PUBLIC HEALTH

2⦿20

SANTÉ PUBLIQUE

28-30 APRIL | DU 28 AU 30 AVRIL
RBC CONVENTION CENTRE
WINNIPEG, MANITOBA

INTRODUCTORY PROGRAM
PROGRAMME D'INTRODUCTION

Program is subject to change I Cette section pourrait faire l'objet de modifications

TUESDAY 28 APRIL I MARDI 28 AVRIL

08:30 – 10:00	Plenary I	Séance plénière I
10:00 – 10:45	Refreshment Break with Exhibitors	Pause-rafraîchissement avec exposants
10:45 – 12:15	Concurrent Sessions 1	Séances simultanées 1
12:15 – 14:00	Networking Lunch	Déjeuner contacts
12:15 – 14:00	CPHA Annual General Meeting	Assemblée générale annuelle de l'ACSP
14:00 – 15:30	Concurrent Sessions 2	Séances simultanées 2
15:30 – 16:00	Refreshment Break with Exhibitors	Pause-rafraîchissement avec exposants
16:00 – 17:30	Concurrent Sessions 3	Séances simultanées 3

WEDNESDAY 29 APRIL I MERCREDI 29 AVRIL

08:30 – 10:30	Plenary II	Séance plénière II
10:30 – 11:00	Refreshment Break with Exhibitors	Pause-rafraîchissement avec exposants
11:00 – 12:30	Concurrent Sessions 4	Séances simultanées 4
12:30 – 13:30	Networking Lunch	Déjeuner contacts
13:30 – 15:15	Poster Presentations	Présentations d'affiches
15:15 – 15:30	Refreshment Break with Exhibitors	Pause-rafraîchissement avec exposants
15:30 – 17:00	Concurrent Sessions 5	Séances simultanées 5

THURSDAY 30 APRIL I JEUDI 30 AVRIL

08:45 – 10:15	Concurrent Sessions 6	Séances simultanées 6
10:15 – 10:30	Refreshment Break	Pause-rafraîchissement avec exposants
10:30 – 12:00	Concurrent Sessions 7	Séances simultanées 7
12:00 – 12:30	Networking Lunch	Déjeuner contacts
12:30 – 14:00	Plenary III	Séance plénière III

#PHSP20

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 as well as support upstream interventions. The speaker/panelists 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 that it is.

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/l'oratrice/les panélistes exploreront 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.

Speaker I Orateur:

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

LEVERAGING THE POWER OF RESEARCH TO ADVANCE GLOBAL HEALTH EQUITY

Presented by: Canadian Institutes of Health Research

Canadian public health researchers are leaders across the field of global health, and in recent years CIHR has undertaken a process to renew its long-standing commitment to global health research excellence in Canada.

In this session, CIHR Scientific Lead for Global Health, Dr. Steven Hoffman, will present the details of CIHR's updated approach to global health research and lead a discussion on how Canada can take a leadership role in key areas of global public health research. We will also have a focused discussion on Canada's leadership role in strengthening sex- and gender-based analysis plus (SGBA+) and gender-transformative approaches in public health and global health research.

Learning Objectives:

- Describe CIHR's updated approach to global health research.
- Explore Canada's role in leading research in key areas of global health.
- Discuss SGBA+ and gender-transformative approaches to public health research and practice in a global context.

MORE IS NOT ALWAYS BETTER IN PUBLIC HEALTH

Presented by: Public Health Physicians of Canada

Choosing Wisely Canada (http://www.choosingwiselycanada.org/) 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 have 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 as well as to discuss potential future recommendations for PHPC to explore.

Learning Objectives:

- Learn about the Choosing Wisely Canada campaign.
- Understand 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.

5 MARCH — Early-bird registration deadline

POPULATION MENTAL HEALTH (MENTAL WELLNESS) AS A PUBLIC HEALTH ISSUE

Presented by: Canadian Public Health Association (CPHA)

Population mental health (or mental wellness) focuses on promoting mental well-being across populations, including groups who may or may not be at risk of, or have, mental illness. It is increasingly recognized as a public health function in which programs can range from community outreach to reduce isolation of seniors to supports for the mental wellness of at-risk youth. The challenge is not to confuse the benefits of population-based programs that support mental health with those that address mental illness.

A combination of presentations and table discussions will be used to help define population mental health/wellness in a Canadian context, examine selected examples of recognized programs, and describe the opportunities and barriers to applying these methods in other locations.

Learning Objectives:

- Describe the barriers and facilitators to developing and implementing population mental health/wellness programs.
- Identify approaches to improving access to population mental health in communities.

