

PUBLIC HEALTH 2020 SANTÉ PUBLIQUE

14-16 OCTOBER
DU 14 AU 16 OCTOBRE



FINAL PROGRAM
PROGRAMME FINAL

SPONSORS | COMMANDITAIRES

PUBLIC HEALTH CHAMPIONS | CHAMPIONS DE LA SANTÉ PUBLIQUE



FRIENDS OF PUBLIC HEALTH | AMIS DE LA SANTÉ PUBLIQUE



Explore
the health
inequalities
toolkit



PUBLIC HEALTH PATHFINDERS | PIONNIERS DE LA SANTÉ PUBLIQUE

SANOFI PASTEUR 



PUBLIC HEALTH SUPPORTERS | PARTISANS DE LA SANTÉ PUBLIQUE



CPHA appreciates the financial support from corporate sponsors. This financial support offsets core expenses in order to reduce the financial burden on conference participants to the greatest possible extent. Financial contributions do not entitle corporate sponsors to any involvement in the development of the scientific program.

L'ACSP apprécie l'aide financière de ses sociétés commanditaires. Cette aide contribue les dépenses essentielles afin d'alléger le plus possible le fardeau financier des participants de la conférence. L'apport financier des sociétés commanditaires ne les autorise toutefois pas à intervenir dans l'élaboration du programme scientifique.

COLLABORATORS | COLLABORATEURS



**CANADIAN
PUBLIC HEALTH
ASSOCIATION**

**ASSOCIATION
CANADIENNE DE
SANTÉ PUBLIQUE**

CPHA is pleased to host Public Health 2020 through a unique and effective collaboration with:

L'ACSP a le plaisir d'organiser Santé publique 2020 par l'entremise d'une collaboration unique et efficace avec :

CONTRIBUTING PARTNERS | PARTENAIRE COLLABORATEURS



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

Explore
the health
inequalities
toolkit



CIHR IRSC
Canadian Institutes of
Health Research Instituts de recherche
en santé du Canada



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

COLLABORATORS | COLLABORATEURS



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



Network of Schools and Programs of
Population and Public Health
Canada



**Public Health
Agency of Canada**

**Agence de la santé
publique du Canada**





What will be your legacy?



Que laisserez-vous derrière vous?

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, grounded in a high-calibre scientific program.

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

STEERING COMMITTEE | COMITÉ DIRECTEUR

- Ian Culbert (Chair), Canadian Public Health Association
- Julie Stratton, Board of Directors, Canadian Public Health Association
- Josée Lavoie (Scientific Chair), University of Manitoba
- Marlene Larocque, Assembly of First Nations
- Drona Rasali, 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
- Pat Martin, Manitoba Public Health Association
- Lea Mutch, Manitoba Public Health Association
- 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
- James Valcour, Network of Schools and Programs of Population and Public Health
- Dionne Patz, Pan American Health Organization, World Health Organization
- Kerry Robinson, Public Health Agency of Canada
- Ray Clark, Public Health Agency of Canada
- Odette Laplante, Public Health Physicians of Canada
- Barry Pakes, Public Health Physicians of Canada
- Laura Taylor, Student/Early Career Representative

SCIENTIFIC COMMITTEE | COMITÉ SCIENTIFIQUE

- Josée Lavoie, Scientific Chair, University of Manitoba
- Marisa Creatore, Canadian Institutes of Health Research, Institute of Population and Public Health
- Sara Grimwood, Canadian Institute for Health Information, Canadian Population Health Initiative
- Jennifer Morgan, Canadian Institutes of Health Research, Institute of Population and Public Health
- Heather Orpana, Public Health Agency of Canada
- Dana Riley, Canadian Institute for Health Information, Canadian Population Health Initiative
- Julianne Sanguins, Manitoba Public Health Association
- Meg Sears, Canadian Alliance for Regional Risk Factor Surveillance

ACCREDITATION STATEMENT

The University of British Columbia Division of Continuing Professional Development (UBC CPD) is fully accredited by the Committee on Accreditation of Continuing Medical Education (CACME) to provide study credits for continuing medical education for physicians. This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada, and has been approved by UBC CPD for up to 12 MOC Section 1 Group Learning credits. Each physician should claim only those credits accrued through participation in the activity.

CO-DEVELOPMENT STATEMENT

This program was co-developed between Public Health Physicians of Canada and Canadian Public Health Association and was planned to achieve scientific integrity, objectivity and balance.

Canada is the only developed nation that does not include prescription medications as part of its universal healthcare system.



An alarming 7.5 million people in Canada are either underinsured or have no coverage whatsoever.

Women, Indigenous people, younger people and part-time workers face greater barriers to accessing medication.

We believe that everyone in Canada should have equal access to prescription drugs through a universal pharmacare program. And more than 90% of people in Canada agree.



™ The heart and / icon on its own and the heart and / icon followed by another icon or words are trademarks of the Heart and Stroke Foundation of Canada.

VIRTUAL EXHIBIT HALL | SALLE D'EXPOSITION VIRTUELLE

Take some time during the conference to enter the virtual exhibit hall to visit with our exhibitors and to find new resources and solutions. Connect directly with exhibitors during the conference, or send them a message to follow up afterwards!

Prenez le temps, durant la conférence, d'entrer dans la salle d'exposition virtuelle pour vous entretenir avec nos exposants et trouver de nouvelles ressources et solutions. Communiquez directement avec les exposants durant la conférence ou envoyez-leur un message après!

- Canadian Institute for Health Information / Institut canadien d'information sur la santé
- Canadian Institutes for Health Research / Instituts de recherche en santé du Canada
- Canadian Public Health Association / Association canadienne de santé publique
- CanPath – The Canadian Partnership for Tomorrow's Health / CanPath – Partenariat canadien pour la santé de demain
- CANVax
- CardioMed Supplies Inc.
- CATIE
- Community Addictions Peer Support Association
- Health Canada – Environmental Health Program / Santé Canada, Programme de la santé environnementale
- Health Canada – National Radon Program / Santé Canada, Programme national sur le radon
- Health Canada – Tobacco / Santé Canada – Tabagisme
- Immunize Canada / Immunisation Canada
- Indigenous Services Canada / Services aux Autochtones Canada
- Lakehead University
- Manitoba Public Health Association
- Métis National Council / Ralliement national des Métis
- National Collaborating Centre for Indigenous Health / Le Centre de collaboration nationale de la santé autochtone
- National Collaborating Centres for Public Health / Centres de collaboration nationale en santé publique
- Pan American Health Organization/WHO / Organisation panaméricaine de la santé/OMS
- Public Health Agency of Canada / Agence de la santé publique du Canada
- Public Health Physicians of Canada / Médecins de santé publique du Canada
- Seqirus
- University of Calgary, O'Brien Institute for Public Health

COVID-19 ABSTRACTS

The following presentations on COVID-19 can be found in the "Resources" module of the conference platform.

- Physical distancing policies: A Canadian cross-provincial comparative study, [Elizabeth Alvarez](#)
- Syndromic surveillance data collected in the Canada COVID-19 App, [Jennifer Baker](#)
- Social determinants of handwashing, social distancing, and ability to work from home during early COVID-19 pandemic lockdown in Canada, and the mediating role of workplace, [Alexandra Blair](#)
- Impact of social determinants on COVID-19 incidence, outcomes and containment efforts: A rapid review and synthesis of recommendations, [Chloe Brown](#)
- Managing school closures and family dynamics: Experiences of families with young children during COVID-19, [Sarah Edwards](#)
- Black COVID-19 Resilience: Culturally-appropriate public health messaging and supports, [Lina Elfaki](#)
- Lessons learned: Findings from one of the first major long-term care home COVID-19 outbreaks in Canada, [Monika Goetz](#)
- Dynamic modelling of opioid overdose deaths in Canada during the COVID-19 pandemic, [Heather Orpana](#)
- Exploring COVID-19 vaccine hesitancy among the Canadian population, [Jovana Stojanovic](#)
- Exploring the linkages between substance use, COVID-19, and intimate partner violence, [Lindsay Wolfson](#)

CONFERENCE PLATFORM | PLATEFORME DE CONFÉRENCE

The virtual conference will feature many of the same program elements as the planned in-person event and the virtual platform boasts a number of benefits and features.

- Stream live sessions and connect with speakers via online polls and live Q&A.
- Connect with other participants, sponsors and exhibitors via 1:1 chat or in small groups through the Meeting Hub.
- Discover new solutions, innovations, and partnerships to apply in your day-to-day setting.
- Learn in your personal work environment at your own pace.
- Gain additional learnings with unlimited, on-demand access to the presentation gallery for one year.

PRESENTATION FORMATS

PLENARY SESSIONS

Live plenary sessions are 55 minutes in length. After an introduction by the session chair, presenters will deliver their remarks for a total of 30 minutes. During the remaining session time, presenters will take part in a live discussion and moderated Q&A.

A post-session discussion forum will be available for presenters and participants to engage and address questions that were not answered during the session.

SYMPOSIUMS AND WORKSHOPS

Live Symposiums and Workshops are 60 minutes in length; following an introduction by the session moderator, the pre-recorded speaker presentations will be played for a maximum of 30 minutes. During the remaining session time, presenters will take part in a live discussion and moderated Q&A.

A post-session discussion forum will be available for presenters and participants to engage and address questions that were not answered during the session.

PRESENTATION RECORDINGS

All live sessions will be recorded and available for review by registered participants through the Presentation Gallery for one year.

Bon nombre des éléments du programme de la conférence virtuelle seront les mêmes que ceux de la conférence en personne qui était prévue, et la plateforme virtuelle se targue d'offrir plusieurs avantages et attractions.

- Visionner les séances en direct et entrer en contact avec les présentateurs au moyen de sondages en ligne et de séances de questions en direct.
- Communiquer avec les autres participants, les commanditaires et les exposants, individuellement ou en petits groupes, par l'entremise de notre « pôle de rencontre ».
- Découvrir de nouvelles solutions, des innovations et des partenariats à mettre en pratique au quotidien dans votre milieu.
- Apprendre dans votre environnement de travail personnel et à votre propre rythme.
- Acquérir des connaissances supplémentaires pendant un an grâce à un accès illimité à la galerie des présentations.

FORMULES DE PRÉSENTATION

SÉANCES PLÉNIÈRES

Les séances plénières en direct durent 55 minutes. Après l'introduction du président ou de la présidente de la séance, les présentateurs donnent leur allocution pendant 30 minutes. Durant le reste de la séance, les présentateurs prennent part à un débat en direct et à une période de questions dirigée.

