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Foreword

The scientific content for 24th IUHPE World Conference on Health Promotion was delivered, online, for 12 hours a day during the main three days. The IUHPE Secretariat team is pleased to honour this rich content in an abstract book. This also provides a reference for presenters at the conference, so that they may easily share citations of their contribution or show proof of participation.

Contributions are listed in chronological order, by session within each time slot, with the exception of pre-recorded presentations and posters. Presentations in these categories appear in the order in which they were listed on the conference platform. The document is searchable of course, if you are looking for a specific author or topic. Please also note that titles and abstracts appear in the language in which they were submitted and presented.

As with any publication of this scope and in spite of multiple verifications and searches for missing data, errors may have crept in. You may alert us if you find inaccuracies and we will correct them (write to: iuhpe@iuhpe.org)

Until the next conference,

[Signature]

Dr. Liane Comeau
Executive Director, IUHPE
LIVE ORAL SESSIONS
Organizational health literacy in different workplace settings

Parallel oral session
16 May 2022, 10:00 - 11:15

Moderator
Diane Levin-Zamir

Workplace health promotion in Kenya: The possibilities.

Speaker
Isabel Kambo, Presenting Author from Aga Khan University, Kenya

Abstract

**Background/Objectives.** The workplace has been recognised as a suitable setting for health promotion. Workplace health promotion (WHP) programs have shown benefits in aspects such as improvement in lifestyle behaviours, reduction sickness absence rates and absenteeism. However, little is known about WHP programs in Kenya, where there is growing rise in disease burden of preventable non-communicable diseases. The aim of this exploratory qualitative study was to gain in-depth understanding of employers and employees’ perceptions regarding health and well-being in the workplace.

**Methods.** This was a qualitative study guided by constructivist view that all truth is constructed by individual and society. Semi structured interviews were conducted in two organisations. A total of 17 employers and employees purposively sampled, participated in face-to-face interviews. Interviews were then transcribed verbatim and using thematic analysis, coding and generation of themes was done.

**Results.** Three themes summarise the findings: Meaning of health and wellbeing; Health and wellbeing influencers; A healthy working environment. Employers and employees indicated conceptualisation of health and well-being to be absence of disease, living a healthy lifestyle, being physically fit and productive. Participants noted that their peers at work had an influence on their health behaviours and they shared health related information freely. Organisational contribution to promotion of workplace health and wellbeing was noted to be important including provision of health insurance, amenities that promote health like fitness centres and policy guidance on issues related to employee’s health and wellbeing.

**Discussion.** Employers and employees understand the role workplaces play in promotion of health and well-being. There is interest and willingness among employers and employees to establish programs that enable enhancement of health and well-being in the workplace if guided. Integrated comprehensive approaches to WHP programs encompassing personal, social, and environmental factors, are suitable for sustainable workplace health. This Qualitative study revealed new information regarding workplace views on health and wellbeing. Findings will add to body of knowledge in community health nursing, health promotion practice and guide future implementation of WHP programs.
La place de la prévention et la promotion de la santé dans la trajectoire de soins

Speaker
Martine Fortier, Presenting Author from CHU Sainte-Justine, Canada

Abstract

Milieu/problématique. Les orientations et les politiques en matière de santé se centrent aujourd’hui sur la notion de parcours de santé. Elles intègrent la prévention et la promotion de la santé à tous les échelons de la prise en charge de la clientèle par les professionnels de la santé. Par exemple, les soignants sont invités à agir en synergie avec d’autres acteurs de la société pour prévenir ou réduire le fardeau des maladies chroniques, en plus d’offrir les soins et services aux personnes atteintes de ces problèmes de santé. Les professionnels de la santé ont une position particulièrement privilégiée pour rejoindre une grande partie de la population qui les consulte. Inciter les personnes à risque à adopter des comportements préventifs devient une stratégie très payante.

Intervention. Cette démarche d’amélioration continue vise à:

• Optimiser le rôle que peut jouer le système de soins dans le développement de la prévention et de la promotion de la santé
• Situer la prévention primaire, secondaire et tertiaire dans les actions du personnel clinique
• Instaurer des conditions nécessaires pour implanter la P/P dans une trajectoire de soins
• Développer les champs de compétences requises pour réaliser des actions de P/P répondant aux meilleures pratiques
• Mettre en place des stratégies de mise en œuvre selon une double approche : populationnelle et individuelle.

Résultats. Positionnement stratégique de la P/P dans un CHU et avec ses partenaires du Réseau:

• La mise en place de politiques et de mesures d’accompagnement des professionnels pour favoriser l’intégration de la P/P dans l’offre de soins
• La mise en place d’une structure de travail et d’un plan d’action transversal
• L’inscription de la promotion de la santé dans la mission du CHU
• Une équipe multidisciplinaire et transversale dédiée

Implications

• Faire du CHUSJ un leader en matière d’Hôpital promoteur de santé
• Rapprocher la promotion de la santé du système de santé afin d’intégrer l’approche populationnelle dans la planification et l’organisation des soins de santé en vue d’une meilleure prise en charge des familles de leur santé

Development and first application of a self-assessment tool to promote organizational health literacy in primary care settings in Switzerland

Speaker
Rebecca Jaks, Presenting Author from Careum Foundation, Health Literacy Department, Switzerland

Co-authors
Dunja Nicca, Elene Guggiari, Natascha Stürmer, Saskia M. De Gani
Abstract

**Background/Objectives.** Health literacy (HL) conceptualizes the ability to deal with health information and to make informed health decisions. HL is an important health determinant and can be improved by strengthening individual HL and reducing complexity of the health system. On the system level, healthcare organizations play an important role in improving HL by empowering patients in self-management, prevention, and health promotion. However, so far, few efforts have been taken to promote organizational HL. With the development of the so-called “Organizational Health Literacy Self-Assessment-Tool for Primary Care” (OHL Self-AsseT) we aimed at enabling primary care organizations to assess and improve their level of OHL. The tool and the insights of its first application in primary care organizations will be presented in this presentation.

**Methods.** First, the OHL Self-AsseT was developed based on literature review and in a participative process with experts, general practitioners, and community care organizations in Switzerland. Second, it was piloted in 4 general practices and 6 community care teams. A quantitative evaluation of the piloting was conducted consisting of 1) pre and post online surveys for all employees on the understanding of the concept HL, knowledge, and attitudes, and 2) document analysis of the self-assessment. Data was analyzed using descriptive methods.

**Results.** The OHL Self-AsseT is structured in three modules: 1) manual with detailed introduction and instruction, 2) checklist for self-assessment of OHL, and 3) specific handbook with measures for improvement. The checklist consists of 6 dimensions and corresponding criteria defining a health literate primary care organization. All 10 pilot-organizations adopted the tool and were able to identify need for action, plan and implement at least two improvement measures. Greatest need for action was identified for dimension 4 “strengthening employees in HL related issues”. After the application, 87 % of the employees reported to know the concept of HL. Some employees reported not only positive changes in knowledge, e.g., knowing where to find trustworthy information sources, but also in attitude.

**Discussion.** Health literate primary care organizations play an important role in improving population’s HL. A future systematic implementation is necessary to improve HL system-wide and sustainably.

**Cultural adaptation, validity and reliability assessment of a health literacy scale (HLS-EU-BR(47)) based on Item Response Theory (IRT)**

**Speaker**
Luis Saboga-Nunes, Presenting Author from Institute of Sociology University of Education Freiburg, Germany

**Co-authors**
Silvana Vincenzi, Silvio Silva, Andréa Konrath, Stefanie Harsch, Dalton Andrade, Darclé Cardoso, Roselita Sebold, Filipe Silveira, Luciane Santini, Eliane Moro, Lizandra Estabel

**Abstract**

**Background/Objectives.** Health Literacy (HL) is a key component of Health Promotion highlighted in recent conferences (e.g. Shanghai 2016) and proposed as a key element of incrementing wellbeing of individuals, families and communities. HL shapes knowledge, attitude, beliefs and practices in health promotion. The
aim of this study was to assess the cultural validity of a health literacy level scale based on Item Response Theory (IRT) and verify the evidence of its reliability in a population-based sample of adults in Brazil in order to confirm its cultural sensitivity.

**Methods.** Application of the Graded Response Model (GRM) of IRT to the European Health Literacy Survey Questionnaire (HLS-EU-BR47). Forty-seven items (HL indicators) evaluated through a cross-sectional study concluded in 2021 in different states of Brazil, included 1028 participants aged 19 years or older (80% women). An online survey was applied including HLS-EU-BR47 questionnaire.

**Results.** With the analysis of IRT the items and latent features of respondents are positioned in the same unit of measurement. The scale covered all levels, from “low literacy” to “high literacy”. The results show that 50.2% of the participants have inadequate (10.8%) or problematic (39.5%) HL. The internal consistency was high (Cronbach’s alpha was 0.95 for HLS-EU-BR47). This tool exhibited a high stability over regions. Mean values of HL were similar in women and men (mean score for HLS-EU-Q: 33.9 vs. 33.7, p = 0.36). Higher HL scores were significantly associated with younger age, higher educational and economic level and lower body mass index.

**Discussion.** Our study provides new knowledge and evidence on the validity of one of the HL instruments (HLS-EU-BR47) in a South America (Brazil) population-based sample. IRT was suitable for the data analysis because it enabled the evaluation quality of the items, construction of the scale to quantify HL and identification of levels of HL. This instrument can be used by health professionals, decision making or regional/national policy makers to develop initiatives to increase HL of individuals, groups and communities raising the levels of HL. Future studies are needed to fill the gap of the influence of local cultures and practices in the vast Brazilian territory in order to confirm and expand these findings.

**How can planetary health literacy be defined and conceptualized?**

**Speaker**
Kristine Sørensen, Presenting Author from Global Health Literacy Academy, Denmark

**Co-authors**
Laura Schamberger, Verena Knoll, Tara Chen

**Abstract**

**Background/Objectives.** In the face of the current COVID-19 pandemic, which is profoundly connected to the relationship of humans, animals and the environment, there exists an urgent need for planetary health awareness and action. Efforts were made to improve planetary health education and sustainable healthcare education such as the necessity of integrating planetary health into clinical education to yield planetary health literacy. However, the application of the concept remains scarce. Recognizing the importance of increasing and accelerating the impact of planetary health, this study aims to shed light on the role of planetary health literacy. Exploring research literature systematically, the study focuses on how planetary health literacy can be defined, conceptualized, and applied to increase health and wellbeing of people and the planet.
Methods. The study design included a systematic literature review according to the PRISMA guidelines based on a search in five electronic databases, PubMed, MEDLINE, Trip, ERIC and Cochrane Library, between May and August 2021.

Results. The literature review resulted in 17 eligible publications with a variety of study designs, focus and perspectives. The review did not identify any specific definitions of “planetary health literacy”. However, 12 out of 17 did provide explicit definitions regarding related seemingly similar concepts such as (1) Climate and Health Literacy, (2) Wellbeing literacy with respect to our relationship with nature, (3) Ecological health literacy, (4) Eco-medical literacy and (5) Environmental health literacy.

Discussion. This study did not identify any definition nor any conceptualization of planetary health literacy. Nevertheless, it did find a handful of seemingly similar concepts. The analysis of their definitions and concepts revealed that they do not cover all aspects of planetary health and they cannot be used interchangeably. More research is warranted to explore the scope of planetary health literacy as a sub-domain of health literacy.

Are you hungry? (Part 1): Re-examining the concept of food security

Parallel oral session
16 May 2022, 10:00 - 11:15

Moderator
Federico Roncarolo

Dining in Dignity: Reimagining food security, salvage and sovereignty through urban community development in the UK

Speaker
Jake Sallaway-Costello, Presenting Author from University of Nottingham, United Kingdom

Abstract
Setting/Problem. In the United Kingdom, 9.5 million tonnes of edible food was wasted in 2019, representing futile carbon emissions. In the same year, 8.4 million people in the UK experienced food insecurity. Traditional third-sector initiatives such as food banks and soup kitchens have attempted to alleviate some of the burdens of food insecurity, but are criticised for delivering services which remove autonomy over food choice and disempower food insecure people. A need was identified to reimagine the potential of third-sector food support, using food waste to create food security.

Intervention. The Real Junk Food Project Central is a social enterprise incorporated in August 2017 to create food security and reduce food waste. Partnering with supermarkets and restaurants, the enterprise uses edible food destined for waste, and distributes it through a network of volunteer-led autonomous
community cafes and food hubs. A participatory community consultation generated a ‘Company Constitution’, reflecting the values of people from socioeconomically disadvantaged localities in the city of Birmingham. Accordingly, all food is provided on a ‘Pay As You Feel’ basis: customers pay with their “time, cash, skills or imagination”. An ‘Everyone is Welcome’ principle supports diverse inclusion: no referrals are needed and there are no usage limits. To promote their belief that food has social value, volunteers deliver local services on a platform of ‘Dining in Dignity’: customers are greeted by a maître d’hôtel, and served a three-course meal by waited table service.

Outcomes. In the first four years of operation, the social enterprise saved 326 tonnes of edible, in-date food from waste, and used it to produce 650,638 meals, representing 618,106kg of saved carbon emissions. Run on ‘Pay As You Feel’ donations, the enterprise has achieved financial sustainability without external funding. Volunteers have donated 45,000 hours of their time, and the enterprise has created paid employment for three people.

Implications. This innovation paper presents a novel community-academia-enterprise partnership that has reimagined the social experience of third-sector food support, to deliver a sustainable, high-impact intervention owned and grown by local people. The paper celebrates the successes of this community development initiative, whilst reflecting on the challenges of launching and upscaling these efforts for wider food security, sustainability, and sovereignty.

Urban-rural disparities in food source utilization among new food bank users in Québec, Canada

Speaker
Elsury Pérez, Presenting Author from Université de Montréal, Canada

Co-authors
Geneviève Mercille, Jennifer O’Loughlin, Marie-Pierre Sylvestre, Federico Roncarolo, Mylène Riva, Mabel Carabali, Louise Potvin

Abstract
Background/Objectives. Despite initiatives to improve access to healthy foods across food sources (grocery stores, fruit and vegetable (F&V) markets, community gardens, CBP-food banks offering capacity-building programs and FD-food banks providing only food donations), food-insecure households in Canada continue to experience challenges in accessing healthy foods. In this study, we identified sociodemographic factors associated with patterns of food source utilization (FSU) among new food bank users.

Methods. A cross-sectional study was conducted using baseline data from PARCOURS, a longitudinal investigation of new food bank users in Québec. Data were obtained in structured interviews (2018–20). The analytical sample comprised 744 participants aged 18-63 who did the food shopping in their households. Because urban and rural populations use different food sources, we stratified the analyses according to setting. We used multigroup latent class analyses to categorize participants into FSU patterns defined by type of food source(s), usage frequency and travel time to food source. Multivariable logistic
regression was used to estimate the association between sociodemographic characteristics and FSU patterns.

**Results.** Three distinct FSU patterns were identified that vary according to settings: Pattern 1, exclusive food banks users; Pattern 2, multiple food sources users; Pattern 3, food bank and F&V market users. In urban settings: Pattern 1; travel ≤5 min. to food source, use FD-food banks 4-5 times/month; Pattern 2; travel ≥6 min. to food source, use CBP-food banks 2-5 times/month; Pattern 3; travel ≤5 min. to food source, use CBP-food banks ≤3 times/month. Relative to better-educated urban participants, those with ≤high school were more likely to be in Pattern 1 (OR2.1; 95% CI :1.2,3.7). Relative to those with an annual household income above 15 000$, those with lower income are more likely to be in Pattern 1 (OR3.3; 95% CI :1.8,6.2). In rural settings all patterns travel ≥6 min. to food source. Pattern 1 use CBP-food banks ≤once/month; Pattern 2 use CBP-food banks 2-5 times/month; Pattern 3 use FD-food banks once/month. Relative to people living alone in rural settings, single parents were less likely to be in Pattern 1 (OR0.2; 95%CI:0.2,0.5).

**Discussion.** Interventions to improve access to healthy foods among highly vulnerable groups should take setting and population sociodemographic characteristics into account.

**Comment les organismes communautaires en sécurité alimentaire se sont adaptés à l’urgence alimentaire provoquée par la crise de la COVID-19 : étude dans quatre quartiers défavorisés à Montréal, Canada**

**Speaker**
Asma El Mabchour, Presenting Author from Centre de recherche en santé publique (CReSP) - CIUSSS du Centre-Sud-de-l’île-de-Montréal, Canada

**Co-authors**
Joanie Lefebvre, Mylène Riva, Geneviève Mercille

**Abstract**

**Contexte/Objectifs.** En mars 2020, les mesures d’urgence liées à la pandémie de COVID-19 ont entraîné des milliers de personnes dans la pauvreté, doublant la prévalence d’insécurité alimentaire au Québec en avril. Les organismes d’aide alimentaire (OAA), déjà avec des ressources limitées, ont été confrontés à un déséquilibre inégalé entre l’épuisement de l’offre alimentaire et l’explosion des demandes. Cette étude vise à documenter les stratégies d’adaptation des OAA durant les six premiers mois de la pandémie.

**Méthodes.** En septembre 2020, 99 OAA offrant au moins un service alimentaire ont été répertoriés dans quatre secteurs défavorisés à Montréal. Des données quantitatives et qualitatives sur les utilisateurs, le type de service alimentaire (aide d’urgence, développement de compétences et initiatives du système alimentaire local (SAL)), l’adaptation des services et le financement, avant et depuis la pandémie, ont été recueillies lors d’entrevues téléphoniques auprès de 56 responsables d’OAA. Des statistiques descriptives
et une approche inductive d’analyse des données qualitatives ont permis de synthétiser leur processus d’adaptation.

Résultats. Au moment de l’enquête, 17 des 99 OAA étaient inactifs. Parmi les OAA participants, l’aide alimentaire d’urgence était largement priorisées. Sur les 22 OAA offrant les trois types de services avant la pandémie, les activités en développement de compétences (ex. cuisines collectives) avaient été suspendues ou cessées, tandis que les initiatives du SAL (ex. jardins collectifs) ont été maintenues durant l’été. Les autres stratégies d’adaptation identifiées incluent la restructuration de l’aide d’urgence (assouplissement des critères d’admissibilité, livraison à domicile), le renforcement de la collaboration entre OAA, la réévaluation constante des besoins et la recherche de nouveaux fonds et de bénévoles pour compenser les pertes et accroître leur capacité d’action.

Discussion. Filet social important au Québec, les OAA ont fait preuve de résilience pour répondre aux besoins les plus urgents. La mobilisation rapide du milieu communautaire, du gouvernement et du grand public ont permis de réduire les impacts négatifs. Toutefois, pour les personnes déjà vulnérables, un manque d’accès chronique à un large éventail de services de proximité pourrait aggraver les problèmes liés à l’insécurité alimentaire.

Evolution of food insecurity in Hawaii before the Covid-19 pandemic, as it peaked, and during the recovery

Speaker
Catherine Pirkle, Presenting Author from University of Hawaii at Manoa, United States

Co-authors
David Stipplebeen, Tetine Sentell, Hersh Singer

Abstract
Background/Objectives. Large racial, social and income inequalities in the United States (US), many of which worsened during the Covid-19 pandemic, contribute to food insecurity. In Hawaii, the high cost of living makes food unaffordable to many. During the pandemic, Hawaii experienced one of the highest unemployment rates in the US, amplifying concerns about food affordability. Here, we provide estimates of food insecurity in Hawaii before the pandemic (2018), as cases were rising (Jul/Aug, 2020), and during the current recovery (May 2021).

Methods. Data were analyzed from two statewide surveys that used the same validated measure of food insecurity: 2018 Hawaii Behavioral Risk Factor Surveillance System-BRFSS, 2020 and 2021 SMS Community Pulse Surveys. SMS conducts the Hawaii BRFSS. Food insecurity prevalence was estimated overall and by demographic factors, across years. Both surveys were weighted to account for complex survey design and percent values represent the estimated proportion of the Hawaii population with a given characteristic.
**Results.** At 25%, statewide food insecurity was highest in 2021, compared to 2020 (23%) and 2018 (22%). Food insecurity was higher on the rural neighbor islands than the more urban Oahu. Between 2018 and 2021, food insecurity remained stable on Oahu at ~20%, but increased from 27% in 2018 to 32% in 2021 on the neighbor islands. For men, food insecurity was the same in 2021 as 2018 (21%), but or women, it increased from 23% to 28%. Native Hawaiians experienced a large increase in food insecurity from 27% in 2018 to 40% in 2021 (up 13%). Working age adults also experienced large increases in food insecurity from 2018 to 2021 (up 12% for ages 18-29yrs and 11% for 30-49yrs), as did people living on their own (up 7%).

**Discussion.** Food insecurity increased slightly in Hawaii during the Covid-19 pandemic and was highest in the summer recovery phase. Small overall changes in statewide food insecurity mask inequities for certain groups. Food insecurity increased greatly for Native Hawaiians and working-age adults, (especially under 30yrs); currently two-fifths of people in these groups struggle to afford food. Women and rural populations struggle more now than before the pandemic. While economic forecasts are improving, food insecurity in Hawaii is extremely high and recovery efforts must continue to focus providing food support and economic opportunities to groups most impacted by the pandemic.

**Growing hungry minds – health promotion through pleasurable food education**

**Speaker**
Josephene Duffy, Presenting Author from Stephanie Alexander Kitchen Garden Foundation, Australia

**Abstract**
**Setting/problem.** In the wake of the COVID-19 health crisis, supporting the health and wellbeing of children, their educators, families and communities has never been more important. The global covid-19 pandemic has highlighted and exacerbated obesity worldwide. According to predictions, 254 million children will be obese by 2030. Overweight and obesity is a driver for 22 diseases. Significant indirect effects of the pandemic on the learning, mental health, and wellbeing of children and adolescents have also been identified.

**Intervention.** The Stephanie Alexander Kitchen Garden Program sees children growing, harvesting, preparing and sharing fresh, seasonal, delicious food in their school or learning centre, in order to form positive food habits for life. The program is adaptable to all settings in order to meet the unique needs of communities. It is designed to be integrated with school or centre life, and sustained long term. Pleasurable food education is delivered through a kitchen garden program. The model entails children gaining life skills, self-confidence, and a healthy relationship with food through practical learning that is integrated with the curriculum. The model also provides meaningful opportunities to engage students and families, connect communities and change local food cultures. Pleasurable food education brings an array of health, wellbeing, education and community benefits, and is designed to achieve long-term change.

**Outcomes**
- Improves food habits, increases fruit and vegetable consumption and engages children and families in healthy food behaviour
• Supports mental health, increases green spaces for children and provides opportunities for non-competitive physical activity
• Contributes to local food security and the UN’s Sustainable Development Goals
• Enhances environmental sustainability understanding and practices
• Engages students at risk of disengagement and connects parents with education
• Culturally inclusive, celebrating migrant and marginalised communities
• Addresses issues experienced by the most at-risk, low-SES communities
• Builds life skills, resilience, social capital and community mindedness

Implications. International studies support a community approach to improving food environments and increasing health literacy to address childhood obesity. Low-cost preventative health investment through food literacy programs which engage children and families can have long-term benefits across a range of health, wellbeing, education and community outcomes.

Innovaciones en el bienestar

Parallel oral session
16 May 2022, 10:00 - 11:15

Moderator
Martin Zemel

Correr en espacios naturales: inteligencia emocional, satisfacción con la imagen corporal y bienestar psicológico

Speaker
Yolanda Campos-Uscanga, Presenting Author from Instituto de Salud Pública, Universidad Veracruzana, Mexico

Co-author
Hannia Reyes-Rincón

Abstract
Antecedentes / Objetivos. El ejercicio físico es una de las estrategias más efectivas para la promoción de la salud y prevención de enfermedades, sin embargo una alta proporción de la población no lo práctica, especialmente las mujeres. En los últimos años se ha tenido evidencia de que la realización de ejercicio físico en entornos naturales puede traer beneficios adicionales a la salud. Por lo anterior, el objetivo de este estudio fue comparar si existe diferencias en la práctica deportiva, el bienestar psicológico, la insatisfacción con la imagen corporal y la inteligencia emocional entre quienes corren en espacios naturales y quienes lo hacen en espacios construidos, por sexo.

Métodos. Estudio transversal en que participaron 331 corredores mexicanos (55.3% mujeres). El rango de edad fue de 18 a 80 años (Medad = 37.4; DEedad = 11.5). Se emplieron: cuestionario de datos generales y
práctica de actividad física, Inventario Breve de Inteligencia Emocional (EQ-i-M20), Escala de bienestar psicológico de Ryff y Cuestionario de Imagen Corporal.

**Resultados.** En el grupo de hombres corredores, quienes lo hacen en espacios naturales presentan mayor bienestar psicológico, menor insatisfacción con la imagen corporal y estrés y corren más días a la semana que quienes pocas veces corren en este tipo de espacios. En el grupo de mujeres corredoras quienes lo hacen con mayor frecuencia en espacios naturales tienen menor estrés y corren más minutos por ocasión que quienes pocas veces corren en este tipo de espacios.

**Discusión.** Considerando que la inteligencia emocional se asume como un rasgo, se espera que anteceda al resto de las variables medidas. Por lo anterior es posible que quienes optan por correr en espacios naturales de entrada posean mayor inteligencia emocional que quienes lo hacen en espacios construidos. Pero la diferencia encontrada en bienestar psicológico, satisfacción con imagen corporal, número de días a la semana y minutos que corren puede estar relacionado con el contacto con espacios naturales.

**Promoción de la Salud en contextos de vulnerabilidad: aspectos éticos, educacionales y profesionales**

**Speaker**
Martín Zemel, Presenting Author from Escuela de Odontología, Universidad FASTA, Argentina

**Co-authors**
Gabriela Pagani, Javier Nuñez Peña, María Fernanda Pirro, Beatriz Mónica Navarrete, Leandro Longhi, Emma García Cein, María Soledad Iacoponi

**Abstract**

**Escenario / problema.** La Promoción de la salud es un concepto que implica un trabajo intersectorial donde intervengan actores sociales y políticos, privilegiando las comunidades que se encuentran en contextos de vulnerabilidad social. Por tanto, se planteó la necesidad de desarrollar estrategias de promoción de la salud en una población excluida o afectada fundamentalmente por su condición económicamente y educativa.

**Intervención.** El proyecto comprendió la alianza estratégica entre la Universidad, el Municipio de General Pueyrredon, organizaciones civiles y empresas del sector privado. Se capacitaron docentes de 50 servicios educativos de los niveles inicial y primario; y se mantuvieron entrevistas y grupos focales con actores sociales de las distintas comunidades en las que se intervino. Participaron estudiantes y docentes universitarios en Odontología, Fonoaudiología, Medicina y Nutrición; como también profesionales de los sectores público y privado. El diseño de la intervención adoptó un modelo participativo, intersectorial y estratégico.

**Resultados.** Se alcanzaron 5500 escolares, junto a sus familias y docentes. En cada Institución educativa se organizaron proyectos individuales vinculados con la promoción de la salud bucal en la comunidad. Las experiencias posibilitaron la participación de distintos actores sociales de la comunidad en el desarrollo de estrategias que promovieran la inclusión y la equidad en salud, a partir del empoderamiento de la población en habilidades protectora como también en el aumento de la accesibilidad al sistema de salud.

**Implicaciones.** La promoción de la salud encuentra su fundamentación ética en los postulados de la teoría ética “personalista” que pone su foco en la persona humana. En este sentido, el principio bioético de
sociabilidad y subsidiariedad busca reducir los entornos de exclusión y marginación como también las desigualdades sociales en salud promoviendo condiciones y estilos de vida saludables. Aquí es donde entra en juego la participación social y la intervención comunitaria. Es el trabajo intersectorial el que puede disminuir entornos de exclusión donde ciertas patologías no hallan habitualmente una solución positiva, convirtiéndose en un síntoma más de las "enfermedades de la pobreza". A partir de lo anterior, la intervención en promoción de la salud posibilitó nuevos contextos de inclusión y favoreció a reducir las inequidades existentes.

Sembrando derechos y cosechando Sonrisas: intervenciones comunitarias de promoción de la salud en una localidad de la Argentina

Speaker
Martín Zemel, Presenting Author from Escuela de Odontología, Universidad FASTA, Argentina

Co-authors
Germán Di Girolamo Pinto, Laura Cocco, Marta Pérez, Gustavo Díaz, Alicia Iantosca, Sebastián Francisco Bosi García, Silvina Natalín Di Bastiano, Verónica Vanoni, Anabella Elvira, Martín Alfaro, Eliana Yanina Goyeneche, Eduardo Matheos

Abstract
Escenario / problema. En una escuela de la localidad de Magdalena (Buenos Aires, Argentina) se planteó la necesidad de trabajar con adolescentes provenientes de familias en contextos de vulnerabilidad. La intervención buscó una nueva mirada a la promoción de la salud y, en particular, al enriquecimiento del marco conceptual de los derechos sanitarios turbulentamente afectados por la pandemia del covid-19.

Intervención. El proyecto involucró a toda la comunidad: adolescentes, familiares, docentes y personal de las respectivas instituciones – en la promoción de la salud a partir de sus propios saberes, significaciones y ejercicio de los derechos sanitarios. Esto fue posible por las oportunidades que trajo el acceso a la conectividad colectiva y las experiencias sobre esto último producidas durante el año 2020. Durante la intervención se gestaron grupos focales con actores sociales, familias, y representantes de distintos sectores.

Resultados. Se concretaron espacios educativos virtualizados que favorecieron el intercambio de vivencias y aprendizajes vinculados con los derechos de los pacientes, como también se propusieron recursos didácticos y lúdicos digitales para los adolescentes beneficiarios, como también para sus docentes y familias. Las originales estrategias posibilitaron la implementación de medidas preventivas durante los períodos de aislamiento obligatorios decretados en la región en los primeros meses de desarrollo de la pandemia, como también permitieron su continuidad en los siguientes tiempos.

Implicaciones. El acceso a la salud limitado actualmente por la pandemia y las barreras económicas, sociales y culturales evidencia brechas que deben ser cubiertas para evitar contextos de exclusión, inequidad y discriminación. Por tanto, la intervención realizada, desde una perspectiva intercultural y emancipadora, promovió el diálogo de saberes y prácticas desde una posición de respeto a la diferencia. Además, se favoreció una mayor articulación con el Sistema Municipal de Salud, y se profundizaron vínculos comunicacionales entre la Universidad y la comunidad educativa que posibilitarán la sostenibilidad del proyecto y de las acciones en promoción de la salud en el tiempo. En relación a esto último, se buscó facilitar
la participación activa de los estudiantes universitarios en las nuevas actividades vinculadas con la promoción de la Salud y de los derechos sanitarios en una comunidad educativa semirural.

Bienestar percibido de los cuidadores familiares por su participación en el Programa de apoyo y formación de cuidadores del Municipio de Envigado, Colombia

Speakers
Santiago Alberto Morales Mesa, Presenting Author from Universidad CES, Columbia
Dave Bergeron, Presenting Author from Université du Québec à Rimouski, Canada

Co-authors
Giselly Matagira Rondón, Maite Catalina Agudelo Cifuentes, Daniel de Jesús Chavarría Vargas

Abstract
Antecedentes / Objetivos. En el municipio de Envigado, hay una alta prevalencia de enfermedades crónicas y degenerativas en personas adultas mayores que implica una demanda de cuidado y atención que usualmente recae sobre familiares y cuidadores informales. Desde 2011, Envigado cuenta con un programa de apoyo y formación de cuidadores familiares, con el fin de mejorar la calidad de vida de las personas dependiente, cuidadores y familias a través del acompañamiento, cuidado y fortalecimiento de las redes de apoyo familiar y comunitario. El objetivo es explorar el bienestar percibido de los cuidadores familiares por su participación en el programa.

Métodos. Se utilizó un diseño descriptivo cualitativo, en el marco de una evaluación realista. Se realizaron grupos de discusión y entrevistas semiestructuradas con los cuidadores familiares. Los datos se analizaron manualmente mediante un enfoque de análisis temático continuo.