14:00 – 15:30   CONCURRENT SESSIONS I SÉANCES SIMULTANÉES

MAINSTREAMING EQUITABLE ACTION ON CLIMATE CHANGE AND HEALTH IN CANADA

Presented by: Public Health Agency of Canada (PHAC)

Climate change is affecting the health of Canadians. Extreme weather and climate events such as heat waves, floods, windstorms and coastal storm surges can cause injuries, illnesses and deaths. The impact of natural disasters, changing landscapes and the loss of property and cultural heritage sites can diminish individual and community resilience and negatively impact mental health. Changing rainfall patterns and temperatures are also increasing the spread of climate-driven infectious diseases. The health system in Canada is and will continue to be acutely impacted by climate change. However, current climate change and health actions are generally small in scale and sometimes siloed. Health system leaders and practitioners will need to better integrate climate change considerations throughout all facets of their work. Given that the health risks of climate change are distributed inequitably, with certain populations such as children, seniors and people living in poverty being particularly at risk, it is important that equity considerations be at the forefront of climate change action.

The purpose of this panel session is to explore how climate change impacts health, demonstrate the need and opportunity to view climate change action through a health equity lens, and make the case for climate change considerations to be integrated into all public health actions. Dr. Theresa Tam, Canada's Chief Public Health Officer, will chair this session.

Learning Objectives:

- Describe how climate change impacts health.
- Identify the need and opportunity to view climate change action through a health equity lens.
- Apply principles and considerations for equitable action on climate change to public health programs and policies.

NOTHING ABOUT US WITHOUT US: LAUNCHING AN INDIGENOUS EDITORIAL POLICY AT THE CANADIAN JOURNAL OF PUBLIC HEALTH

Presented by: Canadian Journal of Public Health

In this interactive and skills-building workshop, participants will have the opportunity to learn about and apply the new CJPH Indigenous Editorial Policy.

Following roundtable introductions, Indigenous organizational representatives will highlight the need for the policy. CJPH editors will then briefly review the policy.

Participants will then break up into small groups to build their skills in applying the policy. Participants will first review three different abstracts and discuss whether or not Indigenous community engagement is required as per the new policy. Secondly, participants will design an Indigenous community engagement plan for one of the abstracts, drawing on minimal and benchmark standards for Indigenous community engagement in public health scholarship.

Delegates will be able to apply the knowledge and skills learned in this workshop in their research, writing, and applied Indigenous public health work.

Learning Objectives:

- List three reasons why Indigenous community engagement is required in scholarly publications.
- Apply the new CJPH editorial screening criteria for which Indigenous community engagement would be expected.
- Design Indigenous community engagement for public health publications.

16:00 – 17:30   CONCURRENT SESSIONS ꞁ SÉANCES SIMULTANÉES

PUBLIC HEALTH SURVEILLANCE OF CLIMATE CHANGE: FROM DATA TO ACTION

Presented by: Canadian Alliance for Regional Risk Factor Surveillance (CARFFS)

A short opening presentation will orient participants to the session and include (1) a primer on the utility of surveillance data to understand complex public health issues, and (2) an overview of the long-term population health impacts projected due to climate change. The session will then move into a World Café, where each table is assigned one health impact (e.g., vector-borne disease, heat waves, wildfires, extreme weather, asthma/allergies, mental health/anxiety) and tasked with developing a surveillance strategy to support evidence-informed decision making by public health practitioners.

Each table discussion will be facilitated by a CARRFS member with expertise in surveillance. Participants will then be randomly assigned to a new table, where they will repeat the exercise with a new health impact. After three 15-minute rounds of World Cafés, the session will move into a wrap-up, where each CARRFS facilitator will summarize the strategies developed and address opportunities for collaboration.

Learning Objectives:

- Describe the population health impacts that have been projected due to climate change.
- Explain the importance of surveillance data in characterizing the public health impact of climate change.
- Design surveillance strategies that can support evidence-informed decision-making.

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RETURNING HOME: HONOURING THE VOICES OF LONG-TERM EVACUEES FOLLOWING 'NATURAL DISASTERS' IN ASHCROFT INDIAN BAND AND SIKSIKA NATION

Presented by: National Collaborating Centres for Public Health (NCCPH)

There is substantial evidence to suggest that the adverse effects of evacuations may be amplified among Indigenous populations due to the legacies of colonialism, specifically the historical and continued displacement of Indigenous Peoples from their traditional territories. This session will present an exploration of the public health roles for evacuated communities, after the usual emergency response.

