

# PUBLIC HEALTH 2025 SANTÉ PUBLIQUE

29 APRIL-1 MAY  
DU 29 AVRIL AU 1<sup>er</sup> MAI  
**WINNIPEG**

CREDIT: SALVADOR MANIQUIZ

INTRODUCTORY PROGRAM  
PROGRAMME INTRODUCTOIRE



## SPONSORS | COMMANDITAIRES

CPHA appreciates the financial support from corporate sponsors. The Steering and Scientific Committees have complete control over the content of this program with no input from supporters/industry.

L'ACSP apprécie l'aide financière de ses sociétés commanditaires. Les comités directeur et scientifique contrôlent entièrement le contenu du programme, sans aucune contribution des bailleurs de fonds ni de l'industrie.

### PUBLIC HEALTH CHAMPION | CHAMPION DE LA SANTÉ PUBLIQUE



### PUBLIC HEALTH SUPPORTER | PARTISAN DE LA SANTÉ PUBLIQUE



### EXHIBITORS | EXPOSANTS

- Boston University School of Public Health
- Canadian Public Health Association | Association canadienne de santé publique
- Dairy Farmers of Canada | Les Producteurs Laitiers du Canada
- George Washington University Milken Institute School of Public Health
- Immunize Canada | Immunisation Canada
- Manitoba Centre for Health Policy, University of Manitoba
- National Collaborating Centre for Healthy Public Policy | Centre de collaboration nationale sur les politiques publiques et la santé
- National Collaborating Centre for Indigenous Health | Centre de collaboration nationale de la santé autochtone
- National Collaborating Centre for Infectious Diseases | Centre de collaboration nationale des maladies infectieuses
- National Collaborating Centres for Public Health | Centres de collaboration nationale de la santé publique
- Johns Hopkins Bloomberg School of Public Health
- Pan American Health Organization | Organisation panaméricaine de la santé
- Public Health Agency of Canada | Agence de la santé publique du Canada
- Strongest Families Institute | Institut des familles les plus fortes
- Victoria Lifeline

# COLLABORATORS | COLLABORATEURS



**CANADIAN  
PUBLIC HEALTH  
ASSOCIATION**

**ASSOCIATION  
CANADIENNE DE  
SANTÉ PUBLIQUE**

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

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

## CONTRIBUTING PARTNERS | PARTENAIRE COLLABORATEURS



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



**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



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



Network of Schools and Programs of  
Population and Public Health  
Canada



Public Health  
Agency of Canada

Agence de la santé  
publique du Canada



# STEERING COMMITTEE | COMITÉ DIRECTEUR

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

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

## STEERING COMMITTEE | COMITÉ DIRECTEUR

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

# OBJECTIVES | OBJECTIFS

## CONFERENCE OBJECTIVES

Public Health 2025 will provide:

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

## OBJECTIFS DE LA CONFÉRENCE

Santé publique 2025 sera :

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

## LEARNING OBJECTIVES

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

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

## OBJECTIFS D'APPRENTISSAGE

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

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

# REGISTRATION | INSCRIPTION

## Early-bird registration deadline: Thursday 13 March

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

### CPHA MEMBERS

Participant: \$375 - \$800  
Student / Retiree: \$200 - \$400

### NON-MEMBERS

Participant: \$400 - \$875  
Student / Retiree: \$235 - \$475

### COMMUNITY RATE

\$300 - \$650  
Available to those who self-identify as First Nations, Inuit or Métis or work or volunteer for a community-based organization with limited professional development or conference attendance funds.

## Date limite des tarifs d'inscription hâtive : le jeudi 16 mars

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

### MEMBRE DE L'ACSP

Participant : 375 \$ à 800 \$  
Étudiant-e / Retraité-e : 200 \$ à 400 \$

### NON-MEMBRES

Participant : 400 \$ à 875 \$  
Étudiant-e / Retraité-e : 235 \$ à 475 \$

### TARIFS DE DIVERSITÉ

300 \$ à 650 \$  
Les frais sont disponibles aux participants qui s'identifient comme étant membres d'une Première Nation, Inuits ou Métis ou qui travaillent ou font du bénévolat pour un organisme de proximité dont les fonds de développement professionnel ou de participation à des conférences et congrès sont limités.