Resultados. Veinte cuidadores familiares participaron. Se revela que la responsabilidad recae generalmente en las mujeres, quienes no tienen formación para la atención de pacientes, ni cuentan con una remuneración o tiempo para ello. Además, asumen otras responsabilidades dentro del hogar como el cuidado de otros miembros, generando pocas posibilidades de interacción social. El programa es una alternativa para los cuidadores y la familia, en tanto, no solo apoyan en los cuidados para la salud física, sino de la salud psicológica, a través de estrategias como el juego, lectura, manualidades y escucha activa. Además, el cuidador siente que puede liberar tiempo semanal para suplir sus propias necesidades, generando un poco de descanso que se traduce en bienestar y salud mental, sentir que alguien puede ayudar, les brinda tranquilidad minimizando riesgos de sufrir síndrome del cuidador quemado o Burnout.

Discusión. Una de las problemáticas que se genera en la atención de pacientes en casa para sus cuidadores es el síndrome del cuidador quemado que se materializa en un estado de agotamiento físico, emocional y mental debido al tiempo que se destina al cuidado de personas y sin contar con apoyos de otros familiares, contar con programas desde lo gubernamental que piense en estas cuidadoras es aportar un poco a la salud de las comunidades y la salud pública.
Aceptabilidad, relevancia y percepción de impacto de un programa de apoyo a cuidadores familiares en el Municipio de Envigado, Colombia

Speakers
Giselly Matagira Rondón, Presenting Author from Universidad CES, Columbia
Dave Bergeron, Presenting Author from Université du Québec à Rimouski, Canada

Co-authors
Maite Catalina Agudelo Cifuentes, Santiago Alberto Morales Mesa, Daniel de Jesús Chavarría Vargas

Abstract

Antecedentes / Objetivos. El aumento en la necesidad de cuidado implica un reto para las familias y los sistemas de salud, para lograr satisfacer de manera integral las necesidades y bienestar de la persona en situación de dependencia, su cuidador y familia. En Colombia, el envejecimiento poblacional ha generado un aumento de personas con pérdida de autonomía cuyo cuidado suele recaer en un cuidador familiar. En Envigado, la Secretaría de Salud lleva a cabo desde 2011 un programa de apoyo y formación a cuidadores familiares. El objetivo fue evaluar la aceptabilidad, relevancia, la calidad y percepción de impacto de este programa.

Métodos. Esta investigación se desarrolla en el marco del proyecto “Evaluación realista del programa cuidadores de Envigado” que busca comprender el contexto en el que se desarrolla el programa y evaluar su efecto en el cuidador familiar y el sujeto de cuidado. En una de las etapas de la evaluación realista, se realizó un estudio cuantitativo transversal, el cual se realizaron encuestas a los cuidadores familiares beneficiarios del programa. La aceptabilidad, la relevancia y la calidad se midieron con escalas numéricas de 0 a 10. El impacto percibido del programa desde su introducción se midió utilizando una escala de evaluación del cambio global.

Resultados. Se contó con participación de 260 cuidadores familiares beneficiarios del programa cuidadores. una tercera parte pertenece a estrato socioeconómico bajo (30,0%). Un 24,6% de los cuidadores lleva entre 6 y 10 años brindando el y un 24,2% lleva más de 11 años. En una escala de 1 a 10, los cuidadores consideran que los beneficios del programa son útiles en un 7,9 (desviación estándar DE:2,9) para dar respuesta a las necesidades percibidas. En cuanto al nivel de relevancia, en promedio lo calificaron en un 9,4 (DE: 1,8). La calidad del programa fue evaluada con un puntaje promedio de 9 (DE: 2,4). De otro lado, consideran que el programa ha mejorado su bienestar físico y mental en un 7,5 (DE:3,2), además han percibido que su participación en otras actividades ha mejorado en un 6,9 (DE:3,6) y que sus emociones han mejorado en un 7,2 (DE:3,4).

Discusión. La relevancia y calidad del programa tienen buena aceptación, no obstante, cuando se compara con el impacto percibido disminuye la valoración; lo que denota una distancia entre lo que desean y lo que el programa ofrece, esta brecha será evaluada por técnicas cualitativas en las próximas etapas de la evaluación realista.
Repensando las prácticas de Prevención, Promoción y Educación para la Salud (PPEpS) en contexto de pandemia

Speaker
Claudia Marcela Lomagno, Presenting Author from Ministerio de Salud CABA/ UBA/ UNER, Argentina

Co-author
Pablo Dimaro

Abstract

Escenario /problema. La irrupción de la pandemia y la implementación del Aislamiento Social Preventivo Obligatorio, implicó la transformación de muchas de las prácticas en PPEpS que realiza la Residencia Interdisciplinaria de Educación y Promoción de la Salud (RIEPS) en su formación en servicio. Esta situación requirió salir de una primera parálisis, producto de un contexto tan disruptivo e incierto, y poner en juego la creatividad para generar nuevos dispositivos que permitan seguir trabajando en función de las necesidades y el alojamiento de la población desde una perspectiva de cuidado.

Intervención. Desde la Coordinación de la RIEPS fue necesario recrear nuestros dispositivos de formación y gestión. En parte por la virtualización de muchas instancias de intercambio y formación pero, fundamentalmente, para poder otorgarle sentido a las nuevas prácticas que se fueron configurando en el terreno en el nuevo escenario. Este camino implicó un acompañamiento sostenido e intensificado de los equipos locales en formación en servicio, la sistematización de las prácticas emergentes y la reflexión sobre la reconfiguración de las prácticas en el nuevo contexto. Se sistematizó un documento que tuvo y tiene la intención de acompañar la reconfiguración de las prácticas, articulando experiencias con teorías y perspectivas que sustentan nuestro campo, enraizadas en las ciencias sociales y la sociología.

Resultados. Todas estas intervenciones permitieron el surgimiento de nuevas estrategias de abordaje en PPEpS y de dispositivos de cuidado, valorizando la clínica ampliada. El camino de la sistematización de las prácticas permitió objetivizar las prácticas y evaluar el proceso de producción de Salud. Fue necesario repensar, ante lo abrupto del cambio de prácticas, la tensión de la planificación como anticipación a la acción y la necesidad del trabajo post.

Implicaciones. Se valoró la necesidad de trabajar en los equipos sobre el malestar y los atravesamientos subjetivos. Dar lugar a estas instancias para poder producir Salud en el nuevo contexto, sin dejar de vislumbrar que lxs trabajadorxs de la salud debemos producir cuidado para otrxs.

Paradigmes d'intervention en promotion de la santé: réflexions critiques et appliquées

Parallel oral session
16 May 2022, 10:00 - 11:15
Haïti : une politique nationale pour contribuer à réformer l’éducation et la santé

Speaker
Erold Joseph, Presenting Author from Ministère de l’Éducation Nationale et de la Formation Professionnelle, Haïti

Abstract

d Milieu/problématique. En Haïti, jusqu’en 2005, l’école ne constituait qu’un récepteur passif des activités ponctuelles et sporadiques organisées par le secteur santé autour des soins curatifs et préventifs. Or, il s’avérait fondamental pour le secteur éducatif de s’impliquer dans des initiatives structurées et structurantes. Une compréhension adéquate de la santé, de ses déterminants, ainsi que de ses relations étroites avec l’éducation constitue alors un prérequis.


Implications. Cette politique se veut à la fois un modèle inspirant, un plaidoyer, un guide d’action basé sur une compréhension à la fois large et pratique de la santé. Elle permet d’appréhender celle-ci, concrètement à travers le vécu quotidien, ceci dès le plus jeune âge. Il s’agit de faire progressivement, de nos institutions d’enseignement, des « écoles promotrices de santé », mais aussi, de joie.

Faire une différence malgré le contexte pandémique : Étude pilote des effets du programme de prévention des troubles anxieux HORS-PISTE pour les élèves du 1er cycle du secondaire

Speaker
Danyka Therriault, Presenting Author from Centre RBC d’expertise universitaire en santé mentale, Canada
Co-authors
Julie Lane, Audrey Dupuis

Abstract

Contexte/Objectifs. La pandémie de la COVID-19 et les mesures associées ont eu des effets délétères sur la santé mentale des jeunes, notamment sur le plan de l’anxiété. Une option envisagée pour contribuer à la santé mentale des jeunes dans un contexte de pandémie est l’implantation de programmes de prévention universelle en milieu scolaire. À ce jour, peu d’études se sont penchées sur l’apport de ce type de programmes. HORS-PISTE est un programme de prévention universelle de l’anxiété composé de 10 ateliers animés en classe au cours du 1er cycle du secondaire et qui mise sur le développement des compétences psychosociales. Il est implanté dans plusieurs écoles secondaires du Québec depuis 2018. L’objectif de la présente étude était d’examiner les effets de ce programme déployé auprès des élèves au cours de l’année scolaire 2020-2021 (en contexte de pandémie).

Méthodes. Au total, 1219 élèves (48,1% de filles) de 1re et 2e secondaire, âgés en moyenne de 12,6 ans, ont participé à l’étude. Ils provenaient de 11 écoles du Québec, réparties dans quatre régions administratives. Les élèves ont été sondés une première fois avant leur participation aux ateliers (T1) et une seconde fois dans les deux semaines suivant la fin du programme (T2) sur leurs symptômes anxieux et divers facteurs de risque proximaux de l’anxiété.

Résultats. Les résultats des ANOVAs à mesures répétées réalisées montrent que les élèves rapportaient, au T2, des scores significativement inférieurs sur le plan des symptômes du trouble panique (F = 16,64, p < 0,001), de l’anxiété généralisée (F = 48,58, p < 0,001) et de la phobie sociale (F = 6,77, p = 0,009) par rapport au T1. Ils rapportaient également des scores inférieurs d’anxiété liée aux tests (F = 34,22, p < 0,001), de peur du jugement des autres (F = 5,00, p = 0,026), de perfectionnisme (F = 38,45, p < 0,001), d’intolérance à l’incertitude (F = 23,76, p < 0,001), d’attitude négative face aux problèmes (F = 32,14, p < 0,001), d’évitement cognitif (F = 55,22, p < 0,001) et d’interférence de l’anxiété dans les activités scolaires (F = 14,17, p < 0,001).

Discussion. Les résultats de cette étude montrent que le programme HORS-PISTE constitue une initiative prometteuse pour la prévention des troubles anxieux et qu’il a pu atteindre ses objectifs malgré le contexte pandémique.

L’initiative PAUSE : promouvoir l’utilisation équilibrée d’Internet et des écrans afin de prévenir les risques liés à l’hyperconnectivité

Speaker
Carolanne Campeau, Presenting Author from Capsana, Canada

Abstract

Problématique. L’arrivée d’Internet a révolutionné notre façon de se divertir, d’étudier, de travailler, et d’interagir. Il est sans conteste qu’Internet et les écrans présentent de nombreux avantages. Cependant, l’hyperconnectivité peut entraîner des impacts négatifs psychologiques, physiques et sociaux.

Intervention. C’est pour répondre à cette nouvelle réalité que Capsana a conçu PAUSE, une initiative positive pour agir en amont avec une approche préventive. Cette initiative multiplateforme utilise diverses
stratégies pour joindre les individus (parents, adolescents, jeunes, intervenants) dans le but de favoriser un meilleur équilibre numérique. Malgré l’invitation de PAUSE à se déconnecter, Internet reste un incontournable pour joindre les individus. Le but étant d’informer, d’outiller et de motiver un grand nombre de personnes pour qu’ils passent à l’action selon leur réalité afin de tirer les avantages des écrans sans en subir les méfaits. PAUSE rejoint différentes populations par le biais de diverses plateformes (site Pausetonécran.com, Facebook, Instagram, collaborations avec influenceurs) afin de transmettre des messages de prévention. Nos communautés sur les réseaux sociaux permettent d’échanger avec nos cibles sur les écrans et de noter leurs enjeux. Nos outils interactifs transmettent des pistes d’actions aux jeunes de manière ludique et intéressante. Nos événements de passage à l’action (journées de déconnexion) suscitent de belles prises de conscience.

**Résultats.** Nos messages ont rejoint des millions de personnes. L’analyse des sondages annuels a confirmé que PAUSE atteignait ses objectifs de promotion de la santé. Les jeunes sont réceptifs au message non moralisateur de PAUSE. Les parents rapportent que PAUSE répond à un besoin de clarifier les informations qui circulent afin de véhiculer des informations scientifiquement validées et vulgarisées. Le QUIZ, (outil interactif) utilisé par plus de 37 000 personnes est apprécié avec un taux de rétention de 75% jusqu’aux pistes d’actions téléchargeables. Les journées de déconnexion connaissent un franc succès avec plus de 8000 inscrits en 2 ans.

**Implications.** Tout comme pour le mode de vie physiquement actif ou la saine alimentation, il est essentiel de mettre en place une éducation en continu et récurrente pour favoriser la saine utilisation des écrans et réduire les impacts négatifs.

**Déployer la capitalisation des expériences en promotion de la santé en France : enjeux, stratégies et avancées en 2021**

**Speaker**
Benjamin Soudier, Presenting Author from Société Française de Santé Publique, France

**Co-authors**
Christine Ferron, Béatrice Georgelin, Marion Porcherie, Mélanie Villeval, Timothée Delescluse, Vanessa Galissi, Clémentine Motard, Andréa Sagni, Anne Sizaret, Anne Vuillemin, Apoline Carioux, David Mueller, Pierre Lombrail, François Berdougo, Aurélie Van Hoye, Eric Legrand, Samuel Gaspard, Frédéric Bouhier

**Abstract**

**Problématique.** L’intérêt pour la capitalisation dans le champ en promotion de la santé en France est encore récent. Depuis 2016, un groupe de travail national né d’une coalition d’acteurs associatifs, de praticiens, de chercheurs et de décideurs se réunit dans la perspective de structurer et valoriser la capitalisation d’expériences en promotion de la santé (CAPS).

Après la formalisation d’une méthode pour mener une démarche de capitalisation, le groupe travaille à diffuser la pratique de la capitalisation en France, en articulant plaidoyer, diffusion d’outils et enrôlement à plusieurs niveaux.
**Intervention.** En 2021, 3 chantiers stratégiques ont été menés pour répondre à cet enjeu.

1. Un module de formation a été construit en partenariat avec l’École des hautes études en santé publique (EHESP). Durant ce module, les participants expérimentent la conduite d’une capitalisation et apprennent à: promouvoir l’intérêt des savoirs expérientiels, concevoir un projet de capitalisation et mener la capitalisation d’une intervention.


3. De nouvelles alliances autour de la capitalisation ont été construites auprès de partenaires-clés, comme les principales fédérations professionnelles françaises dans les champs des addictions, des soins primaires, etc.


**Implications.** Produire des données sur « comment agir ? » est un levier d’innovation et d’amélioration des pratiques. En 2022, le projet de structurer une communauté de pratique CAPS permettra de soutenir la dynamique autour de la capitalisation, sa diffusion à plus grande échelle et les pratiques de capitalisation.

**Conditions d’efficacité de la médiation en santé sur le recours aux soins des populations éloignées du système de santé : une scoping review**

**Speaker**
Elodie Richard, Presenting Author from Centre InsermU1218, Bordeaux Population Health, Université de Bordeaux, France

**Co-authors**
Stéphanie Vandentorren, Linda Cambon

**Abstract**

**Objectifs.** L’objectif de cet article est d’analyser les conditions dans lesquelles la médiation en santé pour le recours aux soins s’avère efficace dès lors qu’elle s’applique à des populations éloignées du système de santé.

Nous avons réalisé une grille d’analyse des données à recueillir à travers deux dimensions : une dimension descriptive de l’intervention et une dimension analytique des conditions d’efficacité de la médiation en santé.

Résultats. 22 articles ont été sélectionnés et analysés. La revue de la littérature effectuée souligne plusieurs caractéristiques de la médiation en santé qui articule actions d’éducation et de navigation dans le système de santé et actions de mobilisation, d’engagement et de mise en collaboration des acteurs locaux entre eux et avec les populations. Les conditions d’efficacités ont été regroupé sous la forme d’un cadre conceptuel de la médiation en santé.

Discussion. La revue de la littérature réalisée nous permet non seulement de dresser un premier cadre d’analyse des conditions d’efficacité de la médiation en santé, mais également d’interroger la cohérence de l’approche de la médiation en santé au regard des tensions et logiques parfois divergentes qui la traversent.

Social models of health literacy – the contribution of distributed health literacy in online and offline communities.

Symposium
16 May 2022, 10:00 - 11:15

Symposium coordinator
Jane Wills

Abstract

General Objective. Conceptualisations of health literacy have moved beyond understandings of an individual concept to an increasing recognition of the need to understand the social contexts and resources that are drawn on as people seek to ‘obtain, process and understand basic health information and services’ in making health related decisions. This distributed health literacy is not yet well defined or understood. However, a growing body of work explores the shared resources that are drawn on across social networks and suggests that health literacy is not an individual set of competencies or a dyadic relationship between individual and health care professional, but rather it involves complex processes of sharing and sense making across networks. Understanding the role of these networks is fundamental in the development of effective health literacy interventions. This research symposium aims to present various new and innovative developments and landscaping in distributed health literacy/health literacy in a social network context from an international context and across settings both traditional and digital.

Proposed format of the session. The session will be chaired by Professor Jane Wills and presentations made by members of the IUHPE Global Working Group on Health Literacy. Presentation will be followed by opportunities for questions from the audience.

• Seeking a deeper understanding of distributed health literacy: a systematic review (presented by Helle Terkildsen Maindal)
• Health literacy in a social context to address health inequities – findings from Hawai’i (presented by Tetine Sentell)
• Sharing and sense making for health literacy: case studies of online and offline communities in the UK (presented by Susie Sykes)
• Building dementia literacy through social network and family support: A qualitative study among ethnic minorities in Hong Kong (presented by Angela Leung)
• Distributed health literacy in extended reality (XR) immersive technologies (presented by Evelyn McElhinney)

**Seeking a deeper understanding of distributed health literacy: a systematic review followed by co-design**

**Speaker**
Helle Terkildsen Maindal, Symposium Presenter from Aarhus University, Denmark

**Abstract**

**General Objective.** To date, there has been no focused exploration of how distributed health literacy is defined, conceptualised or assessed in the peer-reviewed literature. Our systematic review aimed to explore: (i) definitions and conceptual models of distributed health literacy, and (ii) how distributed health literacy is measured in empirical research. We will share our results from the review that revealed how the research space would benefit from development of the concept, both theoretically, e.g. via conceptual distinctions between distributed health literacy and other types of social support, and empirically e.g. through the development of a quantitative measurement instrument.

**Proposed format of the session.** We will use this session as an opportunity for co-design. Session participants will be invited to contribute to idea generation on how to take the development of the concept of distributed health literacy to its next level. Session participants will respond via their phones to a ‘mentimeter’ or similar technology and give their interpretations of the information presented. Participants will later be invited to provide longer text-based responses and/or pursue further discussion with our team.

**Health literacy in a social context to address health inequities – findings from Hawai’i**

**Speaker**
Tetine Sentell, Symposium Presenter from University of Hawai’i at Manoa, United States

**Abstract**

**General Objective.** Greater inclusion of social and familial networks in healthcare holds promise for culturally-relevant care, improving health literacy in communities, and achieving health equity from a strengths based-perspective. Limited research has quantified details of, and preferences for, engagement of social networks in health literacy, especially for Native Hawaiians and other Pacific Islanders (NHOPI). This presentation will discuss ongoing work generally and specifically among NHOPI around health literacy in a social context. We will consider recent findings from several studies across contexts in Hawai’i: new mothers, digital communities of young people in the time of COVID-19, and for those managing, and hospitalized for, a chronic disease. In all cases, we found that network members were engaged in health information sharing, health decisions, and health management. Including social and familial networks in health literacy efforts for public health and clinical care interventions may meet individual, cultural, and community preferences and help achieve population health equity.
**Proposed format of the session.** Short overview oral presentation followed by opportunity for discussion by panel and audience members.

**Sharing and sense making for health literacy: case studies of online and offline communities in the UK**

**Speaker**
Susie Sykes, Symposium Presenter from London South Bank University, United Kingdom

**Abstract**
**General Objective.** Definitions of health literacy as a set of resources and competencies that enable people to access, understand, appraise and use health information may be interpreted as a linear and individual process. However, research increasingly demonstrates the complex processes that people engage in and the role that social networks play in this process, as they seek to use information for health. Drawing on a series of studies undertaken in the UK, this presentation will explore the ways in which people draw on skills and resources held across communities as they try to understand information, assess its trustworthiness and make sense of its relevance to their own context. The importance and nature of these social interactions will be discussed. Cross cutting themes from studies examining health literacy within the context of infertility and Covid-19 in both online and offline communities, across age groups will be discussed along with their implications for future research and practice.

**Proposed format of the session.** Short overview oral presentation followed by opportunity for discussion by panel and audience members.

**Building dementia literacy through social network and family support: A qualitative study among ethnic minorities in Hong Kong**

**Speaker**
Angela Leung, Symposium Presenter from Hong Kong Polytechnic University, Hong Kong

**Abstract**
**General Objective.** This presentation aims to explore the way ethnic minorities look for information about dementia and seek help from others. This is a descriptive-qualitative study with thirty-eight Indians, Pakistanis, and Nepalis living in Hong Kong. They participated in focus group or individual interviews expressing their views and experiences on information-seeking and help-seeking in dementia care. We explore multiple levels of network in the community that support ethnic minorities to prevent dementia, seek relevant information about dementia symptoms, treatment and care. Social connectedness seemed to be important when the ethnic minorities build up their dementia literacy. Although mass media (television and newspaper) was seen as the crucial platform to know about dementia symptoms, social media and websites were preferred by many participants. Family members, friends, neighbours and religious leaders were the key resources to the participants when they tried to make decision and manage behavioural issues of persons with dementia. Professionals (social workers, doctors) formed another level of support to the ethnic minorities when they intended to get information in treatment and services. Social connectedness and social environment enhance ethnic minorities’ ability to prepare for dementia care.

**Proposed format of the session.** Short oral presentation follows by panel discussion.
Distributed health literacy in extended reality (XR) immersive technologies

Speaker
Evelyn McElhinney, Symposium Presenter from Glasgow Caledonian University, United Kingdom

Abstract

General Objective. Extended Reality (XR) is an overarching term for immersive technologies such as virtual reality (VR), 3D social virtual worlds, Augmented Reality (AR) and Mixed Reality. These technologies are increasingly being used by educators, organisations, and health care practitioners to immerse users in 3D social environments where they can interact, walk through with others anatomical organs, or health information allowing users to increase their health literacy in a social environment. This has been shown to increase understanding, sense-making and promote prosocial behaviours which helps not only individuals to improve their health literacy but enables them to influence others' health literacy. This distributed social model of health literacy in immersive environments differs from web 2.0 social networks or offline networks. Often the use of avatars (representation of the virtual self) encourages social interaction, discussion, bidirectional health behaviour change (virtual to physical world and vice versa). The use of these technologies is increasing as virtual reality headsets become cheaper and mainstream. These environments have also been shown to be attractive to the socially isolated, people with long term conditions and disabilities. Conversely, the COVID-19 pandemic has increased the use of XR as people search for ways to social connect and continue education during periods of lockdown. This presentation will discuss and demonstrate examples of how these immersive technologies can be used to increase health literacy through distributed health literacy by discussing research conducted by the speaker and others. This will be of interest to researchers, educators, public health practitioners, and healthcare practitioners.

Proposed format of the session. Short oral presentation, possible demonstration of live XR environments.

Aligning wellbeing budgeting with health promotion: Opportunities and reflections

Workshop
16 May 2022, 10:00 - 11:15

Moderator
Kelsey Lucyk

Speakers
Kelsey Lucyk, Workshop Coordinator from Public Health Agency of Canada, Canada
Olivier Bellefleur, Workshop Coordinator from National Collaborating Centre for Healthy Public Policy, Canada
Joanne Smithson, Workshop Coordinator from UK What Works Centre for Wellbeing, United Kingdom
Nancy Hey, Workshop Coordinator from UK What Works Centre for Wellbeing, United Kingdom
Timo Ståhl, Workshop Coordinator from Finnish Institute for Health and Welfare, Finland
Abstract

Objectives

- To better understand the alignment between wellbeing budgeting principles and key public health concepts (e.g., health in all policies, health equity).
- To determine what areas of work present opportunities and challenges to the uptake of wellbeing budgeting approaches in public health.
- To develop a knowledge resource for the public health and policy community, based on the learnings of the session, outlining facilitators, barriers, knowledge gaps, and experiences of working across financial and health sectors.

Format. (Hybrid 70 minutes). The interactive session will be a virtual event.

Wellbeing and quality of life approaches challenge the reliance on economic growth as a metric for setting and evaluating key priorities identified by governments or other institutions. Instead, they emphasize the use of a broad range of quality of life indicators to prioritize integrated priority setting and synergistic policies to improve population wellbeing.

We invite participation from those who are interested in improving health through tackling its most upstream determinants at the level of decision-making. Participants may be well-versed in formalized approaches and schools of thought related to “wellbeing budgeting,” or they may be generally interested in the social and economic determinants of health. We particularly invite participation from those who are attending IUHPE 2022 conference from outside of the health sector. Participants will hear briefly from speakers who represent a broad range of perspectives, from within and outside of public health, academia, and government. Speakers will share their experiences with wellbeing budgeting approaches (and other well-aligned initiatives) that have the potential to shape determinants of health through decision-making. Through a series of interactive activities, participants will react to what was heard, share their own experiences, and put forward ideas for how to leverage opportunities to more systematically integrate health considerations into decision-making. Our online moderators will balance perspectives to ensure an engaging and collaborative session among all attendees. We will form small groups to discuss and reflect on key questions, in ways that allow us to hear diverse experiences from those represented in the audiences. By participating in this session, participants will contribute to the development of a new resource that mobilizes knowledge on wellbeing approaches to the end goal of promoting uptake within governance structures. We hope this resource will support efforts to break down silos and work across all levels of government and community action, in pursuit of intersectoral action on the determinants of health and health equity.

Learning goals. The goal of our session is to collectively learn about wellbeing budgeting and identify our role as public health actors, health promoters, and others in the implementation of such approaches. Specific areas we hope to learn from participants will be informed by some of the questions that have surfaced for speakers, to date, working in this space:
• What challenges might prevent wellbeing budgeting approaches from being adopted as a health promotion tool? What facilitators support its uptake?
• What do we “need to know” about wellbeing budgeting in public health, to meaningfully participate in these initiatives?
• How do we build buy-in across sectors for new initiatives, such as wellbeing budgeting? Have our experiences to date identified key messages that resonate?

De la santé dans toutes les politiques à l’aide des évaluations d’impact sur la santé : perspectives francophones

Symposium
16 May 2022, 10:00 - 11:15

Symposium coordinator
Carole Clavier

Abstract

Objectif général. Les évaluations d’impact sur la santé (EIS) sont un instrument central pour mettre plus de santé dans toutes les politiques (SdTP). Ces analyses sont mieux établies dans le monde anglophone que francophone. Ce symposium vise à faire progresser la réflexion théorique et empirique à partir des pratiques existantes d’EIS et de SdTP au Québec, en France et en Suisse. Qu’est-ce qui fait que l’EIS, une méthode pour évaluer les impacts sur la santé d’un projet ou d’une politique d’un autre secteur d’action publique, peut être un instrument de mise en œuvre d’une approche de SdTP ? L’institutionnalisation des EIS peut-elle contribuer à changer la façon dont on considère la santé dans les autres politiques? À quelles conditions?

Proposition de format de la séance.

• Introduction – F. Jabot et C. Clavier (2 min.)
• Les présentations (4x8 min.) discuteront différentes configurations de l’émergence et de l’institutionnalisation des EIS et de la démarche SdTP, soutenue par un mandat législatif central ou émanant de pratiques locales.
• Enjeux théoriques et empiriques de la contribution des EIS à la démarche de la SdTP – C. Clavier, F. Gagnon, G. Dardier. À quelles conditions les EIS et l’approche SdTP peuvent-elles se renforcer ? Nous discuterons les avantages respectifs d’arrangements institutionnels formels et de démarches ad hoc.
• L’appropriation locale des EIS peut-elle mener à une approche de SdTP en France ? – F. Jabot. Cette présentation étudiera la démarche ascendante des EIS vers la SdTP, où des EIS à tous les paliers contribuent à opérationnaliser un concept nébuleux.
• L’absence de base légale pour la promotion de la santé, un frein pour la mise en œuvre de la SdTP et des EIS en Suisse – J. Simos. Cette présentation abordera les possibilités de déploiement des EIS et de la SdTP dans le contexte de l’échec de l’adoption d’une loi de santé publique.
Enjeux théoriques et empiriques de la contribution des EIS à la démarche de la Santé dans toutes les politiques

Speakers
Carole Clavier, Symposium Coordinator from Université du Québec à Montréal, Canada
France Gagnon, Symposium Presenter from Université TÉLUQ, Canada
Guilhem Dardier, Symposium Presenter from Ecole des hautes études en santé publique / laboratoire ARENE, France

Abstract
General Objective. Les évaluations d’impact sur la santé (EIS) ont été conçues pour contribuer à formuler des politiques publiques favorables à la santé physique, mentale et sociale en estimant les impacts positifs et négatifs d’une politique, d’un programme ou d’un projet sur les déterminants sociaux de la santé, sur l’état de santé des populations, sur le système de soins ou sur les inégalités sociales de santé. Cette ambition pourrait, cependant, se heurter au fort contraste entre, d’une part, les EIS comme démarche standardisée d’estimation des effets d’une politique, d’un programme ou d’un projet sur la santé et, d’autre part, le caractère plutôt chaotique et non-linéaire du processus d’élaboration et de mise en œuvre des politiques publiques. À quelles conditions les EIS peuvent-elles permettre d’orienter la formulation de politiques publiques plus justes, plus équitables et plus favorables à la santé et au bien-être de la population à tous les niveaux de gouvernance?

Proposed format of the session. Cette présentation discutera deux dimensions des enjeux théoriques et empiriques de la contribution des EIS à la démarche SdTP:

1. Le caractère politico-administratif de la pratique des EIS. Au-delà de la production de données probantes, elle modifie les rapports de pouvoir et de coopération entre les acteurs concernés, contribue à la construction d’une compréhension partagée des enjeux entre différents acteurs et différents secteurs d’action publique et présente un potentiel de démocratisation de l’action publique sanitaire, en particulier au niveau local.

2. La fragile institutionnalisation des EIS. Les tenants de l’approche SdTP préconisent une architecture institutionnelle sophistiquée et centralisée qui permettrait d’évaluer les impacts sur la santé des principaux projets gouvernementaux. Dans la pratique, ces arrangements institutionnels sont rares et, lorsqu’ils existent, soumis aux aléas du calendrier électoral, des changements de gouvernement et autres. Il existe, toutefois, d’autres manières plus souples de légitimer et de pérenniser la pratique des EIS.

Nous aborderons ces enjeux à partir de la littérature sur l’étude des politiques publiques et nous comparerons les cas du Québec et de la France, en perspective avec des cas anglophones (Ontario, Australie du Sud).
L’EIS en milieu municipal au Québec : Deux organisations qui ont systématisé leur pratique

Speakers
Thierno Diallo, Symposium Presenter from Université Laval, Canada
Geneviève Lapointe from Institut national de santé publique du Québec, Canada
Émile Tremblay from Institut national de santé publique du Québec, Canada

Abstract

**General Objective.** L’adoption en 2001 de la Loi sur la santé publique, et de son article 54 (A54), a marqué le coup d’envoi de l’EIS au Québec. Basé sur le principe de l’action intersectorielle, cet article favorise au niveau provincial la prise en compte des enjeux de santé dans l’élaboration des projets de loi et de règlement des différents ministères et organismes gouvernementaux. Cette disposition de la loi n’a pas conduit à la mise en œuvre d’un véritable dispositif d’EIS au sein de l’appareil gouvernemental mais a inspiré d’autres acteurs à utiliser cette approche en milieu municipal. Depuis les dix dernières années, la Direction régionale de santé publique de la Montérégie et la Ville de Québec sur l’initiative de l’Université Laval ont réalisé plusieurs EIS sur leur territoire. Cette conférence dressera un état de la pratique dans ces deux régions et présentera comment les organisations responsables des EIS ont adapté leur pratique en fonction de leurs réalités organisationnelles et territoriales.

**Proposed format of the session.**
4. Déploiement dans les autres régions du Québec grâce à la PGPS : Modèle de soutien à la mise en œuvre d’EIS en milieu municipal inspiré par les deux expériences locales présentées

L’appropriation locale des EIS peut-elle mener à une approche de SdTP en France ?