Two case studies provide examples of the kinds of issues that face communities when an evacuation is "over", and the long-term physical and mental health consequences of displacement, loss and trauma. In the guided discussion portion of this session, participants will explore how a public health approach can be used to address or mitigate the adverse impacts of long-term evacuation, and discuss some of the challenges central to this change.

Participants will collaborate to identify the potential roles and opportunities for public health agencies to support Indigenous communities in their efforts to exert greater control over emergency response planning and facilitate recovery in a culturally appropriate manner.

Learning Objectives:

- Identify the disproportionate effects of evacuation on Indigenous communities, with a focus on recent natural disasters in Canada.
- Describe how Indigenous methodologies differ from typical research practices and the advantages of these methodologies for meaningful and respectful co-learning.
- Identify opportunities/interventions for public health practitioners to reduce the risk of health impacts following evacuations.
- Consider the role of public health in supporting cultural enablers of long-term recovery, which includes Indigenous self-determination, through emergency response planning

$185
DELTA
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Preferred rates are guaranteed until Wednesday 25 March
Les tarifs préférentiels sont garantis jusqu'au mercredi 25 mars

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.

LE BIEN-ÊTRE MENTAL DES POPULATIONS

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.

Speakers I 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
- Cory Neudorf, Medical Director, Health Surveillance and Reporting, Saskatchewan Health Authority; Professor, Dept of Community Health & Epidemiology, University of Saskatchewan

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MEASURING PAN-CANADIAN PROGRESS TOWARDS IMPROVING ACCESS TO MENTAL HEALTH AND ADDICTIONS SERVICES

Presented by: Canadian Institute for Health Information (CIHI)

CIHI was asked to work with federal, provincial and territorial (FPT) governments to select and develop a set of pan-Canadian indicators that focus on measuring access to mental health and addictions (MHA) services, as part of the FPT agreements on Shared Health Priorities (SHP). As part of this work, two new indicators related to system navigation and early intervention were selected in order to provide an upstream approach to measuring access.

During this session, CIHI will share its approach on the development and public reporting of these indicators. A workshop format will be used to solicit input from the audience on how to best capture these aspects of access to help inform future indicator development and reporting.

Learning Objectives:

- Describe the selection and development of a focused set of common indicators to measure pan-Canadian progress towards improving access to mental health and addictions services.
- Learn about community-based services and initiatives aimed at reducing barriers to access and improving system navigation.
- Identify the public health perspectives on the core concepts for measuring successful navigation of the MHA system and early intervention for youth with mental health or addiction issues.

POLICY FORUM

Presented by: Canadian Public Health Association (CPHA)

The Policy Forum is an opportunity for participants to have direct influence on CPHA's policy initiatives. During this session, participants will be asked to provide comments on proposals currently under development. The results of the discussions will be used to adjust the proposals to better reflect participants' concerns before review and approval by CPHA's Board.

Written summaries of these subjects will be circulated prior to Public Health 2021. The session will wrap up with a Rapid-Fire Policy Round, where participants will be given 30 seconds each to present one issue of particular interest to them.

Learning Objectives:

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

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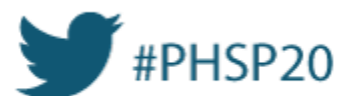
THE ROAD LESS TRAVELED: ALTERNATE CAREERS PATHS IN PUBLIC HEALTH AND THE ART OF PERSONAL SALESMANSHIP

Presented by: Canadian Public Health Association (CPHA)

This session will provide students and early career professionals with an opportunity to engage in a dynamic workshop focused on preparing participants for alternate career paths in public health. The workshop will commence with a question-and-answer session with two senior public health professionals who have successfully pursued alternate careers paths. This portion of the workshop will highlight the non-linear public health career path, and the tools and skills required to get there.

The latter part of the workshop will focus on the art of personal salesmanship. Participants will engage in activities that will encourage them to critically reflect on their transferrable academic skills, identify how to highlight their accomplishments, and discuss how to appeal to employers in a range of sectors. This workshop will provide participants with an opportunity to increase knowledge of alternate career paths in public health, the confidence to pursue a career in public health, and the tangible skills to market themselves in an ever-changing public health workforce. It is recommended that interested participants bring along an academic CV or resume to enhance the applicability of this workshop.

Learning Objectives:

▪ Provide student and early career public health professionals with exposure to alternate public health career paths and an opportunity to engage and learn from two senior public health professionals.
▪ Explore how transferable academic skills can be used to appeal to employers in a range of public health sectors.
▪ Practice tangible skills to market oneself in the public health workforce through a series of divergent thinking activities.

