mission is to create new scientific knowledge and to enable its translation into improved health, more effective health services and products, and a strengthened Canadian health care system. Composed of 13 Institutes, CIHR provides leadership and support to more than 14,100 health researchers and trainees across Canada.

The **CIHR-Institute of Population and Public Health (IPPH)** represents CIHR on the CPHA Conference Steering Committee. CIHR-IPPH aims to improve the health of populations and promote health equity in Canada and globally through research and its application to policies, programs, and practice in public health and other sectors.

**Les Instituts de recherche en santé du Canada** sont l'organisme du gouvernement du Canada chargé d'investir dans la recherche en santé. Leur mission est de créer de nouvelles connaissances scientifiques et d'en favoriser l'application en vue d'améliorer la santé, d'offrir de meilleurs produits et services de santé, et de renforcer le système de soins de santé au Canada. Composés de 13 instituts, les IRSC offrent leadership et soutien à plus de 14 100 chercheurs et stagiaires en santé dans tout le Canada.

**L'Institut de la santé publique et des populations** représente les IRSC au comité directeur de la conférence de l'ACSP. L'Institut de la santé publique et des populations des IRSC a pour mission d'améliorer la santé des populations et de promouvoir l'équité en santé au Canada et dans le monde, par la recherche et son application aux politiques, aux programmes et aux pratiques en santé publique et dans d'autres secteurs.



National Collaborating Centres  
for Public Health  
Centres de collaboration nationale  
en santé publique

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

A unique knowledge hub, the NCCs identify knowledge gaps, foster networks and provide the public health system with an array of evidence-based resources, multi-media products, and knowledge translation services. The NCCs are located across Canada, and each focuses on a different public health priority.

The six centres are:

- NCC for Aboriginal Health
- NCC for Determinants of Health
- NCC for Healthy Public Policy
- NCC for Environmental Health
- NCC for Infectious Diseases
- NCC for Methods and Tools

Créés en 2005 et bénéficiant d'une contribution financière de l'Agence de la santé publique du Canada, **les Centres de collaboration nationale en santé publique** unissent leurs efforts pour favoriser et faire progresser l'application des connaissances en général, mais particulièrement celles issues des recherches scientifiques afin de renforcer les pratiques, les programmes et les politiques qui se rapportent à la santé publique au Canada.

Véritables pôles du savoir, les CCN en santé publique repèrent les lacunes en matière de connaissances, encouragent le réseautage et fournissent aux acteurs du système de santé publique un éventail de ressources, de produits multimédias et de services d'application des connaissances fondés sur des données probantes. Les CCN ont chacun une mission associée à une priorité en matière de santé publique, et leurs bureaux sont répartis d'un bout à l'autre du Canada.

Les six centres sont les suivants :

- CCN de la santé autochtone
- CCN en santé environnementale
- CCN des maladies infectieuses
- CCN des méthodes et outils
- CCN sur les politiques publiques et la santé
- CCN des déterminants de la santé



The **Canadian Alliance for Regional Risk Factor Surveillance** is a network of public health professionals interested in regional/local risk factor and health determinants surveillance in Canada. CARRFS collaborates with health agencies across jurisdictions to identify innovations, promote successful experiences, and support linkages with existing surveillance systems in order to improve their quality, visibility and usefulness. CARRFS allows members to interact, support and exchange ideas with colleagues working on surveillance from across Canada through a social network platform, online tools/resources, training and the CARRFS annual symposium.

L'**Alliance canadienne de surveillance régionale des facteurs de risque** est un réseau de professionnels de la santé publique intéressés à la surveillance régionale/locale des facteurs de risques et des déterminants de la santé au Canada. L'ACSRFR collabore avec les organismes de santé des différents paliers pour identifier les innovations, promouvoir les réussites et lier les systèmes de surveillance existants pour en améliorer la qualité, la visibilité et l'utilité. L'ACSRFR permet aux membres d'échanger avec leurs collègues en surveillance de partout au Canada en fournissant une plateforme de réseautage social, des outils/ressources en ligne, des formations et un symposium annuel.



Since 1983, the **Métis National Council** has represented the Métis Nation nationally and internationally. It receives its mandate and direction from the democratically elected leadership of the Métis Nation's governments from Ontario westward. Specifically, the MNC reflects and moves forward on the desires and aspirations of these Métis governments at the national and international level. Overall, the MNC's central goal is to secure a healthy space for the Métis Nation's ongoing existence within the Canadian federation.

Depuis 1983, le **Ralliement national des Métis** représente la nation métisse au pays et à l'étranger. Il reçoit son mandat et son orientation de dirigeants démocratiquement élus des gouvernements de la nation métisse de l'Ontario et des provinces de l'Ouest. Plus précisément, le Ralliement reflète et fait avancer les désirs et les aspirations de ces gouvernements métis sur la scène nationale et internationale. Globalement, l'objectif central du Ralliement est de faire en sorte que la nation métisse ait un espace sain pour continuer d'exister au sein de la fédération canadienne.



The **Network of Schools and Programs of Population and Public Health - Canada** is a network of institutions and individuals principally focused on the education and training of population and public health professionals in Canada and globally.

The Network is a tripartite forum for (a) schools and programs of population and public health (i.e. including deans and directors, faculty and staff), (b) their students, and (c) teachers (including those who are members of the Canadian Association of Teachers of Community Health). It was created to assist its members to improve the health and wellbeing of individuals and populations through preparing the next generation of population and public health students, professionals and academic leaders.

Le **Réseau des écoles et des programmes de santé publique et des populations** du Canada regroupe des établissements et des personnes qui font principalement porter leurs efforts sur les études et la formation des professionnels en santé publique et des populations au Canada et à l'étranger.