**REGISTER TODAY**

### GROUP REGISTRATION

\$450 - \$800  
Available to organizations registering four or more employees for the conference. Student, community, and daily rates are not eligible for a discount but can be counted towards the minimum number of registrations.



**START A GROUP REGISTRATION**



**INSCRIVEZ-VOUS AUJOURD'HUI**

### INSCRIPTION DE GROUPE

450 \$ à 800 \$  
Disponible aux organisations qui inscrivent au moins quatre employés à la conférence. Les tarifs d'étudiants, de diversité et quotidien ne donnent pas droit à une réduction mais peuvent être pris en compte dans le nombre minimum d'inscriptions.



**COMMENCER UN INSCRIPTION  
DE GROUPE**

# HOTELS AND TRAVEL | HÉBERGEMENT ET DÉPLACEMENT

## HOTELS | HÉBERGEMENT

A room block has been reserved for Public Health 2025 participants at the Delta Hotels Winnipeg. Rates are guaranteed until **Thursday 27 March or until sold out.**

- \$200 Standard or Deluxe room
- \$270 Club room

Un section de chambres a été réservées pour les participants de Santé publique 2025 au Delta Hotels Winnipeg. Les tarifs sont garantis jusqu'au **jeudi 27 mars ou jusqu'à épuisement des stocks.**

- \$200 Chambre standard ou deluxe
- \$270 Chambre club



RESERVE YOUR STAY



RÉSERVEZ VOTRE CHAMBRE

## TRAVEL | DÉPLACEMENT



Take advantage of the discounts available for your conference travel between Winnipeg and any city serviced by the following companies.



MORE DETAILS



Profitez des réductions disponibles pour vos voyages de conférence entre Winnipeg et toute ville desservie par les compagnies suivantes.



EN SAVOIR PLUS




#PHSP25

# PROGRAM OVERVIEW | RÉSUMÉ DU PROGRAMME

- Subject to change | Sous réserve de modifications

TUESDAY 29 APRIL   MARDI 29 AVRIL	
09:00-10:45	Plenary I   Plénière I 
10:45-12:00	Networking break with Sponsors and Exhibitors   Réseautage avec les commanditaires et les exposants Poster Presentations   Présentations d'affiches
12:00-13:15	Networking Lunch   Déjeuner de réseautage
13:15-14:45	Concurrent Sessions   Séances simultanées
14:45-15:30	Networking break with Sponsors and Exhibitors   Réseautage avec les commanditaires et les exposants
15:30-17:00	Concurrent Sessions   Séances simultanées

WEDNESDAY 30 APRIL   MERCREDI 30 AVRIL	
08:30-10:00	Plenary II   Plénière II 
10:00-11:00	Networking break with Sponsors and Exhibitors   Réseautage avec les commanditaires et les exposants Poster Presentations   Présentations d'affiches
11:00-12:30	Concurrent Sessions   Séances simultanées
12:30-13:30	Networking Lunch   Déjeuner de réseautage
13:30-15:00	Concurrent Sessions   Séances simultanées
15:00-15:30	Break   Pause
15:30-17:00	Concurrent Sessions   Séances simultanées

THURSDAY 1 MAY   JEUDI 1 <sup>ER</sup> MAI	
08:30-10:00	Concurrent Sessions   Séances simultanées
10:00-10:30	Refreshment break   Pause rafraîchissements
10:30-12:00	Concurrent Sessions   Séances simultanées
12:00-12:30	Lunch   Déjeuner
12:30-13:30	Plenary III   Plénière III 

 Simultaneous Interpretation provided | Interprétation simultanée fournie



# PLENARY SESSIONS | SÉANCES PLÉNIÈRE

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

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

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

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

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## PLENARY II SOCIAL CONNECTION AS CLIMATE RESILIENCE

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

## PLÉNIÈRE II LA CONNEXION SOCIALE COMME RÉSILIENCE FACE AUX CHANGEMENTS CLIMATIQUES

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

## PLENARY III VISIONING THE FUTURE OF PUBLIC HEALTH IN CANADA

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

## PLÉNIÈRE III IMAGINER L'AVENIR DE LA SANTÉ PUBLIQUE AU CANADA

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

# GROUP REGISTRATION

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

Contact [conference@cpha.ca](mailto:conference@cpha.ca) to start the process.