Après la séance, un forum de discussion permet aux présentateurs et aux participants de poser les questions auxquelles on n'a pas répondu durant la séance.

COLLOQUES ET ATELIERS

Les colloques et les ateliers en direct durent 60 minutes; après l'introduction de l'animateur ou de l'animatrice, les présentations préenregistrées des conférenciers sont jouées pendant un maximum de 30 minutes. Durant le reste de la séance, les présentateurs prennent part à un débat en direct et à une période de questions dirigée.



Après la séance, un forum de discussion permet aux présentateurs et aux participants de poser les questions auxquelles on n'a pas répondu durant la séance.

ENREGISTREMENTS DES PRÉSENTATIONS

Les séances en direct seront enregistrées, et les participants inscrits auront un an pour les revoir dans la galerie des présentations.

PROGRAM OVERVIEW | RÉSUMÉ DU PROGRAMME

- Subject to change | Sous réserve de modifications
- All times are Eastern Daylight Time | Toutes les heures sont exprimées en heure avancée de l'Est

12:00-12:55 	PLENARY I PLÉNIÈRE I REFLECTIONS IN THE TIME OF COVID-19: A CONVERSATION WITH DRS THERESA TAM AND HOWARD NJOO RÉFLEXIONS À L'ÈRE DE LA COVID-19 : CONVERSATION AVEC LES DOCTEURS THERESA TAM ET HOWARD NJOO
12:55-13:00	STRETCH BREAK PAUSE-ÉTIREMENTS
13:00-14:00	CONCURRENT SESSIONS SÉANCES SIMULTANÉES
	Attaining access for all: Universal pharmacare to improve public health and address health equity in Canada
	More is not always better in public health
	Use a web-based planning tool to calculate the predicted life expectancy and mortality for provinces and health regions based on sociodemographic and health behaviour risks
	Understanding the infodemic and misinformation in the fight against COVID-19
14:00-14:15	STRETCH BREAK PAUSE-ÉTIREMENTS
14:15-15:15	CONCURRENT SESSIONS SÉANCES SIMULTANÉES
	COVID-19 and health inequities in Canada: Understanding community-based needs and opportunities for action La COVID-19 et les inégalités en santé au Canada : comprendre les besoins de proximité et les possibilités d'action
	From 'Service Delivery Target' to 'Source of Expertise': Engaging those who live with inequities to shape public health priorities
	How to apply artificial intelligence to real problems in local public health
	Refreshing core competencies for public health practice in Canada: What are the priorities?
15:15-15:30	STRETCH BREAK PAUSE-ÉTIREMENTS
15:30-16:25 	PLENARY II PLÉNIÈRE II CLIMATE CHANGE, HUMAN HEALTH AND THE PUBLIC HEALTH RESPONSE CHANGEMENTS CLIMATIQUES, SANTÉ HUMAINE ET RIPOSTE DE LA SANTÉ PUBLIQUE
16:25-16:30	CLOSING / SÉANCE DE CLÔTURE



12:00 – 12:55
12 h à 12 h 55

PLENARY I
PLÉNIÈRE I



REFLECTIONS IN THE TIME OF COVID-19: A CONVERSATION WITH DRS THERESA TAM AND HOWARD NJOO

The COVID-19 pandemic has placed public health at the forefront of Canada's social and economic discourse. From nurses and physicians to contact tracers, data modellers and epidemiologists, and policymakers at all levels of government, public health professionals across Canada have responded to this generational challenge with resolve and collaboration. Despite our progress, COVID-19 has exposed vulnerabilities in our health and social systems, and highlighted lessons for better preparing for possible future outbreaks.

In this session, Canada's Chief Public Health Officer of Canada, Dr. Theresa Tam, and Deputy Chief Public Health Officer of Health, Dr. Howard Njoo, will reflect on the state of public health in Canada in the midst of the COVID-19 pandemic. In a town-hall-style discussion, session participants will explore what has gone well in our response so far, the challenges COVID-19 poses to the public health system moving forward, and areas of action for deep and far-reaching impact on the health of Canadians.

Learning Objectives

- Determine the vulnerabilities in our health and social systems exposed by COVID-19.
- Explore the responses by public health authorities to date and investigate lessons learned.
- Identify areas for future action to mediate the identified health inequities.

Speakers | Oratrice et Orateur

- Theresa Tam, Chief Public Health Officer of Canada, Public Health Agency of Canada
- Howard Njoo, Deputy Chief Public Health Officer, Public Health Agency of Canada

Moderator | Modérateur

- Richard Musto, Chair, Canadian Public Health Association Board of Directors

RÉFLEXIONS À L'ÈRE DE LA COVID-19 : CONVERSATION AVEC LES DOCTEURS THERESA TAM ET HOWARD NJOO

La pandémie de COVID-19 a mis la santé publique à l'avant-plan du discours social et économique au Canada. Qu'il s'agisse des infirmières, des médecins, des chercheurs de contacts, des modélisateurs de données, des épidémiologistes ou des responsables des politiques à tous les ordres de gouvernement, les professionnels de la santé publique du Canada relèvent ce défi générationnel résolument et en collaboration. Malgré les progrès, la COVID-19 expose les failles de nos systèmes sociaux et de santé et offre des leçons pour mieux nous préparer à d'autres éclosions possibles.

Dans cette séance, l'administratrice en chef de la santé publique du Canada, Theresa Tam, et le sous-administrateur en chef de la santé publique, Howard Njoo, réfléchiront à l'état de la santé publique au Canada en pleine pandémie de COVID-19. Durant cette discussion informelle, les participants exploreront ce qui a bien fonctionné dans la riposte menée jusqu'à maintenant, les difficultés à prévoir pour le système de santé publique en raison de la COVID-19, et les axes d'intervention pour un impact profond et de grande portée sur la santé de la population canadienne.

Objectifs d'apprentissage

- Déterminer comment les failles de nos systèmes sociaux et de santé sont exposées par la COVID-19.
- Explorer la riposte des autorités de santé publique jusqu'à maintenant et en tirer des leçons.
- Cerner des domaines d'action futurs pour atténuer l'impact de la COVID-19 sur les inégalités en santé.

12:55 – 13:00
12 h 55 à 13 h

STRETCH BREAK
PAUSE-ÉTIREMENTS

13:00 – 14:00

CONCURRENT SESSIONS

13 h à 14 h

SÉANCES SIMULTANÉES

ATTAINING ACCESS FOR ALL: UNIVERSAL PHARMACARE TO IMPROVE PUBLIC HEALTH AND ADDRESS HEALTH EQUITY IN CANADA

This session will explore the challenges in access to prescription medicines and how this impacts public health and health equity. The panelists will discuss health systems implications and policy lessons that can be applied from other jurisdictions. Discussion on vision, standards, financing, implementation, and equity vs. equality will stimulate debate. Participants will be given the opportunity to voice their perspectives on how to develop a pharmacare strategy for Canada and what role the public health community and people with lived experience might play in the process.

Learning Objectives

- Identify and analyze gaps in access to medicines in Canada, with a focus on equity issues as they pertain to women, and to low-income, and racialized groups. There will be a particular focus on the challenges faced by Indigenous Peoples around access to medicines.
- Consider and evaluate policy options and models to achieve universal access to necessary medicines in Canada, based on lessons from other jurisdictions.
- Explore approaches to drive change and improve access to medicines among patients in Canada through advocacy and research.

Speakers

- Steve Morgan Professor Health Services and Policy, University of British Columbia
- Charlotte Girard, Person with Lived Experience
- Andrew Pipe, Chair, Heart & Stroke; Professor, Faculty of Medicine, University of Ottawa

Moderator

- Lesley James, Senior Manager, Health Policy, Heart and Stroke Foundation of Canada

MORE IS NOT ALWAYS BETTER IN PUBLIC HEALTH

Presented by: Public Health Physicians of Canada

[Choosing Wisely Canada](#) is a national campaign to help physicians and patients engage in conversations about, and ultimately reduce, unnecessary and potentially harmful tests, treatments and interventions. Public Health Physicians of Canada (PHPC) has engaged with Choosing Wisely Canada (CWC) and has developed public health recommendations for the CWC campaign that apply the CWC model to public health practice.

This session will engage public health professionals in an impactful knowledge translation exercise that will lead to better, more efficient public health practice. This session will review the scope and goals of Choosing Wisely Canada and introduce the public health CWC recommendations developed by PHPC. Participants will have an opportunity to learn about the recommendations and their rationales, and to discuss potential future recommendations for PHPC to explore.

Learning Objectives

- Explore the Choosing Wisely Canada campaign.
- Describe how PHPC developed its public health-specific CWC recommendations.
- Discuss the rationale for individual public health CWC recommendations and how they can be implemented in practice.

Speakers

- Wendy Levinson, Chair, Choosing Wisely Canada
- Karla Gustafson, Medical Officer of Health, Alberta Health Services
- Jia Hu, Medical Officer of Health, Alberta Health Services

13:00 – 14:00

CONCURRENT SESSIONS

13 h à 14 h

SÉANCES SIMULTANÉES

USE A WEB-BASED PLANNING TOOL TO CALCULATE THE PREDICTED LIFE EXPECTANCY AND MORTALITY FOR PROVINCES AND HEALTH REGIONS BASED ON SOCIODEMOGRAPHIC AND HEALTH BEHAVIOUR RISKS

The goal of the Project Big Life (PBL) Planning Tool is to provide support for the development of evidence-based health policies and programs. This workshop will provide an overview of estimating burden and intervention impact in the era of big data and predictive analytics. Participants will work with a Canadian web-based tool and real data to explore challenges and opportunities for developing evidence-based health policies.

Using computers and a web-based browser, participants will access the PBL Planning Tool and Canadian Community Health Survey public use dataset to complete two facilitated exercises. The first exercise will focus on surveillance by predicting the number of new deaths in a Canadian geographical region, and the degree to which health behaviours contribute to that risk. The second exercise will focus on prevention planning by assessing how many deaths could be prevented if a policy were to be adopted that improved the baseline distribution of risk factors (e.g., how many deaths could be prevented if we biked as the Dutch do?).

Learning Objectives

- Describe challenges and opportunities for chronic disease burden and intervention impact assessment in the era of big data and predictive analytics.
- Predict the number of new deaths within a region and describe how different health behaviours contribute to the risk of death.
- Assess the health benefits of potential public health policies or programs.