Le Réseau est une tribune tripartite pour a) les écoles et les programmes de santé publique et des populations (doyens et directeurs, corps professoral, personnel), b) leurs étudiants et c) les professeurs (dont ceux qui sont membres de l'Association canadienne des professeurs de santé communautaire). Il a été créé pour aider ses membres à améliorer la santé et le mieux-être des particuliers et des populations en préparant la nouvelle génération d'étudiants, de professionnels et de têtes pensantes en santé publique et des populations.





Created in 1949, the **Ontario Public Health Association (OPHA)** is a non-partisan, non-profit organization that brings together a broad spectrum of groups and individuals concerned about people's health. OPHA's members come from various backgrounds and sectors - from the various disciplines in public health, health care, academic, non-profit to the private sector. They are united by OPHA's mission of providing leadership on issues affecting the public's health and strengthening the impact of people who are active in public and community health throughout Ontario. This mission is achieved through professional development, information and analysis on issues affecting community and public health, access to multidisciplinary networks, advocacy on health public policy and the provision of expertise and consultation.

Créée en 1949, l'**Association pour la santé publique de l'Ontario (ASPO)** est un organisme sans but lucratif apolitique qui rassemble un vaste éventail de groupes et de personnes intéressés par la santé humaine. Les membres de l'ASPO ont différents antécédents professionnels et viennent de différents secteurs : les nombreuses disciplines de la santé publique, des soins de santé, des milieux universitaires, des OSBL et du secteur privé. Ils et elles sont unis par la mission de l'ASPO, qui est de prendre l'initiative dans les dossiers qui touchent la santé du public et de renforcer l'action des intervenants en santé publique et en santé communautaire partout en Ontario. Cette mission est accomplie au moyen d'activités de développement professionnel, d'information et d'analyse sur les questions qui touchent la santé publique et communautaire, par l'accès aux réseaux pluridisciplinaires, par la défense des politiques publiques de santé et par la consultation et le partage de connaissances spécialisées.



The **Pan American Health Organization**, founded in 1902, is the specialized international health agency for the Americas. PAHO engages in technical cooperation with its member countries to fight communicable and non-communicable diseases and their causes, to strengthen health systems, and to respond to emergencies and disasters. PAHO is committed to ensuring that all people have access to the health care they need, when they need it, with quality and without fear of falling into poverty.

The mission of PAHO is to lead strategic collaborative efforts among Member States and other partners to promote equity in health, to combat disease, and to improve the quality of, and lengthen, the lives of the peoples of the Americas.

PAHO wears two institutional hats: it is the specialized health agency of the Inter-American System and also serves as Regional Office for the Americas of the World Health Organization (WHO), the specialized health agency of the United Nations.

From its Washington, D.C., headquarters, 27 country offices and three specialized centers in the region, PAHO promotes evidenced-based decision-making to improve and promote health as a driver of sustainable development.

Fondée en 1902, l'**Organisation panaméricaine de la santé** est l'agence internationale pour la santé sur le continent américain. Elle pratique la coopération technique avec ses pays membres pour lutter contre les maladies transmissibles et non transmissibles et leurs causes, renforcer les systèmes de santé et répondre aux urgences et aux catastrophes. Son but : faire en sorte que toute personne ait accès aux soins de santé dont elle a besoin, quand elle en a besoin, au niveau de qualité nécessaire et sans crainte de glisser dans la pauvreté.

L'OPS a pour mission de diriger les efforts stratégiques concertés des États membres et de leurs partenaires pour promouvoir l'équité en santé, combattre les maladies et améliorer la qualité et la durée de vie des peuples du continent.

L'OPS a une double nature : elle est à la fois l'institution spécialisée du Système interaméricain pour les questions de santé et le Bureau régional pour les Amériques de l'Organisation mondiale de la santé (OMS), l'agence de santé spécialisée des Nations Unies.

Depuis son siège social à Washington, D.C. et dans ses 27 bureaux de pays et ses trois centres spécialisés dans la région, l'OPS favorise les processus décisionnels fondés sur les preuves pour améliorer la santé et en faire un vecteur de développement durable.

# COLLABORATORS | COLLABORATEURS



**Public Health  
Agency of Canada**

**Agence de la santé  
publique du Canada**

The **Public Health Agency of Canada** empowers Canadians to improve their health. In partnership with others, its activities focus on preventing disease and injuries, promoting good physical and mental health, and providing information to support informed decision making. It values scientific excellence and provides national leadership in response to public health threats.

**L'Agence de la santé publique du Canada** aide les Canadiens et Canadiennes à améliorer leur santé. En partenariat avec d'autres organismes, ses activités sont axées sur la prévention des maladies et des blessures, la promotion d'une bonne santé physique et mentale, et la prestation d'information en soutien à des prises de décisions éclairées. Elle met de l'avant l'excellence scientifique et fait preuve d'un leadership à l'échelle nationale en réponse aux menaces pour la santé publique.



The **Public Health Physicians of Canada** is the national specialty society for Public Health and Preventive Medicine Specialists. We are the unique and vibrant voice for public health physicians and represent the interests of both Public Health and Preventive Medicine Specialists and other physicians working in public health across Canada.

Les **Médecins de santé publique du Canada** sont la société nationale des spécialistes en santé publique et en médecine préventive. Nous sommes la voix unique et dynamique des médecins de santé publique et nous représentons les intérêts à la fois des spécialistes en santé publique et en médecine préventive et des autres médecins qui travaillent en santé publique au Canada.

## NOTES

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