Speaker
Françoise Jabot, Symposium Coordinator from Ecole des hautes études en santé publique, France

Abstract

**General Objective.** L’EIS en France est en pleine expansion au niveau local sous l’impulsion du secteur de la santé. Elle est principalement appliquée sur les politiques d’aménagement urbain et mise en œuvre de façon inégale selon les régions. L’intérêt des municipalités pour la démarche tient à sa capacité à démontrer
la contribution de leur action à la santé, à consolider des partenariats et renforcer la participation des citoyens. Ainsi, l’approche de la SdTP trouve une traduction dans les pratiques locales et donne corps à une notion encore floue. Dans quelle mesure le développement des EIS réussira-t-il à faire adopter la SdTP comme véritable stratégie d’action aux différents échelons territoriaux en France ?

Proposed format of the session. La première partie de cette présentation sera consacrée à l’institutionnalisation de l’EIS en France à travers le rôle des autorités publiques qui l’inscrivent dans les instruments de politiques et mettent en place des organisations pour soutenir son déploiement, le développement de formations et d’outils pédagogiques pour renforcer les capacités des acteurs et permettre son insertion dans les pratiques professionnelles. La seconde s’intéressera plus spécifiquement au potentiel d’innovation de l’EIS et aux conditions nécessaires pour faire évoluer les cadres de pensée, dépasser les cloisonnements, transformer les modalités d’action pour construire des politiques plus transversales centrées sur l’équité, le bien-être et la santé. Le devenir de l’EIS, et l’évolution vers une approche de SdTP, dépend du degré d’appropriation du concept et des valeurs de la promotion de la santé par l’ensemble des parties prenantes, de la démonstration de sa plus-value, notamment pour informer et influencer la décision, mais aussi d’un engagement et d’une impulsion du niveau national. En conclusion, nous discuterons le potentiel transformateur de la combinaison des changements institutionnels et cognitifs pour diffuser et pérenniser la démarche SdTP. Cette présentation est basée sur nos travaux sur l’implantation et l’institutionnalisation en France.

L’absence de base légale pour la promotion de la santé, un frein pour la mise en œuvre de la SdTP et des EIS en Suisse

Speaker
Jean Simos, Symposium Presenter from Université de Genève, Switzerland

Abstract

General Objective. La santé dans toutes les politiques (SdTP) est l’adaptation moderne d’un des cinq champs d’actions préconisés par la Charte d’Ottawa pour la promotion de la santé, celle des politiques publiques saines. Depuis 2010 et la Déclaration d’Adélaïde, les évaluations d’impact sur la santé (EIS) sont proposées comme une démarche possible de son implémentation. La SdTP est activement promue ces dernières années par l’OMS et d’autres instances internationales et les Etats-membres sont incités à la mettre en œuvre. Toutefois, sa légitimité ultime reste fondée sur la Charte d’Ottawa, référence absolue de la promotion de la santé. Qu’en est-il lorsque les bases légales relatives viennent à manquer dans le cadre institutionnel d’un pays ? L’exemple de la Confédération helvétique sera analysé à cette occasion et des enseignements généraux seront tirés.

Nous montrerons ainsi que l’échec d’une loi fédérale sur la promotion de la santé a nui à la diffusion de la santé dans toutes les politiques dans la gouvernance du pays et à la poursuite du développement des EIS. Toutefois, divers signes indiquent que des pratiques de SdTP et d’EIS persistent, malgré l’absence de soutien législatif fédéral.

**Making a difference: Contribution of the National Collaborating Centres for Public Health program (NCCPH) during the COVID-19 response and recovery**

Symposium
16 May 2022, 11:30 - 12:30

Symposium coordinator
Claire Betker, National Collaborating Centre for Determinants of Health, Canada

Abstract

**General Objective.** To describe and reflect on what the NCCPH program collectively learned about what is needed to support rapid decision-making during a crisis, AND during an evidence infodemic. The federally funded National Collaborating Centres for Public Health (NCCPH) program are foundational in the Canadian public health infrastructure and played a significant role in COVID-19 response and recovery efforts in Canada. Decision makers often do not have ready access to evidence as it becomes available; public health personnel may not have the knowledge, skills, or resources for knowledge syntheses and translation; and public health organizations often lack sufficient infrastructure to interpret and disseminate knowledge needed. During COVID-19, the NCCPH program bridged gaps between evidence, policy and practice by 1) providing the public health system with an array of evidence-informed resources and knowledge translation services; 2) identifying knowledge gaps, and 3) fostering networks across systems, sectors and jurisdictions. This interactive panel presentation will describe how the NCCPH made a difference to public health systems across Canada during the pandemic, key learnings and how these learnings can be leveraged for future crises.

**Proposed format of the session.** The Symposium will consist of a moderated panel of several oral (perhaps pre-recorded) presentations. A moderator will open the symposium and share the history of the NCCPH program and set the context for the 3 presentations to follow. The oral panel presentations will include expert speakers to address the following roles of the NCCPH program to support COVID-19 response and recovery: 1) Evidence synthesis and translation, 2) Identifying knowledge gaps, and 3) Network development among researchers, practitioners, and policy makers. The symposium will conclude with a facilitated discussion among the presenters and with the audience.
Evidence synthesis and translation

Speaker
Maureen Dobbins, Symposium Presenter from National Collaborating Centre for Methods and Tools, Canada

Abstract
General Objective. The COVID 19 pandemic saw an exponential growth of evidence creating a significant challenge to public health professionals and organizations, as well as all levels of government, as they struggled to locate and synthesize relevant and trustworthy information to inform their policy and practice decisions. This presentation will describe the array of knowledge translation services provided by the NCCPH program in response to this challenge.

Identifying knowledge gaps

Speaker
Margaret Haworth-Brockman, Symposium Presenter from National Collaborating Centre for Infectious Diseases, Canada

Abstract
General Objective. Despite an unprecedented explosion of research on COVID-19 in Canada and internationally and a renewed call for an improved capacity to support evidence-informed decision-making (EIDM), there were significant gaps in the type and availability of required knowledge and evidence. This presentation will describe the critical role played by the NCCPH program to identify knowledge gaps and to bridge the divide between evidence, policy and practice.

Network development among researchers, practitioners, and policy makers

Speaker
Claire Betker, Symposium Coordinator from National Collaborating Centre for Determinants of Health

Abstract
General Objective. Tapping into a well-established ‘network of networks’ anchored on six unique knowledge hubs, the NCCPH program was especially well positioned to connect and engage with regional, provincial, territorial, national and international partners. This presentation will describe the unique niche occupied by the NCCPH program during the COVID pandemic response and recovery to build and support networks focused on translating evidence and knowledge to support public health professionals, researchers and organizations across Canada in policy and decision making.
Launching and debating the international handbook on teaching and learning health promotion: Reflections around the world & 'When are we going to teach health?': The breakthrough opportunity of integrating K-12 education and child health promotion

Lunch with an author
16 May 2022, 11:30 - 12:30

Launching and debating the international handbook on teaching and learning health promotion: Reflections around the world

Speaker
Marco Akerman, Presenting Author from School of Public Health - University of São Paulo, Brazil

Co-authors
Ana Claudia Camargo Gonçalves Germani, Alfredo Pina de Oliveira, Dais Gonçalves Rocha, Diane Levin-Zamir, Júlia Aparecida, Deividi Nogueira, Jane Wills, Kate Morgaine, Lislaine Fracolli, Stephan Van Den Broucke, Shu-Ti Chiou, Sylvie Gendron

Abstract

Objectives. To capture the perception of Workshop participants about the book that is going to be launched in the IUHPE Montreal, 2022, the INTERNATIONAL HANDBOOK OF TEACHING AND LEARNING HEALTH PROMOTION: PRACTICES AND REFLECTIONS FROM AROUND THE WORLD and to indicate complementary themes, possible lines of research on the theme and to perceive interests for the formation of the IUHPE's WG of Teaching and Learning HP.

Format. The book contains 38 chapters from 25 countries distributed in eight sections sessions: 1. The Health Promotion curriculum, 2. Making it relevant to practice, 3. Pedagogies for Health Promotion, 4. Special Topics for Health Promotion, 5. Assessment of Health Promotion and Quality Assurance, 6. Health Promotion as transformational, 7. Reflections from Students, 8. Special Case Study. Each chapter is introduced by five questions that give the book its Handbook character and we are considering them as "Messages to take Home", triggering questions for dialogue and reflection for the Workshop:

- What is our vision about HP? What is the institutional and political context of your experience (participants, professions and involved courses, duration and frequency of activities)?
- Which theories and methodologies are used in the teaching-learning process?
- What kind of forms of assessment are applied, results achieved, and challenges faced?
- Which principles, pillars, competencies or approaches to Health Promotion do you base your plan of teaching and learning?
- What others could learn from your experience? What is localized and what is “generalizable”?
Learning goals.

- To have a panoramic view of the state of the art in teaching and learning Health Promotion
- To capture the interest of the Health Promotion Epistemic Community in activating a WG on Teaching and Learning HP in the IUHPE
- To access thematic gaps on the INTERNATIONAL HANDBOOK OF TEACHING AND LEARNING HEALTH PROMOTION: PRACTICES AND REFLECTIONS FROM AROUND THE WORLD
- To announce possible research topics on teaching and learning Health Promotion

“When are we going to teach health?” – The breakthrough opportunity of integrating K-12 education and child health promotion

Speaker
Duncan Van Dusen, Presenting Author from CATCH Global Foundation, United States

Abstract
Fact. Health improves learning. Yet in the U.S., elementary schools devote 12x as many hours to teaching history than they do to teaching health.

In When Are We Going to Teach Health?, Duncan Van Dusen, the CEO of one of the most widely used youth health education programs in the world, and a member of the Expert Review Panel of the U.S. National Consensus on School Health Education, makes a novel case for prioritizing “Whole Child” health and social and emotional learning (SEL) in K-12 schools. He shows why health drives academic success, what makes teaching health effective, and how to create a school environment that delivers and sustains healthy behavior. Using case studies, tips, and recommended actions, he describes proven youth empowerment and skills-based health education techniques to increase kids’ physical activity and healthy food choices, improve their emotional health, and decrease youth vaping. Half of the proceeds from this book fund health education in low-income schools through CATCH Global Foundation.

Relevance for health promotion or policy. In the 10 months since publication, When Are We Going to Teach Health? has sold over 2,000 copies and earned amazon #1 best-seller ranking in 6 categories. This success is due to interest from professors and students of health promotion, community-based organizations, and K-12 educators. The book has been used for training by the University of Texas, the Alberta Health & Physical Education Council, the CalFresh SNAP-Ed program, and the Hawai‘i Department of Education. The book’s central message – that “Whole Child” health and SEL must be a core priority of K-12 education – is particularly timely for educators and health promotion professionals managing the twin crises of youth vaping and COVID over the past two years. Bringing public education and public health together is a “big idea” whose time has come. Preventative, population-level health education for children and adolescents provides a foundation for lifelong well-being and increased social equity. This approach is “Breaking News” because of its timeliness, “Breaking Free” because it includes all children in a vital right, and “Breaking Through” because of its innovative potential for transformation.
Promoting health and equity among older adults & "Schoolfood, equity and social justice – critical reflections and perspectives. Critical studies in health and education bookseries"

Lunch with an author
16 May 2022, 11:30 - 12:30

Promoting health and equity among older adults

Speakers
Mélanie Levasseur, Presenting Author from Université de Sherbrooke, Canada
Irving Rootman, Presenting Author from University of Victoria, Canada

Abstract

Book description. This comprehensive edited collection uses the action framework in the Ottawa Charter for Health Promotion to explore the factors and issues related to health promotion and aging. It covers a wide range of policies, interventions and practices that are designed to benefit and protect the aging population’s health, quality of life, rights, and dignity, while building intergenerational solidarity and collaboration. Thirty-three chapters written by experts in the field cover topics such as housing, transportation, long-term care, health literacy, lifelong learning, physical activity, mental health, social participation and support, and aging in LGBTQ2+, Indigenous and immigrant communities. Promoting the Health of Older Adults is an invaluable resource for students and practitioners in gerontology, health promotion, public health, nursing, social work, and related fields. This book is especially related to the conference themes of equity, inclusion and diversity, and determinants of health.

Objectives of session. To engage participants in discussions about promoting the health of older persons based on the framework used in the recent book Promoting the Health of Older Adults: The Canadian Experience, and to foster networking during and after the conference.

Relevance for health promotion or policy. Readers will learn about aging from a health promotion perspective; the context, environment, and issues related to older adults in Canada; as well the implications in the global context for policy and best practices in health promotion, public health, and the care of older persons.


Speaker
Dorte Ruge, Presenting Author from UCL University College, Denmark

Abstract

Book description. School Food, Equity and Social Justice provides contemporary, critical examinations of policies and practices relating to food in schools across 25 countries. The book is divided into three sections: Food politics and policies, Sustainability and development, Teaching and learning about food. The book
critiques school food interventions and programs from the perspective of equity and social justice. Bringing together an interdisciplinary group of academics, with researcher or practitioner backgrounds, the chapters in this collection broaden discussions on school food to consider educational and environmental implications, the ideals of food in schools, the emotional and ideological components of schooling food, and the relationships with home and everyday life.

**Relevance for health promotion or policy.** The book offers enhanced insight into matters of social justice in schools in diverse contexts, and visions of how greater equality and equity may be achieved through school food policy and in school food programs. It will be essential reading for students, researchers and policy makers in health education, health promotion, educational practice and policy, public health, nutrition and social justice education. In his review, Marcus Weaver-Hightower Professor, Foundations of Education, Virginia Tech, states that: "No other collection so deeply and widely covers the international and transnational contexts of school food provision”

**Conversation and critical thinking on communication strategies for future disease outbreaks: Lessons from Polio to Ebola to Zika to COVID-19 & "New approaches to health literacy - Linking different perspectives"

**Lunch with an author**
16 May 2022, 11:30 - 12:30

**Conversation and critical thinking on communication strategies for future disease outbreaks: Lessons from Polio to Ebola to Zika to COVID-19**

**Speaker**
Erma Manoncourt, Presenting Author from Freelance Consulting (M&D Consulting Inc.), France

**Co-authors**
Rafael Obregon, Ketan Chitnis

**Abstract**

**Book description.** Against the backdrop of the COVID-19 pandemic and other recent disease outbreaks of Ebola, Polio and Zika in the past 5 years, this book seeks to provide readers with critical conceptual and applied strategies that may contribute to implementation of effective risk communication and community engagement for disease outbreak preparedness and response. Unlike other books available in the market or special issues of scientific journals, this book explores the role of health communication within the larger ecology system in disease outbreak response. The book puts forth a conceptual framework to explore future disease outbreak strategies by paying greater attention to culture, complexity, gender, human rights and infodemics. Most publications in this area tend to focus on the technical requirements for implementation of risk communication and community engagement strategies. However, one of the key lessons we, the authors, have learned, and which we intend to reflect in this book, is that these technical inputs will be as effective as they are fully integrated within the broader architecture of disease outbreak preparedness and
response. Ebola is a classic example of how some of these critical technical elements related to communication and communities were missed early in the response as they often are not fully integrated into the broader public health system. In addition, other case studies focus on social and behaviour change responses to and their results in the following disease outbreaks: ZIKA and COVID-19 in Latin America, Ebola in both East and West Africa, Polio outbreaks throughout the world, plus the challenge of responding to disease outbreaks in the midst of a humanitarian crisis in Bangladesh.

Relevance for health promotion or policy, Focus is on the challenges and opportunities of health promotion practice in preparing for and responding to disease outbreaks. Based on lessons learned, specific recommendations are made for more effective risk communication and community engagement strategies, taking into account the global public health architecture for outbreak response.

New approaches to health literacy - Linking different perspectives

Speaker
Luis Saboga-Nunes, Presenting Author from Institute of Sociology University of Education Freiburg, Germany

Co-authors
Uwe Bittlingmayer, Orkan Okan, Diana Sahrai

Abstract

Book description. Scientific publications on health literacy increased exponentially (also including books) but the present publication place’s itself in a niche that has not been inhabited before. Two arguments underpin this relevance:

First, it is essential to raise awareness of the fact that health literacy is far from being the theoretically convincing and empirical, robust concept of public health science referred to in so many publications. Therefore, this book raises questions that are otherwise hard to find within the contemporary mainstream discourse relating to health literacy;

Second, the explorations of health literacy within this book embrace cultural aspects critical to the concept, which seem peripheral but are in fact most important as they address questions pertaining to health literacy and multiculturalism, inclusion and diversity. To achieve this, unique perspectives on health literacy from different contexts (e.g. Afghanistan, Columbia, Germany) are provided; discussions on the relationship between health literacy and multimodal adapted communication, which is especially important in rapidly changing societies and digitization of health and information, are explored; challenge of the mainstream theoretical model of health literacy & the measurement and operationalization procedures by which health literacy levels are being assessed is proposed; linking health literacy concept directly to health policy issues is a common structure to the book itself.

Relevance for health promotion or policy

- Health promotion considers health literacy a key strategy to achieve better health (Shangai Declaration) therefore this book fits into the discussion on “how we do it”
Violences sexuelles basées sur le genre : dans quel contexte évoluent les survivantes dans et hors conflit armé? Quels sont leurs besoins?

Round table
16 May 2022, 11:30 - 12:30

Moderator
Marie Hatem

Abstract
Objectif général. Présenter les résultats de quatre études menées via l’Observatoire Hygeia et le Centre de recherche ICART, de la Fondation Panzi en République Démocratique du Congo (RDC)

Proposition de format de la séance. Présentiel, virtuel ou hybride : 40 minutes aux présentations, 35 aux échanges

Les violences sexuelles basées sur le genre (VSBG) sont présentes partout, mais plus nombreuses encore là où sévissent des conflits armés. Les femmes en sont de loin les plus grandes victimes, mais des garçons et des hommes en souffrent aussi. Ils ont alors des besoins spécifiques devant être pris en compte. Soutenir ainsi toutes les personnes survivantes comporte de nombreux défis. Pour les relever, le modèle d’intervention holistique conçu par le médecin et Prix Nobel Denis Mukwege a été mis en place : c’est le One Step Center de la Fondation Panzi, créée par ce dernier en RDC. On y offre des services médicaux, socio-psychologiques, économiques et juridiques en aide aux personnes survivantes, qui doivent se reconstruire une vie et une dignité. Comment exporter adéquatement ce modèle vers d’autres contextes culturels et géopolitiques? ICART est un incubateur pour intervenir et analyser le contexte des VSBG et des services qui sont offerts aux victimes. Il est en plein développement des compétences de ses jeunes membres et de son réseau pour réaliser des recherches crédibles de niveau international. Les sujets et auteurs des études, réalisées via ICART, qui feront partie du présent symposium sont présentés dans ce qui suit :

- Chrysostome C-J, Hatem M, Lemay V.: Quand la stigmatisation socioculturelle des survivantes de violences sexuelles complique l’aide à leur rétablissement : adapter l’intervention auprès des femmes et filles victimes au Bukavu-RDC et à Port-au-Prince-Haïti
Hidden survivors of sexual violence: Challenges and Barriers in Responding to Rape against Men in Eastern DRC

Speaker
Ali Bitenga, Presenting Author from International Center for Advance Research and training- Fondation Panzi, Democratic Republic of the Congo

Co-authors
Bertin Rutega, Christine Amisi Notia, Prince Amini Byamungu, Suzane Alléden

Abstract
While we know that most male survivors of conflict-related sexual violence in the Democratic Republic of Congo (DRC) do not have access to health care, little attention has been devoted to a systematic analysis of why this is so. Drawing from semi-structured interviews with staff from service providers and male survivors of sexual violence, as well as from focus group discussions with community members in Eastern DRC, this article sets out to explore challenges and barriers related to meeting the needs of male survivors of sexual violence with respect to their medical, psychological, socioeconomic and legal needs. Our findings suggest that local framings of masculinity can both negatively and positively influence health-seeking behavior depending on how survivors themselves engage with masculinity ideals. Based on these findings, a conceptual framework including seven levels of barriers to health care for male survivors has been developed. Although service providers strive to provide high quality care to male survivors, we show that existing responses to sexual violence in the holistic care model have mainly been designed to address sexual violence against women and need to be re-adapted to male survivors.

Quand la stigmatisation socioculturelle des survivantes de violences sexuelles complique l’aide à leur rétablissement: adapter l’intervention auprès des victimes au Bukavu-RDC et à Port-au-Prince-Haïti

Speaker
Claire-Joane Chrysostome, Presenting Author from Université de Montréal, Canada

Co-authors
Marie Hatem, Violaine Lemay

Abstract
Les violences sexuelles (VS) ont de multiples conséquences pour les survivantes. Elles peuvent être d’ordre physique, psychologique, social et économique. Dans certains pays comme Haïti et la RDC, la question de la stigmatisation entourant la VS crée des obstacles à l’accès à d’importants services destinés aux victimes. Elle peut les empêcher d’obtenir des services de santé, du soutien psychologique et d’avoir accès à de l’aide juridique, socioéconomique ou encore à des services de protection offerts par diverses organisations. Pour être optimale, la prise en charge des survivantes doit s’inscrire dans une démarche holistique. Mais, pour réussir cette approche, dans un contexte de culture stigmatisante, quels sont les besoins d’adaptation des
interventions tels que perçus par les survivantes de VS, pour favoriser leur rétablissement? L'étude cherche à approfondir notre compréhension des potentiels liens existants entre la stigmatisation que les survivantes subissent, et leur parcours de recherche d’aide et d’utilisation des interventions mises à leur disposition; elle vise à décrire leurs besoins particuliers évoluant dans le contexte de stigmatisation afin de pouvoir orienter les organisations à adapter, éventuellement, les interventions qui leur sont offertes. Une étude qualitative phénoménologique, basée sur les expériences des survivantes, permettra de rendre compte du sens et de l’impact de la stigmatisation sur leur trajectoire. Des entretiens semi-dirigés sont conduits au début 2022 auprès de 20 femmes et filles (15-60 ans), victimes de VS au cours des cinq dernières années, ayant reçu ou reçoivent ou non des services offerts selon une prise en charge holistique. Des groupes de discussion complètent les entrevues. L’analyse des données suit les étapes d’analyse de la méthode phénoménologique. Les résultats sont restitués aux organisations intervenant auprès des victimes de VS mais également aux participantes à la recherche.

Perception du vécu de la réparation juridique par les femmes victimes de violences sexuelles en contexte de conflit armé : le cas des femmes de la région du Sud-Kivu (République Démocratique du Congo).

Speaker
Aurélie Milord Presenting Author from Université de Montréal, Canada

Co-authors
Marie Hatem, Violaine Lemay

Abstract

Contexte et importance. Durant les dernières décennies, la République Démocratique du Congo (RDC) a été marquée par de nombreux conflits armés. Les violences armées s’accompagnent d’une arme de guerre bien précise : les violences sexuelles. Les conflits armés ainsi que les violences sexuelles qui y sont associées apportent des enjeux considérables au niveau de la santé mentale et sociale. En effet, certaines femmes victimes de violence sexuelle ont rapporté vivre du stress de façon continue ainsi que de l’exclusion et de la marginalisation. Malgré les options juridiques mises en place afin d’offrir une réparation aux femmes victimes de violences sexuelles (FVVS), le peu d’études portant sur leur perception du processus juridique sont sans équivoques : les FVVS n’ont pas confiance en les institutions. C’est afin de combler le manque dans la littérature quant au processus judiciaire des FVVS en contexte de conflit armé à la RDC que cette étude a vu le jour. Objectifs de la recherche. 1) mieux cerner le vécu du processus juridique notamment dans la région de Bukavu, en RDC où est située la Fondation Panzi; et 2) explorer comment la réparation juridique s’articule en lien avec santé mentale et sociale en contexte de conflit armé auprès des FVVS et accompagnées par la Fondation Panzi en la RDC. Méthodes. L’étude qualitative phénoménologique descriptive. Des entretiens semi-dirigés seront conduits en personne à la RDC auprès de FVVS (n=4). Quatre profils seront approfondis : 1) des FVVS qui sont en train d’entreprendre le processus juridique; 2) des FVVS qui auraient obtenu réparation juridique; 3) des FVVS qui ont entamé le processus, mais qui auraient choisi d’interrompre le processus; 4) de même que des FVVS qui décident de ne pas entreprendre de processus
de réparation juridique. Les données seront analysées selon une méthode d’analyse thématique de données phénoménologiques descriptives. **Résultats.** Des résultats préliminaires seront disponibles suite à la collecte de données qui a lieu en janvier 2022.

**La Prostitution de Survie de Femmes à Kinshasa face à la Problématique du Genre et Développement**

**Speaker**
Rosalie Biaba Apasa, Presenting Author from International Center for Advanced Research and Training (ICART), Democratic Republic of the Congo

**Co-authors**
Esther N’landu Moyo, Vibila Vuadi Liz

**Abstract**
Les femmes représentent 50% de la population mondiale et pourtant 70% des plus pauvres dans le monde sont des femmes. Une des causes les plus profondes de la pauvreté de la femme est la discrimination basée sur le genre, une forme d’inégalité dont celle-ci est victime dans le monde. Ces inégalités basées sur le genre rendent la femme vulnérable et l’exposent aux multiples risques. Quand elles deviennent mères des enfants, face aux grandes difficultés dues à la pauvreté, beaucoup d’entre elles sont poussées à pratiquer la prostitution pour survivre. Cette pratique expose la femme aux multiples dangers, d’où la nécessité de la déconstruire. Nous avons interviewé 312 prostituées lors de nos enquêtes sur terrain sur leurs situations démographiques et la pratique de la prostitution. Nous avons organisé 9 Focus groupes (FG) sur les facteurs qui poussent ces femmes à exercer la prostitution de survie et que pensent les hommes, les femmes et les prostituées elles-mêmes sur la faisabilité de mettre fin à cette pratique, dont 7 FG étaient composé des femmes et 2 FG composés des hommes. Nous avons utilisé le logiciel Stata pour analyser les données. Plusieurs facteurs sont à la genèse de la pratique de prostitution de survie, mais les inégalités liées au genre, source d’injustice dont souvent souffrent les femmes et la pauvreté sont au cœur ce problème. Pour la déraciner, il faut des actions à effets domino. D’où la participation active des hommes et des femmes en tant que, parents, époux, épouses, frères, sœurs, voisins, voisines, éducateurs et membres de la communauté est nécessaire pour éradiquer ce fait qui s’avère négatif dans la société.

**Contribution of salutogenesis and health literacy for equitable policy making: the cases of Covid-19, migration and planetary health – a world café**

**Workshop**
16 May 2022, 11:30 - 12:30
Abstract

Objectives. Global societal challenges such as Covid-19, migration and planetary health require integrated approaches at the policy level. Both the IUHPE Global Working Group on Salutogenesis and on Health Literacy offer sub-plenaries at the conference exploring how each concept can contribute to developing equitable and inclusive policies. Complementary to these sessions, the present workshop aims to explore how these two approaches can complement and re-enforce each other – with high involvement of the participants and by building on practical cases. Specifically, the workshop pursues the following objectives:

• Show how the concepts of Salutogenesis and Health Literacy can contribute to developing equitable policies
• Explore how these two approaches can be gainfully applied to policies on tackling of the Covid-19, migration, and planetary health challenges.

Thus, the workshop will contribute to the overarching conference theme of “exploration of current issues and challenges, traversing disciplines with a view forward to positive solutions” and will trigger innovative ideas for “promoting policies for health, well-being and equity”.

Format. Co-Moderators: from GWG-HL and GWG-Sal leadership

• 20 minutes introduction - 5 minutes to review the rationale, objectives, and logistics of the session; 7-minute introduction from each GWG on Salutogenesis (Georg Bauer, Switzerland) and on Health Literacy (Diane Levin-Zamir, Israel) what the respective concepts can contribute and how they are related.
• 40 minutes for discussion in world café format. Each roundtable will have globally diverse moderators from each GWG as well as practitioners dealing with the selected issues (names will follow): Covid-19, migration and planetary health.
• 30 minutes for plenary presentations of results of roundtable discussions, raising common and contrasting issues and session conclusions regarding salutogenic, health-literate and equitable policy making.

Learning goals. Participants will:

• Learn of how the 2 concepts complement and support each other for empowering populations and special groups
• Exploring whether/how a combined salutogenesis/health literacy perspective can be applied to policy making
• Discuss and debate key policy making strategies guided by these concepts
• Learn from global examples that demonstrate the added value of integrating the two concepts in political practice
• Indicate example policies related to 3 cases
Implementing health-promoting intersectoral policies to contribute to social change - Supporting every school to become a foundation for healthy lives

Workshop
16 May 2022, 11:30 - 12:30

Moderator
Didier Jourdan

Speakers
Didier Jourdan, Workshop Coordinator from UNESCO Chair Global Health and Education, France
Lawry St Leger, Workshop Trainer from Deakin University, Australia
Fu Li Chen, Workshop Trainer from Fu Jen University, Taiwan
Chao Chun Wu, Workshop Trainer from Health Promotion Administration, Taiwan
Nathalie Dupeux, Workshop Trainer from Direction of Education, New Caledonia
Albert Lee, Workshop Trainer from Chinese university of Hong Kong, Hong Kong
Min Chien Tsai, Workshop Trainer from UNESCO chair Global Health & Education, France
Nicola Gray, Workshop Trainer from Huddersfield University, United Kingdom
Amelia Lo, Workshop Trainer from Chinese University of Hong Kong, Hong Kong

Abstract
Objectives. By the end of the workshop, we aim to have:
- Critically reviewed the levers and obstacles to the implementation of school-based health interventions (comprehensive health promotion approaches, interventions focused on health topics such as addiction prevention, physical activity and health diet promotion...).
- Assessed the current and potential contribution of intersectoral health promoting policies to embedding health into the everyday work of schools.

Format. This session will offer concrete examples of collaborations to increase intersectoral action for health in schools within the community of the UNESCO Chair and WHO Collaborating Centre in Global Health and Education. Part 1: Three presentations that share the perspectives of policymakers and researchers on existing intersectoral frameworks created for school-based health promotion. The speakers will take questions from the audience as a panel. Part 2: Structured small group discussions facilitated by workshop leaders. We will set the scene with a short didactic presentation that describes challenges in implementing and scaling up interventions.

Supporting every school to become a foundation for healthy lives means developing a structured and systematic plan to act on health determinants in two ways:
- Action on the living conditions that influence health: the physical and social environment, access to appropriate services;
- Education of students to give everyone the means to take care of their own health in an autonomous and responsible way.
Each group moderator will have a structured discussion guide including the following elements:

- Implications of health-promoting policies on school policies, practices, human resources and structures/systems;
- Capacity-building among education professionals for health;
- The nature of data to share across health and education – valuing practice-based evidence beyond randomised controlled trials.

Participants will contribute their opinions and share their valuable experiences. The final plenary will generate a consensus summary of practical steps that can be taken by health and education professionals to embed health-promoting priorities into the everyday work of schools.

**Learning goals.**

1. To describe the evidence base for health promotion policies in schools
2. To assess the implementation and scaling-up challenges for school-based interventions
3. To learn from two recent intersectoral political frameworks created to mainstream the health-promoting school approach
4. To contribute perspectives to ongoing global efforts to secure health-promoting schools for all children and youth

**Les défis de la compréhension plurielle du champ de la promotion de la santé : atelier de discussion**

**Workshop**
16 May 2022, 11:30 - 12:30

**Moderator**
Sarah Chaput

**Speakers**
Sarah Chaput, Workshop Coordinator from RÉFIPS, région des Amériques, Canada
Mathieu Roy, Workshop Trainer from Institut national de santé publique du Québec, Université Sherbrooke, Canada
Geneviève McCready, Workshop Trainer from Université du Québec à Rimouski, Canada
Paolo Contu, Workshop Trainer from Université de Cagliari, Italy
Céline Bayac, Workshop Trainer from Solthis, France
David Houéto, Workshop Trainer from Université de Parakou, Benin

**Co-authors**
Ginette Lafontaine, Philippe Lorenzo, Dominique Kondji Kondji

**Abstract**

**Objectifs.** Plusieurs concepts et disciplines coexistent en promotion de la santé. Promotion de la santé, prévention des maladies, santé communautaire, santé publique, salutogenèse, une seule santé, etc.
Comment s'y retrouver ? Quels sont les différences et ressemblances ? Quels sont les liens et frontières entre ces concepts et disciplines ?