Speakers

- Doug Manuel, Senior Scientist, Ottawa Hospital Research Institute; Professor, Department of Family Medicine and School of Epidemiology and Public Health, University of Ottawa; Senior Scientist, ICES
- Carol Bennett, Senior Clinical Research Associate, Ottawa Hospital Research Institute; Epidemiologist, ICES



SHAPE THE FUTURE OF PUBLIC HEALTH AROUND THE WORLD

Master of Public Health Program

12-Month Program • Case-Based Learning • Practicum Experience • Career Support



schulich.uwo.ca/publichealth



14:00 – 14:15
13 h à 14 h 15

STRETCH BREAK
PAUSE-ÉTIREMENTS

13:00 – 14:00
13 h à 14 h

CONCURRENT SESSIONS
SÉANCES SIMULTANÉES

UNDERSTANDING THE INFODEMIC AND MISINFORMATION IN THE FIGHT AGAINST COVID-19

As stated by the World Health Organization (WHO), the COVID-19 outbreak and response has been accompanied by a massive infodemic: an overabundance of information (some accurate and some not) that makes it hard for people to find trustworthy sources and reliable guidance when they need it. 'Infodemic' refers to a large increase in the volume of information associated with a specific topic and whose growth can occur exponentially in a short period of time due to a specific incident, such as the current pandemic. In this situation, misinformation and rumours appear on the scene, along with manipulation of information with doubtful intent. In the information age, this phenomenon is amplified through social networks, spreading farther and faster like a virus. Therefore, it is critical to raise awareness about the importance of giving everyone access to timely, accurate, and easy-to-understand advice and information from trusted sources on public health events and outbreaks—currently, the COVID-19 public health emergency.

The very same infodemic accelerates and perpetuates misinformation. The session will be focused on how institutions working together can break this dangerous cycle in which health-related misinformation expands at the same pace as content production and distribution paths grow.

Learning Objectives

- Create awareness among health workers, health-related institutions and the general public about the importance of understanding their role in fighting the infodemic.
- Identify elements for setting networks for fighting the infodemic.
- Determine the critical knowledge gaps existing in today's health workers' competencies for fighting the infodemic.

Workshop Facilitators

- Tina Purnat, WHO EPI-Win Advisor for Infodemic
- Ian Brooks, Health and Data Scientist, University of Illinois
- Marcelo D'Agostino, EIH Senior Advisor for Information Systems
- Myrna C. Marty, International Expert on Information Systems, Infodemic and Digital Health

Moderator

- Sebastian Garcia Saiso, PAHO/WHO EIH Department Director

14:15 – 15:15

CONCURRENT SESSIONS

14 h 15 à 15 h 15

SÉANCES SIMULTANÉES

COVID-19 AND HEALTH INEQUITIES IN CANADA: UNDERSTANDING COMMUNITY-BASED NEEDS AND OPPORTUNITIES FOR ACTION

Presented by: Public Health Agency of Canada

 *Simultaneous interpretation is available for this session.*

COVID-19 has exposed vulnerabilities in our health and social systems and, in some cases, exacerbated existing health inequities in Canada.

This session will explore the impacts of COVID-19 on the health of Canadians, and the community-based solutions that can help ensure Canada is equipped to be a healthier and more resilient nation. Public health and community leaders will discuss opportunities for action in areas that include economic security and employment conditions, data and governance, and health, education, and social service systems. These actions can collectively help address the social and health inequities that COVID-19 has exposed in Canadian society.

The session will end with an audience Q&A during which participants and panelists will discuss local challenges and opportunities for action in these high-impact areas.

Learning Objectives

- Describe how COVID-19 has exposed and exacerbated health inequities in Canada.
- Illustrate promising community-based actions that can help protect the health of Canadians as we navigate a new public health reality.

Speakers | Oratrices

- Kate Mulligan, Assistant Professor, Dalla Lana School of Public Health, University of Toronto; Director of Policy and Communications, Alliance for Healthier Communities
- Cheryl Prescod, Executive Director, Black Creek Community Health Centre

Moderator | Modératrice

- Anna Romano, Vice President, Health Promotion and Chronic Disease Prevention Branch, Public Health Agency of Canada

LA COVID-19 ET LES INÉGALITÉS EN SANTÉ AU CANADA : COMPRENDRE LES BESOINS DE PROXIMITÉ ET LES POSSIBILITÉS D'ACTION

Présenté par : Agence de la santé publique du Canada

 *L'interprétation simultanée est disponible pour cette session.*

La COVID-19 expose les failles de nos systèmes sociaux et de santé et, dans certains cas, exacerbe les inégalités en santé existantes au Canada.

Nous explorerons les impacts de la COVID-19 sur la santé de la population canadienne et les solutions de proximité qui pourraient faire du Canada une nation plus résiliente et en meilleure santé. Des gens de la santé publique et des responsables locaux discuteront des possibilités d'action dans les domaines de la sécurité économique et des conditions de travail, des données et de la gouvernance, et des systèmes de santé, d'éducation et de services sociaux. Ensemble, ces actions peuvent contribuer à redresser les inégalités sociales et en santé exposées par la COVID-19 dans la société canadienne.

La séance se terminera par une période de questions durant laquelle les participants et les panélistes discuteront des limites et des possibilités de l'action locale dans ces domaines fortement touchés.

Objectifs d'apprentissage

- Décrire comment la COVID-19 expose et exacerbe les inégalités en santé au Canada.
- Présenter des exemples d'actions de proximité prometteuses qui peuvent contribuer à protéger la santé des Canadiens pendant que nous nous adaptons à la nouvelle réalité de la santé publique.

14:15 – 15:15
14 h 15 à 15 h 15

CONCURRENT SESSIONS
SÉANCES SIMULTANÉES

FROM 'SERVICE DELIVERY TARGET' TO 'SOURCE OF EXPERTISE': ENGAGING COMMUNITIES WHO LIVE WITH INEQUITIES TO SHAPE PUBLIC HEALTH PRIORITIES

Community engagement (CE) is a critical strategy to identify inequities and generate solutions for action to improve health equity. Authentic CE ideally shifts power from institutions to communities to influence decisions about programs and services. Mechanisms that allow community input to influence organization-level priorities and resource decisions may not be present. This workshop will encourage authentic relationship building between all levels of public health and communities that live with health inequities so that 'lived expertise' will inform decisions about priorities and resources. Guiding principles include the principle that people who live with inequities know best what they need. Public health needs to shift from the 'service-to'/'power-over' perspective of viewing communities as service delivery targets and towards being 'in service of' where the community is the sentinel source of expertise informing public health decisions. Real-life strategies, barriers and opportunities, initiating and maintaining CE, and evaluation, will also be explored.

Learning Objectives

- Discuss principles for collaborative and empowering community engagement for health equity.
- Explore supports and barriers for public health engagement with communities that experience inequities.
- Identify mechanisms to facilitate meaningful and sustained engagement so that communities can help shape public health priorities.

Facilitator

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

HOW TO APPLY ARTIFICIAL INTELLIGENCE TO REAL PROBLEMS IN LOCAL PUBLIC HEALTH

Diverse applications of artificial intelligence (AI) include self-driving cars, individualized advertisements, and voice assistants. AI is also making waves in healthcare, as personalized medicine seeks to optimize diagnosis and treatment for individuals. But what about public health? While perhaps less familiar, AI has been used to derive features of the built environment from satellites, predict childhood lead poisoning, and detect foodborne illnesses using social media. Nevertheless, how AI should be applied to local public health is uncharted territory for most. During this workshop, participants will learn AI terminology and how to apply a framework for evaluating AI applications in local public health. Participants will participate in identifying and evaluating AI applications in relevant contexts, associated barriers and risks, and devising solutions. Participants will also advance their learning through large-group discussions and sharing ideas electronically with the group. After the workshop, participants will be able to successfully assess AI for implementation in their practice, while strategizing to overcome barriers and mitigate risks.

Learning Objectives

- Explain basic artificial intelligence (AI) concepts and the opportunities, barriers, and risks involved in the application of AI to local public health practice.
- Identify promising applications of AI to local public health practice in the participants' own contexts.
- Evaluate applications of AI to local public health for associated barriers and risks, followed by devising solutions.

Speakers

- Jason Morgenstern, Medical Resident, Public Health and Preventive Medicine, McMaster University; MPH candidate, Department of Health Research Methods, Evidence and Impact, McMaster University
- Stacey Fisher, CIHR Health System Impact Fellow in Equitable Artificial Intelligence, Public Health Ontario; Post-doctoral Fellow, Dalla Lana School of Public Health, University of Toronto
- Laura Rosella, Associate Professor and Canada Research Chair in Population Health Analytics, University of Toronto; Site Director, ICES University of Toronto; Faculty Affiliate, Vector Institute for Artificial Intelligence

Moderator

- Thomas Piggott, Medical Officer of Health, Labrador-Grenfell Health, Happy Valley-Goose Bay; PhD Candidate in Health Research Methodology, Department of Health Research Methods, Evidence and Impact, McMaster University

14:15 – 15:15
14 h 15 à 15 h 15

CONCURRENT SESSIONS
SÉANCES SIMULTANÉES

REFRESHING CORE COMPETENCIES FOR PUBLIC HEALTH PRACTICE IN CANADA: WHAT ARE THE PRIORITIES?

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

The 2008 Public Health Agency of Canada (PHAC) Core Competencies have served to guide the development of various public health training programs, as well as public health workforce development initiatives. There is a growing recognition that these Core Competencies need strengthening and are lacking in critical key areas. This session will provide an update on the use of the PHAC Core Competencies and an emerging understanding about the perceived gaps and initiatives to strengthen the Core Competencies nationally, regionally and within selected training programs and sites of practice. Following short presentations, participants will explore where the PHAC Core Competencies can be strengthened. These insights will feed into the work of the Public Health Workforce Task Group.

Learning Objectives

- Summarize the history and current state of the PHAC Core Competencies in Canada.
- Describe examples of the use of the Core Competencies in training and public health practice.
- Identify areas within the Core Competencies in need of strengthening.