# COLLABORATOR SESSIONS | SÉANCE DES COLLABORATEURS

Session scheduling will be included in the Preliminary Program.

La programmation des séances sera incluse dans le programme préliminaire.

## **APPLIED PUBLIC HEALTH CHAIRS | A CASE STUDY OF APPLIED RESEARCH AND ADVOCACY**

*Presented by: Canadian Institutes of Health Research*

The [Applied Public Health Chair \(APHC\) Program](#), a joint initiative of the CIHR Institute of Population and Public Health (IPPH) and the Public Health Agency of Canada (PHAC), supports mid-career researchers to lead research programs that address pressing public health challenges in Canada. The Chairs conduct applied research across the country that is responsive to (re)emerging applied public health priorities, focused on actionable solutions, and integrated with policy and decision-making processes to improve health and health equity.

In leading this work, Chairs have reported the importance of, and challenges in, engaging in advocacy (a core public health competency) and championing evidence-informed policies and services that promote and protect population health and wellbeing. In this session, a panel (comprised of three Chairs and a senior decision-maker closely involved in the APHC program) will share their perspectives, successes and challenges in advocating for policies and services based on their research findings on controversial, hot-button public health issues, such as harm reduction and the decriminalization of illicit drugs; public trust and vaccinations; (re)emerging infectious diseases and wastewater surveillance. The panelists will have frank discussions on their experiences, and share practical tips and strategies to advocate effectively, equitably and in a way that is palatable to different audiences and across the political spectrum.

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

*Presented by: National Collaborating Centres for Public Health*

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

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

*Presented by: Canadian Public Health Association*

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

# COLLABORATOR SESSIONS | SÉANCE DES COLLABORATEURS

## **THE IMPACT OF HEALTH SYSTEM TRANSFORMATION ON PUBLIC HEALTH IN THE PRAIRIE PROVINCES: THE GOOD, THE BAD, AND THE UGLY**

*Presented by: Manitoba Public Health Association, Saskatchewan Public Health Association, Alberta Public Health Association*

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

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

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

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

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## **LOOKING FORWARD, LOOKING BACK: TWO DECADES OF PAN-CANADIAN PUBLIC HEALTH LEADERSHIP**

*Presented by: Public Health Agency of Canada*

2025 marks two decades of collaboration in promoting public health across Canada's 13 jurisdictions. Over the past 20 years, the Pan-Canadian Public Health Network (PHN) has been integral to strengthening and enhancing public health policy and practice in Canada, collaborating on key health priorities, from emerging infectious diseases, the burden of chronic diseases and the complex issues of toxic drug poisonings and poor mental health, as well as addressing persistent health inequities. As Canada's public health landscape continues to evolve, a new strategic plan and its actions are being implemented to enhance alignment and responsiveness among federal, provincial, territorial, and Indigenous partners.

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

*Presented by: Canadian Journal of Public Health*

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

# COLLABORATOR SESSIONS | SÉANCE DES COLLABORATEURS

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

*Presented by: Pan American Health Organization*

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

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

*Presented by: Canadian Institute of Health Information*

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

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

They also committed to prioritizing care for older adults, and working with First Nations, Inuit and Métis partners to better support Indigenous health priorities.

This session will provide a closer look at how CIHI is leading a collaborative process with partners from across the country to collectively bridge data gaps and develop and publicly report on common indicators that measure progress and drive improvements in the priority areas. To provide a comprehensive overview of the ongoing work, the discussion will incorporate different perspectives including jurisdictional, data partners, and persons with lived experience.

**REGISTER TODAY**  
**INSCRIVEZ-VOUS AUJOURD'HUI**

# SYMPOSIA & WORKSHOPS | SYMPOSIUMS ET ATELIERS

## **ADVANCING BLACK PEOPLE'S HEALTH: CULTURALLY RESPONSIVE APPROACHES IN HEALTH RESEARCH**

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

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## **BEYOND ILLNESS: OPERATIONALIZING A SUBSTANCE USE HEALTH FRAMEWORK IN COMMUNITY DEVELOPMENT AND PUBLIC HEALTH PROGRAMS IN OTTAWA**

76% of Canadians use substances. 40% face significant health risks, yet most remain unaware: 83% have never discussed substance use with a healthcare provider, relying on media as their primary information source, exposing critical gaps in public health knowledge and supports. These gaps highlight the need to move beyond a focus on illness ("addiction") to include health promotion for the broader population.