La perception et la mise en application de la promotion de la santé varie selon la discipline, le milieu de pratique et le contexte géopolitique. Cette vision plurielle influence la mise en place d’actions sur le terrain, les approches pour résoudre une problématique, le partage des responsabilités entre des structures et des personnes ou l’enseignement de la promotion de la santé. Ces questions sont d’autant plus pertinentes lorsqu’il faut agir concrètement dans des situations sociales complexes, voire en contexte d’urgence sanitaire.

C’est dans ce contexte qu’un groupe de travail du RÉFIPS présente cet atelier dont les objectifs sont :

- Discuter des défis liés à la compréhension plurielle de la promotion de la santé et de ses répercussions sur l’intervention.
- Identifier des pistes de solution pour réduire la confusion et les tensions associées à la compréhension plurielle de ces concepts.

**Format.**

- Présentation de la démarche du groupe de travail et des constats
- Démonstration de la confusion entourant le concept de promotion de la santé, avec partage d’expériences vécues dans différents contextes (i.e., politique, terrain et académique).
- Discussion avec les participants

**Buts d’apprentissage.**

- Partager des savoirs, expériences et défis liés à la compréhension plurielle des concepts de promotion de la santé dans divers pays et milieux de pratiques
- Identifier des pistes pour réduire la confusion et les tensions associées à la compréhension plurielle de ces concepts.

**Indigenous community mobilization: Decolonizing policies to promote equity in health and wellbeing**

**Sub-plenary**
16 May 2022, 12:45 - 14:15

**Moderator**
Mihi Ratima

**Speakers**
Minnie Grey, Presenting Author from Nunavik Regional Board of Health and Social Services, Canada
Sipi Flamand, Presenting Author from Conseil des Atikamekw de Manawan, Canada
Marg Friesen, Presenting Author from Mamawiikikayaakh Research Network, Canada
Mihi Ratima, Coordinator from Taumata Associates, New Zealand
Adel Panahi, Presenting Author from Metis Nation-Saskatchewan, Canada
Treena Delormier, Presenting Author from Kahnawake Schools Diabetes Prevention Project / McGill University, Canada

Co-author
Sonia Périllat-Amédée

Abstract

Summary. Globally, Indigenous Peoples carry on their inherent rights and responsibilities to steward their traditional territories, knowledges and livelihoods. The United Nations Declaration on the Rights of Indigenous Peoples recognizes the self-determination of Indigenous Peoples to have control over their lives, identities, communities, nations and futures. This sub-plenary will showcase how Indigenous Peoples are shifting the paradigm and decolonizing systems by mobilizing community, leading actions, advocating and proposing policies positively impacting health inequities. Three stories of strength and resilience will be presented, with a discussion regarding successes and challenges they faced and the implications on a global scale.

Story 1 – The Inuit of Nunavik are leading policies to ensure that their health services are rooted in Inuit culture, language, knowledge and practices, which is central to ensuring equitable access to health care services.

Story 2 – The Atikamekw First Nation created Joyce’s principle, named after Joyce Echaquan, to guarantee that Indigenous people have equitable access to health and social services without discrimination.

Story 3 - The Métis Nation of Saskatchewan developed the Métis Research and Data Governance Principles to ensure the research and data sovereignty inherently held by Métis people are entrenched in any research and knowledge translation project undertaken with the Nation.

Learning objectives.

- To showcase policy development for decolonizing health systems through Indigenous community mobilization
- To advocate for systemic change that supports Indigenous people’s policy development
- To identify and discuss challenges and promising practices for supporting Indigenous-led policy implementation

Policy systems, health promotion, and resilience in crisis—experiences of COVID-19 in IUHPE regions

Sub-plenary
16 May 2022, 12:45 - 14:15

Moderator
Erma Manoncourt
Speakers
Hope Corbin, Presenting Author from Western Washington University, United States
Mary Nyamongo, Presenting Author from African Institute for Health & Development, Kenya
Mônica de Andrade, Presenting Author from Universidade de Franca, Brazil
Paolo Contu, Presenting Author from University of Cagliari, Italy
Masamine Jimba, Presenting Author from University of Tokyo, Japan
Viliami Puloka, Presenting Author from University of Otago, New Zealand
Nikita Boston-Fisher, Presenting Author from IUHPE Student and Early Career Network (ISECN), Canada

Abstract

Summary. This session will explore the impact of existing health and social welfare policy and infrastructure in times of crisis, and diverse health promotion strategies. Using examples of national experiences as represented by each of the IUHPE regional committees, this session will compare approaches to health and social welfare policy and how these policies supported or impeded the response to and recovery from the COVID-19 pandemic. In the session, we will interrogate expectations of pandemic-readiness and perceptions of preparedness before the pandemic versus the actual experience. We will also compare pre-existing country policy orientations, infrastructure, and the adoption of health promotion systems. The session will explore the systems that supported resilience not only in health outcomes but in overall wellbeing at the national level to glean lessons for a post-pandemic world.

Learning objectives. To provide a platform to compare existing health and social welfare policy and infrastructure in the IUHPE regions, various experiences of the COVID-19 pandemic and successful health promotion advocacy strategies
- To interrogate expectations and perceptions of preparedness for crisis before the pandemic versus the actual experience
- To compare pre-existing country policy orientations (e.g. New Zealand wellbeing orientation vs other standpoints)
- To examine existing infrastructure and ability to respond (e.g., water and sanitation, vaccine rollout, etc.)
- To analyse and describe how health promotion strategies can foster policies that promote resilience

Building public trust in times of crises into health promotion policy, practice and research

Sub-plenary
16 May 2022, 12:45 - 14:15

Moderator
David McQueen

Speakers
Oliver Mweemba, Presenting Author from University of Zambia, Zambia
David-Martin Milot, Presenting Author from University of Sherbrooke, Canada
Stephanie Leitch, Presenting Author from WOMANTRA, Trinidad and Tobago
Mathieu Roy, Presenting Author from University of Sherbrooke, Canada
Bill Potts-Datema, Presenting Author from School Health Education graduate program of Southern Connecticut State University, United States

Co-author
Hope Corbin

Abstract

Summary. Public health crises, particularly infectious pandemics, strain public trust. The COVID-19 pandemic has challenged people’s trust in governments, science, institutions, media and has even resulted in distrust of other people who might harbour the deadly virus. The current political and informational environment has proved to be a fertile ground for spreading misinformation and conspiracies theories. Uninformed, misinformed, or premature institutional and policy decisions based on dubious or partial evidence has further complicated the public’s trust in top-down public health approaches intended to save lives. The erosion of trust is, of course, worse among marginalized communities who have experienced historical trauma and/or bias within the health system. This sub-plenary session will highlight the central role of trust in the field of health promotion. Furthermore, we will look at how health promotion strategies might be successfully used to build, regain and foster trust to enable better responses to future crises. The speakers will present a diversity of policy, research, and practice experiences. The fact that speakers will come from the field of practice, research and of decision-making will create a dialogue and nourish diverse actions in health promotion

Learning objectives.
Objective #1 To define the public trust issues and challenges that need to be addressed, particularly during public health crisis
Objective #2 To highlight the integral role of gaining trust through health promotion policy and practice
Objective #3 To emphasize the boundaries that need to be crossed for a systems approach to gaining and maintaining public trust at all levels.

Desafíos éticos y educativos de la promoción de la salud en el contexto de la pandemia del COVID-19

Sub-plenary
16 May 2022, 12:45 - 14:15

Moderator
Martin Zemel
Speakers
Martín Zemel, Coordinator from ORLA-UIPES, Oficina Regional para Latinoamérica / Escuela de Odontología, Universidad FASTA, Argentina
Monica de Andrade, Coordinator from ORLA-UIPES, Oficina Regional para Latinoamérica, Brazil
Paola Ardiles, Presenter from Facultad de Ciencias de la Salud, Universidad Simon Fraser, Canada
Carmen Gallardo Pino, Presenter from Facultad Ciencias de la Salud, Universidad Rey Juan Carlos, Spain
Horacio Prascilio, Presenter from Facultad de Ciencias de la Salud, Universidad Nacional del Centro de la Provincia de Buenos Aires, Argentina

Abstract
Resumen. La pandemia COVID-19 produjo severos impactos negativos tanto en los sistemas de salud, como en las instituciones académicas y las organizaciones comunitarias. Es por ello que urge la revisión de los procesos de promoción de la salud durante la pandemia, como las implicaciones éticas, el respeto por los derechos humanos, el bienestar de las personas y el medio ambiente común, entre otros.

En este contexto, surge la necesidad de gestionar espacios de consenso para la construcción de una ética de la vida desde la educación en el que las habilidades complejas e integrales, producidas por el proceso dialógico, sistémico y pedagógico-científico, no sólo deben estar orientadas a lo académico, sino que deben trascender al escenario de la vida donde acontece el tránsito de paradigmas rígidos, estáticos, definidos por lo económico hacia paradigmas más flexibles e inclusivos, dinámicos y definidos por priorizar la vida en sus diversas manifestaciones. Asimismo, cobra importancia la revisión universal de políticas y estrategias que permitan el acceso con equidad a los servicios de salud, como también las estrategias de promoción de la salud y bienestar planteadas en la Agenda 2030 y en la última Conferencia Mundial de Promoción de la Salud de la OMS.

La subplenaria tiene como propósito ofrecer un espacio híbrido de intercambio y consenso respecto de los desafíos éticos y educativos, como sus estrategias de intervención, en los procesos de promoción de la salud que acontecen en diferentes contextos regionales.

Objetivos de aprendizaje. La actividad presentará tres perspectivas relacionadas con los desafíos éticos que enfrentan los procesos de promoción de la salud, signados por la pandemia del COVID-19, en diferentes contextos regionales. Se propondrá analizar los cambios en el modelo de formación profesional en salud desde el nivel de gestión de políticas universitarias. Asimismo, se describirán nuevas estrategias de educación centrada en la comunidad a partir de experiencias universitarias tendientes a promover agentes de cambio social activos entre estudiantes, actores políticos y sociales durante estos años de pandemia/sindesmía. Finalmente, se promoverá la resignificación de valores éticos fundamentales en un modelo que integre la educación universitaria y un sistema de salud más justo, solidario, equitativo e inclusivo.
Participation citoyenne et accès aux soins

Round table
16 May 2022, 12:45 - 14:15

Moderator
Ana Gherghel

L’accès des personnes handicapées aux soins de santé en période de COVID-19

Speakers
Fenel Bellegarde, Presenting Author from Institut Haïtien de Langue des Signes (IHLS), Haïti

Abstract

Sous-thème de la Conférence abordé. Dans le cadre de cette conférence plusieurs sous-thèmes seront abordés en vue de permettre aux participants de mieux cerner les différentes formes de discrimination et d’exclusion auxquelles les personnes handicapées font face au quotidien pour accéder aux soins sanitaires. Parmi ces sous-thèmes nous pouvons souligner :

1. Processus de construction sociale du handicap;
2. Cadre légal en matière du handicap dans le monde;
3. Les diverses barrières empêchant l’accès des personnes handicapées aux soins de santé;
4. Handicap et COVID-19 : pourquoi les personnes handicapées sont-elles les plus touchées?;
5. Les prévisions légales en matière de l’accès aux soins de santé aux personnes handicapées.

Expérience ou pratique pertinente. Depuis plus d’une quinzaine d’années, je travaille avec/pour les personnes en situation de handicap au Bureau du Secrétaire d’État à l’Intégration des Personnes Handicapées (BSEIPH) et au sein de plusieurs associations de/pour personnes handicapées. Je suis une personne handicapée, professeur d’universités et consultant indépendant sur l’accessibilité et l’accompagnement de personnes handicapées. Je suis également :

- Cofondateur de l’Institut Haïtien de Langue des Signes (IHLS) ;
- Cofondateur de l’organisation des conseillers et formateurs pour l’accessibilité universelle et l’inclusion ;
- Membre du Conseil d’administration du Centre de Communication Adaptée (CCA) ; etc.

Implications pour la promotion de la santé. Cette activité vise à sensibiliser les étudiants (es) professionnels (les) de la santé sur les droits des personnes handicapées de bénéficier les services sanitaires sur une base d’égalité avec les autres patients (es), et aussi faire une promotion inclusive de la santé exempt de toute discrimination et d’exclusion, comme se veut les Objectifs du Développement Durable principalement les ODDs 3 (Bonne santé et Bien-être) et 10 (Réduction des inégalités).

Implications pour les politiques. Sensibiliser les autorités étatiques sur les enjeux et barrières auxquels font face les personnes handicapées pour accéder aux soins sanitaires; Engager, outiller et responsabiliser davantage les activistes et militants (es) des droits humains sur un tel problème afin de exiger les responsables à en tenir compte dans les politiques publiques.
La participation active des aidants, moteur de coopération interorganisationnelle et d'innovation territoriale

Speaker
Laëtitia Roux, Presenting Author from Université de Lille, France

Co-authors
Christel Beaucourt

Abstract

Contexte/Objectifs. La volonté politique de maintenir à leur domicile les personnes âgées dépendantes n’est pas nouvelle en France. Ainsi, dès 1962, le rapport Laroque proposait de repenser le maintien à domicile dans une éthique du « vivre ensemble ». De nombreuses expérimentations et dispositifs ont été depuis financés afin de soutenir le développement du maintien à domicile. Sur les territoires, des acteurs de terrain prennent des initiatives, explorent des solutions nouvelles auprès de ces aidants. Ces impulsions par le bas favorisent une remise en cause plus ou moins profonde des règles ou normes sur la base desquelles les acteurs opèrent habituellement. Nous nous sommes intéressées à cet écosystème complexe formé d’acteurs diversifiés engagés dans le maintien à domicile des personnes âgées dépendantes (professionnels du soin, entreprises de la silver économie, aidants, association gestionnaire d’EHPAD, habitants, élus, etc.) sur un territoire et la promotion des aidants.

Méthodes. Pour analyser ce type d’écosystème, nous avons choisi de le faire par le prisme d’une étude de cas approfondie, la maison des aidants métropole Lille (France). En effet, cette structure et sa directrice sont considérées, sur le territoire, comme des « pourvoyeurs ou catalyseurs d’innovations » au service du maintien à domicile sur le territoire. Sa création fait suite à un financement obtenu auprès de l’ARS en vue de créer la première plateforme d’accompagnement et de répit des aidants familiaux. Nous avons réalisé des entretiens semi-directifs avec les différents acteurs impliqués dans la structure.

Résultats. Nous souhaitons présenter comment cet espace a émergé, ce qui facilite son fonctionnement et maintient ses capacités d’innovation. Nous verrons que c’est à la fois une question de gouvernance, une manière de gérer les relations entre les parties prenantes et l’usage de dispositifs particuliers qui expliquent le potentiel d’innovation de l’écosystème.

Discussion. Notre étude de cas, nous permet d’interroger le rôle du territoire, de l’action collective et des dispositifs dans l’émergence de l’innovation sociale. Comment gérons-nous nos liens dans ces espaces ? Est-ce que ce sont les liens « faibles » Granovetter (1973), qui amènent des altérations possibles, pouvant renouveler les modes habituels de penser et de faire ? Comment au sein de ces territoires maintenir le partage d’expériences et en faire des leviers actifs de transformation et de développement des situations ?

La participation citoyenne pour favoriser l’accès et l’utilisation secondaire des données personnelles de santé et soutenir l’autonomie et la protection de la vie privée des personnes

Speaker
Louise Ringuette, Presenting Author from École de santé publique de l’Université de Montréal, Canada
Co-authors
Béatrice Godard, Jean-Christophe Bélisle-Pipon, Aude Motulski

Abstract

Contexte/Objectifs. La gestion des soins, la recherche ou l’innovation en intelligence artificielle (IA) exigent que des chercheurs ou d’autres professionnels aient accès aux données personnelles de santé (DPS) des individus. Or, cette pratique a souvent lieu à l’insu des personnes, ce qui soulève des enjeux éthiques et juridiques importants desquels émane cette question : comment favoriser l’accès et l’utilisation secondaire des DPS à des fins de recherche, de statistiques ou d’innovation en IA au Québec tout en respectant l’autonomie et la protection de la vie privée des personnes ?


Résultats. En plus de soulever les enjeux classiques du consentement libre et éclairé et des modalités d’intendance (comité éthique, experts, jury) entourant l’utilisation secondaire des DPS, les participantes proposent une gouvernance publique favorisant la participation citoyenne par l’entremise d’une meilleure sensibilisation et éducation du public. Elles suggèrent aussi la mise en place de structures et de processus permettant une participation accrue du public dans la gouvernance de l’utilisation secondaire des DPS à des fins de recherche, de statistiques ou pour l’IA. Cette approche est plus à même d’être respectueuse à l’égard des citoyen.ne.s et de mieux baliser l’utilisation secondaire de DPS pour des besoins acceptables et promoteurs du « plus grand bien de tous » (P1).

Discussion. Une gouvernance publique appuyée par une participation citoyenne offre un angle d’analyse prometteur pour la poursuite de l’étude, en orientant les réflexions vers la recherche de solutions pouvant faciliter l’utilisation secondaire des DPS tout en soutenant l’autonomie et la vie privée des personnes.

Mesurer l’empowerment pour remettre la participation et les besoins des communautés au cœur de l’évaluation des programmes de santé

Speaker
Andrainolo Ravalihasy, Presenting Author from CEPED (Institut de Recherche pour le Développement - Université de Paris), France

Co-authors
Karna Coulibaly, Valéry Ridde, Emmanuel Bonnet, Anne Gosselin, Séverine Carillon

Abstract

Contexte/Objectifs. La promotion de la santé souffre parfois des critiques concernant sa capacité à proposer des programmes efficaces. Ces critiques basées sur la logique des données probantes sont utiles pour mettre en exergue le besoin d’adapter les théories et pratiques d’évaluation de manière cohérentes dans
le cadre de la promotion de la santé. Cela permet notamment de reconnaître la mesure de l’empowerment, qui est un concept clé dans la promotion de la santé, comme un enjeu incontournable de l’évaluation, en particulier concernant l’efficacité de ces programmes. A travers cette communication, nous proposons un retour réflexif sur le développement d’échelles de mesure de l’empowerment dans le cadre de deux programmes : un programme de prévention du VIH auprès des immigrants originaires d’Afrique subsaharienne vivant en France et un programme de gratuité des soins auprès des indigents au Burkina Faso. Ces programmes ont en commun le fait d’être basés sur la participation des communautés et se différencient par le fait que l’empowerment a été au cœur de la conception de l’un (effet attendu) contrairement à l’autre (effet logique).

**Méthodes.** Les échelles considérées ont été développées selon le modèle de l’empowerment individuel de Ninacs et validées à l’aide de procédures statistiques rigoureuses. Nous analysons et comparons chaque étape du développement de ces échelles en lien avec la pratique d’évaluation de l’efficacité de ces programmes.

**Résultats.** Cet exercice nous a permis de souligner 3 points : i) utiliser un cadre théorique permet une formulation cohérente des items des échelles, cependant l’imbriication des processus théoriques fait émerger des dimensions différentes de ces derniers en tant que résultats des programmes ; ii) prendre en compte le contexte nécessite d’intégrer le développement des échelles à la conception du programme ; iii) mesurer l’empowerment permet d’évaluer la capacité des programmes à accompagner les communautés.

**Discussion.** En absence de mesures de référence, l’utilisation de cadres théoriques existants est une alternative utile pour identifier et développer des indicateurs robustes car l’empowerment ne peut pas être relégué au statut de résultat secondaire peu importe la nature des programmes. Mesurer l’empowerment permet de questionner la légitimité des programmes auprès des communautés au regard du caractère parfois injonctif des indicateurs d’efficacité proposés dans ces programmes.

Un mal de cœur n’est pas un problème cardiaque : l’importance de tenir compte de la culture et de la langue des populations en situation d’isolement culturel et linguistique

**Speakers**
Antoine Désilets, Workshop Coordinator from Société Santé en français, Canada
Jérémie Roberge, Presenting Author from Réseau de santé en français au Nunavut, Canada
Anne Leis, Presenting Author from Université de Saskatchewan, Canada
Barbara Losier, Presenting Author from Mouvement acadien des communautés en santé du Nouveau-Brunswick, Canada

**Abstract**
**Objectifs.** La recherche démontre que les barrières linguistiques ont un impact négatif sur la qualité des services reçus, sur la sécurité des personnes et affecte ultimement le mieux-être des communautés. Au Canada, plusieurs réseaux d’organismes communautaires se sont constitués dans le but d’appuyer les gouvernements à mieux tenir compte des besoins des communautés de langues officielles vivant en situation minoritaire. Ancré dans l’expérience des communautés francophones en situation minoritaire, l’atelier vise à mettre en commun des pratiques innovantes touchant à la politique publique, la promotion
de la santé et la gouvernance qui augmente l’accès à des services de qualité pour les communautés linguistiques minoritaires.

**Format.** La session est structurée sous forme d’une série de discussions sous un ou deux thèmes (dépendant du temps disponible). Chaque discussion est composée de panélistes différents pour mettre en lumière le plus grand nombre d’initiatives. Les panélistes sont invités à présenter brièvement l’initiative structurante dont ils sont porteurs. Une courte discussion s’ensuit entre les panélistes afin d’explorer plus en profondeur, à laquelle s’ajoutent les questions venant du public. Idéalement, chaque thème est d’une durée de 45 minutes, qui se détaille comme suit :
- 5 min : Présentations des panélistes.
- 5 minutes : Présentation par un panéliste d’une initiative innovante
- 15-20 minutes : Discussion entre panélistes alimentées par les questions du public
- 5 minutes : Conclusion

L'utilisation d'une plateforme mobile interactive gratuite (par ex : Slido) utilisable directement à partir des smartphones cellulaires permet aux gens dans la salle et aux gens à distance de voir et partager leurs commentaires en direct sur un écran durant la session.

**Buts d'apprentissage.** À la conclusion de l'atelier, les participants devraient :
- Avoir une meilleure compréhension de l’impact des barrières linguistiques sur la santé des populations en situation minoritaire (comme les francophones hors-Québec)
- Connaître des modèles de promotion de la santé et de renforcement des capacités qui contribuent à la santé des populations minoritaires.
- Être en mesure d’explorer comment ces initiatives sont pertinentes à leur propre système de santé.

**Valoriser les connaissances expérientielles en promotion de la santé : vers un nouveau paradigme ? / Valuing experiential knowledge in health promotion: Towards a new paradigm?**

**Parallel oral session**
16 May 2022, 12:45 - 14:15

**Moderator**
Geneviève McCready

**La communauté de pratique comme dispositif de soutien à l’utilisation des connaissances issues de la recherche**

**Speaker**
Angèle Bilodeau, Presenting Author from École de santé publique de l'Université de Montréal, Canada
Co-authors
Louise Potvin, Lucie Morin, Rebecca Johnson, André-Anne Parent

Abstract

Contexte/Objectifs. L’action intersectorielle (AI) est une stratégie largement promue et utilisée dans l’action publique, entre autre en développement social, santé publique ou développement territorial intégré, en vue de l’amélioration des conditions de vie. Les recherches ont montré que les réseaux d’AI locale produisent des effets, en termes d’amélioration des milieux de vie, par l’enchaînement d’un nombre limité d’actions types, appelées résultats transitoires (RT), qui ponctuent la progression de l’action jusqu’aux effets. Un répertoire de 12 RT a été identifié et validé. Une démarche de mobilisation des connaissances et des outils produits par la recherche est en cours en ayant recours au dispositif de la communauté de pratique.

Méthodes. Deux communautés de pratique (CP) ont été mises sur pied en tant que dispositif de soutien au transfert et à l’utilisation de connaissances issues de la recherche scientifique. Il s’agit de CPs virtuelles et inter-relées, l’une en français et l’autre en anglais, sur le pilotage et l’évaluation de l’action intersectorielle locale au Canada. Elles sont pilotées par une équipe professionnelle en transfert de connaissances.

Résultats. La communication rendra compte de l’évaluation de la démarche. Celle-ci portera sur : 1-indicateurs de succès liés au processus (qualité de l’animation; technologie facile d’usage; fréquence des activités; nombre et caractéristiques des participants actifs; partage de pratiques; discussion de problèmes complexes) et aux résultats (apprentissages effectués et partagés; résolution de problèmes; nouvelles pratiques communes; outils de consignation des apprentissages); 2-indicateurs de barrières ou de freins liés au fonctionnement (manque d’un groupe cœur; d’interactions un à un; d’implication des participants; de légitimité); et au partage des connaissances (manque de temps; surcharge d’information ou de travail).

Discussion. L’utilité et l’efficacité de la communauté de pratique comme dispositif de transfert de connaissance seront abordées à la lumière des résultats de l’évaluation. Il est envisagé que la CP se révèlera un outil performant à cet effet et un moyen de soutenir la formation continue et la réflexion collective sur les pratiques en ce domaine.

L’entretien motivationnel comme stratégie de promotion de la vaccination auprès des nouveaux parents

Speakers
Ouafae Belayachi, Presenting Author from Hôpital Sainte-Justine, Centre de Promotion de la santé, Canada
Teresa del Carmen Meneses Vasquez, Presenting Author from Hôpital Sainte-Justine, Centre de Promotion de la santé, Canada

Co-author
Martine Fortier

Abstract

Milieu/problématique. On note une recrudescence de certaines maladies et une augmentation du phénomène d’hésitation à l’égard de la vaccination. Pour répondre à cet enjeu de santé publique, un programme de promotion de la vaccination a été déployé, appelé Emmie (Entretien motivationnel pour
l’immunisation des enfants). Le CHUSJ a déployé ce programme, piloté par le Centre de promotion de la santé dans sa trajectoire de soins mère-enfant, aux unités de postpartum et de néonatalogie.

**Intervention** : Rencontre d’échange destinée à tous les nouveaux parents durant leur séjour à la maternité.

**Résultats**
- Déployé dans 33 maternités, 9 régions.
- Suite au déploiement du programme, on note un bon taux de participation des familles, et une bonne réceptivité du programme par les équipes cliniques.
- Parmi les stratégies gagnantes du déploiement :
  - Démarche d’amélioration continue complémentaire et cohérente dans le continuum des soins
  - Collaboration avec les équipes cliniques et partenariats établis dans le réseau de la santé
  - Participation à une communauté virtuelle de pratique
  - Formations continues

**Implications.** Le Programme est une pratique innovante qui fait ses preuves pour augmenter la couverture vaccinale et contribuer à la santé de la population. L’approche de l’entretien motivationnel peut être utilisée en amont du processus de soins.

**Opening the black box of interventions by valuing experiential knowledge in health promotion: The challenge of a learning by doing training session for public health practitioners**

**Speaker**
Marion Porcherie, Presenting Author from École des Hautes Études en Santé Publique, France

**Co-authors**
Béatrice Georgelin, Benjamin Soudier, Christine Ferron

**Abstract**

**Background/Problem.** In France, health promotion (HP) practitioners lack tools to document and share how their interventions work. To fill this gap, a national committee of HP practitioners, policy makers, and researchers designed a new method based on in-depth qualitative interviews with practitioners to Capitalize, i.e., collect, analyse, and share through summaries, Experiential Knowledge (EK) in HP (CEKHP).

**Intervention.** A training program was created in 2020 to disseminate the CEKHP process and tools. The goal is for participants to be able to design and promote their own CEKHP projects. The training session (30 hours in total) is designed to develop skills to reinvest in their practices. Two key skills are addressed: 1/ valuing EKHP, through advocacy and project design; 2/ guiding with CEKHP the collection of EK on HP interventions and its circulation. Both cover the 11 competencies of the WHO-ASPHER competency framework. The program alternates short theoretical courses, workshops and the realization of a capitalization in real professional situation.
**Results.** In 2021, 3 sessions were organized to test its relevance in a master program (1 group of 9 students) and in an adult training situation (2 groups of 13 professionals). The first session showed the fruitful contribution of the learning-by-doing method. Participants were enthusiastic about completing the capitalization of a public health intervention. They also reported additional benefits: self-reinforcement, in-depth encounters with other HP practitioners, etc. For trained professionals, the capitalization methodology met the needs of their institution (such as NGOs acting in various fields of public health) to know and value their own field practices and intervention principles. All trainees will contribute to build a community of practice of EKHP. A national EKHP resource centre will open in 2022 and will provide additional tools, network resources and research activities to the community.

**Implications.** Capitalizing on HP and PH interventions contributes to the dissemination of knowledge about what works. It consists in granting greater attention to experiential knowledge. For HP and PH professionals, this implies being able to investigate the intervention’s story and to value the practices and knowledge of practitioners. The training session enables professionals to strengthen their core competencies to better contribute to knowledge collection and transfer.

**La capitalisation en promotion de la santé : une approche innovante pour mieux partager les expériences et nourrir les connaissances**

**Speaker**

François Baudier, Presenting Author from Fédération nationale d'éducation et de promotion de la santé (Fnés), France

**Abstract**

**Problématique.** La promotion de la santé est un champ d’intervention où les initiatives sont nombreuses et prennent de multiples formes. Elles sont mises en œuvre par des acteurs de 1ère ligne issus de secteurs d’activité très divers. Elles ont souvent un caractère innovant, mais font rarement l’objet d’un partage d’expérience entre acteurs, chercheurs et décideurs.


**Résultats.** Les finalités de la capitalisation sont pédagogiques (temps réflexif, autoformation), informatives (partage des connaissances), stratégiques et politiques (déclinaison et évolution des politiques publiques) et scientifiques (améliorer la méthode et construire un corpus de données utiles à la recherche). Cette démarche de capitalisation a donné lieu à la rédaction d’un cahier pratique et d’un module de formation. La création d’un guide méthodologique et d’un portail internet est en cours. Les premières capitalisations
ont porté sur la nutrition, l’activité physique, certaines addictions, les dépistages des cancers du col et du sein et les dynamiques territoriales de santé.

**Implications.** La démarche de capitalisation a débuté en France récemment. Elle nécessite une appropriation de la méthode, non seulement par les acteurs de terrain, mais également les décideurs et les chercheurs. La complémentarité avec les processus d’évaluation et la recherche doit être expliquée. Des perspectives de développement sont envisagées en dehors de la promotion de la santé, notamment dans le champ des soins primaires.

**Building evidence of effective interventions through public health intervention responsive studies teams**

**Speakers**

Susie Sykes, Presenting Author from London South Bank University, United Kingdom
Jane Wills, Presenting Author from London South Bank University, United Kingdom

**Abstract**

**Setting/problem.** Local government is the setting for many interventions intended to improve the public’s health. This may be, for example, schemes to improve sickness levels in workplaces, to improve the health of schoolchildren through breakfast clubs or increasing physical activity through transport strategy. Local government needs to understand how services and policies are working in order to make difficult decisions about service development, commissioning and decommissioning. Yet such locally and place-based initiatives are often distant from academic research and opportunities to learn and evaluate are lost.

**Intervention.** Public Health Intervention Responsive Studies Teams (PHIRST) are being set up across the UK to link universities with local government to provide timely evidence to underpin policy and practice through the evaluation of selected projects that have generalisability. The evaluation approach is embedded in a model of co-production and design to ensure joint ownership of the research design, outcomes and dissemination with both the Local Authority (LA) associated with a given project and public and patient user groups.

**Outcomes.** The relevance of research is emphasised for the local team and public health and health promotion communities but also their capacity is increased to enable them to generate a research culture and continue to utilise and implement evaluation skills and frameworks. This will ensure more long term and sustainable evaluation processes are established including the use of logic models for planning that prioritise theories of change and a systems-thinking approach examining “what works, for whom and under what circumstances”.

**Implications.** Providing an academically supported evaluation unit to work with local government will help to answer the gaps in the national evidence base.

**Co-construction d’une approche globale et féministe en santé au Québec**

**Speaker**

Victoria Doudenkova, Presenting Author from Réseau québécois d'action pour la santé des femmes (RQASF), Canada
Abstract

**Background/Objectives.** De nombreux groupes féministes sur le terrain observent un recul historique de la condition des femmes au Québec. Tandis que la santé est autant le reflet de rapports sociaux que de déterminants biologiques, elle tend à être réduite au système de santé qui n’est pas en mesure de résoudre les problèmes systémiques (ex. discrimination) auxquels les femmes sont confrontées. Les dynamiques de pouvoir en place engendrent des modes de résistance divers comme l’émergence de paradigmes de pensée alternatifs (ex. décolonialisation). À l’aide d’une perspective intersectionnelle, ce projet vise la co-construction d’un cadre de référence d’une approche globale et féministe de la santé au Québec.