Speakers

- Jasmine Pawa, Adjunct Lecturer, University of Toronto
- Emma Apatu, Associate Professor, Faculty of Health Sciences, McMaster University
- Nancy Ramuscak, Program Manager, Education and Research, Region of Peel – Public Health
- Erica Di Ruggiero, Associate Professor, Dalla Lana School of Public Health, University of Toronto
- Malcolm Steinberg, Director, Public Health Programs, Faculty of Health Sciences, Simon Fraser University

15:15 – 15:30
15 h 15 à 15 h 30

STRETCH BREAK
PAUSE-ÉTIREMENTS





CLIMATE CHANGE, HUMAN HEALTH AND THE PUBLIC HEALTH RESPONSE

Climate change is identified as “the greatest health threat of the 21st century” and it is recognized that “the effects of climate change are being felt today and future projections represent an unacceptably and potentially catastrophic risk to human health.” Communities across Canada are already dealing with the health effects of climate change. Many of the policies needed to fight climate change could also produce health benefits, reduce health care costs, and improve social cohesion and equity in communities. The public health community has a dual role in addressing climate change: it needs to mitigate the impact of climate change on human health and support upstream interventions. The speaker will explore the actions that the public health community needs to take at the local, regional, national and international levels in order to slow the rate of global warming. We are running out of time. By the time today’s toddlers are in high school, our window for the most effective action will have closed. We are the last generation that has the opportunity to make the changes needed to avoid catastrophic climate change. Climate change must be treated like the public health emergency it is.

Learning Objectives

- Determine policies needed to fight climate change that could also produce health benefits, reduce health care costs, and improve social cohesion and equity in communities.
- Explore the dual role of the public health community in addressing climate change.
- Identify actions to be taken to slow the rate of global warming.

Speaker | Orateur

- Chris Buse, Postdoctoral Fellow, Canadian Institutes of Health Research; UBC Centre for Environmental Assessment Research

Moderator | Modératrice

- Marisa Creatore, Associate Scientific Director, CIHR Institute of Population & Public Health

CHANGEMENTS CLIMATIQUES, SANTÉ HUMAINE ET RIPOSTE DE LA SANTÉ PUBLIQUE

Les changements climatiques sont qualifiés de « plus grave menace à la santé du monde au 21e siècle », et il est reconnu que leurs effets « se font déjà sentir, et selon les extrapolations futures, présentent un risque intolérablement élevé et potentiellement catastrophique pour la santé humaine ». Dans tout le Canada, des communautés sont déjà aux prises avec les effets de ces changements sur la santé. De nombreuses politiques nécessaires à la lutte contre les changements climatiques pourraient aussi présenter des avantages pour la santé, réduire les coûts des soins de santé et améliorer la cohésion sociale et l'équité dans les communautés. La communauté de la santé publique a un double rôle à jouer dans la lutte contre les changements climatiques : elle doit en atténuer les impacts sur la santé humaine et soutenir des interventions en amont. L'orateur explorera les mesures que doit prendre la communauté de la santé publique à l'échelle locale, régionale, nationale et internationale pour ralentir la progression du réchauffement planétaire. Le temps nous manque. D'ici à ce que les tout-petits d'aujourd'hui entrent à l'école secondaire, notre fenêtre pour intervenir efficacement se sera fermée. Nous sommes la dernière génération à pouvoir apporter les modifications nécessaires pour éviter des changements climatiques catastrophiques. Les changements climatiques doivent être traités comme l'urgence sanitaire qu'ils sont.

Objectifs d'apprentissage

- Déterminer quelles sont les politiques nécessaires à la lutte contre les changements climatiques qui pourraient aussi présenter des avantages pour la santé, réduire les coûts des soins de santé et améliorer la cohésion sociale et l'équité dans les communautés.
- Explorer le double rôle de la communauté de la santé publique dans la lutte contre les changements climatiques.
- Cerner les mesures qui devraient être prises pour ralentir le taux de réchauffement de la planète.

THURSDAY 15 OCTOBER | JEUDI 15 OCTOBRE

PROGRAM OVERVIEW | RÉSUMÉ DU PROGRAMME

- Subject to change | Sous réserve de modifications
- All times are Eastern Daylight Time | Toutes les heures sont exprimées en heure avancée de l'Est

12:00-12:55 	PLENARY III PLÉNIÈRE III POPULATION MENTAL WELLNESS LE BIEN-ÊTRE MENTAL DES POPULATIONS
12:55-13:00	STRETCH BREAK PAUSE-ÉTIREMENTS
13:00-14:00	CONCURRENT SESSIONS SÉANCES SIMULTANÉES
	Action Framework for Building an Inclusive Health System: Evidence-based Interventions to Address Stigma and Discrimination in Public Health Institutions Cadre d'action pour bâtir un système de santé inclusif : des interventions factuelles pour aborder la stigmatisation et la discrimination dans les établissements de santé publique
	The future of race-based and Indigenous identity data in Canada: Towards a standardized approach
	Paved with good intentions: Gentrification and the health and equity impacts of urban change
	Surveillance to assess impacts of the COVID-19 pandemic: Overview and some lessons learned across Canada
14:00-14:15	STRETCH BREAK PAUSE-ÉTIREMENTS
14:15-15:15	CONCURRENT SESSIONS SÉANCES SIMULTANÉES
	Climate change impacting health and well-being in the Métis Homeland
	Fostering an eco-social future for public health: EDGE, ECHO and next-generation intersectoral action for health
	Implications of race-based data collection during the COVID-19 pandemic
	Understanding our food systems: Building Indigenous food sovereignty through Northwestern Ontario Public Health
15:15-15:30	STRETCH BREAK PAUSE-ÉTIREMENTS
15:30-16:25 	PLENARY IV PLÉNIÈRE IV REFLECTIONS IN THE TIME OF COVID-19: A CONVERSATION WITH THREE CHIEF MEDICAL OFFICERS OF HEALTH RÉFLEXIONS À L'ÈRE DE LA COVID-19 : CONVERSATION AVEC TROIS MÉDECINS HYGIÉNISTES EN CHEF
16:25-16:30	CLOSING / SÉANCE DE CLÔTURE





POPULATION MENTAL WELLNESS

The World Health Organization (WHO) defines mental health as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.” A person’s mental wellness lies along a continuum from minimum to maximum mental well-being and is unique from the presence or absence of mental illness. An individual can be mentally well and have a mental illness. An individual’s mental wellness is affected by, among other things, early childhood experiences, the surrounding environment, the social determinants of health, stigma, and racism. From birth to death, individuals (as well as communities and entire populations) go through the ups and downs of life. To survive and thrive, individuals and communities draw on their resilience, coping skills and supportive environments to develop, flourish and grow. People’s mental health status is determined by their capacity to look beyond their vulnerabilities, problems and illnesses and move toward health, and speaks of their inner strength, resilience and character. Achieving good mental health is a continuous process of development and transformation through the life course and embraces emotional, psychological and social components. Although holistic considerations of health, which include positive mental health, are recent in Eurocentric worldviews, they have been, and continue to be, central to Indigenous peoples. The panelists will explore opportunities for the public health community to effectively integrate population mental wellness into practice and they will discuss what is needed to support these efforts.

Learning Objectives

- Explore the mental health continuum and the impact of internal and external factors on a person over time.
- Explain the role of public health authorities to positively impact mental wellness in their communities.
- Identify ways for the public health community to effectively integrate population mental wellness into practice.

Speakers | Oratrices

- Mariette Chartier, Assistant Professor, Department of Community Health Sciences, Rady Faculty of Health Sciences, University of Manitoba
- Carol Hopkins, Executive Director, Thunderbird Partnership Foundation

Moderator | Modératrice

- Josée Lavoie, Professor, Community Health Sciences, Faculty of Medicine, University of Manitoba; Director, Ongomiizwin Research; Scientific Chair, Public Health 2020

LE BIEN-ÊTRE MENTAL DES POPULATIONS

L’Organisation mondiale de la Santé (OMS) définit la santé mentale comme étant « un état de bien-être dans lequel une personne peut se réaliser, surmonter les tensions normales de la vie, accomplir un travail productif et contribuer à la vie de sa communauté ». Le bien-être mental de chaque personne se situe sur un continuum et se distingue de la présence ou de l’absence de maladie mentale. Une personne peut se sentir bien mentalement tout en ayant une maladie mentale. Son bien-être mental est influencé, entre autres, par les expériences de la petite enfance, le milieu environnant, les déterminants sociaux de la santé, la stigmatisation et le racisme. De la naissance à la mort, les particuliers (ainsi que les collectivités et les populations entières) traversent des hauts et des bas. Pour survivre et prospérer, ces particuliers et ces collectivités font appel à leur résilience, à leurs habiletés d’adaptation et à des milieux favorables pour se développer, s’épanouir et grandir. L’état de santé mentale d’une personne est déterminé par sa capacité de voir au-delà de ses vulnérabilités, de ses problèmes et de ses maladies pour progresser vers la santé, et témoigne de sa force, de sa résilience et de son caractère innés. Une bonne santé mentale est le fruit d’un processus de développement et de transformation durant tout le parcours de vie et englobe les aspects affectifs, psychologiques et sociaux. Les éléments holistiques de la santé, dont une santé mentale positive, sont récents dans les visions du monde eurocentriques, mais ils ont toujours été cruciaux pour les peuples autochtones. Les oratrices exploreront les possibilités pour la communauté de la santé publique d’intégrer efficacement le bien-être mental des populations dans la pratique et discuteront de ce qui est nécessaire pour appuyer une telle démarche.

Objectifs d’apprentissage

- Explorer le continuum de la santé mentale et l’impact des facteurs internes et externes sur une personne au fil du temps.
- Expliquer le rôle que les autorités de santé publique peuvent jouer pour influencer positivement le bien-être mental dans leur milieu.
- Trouver des moyens pour la communauté de la santé publique d’intégrer efficacement la promotion du bien-être mental des populations dans ses pratiques.

12:55 – 13:00
12 h 55 à 13 h

STRETCH BREAK
PAUSE-ÉTIREMENTS

13:00 – 14:00
13 h à 14 h

CONCURRENT SESSIONS
SÉANCES SIMULTANÉES

ACTION FRAMEWORK FOR BUILDING AN INCLUSIVE HEALTH SYSTEM: EVIDENCE-BASED INTERVENTIONS TO ADDRESS STIGMA AND DISCRIMINATION IN PUBLIC HEALTH INSTITUTIONS

 *Simultaneous interpretation is available for this session.*

The Chief Public Health Officer of Canada has released her 2019 annual report, *Addressing Stigma: Towards a More Inclusive Health System*, which focuses on understanding and addressing multiple stigmas such as social stigmas (such as racism and homophobia and transphobia) and health condition stigmas (such as HIV, substance use and obesity). This session will provide an overview of the model to understand the impact of chronic exposure to stigma as a fundamental driver of health inequities and will introduce delegates to the Action Framework for Building an Inclusive Health System, which provides evidence-based interventions to eliminate stigma at multiple levels. Participants will work with health experts to build capacity to implement intersectional stigma considerations into research and policies in their organizational setting.

Learning Objectives

- Describe the ways social identity stigmas and health condition stigmas intersect and contribute to negative mental and physical health outcomes of stigmatized individuals and/or groups.
- Determine considerations for implementing intersectional interventions in research and policy planning.
- Identify intervention options for addressing stigma at multiple levels of the health system.