This symposium introduces a Substance Use Health framework, a comprehensive approach addressing substance use across a spectrum—from non-use to substance use disorder. CAPSA will present the evidence base, emphasizing its role in reducing stigma and supporting informed decision-making. Ottawa Public Health will share lessons from integrating these principles into policies, practices, and resources. Alliance for Healthier Communities will discuss its recent resolution to adopt the framework province-wide, featuring Pinecrest Queensway CHC as a demonstration site. Participants will leave with strategies to implement the framework in diverse contexts.

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

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

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

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

# SYMPOSIA & WORKSHOPS | SYMPOSIUMS ET ATELIERS

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

This workshop aims to demystify key climate science concepts through a public health lens, with a focus on extreme heat events. The workshop begins as a conversation between the two presenters—one from a public health background and one from a climate science background—who will address barriers to using climate data effectively within public health. By framing climate basics in relatable terms, they will connect the dots between public health and climate impacts. The session will introduce ClimateData.ca, Canada's trusted climate information portal, demonstrating how heat-related data can inform community health planning. In a breakout session, participants will use ClimateData.ca's Spatial Analogues tool, which enables exploration of other cities' climate conditions to anticipate future scenarios for their own regions.

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## **CENTERING HEALTH EQUITY IN THE KNOWLEDGE SYNTHESIS PROCESS: SHARING EVIDENCE AND LEARNINGS**

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

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## **CLIMATE-SENSITIVE HEALTH RISKS AND WILDFIRE EVACUATIONS IN MANITOBA**

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

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## **COMMUNITY ORGANIZING: A COMMUNITY POWER-BUILDING APPROACH TO ADVANCING HEALTH EQUITY**

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

# SYMPOSIA & WORKSHOPS | SYMPOSIUMS ET ATELIERS

## **DISMANTLING COLONIAL STRUCTURES IN PUBLIC HEALTH – FROM WORDS TO ACTION EQUITABLE LEADERSHIP FOR PUBLIC HEALTH SYSTEMS CHANGE**

In this presentation, Eryn and Jorden, two First Nations women and early career health leaders, discuss their journeys throughout higher education and public health. They begin to address the urgent need to dismantle colonial structures within public health, which undermine inherent rights of Indigenous Peoples and continue the perpetuation of health inequities. This session will explore the enduring influence of colonization as a social determinant of health and its implications for public health systems. Attendees will gain insights into actionable steps for unlearning, fostering institutional change, and leveraging policy tools like UNDRIP to disrupt settler colonial power structures. This session will emphasize the shared responsibility of anti-racism work, highlighting the need for individuals and institutions—especially those in positions of power and privilege—to actively engage in dismantling systemic oppression and advancing health equity.

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

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

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## **EQUITABLE LEADERSHIP FOR PUBLIC HEALTH SYSTEMS CHANGE**

Research indicates that organizational leadership competencies must attend to systems thinking, policy, partnerships, learning, oversight, while integrating anti-oppression and decolonizing approaches for equitable public health systems. Leadership, communication and health equity competencies were identified as critical to effective public health practice. Discussants from academia, national and provincial public health systems will discuss the implications of this work for equitable public health practice, including post-secondary education, workforce training, standards and accreditation activities.

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

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



# SYMPOSIA & WORKSHOPS | SYMPOSIUMS ET ATELIERS

## **FROM INTENT TO ACTION – ADVANCING CULTURAL SAFETY AND HUMILITY**

Health care systems, government bodies, regulatory bodies, associations, academics, and policymakers from coast-to-coast-to-coast are actively introducing new anti-racism and cultural safety initiatives to address longstanding harm related to Indigenous peoples' experience, quality, and access to health care services. However, the evidence tying cultural safety initiatives to positive results remains lean. Advancing cultural safety and humility and addressing Indigenous-specific racism in healthcare and public health to address these disparities and inequities requires closing the gap between knowledge and action.

This session will provide an overview of the impact of Indigenous-specific systemic racism and discrimination on Indigenous Peoples' access, quality, and experience of care. The session will showcase insights from panelists representing groups actively advancing cultural safety, highlighting how Indigenous-led cultural safety initiatives – such as the Core Public Health Competencies, the CMA Apology and ReconciliACTION plan, and national standards and accreditation – can drive health systems to move from intent to meaningful action.