**Methods.** Cette recherche-action participative est réalisée en partenariat entre l’Université Concordia et le Réseau québécois d’action pour la santé des femmes. Il est constitué de deux volets : 1) Engagement de la communauté (groupes de discussion, entrevues semi-dirigées) ; 2) Élaboration du cadre (co-construction) : en fonction des connaissances existantes et des données recueillies lors de la phase de consultation.

**Results.** Prise en compte des déterminants sociaux de la santé ; prévention et la promotion de la santé, sens critique face aux savoirs à prétention universelle (ex. savoirs biomédicaux basés historiquement sur l’exclusion des femmes), conception de l’être humain comme un tout (corps-esprit) ; autonomie, empouvoirement et autosanté ; ouverture aux approches de soins alternatives et complémentaires font partie des thèmes émergents qui seront abordés lors de cette présentation et qui contribueront à définir l’approche globale et féministe en santé.

**Discussion.** S’inscrivant dans la mouvance de la recherche participative visant à favoriser l’équité, la diversité et l’inclusion, le projet contribue à la création de ponts entre le milieu communautaire et le milieu académique et donc à la reconnaissance des savoirs expérientiels dans la définition des approches innovantes visant la réduction des inégalités sociales de santé. Ce cadre servira d’assise à la recherche féministe, à l’éducation, à l’analyse de cas ou de politiques de santé. Il permet de valoriser la promotion de la santé des femmes et conséquemment celle de l’ensemble de la société.

The roles and practices of policy and public health actors (Part 1): Advocacy

Parallel oral session
16 May 2022, 14:30 - 15:45

**Moderator**
Carole Clavier

**Public health practitioners as policy advocates: Competencies and challenges**

**Speakers**
Susie Sykes, Presenting Author from London South Bank University, United Kingdom
Abstract

Background/Objectives. Advocacy for policy change is a key strategy for health promotion and central in work to tackle wider determinants of health. Policy advocacy involves actions to gain political commitment and policy change to support a health goal and requires complex skills. Strategies include: intelligence gathering, building relationships, engaging policy champions, developing unified solutions, reframing and amplifying the issue and increasing public will. Despite being a core competency, it has been argued to be a neglected area of practice and there exists a need to better understand and build capacity of the workforce to engage effectively as public health advocates.

Methods. This research recruited participants from a Community of Interest working to restrict the advertising of foods high in fat, sugar and salt across an English region. It formed part of a wider evaluation which adopted a realist evaluation methodology based on an assumption that programme outcomes are influenced by the context in which they take place. A mixed methods of data collection was used including baseline, formative and summative interviews with policy advocates, interviews with policy stakeholders and focus groups with the Community of Interest. Data were analysed using a context, mechanism, outcome framework typical within realist evaluation.

Results. Indicative findings suggest public health practitioners undertaking advocacy work do not feel well equipped for this work and value the support of a wider community of practice working towards the same policy goal as well as external advice from lobby groups. Activities most frequently engaged in included intelligence gathering, relationship building and engaging policy champions. Advocates implemented a strategically staggered approach to engaging policy stakeholders and drew heavily on networking and relationship building skills. Challenges included understanding the internal governance and change process, securing senior support and identifying appropriate time points to champion political buy in.

Discussion. The complex and contentious policy landscapes that public health practitioners are required to navigate at an organisational, local, national and international level as they seek to ensure health is embedded in all policies, require a sophisticated and nuanced skills set. These skills include both technical and intrapersonal skills and a working knowledge of complex systems. Training and professional development opportunities to support this work need to be more closely aligned to needs identified.
Abstract

Contexte/Objectifs. Les études reconnaissent le rôle et l’importance des stratégies des acteurs dans le fonctionnement des initiatives de promotion de la santé. Une étude récente sur les stratégies d’influence des acteurs dans la gouvernance intersectorielle a identifié cinq types de stratégies regroupées en deux catégories : les stratégies intersectorielles déployées à la frontière des secteurs et les stratégies intra sectorielles élaborées à l’intérieur des secteurs. Cette présentation se veut une analyse de ces stratégies dans le cadre d’un processus de gouvernance intersectorielle pour comprendre pourquoi et quand elles sont utilisées.

Méthodes. Nous avons utilisé une approche rétrospective longitudinale d’études de cas unique. Seize entretiens semi-structurés (30 minutes à 2 heures) avec les représentants des secteurs impliqués dans le processus délibératif ont été réalisés. Nous avons utilisé l’analyse de contenu transversale pour repérer les conditions d’utilisation des stratégies d’influence et faire ressortir les convergences et les différences entre les secteurs.

Résultats. Les résultats montrent que les acteurs utilisent des stratégies en fonction de la dynamique des relations dans le groupe de gouvernance, des contraintes organisationnelles et des atouts dont ils disposent. D’une manière générale, les secteurs utilisent quasiment les mêmes stratégies dans les mêmes conditions et pour les mêmes raisons. Le choix des secteurs d’appliquer des stratégies intersectorielles ou intra sectorielles est lié à l’existence ou non de conflit entre les intérêts sectoriels et collectifs. Les stratégies intersectorielles sont appliquées quand les intérêts sectoriels et collectifs concordent. Dans le cas contraire, les secteurs ont recours à des stratégies intra sectorielles pour influencer les décisions collectives à leur avantage.

Discussion. Cette étude permet d’avoir une meilleure compréhension du fonctionnement interne de la gouvernance intersectorielle en promotion de la santé. Elle met en lumière la façon dont les acteurs utilisent des stratégies pour influencer les décisions collectives et les conditions dans lesquelles ces stratégies sont déployées. Cette recherche peut aider à améliorer la pratique et, de ce fait, réduire les frustrations générées par la gouvernance intersectorielle chez des acteurs qui sont identifiées par des chercheurs.

Mobilisation intersectorielle pour une action concertée : le Groupe de travail provincial sur les problématiques du poids (GTPPP)

Speakers
Safiétou Sakala, Presenting Author from Coalition québécoise sur la problématique du poids, Canada

Abstract

Milieu/problématique. Du fait de sa mission, la Coalition québécoise sur la problématique du poids (Coalition Poids) est aux premières loges pour assister à l’évolution des enjeux liés au poids au Québec. Dernièrement, des controverses autour de l’obésité ont émergé, et se traduisent par des discours opposés qui occupent une place prépondérante dans l’univers médiatique. Par exemple, tandis que certain.e.s militent pour que l’obésité soit reconnue comme une maladie, d’autres au contraire soulignent que cette focalisation sur le poids engendre de la grossophobie. Ce phénomène, défini comme étant la stigmatisation et la discrimination des personnes grosses, a des effets négatifs sur la santé. Ainsi, les messages populationnels autour de l’obésité manquent de cohérence, car ils sont le reflet de divergences sur la manière d’apprécier le poids. De plus, ils comportent parfois des éléments grossophobes.
**Intervention.** Au printemps 2021, la Coalition Poids a organisé un « Groupe de travail provincial sur les problématiques du poids » (GTPPP). L’objectif était de favoriser l’action concertée des acteurs et actrices qui interviennent sur les enjeux liés au poids, afin d’obtenir une meilleure cohésion dans les messages populationnels autour de l’obésité. Cette démarche collaborative intersectorielle s’est déroulée sur cinq séances et a réuni une quarantaine de professionnel.le.s. En préparation au GTPPP, les perceptions et croyances sur l’obésité ont été explorées en procédant à des sondages auprès de la population et des professionnel.le.s de la santé. De plus, un portrait de la couverture médiatique de l’obésité au Québec a été réalisé.

**Résultats.** Le GTPPP a rédigé un « Manifeste québécois pour des saines communications sur les problématiques reliées au poids » qui regroupe les principes directeurs ayant pour objectif de guider la construction des messages à véhiculer dans la population. De plus, l’équipe de la Coalition Poids a développé deux documents complémentaires : une fiche informative sur la grossophobie et un rapport sur le GTPPP.

**Implications.** Le GTPPP a permis la mobilisation et l’étroite collaboration d’une variété d’acteurs et d’actrices à travers tout le Québec. C’est un modèle de travail intersectoriel, innovant et réplicable. De plus, le Manifeste constitue un pas concret vers le développement d’une vision commune des problématiques liées au poids, et d’une pratique communicationnelle cohérente et non stigmatisante.

**Plaidoyer pour la promotion de la santé lors de la crise COVID en France : intérêt et limites**

**Speaker**
François Baudier, Presenting Author from Fédération nationale d'éducation et de promotion de la santé (Fnes), Canada

**Abstract**

**Problématique.** La crise COVID a entrainé à son début et lors de l’émergence des différentes vagues, une mobilisation forte des acteurs du soin. Celle des acteurs de la promotion de la santé, peu sollicités par les pouvoirs publics, a été plus tardive, alors même que l’épidémie sortait de l’urgence de crise pour s’installer dans la durée, démontrant la nécessité d’un plaidoyer pour la promotion de la santé.

**Intervention.** La Fédération nationale d’éducation et de promotion de la santé (Fnes) a développé une stratégie de plaidoyer auprès des autorités de santé, au niveau national et au niveau régional, en appui sur son réseau. Cela s’est traduit par un premier document mettant en avant, au tout début de la crise, l’importance et l’intérêt de s’appuyer sur les valeurs et les stratégies de la promotion de la santé pour maitriser l’épidémie. Puis, se sont succédés des plaidoyers plus circonstanciés sur le port du masque ou la vaccination. Par ailleurs, des tribunes ont été publiées dans la presse. Elles ont été portées auprès du Ministre des solidarités et de la santé, des Directeurs généraux de la santé et de l’Agence nationale de santé publique, mais aussi relayées sur les territoires par les Instances régionales de la Fnes.

**Résultats.** L’impact direct semble avoir été faible ou sans succès (refus de la gratuité des masques par ex) et aucune réaction officielle n’a été notée sur les autres sujets. Cependant : 1. Ces contributions ont facilité les démarches de promotion de la santé de terrain, qui ont été nombreuses, innovantes, avec le souci de rejoindre les personnes les plus éloignées du système de santé ; 2. A l’été 2021, les autorités de santé ont mis en avant la nécessité du « aller vers » pour faciliter l’accès des publics les plus exclus socialement à la
This is what inclusion looks like: Building a health promoting university movement from student research and advocacy

Speakers
Liz Mogford, Presenting Author from Western Washington University, United States

Abstract
**Background/Objectives.** Stress and anxiety levels are alarmingly high and increasing among college students globally. Typical approaches to managing student stress focus on counseling and programs that are rooted in the assumption that health is achieved at the individual level. Although these approaches are beneficial to many students, they are ultimately inequitable insofar as they fail to adequately address the social and structural determinants of health. Students from different backgrounds and identities face differential experiences and unequal access to resources, not as the result of personal choices, but due to larger institutional, social and structural underpinnings. Holistic, settings-based approaches are the equitable solution. Inspired and guided by the principles of the Health Promoting University framework, a sociology capstone class with 12 students and two faculty conducted an assets-based action research study at their mid-sized, primarily undergraduate serving university in northwestern U.S. The study investigated what students consider to be the root causes of their stress and anxiety, how the university’s campus and classroom environments contribute to student health, and the role faculty members play in facilitating student wellness. Their goal was to introduce the concept of Health Promoting Universities to the upper administration through their research.

**Methods.** Data consist of 35 hand-drawn student “stress maps,” 23 in-depth, semi-structured student interviews, and two faculty focus groups. In addition to asking students about their stress, we asked them to identify campus-and classroom-based factors that reduce stress, including naming particular faculty they felt contributed to positively to their wellbeing. These faculty were invited to discuss their ideas and methods in focus group interviews with the goal of identifying existing assets and offering ways to institutionalize their successes.

**Results.** In a workshop/presentation, students presented the findings and recommendations to a large group of upper administration and faculty. This included introducing the Okanagan Charger and specifically making the case for the institution to become an HPU. Using this student driven data and evidence, the administration recently adopting the Okanagan Charter for HPU and joined the global movement.
Discussion. This is a unique example of initiation of the HPU movement starting from the bottom-up, led by student activism. It is an example of increasing belonging, inclusion and equity in the campus environment.

Prescrire la nature et promotion de la santé : quelles voies? / Prescribing nature for health promotion: What does it mean?

Parallel oral session
16 May 2022, 14:30 - 15:45

Moderator
Marie-Claude Lamarre

Prescrire la nature : une intervention efficace pour promouvoir la santé physique et psychologique

Speakers
Claudel Pétrin-Desrosiers, Presenting Author from Université de Montréal Canada
Caroline Laberge, Presenting Author from Collège québécois des médecins de famille (CQMF), Canada
Isabelle Bradette, Presenting Author from Département de médecine de famille et de médecine d’urgence à la faculté de médecine de l’Université de Sherbrooke, Canada

Abstract
Objectifs.
- Décrire et discuter les données probantes issues de la recherche démontrant les bienfaits pour la santé humaine de l’exposition à la nature.
- Identifier les meilleures pratiques pour motiver les patients à se reconnecter à la nature.
- Acquérir des notions pratiques pour intégrer la prescription de nature dans la pratique des intervenants de première ligne (médecins, infirmières, pharmaciens, etc.)

Format. Séance théorique brève de 15 à 20 minutes qui résume la littérature scientifique sur le sujet, suivie de travail en sous-groupes à l’aide de vignettes cliniques pour utiliser concrètement les outils disponibles en ligne pour aider les participants à prescrire du temps en nature.

Buts d’apprentissage. Avec la pandémie, le ralentissement forcé de la cadence de nos vies et la fermeture de multiples commerces et activités a ramené plusieurs personnes à se reconnecter à la nature, et à en redécouvrir les bienfaits oubliés, bien documentés dans une littérature scientifique médicale foisonnante. À travers le monde, un nombre grandissant de professionnels de la santé ont rajouté la prescription de nature dans leur arsenal thérapeutique, le plus souvent en collaboration avec des organisations partenaires issues de la communauté. Le but de cet atelier sera d’outiller les intervenants de première ligne sur les bienfaits de la nature sur la santé humaine et leur permettre d’utiliser à bon escient dans leur arsenal thérapeutique ce puissant traitement. Il permettra également le réseautage entre divers types d’intervenants, afin de faciliter l’adoption à large échelle de cette pratique; et trouver des moyens concrets pour rendre plus accessible la nature au plus grand nombre en identifiant les acteurs communautaires, politiques, institutionnels et sanitaires pertinents (verdissisme urbain, jardins communautaires, écoles en
plein air, accès facilité aux parcs régionaux et nationaux, etc). Enfin, les participants pourront en apprendre davantage sur une nouvelle initiative de prescription nature qui sera déployée à l’échelle québécoise, Prescri-Nature, au printemps 2021 et qui s’inspire d’un programme originaire de la Colombie-Britannique, PaRx.

Étude de l’expérience vécue dans le cadre de l’expédition thérapeutique Lâcher prise dédiée à des jeunes femmes atteintes du cancer du sein

Speaker
Chloé Drapeau, Presenting Author from Université de Montréal, Canada

Co-authors
Isabelle Doré, Marie-Michelle Paradis, Catherine Provost

Abstract

Contexte/Objectifs. Les expéditions thérapeutiques en contexte de plein air sont susceptibles de promouvoir la santé globale, notamment en favorisant la pratique d’activités physiques et le soutien social. Peu d’études évaluent les bienfaits des expéditions thérapeutiques sur des populations spécifiques comme les femmes atteintes de cancer du sein. L’initiative « Lâcher prise » de la Fondation Sur la pointe des pieds, est une expédition d’aventure thérapeutique de pêche à la mouche destinée à un groupe de femmes âgées de 30 à 39 ans atteintes du cancer du sein métastatique (stade 4). Ce projet de recherche a pour objectif 1) de mesurer les effets de participer à cette expédition thérapeutique sur les émotions (positives et négatives), le stress, le soutien social, le sentiment d’appartenance et la pratique d’activités physiques et 2) d’étudier si le sentiment d’appartenance et le soutien social contribuent positivement aux émotions, au stress et à la pratique d’activités physiques des participantes.

Méthodes. Les participantes au projet de recherche sont invitées à compléter deux questionnaires auto-rapportés en avant l’expédition (T1), au retour (T2). Ces questionnaires incluent des questions sur le profil sociodémographique et clinique, les émotions positives et négatives, le stress, le soutien social, le sentiment d’appartenance et la pratique d’activités physiques. Des analyses descriptives, des tests T pairés seront effectuées et des régressions linéaires seront effectuées.


Discussion. Les résultats de ce projet de recherche permettront de mieux comprendre les bénéfices physiques et psychosociaux d’une expédition thérapeutique de pêche à la mouche auprès de jeunes femmes atteintes de cancer du sein. Ce type d’intervention pourrait être bénéfique à plus de patients atteints de cancer du sein et plus de professionnels de la santé pourraient recommander ce type d’intervention dans le continuum de soins en cancer.
Challenge, connect and change: Can parkrun participation impact the mental wellbeing of middle-aged men in the UK?

Speaker
Allison Dunne, Presenting Author from Sheffield Hallam University, United Kingdom

Co-authors
Steve Haake, Helen Quirk, Alice Bullas, Rebecca Twardochleb

Abstract

Background/Objectives. Middle-aged men who live in deprived neighbourhoods are vulnerable to poor mental wellbeing and are at a relatively high risk of suicide when compared to the UK population. Previous strategies to improve mental wellbeing by tackling the social determinants of health include community-based initiatives such as Men’s Sheds. parkrun is a free, weekly running and walking event, organised by volunteers, which shares many similarities with these community initiatives. This study explores whether parkrun could be an appropriate intervention to support the mental wellbeing of middle-aged men.

Methods. The method used was a secondary analysis of the UK parkrun Health and Wellbeing Survey data (2018). A sub-sample of 12,604 responses was created with men aged ≥45 and <65 years; 5.2% lived in the most deprived neighbourhoods. A mixed methods approach was utilized, combining an analysis of mental wellbeing data (measured using the Short Warwick-Edinburgh Mental Wellbeing Scale) with a thematic analysis of free-text responses describing the impact of parkrun on their wellbeing.

Results. The sub-sample reported higher mental wellbeing scores than both younger parkrun respondents (p=<0.000) and the UK population when compared to published norms. 63.8% of the sub-sample reported that running or walking at parkrun had a positive impact on their mental wellbeing. Themes from the free-text responses included reported improvements in self-confidence through a personal challenge, the benefits of connecting with others in the community, and how parkrun participation supported changes in circumstance such as unemployment.

Discussion. Viewing parkrun participation through the lens of community-based initiatives allows a consideration of how it may be a suitable intervention to support the mental wellbeing of middle-aged men. Physical activity combined with social connection appeared to play an important role in the mental wellbeing benefits. A consideration of engagement with men from this sub-group to support them to attend parkrun in their local community warrants further investigation.

Sensory gardens: Environmental awareness strategy

Speaker
Ligia Gomes, Presenting Author from Universidade de São Paulo, Brazil

Co-author
Alveriane Felix Carvalho, Solange dos Anjos Castanheira, Pablo Garcia Carrasco

Abstract

Background. Environmental Education is a multidisciplinary area. The ethical professional exercise and commitment to mankind presupposes respect to environment and the interdependence of ecosystems, a
condition for the survival of all forms of life. Since Antiquity, gardens have been spaces for leisure and pleasure, where it is possible to travel in time, experience sensations and get in touch with nature in its most exuberant expression. Over time, the gardens followed the development of Babylonians, Egyptians, Greeks, Romans and Arabs. Renaissance gardens reached great splendor, mainly in France and Italy. Later, in England, large areas with more natural appearance were allocated to parks with new characteristics. Recently, public and private parks, especially in developed countries, have become important places of visitation, for modern man to get rid of the stress and worries of a busy life. The installation of a sensory garden is an important strategy to promote a reconnection between man and nature.

Objectives. Build a sensory garden, using vegetation to promote the five senses connection and environmental awareness.

Methods. The project planning targeted the living space of the headquarters of the Instituto Pau Brasil de História Natural (IBPHN), a teaching establishment focused on Environmental Education. The project execution started with the pebble stone selection for the structural basis of the sensory garden. Budgets were made for the masonry part of the project, for both labour and materials to be used. The cost of plants was researched in floricultures. IBPHN team worked cooperatively during set up phase.

Results. The garden was made available as a didactic tool in Botany, for the education of young people and adults, accessible to society as a whole.

Discussion. The model used can be implemented in schools, squares and public environments with a low investment cost. Despite the common impression of perceiving everything through the eyes, as if other senses were asleep, men depend on a series of information that instigates the movement of investigation, seek or defense, in a precise and adequate way, avoiding harming or being harmed. Th”e sensory garden has the potential to raise awareness about the use of natural foods, observation of animal species, reflections on interspecific interactions and life complexity.

Maternal health and healthy habits during the early years

Round table
16 May 2022, 14:30 - 15:45

Moderator
Catherine Pirkle

Children’s usage of personal electronic devices in a free-living environment and how that free-living environment can affect the way they learn.

Speaker
Anna Clark, Presenting Author from University of Salford, United Kingdom
Co-authors
Anna Cooper-Ryan, Tamara Brown, Steve Preece

Abstract

Background/Objectives. Technology has rapidly developed over the past decade. Covid 19 saw a dramatic change in technology usage with many children doing schoolwork on personal electronic devices (PEDs). Many households had one or more children at home simultaneously on different devices and rooms. It is not clear how children have adapted to working from home. This study aims to explore PED usage in children in a free-living environment and to understand how different environments can impact their learning and if Covid -19 influenced this.

Methods. N=60 Participants, 7-17yrs old, were recruited from social media. Each participant will take part in a semi-structured online interview, exploring children’s personal and schoolwork PED usage, the environments they work in and postures adapted whilst using PEDs. Their perceptions of environmental influences (desk set-up, device use, position of use; enablers/barriers) to effective learning. The interview structure has been developed from Display Screen Equipment (DSE) workstation checklist and the VAK learning style questionnaire.

Results. The study is in the stage of being conducted, results cannot be presented in this abstract. Full results will be presented at the Conference. Framework analysis will be used to analyse the qualitative interview data. Anticipated themes from the analysis are:

- What device children are using for homework and personal use
- What position/posture is adopted when doing homework and personal use, and duration of use?
- What activities are children using PEDs for?
- Children’s environmental perceptions of enablers and barriers to effective learning and learning styles.
- Children's experiences of home-schooling/key worker school during Covid-19 and the impact of this on their PED usage.

Discussion. The study will help to provide an insight into the ways children feel they learn, work, and postures they adopt when working on PEDs at home. It will help to understand what environmental factors children perceive as barriers and enablers to concentration and if home-schooling due to Covid-19 had an effect or influenced these factors. From this result we will be able to understand the different methods children work in and if these are influenced by their learning. Going forward, more research on the ideal desk set-up for children and if the environment they work in affects their work productivity.

Combined associations of various screen behavior, exercise and sleep with depression in children and adolescents

Speaker
Tetsuhiro Kidokoro, Presenting Author from Nippon Sport Science University, Japan

Co-authors
Akiko Shikano, Ryo Tanaka, Kosuke Tanabe, Natsuko Enomoto, Shingo Noi
Abstract

**Background/Objectives.** Screen-based behaviour has been traditionally assessed as TV viewing and computer use, however, newer types of screen behaviour become popular including online video, using social media, and online game among children and adolescents. Previous studies have shown that different types of screen behaviours might be associated differently with depression. However, it is not known whether exercise and sleep can attenuate the negative effects of various types of screen behaviours. The purpose of this study was to examine the associations between various types of screen behaviour and depression taking into account exercise and sleep among children and adolescents.

**Methods.** A total of 23,573 Japanese children and adolescents (aged 8–15 years) participated in this cross-sectional study. Different types of screen behaviour, weekly exercise time, sleep duration and, prevalence of depression, were assessed using a questionnaire. Independent associations between various types of screen behaviours and prevalence of depression were examined by logistic regression analyses. A two-way analysis of covariance (screen behaviour × exercise or sleep) was conducted to examine whether exercise and sleep can attenuate the negative effects of screen behaviour.

**Results.** The associations between screen behaviour and depression varied by screen behaviour types and participant characteristics (sex and developmental stage). More time spent engaging in newer types of screen behaviours, including social media, online games (junior high school girls only), and online videos (elementary school students only) was associated with a higher prevalence of depression. In contrast, more time spent on TV was associated with a lower prevalence of depression. Sufficient exercise can lower the prevalence of depression, regardless of the length of time and content of the screen, and its associations were particularly significant for junior high school girls. Sleep wasn’t associated with the prevalence of depression among all except elementary school boys.

**Discussion.** Our findings suggest that age-specific gender-based intervention strategies that also consider screen-based behaviours can effectively lower the risk of depression in children and adolescents. These results could provide important insights to promote psychological health among children and adolescents in the current digital society, where screen devices are ubiquitous.

**Improving the lives and care of children and young people living with diabetes:**
**Burundi NCD Alliance builds an intersectoral project to change policy and practice.**

**Speaker**
Alexis Nizigiyimana, Presenting Author from PhD candidate at University of Montreal, Burundi Non Communicable Disease Alliance, Canada

**Co-authors**
Kate Armstrong, Nicola Gray, Didier Jourdan, François Ndikumwenayo

**Abstract**

**Setting/problem.** Burundi is a low-income country in East Africa with a population of almost 12 million people in 18 provinces. The annual Ministry of Health NCD budget is approximately 12,000 US dollars. There has been long-term national strife, but a change in leadership in June 2020 offers opportunities for increased collaboration both within the country and for international partnerships. Children and young people living with Type 1 Diabetes (CYPLWD) have been largely invisible to health services, due to limited health policies, poor family health literacy and difficulties in accessing care.
**Intervention.** Burundi NCD Alliance has undertaken a benchmark survey of national NCD policies and a 3-year case-finding needs assessment in all communes of the rural province of Cibitoke. This province is the pilot area for a national campaign focused on diabetes in children and youth. The Alliance’s mission has been to identify cases and their care needs through mass screening campaigns and monitoring access to diagnosis, therapeutic education, and treatment.

**Outcomes.** The Alliance has identified 123 CYPLWD aged 6-25 years (average age 16 years, sex ratio 1.7 girls:boys) in Cibitoke province, of whom 63% were identified by mass screening and 37% within health services. More than 52% of them have no health insurance, and over 90% do not have monitoring equipment. Almost all come from poor and illiterate families, living without electricity or clean water. About one-third have dropped out of school during the last 3 years, due to crises in their health condition, and five of them have died. Regarding policy, the government does not yet have a NCD surveillance system or register, or a strategic plan to address social determinants of health and reduce NCD inequities in vulnerable groups.

**Implications.** The Alliance is acting upon this needs assessment and policy analysis by launching a national project using a health promotion approach (intersectoral partnership, equity-based, addressing determinants of health, community participation) with international and local partners. Health interventions include securing equitable access to insulin and injecting/monitoring equipment, and building health literacy. Education interventions aim to keep CYPLWD in school. Capacity-building begins with families, extending to health professionals and teachers and community health workers. This will need a whole of government, multisectoral, ‘Health in All Policies’ approach to NCDs.

**Opportunities for empowerment for a healthy diet quality during pregnancy**

**Speaker**
Renske van Lonkhuijzen, Presenting Author from Group Health and Society, Social Sciences Department, Wageningen University & Research, Netherlands

**Co-authors**
Annemarie Wagemakers, Sabina Super

**Abstract**

**Background/Objectives.** A healthy diet quality during pregnancy is important for maternal and child health. Midwives play an important role in supporting pregnant women to choose a healthy diet quality, but their advice is often presented in very general terms and primarily focused on food safety issues only. To empower pregnant women for a healthy diet quality, it is crucial to gain in-depth understanding of pregnant women’s perspectives of food and eating, perspectives of midwives and dieticians and opportunities for empowerment. The aim was to develop an empowerment strategy for a healthy diet quality during pregnancy.

**Methods.** An iterative process was used to develop the strategy: literature study, questionnaires among pregnant women (n=52) and dieticians (n=124); in-depth interviews with pregnant women (n=27), midwives (n=20), dieticians (n=13); three focus groups with midwives (n=12), two with dieticians (n=17) and two with pregnant women (n=6); three pressure cooker sessions with various stakeholders (n=30) and individual and group discussions with professionals (n=12).
Results. Opportunities for empowerment were searching balanced and personalized information, developing strategies to implement healthy diets, navigating the social environment, and dealing with different motivations. These were included in the Power 4 a Healthy Pregnancy (P4HP) strategy, as well as issues – both practical and content related – raised by stakeholders. The P4HP strategy consists of three (extra) consultations with the midwife and one with the dietician to specifically discuss the pregnant women’s diet and seek for opportunities for empowerment for a healthy diet quality.

Discussion. Pregnant women and other stakeholders hold diverse perspectives regarding food and eating, signalling the need for a flexible and tailored empowerment strategy. The P4HP strategy supports midwives and dieticians to optimize pregnant women’s empowerment processes to make healthy modifications to their diet quality. The P4HP strategy will be implemented in the Netherlands and evaluated on processes and outcomes related to empowerment and diet quality.

Social and demographic characteristics contribution to commercial beauty product brand selection among pregnant women in PROTECT.

Speaker
Nancy Cardona Cordero, Presenting Author from ECHO in Puerto Rico, United States

Co-authors
Luis Agosto, Carmen Velez Vega, Jose Cordero, Akram Alshawabkeh

Abstract

Background/Objectives. Identifying predictors of aggregated phthalate exposure is a public health research priority. The Puerto Rico Testsite for Exploring Contamination Threats (PROTECT) maternal-child health research program has found evidence linking specific commercial brands to gestational phthalate levels. Our aim in this study was to identify how social and demographic characteristics predict the selection of phthalate-related commercial products brands in PROTECT.

Methods. Sociodemographic characteristics and use of commercial products were collected by interviewer-administered questionnaire at three separate times during pregnancy for a cohort of 1561 participants. We developed a rank methodology to select the most used brands. Logistic mixed effects models were used to detect differences in brand selection. R 4.1.1 software was used to conduct the analyses.

Results. Our results show that maternal age, education, income, marital status, and geographical location affect the brand selection among our cohort. Women who had low educational attainment (less than high school) and who are older (over 25 years old) had higher odds of selecting the most phthalate-related makeup brand. Among deodorant users, women who were married, employed with lower educational attainment had higher odds of selecting the second most phthalate related brand. Younger women consistently selected the top three phthalate related perfume brands.

Discussion. Beauty product use during pregnancy is ubiquitous among PROTECT participants and their selection of a specific brand varies by maternal age, education, income, marital status, and geographical location. Results of this study contributes to the development of specific engagement strategies to reduce
exposure among the PROTECT cohort. Findings help better understand determinants of consumer choices and how these relate to health disparities.

**Communities and sustainable diet**

**Round table**
16 May 2022, 14:30 - 15:45

**Moderator**
Rosanne Blanchet

**Associations between adolescents’ energy drink consumption and several negative health indicators**

**Speakers**
Maija Puupponen, Presenting Author from University of Jyväskylä, Finland

**Co-authors**
Raili Välimaa, Jorma Tynjälä, Leena Paakkari

**Abstract**

**Background/Objectives.** Globally there have been several statements concerning the inappropriateness of energy drinks for adolescents, mostly due to their stimulant content, and its direct physiological effects. Energy drinks have been viewed as a significant future risk for public health. There is a clear need to obtain more evidence on energy drink consumption, and its associations with various health indicators in different cultural contexts and countries to build knowledge to improve regulations worldwide. The aim of this study was to identify which negative health indicators are associated with energy drink consumption among Finnish adolescents, and to assess whether consumption frequency played a role in the associations identified.

**Methods.** Data from the nationally representative international Health Behaviour in School-aged Children study (HBSC, 2018) were obtained from a total of 2429 adolescents aged 13- and 15-years in 77 schools in Finland. Data were analyzed via descriptive analysis and logistic regression analyses. Risk ratios were derived from the odds ratios.