Speakers | Oratrices

- Kimberly Gray, Office of the Chief Public Health Officer of Canada
- Carmen Logie, Associate Professor, Factor-Inwentash Faculty of Social Work, University of Toronto
- Lea Mutch, Clinical Nurse Specialist, Population Public Health, Winnipeg Regional Health Authority

Moderator | Modératrice

- Kimberly Gray, Office of the Chief Public Health Officer of Canada

CADRE D'ACTION POUR BÂTIR UN SYSTÈME DE SANTÉ INCLUSIF : DES INTERVENTIONS FACTUELLES POUR ABORDER LA STIGMATISATION ET LA DISCRIMINATION DANS LES ÉTABLISSEMENTS DE SANTÉ PUBLIQUE

 *L'interprétation simultanée est disponible pour cette session.*

L'administratrice en chef de la santé publique du Canada a publié l'édition 2019 de son rapport annuel, *Lutte contre la stigmatisation : Vers un système de santé plus inclusif*, qui porte sur la compréhension et la lutte contre de nombreuses formes de stigmatisation, dont la stigmatisation sociale (comme le racisme, l'homophobie et la transphobie) et la stigmatisation liée à l'état de santé (comme le VIH, la consommation de substances et l'obésité). Nous présenterons une vue d'ensemble du modèle afin de comprendre l'impact de l'exposition chronique à la stigmatisation, un vecteur fondamental d'inégalités en santé; nous présenterons aussi aux délégués le Cadre d'action pour bâtir un système de santé inclusif, qui propose des interventions fondées sur les données probantes pour éliminer la stigmatisation à de nombreux niveaux. Les participants travailleront avec des spécialistes de la santé à renforcer leur capacité de tenir compte de la stigmatisation intersectionnelle dans la recherche et les politiques de leur milieu organisationnel.

Objectifs d'apprentissage

- Décrire comment les formes de stigmatisation axées sur l'identité sociale et l'état de santé se recoupent et contribuent aux mauvais résultats de santé mentale et physique des personnes et des groupes stigmatisés.
- Déterminer les considérations relatives à la mise en œuvre d'interventions intersectionnelles dans la planification de la recherche et des politiques.
- Trouver des options d'intervention pour aborder la stigmatisation à de nombreux niveaux du système de santé.

THE FUTURE OF RACE-BASED AND INDIGENOUS IDENTITY DATA IN CANADA: TOWARDS A STANDARDIZED APPROACH

Presented by: Canadian Institute for Health Information

The collection, analysis, and reporting of race-based data has recently come to the forefront of public interest as part of conversations about systemic racism during the COVID-19 pandemic. Racial health inequalities in other countries have exposed a gap in Canada's health data collection and led to subsequent calls to the federal and provincial/territorial governments to collect this data. Although conversations about the urgent need for race-based data are in the spotlight now, work to develop a [standardized approach to include race-based data in health care](#) has been ongoing for years. This session presents existing work towards the routine measurement of race-based and Indigenous identity data in health systems. Panelists will provide perspectives from different health systems in Canada, with considerations for implementation in various settings, such as primary care and acute care. The use of such data for health system performance monitoring will also be explored.

Learning Objectives

- Investigate the rationale for the routine collection of race-based and Indigenous identity data in the health care system.
- Review existing sources of race-based and Indigenous identity data and ongoing initiatives to collect this data.
- Explore potential risks and concerns associated with the use of race-based and Indigenous identity data and opportunities to mitigate harm.
- Appraise proposed pan-Canadian standards for the collection of race-based and Indigenous identity data in Canada.

Speakers

- Andrew Pinto, Director, Upstream Lab; Clinician-Scientist, St. Michael's Hospital; Associate Professor, Faculty of Medicine, University of Toronto
- Gaynor Watson-Creed, Deputy Chief Medical Officer of Health, Nova Scotia Department of Health and Wellness
- Robyn Rowe, PhD Candidate; Research Associate, School of Rural and Northern Health; Sessional Professor, School of Indigenous Relations, Laurentian University
- Dana Riley, Program Lead, Canadian Institute for Health Information

Moderator

- Jean Harvey, Director, Canadian Institute for Health Information



13:00 – 14:00

CONCURRENT SESSIONS

13 h à 14 h

SÉANCES SIMULTANÉES

PAVED WITH GOOD INTENTIONS: GENTRIFICATION AND THE HEALTH AND EQUITY IMPACTS OF URBAN CHANGE

Gentrification is of great interest to policy-makers and population health researchers striving to improve urban environments while avoiding negative consequences such as resident displacement. Currently, evidence on the definition, causes, and consequences of gentrification is mixed, limiting the ability of cities to maximize the health and equity benefits of urban renewal.

To help clarify the role of gentrification in population health, this interactive symposium will:

- Introduce map-based measures of gentrification across Canadian cities.
- Propose a conceptual framework to illustrate how and for whom gentrification impacts health and well-being.
- Engage participants in the design of a mixed-methods study to examine the mechanisms between urban interventions, gentrification, and population health. The symposium will conclude with a facilitated discussion to explore how gentrification is unfolding in Canadian cities and how urban revitalization strategies can be implemented in a way that is both impactful and equitable.

Learning Objectives

- Discover how gentrification is framed and measured, and use map-based tools to identify areas that have undergone gentrification in Canadian cities.
- Illustrate how gentrification affects population health and well-being, and for whom.
- Explore equitable policy solutions that enable neighbourhood revitalization without displacement.

Speakers

- Daniel Fuller, Canadian Research Chair in Population Physical Activity, School of Human Kinetics and Recreation, Memorial University
- Caislin Firth, Postdoctoral Fellow, Faculty of Health Sciences, Simon Fraser University
- Yan Kestens, Population Health Principal Scientist, Centre de recherche du Centre hospitalier de l'Université de Montréal

Workshop Facilitator

- Zoé Poirier Stephens, National Research Coordinator, Interventions, Research and Action in Cities Team, Centre de recherche du Centre hospitalier de l'Université de Montréal

SURVEILLANCE TO ASSESS IMPACTS OF THE COVID-19 PANDEMIC: OVERVIEW AND SOME LESSONS LEARNED ACROSS CANADA

Presented by: Canadian Alliance for Regional Risk Factor Surveillance

A panel discussion will lead off with an overview of data for COVID-19 surveillance, by Dr. Claire Austin, the Epidemiology Working Group co-chair of the international collaborative COVID-19 project of the Research Data Alliance. She will describe key aspects of surveillance necessary to understand the pace, dynamics, responses and consequences of COVID-19, including unintended downstream consequences. A public health professional and a medical oncologist focussing on food insecurity and the impacts on cancer care will share examples of lessons learned from across Canada.

Learning Objectives

- Describe the state of affairs of COVID-19 data globally, from a cross-jurisdictional and international perspective.
- Identify data sources, analyses and findings regarding food insecurity in Quebec during the pandemic.
- Illustrate the investigation and findings of impacts of COVID-19 on cancer care in Manitoba.

Speakers

- Celine Plante, Conseillère scientifique, Institut nationale de santé publique du Québec
- Saroj Niraula, Medical Oncologist, CancerCare Manitoba; University of Manitoba
- Claire Austin, Co-chair, Epidemiology Working Group, Research Data Alliance COVID-19; Environment and Climate Change Canada

Moderator

- Meg Sears, Ottawa Hospital Research Institute; Prevent Cancer Now; RDA COVID-19 Epidemiology Working Group member

14:00 – 14:15
14 h à 14 h 15

STRETCH BREAK
PAUSE-ÉTIREMENTS

14:15 – 15:15
14 h 15 à 15 h 15

CONCURRENT SESSIONS
SÉANCES SIMULTANÉES

CLIMATE CHANGE IMPACTING HEALTH AND WELL-BEING IN THE MÉTIS HOMELAND

Presented by: Métis National Council

Climate change and health vulnerability assessments help communities and decision-makers identify adaptation actions that they can take to reduce risk. The Métis people are susceptible to a number of climate-change risks including impacts from forest fires, flooding, the spread of infectious disease, extreme heat and impacts on traditional foods. Understanding these risks and regional impacts on the Métis can help the Métis nation adopt programs and policies to reduce vulnerabilities.

The Métis National Council has conducted an assessment to identify these risks, vulnerabilities and gaps in information to help build resilience against climate change. Regional climate data, health information and local observations are being collected to identify next steps.

Results of this research will be presented and a discussion on recommended course of action will be pursued during the session.

Learning Objectives

- Increase awareness of climate change impacts on the health of the Métis people.
- Provide a Métis perspective on health adaptation solutions.
- Highlight the importance of intersectoral work to address climate change and health concerns.

Speakers

- Erin Myers, Environment and Climate Change Advisor, Métis National Council
- Jim Frehs, Principal, Jim Frehs Consulting
- Leona Shaw, Senior Director of Natural Resources and Environmental Protection, Métis Nation British Columbia

Moderator

- Eduardo Vides, Senior Health Policy Advisor, Métis National Council



FOSTERING AN ECO-SOCIAL FUTURE FOR PUBLIC HEALTH: EDGE, ECHO AND NEXT-GENERATION INTERSECTORAL ACTION FOR HEALTH

Working toward a healthy, just and sustainable future in an era of climate change demands that the public health community work with others in new ways – across different sectors, jurisdictions, disciplines and contexts – to protect and promote public health. This workshop draws on two national initiatives that are actively strengthening capacity for intersectoral action to address issues at the interface of health, ecosystems and equity: the Ecological Determinants Group on Education (EDGE) and the Environment, Community, Health Observatory Network (ECHO Network). Participants will learn about a new generation of tools and processes for intersectoral action, informed by examples being designed, tested and applied across Canada which build competencies and foster eco-social approaches to public health. The workshop will focus on examples being applied to address the intersectoral challenge of cumulative environmental, community and health impacts of resource extraction and climate change, highlighting application to rural, remote and northern communities as well as urban Canada.

Learning Objectives

- Describe the ways in which a new generation of intersectoral action is required to support eco-social approaches to public health.
- Explore the application of at least three new tools and processes for intersectoral action that are addressing issues at the interface of health, equity and ecosystems.
- Identify and share ways in which eco-social approaches and intersectoral action can be applied in their own public health practices.