13:30 – 15:15   POSTER PRESENTATIONS I PRÉSENTATIONS D'AFFICHES

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

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

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BUILDING ORGANIZATIONAL CAPACITY TO BETTER SERVE LGBTQ2S+ COMMUNITIES

Presented by: Canadian Public Health Association (CPHA)

Health inequities based on sexual orientation and gender identity are well documented, stemming from structural and legal factors, stigma/discrimination and a lack of services that are inclusive and affirming of lesbian, gay, bisexual, trans, queer and Two Spirit (LGBTQ2S+) identities. Barriers faced by LGBTQ2S+ communities are further shaped by how other social identities (e.g., gender, race, housing, employment, ability) intersect, producing distinct experiences of oppression and opportunity.

To increase health equity, we must continuously and critically reflect on current organizational policies, practices and culture and work toward better serving diverse LGBTQ2S+ communities.

This workshop brings together a panel of speakers representing non-profit organizations working to build capacity of organizations in their regions to better serve LGBTQ2S+ communities. Through discussion of initiatives/programs led by these organizations and participating in facilitated activities, participants will reflect on current organizational policies, practices, and culture, and identify strategies, tools and opportunities to increase LGBTQ2S+ inclusion.

Learning Objectives:

- Recognize the need to better serve diverse LGBTQ2S+ communities in health and social services.
- Critically reflect on current organizational policies and practices.
- Identify strategies, tools and opportunities to act on increasing LGBTQ2S+ inclusion within agencies and communities.

HPV VACCINATION AND CERVICAL CANCER SCREENING IN THE AMERICAS: HOW TO MOVE FORWARD FOR A GREATER IMPACT

Presented by: Pan American Health Organization (PAHO)

In this session, the Pan American Health Organization will present the situation and challenges to reduce the burden of cervical cancer in Latin America and the Caribbean, as well as a *Regional Plan of Action for Cervical Cancer Prevention and Control*. This regional plan, which aligns with a global call to eliminate cervical cancer, identifies strategies and approaches to increase HPV vaccination, screening and treatment coverage, while addressing the needs of vulnerable populations, who are disproportionately affected by this preventable type of cancer. Presenters will discuss evidence-based strategies to prevent and control cervical cancer, health system and community-based strategies to improve control efforts, and country experiences with implementing novel strategies for HPV vaccination and screening.

Learning Objectives:

- Analyze the cervical cancer burden and situation in the Americas region.
- Discuss PAHO's regional plan of action to reduce the cervical cancer burden by 30% by 2030.
- Illustrate the implementation challenges and innovative approaches to improve coverage of HPV vaccination, cervical cancer screening, and pre-cancer treatment.

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

Presented by: Network of Schools and Programs of Population Public Health (NSPPPH)

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 Competen*cies 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 (PHWTG) of the Public Health Infrastructure Steering Committee (PHI-SC) to develop and implement a work plan to renew or refresh the *Core Competencies*.

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

$185

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THE BEAR CLAN PRESENTATION: A COMMUNITY-LED PUBLIC HEALTH INTERVENTION

Presented by: Manitoba Public Health Association (MPHA)

The Manitoba Public Health Association recognizes that Indigenous Peoples are experts in their own health. The Indigenous community is actively engaging in self-healing in an effort to close the gaps in Indigenous health imposed by colonization and ongoing racism and oppression.

To promote translation of the knowledge held by Indigenous Peoples, and in recognition of the work that is being done by the Indigenous community in promoting the collective health and well-being of the community, the Manitoba Public Health Association will host a session for community members to highlight the work being done and the approaches that are used.

Learning Objectives:
- Identify ways in which the Indigenous community is engaged in self-healing – recognize the knowledge and expertise held within the Indigenous community.
- Illustrate a public health initiative that is led by the Indigenous community.

WHAT ARE CANADIAN YOUTH SAYING ABOUT SEX EDUCATION AND (UN)HEALTHY RELATIONSHIPS? A THEMATIC ANALYSIS OF FOCUS GROUP DISCUSSIONS ABOUT SCHOOL-BASED AND OTHER LEARNING EXPERIENCES

Presented by: Canadian Public Health Association (CPHA)

Comprehensive sexual health education (CSE) has an important role in promoting health and well-being. The 2019 Canadian Guidelines for Sexual Health Education cover core principles that define and inform best practice in CSE. Principles include access, topics covered, scientific accuracy, educator characteristics, gender equity, and violence prevention. CPHA's Youth Dating Violence project focuses on the role of CSE in dating violence prevention, exploring the lived health education and/or sexual health-related learning experiences of Canadian youth today.