**Results.** Even infrequent energy drink consumption was associated with various negative health indicators. Moreover, frequent energy drink consumption increased the reporting of inadequate tooth brushing, skipping breakfast, low physical activity, short sleep, problematic social media use, smoking, alcohol consumption, drunkenness, snus use, and cannabis use. In addition, frequent energy drink consumption was associated with low self-rated health, multiple health complaints, morning tiredness, and feelings of insufficient sleep.

**Discussion.** Adolescents who consume energy drinks, even infrequently, seem to have poor adherence to healthy everyday habits, and are at risk of experiencing the consequences of health compromising behaviors. Hence, evaluation of the appropriateness of energy drinks for adolescents should go beyond a
focus on the direct physiological effects of these drinks. There is a global need to obtain knowledge on energy drink use among adolescents in order to update existing policies and construct new ones.

Challenges and promising avenues for bringing the concept of sustainable diet into healthcare organizations: A qualitative study among key informants

Speaker
Laurence Guillaumie, Presenting Author from Université Laval, Canada

Co-authors
Lydi-Anne Vézina-Im, Geneviève Mercille, Olivier Boiral, Sophie Desroches

Abstract

Context. Sustainable diets (SD) are mainly based on respect for biodiversity and ecosystems, nutritional quality, physical and financial accessibility, cultural acceptability and economic development. Public health officers, food supply managers and health professionals (e.g., physicians, nurses and dietitians) are in a good position to promote SD in their practices. However, even though health professionals generally view SD favourably, very few of them bring it into their daily practice, and most would require training and communication tools to discuss SD during consultations with patients. This study aimed to explore challenges to and promising avenues for bringing the concept of SD into healthcare organizations.

Methods. An exploratory descriptive qualitative study was conducted using semi-structured interviews among a variety of key informants (n = 29) whose profession involves reflecting on the inclusion of SD in healthcare organizations, in the Province of Quebec, Canada, from May to November 2019. Participants were invited to share their perceptions of and experiences with SD in the Quebec healthcare system. The Kellogg Logic Model was used to develop the interview guide and assist with data analysis and interpretation. This model focuses on the conceptualization of the problem and leads to the identification of intervention strategies.

Results. Most key informants worked in nutrition or public health. Four main themes emerged from the data: 1) the main condition for the inclusion of SD in healthcare organizations is a clear commitment from policymakers; 2) public health officers are in a good position to promote SD; 3) food services in healthcare organizations should lead by example in integrating SD; and 4) health professionals face significant barriers to bringing SD into their practice.

Discussion. This study highlighted many challenges to bringing SD into healthcare organizations as well as some promising avenues to pursue. Multilevel actions (e.g., individual and environmental or legislative approaches) with a mix of top-down and bottom-up leadership are needed to promote the inclusion of SD in healthcare organizations. These results can guide public health officers, food supply managers and health professionals in bringing SD into their practices and institutions.

Community, culture and meat consumption: A traditional ethnography of meat and the new materialisms for planetary health

Speaker
Jake Sallaway-Costello, Presenting Author from University of Nottingham, United Kingdom
Abstract

Background/Objectives. Global meat consumption is increasing, presenting threats to the health of populations, and the fragility of natural ecosystems, establishing unsustainable consumption as a challenge to planetary health. A call to action is hindered by the ubiquitous nature and cultural dominance of meat consumption, misaligning the issue with traditional health promotion approaches and frameworks. A need was identified to explore cultural meanings of meat in sustainable diets, and the influence of culture on meat consumption and food sustainability.

Methods. A traditional ethnography was conducted, in which I became a member of the Birmingham Foodie Community: a network of food activists in the regional West Midlands (UK), using activism as a method of participant-led elicitation of cultural meanings of meat. A year-long period of overt participatory fieldwork generated a large multimedia dataset, explored using a bespoke post-anthropocentric analytical process developed from theoretical principles of New Materialist Social Inquiry, centring social-assemblages around meat. This was presented as an emerging onto-epistemological framework at the IUHPE meeting in Rotorua in 2019.

Results. Following completion of this doctoral study, resultant themes identified diverse cultural meanings of meat in the Birmingham Foodie Community, beyond that of a simple consumable product. The role of food in the development, maintenance, transition and extinction of dietary practices, urban food systems and local communities determined meat, as a scarce but demanded resource, was a material of local micropolitics. Meat was glocal: a material which connected local activist-led solutions to global health and environmental challenges, through which activists negotiated community development for food sustainability. The roles of meat in the earth-human nexus were interpreted through the concept of ‘health-ing’, valuing planetary health as a relational ‘doing’ process through which meat is used to navigate climate change mitigation and adaptation.

Discussion. This paper presents diverse cultural meanings of meat, the complications they pose to development of sustainable food policy, and the opportunities they present for new planetary health innovations through impactful local actions. The development of a novel post-anthropocentric analytical framework may have uses in the exploration of meanings of other practices relevant to health promotion in the Anthropocene.

Mediating mechanisms of the effect of an information technology-enabled ‘SMART Eating’ health promotion intervention on dietary behaviours among urban Indian adults: Findings from a cluster-RCT

Speaker
Jasvir Kaur, Presenting Author from Post-Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, India

Co-authors
Manmeet Kaur, Venkatesan Chakrapani, Rajesh Kumar

Abstract

Background. We examined the mechanisms by which a six-month information technology-enabled ‘SMART Eating’ intervention implemented in a two-group cluster-RCT among Indian adults achieved significant
improvements in fat, sugar, salt, and fruits and vegetables intake. The intervention used a multi-channel communication approach, including information technology (SMS, email, social networking app, and a project website) and interpersonal communication along with distribution of a ‘SMART Eating’ kit (a kitchen calendar, a dining table mat, and measuring spoons). The comparison group received a pamphlet on dietary guidelines.

**Methods.** Multiple mediation analyses on a longitudinal data set (n=732; 366 each in intervention and comparison groups; nested within 12 clusters) based on post-intervention scores were conducted using sem command in Stata. We assessed whether, and to what extent, intervention’s effects on dietary behaviours were mediated by attitude, social-influence and self-efficacy (ASE), and monthly household purchase and consumption behaviours. A separate mediation model was developed for each of the four outcomes (fat, sugar, salt, and fruits and vegetables intake). The analyses were adjusted for baseline measures of the mediators and outcomes, control variables, and the cluster design effect.

**Results.** Total indirect effect of the intervention was significant on reducing fat (coefficient: -2.85; 95% CI -4.98, -0.72) and sugar (coefficient: -4.97; 95% CI -6.83, -3.11) intake, and increasing fruits and vegetables intake (coefficient: 35.34; 95% CI 15.21, 55.47). The intervention’s effect on fat intake was mediated by household consumption; on sugar intake by attitude, social-influence, and household consumption; and on fruits and vegetables intake by social-influence, self-efficacy, and household purchase. The total mediating effect on salt intake was non-significant; however, the effects through attitude (coefficient: -.13; 95% CI -.23, -.03), and household purchase (coefficient: -.02; 95% CI -.04, -.004) were significant.

**Discussion.** As ASE and household dietary behaviours were significant mediators, interventions that target these components will be more likely to be effective in optimising the intake of FSS and FV. The findings provide insights into how intervention effects can be apportioned to understand the mechanisms of dietary behaviour change to plan, develop or refine future interventions.

**Intervenciones e innovaciones en el autocuidado**

**Parallel oral session**
16 May 2022, 14:30 - 15:45

**Moderator**
Anna Bonmatí Tomàs

**Creación y divulgación del blog “Cuidados del paciente con COVID-19 en el domicilio”**

**Speakers**
Henrique da Silva Domingues, Presenting Author from Universidad de Jaén
Abstract

Escenario / problema. La infección por COVID-19 ha ocasionado cambios en las formas de vida de todas las personas alrededor del mundo. Esta nueva realidad está caracterizada por el miedo, la incertidumbre y el desconocimiento. Las personas afectadas deben permanecer aisladas en sus hogares y muchas de ellas necesitan una persona cuidadora para realizar sus actividades básicas de la vida diaria. La Educación para la Salud se configura como un elemento clave orientado a la adquisición de habilidades y conocimientos. El uso de recursos webs se presenta como un medio ágil y contemporáneo de compartir y difundir información relevante y prioritaria para la población.


Resultados. El blog fue evaluado por la Asociación de Enfermería Comunitaria española (https://www.cuidadosenelhogarcovid19.com/) y ha tenido un total de 83.233 visitas de usuarios de todas las edades, procedentes de diversos países (España, México, Estados Unidos, entre otros). Hemos difundido el enlace en distintos sitios para su amplia divulgación (portal de Investigación y Transferencia de la Universidad de Jaén, nota de prensa en el periódico Diario Jaén, creación de perfiles en las redes sociales, presentación en las Jornadas Iberoamericanas Virtuales: Coronavirus y Salud Pública, entre otros).

Implicaciones. Llevar información oficial y científica a todas las personas en medio de la incertidumbre inicial de la pandemia del COVID-19, permitiendo la toma de decisiones personales para la puesta en marcha de actitudes que prevengan el contagio y la propagación de la enfermedad en el hogar.

Personas mayores autocuidándose. Modelo integral basado en visitas domiciliarias para la prevención de caídas. PM-ACTIVAS

Speaker
Claudia Bustamante, Presenting Author from School of Nursing Pontificia Universidad Católica de Chile, Chile

Co-authors
Francisca Marquez-Doren, Camila Lucchini-Raiés, Claudia Alcayaga, Ignacio Ibarra
Abstract

Background/Objectives. El envejecimiento de la población, desafía a la sociedad para lograr que la mayor longevidad se desarrolle en el mejor estado de salud y calidad de vida posibles. Controlar limitaciones funcionales en personas mayores permite manejar predictores de morbimortalidad y discapacidad. Las caídas son un evento que afectan y condicionan limitaciones funcionales, siendo el resultado de la interacción de factores intrínsecos y extrínsecos. El objetivo de este estudio fue desarrollar, implementar y evaluar la efectividad de un Modelo para la Prevención de Caídas en personas mayores sanas que viven en la comunidad, basado en la articulación de atención domiciliaria y remota, para el manejo de factores de riesgo.

Methods. Diseño: Ensayo clínico controlado randomizado. Emplazamiento: Centros públicos de salud familiar, nivel primario de atención, Chile. Participantes: personas mayores (entre 65 y 80 años) autovalentes viviendo en la comunidad. Intervención: grupo control (n: 110) atención de salud habitual en su centro de salud; grupo intervención (n: 110) recibieron intervención educativa multidimensional de visita domiciliaria y seguimiento telefónico mensual por 8 meses.

Results. El proyecto se encuentra en etapa de ejecución, luego de una suspensión de seis meses debido a la pandemia por COVID-19. Actualmente, se está desarrollando la etapa de seguimiento y se tiene planificado el término del proyecto en junio del 2022. Se presentan resultados parciales obtenidos. Realización de revisión sistemática de instrumentos para medir el riesgo de caídas en personas mayores, elaboración del modelo lógico de la intervención, diseño del material para la capacitación de los reclutadores, registro del protocolo de la intervención, revisión y ajuste de batería de láminas de percepción de riesgo tras un análisis psicométrico del instrumento inicial, adaptado a la realidad de las viviendas de personas mayores.

Discussion. Se espera aumentar la percepción de riesgo de caídas, disminuir el número de factores de riesgo asociados a caídas y número de caídas, aumentar la satisfacción usuaria y conservar la funcionalidad. Los resultados serán transferibles e implementables a nivel de la atención primaria, en sectores público y privado.

Diseño de intervención educativa sobre tuberculosis con el uso de TIC dirigida

Speaker

Alba Idaly Muñoz Sanchez, Presenting Author from Nursing Faculty, Universidad Nacional de Colombia, Colombia

Co-authors

Martha Isabel Murcia, Ana Helena Puerto Guerrero, Yeimy Lorena Muñoz

Abstract

Objetivos de promoción de la salud. Diseñar una intervención educativa con apoyo TIC para fortalecer los conocimientos de trabajadores de la salud sobre tuberculosis en una institución hospitalaria

Sinopsis de una situación en la que se aplicó. Estudio de tipo cuasi-experimental. Fase 1- Diseño de la intervención. Se elaboró intervención educativa conformada por módulos sustentados en las necesidades de los trabajadores, se contó con la asesoría de expertos y revisión de literatura científica. Los contenidos de la intervención fueron validados por 7 expertos. Este proyecto cuenta con aval ético. Para la fase 2, se pretende examinar el efecto de la implementación de la intervención educativa TIC sobre los conocimientos
de Tuberculosis del personal de salud (200 trabajadores grupo experimental) y compararlos con el grupo control. Se espera para el evento tener avances de esta fase. Resultados: Fase 1. La intervención educativa se conformó de 3 módulos, divididos en 11 sesiones, algunas temáticas fueron: tuberculosis activa y tuberculosis latente, medidas de control de infecciones administrativas, ambientales y de protección respiratoria. Las etapas del diseño de la intervención sustentada en TIC son: diseño instruccional, luego de revisados y ajustados los contenidos fueron enviados a diseñador instruccional, para la adecuación de los contenidos en forma pedagógica virtual. Línea Gráfica: diseño de paleta de colores y personajes por diseñador gráfico. Construcción de Objetos Virtuales de Aprendizaje (OVA): se adaptaron a plataforma virtuales y se crearon las diferentes sesiones del curso, la elaboración está en el 100%. Se está desarrollando la validación de contenidos de las OVAS por expertos (5) para pasar a la etapa de intervención con 200 trabajadores. Conclusiones: el diseño de intervenciones educativas para trabajadores adultos a través de TIC, es clave para la promoción de la salud en los escenarios laborales.

**Público al que se dirige.** Trabajadores de la salud de un hospital público de la ciudad de Bogotá.

**Duración y utilidad.** Duración inicial del proyecto es de dos años y se prevé que la herramienta TIC pueda extender su uso a otros trabajadores de Colombia, promoviendo procesos de transferencia del conocimiento el proyecto es financiado por Minciencias y la Universidad Nacional de Colombia.

**Las redes con género en las universidades mexicanas para la transformación social e institucional**

**Speaker**
Flor de María Gamboa, Presenting Author from Universidad Michoacana de San Nicolás de Hidalgo, Mexico

**Abstract**

**Antecedentes / Objetivos.** A partir del 2010, las universidades públicas mexicanas entraron en un proceso de revisión de su propia cultura institucional para identificar los sesgos de género prevalentes. Proceso que en el 2017, a raíz de los movimientos feministas globales de denuncia de agresión y acoso sexual contra las mujeres, se vio obligado a incluir el tema de la violencia de género, diseñando protocolos, normativa y campañas de sensibilización para la toma de conciencia del problema. A la par que la institución tomando medidas desde arriba, las académicas feministas se movilizaban y organizaban desde abajo en redes con género. De la que hablaré en esta ponencia es de la Red de Enlaces Académicos de Género de la Universidad Michoacana de San Nicolás de Hidalgo, REAG, de aquí en adelante, que se localiza en Michoacán, México. ¿Cómo ha (r)evolucionado la REAG del 2016 a la fecha desde sus características y formas originarias? ¿Ha impactado en la vida institucional mejorando las relaciones de género y/o las condiciones laborales y personales de las mujeres universitarias que trabajan en la UMSNH? ¿De qué manera? ¿Cuáles han sido los principales obstáculos que la REAG ha superado en aras del cumplimiento de sus objetivos como colectivo? ¿En qué medidas la REAG ha podido sostener el impulso y la lucha feminista al interior de la UMSNH?

**Métodos.** Sirvan las anteriores preguntas como aperitivo de un menú más extenso, el cual, será expuesto en forma de testimonio histórico-político de quien escribe, en mi capacidad de coordinadora de la REAG desde el 2016 a la fecha.

**Resultados.** Organizaré mi testimonio en torno a cuatro vías que redactaré a continuación considerando a la REAG el sujeto de la oración: 1) su proceso de institucionalización: ventajas, concesiones y escisiones; 2) su capacidad como espacio de encuentro entre mujeres para la generación y transmisión de saberes: más
allá del “feministómetro”, 3) su poder de convocatoria para el obraje científico: incitación a la construcción interdisciplinaria de ciencia feminista; 4) su repercusión y participación en la construcción de políticas institucionales de igualdad de género en la UMSNH: tensiones personales y colectivas en el im-pulso de la causa feminista.

Oficina de calle y prácticas de cuidado: comprensión de los usuarios

Speaker
Ana Paula Da Silva E Cantante, Presenting Author from Escola Superior de Enfermagem do Porto Portugal, Portugal

Co-authors
Joice Fabricio, Mirna Albuquerque Frota, Mariana Cavalcante Martins, Karla Maria Carneiro Rolim

Abstract

**Background/Objectives.** Street office and care practices: users' understanding. Aimed understand the care practices by users of the street office; to characterize the population assisted by the office staff on the street and describe the modes of care experienced by users of the office on the street.

**Methods.** This is an exploratory and descriptive research with a qualitative approach. The study included users of the office on the street of Fortaleza, Ceará, from February to June 2021. Data collection took place through individual semi-structured interviews with guiding questions. For data analysis, the characterization of the interviewees was traced and the Iramuteq software was used for categorization and analysis of the speeches. The study was approved by the Research Ethics Committee of the University of Fortaleza, under opinion number: 4460942

**Results.** It was found that the age ranged between 27 and 62 years and the average was 44.4 years. It was found that most were unemployed (75%) and 25% had some occupation, the predominant sex was male (75%). With regard to the period living on the streets, the years ranged between 3 and 50 years, and it was more expressive for up to 10 years. Regarding the color of the participants, the color black prevailed, 50%. The general corpus consisted of 08 texts, separated into 188 text segments (ST), using 178 STs (94.68%). 5064 occurrences emerged (words, forms or words), with 988 distinct words and 516 with a single occurrence. The analyzed content was categorized into three classes: Class 1 – “Citizens understood by people living on the streets”, with 85 TS (47.75%); Class 2 – “Satisfaction with access to health actions and services”, with 40 ST (22.47%) and Class 3 – “Causes and confrontations of life on the street”, with 53 ST (29.78%).

**Discussion.** The way the most evoked word was “Street” had the meaning of vulnerability. It was understood that the most incident words in the word cloud and in the similarity analysis refer to street, which represents well the social unequal and health disparities for some population groups. There were several impacts for science, the university and society, as it reveals these needs for improvement regarding the training of professionals and on the care practices developed with the users of the office on the street, showing their realities and their shortcomings in the field of health and social assistance.
Prendre en compte les inégalités sociales de santé dans les interventions de détection et de prévention des cas de COVID-19 : une recherche multipays

Symposium
16 May 2022, 14:30 - 15:45

Symposium coordinator
Lara Gautier

Speakers
Abdourahmane Coulibaly, Symposium Presenter from Miseli, Mali
Lola Traverson Symposium Coordinator from Ceped/IRD/UP, France
Lara Gautier, Symposium Coordinator from School of public health, University of Montreal, Canada
Camille Beaujoin, Symposium Presenter from Université de Montréal, Canada
Zoé Richard, Symposium Presenter from Institut de Recherche pour le Développement, France
Stéphanie Gomes, Symposium Presenter from Fondation Oswaldo Cruz, Brazil

Co-authors
Marie-Catherine Gagnon, Kate Zinszer, Valéry Ridde, Sydia Oliveira, Pauline Boivin

Abstract
Objectif général. Les communautés racisées et marginalisées ont été touchées de manière disproportionnée par la COVID-19, et l’amélioration de l’équité d’accès aux interventions de COVID-19 représente une étape essentielle pour réduire la propagation de la maladie. Or, certaines interventions risquent d’augmenter les inégalités en matière de santé faute d’intégrer le principe d’universalisme proportionné. Il est donc essentiel de comprendre comment les interventions de riposte à la COVID-19 sont développées afin d’en tirer des leçons pour réduire ces inégalités. À partir d’une étude de cas multiples – dans quatre pays (Brésil, Canada, France et Mali) – nous nous concentrerons dans ce symposium sur la compréhension de si et comment les inégalités ont été prises en compte dans la conception et la planification des interventions de détection et de prévention des cas de COVID-19. Dans chaque pays, des dizaines d’entretiens qualitatifs avec des représentant·e·s des autorités publiques, des organismes communautaires et des ONG ont été réalisées. Une telle diversité de participant·e·s permet de dresser un tableau complet et critique de chaque intervention.

Proposition de format de la séance. Ce symposium virtuel ou hybride (si une salle est disponible) se déclinera en quatre temps, afin de présenter les résultats pour chaque cas-pays, mettant en lumière la diversité géographique des expériences présentées. Premièrement, le contexte de l’étude multipays et les présentateurs seront introduits (5’). Suivront les quatre présentations (une par pays) (10’ chacune). Les 20 minutes suivantes seront consacrées à la discussion avec le public. Dans les cinq dernières minutes, une conclusion des échanges sera proposée.

Thème et/ou sous-thème de la Conférence abordé. Ce symposium permettra de faire ressortir les enjeux les plus pressants en matière de réduction des inégalités sociales de santé dans la lutte contre la COVID-19. Ce contexte amène des changements profonds dans la manière dont on pense les interventions de santé
publique : nous considérons dans cette recherche que la COVID-19 représente une occasion de s’attaquer aux inégalités sociales de santé au moment-même où on conçoit les interventions. Notre symposium répond ainsi au sous-thème Saisir les opportunités dans les changements actuels. Il s’inscrit logiquement dans la catégorie Équité, inclusion et diversité.

Les inégalités sociales de santé ont-elles été pris en compte dans la planification de la réponse sanitaire à la COVID-19 ? Une étude qualitative à Montréal, Canada

Abstract

Contexte/Objectifs. La pandémie de COVID-19 a globalement exacerbé les inégalités sociales de santé (ISS). Au Canada, la mortalité due à la COVID-19 a été particulièrement élevée dans la province du Québec. À Montréal, des programmes de dépistage et de suivi des contacts ont été conçus par des praticien·e·s de la santé publique et des centres de santé pour tenter de freiner la propagation du virus. Ce faisant, si les déterminants sociaux de la santé ne sont pas pris en compte dès la planification des interventions, ces dernières sont susceptibles de creuser davantage les ISS. L’objectif de notre étude est de décrire la manière dont les ISS ont été pris en compte dans la planification des programmes de dépistage et de suivi des contacts à Montréal.

Méthodes. Nous avons mené une étude de cas qualitative s’inspirant d’un cadre conceptuel décrivant la prise en compte des ISS dans la planification des interventions. Des entretiens semi-dirigés ont été réalisés avec des professionnel·le·s impliqués dans la planification et la mise en œuvre des programmes de suivi des contacts et de dépistage (ex : gestionnaires, spécialistes de la santé publique) (n = 35). Les participant·e·s ont été sélectionné·e·s par choix raisonné et la technique boule de neige dans divers milieux de pratique. Une analyse thématique à la fois inductive et déductive a été réalisée, à partir de l’outil Reflex-ISS.

Résultats. Les résultats suggèrent que les ISS n’ont initialement pas été prises en compte lors de la planification des programmes. Les participant·e·s ont déploré le manque de vision partagée des ISS et le manque de préparation aux pandémies au Québec. Cependant, les données suggèrent que des changements ont été apportés au fil du temps pour améliorer l’accessibilité, l’acceptabilité et la disponibilité des services, notamment en matière d’accès à l’information. Les acteur·ice·s communautaires ont joué un rôle important pour que les interventions prennent en compte les barrières limitant l’accès aux services de santé.

Discussion. Ces leçons apprises soulignent l’importance pour la santé publique i) d’adopter une vision des ISS qui soit commune et intégrée à toutes les interventions, ii) de s’attaquer aux obstacles structurels limitant l’accès aux services par le biais d’une collaboration multisectorielle. Ceci sera nécessaire pour donner les moyens à la santé publique d’organiser une réponse aux futures urgences sanitaires potentielles qui n’augmente pas davantage les ISS.

Formulation des interventions de dépistage et suivi des contacts face à la pandémie de COVID-19 en France : « faire dans la dentelle » en temps de crise sanitaire ?

Abstract

L'enquête met en lumière le caractère subalterne de la problématique des ISS dans le contexte d’urgence sanitaire associé à l’épidémie. Elle révèle l’absence de vision commune entourant cette notion parmi les parties-prenantes, malgré une préoccupation généralisée pour les inégalités. De plus, elle montre la diversité des formes et/ou tentatives de (non)-prise en compte des ISS au sein du dispositif étudié, basé sur un référentiel à dominante épidémiologique. Enfin, l’enquête dévoile les défis et complexités de la constitution et la mise en œuvre de partenariats intersectoriels favorables à la lutte contre les ISS.

Discussion. Si la pandémie a remis en lumière la problématique des ISS, nos résultats suggèrent que la période de crise n’ait pas constitué une conjoncture favorable à leur prise en compte dans la formulation des interventions de santé publique visant à lutter contre la pandémie. Ils posent la question de la place accordée aux ISS dans la formulation de ces interventions et invitent à développer les espaces formels et intersectoriels d’échange et de discussion sur les ISS en dehors de périodes de crise sanitaire.

Les travailleurs d’abord : planification du dépistage de la COVID-19 dans l'Amazonas au Brésil

Abstract

Contexte/Objectifs. Les États brésiliens présentant les taux d’incidence et de mortalité les plus élevés pour la COVID-19 étaient ceux où l’inégalité économique était la plus forte, au vu du coefficient de Gini. C’est le cas de l'Amazonas, l'État où les inégalités économiques sont les plus fortes du pays et où les taux d’incidence et de mortalité sont les plus élevés. Face à ce scénario, il est essentiel de comprendre comment les inégalités sociales de santé (ISS) ont été considérées dans le processus de planification de la politique de dépistage de la population pour la COVID-19 dans l’État d'Amazonas.

Méthodes. Une étude de cas qualitative a été menée sur la base d’une analyse documentaire et d’entretiens semi-dirigés. Les documents officiels sur les sites web des institutions gouvernementales d'Amazonas émis entre janvier et novembre 2020 avec le thème du dépistage de la COVID-19 dans l’état ont été analysés. Les entretiens ont été menés avec 13 acteurs clés (gestionnaires et professionnels des centres de dépistage et de l'organisme responsable de la surveillance des laboratoires). L'analyse de contenu a été la méthode utilisée pour systématiser les données à partir de l'outil Reflex-ISS.
Résultats. En raison du nombre limité de tests de détection COVID-19, l'État d'Amazonas, comme d'autres États du Brésil, n'a pas procédé à un dépistage de masse de la population. Ainsi, des groupes prioritaires ont été définis pour les tests. Dans l'État d'Amazonas, le principal critère pour définir qui serait testé était l'exposition au virus en raison du travail. Cinq centres de dépistage ont été créés pour accueillir certaines catégories de travailleurs qui sont restés en activité, malgré les restrictions de confinement. Les personnes vulnérables n’avaient pas accès au dépistage.

Discussion. En raison du manque d’intrants et de l’absence de directives claires pour le dépistage au Brésil, on a observé l’absence d’une politique visant à rompre les chaînes de transmission du SRAS-CoV-2. Les mesures mises en œuvre avaient un caractère diagnostique, plutôt que préventif. Ainsi, la planification a cherché à minimiser les dommages pour les classes actives et n’a pas pris en compte les inégalités sociales de santé au sens des conditions socio-économiques de la population. Toutefois, la planification a tenu compte des ISS fondées sur les conditions de travail en donnant la priorité aux classes professionnelles les plus exposées au virus.

Stratégie de dépistage de la COVID-19 et inégalités sociales de santé au Mali

Abstract

Contexte/Objectifs. Depuis le 25 mars 2020, date des premiers cas de COVID-19 déclarés au Mali, le pays a connu plusieurs vagues et a comptabilisé jusqu’à septembre 2021 environ 15 000 cas positifs et près de 550 décès officiels. Mais il est en réalité difficile d’avoir une idée précise de l’ampleur de l’épidémie, l’accès au dépistage étant limité voire quasi inexistant en milieu rural et souvent entravé dans les zones urbaines. Dans ce contexte et au-delà de ce seul indicateur d’accessibilité, la question des inégalités sociales de santé est prégnante. Nous avons ainsi cherché à savoir si et comment ces ISS ont été prises en compte lors de la planification du dépistage au Mali.

Méthodes. Lors de cette enquête qualitative, 26 entretiens semi-dirigés ont été réalisés à Bamako en mars et avril 2021, sur la base d’un échantillonnage intentionnel. Des acteurs clés dans la gestion de la crise de la COVID-19 ont d’abord été ciblés, tant du côté de l’État, des partenaires nationaux et internationaux, qui nous ont ensuite orienté par effet boule de neige vers d’autres personnes ressources. Une analyse documentaire, entre autres de rapports nationaux, a complété ce recueil de données. Celles-ci ont été analysées en s’inspirant de l’outil Réflex-ISS.

Résultats. Les résultats préliminaires montrent que les autorités maliennes ont axé la riposte sur une réponse globale de dépistage ouvert à tous, ciblé selon les symptômes et dans une logique d’optimisation des intrants disponibles. Même si certaines stratégies mises en œuvre vont dans le sens d’une équité dans l’accès au dépistage (gratuité du test et de la prise en charge, numéro vert, laboratoire mobile, etc.) grâce aux efforts considérables des autorités et au soutien de ses partenaires, les ISS n’ont en fait pas été considérées de manière explicite dans la formulation de l’intervention.

Discussion. Ce contexte d’urgence sanitaire auquel s’ajoute la situation actuellement fragilisée du Mali n’ont pas favorisé la prise en compte des ISS dans la planification du dépistage des cas de COVID-19. Mais la
pandémie actuelle, tout comme la précédente épidémie d’Ébola, oblige à tirer des enseignements et à définir de nouvelles stratégies d’anticipation et d’organisation. Cette étude incite dès lors à réfléchir sur la prise en considération des ISS dans la formulation des interventions futures de santé publique.

**Facilitating engagement with the Circle of Health: Unleashing the benefits**

**Workshop**
16 May 2022, 14:30 - 15:45

**Moderator**
Patsy Beattie-Huggan

**Speakers**
Patsy Beattie-Huggan, Workshop Coordinator from The Quaich Inc., Canada
Kirsten Steinhausen, Workshop Trainer from Furtwangen University, Germany
Stefanie Harsch, Workshop Trainer from University of Education Freiburg, Germany

**Abstract**

**Objectives.** Current global development requires transparent, multisector, and interdisciplinary collaboration on health promotion. The Circle of Health (COH) is a comprehensive framework developed in 1996 in Prince Edward Island, Canada through a unique government-community partnership. It incorporates health promotion theory and is distinct in its attention to values and a holistic perspective. It serves as a handheld tool which provides structure and guidance for organizing, sharing, and planning intervention at individual, family, community, and societal levels in a systematic way, and is used globally by educators, policy makers, researchers, and students in many disciplines. It provides a shared language, helps to translate concepts to interventions, broadens thinking and prompts innovation. The COH has been validated and evaluated internationally, used in diverse settings in 20 countries and is available in six languages. The purpose of this workshop is to engage participants in applying the COH, model facilitation methods, and share lessons learned. This workshop will use case studies and provide step-by-step guidance on how to use the COH for planning in order to address participants’ priority areas.

**Format.** The workshop will introduce the COH and present two case studies describing its application. Then, participants will engage in applying the COH to a priority issue. The session closes with a reflection on how the COH transforms collaboration in public health practice.