Workshop Facilitators

- Raina Fumerton, Medical Health Officer, Northern Health
- Sally Western, Technical Advisor, Office of Health and Resource Development, Northern Health
- Chris Buse, CIHR Postdoctoral Fellow, Centre for Environmental Assessment Research, UBC
- Céline Surette, Professor, Department of Chemistry and Biochemistry, Université de Moncton
- Maya Gislason, Assistant Professor, Health Sciences, SFU
- Dawn Hoogeveen, Postdoctoral Researcher, UNBC
- Sarah Skinner, Watershed Planning Coordinator, Battle River Watershed Alliance

Moderators

- Sandra Allison, Clinical Assistant Professor, School of Population and Public Health
- Margot Parkes, Professor, School of Health Sciences, University of Northern British Columbia; Co-Chair, Ecological Determinants Group on Education, Co-lead: Environment, Community, Health Observatory Network

IMPLICATIONS OF RACE-BASED DATA COLLECTION DURING THE COVID-19 PANDEMIC

In this symposium, we will engage conference participants in a dialogue about the implications of race-based data collection during the COVID-19 pandemic. We will outline key considerations regarding the collection of race-related health data based on existing evidence. Participants will engage with concepts of ethnicity, race, and racism as a social determinant of health. The symposium will offer participants an opportunity to reflect on these concepts and the implications of race-based data in relation to their day-to-day practice, policy, research, and community settings.

Learning Objectives

- Describe potential benefits and harms of collecting race-based data.
- Outline broad strategies to address key challenges related to the collection of race-based data.
- Identify actions in participants' roles or practice that can help to clarify and/or address the implications of race-based data collection for improving public health.

Speakers

- Bukola Salami, Associate Professor, University of Alberta
- Josephine Wong, Professor, Ryerson University
- Carla Hilario, Assistant Professor, University of Alberta

Moderator

- Sally Thorne, Professor, University of British Columbia

THURSDAY 15 OCTOBER | JEUDI 15 OCTOBRE

14:15 – 15:15
14 h 15 à 15 h 15

CONCURRENT SESSIONS
SÉANCES SIMULTANÉES

UNDERSTANDING OUR FOOD SYSTEMS: BUILDING INDIGENOUS FOOD SOVEREIGNTY WITH NORTHERN ONTARIO PUBLIC HEALTH

This session will share experiences from projects coordinated by the Thunder Bay District Health Unit (TBDHU) and the Northwestern Health Unit (NWHU) in partnership with Indigenous and civil-society organizations. Through collaboration, the two health units took direction from participating First Nations to better understand the roots of food insecurity and identify action priorities to support food sovereignty and self-determination. Funded by the Ministry of Health through the Northern Fruit and Vegetable Program (Enhancement Project), the projects aimed to reduce health inequalities and impact systems-level change.

Presenters will share experiences and insights from the two Understanding Our Food Systems projects that aimed to implement the First Nations' food sovereignty visions:

1. The TBDHU, in partnership with the Indigenous Food Circle and the Sustainable Food Systems Lab at Lakehead University, which worked with fourteen First Nations in Treaty 9 and Robinson Superior Treaty Areas, and
2. The NWHU, which worked with First Nations in the Treaty 9, 3 and 5 Areas.

Learning Objectives

- Develop collaborative teams, partnerships and networks between and with Indigenous communities and civil-society organizations.
- Create and lead initiatives that foster larger food-systems change at the provincial and/or federal level, with a focus on self-determination, food sovereignty, and health inequity reduction.
- Inform provincial or federal engagement strategies in working with Indigenous communities.
- Explore sustainable supports for resources and funding within Indigenous communities.

Speakers

- Jessica McLaughlin, Coordinator, Indigenous Food Circle, Member of Long Lake 58 First Nation
- Ivan Ho, Public Health Nutritionist, Thunder Bay District Health Unit
- Julie Slack, Registered Dietitian, Northwestern Health Unit

Moderator

- Charles Levkoe, Canada Research Chair in Sustainable Food Systems, Lakehead University

15:15 – 15:30
15 h 15 à 15 h 30

STRETCH BREAK
PAUSE-ÉTIREMENTS



15:30 – 16:25

15 h 30 à 16 h 25

PLENARY IV

PLÉNIÈRE IV



REFLECTIONS IN THE TIME OF COVID-19: A CONVERSATION WITH THREE CHIEF MEDICAL OFFICERS OF HEALTH

While the COVID-19 pandemic has consistently presented public health officials with unprecedented challenges everywhere in this country, public health responses have been adapted to the unique circumstances, geography, culture, and resource availability in different parts of the country. As we prepare for a potential second wave of infections, this panel of Chief Medical Officers of Health will be asked to discuss the hardest lessons they have learned so far and the things for which we need to be prepared going forward.

Learning Objectives

- Discuss the response to COVID-19 in three distinct provincial and territorial health authorities.
- Explore the lessons learned from other jurisdictions in their initial response to COVID-19.
- Identify ways to benefit from the experience of the public health community to prepare for additional waves of COVID-19 infections.

Speakers | Oratrices et orateur

- Deena Hinshaw, Chief Medical Officer of Health, Alberta
- Kami Kandola, Chief Public Health Officer, Northwest Territories
- Robert Strang, Chief Medical Officer of Health, Nova Scotia

Moderator | Modératrice

- Vamini Selvanandan, Director, Canadian Public Health Association Board of Directors

RÉFLEXIONS À L'ÈRE DE LA COVID-19 : CONVERSATION AVEC TROIS MÉDECINS HYGIÉNISTES EN CHEF

La pandémie de COVID-19 pose systématiquement des défis sans précédent aux autorités de santé publique du pays, mais les ripostes de la santé publique se sont adaptées aux circonstances particulières, à la géographie, à la culture et aux ressources disponibles à différents endroits. En prévision d'une éventuelle deuxième vague d'infections, nos panélistes discuteront des plus dures leçons qu'ils ont apprises jusqu'à maintenant et des choses auxquelles nous devons encore nous préparer.

Objectifs d'apprentissage

- Discuter de la riposte à la COVID-19 dans trois administrations sanitaires provinciales et territoriales.
- Explorer les leçons tirées par d'autres provinces et territoires de leur riposte initiale à la COVID-19.
- Trouver des moyens de tirer parti de l'expérience de la communauté de la santé publique pour nous préparer à d'autres vagues d'infections par la COVID-19.



#PHSP20

FRIDAY 16 OCTOBER | VENDREDI 16 OCTOBRE

PROGRAM OVERVIEW | RÉSUMÉ DU PROGRAMME

- Subject to change | Sous réserve de modifications
- All times are Eastern Daylight Time | Toutes les heures sont exprimées en heure avancée de l'Est

12:00-12:55 	PLENARY V PLÉNIÈRE V PUBLIC HEALTH, TRUTH AND RECONCILIATION SANTÉ PUBLIQUE, VÉRITÉ ET RÉCONCILIATION
12:55-13:00	STRETCH BREAK PAUSE-ÉTIREMENTS
13:00-14:00	CONCURRENT SESSIONS SÉANCES SIMULTANÉES
	COVID-19 outbreak management: Experiences, best practices, and lessons learned Gestion des éclosions de covid-19 : expériences, pratiques exemplaires et leçons retenues
	Examining racism in systems as a public health issue
	Nutrition public policy – The current federal landscape
	Strengthening health equity in education and professional development: Using storytelling and role play to build competencies
	Those who lead: Indigenous community based organizations roles in public health
14:00-14:15	STRETCH BREAK PAUSE-ÉTIREMENTS
14:15-15:15	CONCURRENT SESSIONS SÉANCES SIMULTANÉES
	Addressing climate change as a public health professional
	Alcohol, other drugs and suicide: Current evidence and implications for monitoring and prevention
	Canada's role in global health: Challenges and opportunities for public health action
	"Equity is not equality"? Deepening our understanding of justice as an ethical foundation for health equity
	The impact of COVID-19 in the region of the Americas: Public health, economic and social contexts
15:15-15:30	STRETCH BREAK PAUSE-ÉTIREMENTS
15:30-16:25 	PLENARY VI PLÉNIÈRE VI REFLECTIONS IN THE TIME OF COVID-19: DEBUNKING MISINFORMATION AND DISINFORMATION RÉFLEXIONS À L'ÈRE DE LA COVID-19 : COMMENT DISCRÉDITER LA MÉSINFORMATION ET LA DÉSINFORMATION
16:25-16:30	CLOSING / SÉANCE DE CLÔTURE



12:00 – 12:55
12 h à 12 h 55

PLENARY V
PLÉNIÈRE V



PUBLIC HEALTH, TRUTH AND RECONCILIATION

A national discourse is taking place concerning historic and current relationships between Canadians and the distinct societies of First Nations, Inuit, and Métis peoples in Canada. Reconciliation – the building of relationships with Indigenous Peoples that respect their values, ways, and cultures – has been at the forefront of this discussion. Fundamental to a public health approach are the principles of trust, respect, engagement, transparency, and fairness; thus, discussions of how the health of populations are assessed, protected and improved are a foundation upon which healthier relationships can grow. When building relationships with Indigenous partners, the public health community needs to recognize and respect the diverse knowledge systems of Indigenous Peoples. Indigenous ways need to be equally valued and interwoven with public health approaches. In doing so, public health practitioners can play a key role in educating the public and communicating innovative, mutually advantageous solutions to decision-makers. During this session, panelists will provide an overview of the process of truth and reconciliation, address the Calls to Action that apply to health and public health, and explore how one jurisdiction has implemented acts of reconciliation into the workplace.

Learning Objectives

- Recognize the value and describe the diverse knowledge systems of Indigenous Peoples in Canada.
- Explore the [Truth and Reconciliation Commission of Canada Calls to Action](#) that apply to health and public health.
- Illustrate how one jurisdiction has implemented acts of reconciliation into their work.