As part of our project, focus group participants (ages 12-19) discussed their sexual health education experiences and understanding of (un)healthy relationships. Analyses explore the extent to which Canadian best-practice guidelines are reflected in recent experiences. Results are being used to inform project activities, including the adaptation and implementation of a CSE program across Canada. Overall, findings have implications for meeting the public health needs of young Canadians within the context of CSE and violence prevention.

Learning Objectives:
- Compare youth learning experiences related to relationships and sexual health, and evaluate the state of comprehensive sexual health education in Canada.
- Recognize and describe a range of factors in educational contexts and social influence that are relate to youth dating violence prevention.
- Identify barriers to access around youth engagement with sexual and relationship health information and services, and plan solutions to address them.

10:30 – 12:00   CONCURRENT SESSIONS ӏ SÉANCE SIMULTANÉES

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

Presented by: Métis National Council (MNC)

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.

POPULATION MENTAL WELLNESS

The 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. The mental health status of a person is determined by the capacity of people 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 speaker/panelists will explore the 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.

LE BIEN-ÊTRE MENTAL DES POPULATIONS

L'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. L'orateur/l'oratrice/les panélistes 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.

Speakers I 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

ADDRESSING CLIMATE CHANGE AS A PUBLIC HEALTH PROFESSIONAL

In response to the Canadian Public Health Association's "agenda for action" on the ecological determinants of health, this symposium will feature multiple real-life examples of effective campaigns that were utilized in 2019 to bring health considerations and health professionals into public policy debates related to climate change.

Participants will leave the symposium able to describe the ways in which climate change can impact human health; understand communications research about the value of engaging Canadians on climate change from the perspective of health; interpret ways in which climate change solutions and public health interventions are connected; and identify various ways in which they, as health professionals, might engage in the transformation needed to address climate change.

Learning Objectives:

▪ Describe the ways in which climate change can impact human health.
▪ Apply communications research about the value of engaging Canadians on climate change from the perspective of health.
▪ Identify various ways in which climate change solutions and public health interventions are connected, and apply this knowledge in decisions about how they, as health professionals, may engage in the transformation needed to address climate change.

ALCOHOL, OTHER DRUGS & 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 and 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, during the symposium, will be encouraged to discuss improvements in monitoring, tracking and prevention initiatives. Participants' understanding of the role of drugs and alcohol in suicide mortality will be enhanced through systematic documentation of these deaths, which 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 to evaluate the relationship between alcohol and other drugs and suicide in Canada.

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, 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 medicine among patients in Canada through advocacy and research.

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 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 the 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.

COLLABORATIVE APPROACHES TO REDUCING HEALTH INEQUITIES: WINNIPEG EXPERIENCES

Health gaps related to structural and social determinants of health are persistent across Canada. Many people and organizations are working collaboratively to alter systems and structures that have created inequities in opportunity and health outcomes. Shifting from the status quo requires arduous effort, opportunities for critical self-reflection, and (often) long timelines. This symposium will describe various approaches of community members, sectors, businesses and community-based organizations working to tackle the upstream determinants of health in Winnipeg.

Speakers will share their experiences and reflect on successes and opportunities for working collaboratively. The case examples shared by panelists will describe different approaches – working with business partners, collaborating with community and large health and social systems, and engaging partners to influence healthy public policy.

Learning Objectives:

▪ Compare and contrast collaborative approaches to reducing health inequities.

▪ Explore barriers and facilitators to working collaboratively to alter status quo systems and structures.

▪ Identify opportunities to strengthen action on structural and social determinants of health in public health practice.

CULTURAL SAFETY: HARDWIRING TRANSFORMATION THROUGH STRUCTURAL, SYSTEMIC, AND INDIVIDUAL CHANGE

This symposium will present foundational background on the partnerships between the First Nations Health Authority, Northern Health (NH) – both signatories to the Declaration – and Indigenous communities across northern British Columbia. NH serves an area of over 600,000 sq km, covering almost two-thirds of the province. This area is home to 55 First Nations, over 80 First Nations communities, and many Indigenous peoples. Transformational change across such a vast and culturally diverse geography relies on partnerships, respect, reciprocal accountabilities, and relationships. However, it also relies on critical self-reflection – at organizational and individual levels. Hardwiring cultural safety and cultural humility is multi-layered work, but should not lose its critical focus, which is each individual's experience in accessing health care and the health practitioner providing services.