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## **FROM MANAGING TO PREVENTING: HOW THE HOMELESSNESS SECTOR CAN BENEFIT FROM CANADA'S PUBLIC HEALTH DATA INFRASTRUCTURE**

The session assesses the limitations of the homelessness sector's current data infrastructure and how those limitations hinder the sector's ability to work towards preventing youth homelessness. In order to understand how the system can improve, the panelists will discuss and debate the state of prevention in the sector, essential data linkages, and governance structures. By locating the weaknesses of the system, the session will look towards what solutions are required to facilitate evidence-informed decision-making regarding the prevention of youth homelessness.

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## **GLOBAL HEALTH DIPLOMACY SKILLS IN AN UNCERTAIN WORLD**

During today's symposium, discussants will reflect on the impact of global negotiation processes on Canada's public health outcomes and the importance of global health diplomacy training when negotiating health issues on the global stage. With panelists uniquely in tune with Canadian and multilateral fora, symposium participants will explore ways in which countries work across national interests and negotiate effective global and equitable solutions. As countries continue to navigate complex global challenges, an effective cadre of skilled global health diplomacy practitioners are needed to work across contexts to promote collective action towards better health and wellbeing in Canada and globally.

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

The BC Office of the Provincial Health Officer's Unlearning Club was a 17-month structured space dialogue and self-directed unlearning related to Indigenous rights, anti-racism, anti-white supremacy, and cultural safety using materials already created by IBPOC people to avoid creating additional burden. Now, Unlearning Clubs are taking place at UBC School of Population & Public Health, Ministry of Health Strategic Innovation Division, BC College of Nurses and Midwives, and Pan Canadian Public Health Network.

Anyone can host Unlearning Clubs in their public health team, unit, or organization. This is a critical way our field can uphold our responsibilities to Indigenous Peoples, specifically actioning instructions provided in UNDRIP (15); TRC (18, 22, 23, 57); and MMIWG 2SLGBTQIA+ (2.6, 7.6, 15.2). This session will include information about the Unlearning Club model, demonstrate how we use it, and offer support for implementation in your setting.

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## **HEALTH ECONOMICS AND MODELLING 101 FOR PUBLIC HEALTH**

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

# SYMPOSIA & WORKSHOPS | SYMPOSIUMS ET ATELIERS

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

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

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## **HOW THE PANDEMIC RESHAPED TRUST AND EQUITY IN CANADIAN PUBLIC HEALTH**

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

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## **INDIGENIZED FORUM THEATRE FOR YOUTH MENTAL WELLNESS**

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

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

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

# SYMPOSIA & WORKSHOPS | SYMPOSIUMS ET ATELIERS

## **INSTRUCTIONS HAVE BEEN PROVIDED: ADDRESSING INDIGENOUS-SPECIFIC RACISM AND IMPLEMENTING FOUNDATIONAL OBLIGATIONS TO INDIGENOUS PEOPLES IN PUBLIC HEALTH SYSTEMS**

Solutions to Indigenous health disparities have been provided in the UN Declaration on the Rights of Indigenous Peoples, Truth & Reconciliation Calls to Action, Missing & Murdered Indigenous Women & Girls 2SLGBTQIA+ Calls for Justice, and other provincial/regional/local reports. These are our “Foundational Obligations to Indigenous Peoples.”

Despite public health’s clear obligations and mandates to uphold Indigenous rights and eradicate Indigenous-specific racism, we often hear the big question: how? BC’s Unlearning & Undoing White Supremacy and Indigenous Specific Racism Lab for Population & Public Health (‘U&U Lab’) is busy responding to this question. We will share 3 practical tools to monitor your unit’s current engagement with the Foundational Obligations, build capacity to uphold them in day-to-day work, and stay accountable.