- Introduction (15 min) Patsy Beattie Huggan, Consultant, the Quaich Inc.
- Case Study: Learning with the COH: An online course at Furtwangen University, Germany (15 min) - Kirsten Steinhausen, MD, Furtwangen University, Germany
- Case Study: Pilot testing the COH for work with Migrant Populations: Freiburg, Germany (15 min) – Stefanie Harsch, University of Education Freiburg
- Facilitated application of the COH (45 min)
- Reflection on Next Steps and additional resources (15 min)
Learning goals. By engaging in the workshop, participants will:
1. Increase their knowledge of the COH as a health promotion tool
2. Engage in applying the COH to an issue they identify as important
3. Acquire tips for facilitating with the COH
4. Initiate a network of users to provide support for future applications

S’initier au plaidoyer : atelier pratique

Workshop
16 May 2022, 14:30 - 15:45

Moderator
Sarah Chaput

Speakers
Sarah Chaput, Presenting Author from RÉFIPS, région des Amériques, Canada
David-Martin Milot, Workshop Trainer from Université de Sherbrooke, CIUSSS Montérégie, Canada
Geneviève McCready, Workshop Trainer from Université du Québec à Rimouski, Canada
Fenel Bellegarde, Workshop Trainer from Institut haïtien de langue des signes, Haïti

Abstract
Objectifs. L’action sur les déterminants de la santé exige une transformation d’éléments structurels dans les modes d’organisation sociétale et les politiques. Si le plaidoyer figure parmi les compétences clés en promotion de la santé, les acteurs et actrices de la promotion de la santé ne se sentent pas toujours outillé.e.s pour accomplir un rôle politique. Le RÉFIPS a produit le guide Plaidoyer pour la santé afin de fournir des balises sur le processus, les risques et les aspects éthiques liés à la pratique de plaidoyer en promotion de la santé. Ce guide de portée internationale s’appuie sur des ouvrages de littérature grise et scientifique en matière de plaidoyer en santé. L’atelier vise à initier les participants à l’utilisation du guide afin de les soutenir dans leur démarche de plaidoyer.

Cet atelier s’adresse à toute personne francophone ou francophile qui souhaite mener ou qui mène déjà une démarche de plaidoyer pour la santé, le bien-être ou l’équité, peu importe son niveau de connaissances. Plus précisément, ses objectifs sont de :
- Permettre aux participants de se familiariser avec la démarche du guide pratique Plaidoyer pour la santé du RÉFIPS
- Renforcer les capacités des participants à mener une démarche de plaidoyer structurée
- Créer un espace de partage d’expériences et de bonnes pratiques en matière de plaidoyer pour la santé entre les participants

Format. Après une brève présentation du guide et des étapes de planification d’une démarche de plaidoyer, les participants seront amenés à travailler en groupe sur une mise en situation. Cette mise en situation permettra de présenter les premières étapes de planification complétées par un groupe menant une démarche de plaidoyer. En équipe, les participants se mobiliseront pour contribuer à la planification de
cette démarche en proposant des messages clés et des stratégies de diffusion à l’aide des notions du guide. Les équipes présenteront le résultat de leur exercice dans le cadre d’une discussion en plénière.

**Buts d’apprentissage.**

- S’approprier les étapes d’une démarche de plaidoyer pour la santé
- Mettre en application les notions et stratégies proposées dans le guide à l’aide d’une mise en situation

Cet atelier est organisé par le groupe de travail sur le plaidoyer du RÉFIPS.

**Innover pour la santé des enfants et des jeunes**

**Parallel oral session**

16 May 2022, 16:15 - 17:30

**Moderator**

Jennifer Thompson

**Présentation de la démarche de développement d’Art en tête, un programme parascolaire artistique innovant voué à soutenir les élèves du secondaire présentant des difficultés socio-émotionnelles**

**Speaker**

Rocio Macabena Perez, Presenting Author from Université de Montréal, Canada

**Abstract**

**Milieu/problématique.** L’OSBL MU anime depuis 10 ans une activité parascolaire d’art mural visant à favoriser la persévérance scolaire de jeunes de secondaire 4 et 5. Souhaitant faire évaluer l’efficacité de leur programme et l’adapter à une clientèle présentant des problèmes de santé mentale, MU s’est associé à l’École de psychoéducation de l’Université de Montréal et au laboratoire Espace Transition du CHU Sainte-Justine qui anime des ateliers artistiques visant à favoriser l’adaptation et le bien-être d’adolescents.es vivant avec des troubles mentaux.

**Intervention.** Ce triple partenariat intersectoriel a abouti à la création d’Art en tête, un programme d’activités parascolaires artistiques de groupe spécialement adapté aux besoins et caractéristiques d’élèves du secondaire présentant des difficultés socio-émotionnelles (p. ex. retrait social, anxiété). S’appuyant sur les approches positives, Art en tête vise à promouvoir l’adaptation scolaire et psychosociale des jeunes afin de répondre aux besoins d’une clientèle complexe à desservir, et ce de façon novatrice.

**Résultats.** Cette présentation fera état de la démarche partenariale ayant mené à la conception du programme Art en tête. Au terme de deux années, les modèles logiques des programmes de MU et d’Espace Transition ont été fusionnés, puis un modèle d’accompagnement clinique a été adapté, ce qui constitue l’aspect le plus novateur d’Art en tête, car il intègre l’expertise clinique tertiaire dans un modèle de promotion primaire. Un devis d’évaluation robuste a été élaboré en respect des besoins des parties
prenantes. La mise en œuvre du programme et son évaluation s’amorceront à l’automne 2021. Dans cette présentation, les défis posés par la collaboration intersectorielle aux étapes préimplantation seront discutés.

**Implication.** La contribution d’Art en tête se situe sur le plan du développement de contenu visant spécifiquement les élèves présentant une double vulnérabilité académique et sur le plan de la santé mentale. Le développement du programme permettra d’identifier et de réfléchir sur les principaux obstacles et avantages d’un partenariat intersectoriel pour répondre à une problématique complexe en milieu scolaire, endroit privilégié pour intervenir en promotion de la santé.

**Des capsules vidéo comme outils de mobilisation de connaissances pour soutenir la participation jeunesse au sein d’organismes faisant la promotion du développement positif et sain des jeunes**

**Speaker**
Josée Lapalme, Presenting Author from Université de Montréal, Canada

**Co-authors**
Isabelle Archambault, Jennifer Thompson, Sarah Fraser

**Abstract**

**Objectifs en matière de promotion de la santé.** La participation inclusive des jeunes est une composante importante de l’équité en matière de leur développement positif et sain. Dans un contexte social marqué d’inégalités sociales de santé, qui se sont intensifiées avec la COVID-19, il est impératif d’engager tous les jeunes, particulièrement ceux aux profils diversifiés (p.ex. autochtones, immigrants, milieux défavorisés) rencontrant des barrières à l’accès aux ressources et services qui favoriseront leur développement positif et sain. Toutefois, les pratiques inclusives prometteuses qu’emploient divers organismes pour encourager l’équité en participation jeunesse font l’objet d’un partage limité. Lors d’une activité de maillage organisée par Myriagone Chaire McConnell-Université de Montréal en mobilisation des connaissances jeunesse, une trentaine de partenaires de secteurs variés ont d’ailleurs identifié le besoin d’un meilleur partage des pratiques favorisant la participation inclusive des jeunes. Afin de répondre à ce besoin, le présent projet est en cours de développer un portail Web qui permettra la diffusion des pratiques inclusives par l’entremise de capsules vidéo. Cet outil de mobilisation des connaissances en promotion de la santé se développe en partenariat avec quatre organismes communautaires œuvrant auprès des jeunes.

**Synopsis du scénario.** Le portail web comprendra environ cinq courtes capsules vidéo identifiant chacune une pratique inclusive, ses fondements et les mécanismes qui lui permettent de fonctionner. Les pratiques détaillées dans les capsules vidéo proviennent d’entretiens réalisés auprès des organismes partenaires et d’une recension des écrits. Les pratiques sont représentées par des animations et narrées par les intervenants de ces organismes et les chercheurs du projet.

**Auditoire visé.** Les capsules vidéo visent un auditoire interdisciplinaire et intersectoriel en lien avec la jeunesse, comprenant, entre autres, des chercheurs et des intervenants en promotion de la santé et des secteurs touchant les déterminants sociaux de la santé.

**Durée et utilisation prévue.** Premièrement, la présentation détaillera les objectifs du projet, les méthodes employées pour recueillir les pratiques inclusives présentées dans les capsules vidéo et les retombées
Santé Ados Mali : opportunité pour l'accès des adolescents.es aux informations sur les droits sexuels et reproductifs et l'égalité de genre par les technologies de l'information et de la communication

Speaker
Mahamadou Traore, Presenting Author from Unité de Santé Internationale, Canada

Abstract

Milieu/problématique. Selon l’indice d’Inégalité de Genre, le Mali est classé comme 156ème dans le monde. Sa population est jeune avec 47% de moins de 15 ans. Cette jeunesse confrontée à des inégalités d’accès à l’information est exposée aux risques en lien avec la santé de la reproduction. Ainsi les indicateurs de santé sont : un taux de fécondité des 15-19 ans de 16,4 naissances pour cent femmes; les adolescentes constituent 18% des femmes en âge de procréer et 17 % d’entre elles accouchent chaque année ; 9% de femmes ont subi des violences sexuelles, 6% avant 18 ans et 2% avant 15 ans ; plus de 53% des femmes de 25-45 ans ont été mariées avant 18 ans ; 20% des 15-19 ans savent situer correctement leur période féconde. Les droits sexuels et reproductifs sont mal connus à cause des normes socioculturelles.

Intervention. Une initiative du projet Assistance technique à l’appui budgétaire sectoriel en santé sexuelle et reproductive financée par le Canada et mise en œuvre en milieu scolaire au Mali par l’Unité de santé internationale du Centre hospitalier de l’université de Montréal est destinée à 1 103 élèves de 13 à 19 ans (46% de filles). Ce projet pilote s’est appuyé sur une revue de littérature, des informateurs clés et des focus groupe pour identifier les cibles, thèmes et plate-formes. Il propose aux adolescents.es à partir de Facebook et WhatsApp des informations sur: puberté, contraception, rapports sexuels précoces, grossesses précoces et non désirées, droits sexuels et reproductifs, masculinités positives, mariage d’enfants, inégalités de genre, mutilations génitales féminines/excision, IST, avortement. Le dispositif accessible à partir du téléphone portable permet d’interagir avec des professionnels de santé. Un comité de suivi composé de représentants des services de santé, de l’administration scolaire, des élèves et de l’équipe de projet a été mis en place.

Résultats.
- Représentant.es des services techniques de santé formés à l’utilisation des plates-formes.
- A titre d’exemples, le nombre de consultations sur des thèmes comme la puberté est de 5237, 1483 sur les rapports sexuels précoces et 3466 sur les grossesses précoces et non désirées.
- Émergence de relation de confiance entre adolescent.es et professionnels de santé.

Implications.
- Développement de la capacité d’agir des adolescent.es.
- Amélioration de la fréquentation des services de santé.
- Couverture d’autres écoles sous le leadership des services techniques de santé.
Perceptions du personnel de santé et des bénéficiaires sur la gouvernance de la politique de gratuité des soins de santé maternelle et infantile au Burkina Faso

Speaker
Cécile Ouattara, Presenting Author from Centre MURAZ, Institut national de santé publique (INSP), Burkina Faso

Co-authors
Edith Guigma, Leticia Sauret/Sakana, Patrick G. Ilboudo, Eric Daboné, Hervé Hien

Abstract

Contexte/Objectifs. En vue de réduire la mortalité maternelle et infantile, beaucoup de pays d’Afrique subsaharienne incluant le Burkina Faso ont adopté la politique de gratuité des soins de santé maternelle et infantile. De nombreuses études ont été conduites sur cette politique. Toutefois, elles ont peu abordé les perceptions du personnel de santé et des bénéficiaires sur la gouvernance de cette politique. L’objectif de cette communication est de présenter les perceptions du personnel de santé et des bénéficiaires sur la gouvernance de la politique de gratuité des soins de santé maternelle et infantile au Burkina Faso.


Résultats. Les résultats de l’étude ont révélé que le personnel de santé avait plus d’informations que les bénéficiaires sur ces quatre aspects de la gouvernance : la responsabilisation, la prédictibilité, l’implication des acteurs non étatiques dans le processus de prise de décision et la diffusion de l’information sur la politique. Les participants à l’étude ont jugé satisfaisant le respect de ces différents aspects de la gouvernance, toutefois, ils retenaient qu’elle est impactée négativement par les fréquentes ruptures et détournements de médicaments, les sanctions qui ne seraient pas à la hauteur des fautes commises par les indélicats et les insuffisances du système national de santé.

Discussion. La gouvernance de la politique de gratuité des soins de santé maternelle et infantile du Burkina Faso est mieux perçue par le personnel de santé et appréciée de façon globale par tous les participants à l’étude qui reconnaissent qu’il y a des problèmes de fonctionnement qui se greffent aux insuffisances du système de santé national. La prise en compte de toutes les insuffisances permettrait d’améliorer la gouvernance de cette politique de gratuité.
Measuring what counts: Equity prompts for public health performance

Abstract

Setting/problem. Since the SARS and H1N1 pandemics, significant attention was put to improving health equity, and public health authorities in Canada took steps to understand local populations and the conditions that put them at undue risk. However, as the COVID-19 pandemic took hold in early 2020, many public health organizations diverted “health equity” staff and units to disease management tasks. Without systematic and systemic partnerships and protocols in place, public health authorities were not able to plan for and measure structural performance on integrating health equity into their emergency preparedness planning, response and recovery efforts. The effects of this was amplified as COVID-19 disproportionately affected disadvantaged sub-populations.

Intervention. Working from an evidence-informed emergency preparedness framework and set of 67 indicators for public health system resilience, we developed health equity prompts for governance, protocols, partnerships and data management within public health organizations. The equity indicators establish expectations and measurable goals for sustained inclusion of community needs and meaningful partnerships. We worked with public health organizations to test the feasibility of the indicators, using an interactive platform to share progress and results.

Outcomes. Even at the height of the COVID-19 pandemic, public health organizations welcomed opportunities to learn about the equity prompts and to consider how to incorporate them systematically into their decision making. As the pandemic developed, the increasing need for health equity planning emphasized the value of in-house structures to ensure attention to equity considerations. We found that public health organizations could select key indicators to develop and measure sustained integration of equity, and we adapted the prompts to align with local organizations’ communities and opportunities.

Implications. The equity prompts for the public health emergency preparedness indicators provide explicit guidance for meaningful integration and measurement of public health authority readiness and responsiveness to local populations. The interactive platform is a timely dashboard of progress and success. The indicators and dashboard are portable and adaptable for use across jurisdictions.
Towards a cross-disciplinary framework to promote equity

Speakers
Dru Armstrong, Presenting Author from Health and Wellbeing Queensland, Australia
Emma Heard, Presenting Author from Health and Wellbeing Queensland, Australia

Co-authors
Roger Meany, Tim Reddel, Laura Barnes, Robyn Littlewood

Abstract
Setting/problem. Achieving health equity requires cross-disciplinary engagement and collaboration to address the social determinants of health. It is now widely acknowledged that achieving equity in health outcomes requires eliminating disparities in other areas, including (but not limited to) education, work, employment and income, housing and living conditions, and community and interpersonal relationships. Striving for equity cannot be an endeavour limited to a single sector such as health. Across Australia (and internationally), governments, community organisations, practitioners, and advocacy groups in a wide array of sectors have committed to achieving equity across key areas as core business. Importantly, just as action across the social determinants is required to achieve equitable health outcomes, health together with these other areas are key determinants for achieving positive equity outcomes for populations and places. In Australia, the Queensland Government has acknowledged the need to build a cross-disciplinary framework that establishes a shared understanding of equity and maps out collaborative approaches to achieving equity for all Queenslanders.

Intervention. In response, Health and Wellbeing Queensland, a prevention agency of the Queensland Government, has led the development the Queensland Equity Framework, which provides cross-disciplinary policy, program and service solutions.

Outcomes. The Queensland Equity Framework draws on a socio-ecological model to identify drivers of equity across five interconnected levels: Macro Political, Social and Economic, Living Conditions and Experiences, Cultural Norms and Values, Family and Household Factors, and Individual Factors. Intersectionality theory guided the inclusion of Social Position as a moderating factor and the Framework highlights the importance of addressing social systems of power at the systemic level. The Framework provides leverage points and mechanisms for change to support policy makers and practitioners across a range of sectors with guidelines for collaborative action.

Implications. The Queensland Equity Framework is an innovative exploratory approach to achieving health equity through cross-disciplinary collaboration.

Gratuité de la planification familiale au Burkina Faso : une évaluation de processus à méthodes mixtes

Speaker
Cheick Oumar Tiendrebeogo, Presenting Author from Université de Montréal, Canada

Co-authors
Lalique Browne, Sarah Cooper, Frank Bicaba, Alice Bila, Abel Bicaba, Thomas Druetz
Abstract

Contexte/Objectifs. Le Burkina Faso a été l'un des premiers pays d'Afrique subsaharienne à introduire une politique de gratuité de la planification familiale (PF) en 2019. Des études antérieures ont montré que de telles initiatives rencontrent souvent des défis de mise en œuvre. Cette évaluation a donc un double objectif : (i) mesurer la mise en œuvre effective de cette politique et (ii) mieux comprendre les facteurs qui bloquent ou facilitent son implantation en milieu rural.

Méthodes. Cette étude mixte avec un devis convergent a été réalisée entre novembre 2019 et mars 2020. Des entretiens semi-dirigés ont été menés avec des membres du ministère de la Santé (n=3), des agents de santé (n=10), des adolescentes âgées de 15 à 19 ans (n=5) et des femmes adultes (n=5). Un questionnaire a été administré à toutes les femmes âgées de 15 à 49 ans (n=901) recrutées dans 696 ménages sélectionnés par échantillonnage aléatoire dans la zone d'étude.

Résultats. 50% des femmes étaient informées de la politique de gratuité de la PF sans pour autant disposer d'informations suffisantes sur ce que cela impliquait réellement. Les facteurs liés à la connaissance de la gratuité de la PF étaient entre autres : le fait d'avoir reçu une éducation primaire, d'avoir récemment consulté un professionnel de la santé, d'appartenir à un quintile riche. Malgré la gratuité de la PF, 38% des femmes continuent de payer pour en bénéficier. Quelques femmes et certains personnels de santé ont indiqué que la gratuité de la PF avait eu un impact négatif sur la qualité des services de PF : augmentation du temps d'attente, consultations plus courtes, dégradation des relations soignant-patient. Les obstacles à la mise en œuvre signalés comprennent une communication insuffisante, des pénuries de consommables et de contraceptifs, des retards dans le remboursement par le gouvernement et des conflits avec la population. Les principaux facilitateurs étaient une expérience antérieure des soins de santé gratuits et de la PF, l'acceptabilité de la population et le soutien des associations locales.

Discussion. Cette étude montre que la nouvelle politique de gratuité entraîne davantage de bénéfices auprès des femmes les mieux nanties (hypothèse d'équité inverse). Un défi majeur consiste donc à réduire le risque qu'elle augmente les inégalités en santé. Il est nécessaire de la vulgariser davantage auprès de toutes les femmes en trouvant des solutions aux obstacles qui entravent sa mise en œuvre effective.

Quelles sont les retombées de l'aide sociale sur la redistribution de la richesse et la pauvreté ?: une revue systématique dans une perspective causale.

Speaker
Jaunathan Bilodeau, Presenting Author from Université McGill, Canada

Co-authors
Michaela Bunakova, Amélie Quesnel-Vallée

Abstract

Contexte/Objectifs. Au cours des dernières décennies, plusieurs juridictions ont entrepris des démarches visant à endiguer la croissance des inégalités de richesse, reconnues comme une cause fondamentale des inégalités de santé. Ce projet s'inscrit dans le troisième objectif de la Politique gouvernementale de prévention en santé du Québec, qui vise à « améliorer les conditions de vie des populations plus vulnérables », et dont la première étape est l'établissement d’un chantier visant à recenser les politiques sociales favorisant une meilleure redistribution de la richesse.
Méthodes. Une revue systématique a été réalisée en repérant les études révisées par les pairs sur les relations entre un programme ou une politique publique d’un pays riche de l’OCDE et les inégalités de revenu ou la pauvreté dans une perspective causale. Cette démarche repose sur la consultation de 15 bases de données (PROSPERO: CRD42020215480). Une revue complémentaire a ensuite été réalisée en ciblant spécifiquement les études portant sur l’aide sociale.

Résultats. 143 des 13 187 études recensées répondent aux critères d’inclusion. De ce nombre, 29 études portent sur l’aide sociale. La revue complémentaire sur l’aide sociale a permis de repérer 12 études supplémentaires. La vaste majorité des programmes identifiés ont été réalisés aux États-Unis. Une très faible proportion d’études utilise un devis expérimental. Nos données indiquent un faible soutien empirique quant à l’efficacité de l’aide aux familles avec enfants à charge et l’aide temporaire aux familles à faible revenu (États-Unis). Ces résultats s’inscrivent dans une absence de consensus quant aux interventions efficientes qui pourrait en partie être tributaires d’une large hétérogénéité dans les mesures.

Discussion. L’absence de consensus empirique et la surreprésentation des études réalisées aux États-Unis soulignent la nécessité de documenter plus systématiquement les retombées de l’aide sociale dans une perspective causale. Les résultats sont aussi discutés à la lumière d’autres interventions identifiées dans la revue systématique (p.ex. interventions multiples, revenu minimum garanti, supplément de revenu pour les travailleurs pauvres ou le soutien financier destiné aux parents). Cette recherche apporte un éclairage unique dans un contexte de besoins urgents de données probantes pour l’élaboration des réformes visant à réduire les inégalités de richesse et de santé.

Including the health system in solutions for equity has the health promotion community focused too much on the social determinants of health rather than working with the health system to act equity?

Speaker
Carmel Williams, Presenting Author from Centre for HiAP Research Translation, Australia

Co-author
Sarah Simpson

Abstract
Setting/problem. Over the past two decades the evidence on the importance on the social determinants of health and health equity have been established and consolidated, leading to a narrative that places the health system in a facilitating and enabling role, with the critical action to respond to inequity and social determinants under the control of other Ministries in government. This reflects success from a health promotion perspective and an important legacy from the Ottawa charter. The focus on determinants for health and health equity is essential if society is to halt the growing inequalities within our communities. However, in making the case for action by sectors other than health has the unintended consequence been to divert our focus from what the health system can also do to address inequities? The manner in which health system is designed and funded means that it can perpetuate and exacerbate health inequities. Health promotion has often used the over investment of health sector resources in treatment and care, rather than primary prevention together with evidence that health is largely determined outside of the health system to make the case for action outside the health sector. Despite this there are important
actions that need to be taken within and by the health sector to address inequities in health services (be they preventive, promoting, treatment, cure, rehabilitation, or palliation). People still need health services. Inequities in the availability, accessibility, affordability and acceptability of health services need to be addressed. How then do we make health systems part of the solution not just the problem?

Implications. Ten years from the 25th anniversary of the Ottawa Charter, the Presentation aims to explore the tensions that emerge for health promotion practitioners working in the health system with responsibility to address equity. How do they balance the need to work across systems to build multisectoral partnerships and at the same time work with their health system colleagues to tackle health inequities? For many it is not an either-or question:

- Where are people placed to act?
- How to help those wanting to act on health inequities make sense of it?
- Do the most recent generation of health promotion practitioners see the debate in the same way?

Sexual health education on the move!

Parallel oral session
16 May 2022, 16:15 - 17:30

Moderator
Patsy Beattie-Huggan

Moving from the international guidance on sexuality education to supporting regional comprehensive sexuality education - a report on a five-country expert workshop

Speaker
Kim Mawer, Presenting Author from Osaka University, Japan

Co-authors
Beverley Yamamoto, Rie Ogasawara

Abstract

Background/Objectives. Comprehensive sexuality education (CSE) is seen as central to the realisation of young people’s health and well-being. As an area of priority, the UNESCO’s revised International Technical Guidance on Sexuality Education (2018) (ITGSE) is meant to assist nations in developing their own programs. But how much guidance does the ITGSE actually provide to program developers? And what kind of additional support do they need? We report on the outcomes of a five-country (China, Japan, Lao PDR, Nepal, Philippines) expert workshop conducted as part of a larger comparative study of seven countries and their policy frameworks and teacher training in CSE.

Methods. A five-country expert workshop was held online to discuss the ITGSE’s key concepts, pedagogical approaches, underlying principles, and transferability. Workshop participants included teacher training
experts, public and school health experts, and an interdisciplinary group of researchers and graduate students.

**Results.** Several challenges to the implementation of CSE based on the ITGSE were identified. First, the ITGSE poses challenges to operationability. Teachers in countries with underdeveloped sex education programs require concrete, easy to implement guidelines to advance CSE. Teacher training experts pointed out the lack of teaching tools and modules that even less experienced teachers could use. Second, issues were raised about transferability, adaption, and cultural sensitivity. We report on examples of potential local implementation difficulties of the ITGSE’s key concepts and pedagogy. Thirdly, CSE teacher training programs need to be targeted at teachers from a broad range of subjects to ensure whole-school consistency. Finally, we report on examples of challenges but also successful steps in community involvement to strengthen overall support.

**Discussion.** These results suggest that the ITGSE, while promoting an ambitious model of CSE, provides limited reference for countries in the initial stages of program development. In particular it is not user friendly for those working in resource limited settings with hitherto underdeveloped sexuality education. While cultural sensitivity is highlighted there is no concrete guidance. Resources for implementation are needed, including teacher training modules. In particular concrete guidance of how to be culturally sensitive but not compromise the vision of the guidance needs further exploration.

**Healthy native youth implementation toolbox: An online decision support system to increase adoption and implementation of culturally relevant sexual health education in Indigenous communities**

**Speakers**
Christine Markham, Presenting Author from University of Texas Health Science Center at Houston School of Public Health, United States
Michelle Singer, Presenting Author from Northwest Portland Area Indian Health Board, United States

**Co-authors**
Stephanie Craig Rushing, Jane Manthei, Connie Jessen, Jerri Thomas, Melissa Peskin, Belinda Hernandez, Claudia Luna-Meza, Amanda Gaston, Nicole Trevino, Ross Shegog, Lea Sacca

**Abstract**

**Background/Objectives.** American Indian and Alaska Native (AIAN) youth experience serious disparities in sexual and reproductive health, including the highest teen birth rate among racial/ethnic groups. A growing number of evidence-based interventions (EBIs) that integrate the strengths and cultural teachings of Native communities exist. Yet, multiple factors, including limited trained personnel, limited resources, and geographic isolation, hinder their adoption and implementation. Innovative implementation strategies that facilitate the adoption and implementation of sexual health EBIs in Native communities may help to reduce these disparities.

**Methods.** We applied Implementation Mapping, a systematic framework that uses theory, empirical evidence, and community input, to adapt The Healthy Native Youth Implementation Toolbox, as an online, implementation strategy to facilitate the adoption and implementation of sexual health EBIs in Native communities. We adapted a theory-based, online decision support system, iCHAMPSS (CHOosing And Maintaining Effective Programs for Sex Education in Schools), originally developed for Texas schools, to
support underlying dissemination and implementation processes unique to Native communities. We used an iterative design process, incorporating input from Native practitioners and academicians, to ensure that the Toolbox reflects community values and needs.

**Results.** Grounded in Diffusion of Innovations and Social Cognitive Theory, the Toolbox supports Native practitioners through five action steps (Gather, Choose, Prepare, Implement, and Grow) to adopt, implement, and maintain a culturally relevant sexual health EBI. The Toolbox comprises: 1) a suite of culturally relevant, sexual health education EBIs developed, or adapted, for AIAN youth, 2) a ‘resource tools library’ comprising 20+ support tools to enable successful completion of tasks within each implementation step, and 3) lessons from the field (testimonials from individuals who have implemented sexual health education EBIs). Support tools include templates that can be tailored to fit a community’s needs (e.g., MOU for obtaining tribal approval); helpful links to other online resources; and facts and tips (e.g., selection guide to identify EBIs).

**Discussion.** If effective, the HNY Implementation Toolbox has the potential to increase the adoption and implementation of culturally relevant sexual health EBIs in Native communities and promote health equity among AIAN youth.

**Facteurs limitant l’utilisation des méthodes contraceptives modernes par les adolescents et jeunes des établissements post-primaires et secondaires de la commune de Kombissiri au Burkina Faso**

**Speaker**
Félicité Traore, Presenting Author from École Nationale de Santé Publique, Burkina Faso

**Abstract**

**Contexte/Objectifs.** En 2016, la prévalence contraceptive moderne était de 20 % au Burkina Faso. L’objectif de la recherche était d’étudier les facteurs qui limitent l’utilisation des méthodes contraceptives modernes par les adolescents et jeunes des établissements d’enseignement post-primaire et secondaire de la commune de Kombissiri.


**Résultats.** La moyenne d’âge des élèves est de 17,46 ± 2,56 ans. 30,47% ont déjà eu des rapports sexuels avec un âge moyen aux premiers rapports sexuels de 15 ans. Sur les 110 élèves qui ont déjà entretenu des rapports sexuels, 42,73% affirment ne pas utiliser une méthode contraceptive moderne. Parmi les 63 élèves qui utilisent une méthode contraceptive, 64,58% d’entre eux y ont recours, sans l’avis favorable de leurs parents. La proportion des garçons utilisant une méthode contraceptive moderne est significativement plus élevée que celle des filles. 24,81% des élèves du second cycle utilisent une méthode contraceptive moderne contre 13,16% chez les élèves du premier cycle (p<0,001). Si l’acceptation de la PF par les parents est significativement associée à l’utilisation d’une méthode contraceptive moderne (p<0,001), les résultats montrent que l’existence d’échanges avec les parents et le mode de cohabitation ne sont pas significativement associés à l’utilisation d’une méthode contraceptive moderne (p> 0,05). Les
comportements sexuels des élèves sont significativement associés à l’utilisation d’une méthode contraceptive moderne (p<0,001).

**Conclusion.** Le recours aux méthodes contraceptives modernes en milieu scolaire reste faible malgré une activité sexuelle existante. La sensibilisation des élèves à l’utilisation des méthodes contraceptives modernes et la création de salles spécifiques, réservés aux adolescents et jeunes dans les formations sanitaires devraient permettre l’amélioration des indicateurs de la santé sexuelle et reproductive.

**Drivers of sexual health knowledge for Two-Spirit and/or gbM2M**

**Speakers**
Harlan Pruden, Presenting Author from British Columbia Centre for Disease Control, Canada
Travis Salway, Presenting Author from Simon Fraser University, Canada

**Co-authors**
Aidan Ablona, Jannie Leung, Theodora Consolacion, Ryan Stillwagon

**Abstract**
Rarely are Two-Spirit and/or Indigenous gay, bi, or MSM (2S/gbMSM) men included in research projects that centers their experiences and ways. Using the Indigenous responses from a Canadian National 2014-15 Sex Now data set, this study explores the drivers of sexual health knowledge with the 2S/gbMSM community(ies). As a result of subject matter, the authors utilized Indigenous ways of knowing theoretical, methodological and epistemological while working to find a balance with western ways of knowing. The following examines the differences in drivers between those who use the term Two-Spirit and those who identify as Indigenous gay, bi or MSM men. This study also examines differences between those living in urban settings and those living in non-urban (suburban, small city/town, rural or remote) settings. Findings from this study can inform public health initiatives that better address the unique context of these groups. Associations were examined between SHK, using a combined score of 6 survey questions, and the following explanatory variables: Two-Spirit identity, living in urban settings, income, education and gay peer networks (GPN). Correlations between explanatory variables were examined using unadjusted odds ratios, and univariate and multivariable linear regression estimated associations between each of the explanatory variables and the SHK outcome.

**Objectives.** Using the Lakota expression, Mitakuye Oyasin, "All my relations/Everything is connected," the drivers studied were interrelated/connected: those living in urban environments had larger GPN; higher educational attainment had more income; and larger social support network had higher levels of educational attainment and larger GPN. Three main factors were associated with increased SHK: income, education, and size of GPN. Two-Spirit respondents had higher SHK than other Native men in urban settings but not in non-urban settings.

**Format.** Lecture followed by facilitated discussion.

**Learning goals.** To increase SHK with those with lower levels of education or income, or who are not connected to the “gay” community requires new ways of conducting outreach and engagement. Urban Two-Spirit folks are likely connected to one another and may get better information related to HIV prevention technologies, which may differ from those living in rural settings. Further research is needed with a larger sample and additional survey questions specific to experiences of Aboriginal gbMSM.
Cervical cancer screening among younger black women: From Mississippi to Kenya snapshots

Speaker
Angela Omondi, Presenting Author from University of Alabama, United States

Co-author
Mary Shaw-Ridley

Abstract

Background. Cervical cancer (CC), even though preventable through routine screening is the fourth most common cancer worldwide. Approximately, 90% of CC cases occur in low- and middle-income countries. In Sub-Saharan Africa, CC is the leading cause of cancer deaths. Even though Sub-Saharan Africa is burdened with CC, the disproportionate burden of CC is also well documented in the United States (U.S.), a high-income or developed country. Two formative research studies were recently conducted in a southern state of the U.S. (Mississippi) and in Kenya, to better understand CC screening knowledge, beliefs, and behaviors among younger Black women.