Speakers | Oratrice et orateurs

- Marcia Anderson, Assistant Professor and Executive Director of Indigenous Academic Affairs, Ongomiizwin Indigenous Institute of Health and Healing, Rady Faculty of Health Sciences, University of Manitoba
- Michael Redhead Champagne, Community Organizer
- Cordell Neudorf, Medical Director, Health Surveillance and Reporting, Saskatchewan Health Authority; Professor, Department of Community Health & Epidemiology, University of Saskatchewan

Moderator | Modératrice

- Jean Harvey, Director, Canadian Population Health Initiative, Canadian Institute for Health Information

SANTÉ PUBLIQUE, VÉRITÉ ET RÉCONCILIATION

Partout au pays, il se tient un discours sur les relations historiques et actuelles entre la population canadienne et les sociétés distinctes que sont les Premières Nations, les Inuits et les Métis au Canada. La réconciliation – l'établissement avec les peuples autochtones de relations qui respectent leurs valeurs, leurs coutumes et leurs cultures – est à l'avant-plan de ce débat. Une démarche de santé publique repose sur des principes de confiance, de respect, d'engagement, de transparence et d'équité; les débats sur la façon dont la santé des populations est évaluée, protégée et améliorée sont donc la base sur laquelle des relations plus saines peuvent se développer. En construisant des relations avec ses partenaires autochtones, la communauté de la santé publique a besoin de reconnaître et de respecter la diversité des systèmes de connaissances des peuples autochtones. Les coutumes autochtones doivent être reconnues comme étant de valeur égale et conjuguées avec les démarches de santé publique. Les praticiens de la santé publique peuvent donc jouer un rôle clé en sensibilisant le public et en communiquant aux décisionnaires des solutions novatrices et mutuellement avantageuses. Durant cette séance, les panélistes présenteront une vue d'ensemble du processus de vérité et de réconciliation, aborderont les Appels à l'action qui touchent la santé et la santé publique et exploreront la façon dont une sphère de compétence a mis en œuvre des gestes de réconciliation en milieu de travail.

Objectifs d'apprentissage

- Reconnaître la valeur des divers systèmes de connaissances des peuples autochtones du Canada et décrire ces systèmes.
- Explorer les [Appels à l'action de la Commission de vérité et réconciliation du Canada](#) qui s'appliquent à la santé et à la santé publique.
- Montrer à l'aide d'un exemple comment une sphère de compétence a mis en œuvre des gestes de réconciliation dans son travail.

FRIDAY 16 OCTOBER | VENDREDI 16 OCTOBRE

12:55 – 13:00

STRETCH BREAK

12 h 55 à 13 h

PAUSE-ÉTIREMENTS

13:00 – 14:00

CONCURRENT SESSIONS

13 h à 14 h

SÉANCES SIMULTANÉES

COVID-19 OUTBREAK MANAGEMENT: EXPERIENCES, BEST PRACTICES, AND LESSONS LEARNED

 *Simultaneous interpretation is available for this session.*

This symposium will examine challenges in COVID-19 outbreak investigation and response, and potential means to address these challenges. The Public Health Agency of Canada's COVID Outbreak Response Unit will share lessons learned from a variety of multi-jurisdictional outbreaks and highlight the many successes of outbreak response as they apply to COVID-19. Outbreak investigations can offer an opportunity to learn more about the infection and its transmission dynamics, and provide insight into the effectiveness of public health policies and interventions. Participants will have the opportunity to share their thoughts and experiences with COVID-19 outbreaks.

Learning Objectives

- Examine challenges in COVID outbreak investigation and response, and potential means to address these challenges.
- Discuss opportunities to learn from COVID-19 outbreaks and build upon the current COVID-19 knowledge base.
- Apply outbreak investigation methods and best practices to COVID-19 scenarios and vignettes.

Speakers | Oratrices

- Kristyn Franklin, Epidemiologist, Public Health Agency of Canada
- Mirna Panić, Senior Epidemiologist, Public Health Agency of Canada
- Catherine Dickson, Medical Advisor, Public Health Agency of Canada

Moderator | Modératrice

- Katie Rutledge-Taylor, Manager of COVID-19 Outbreak Response Unit, Public Health Agency of Canada

GESTION DES ÉCLOSIONS DE COVID-19 : EXPÉRIENCES, PRATIQUES EXEMPLAIRES ET LEÇONS RETENUES

 *L'interprétation simultanée est disponible pour cette session.*

Ce colloque examinera les défis liés à l'enquête et à l'intervention en cas d'éclosion de COVID-19 ainsi que les moyens potentiels de relever ces défis. L'Unité d'intervention en cas d'éclosion de COVID-19 de l'Agence de la santé publique du Canada communiquera les leçons tirées de diverses éclosions touchant plusieurs provinces ou territoires et mettra en évidence les nombreuses réussites liées aux interventions en cas d'éclosion qui peuvent s'appliquer à la COVID-19. Les enquêtes sur les éclosions peuvent permettre d'en apprendre davantage sur l'infection et sa dynamique de transmission et ainsi donner un aperçu de l'efficacité des politiques et des interventions de santé publique. Les participants auront l'occasion de faire part de leurs réflexions et de leurs expériences concernant les éclosions de COVID-19.

Objectifs d'apprentissage

- Examiner les défis liés à l'enquête et à l'intervention en cas d'éclosion de COVID-19 ainsi que les moyens potentiels de relever ces défis.
- Discuter des possibilités de tirer des leçons des éclosions de COVID-19 et d'exploiter la base de connaissances actuelle sur la COVID-19.
- Appliquer les méthodes d'enquête sur les éclosions et les pratiques exemplaires aux scénarios et aux vignettes de la COVID-19.

13:00 – 14:00

CONCURRENT SESSIONS

13 h à 14 h

SÉANCES SIMULTANÉES

EXAMINING RACISM IN SYSTEMS AS A PUBLIC HEALTH ISSUE

The Winnipeg Regional Health Authority's Population & Public Health Team is calling attention to the public health issue of the over-representation of Indigenous Peoples in child welfare and justice systems. The speakers will share evidence on the health impacts of family separation and incarceration and outline approaches to describe and respond to structural racism.

The team will describe findings from their health equity impact assessment related to child welfare legislation. The session will discuss how public health, health, child welfare and justice systems interplay, and explore public health roles to advocate and make change.

Learning Objectives

- Examine how racism in justice and child welfare systems affects Indigenous Peoples in Canada.
- Identify how racism negatively affects health outcomes at multiple levels.
- Investigate public health roles in identifying and responding to systemic racism.

Speakers

- Leslie Spillett, Knowledge Keeper, Ongomiizwin-Indigenous Institute of Health and Healing
- Marcia Anderson, Medical Officer of Health, Winnipeg Regional Health Authority
- Sarah Prowse, Healthy Public Policy Program Specialist, Winnipeg Regional Health Authority

Moderator

- Hannah Moffatt, Population Health Equity Initiatives Leader, Winnipeg Regional Health Authority

NUTRITION PUBLIC POLICY – THE CURRENT FEDERAL LANDSCAPE

There has been much activity at the federal level in Canada in recent years to address nutrition. This activity has been in part precipitated by worrisome Canadian indicators, such as the increased consumption of highly processed foods, low fruit and vegetable intake, high levels of sugary drink consumption, and high obesity rates. Another cause for concern is the high burden of diet-related chronic disease on individuals, the health care system, and the economy. Panelists from the government and non-governmental organization sectors will speak to current nutrition public policy work in Canada and reflect on global nutrition policy trends and what this means for Canada.

Learning Objectives

- Describe the scope and breadth of nutrition-related risk factors in Canada.
- Describe the nature of current and recent federal nutrition policy, regulatory and legislative efforts.
- Identify global nutrition policy trends and their potential implications for Canada.

Speakers

- Manuel Arango, Director, Policy & Advocacy, Heart & Stroke
- Alfred Aziz, Director General, Office of Nutrition Policy and Promotion, Health Canada

Moderator

- Manuel Arango, Director, Policy & Advocacy, Heart & Stroke



#PHSP20

13:00 – 14:00

CONCURRENT SESSIONS

13 h à 14 h

SÉANCES SIMULTANÉES

STRENGTHENING HEALTH EQUITY IN EDUCATION AND PROFESSIONAL DEVELOPMENT: USING STORYTELLING AND ROLE-PLAY TO BUILD COMPETENCIES

This workshop uses storytelling, role-play and interactive case exercises to demonstrate strategies for building competencies in providing culturally safe, quality health care for Indigenous people, immigrants and refugees. This workshop will provide experiential learning opportunities that demonstrate strategies that build concrete skills. In addition, the workshop will support participants in developing theatre-based training activities in their own health service settings.

The presenters will illustrate a range of challenges facing Indigenous people, refugees and immigrants, both within the health care system and the more broad social determinants of health. Narratives drawing on examples from health care experiences that demonstrate challenges will be presented. Participants will work in teams to explore the issues in the cases, reflecting on determinants of health through role-play exercises. The workshop facilitators will guide a reflection on the process and explore ways in which participants can apply this approach to their own settings.

Learning Objectives

- Identify the range of challenges that undermine health equity, through experiential evidence-based learning exercises.
- Develop skills in narrative approaches to health professional education that can improve 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 setting (focusing on roles and practice areas).

Speakers

- Lana Ray, Assistant Professor, Indigenous Learning, Lakehead University
- Vivetha Thambinathan, PhD candidate, Health Sciences, Western University
- Damilola Toki, PhD candidate, Health Sciences, Western University
- Hannah Healey, MSc student, Health Sciences, Western University
- Danielle Alcock, Indigenous Leader in Residence; Assistant Professor, Schulich School of Medicine and Dentistry

Workshop Facilitator

- Lloyd Wylie, Associate Professor, Schulich School of Medicine and Dentistry, Western University

THOSE WHO LEAD: INDIGENOUS COMMUNITY-BASED ORGANIZATIONS ROLES IN PUBLIC HEALTH

Presented by: Manitoba Public Health Association

Indigenous community-based organizations play an integral role in meeting the needs of Indigenous communities, and impact health inequity experienced by Indigenous peoples. Ka Ni Kanichihk (Those Who Lead) is located in Winnipeg's inner city, providing Indigenous-led programs and services to promote health and well-being.

This session will focus on the innovative strategies that Ka Ni Kanichihk is engaged in, and will describe the ways in which partnerships with the health care system are impacting population health outcomes for Indigenous people.

Learning Objectives

- Explore Indigenous-led initiatives and their impact on population health outcomes.
- Identify strategies that can be applied within the local context.
- Translate the knowledge gained in this session to practice within the participants' local contexts.

Workshop Facilitators

- Dana Connolly, Ka Ni Kanichihk Inc.
- Lea Mutch, Manitoba Public Health Association

FRIDAY 16 OCTOBER | VENDREDI 16 OCTOBRE

14:00 – 14:15

STRETCH BREAK

14 h à 14 h 15

PAUSE-ÉTIREMENTS

14:15 – 15:15

CONCURRENT SESSIONS

14 h 15 à 15 h 15

SÉANCES SIMULTANÉES

ADDRESSING CLIMATE CHANGE AS A PUBLIC HEALTH PROFESSIONAL

In response to the Canadian Public Health Association's "agendas for action" on the ecological determinants of health and climate change, this symposium will feature real-life examples of effective campaigns that have been utilized to bring health considerations and health professionals into public policy debates related to climate change.