This symposium will be built upon the stories shared by leaders engaged in, evaluating, and enacting this work in BC across these complex layers and systems. These stories will be woven with practical activities and discussion that look to realize cultural safety at personal professional practice levels – and ultimately in Indigenous peoples' experiences in health care. Cultural safety and cultural humility are critical commitments at organizational and government levels (e.g., through the Declaration), yet they will be realized and hardwired through personal practice and through individual interactions with Indigenous individuals and families. Participants will leave this session with a grounding in the work of cultural safety that they can, in turn, embed and hardwire in their own professional practice.

Learning Objectives:

- Define foundational principles of cultural safety and how these can be enacted in personal and professional practice.
- Distinguish between products and processes of cultural safety and cultural humility.
- Describe cultural safety initiatives at structural, systemic, and individual levels that can result in transformational change.

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. Community leaders will share their expertise and describe community responses to systemic racism.

The team will describe findings from their health equity impact assessment related to child welfare legislation. The symposium will discuss how public health, health system, 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 impacts Indigenous Peoples in Canada.
- Identify how racism negatively impacts health outcomes at multiple levels.
- Investigate public health roles in identifying and responding to systemic racism.

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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: (1) explore how diverse perspectives shape the meaning and measurement of gentrification, (2) propose a conceptual framework to illustrate how and for whom gentrification impacts health and wellbeing, and (3) 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, from a diversity of perspectives, and how this influences policy action.
- Illustrate how gentrification impacts population health and well-being, and for whom.
- Explore equitable policy solutions that enable neighbourhood revitalization without displacement.

THE NOT-SO-SECRET LIVES OF ADOLESCENTS: WHAT PUBLIC HEALTH PROFESSIONALS NEED TO KNOW ABOUT ADVERSE CHILDHOOD EXPERIENCES, PEER VICTIMIZATION AND RISKY BEHAVIOURS AMONG YOUTH IN CANADA

Adolescence is a critical period of social, emotional, physical and cognitive development characterized by increased risk-taking behaviours, sexual maturation, identity formation, and drive for independence. During this formative phase of life, many adolescents experiment with substance use and initiate sexual activity. Adolescents may also demonstrate vulnerabilities to peer victimization, including bullying, and engage in self-harming behaviours and suicidality. These experiences may be more challenging for adolescents with a history of adverse childhood experiences and child maltreatment. A panel of researchers from the Childhood Adversity and Resilience (CARe) research network will present data from the Well-being and Experiences (WE) Study, the Youth Health Survey (YHS), and the Ontario Child Health Study (OCHS), three epidemiological studies that explore adolescents' life experiences in Manitoba and Ontario.

This session will examine associations between risky behaviours, problematic substance use (including vaping, cannabis, and non-medical-prescription pain medication), adverse childhood experiences, and peer victimization among youth. Delegates will be able to utilize this knowledge to inform the development and/or modification of public health programs, policies, and practices designed to promote adolescent health and well-being in Canada.

Learning Objectives:

- Develop a new and/or more in-depth understanding of adolescents' experiences of risky behaviours, problematic substance use, peer victimization, and adverse childhood experiences among youth in Canada.
- Explore opportunities for future research to further advance our knowledge of adolescent risky behaviour, adverse childhood experiences, and peer victimization, including the identification of risk and protective factors that may exacerbate and/or mitigate poor outcomes for youth.
- Identify ways that child-serving professionals and public health experts may utilize this knowledge to inform public health programs, policies and practices to promote adolescent health and well-being in Canada.

THE UNITED NATIONS SUSTAINABLE DEVELOPMENT GOALS AND INDIGENOUS PEOPLES IN CANADA – THE IMPLICATIONS FOR PUBLIC HEALTH

This symposium will frame the significance of the Sustainable Development Goals (SDGs) for Indigenous peoples within a determinants-of-health approach. The panelists will expand the discussion of the SDGs around the following four themes and specific SDGs: (1) socio-economic marginalization (SDGs 1, 2, 8, 9 and aspects of 10), (2) promotion of health and well-being (SDG 3), (3) equality and social inclusiveness (SDGs 4, 5, aspects of 10, 11, and 16), and (4) the environment and impacts of resource management and climate change on Indigenous Peoples' health (SDGs 6, 7, 12, 13, and 14).

The presentation will conclude with recommendations on how to address some of the SDG issues of relevance for Indigenous Peoples in Canada. In particular, these recommendations hinge on the recognition that poverty and inequitable access to services are cross-cutting themes that resonate with the four major categories of SDGs.