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## **SCIENCE AS AN ESSENTIAL COMPONENT OF PUBLIC HEALTH PANDEMIC PREPAREDNESS: A WORKSHOP TO INFORM SCIENCE COORDINATION AND COLLABORATION WITHIN THE UPCOMING CANADIAN PANDEMIC PREPAREDNESS PLAN**

The Public Health Agency of Canada (PHAC) and the Canadian Institutes of Health Research (CIHR) invite participants to join a workshop to validate proposed content on science production, coordination, and collaboration for inclusion in a technical component within Canada’s Pandemic Preparedness Plan (CPPP) which is currently in development, and to inform the CIHR’s Centre for Research on Pandemic Preparedness and Health Emergencies (CRPPHE) long-term investment plan. The proposed content will be generated through virtual workshops with stakeholders in science across the country, including representatives from federal, provincial, and territorial governments; academia; equity-deserving groups; and First Nations, Inuit, and Métis organizations. PHAC and CIHR are requesting feedback on the structure and scope of the draft content, identifying any gaps or areas for expansion, and ensuring that proposed content effectively incorporates principles of equity, diversity, inclusion, Indigenous Rights, ethics, and One Health.

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

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

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## **SOCIAL PRESCRIBING AS A PUBLIC HEALTH TOOL: ADDRESSING HEALTH EQUITY AND COMMUNITY NEEDS**

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

# SYMPOSIA & WORKSHOPS | SYMPOSIUMS ET ATELIERS

## TURNING VISION INTO ACTION: ADVANCING PUBLIC HEALTH SURVEILLANCE IN CANADA

This symposium explores how organizations across Canada are taking action to move towards “A Vision for Public Health Surveillance in Canada by 2030”, which calls for an adaptable and collaborative public health surveillance ‘system of systems’ able to provide timely insights for actions that improve health and reduce inequities for all people in Canada. Through three diverse case studies, speakers will share how their initiatives align with the opportunities for action identified in Vision 2030, sharing practical approaches for strengthening surveillance to improve health and reduce inequities. Participants will gain insights into implementing these actions within their own organizations. This session will feature a moderated panel discussion and audience Q&A which will provide opportunities for attendees to explore challenges and share ideas for advancing towards this shared vision.

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

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

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

The ATV project was conducted in two phases: First, qualitative, community-based conversations engaged Yukon First Nations (YFN) community members from the partnering Nations in one-on-one interviews and focus groups to discuss their COVID-19 and influenza vaccine decision-making. Topics covered include vaccination status, communication sources, trust and relationships, and individual and community history with vaccines. Second, nationally and territorially representative surveys were conducted, with the territorial survey receiving a representative sample of Yukon First Nations respondents. Survey results provide a broad snapshot of Yukoners’ attitudes towards COVID-19 vaccines as stand-alone data and in comparison to community-level and national data.

Project findings revealed Yukoners’ complex relationships with COVID-19 and influenza vaccine rollouts. Participants appreciated the benefits of vaccines, though often with caution, favouring traditional, land-based medicines. COVID-19 restrictions and vaccine mandates sometimes triggered memories of residential school experiences, and trust in healthcare was found to be built through personal relationships rather than institutions. Participants also drew parallels between the COVID-19 pandemic and past health emergencies their communities had experienced.

These findings emphasize that to support the health of rural, remote, and Indigenous communities – especially in the case of future health emergencies – health communication must be culturally informed and conducted in collaboration with local Nations; health practitioners and service providers must prioritize relationship-building in order to foster increased trust in health systems more broadly, and; although urgency is sometimes necessary in health promotion, it is critical that health care providers recognize that that urgency may engender later doubt and so, whenever possible, diligence and patience should be prioritized.

Respecting YFN research and data sovereignty, findings were presented and reviewed with Nations at multiple stages in analysis. Likewise, individual participants had multiple opportunities to review and validate the findings: first, interview transcripts were returned to participants for their review, either independently or with a researcher. Second, participants were invited to take part in a focus group or one-on-one review of analyzed project findings to provide additional information or correction. Third, all participants were invited to a community event disseminating the completed project findings and offered printed copies of the reported findings. Finally, the lessons learned that are shared in this presentation were validated by all partnering Nations. In this way, we ensure that the Nations we partner with have reviewed and validated all project results.

# SYMPOSIA & WORKSHOPS | SYMPOSIUMS ET ATELIERS

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

This Indigenous-led study examines health-centered protocols used by First Nations in British Columbia to support public health security. It looks at how communities asserted health sovereignty amid COVID-19 to improve pandemic response efforts. This work provides an excellent case study for other Indigenous communities and organizations on how Indigenous health governance was articulated through the coordination of concurrent COVID-19 and environmental crises. It also builds on the evidence base supporting Indigenous-led emergency response which is ever more urgent in the face of multiple and overlapping climate crises.