Participants will leave the symposium and be able to describe the health risks associated with climate change. Participants will appreciate the value of engaging Canadians on climate change from a health perspective and will gain an understanding of the connections between climate change solutions and public health interventions. Participants will be able to identify the various ways in which they, as health professionals, might engage in the transformation needed to address climate change.

Learning Objectives

- Describe the health risks climate change presents to Canadians.
- Identify how climate change solutions and public health interventions are connected.
- Apply knowledge learned in their work as health professionals to engage in the transformation needed to address climate change.

Workshop Facilitators

- Kim Perrotta, Executive Director, Creating Healthy and Sustainable Environments
- Ahalya Mahendra, Epidemiologist, Public Health Agency of Canada

ALCOHOL, OTHER DRUGS AND SUICIDE: CURRENT EVIDENCE AND IMPLICATIONS FOR MONITORING AND PREVENTION

International and national research has identified alcohol and other drugs as significant contributing factors in suicide. This symposium will summarize the Canadian evidence over the past 20 years. It will note the experiences – evidence, benefits and challenges – from the US-based National Violent Death Reporting System (NVDRS). It will include a discussion of next steps to enhance monitoring and inform policy and prevention options. Participants will learn about the latest evidence on the links between alcohol and other drug use, current approaches to documentation in Canada, and the potential impacts of COVID-19 on substance use and suicide. Participants will be encouraged to discuss improvements in monitoring, tracking and prevention initiatives. Our understanding of the role of drugs and alcohol in suicide mortality will be enhanced through systematic documentation of these deaths, which in turn will provide much-needed guidance for future research, clinical practice, prevention strategies and policy initiatives.

Learning Objectives

- Explain the roles that acute use of alcohol and alcohol use disorder play in suicide.
- Identify opportunities for suicide prevention through interventions targeting alcohol and other drugs.
- Assess the utility of existing data systems, and how they can be enhanced, in order to better evaluate the relationship between alcohol and other drugs and suicide in Canada.

Speakers

- Heather Orpana, Senior Research Scientist, Centre for Surveillance and Applied Research, Health Promotion and Chronic Disease Prevention Branch, Public Health Agency of Canada
- Mark S. Kaplan, Professor of Social Welfare, UCLA Luskin School of Public Affairs, Los Angeles

Moderator

- Norman Giesbrecht, PhD Emeritus Scientist, Institute for Mental Health Policy Research, Centre for Addiction and Mental Health

14:15 – 15:15

CONCURRENT SESSIONS

14 h 15 à 15 h 15

SÉANCES SIMULTANÉES

CANADA'S ROLE IN GLOBAL HEALTH: CHALLENGES AND OPPORTUNITIES FOR PUBLIC HEALTH ACTION

Canada is considered a middle power, which has resulted in an approach to global health anchored in global citizenship and equity. The 17 Sustainable Development Goals, which are directed at all nation-states, provide an opportunity for a country like Canada to exercise leadership and make meaningful progress towards improving health and health equity globally. Many of these global challenges, including COVID-19, climate change and the growing burden of chronic diseases, are also public health challenges. This symposium will discuss key issues and trends in global health, and the relevance of global health to Canada and its public health workforce, as well as highlighting challenges and presenting opportunities for public health action. Participants will leave the session better informed about pressing issues in global health and where Canada and its public health workforce can and should play a meaningful role.

Learning Objectives

- Describe current trends and pressing issues in global health, with relevance to Canada's public health workforce.
- Debate and discuss challenges facing the public health workforce in responding to global health issues.
- Identify opportunities for public health action in response to priority global health issues.

Speakers

- Theresa Tam, Chief Public Health Officer, Public Health Agency of Canada
- Erica Di Ruggiero, Associate Professor & Director, Centre for Global Health, Dalla Lana School of Public Health, University of Toronto
- Christina Zarowsky, Professor, École de santé publique, Université de Montréal; Senior Editor, *Canadian Journal of Public Health*

Moderator

- Garry Aslanyan, Adjunct Professor, Dalla Lana School of Public Health, University of Toronto

"EQUITY IS NOT EQUALITY"? DEEPENING OUR UNDERSTANDING OF JUSTICE AS AN ETHICAL FOUNDATION FOR HEALTH EQUITY

As health inequities continue to deepen, public health organizations are actively contributing to action to improve health equity. Practitioners and decision-makers need to make ethical judgements about which differences in health are unjust and how to focus our health equity activities. These ethical judgements help identify which populations and issues public health activities should target; which health differences are ethically urgent to address; what the most ethically appropriate manner to address health inequities is; and how the standards of evaluation for public health interventions should be defined. However, the normative criteria are rarely explicit in public health practice and decision-making. Justice is the guidepost to help us discern which differences in health are unjust and envision a just state of health. This session will help public health practitioners identify the normative criteria that guide work in health equity, define the key differences between these normative criteria, and identify implications for practice.

Learning Objectives

- Identify ethical criteria that inform health equity.
- Describe how different ethical criteria are related to common approaches to reducing health inequities.
- Apply different ethical criteria of health equity to public health issues to illustrate how they may lead to distinct decisions and interventions.

Speakers

- Maxwell J. Smith, Assistant Professor, School of Health Studies, Western University
- Brendan Smith, Scientist Health Promotion, Chronic Disease and Injury Prevention, Public Health Ontario

Moderator

- Sume Ndumbe-Eyoh, Senior Knowledge Translation Specialist, National Collaborating Centre for Determinants of Health

14:15 – 15:15
14 h 15 à 15 h 15

CONCURRENT SESSIONS
SÉANCES SIMULTANÉES

THE IMPACT OF COVID-19 IN THE REGION OF THE AMERICAS: PUBLIC HEALTH, ECONOMIC AND SOCIAL CONTEXTS

Presented by: Pan American Health Organization

In this session, the Pan American Health Organization (PAHO) will present the situation of the COVID-19 pandemic in Latin America and the Caribbean (LAC) and its impact on public health, economies and, social conditions. Since April 2020 the Region has been the epicentre of the pandemic, with six of the ten countries reporting the highest number of cases and deaths globally. The pandemic has highlighted and exacerbated long-standing inequalities in universal access to health and social protection mechanisms, disproportionately affecting population groups in situations of vulnerability. Many of the traditional social, economic, and public health safety nets are under tremendous strain combined with low levels of economic growth and high levels of labor informality, consequently affecting adherence to public health measures. Presenters will discuss the situation of COVID-19, its impact on other priority public health programs, and challenges faced in implementing public health measures, including practical solutions and lessons learned.

Learning Objectives

- Analyze the COVID-19 situation in the Region of the Americas.
- Discuss the impact of COVID-19 on other priority public health programs.
- Illustrate the impact of public health measures on the most vulnerable population groups.

Speakers

- Sylvain Aldighieri, Incident Manager COVID-19 and Deputy Director, Health Emergencies Department, Pan American Health Organization/World Health Organization
- James Fitzgerald, Director, Health Systems and Services Department, Pan American Health Organization/World Health Organization
- Gerry Eijkemans, Unit Chief, Health Promotion and Social Determinants of Health, Family, Health Promotion and Life Course Department, Pan American Health Organization/World Health Organization

Moderator

- Jarbas Barbosa, Assistant Director, Pan American Health Organization/World Health Organization

15:15 – 15:30
15 h 15 à 15 h 30

STRETCH BREAK
PAUSE-ÉTIREMENTS



15:30 – 16:25

15 h 30 à 16 h 25

PLENARY VI

PLÉNIÈRE VI



REFLECTIONS IN THE TIME OF COVID-19: DEBUNKING MISINFORMATION AND DISINFORMATION

On 30 January 2020, the World Health Organization declared COVID-19 a public health emergency of international concern. In February, it further declared it an “infodemic” that has made it “hard for people to find trustworthy sources and reliable guidance when they need it.” The tsunami of misleading noise has resulted in deaths, financial loss, property damage, and heightened stigma and discrimination. It has also facilitated an erosion of trust in key institutions and added to the already chaotic information environment.

Timothy Caulfield, a professor of health law and science policy known for debunking pseudoscience, will share with participants some of the active steps needed to fight the spread of misinformation. The public health community needs to forcefully and clearly counter misinformation whenever it sees it. Everyone needs to get involved. But in order for debunking to work, it must be done well. During this session, you will hear about the research that tells us how to best frame a message to effectively counter misinformation.

Learning Objectives

- Define how the overwhelming flood of COVID-19 information can undermine public health efforts to control the illness.
- Explore how the infodemic has eroded the public's trust and describe initiatives underway to curtail the spread of misinformation.
- Identify how to reframe messages to counter the infodemic and communicate scientifically sound information.

Speaker / Orateur

- Timothy Caulfield, Canada Research Chair in Health Law and Policy; Professor, Faculty of Law and School of Public Health, University of Alberta

Moderator

- Ian Culbert, Executive Director, Canadian Public Health Association

RÉFLEXIONS À L'ÈRE DE LA COVID-19 : COMMENT DISCRÉDITER LA MÉSINFORMATION ET LA DÉSINFORMATION

Le 30 janvier 2020, l'Organisation mondiale de la santé déclarait que la COVID-19 était une urgence de santé publique de portée internationale. En février, elle ajoutait qu'il s'agissait d'une « infodémie » qui « rend difficile pour les gens de trouver des sources d'informations et des orientations dans lesquelles avoir confiance, au moment où ils en ont besoin ». Le tsunami de bruits trompeurs a entraîné des décès, des pertes financières et des dommages matériels et aggravé la stigmatisation et la discrimination. Il a aussi facilité l'érosion de la confiance envers les grandes institutions et ajouté à l'environnement d'information déjà chaotique.

Timothy Caulfield, un professeur de droit de la santé et de sciences politiques connu pour sa critique de la pseudoscience, expliquera aux participants quelques-unes des mesures concrètes qu'il faut prendre pour endiguer la propagation de la mésinformation. La communauté de la santé publique doit clairement et vigoureusement contrer la mésinformation chaque fois qu'elle apparaît. Tout le monde doit s'impliquer. Mais pour que ce discrédit soit efficace, il doit être bien fait. Durant cette séance, vous découvrirez des études qui expliquent comment formuler un message qui combat efficacement la mésinformation.

Objectifs d'apprentissage

- Définir comment l'avalanche d'informations sur la COVID-19 peut miner les efforts de la santé publique pour contrôler la maladie.
- Explorer comment l'infodémie a érodé la confiance du public et décrire des initiatives en cours pour limiter la propagation de la mésinformation.
- Trouver des moyens de reformuler les messages pour contrer l'infodémie et de communiquer des informations scientifiquement correctes.