Learning Objectives:

- Reconceptualize how Indigenous Peoples' health and health determinants can be understood within the SDG agenda.
- Reconsider the SDG agenda as a framework for advancing Indigenous determinants of health, including socio-economic well-being, health promotion, and social inclusion.
- Envision how the SDG agenda advances Indigenous Peoples' self-determined systems of resource management and environmental stewardship in support of optimal health and well-being.

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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.

USING SOCIAL RETURN ON INVESTMENT FOR POSITIVE CHANGE AND ADVOCACY: ILLUSTRATIONS FROM FAMILY VIOLENCE PREVENTION

Return on investment (ROI) analyses are commonly used in business, but only rarely used in examining prevention programs in the health and social sectors. Conducting an analysis of the genuine Social Return on Investment (SROI) can help to sharpen thinking in several key areas and outcomes can improve the ability to communicate with stakeholders who are developing policy, making decisions and providing funding.

Speakers will introduce key concepts and utilize case examples to explore the fundamentals of SROI. Participants will be encouraged to use the tools to critically examine their own approaches, program design, monitoring, measures of effectiveness, strategies for stakeholder engagement, and knowledge utilization to inform policy.

Learning Objectives:

- Describe the fundamental principles and process of SROI analysis, illustrated in the case examples.
- Identify possible benefits and challenges to anticipate in applying SROI.
- Recommend ways in which the SROI approach may apply in public health settings/programs/policies with which participants are familiar.

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BEING INUIT IN MANITOBA: LESSONS FROM THE QANUINNGITSIARUTIKSAIT RESEARCH PROJECT

Every year, thousands of Inuit from Nunavut (mostly the Kivalliq region: 16,000 medical trips in 2014/15) travel to and/or relocate to Manitoba to access healthcare, education, social care and other services. Some stay for a day or two to attend appointments. Others stay a few weeks or months to access services not offered in Nunavut. Relocation is often required. Some do not return home to Nunavut for multiple reasons, including personal choice, constraints (e.g., lack of housing) or because their needs can only be met in a larger urban centre (e.g., long-term care). Those relocating may settle in Winnipeg or rural regions of Manitoba alone or with members of their families. To date, Inuit have remained largely invisible in Manitoba policy, and their needs have not been understood by service providers.

In 2016, a group of researchers and Inuit Elders, in partnership with the Manitoba Inuit Association, embarked on a study to bring visibility to the reality of Inuit living in and accessing services in Manitoba.

The purpose of this session is to bring visibility to the needs and reality of Inuit accessing services in Manitoba.

Learning Objectives:

- Develop an understanding of Inuit culture, history and unique needs when accessing health services in Manitoba.
- Explore resources that exist in Winnipeg to meet the needs of Inuit.
- Apply strategies learned in day-to-day research or public health settings.

ENDING STIGMA TOGETHER: EVIDENCE-BASED ACTIONS FOR BUILDING AN INCLUSIVE HEALTH SYSTEM

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 those related to social identities (for example, racism, homophobia and transphobia) and health conditions (such as HIV, substance use and obesity).

This session will provide an overview of a new model to understand how stigma negatively impacts health and why it is a fundamental driver of health inequities. The session will also introduce participants to the *Action Framework for Building an Inclusive Health System*, which provides examples of evidence-based interventions to eliminate stigma at multiple levels. Participants will work with health experts to build capacity to develop initiatives that can address intersecting stigmas in their organizations' research activities and policies.

Learning Objectives:

- Describe the ways in which social identity stigmas and health condition stigmas intersect and contribute to negative mental and physical health outcomes of stigmatized individuals and/or groups.
- Discuss intervention options for addressing stigma at multiple levels of the health system.
- Identify and describe core research and policy planning principles to address intersectional stigma.

"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 workshop 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 lead to distinct decisions and interventions.

FACILITATING THE DEVELOPMENT OF EVIDENCE-BASED PUBLIC HEALTH POLICIES AND PROGRAMS USING A WEB-BASED PLANNING TOOL

The overarching objective 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 their laptop computers, participants will use the Canadian Community Health Survey public use dataset to complete two exercises, with a moderated group discussion following each exercise. The first exercise will focus on surveillance by predicting the number of new deaths in a Canadian geographical region, and how much 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 was 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.

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.

FROM 'SERVICE DELIVERY TARGET' TO 'SOURCE OF EXPERTISE': ENGAGING THOSE 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, and initiating and maintaining CE, as well as evaluation, will also be explored.