The study team convened a gathering of research partners mid-way through the research process, including representatives from each of the nations involved in the study, to provide preliminary results and get feedback on community interviews and literature review. This feedback has been integrated into our findings. The research team will provide research summaries and a policy report to the communities, as well as convene a more public-facing webinar for others interested in Indigenous health governance and emergency management planning.

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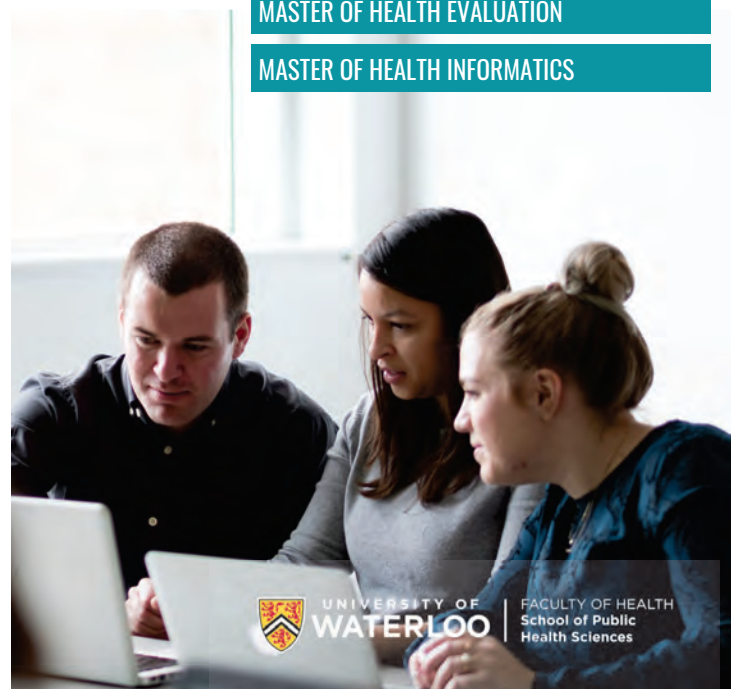
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### **DETERMINING THE COMPREHENSIVE GENDER-INCLUSIVE SEXUAL AND REPRODUCTIVE CARE NEEDS OF INDIGENOUS PEOPLES IN ONTARIO: A DESIRE-BASED, INDIGENOUS-LED COLLABORATIVE ASSESSMENT OF NEEDS**

This study aims to transform sexual and reproductive health (SRH) care for Indigenous Peoples in Ontario by centering their voices, desires, and self-determined needs. Colonial and systemic barriers continue to create inequities in SRH services for Indigenous communities, including Two Spirit and gender-diverse individuals. Through a collaborative and culturally sensitive approach, this project seeks to document Indigenous desires for comprehensive and inclusive SRH care, map existing service gaps, and drive meaningful policy, programmatic, and healthcare delivery changes. Our work supports self-determination and aims to create tangible improvements in health outcomes by facilitating culturally safe and gender-affirming care for Indigenous communities. This initiative aligns with principles enshrined in the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and other frameworks advocating for social justice and health equity.

While the project remains in the data collection phase, initial findings have facilitated the development of a preliminary geographic map of SRH services across Ontario, providing a foundational visualization of existing services and identifying service gaps from a community-defined perspective. The research approach, grounded in Indigenous feminist and queer theories, examines colonial impacts, systemic inequities, and intersections of identity in SRH care for Indigenous Peoples.

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

This workshop aims to prepare public health professionals, new to engagement, with the necessary knowledge and resources, and strengthen the skills and practices, of those looking to

genuinely engage FNIM communities and organizations. Our workshop aligns with and supports current national efforts to deliver better health outcomes for Indigenous Peoples. We anticipate that the resources shared and the ability to learn and apply them in the workshop will impact public health settings across Canada.

The IPHCC led and facilitated the development of these resources with public health partners. Key organizational leaders and staff were involved in the development, interpretation, and review of the resources. Resources provide background to the historical context of colonization and systemic racism in Canada and draw on experiences and examples of Indigenous organizations working with public health partners in Ontario. Both partners are actively involved in the dissemination plans for the resources, ranging from co-facilitated workshops, presentations, and social media. There are plans for the continuation of this partnership to support the implementation of the developed resources and future iterations.

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### **IYÂKWÂMISÎTÂU WICHÎHÎTUTÂU KIYÂH CHISKÛTIMÂSÛTÂU IYAAKWAAMISITAAU WICHIIHITUTAAU KIYAAH CHISKUUTIMAASUUTAAU**

Collaborations between public health and emergency measures – Lessons learned from Eeyou Istchee

Following the James Bay and Northern Quebec Agreement, Eeyou Istchee is recognized as a territory of self-governed Cree Nations situated within the province of Quebec. In terms of health and social services, the region is known as Quebec 18th provincial “socio-sanitary” region, overseen by a Cree-led regional organization, The Cree Board of Health and Social Services of James Bay. However, civil security structures are imbedded in each Nation’s band council and are supported through Indigenous Services Canada, a federal body. These two separate structures need to work very closely together in times of emergency. Bringing these structures together has called for extended investment in bridging the two work cultures and understanding one another’s roles, responsibilities and expertise. Our investment in working together reinforces Eeyou Istchee self-governance, autonomy and the quality of our emergency response.

Through a mix of presentations and storytelling, our panel will review briefly some specific emergency responses that required collaboration and pushed public health expertise to the forefront in supporting Nations’ emergency committees in the decision-making and the assessment of the health risk to their populations. We will show how collaboration is often established through discussion with a variety of players bringing together public health expertise, empiric knowledge and traditional knowledge in decision-making and risk assessment analyses. Indigenous colleagues, who have been actively involved in emergency responses in our region, have been involved in planning this proposed session and will be involved as co-presenters.

## **MENTAL HEALTH AND SUBSTANCE USE (MHSU) IN SIOUX LOOKOUT AREA FIRST NATIONS (SLAFN): TRENDS, CHALLENGES, AND COMMUNITY-CENTERED SOLUTIONS**

This study aimed to assess the state of mental health and substance use (MHSU) in the Sioux Lookout area First Nations communities from 2011 to 2022 and explore community-centered solutions. It serves as a resource for policymakers, including the Sioux Lookout First Nations Health Authority (SLFNHA), Community Councils, and federal and provincial health authorities, by providing data-driven insights to guide informed policy decisions and resource allocation. The study highlights the significant impact of colonial legacies and inadequate infrastructure on mental health and substance use challenges. It advocates for investments in social determinants of health such as housing, education, and equitable access to healthcare, emphasizing the urgent need to address these systemic issues to improve community wellbeing.

The study integrates relevant historical context and Indigenous voices by acknowledging the enduring impacts of colonial policies, such as the legacy of residential schools and systemic marginalization, on mental health and substance use challenges. Elders and community members played a central role in shaping the interpretation of findings, ensuring that cultural and historical contexts were meaningfully incorporated. The qualitative findings of the report were enriched with real-life stories shared by community members, providing powerful narratives that highlighted lived experiences and the resilience of individuals amidst systemic challenges. The steering committee, which included Tribal Council members and Elders, provided guidance to ensure these stories were respectfully represented and contextualized. This approach validated Indigenous perspectives, amplified community voices, and ensured that the findings could inform actionable, community-centered solutions.

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

With both public health and health care data, Indigenous health issues are usually presented through a deficit-based approach which often results in portraying the Indigenous population as the problem without understanding the layers of context. A lack of understanding of the root causes of colonization and anti-Indigenous racism further stigmatizes the Indigenous population and contributes to the continuation of negative stereotypes. Unfortunately, negative Indigenous health statistics have dominated health data for decades, drawing attention away from the strengths and resilience of Indigenous communities. To address this and to change the narrative in how we present and look at Indigenous health, the Indigenous Primary Health Care Council (IPHCC) has developed a series of resources that can be implemented in public health, including wellness-focused, wholistic, and strength-based population health and mental health and wellness indicators.

Resources illustrate how colonialism has caused trauma amongst First Nations, Inuit, and Métis Peoples. In particular, evidence shows that even the act of data collection has the potential to be damaging if specific cultural protectant factors are not considered and well-planned. This includes having First Nations, Inuit, and Métis Peoples as equal partners, developing plain language summaries, sharing information in ways that are accessible and beneficial, and building capacity within Indigenous communities.



#PHSP25

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

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

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

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

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