Learning Objectives:

- Frame the importance of the experience of inequities as 'lived expertise'.
- Explore strategies for public health to develop authentic relationships with communities that experience inequities.
- Identify mechanisms to facilitate community engagement informing public health priorities.

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 work in small groups to identify AI applications in relevant contexts, associated barriers and risks, and devise 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 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 their own context.
- Evaluate identified applications of AI to local public health for associated barriers and risks, followed by devising solutions.

INDIGENOUS COMMUNITY RESEARCH PARTNERSHIPS: INTRODUCING AN ONLINE TRAINING RESOURCE FOR RESEARCHERS AND RESEARCHERS IN TRAINING

The vision for the online training came from the Canadian Institutes for Health *Research Guidelines for Health Research Involving Aboriginal People (2007-2010)* ("CIHR Guidelines"). The online training regarding principled approaches to research will be a "living resource" that will be updated as new understandings and examples of principled and effective approaches to research are revealed.

Participants will be introduced to the training resource by participating in parts of the training and responding to the content, format, and pedagogical tools. The training resource is designed to assist researchers who are new to research in partnership with Indigenous communities, or who are researchers in training, to: (1) operationalize required regulatory policy requirements and research directives, (2) ensure equitable inclusion of Indigenous and Western-oriented knowledge in research systems, and (3) in the case of Indigenous-specific enquiry, to privilege or give primacy to Indigenous ways of knowing and doing.

Learning Objectives:

- Describe how to access and utilize the online open-access training resource in a way that is of benefit to them and/or their organization/institution.
- Identify what is meant by a "principle-based approach to research conduct" and how such an approach complements current research ethics guidance.
- Demonstrate understanding about how to operationalize required regulatory policy requirements and research directives.
- Facilitate understanding of research approaches that are more likely to ensure equitable inclusion of Indigenous and Western-oriented knowledge in research systems.

QUALITATIVE METHODOLOGIES FOR ADDRESSING PUBLIC HEALTH ISSUES AMONG STIGMATIZED POPULATIONS: A HANDS-ON WORKSHOP

This workshop envisages a hands-on approach for applying qualitative methodologies to address public health issues among stigmatized populations. The workshop begins with a short introduction presenting facilitators, learning objectives, and activities. Facilitators can lead the workshop in French and English. A short introduction on qualitative research conducted among stigmatized populations follows, drawing on examples from facilitators' research projects. The presentation will also focus on developing research questions, performing data collection, and using software coding tools. Participants will then be engaged through two group exercises: (1) formulating qualitative research questions and identifying appropriate qualitative methods to address public health issues among stigmatized populations, and (2) developing and using specific qualitative research tools. The workshop will close with a plenary session to discuss group exercises and disseminate resources which participants will be able to use in their day-to-day practice or research projects.

Learning Objectives:

- Formulate qualitative research questions to address concrete public health problems from participants' experience.
- Identify appropriate qualitative methodologies for addressing public health issues among stigmatized populations.
- Recognize existing and relevant qualitative tools for participants' day-to-day public health work.

REPORTING ON HEALTH INEQUALITIES – WORKING WITH THE CANADIAN INSTITUTE FOR HEALTH INFORMATION AND THE PUBLIC HEALTH AGENCY OF CANADA TO IDENTIFY AND COMMUNICATE KEY FINDINGS

Using interactive case studies and facilitated discussions, the Canadian Institute for Health Information (CIHI) and the Public Health Agency of Canada (PHAC) will guide participants through key considerations and approaches for reporting on health inequalities. Areas of focus will include interpreting data to identify key findings and tailoring the presentation of these findings to the target audience. Special consideration will be paid to interactions between multiple socio-demographic characteristics or stratifiers (e.g., differences in health inequalities related to income among men compared to women).

This workshop will draw from guidelines and resources in the *Reporting your findings* phase of CIHI's *Measuring Health Inequalities: A Toolkit*, as well as from examples from the PHAC *Health Inequalities Data Tool* and the *Key Health Inequalities in Canada* report. It will provide participants with a chance to learn more about these resources and ongoing work related to health inequalities at these organizations. Participants will also have a chance to share their own experiences with informing action on health equity.

Learning Objectives:

- Interpret health inequalities data to identify key findings (consider interactions, indicator rates, and summary measures).
- Determine the context and impact of participants' findings.
- Tailor the key messages and mode of delivery (e.g., product type) to appropriate audiences.

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 to develop 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 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).

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