Methods. The research compares findings from two different cross-sectional studies. One study was conducted in Nairobi, Kenya (n=107), and the other study was conducted in an urban Mississippi County, U.S (n=117). The design of both studies was guided by the Health Belief Model (HBM). Researchers assessed knowledge, beliefs, and screening behaviors using a 44-item scale.

Results. Multiple linear regression indicates that knowledge about CC screening is significantly associated with screening behaviors among women in Kenya. There was no significant association between CC screening knowledge and CC screening behaviors among women in Mississippi. Further, there is no significant association between CC beliefs and CC behaviors for both groups of women.

Conclusion. In Kenya, a developing country, interventions should focus on increasing awareness and availability of cervical cancer preventative services. Mississippi, a southern state in the U.S. with high poverty rates and racial health disparities needs multi-level interventions to increase the availability and accessibility of CC preventative healthcare services.

Thinking out-of-the-box to teach health promotion

Round table
16 May 2022, 16:15 - 17:30

Moderator
Lesley Dyck
A new approach combining technology and behaviour change principles within general practice to improve lifestyle behaviours in patients.

Speakers
Mark Harris, Presenting Author from University of New South Wales (UNSW), Australia
Lauren Thorn, Presenting Author from Royal Australian College for General Practitioners, Australia

Abstract
Setting/problem. Australia has one of the highest rates of overweight and obesity in the developed world. Most General Practitioners (GPs) consider it their role to give physical activity and nutritional advice to their patients, however they need support to provide effective brief advice and motivation to patients where time is limited. In Australia, the COVID-19 pandemic has led to advances in the adoption of digital health technologies within general practice and increased use of mHealth applications by consumers. In this context a new digital health tool aimed at supporting GPs to work with their patients to adopt healthier habits was trialled.

Intervention. RACGP developed ‘Healthy Habits’, a digital health tool for GPs to support patients to increase physical activity and improve nutrition behaviours. Healthy Habits was co-designed with general practice staff, behaviour change experts and health consumers. Healthy Habits comprises a patient mobile app, website, clinician dashboard, resource hub and conversation guides. The mobile app connects patients to their GP who can track their patients progress on achieving physical activity and nutrition goals. A small-scale pilot of Healthy Habits was conducted in late 2021 via a pragmatic RCT. The four-week intervention was followed by interviews and surveys for both clinicians and consumers. Data was also obtained via the digital health tool’s backend.

Outcomes. Twenty-two general practices participated in the pilot: 12 practices in the control group and 10 practices in the experimental group, and 72 patients used the app. GPs and patients found the tool easy to use and navigate but reported it doesn’t cater for unique needs. Patients also reported using the app encouraged a stronger partnership with their GP in their journey towards better physical and nutritional health. General Practice staff reported that Healthy Habits was easy to embed into their clinical workflow, however involving other general practice staff and integrating within clinical software would support scalability.

Implications. Healthy Habits taps into the increasing demand by consumers for digital interventions to support lifestyle behaviour change and advances this by providing transparency and accountability between the GP and patient. Further work is underway to make the digital tool more inclusive and accessible for all patients, especially those most at risk of chronic disease, to highlight the role of other practice staff and to connect the digital tool with clinical software.

Digital storytelling in health promotion: Making space for affective and material pedagogies

Speaker
Eva Neely, Presenting Author from Victoria University of Wellington, New Zealand

Co-author
Andrea LaMarre
Abstract

Setting/problem. Within health promotion there are limited opportunities for embodied learning. However, health experiences are affective, emotional, sensual, and aesthetic; they are intertwined with the socio-political. As such it invites us to ask how we might consider the materiality of the body, and its entwinings with the world, in health promotion research, teaching, and practice? Foregrounding embodied experiences as implicated in producing different ways of encountering and experiencing health is a challenge, but one well worth exploring. If we wish to move beyond a purely discursive frame and toward a vital, embodied vision of “health,” we must attend to how health is “felt” and “sensed.”

Intervention. We introduce digital stories as a pedagogical tool for students to engage in rich entanglements with their own emotions, senses, and bodies—alongside “course content.” We will engage the audience with digital stories sourced from two university courses, that we teach, to examine how such media can engage students and educators alike in the process of affective and embodied learning.

Outcomes. While “about” the topics are explored in our courses, these stories invite reflexive praxis, actively encouraging students to consider how course material is agentic in the learning encounter. We discuss how digital storytelling has been a way for us to bring in more affect and materiality into our teaching, and engage with the audience on such encounters through the presentation.

Implications. To conclude, we explore what such tools ‘could do’ for health promotion research, pedagogy and practice. We actively invite the audience to share how their practices may bring, or have potential to bring, affect and materiality into their pedagogies to engage more fully in the affective, emotional, sensual, and aesthetic of health experiences.

Les stages en milieu communautaire, une avenue prometteuse pour une percée des principes et valeurs de la promotion de la santé en éducation médicale ?

Speaker
Julie Massé, Presenting Author from Université Laval, Canada

Co-authors
Sophie Dupéré, Élisabeth Martin

Abstract

Contexte/Objectifs. La Charte d’Ottawa identifiait la formation comme une cible d’action pour réaligner le mandat du secteur de la santé avec les valeurs et principes de la promotion de la santé. L’éducation médicale continue de rencontrer des défis dans l’intégration de ces valeurs et principes. Le cursus médical réduit en effet souvent la promotion de la santé à la prévention de la maladie et l’identification de facteurs de risque. Cette présentation qui découle d’une recherche, portera sur comment les stages en milieu communautaire, sur la base des apprentissages qui en sont retirés, peuvent favoriser l’intégration des valeurs et principes de la promotion de la santé en éducation médicale.

Méthodes. La recherche reposait sur un devis qualitatif descriptif et exploratoire. La Maison Bleue (organisme montréalais de périnatalité sociale) était notre milieu de recherche. La collecte de données s’appuyait sur 12 entrevues individuelles semi-dirigées auprès de médecins ayant transité par La Maison Bleue lors de stage(s). Une analyse de contenu qualitative a été réalisée (L’Écuyer, 1990).
Résultats. Les principaux apprentissages retirés de l’expérience de stage relèvent d’une approche globale, sensible et moins stigmatisante, favorisant un accès équitable aux soins et misant sur : (1) une conception élargie de la santé et de ses déterminants, allant au-delà du curatif; (2) des stratégies d’empowerment visant le développement chez les personnes d’une prise de conscience de leurs capacités et possibilités, dans une perspective de reprise de contrôle sur leur vie et leur santé; (3) l’advocacy, décrite comme l’engagement du professionnel à faciliter l’accès des personnes aux ressources dont elles ont besoin; (4) l’expertise interdisciplinaire et intersectorielle des autres professionnels et ressources du milieu. Ces apprentissages sont influencés par les particularités organisationnelles du milieu de stage et par la réalité d’une clientèle en situation de vulnérabilité sociale.

Discussion. Les résultats permettent d’identifier les stages en milieu communautaire comme une stratégie prometteuse en vue de créer des ponts entre les réalités cliniques au cœur des enseignements médicaux et les fondements de la promotion de la santé. Des recherches supplémentaires sont par ailleurs requises pour voir comment ces apprentissages peuvent être appliqués dans les milieux de pratique et peuvent ainsi être porteurs d’une transformation des pratiques vers plus d’équité en santé.

Participatory approach to develop training module on capacity building to implement multi-sectoral action for prevention and control of noncommunicable diseases

Speaker
Manmeet Kaur, Presenting Author from Post Graduate Institute of Medical Education and Research, India

Co-authors
Shankar Prinja, Bijoy Kumar Padhi, Inayat Kakar, Abhishek Sharma, Ankur Punia, Pradeep Joshi, Fikru Tesfaye, Rajesh Kumar

Abstract
Setting/problem. Multi-sectoral action i.e., policy and action of non-health sectors along with health sector is the best buy for prevention and control of noncommunicable diseases (NCDs). The Ministry of Health and Family Welfare (MoHFW), Government of India prepared a National Multi-sectoral Action Plan (NMAP) 2017-2022. An assessment in 2018-19 recommended the need to build capacity of different sectors not only at the national level but in the states of India. Under the federal structure of India, health is a State subject and thus implementation of NMAP requires commitment and leadership at the state level. We used participatory approach to develop the training module on Multi-sectoral Action Plan for Indian states.

Intervention. Responding to the need for training State level officials, WHO South-East Asia Region Office (SEARO) initiated a project to contextualise their training material to the Indian settings. For this, a two-stage process was undertaken. One, the review of available training modules on NCD to understand different approaches used across the globe and review of literature to include reading materials from India and provide Indian case studies. The training material was edited on the basis of the review. Two, to make capacity building effective and reflective, pilot trainings were organised with health and non-health department officials using the edited training material. The trainings were kept dialogical, iterative, and continuous feedback was taken on every aspect of the training including content, structure, timing etc. to assess the relevance of the content, comprehensibility and appeal for the participants. Feedback on the WHO SEARO training modules was sought from trainees in pilot trainings conducted in three States.
Outcomes. The intervention led to the development of a grounded training module on multisectoral action for prevention and control of NCDs in India.

Implications. The training module and the facilitator guide developed using the participatory approach to bring non-health stakeholders together to plan coordinated actions for NCD prevention and control seem to be acceptable and stimulating. The impact will be evaluated in the next two years.

PEER-IESS. Participation, Engagement, Empowerment and Research for Innovation and Expansion of Salutogenic Settings

Speaker
Irma Brito, Presenting Author from Nursing School of Coimbra & UICISA:e, Portugal

Co-authors
Maria do Rosário Mendes, Fernando Mendes, Hernani Zão Oliveira, Óscar Garcia-Panella, Marcia Cruz, Dinora Cruz, Renata Evangelista, Isabel Barroso, Donizete Daher, Lina Berardinelli, Carminda Morais

Abstract
Setting/problem. PEER-IESS is a participatory management tool that enables organizations to increase and self-monitor health & well-being and their salutogenic culture at the workplace. Based on participatory research has demonstrated great impact in co-creating innovative proposals to surpassing the competitive landscape programs, which are top-down. The first version (analogue format) was developed since 2009 (Brito & Mendes, 2009; Brito, 2018), and was applied in Higher Education Institutions to tackle Health Promotions goals. But that format hinders data protection processes.

Intervention. The upgrade of PEER-IESS into a transmedia system will: 1) introduce eHealth Promotion concept and gamified journeys through the paradigm of salutogenesis and participatory research; 2) tackling the needs of school/occupational health to increase workers' and student’s health; 3) engagement of human resources; 4) decrease costs with acute/chronic diseases; and 5) promote innovation regarding change behaviour. Our work is to co-create, validate and disseminate worldwide PEER-IESS together with 7 Higher Education Institutions from 3 countries: Portugal, Brazil and Cape Verde. PEER-IESS allows targeting workers and students with bottom-up strategies: self-diagnosis of health needs, training through gamification, survey of results and implementation of new solutions.

Outcomes. The system will be built upon this cooperation to provides a matchmaking mechanism that uphold networks of eHealth promotion innovators and the exchange of good practices and glocal transformation. Seven Salutogenic Local Living Labs (networking spaces) will demonstrate evidence by rapid and low-cost validation of new ideas and/or solutions and PEER-IESS will work as an incubator for them.

Implications. The dissemination and catalysisation of the PEER-IESS transmedia system, will be done at pilot validation (word of mouth) to recruit early-adopters and marketing for global acquisition of customers targeting industrial companies, insurance markets and local governments. These segments can purchase the software by acquiring an annual licensing plan with 3 options: basic (autonomous use), premium
(autonomous use and coaching), premium deluxe (customized design of the implementation plan for the companies). Evaluating, planning and experimenting effective actions for change through gamified journeys will create a crucial tool for industry. PEER-ISS intends to be the leader of this transformation process.

**Urban health paradigm: Implications for planning and policy development**

/ *Paradigme de la santé urbaine : implications pour la planification et l'élaboration de politiques*

**Parallel oral session**

16 May 2022, 16:15 - 17:30

**Moderator**

Mathieu Masse-Jolicoeur

**Which urban health paradigm is yours? Different ways of understanding and addressing urban health**

**Speakers**

Jinhee Kim, Workshop Coordinator from UNSW, Australia
Kristina Ulm, Workshop Coordinator from UNSW, Australia
David Lilley, Workshop Coordinator from UNSW, Australia
Alana Crimeen, Workshop Coordinator from University of New South Wales (UNSW), Australia

**Abstract**

**Objectives.** The field of urban health is complex and requires a transdisciplinary approach. However, the wide range of disciplinary understandings on urban health frequently hinder cross-disciplinary collaboration. These different understandings are not only reflected in the language and terminology, but more importantly they shape the underlying beliefs about urban health. Different groups have different beliefs and ideas about the concept of urban health, the priority issues that require attention, the underlying causes and causal pathways of these issues, preferred methodologies to investigate and produce evidence, and appropriate solutions.

This workshop introduces participants with a framework to differentiate between the different belief systems, or urban health paradigms, based on conceptual, theoretical, methodological and instrumental dimensions. In this workshop, participants will:

1. Identify the diversity of perspectives in understanding urban health and articulate the differences.
2. Develop a list of practical applications of urban health paradigms for cross-disciplinary research, practice and policy and discuss facilitators and barriers.
3. Co-create an action agenda to facilitate transdisciplinary urban health research, practice and policy that transcend paradigms.

**Format.** This workshop will run virtually for 50 minutes. The workshop will utilise an external online platform such as Google Jamboard to facilitate interaction between participants. Participants are strongly
encouraged to participate in the discussions. The workshop will be composed of a mix of presentations by the workshop coordinators and group discussions with the workshop participants on the following topics:

- Why is it important to understand paradigms for transdisciplinary approach to urban health?
- What are the types of urban health paradigms?
- How can we apply the urban health paradigms framework in research, practice and policy?
- What are some actions that would facilitate transdisciplinary urban health approaches?

**Learning goals.** At the end of the workshop, participants will:

- Become aware of their own understanding of urban health
- Identify the types of urban health paradigms and articulate the characteristics
- Apply urban health paradigms as a framework for transdisciplinary urban health approach.

**Including health in the decision-making process of spatial plans in municipalities in The Netherlands, how do we stand?**

**Speaker**
Kristine Mourits, Presenting Author from Academic Collaborative Center AMPHI / Radboudumc, Netherlands

**Co-authors**
Koos Van der Velden, Gerard Molleman

**Abstract**

**Background/Objectives.** Working together towards a healthy living environment requires cooperation between the social and physical domain and a position for the importance of health in the decision-making process in spatial planning. Municipalities play an important role in this, therefore we investigated how health is given attention within the process of spatial projects, how attention on health can be increased, and how the importance of health is taken into account in decision-making.

**Methods.** For this exploratory study, semi-structured interviews were held with civil servants from different policy areas of six municipalities in The Netherlands.

**Results.** Within municipalities more attention was paid to health in spatial projects, but mainly through the classic environmental factors, such as noise and air quality. They saw the need to look more broadly at health but were also searching how this should be done. The focus on health partly depends on how the spatial project process was organized and how health policy advisors were involved in these processes. They had a kind of standard working method, but the working method also depends very much on the type of initiative. Making a good, integral and joint vision of spatial projects was not common practice. The experience was that there was a fairly traditional and sectoral view and not a bigger picture. Municipalities had many ambitions, which makes it necessary to set priorities. Finance was always priority number one. Physical policy areas had an advantage, because they were represented in the process by more people, so that social themes such as health were less prominent. According to the participants, making a joint integral vision on beforehand would help to get more attention for health. It is also important to get to know each other, to create an open playing field with room for everyone's input, and to have good project management.
Discussion. We will discuss what these experiences in practice about the incorporation of health in spatial plans yield for the theory about known strategies from research, such as health in all policies, integrated planning, and mainstreaming. Do we see these strategies or elements from these strategies in practice, or does the working method in daily practice add something to these strategies?

Who benefits from urban revitalization efforts and who doesn’t? Introducing the Centre-Ville Equitable et en Santé (CentrÉS) study

Speaker
Martine Shareck, Presenting Author from Université de Sherbrooke, Canada

Co-authors
Alex Paquette-Guay, Kossi Ekouagou, Félix Camirand Lemyre, Tim Dubé, Caislin Firth, Daniel Fuller, Yan Kestens, Paul Morin, Anne-Marie Tougas, Meghan Winters

Abstract

Background/Objectives. Intervening in the built environment of key urban areas such as downtown cores by building new housing, retail, public and green spaces may improve health, reduce social inequalities in health and contribute to urban resilience. Such interventions may, however, also have negative impacts on people’s health and well-being and across social groups. In this presentation, we will introduce the Centre-Ville Equitable et en Santé (CentrÉS) study and present baseline survey results and preliminary go-along photo-elicited interview findings.

Methods. Co-developed with municipal and non-profit stakeholders, the CentrÉS study aims to evaluate the health and equity impacts of the downtown Sherbrooke (QC) revitalization project, and to document its unintended consequences. Seizing this opportunity to conduct a quasi-experimental study, we collected pre-intervention (baseline) survey data among 1,300 Sherbrooke residents aged 16-30 years old. We also conducted baseline go-along photo-elicited interviews with 30 downtown residents to better understand how downtown features pertained to their daily lives and well-being. Descriptive statistics will be presented for key socio-demographics, health outcomes including social isolation, stress and well-being, and intervention exposure measures. Observations regarding the individual interview process and preliminary findings from a thematic analysis will be shared.

Results. Preliminary findings suggest the survey sample is mostly female (73%), University educated (47%) and of Caucasian background (82%), and 14% of participants live within 1 km from the intervention site. The go-along photo-elicited interviews were feasible despite COVID-19 sanitary restrictions being in place during the data collection. Participants shared nuanced perspectives on what it is like to live downtown and regarding the revitalization project, such as an appreciation for amenity and service proximity but also concerns regarding personal safety and fear of displacement following revitalization.

Discussion. Study findings, strengths and limitations will be discussed in relation to the current body of evidence, along with next steps in terms of follow-up data collection and intervention evaluation strategies. As cities recover from COVID-19 and revitalize their downtown areas, we must reflect on healthy and equitable built environments, and the CentrÉS study can contribute to this discussion.
Considering determinants of health in the local and regional planning of the urban airport region of Western Sydney

Speaker
Alana Crimeen, Presenting Author from University of New South Wales (UNSW), Australia

Co-authors
Robert Freestone, Evelyne de Leeuw

Abstract

Background/Objectives. The planning system is an important influencer of health in urban settings. As such, local governments consider many determinants of health within their land-use and strategic planning processes. Delivery of large urban projects may utilise separate planning systems. One type of these projects are airports which are developed and operated within urban regions as integrated infrastructure. However, airport regional planning is poorly coordinated, and the impacts of this on the determinants of health featured in urban planning are unknown. In Western Sydney, Australia, development of a new international airport has influenced urban policy across multiple local government areas. The airport is a focus for a larger airport-related region (an “Aerotropolis), proximal to business and residential districts, and is a central planning feature in regional plans up to the year 2040.

Methods. This work examines the planning environment of the Western Sydney Airport and Aerotropolis as a case study, utilising a combination of healthy urban planning tools and guidelines for an analysis framework. Key planning documents produced for the airport area at a regional level were analysed to identify how determinants of health were considered. The health-related strategies, objectives and planning principles from these documents were then compared to the health-related features within the planning from the local government areas in the airport region.

Results. This case study identifies the priorities, strategies and goals of health-related planning within the regional and local systems for the Western Sydney Airport and its associated region. It establishes the points of coherence, conflict and oversight for determinants of health between the two systems.

Discussion. The urban planning system is an integral part of public health intervention. However, special infrastructure projects can operate under alternative processes to those with which urban health practitioners or health promotion professionals may be familiar. Understanding the coherency and conflict between local and regional systems provides a crucial starting point to improve upon the work of protecting and promoting the health of communities.
Abstract

**Contexte/Objectifs.** Bien que constituant le milieu de vie de la majorité d’entre nous, les villes sont encore appelées à grandir. Les signes de cette croissance sont notamment visibles à Montréal, qui connaît actuellement des changements profonds. Si les effets des transformations urbaines ont été pour grande part documentés suivant un volet sociopolitique et économique, peu de travaux se sont penchés sur l’expérience même du changement urbain et la réponse émotionnelle qui lui était liée. Les émotions sont pourtant à l’origine des comportements adoptés face un changement, de même qu’elles témoignent d’un bien-être émotionnel. L’objectif de ce travail est de mieux comprendre l’expérience du changement urbain et la réaction émotionnelle qui lui est associée.

**Méthodes.** Une étude qualitative descriptive a été menée avec 32 participants recrutés à partir de la cohorte INTERACT qui regroupe des habitants de Montréal et sa proche banlieue. Des entrevues individuelles semi dirigées d’une durée moyenne d’une heure ont été conduites. Les données ont été analysées suivant une analyse de contenu.

**Résultats.** Nos résultats montrent que parmi les changements urbains physiques et sociaux rapportés par les participants, le condominium, ou « condo » apparaissait comme une transformation majeure. Les émotions qui lui étaient associées - déception, peur, irritation, impuissance et parfois enthousiasme – mettaient en évidence que le condo, par les ruptures d’attachement au quartier qu’il engendrait, les habitudes de vie qu’il bousculait et la menace qu’il représentait pour la stabilité résidentielle, bouleversait bien souvent celles et ceux qui le côtoient. Pour certains habitants, le condo était toutefois une manifestation de vitalité rendant la ville plus désirable. L’étude révèle que les émotions étaient également liées au type d’opération de construction de condo évoquée : isolée ou généralisée.

**Discussion.** Alors que les émotions ont souvent été mises en évidence dans des contextes de gentrification, dont le condo est une figure, nos résultats indiquent que le condo concentre à lui seul une charge émotionnelle telle qu’il est « incorporé » par les habitants. Si le condo doit être une pièce maitresse de la ville durable de demain, la réflexion devra porter au-delà de ses dimensions économiques et architecturales pour réintégrer la dimension sociale et le bien-être qui lui est associé.

**Des services culturellement appropriés pour les populations autochtones au Canada / Culturally appropriate services for Indigenous populations: A Canada story**

**Parallel oral session**
16 May 2022, 16:15 - 17:30

**Moderator**
Marie-Claude Tremblay
Global goal, local impact: Access to abortion services for Indigenous Peoples in Canada

Speakers
Willow Paul, Presenting Author from University of Victoria, Canada
Madison Wells, Presenting Author from Public Health Social Policy, Canada

Co-authors
Renée Monchalin, Astrid Perez Pinan

Abstract

Background. The 2016 UN Human Rights Commissioner’s report indicated a lack of access to abortion in Canada due to cost, knowledge, and geography. For Indigenous women and Two-Spirit people in Canada, additional barriers exist including colonialism and racism, yet there is an alarming gap in the literature surrounding Indigenous peoples and abortion services. The goal of this research is to advance knowledge around access to and experiences with culturally safe abortion services among Indigenous women and Two-Spirit people in Canada. This presentation will share preliminary results of our Indigenous-led research project which aims to advance knowledge around access to and experiences with culturally safe abortion services among Indigenous women and Two-Spirit people in Canada.

Methods. Utilizing an Indigenous qualitative methodology and guided by an Indigenous Advisory Committee, this study conducted a one-on-one conversational interview method with Indigenous people (N=15) who have either accessed or tried to access abortion services in Canada. Due to COVID-19, interviews were conducted virtually via Zoom from September to October 2021.

Results. Participants shared various experiences while accessing abortion services. These experiences centred around community relationships, racism, lack of Indigenous service providers, traditional medicinal uses, and participant centred recommendations. Preliminary findings suggest that rural and remote communities face greater challenges with availability of abortion services being limited to urban centres resulting in greater wait times and travel distances; significant lack of supportive aftercare and follow-up post abortion; and gaps in awareness of and access to traditional Indigenous knowledge surrounding abortion, contraceptives, and holistic sexual health practices as a direct result of colonization and residential school experiences.

Discussion. Though Canada is currently 1 of 4 countries that has no national restriction in law, our presentation will demonstrate the countless barriers to accessing abortion for Indigenous people. The UN proposed 17 Sustainable Development Goals (SDGs) for countries to achieve by 2030. Two SDGs call for ensuring universal access to sexual and reproductive health, rights, and freedoms. In response to the SDGs, our presentation will share novel policy and practice recommendations to improve access to abortion services in Canada that are by and for Indigenous people.

Promouvoir la sécurisation culturelle des soins : un projet de co-développement d’intervention avec trois communautés atikamekw

Speakers
Marie-Claude Tremblay, Presenting Author from Université Laval, Canada
Geneviève Olivier-D'Avignon, Presenting Author from Université Laval, Canada
Co-authors
Sandro Echaquan, Eniko Neashish, Jolianne Ottawa, Christian Coocoo, Regina Chachai, Yvan-Rock Awashish

Abstract

Contexte/Objectifs. La sécurisation culturelle est une approche de transformation des soins de santé qui recentre l’attention sur les besoins, les valeurs, les droits et l’identité culturelle des Autochtones. Ce projet de recherche-action est réalisé en partenariat avec le Conseil de la Nation Atikamekw (CNA) et les communautés de Manawan, Wemotaci et Opitciwan. Il vise à co-construire un nouveau modèle pour assurer la sécurisation culturelle des soins offerts aux Atikamekw.

Méthodes. Le projet mise sur un devis séquentiel comprenant des étapes successives de recherche et de développement interventionnel. Un comité aviseur composé de représentants des trois communautés et du CNA travaille en étroite collaboration avec l’équipe de recherche pour orienter les étapes des travaux. Le modèle logique de l’intervention est développé sur la base d’une approche à double perspective, permettant d’intégrer les modes de connaissances autochtones et occidentaux. Les résultats d’une revue rapide, d’un scan environnemental, de cercles de discussion et d’un forum communautaire ont permis d’identifier les composantes essentielles ainsi que les valeurs, significations culturelles et perspectives de la santé qui définissent le modèle.

Résultats. Le modèle développé propose d’élargir le champ d’action de la sécurisation culturelle afin de rejoindre l’étendue de l’expérience vécue des personnes concernées. Le modèle s’appuie sur une cartographie d’objectifs qui suit la trajectoire de Nin, l’individu, à partir des contextes où s’expriment ses besoins de santé : la sphère personnelle et familiale, la communauté, les organisations de santé et les systèmes de santé. Cette cartographie fait ressortir les espaces d’action importants à investir, lesquels se situent parfois aux interstices des champs d’action des différents acteurs du système de santé. Le modèle propose de reconnaître l’existence de multiples trajectoires de soins possibles à travers la combinaison de diverses ressources (biomédicales, sociales, communautaires, traditionnelles) dans les sphères personnelle et familiale, communautaire et organisationnelle.

Discussion. Ce projet de recherche réalisé avec et par la Nation Atikamekw témoigne de la créativité et de l’innovation au cœur des processus de co-construction misant sur différentes perspectives épistémologiques et méthodologiques.

Le développement d’une offre de services de santé en contexte socioculturel inuit : défis, stratégies et considérations pour le futur

Speaker
Lauriane Ouellet, Presenting Author from Université Laval, Canada

Co-authors
Marie Grandisson, Christopher Fletcher

Abstract

Milieu/problématique. Au cours des dernières années, des lacunes au niveau de l’accès aux services et de la qualité des soins de santé offerts aux communautés autochtones ont été reconnues publiquement. C’est dans ce contexte qu’une nouvelle offre de services de réadaptation a été développée au Nunavik. Les professionnels responsables de ce projet n’étaient pas issus de la communauté inuit et ne possédaient
aucune expérience d’intervention en milieu autochtone. Dans un contexte où existe un fossé culturel entre professionnels et clients inuit, comment peut-on développer une offre de services culturellement sécuritaire prenant en considération les valeurs, la culture et les aspirations de la communauté inuit ?

**Intervention.** Un programme de réadaptation comprenant un volet de promotion de la santé a été mis en place au Nunavik en 2017. Puis, en 2021, un retour réflexif sur cette expérience de développement de programme a été réalisé par l’une des professionnelles de l’équipe. Pour ce faire, les défis rencontrés et les stratégies mises en place pour les surmonter ont été identifiés, comparés à la littérature et discutés avec les autres membres de l’équipe de réadaptation.

**Résultats.** Les défis rencontrés et les stratégies mises en œuvre ont été divisés en 10 grands thèmes, dont les enjeux communicationnels, l’adaptation de la pratique clinique aux besoins et aux réalités propres aux Inuit et l’engagement des clients dans la réadaptation.

**Implications.** Cette réflexion a permis de mettre en lumière l’importance de s’affranchir des visions conventionnelles du monde, d’intégrer davantage les savoirs et les valeurs des Inuit dans la pratique clinique et d’adapter les services réadaptation en conséquence. Pour ce faire, il importe d’offrir davantage de formations visant à favoriser la sensibilité, la compétence et la sécurisation culturelle des professionnels œuvrant auprès de la clientèle autochtone, conformément aux recommandations de plusieurs auteurs et rapports gouvernementaux. Il importe également de favoriser la collaboration avec les acteurs de la communauté afin de permettre un meilleur arrimage des visions et des valeurs des professionnels et de celles des Inuit. Au-delà des bienfaits au niveau de l’atteinte des objectifs thérapeutiques, une telle collaboration peut également contribuer à renforcer les capacités des communautés inuit à promouvoir la santé et le bien-être de leurs membres.

**La collaboration organisationnelle dans une ère de réconciliation: innover par et pour les Premières Nations**

**Speaker**
Sarah Fraser, Presenting Author from Université de Montréal, Canada

**Co-authors**
Melanie Roy, Josee Lapalme, Virginie Parro

**Abstract**

**Setting/problem.** Dans une ère de réconciliation et décolonisation, de plus en plus d’organisations et de chercheurs explorent des possibilités en termes de transformation de leur offre de service afin d’offrir de meilleurs services aux Premières Nations et Nations Inuit, et possiblement offrir de meilleurs services à une population diversifiée. À travers un processus de collaboration entre une organisation des Premières Nations et une organisation allochtone documentée par une équipe de recherche, nous avons exploré le développement d’une innovation sociale pour jeunes des Premières Nations.

**Intervention.** L’intervention commence avec une plateforme de mentorat virtuel et des stages socio-professionnels, et se transforme dans le temps pour devenir une série d’ateliers co-construits et offerts dans les écoles des Premières Nations à travers le Québec.
Outcomes. Le processus d’innovation et de documentation permet à la fois de discuter des outcomes de l’innovation sociale, soit une proposition de curriculum scolaire pour jeunes des Premières Nations, et à la fois des outcomes d’un processus d’innovation en contexte de décolonisation. Nous avons développé un outil réflexif qui permet d’auto-évaluer notre capacité à réellement innover d’une façon qui soutient la décolonisation.

Implications. La grille permet aux organisations autochtones et allochtones de réfléchir aux enjeux de l’adaptation d’une offre de service et à la décolonisation. Le processus permet également de penser plus largement au contexte socio-économique et comment celui-ci influence la capacité aux organisations d’être inclusifs et équitables dans leur offre de service.

Inuusinni Aqqusaaqtara: providing culturally safe cancer care for Inuit using e-learning modules

Speaker
Reyna Uriarte, Presenting Author from Pauktuutit Inuit Women of Canada, Canada

Co-authors
Shayla Scott, Chelsea Giesel

Abstract
Setting/problem. Inuit are comparatively young and linguistically/culturally distinct from the rest of Canada. It is one of the most medically underserved and remote populations in the country. Cancer has been ranked as the second leading cause of death among Inuit, nearly twice the rate of the non-Inuit population of Canada (ITK, 2009). As there are no cancer clinics in Inuit Nunangat, Inuit cannot access cancer services or testing facilities in their communities-most travel south for testing and treatment. Cultural barriers — language, lack of cultural sensitivity within healthcare, and a lack of culturally safe information resources — limit the ability of healthcare providers to meet the needs of Inuit. This directly impacts the lives and health outcomes of Inuit cancer patients.

Intervention. Inuusinni Aqqusaaqtara is a suite of resources developed for Inuit patients, care givers and healthcare providers to increase knowledge about cancer, improve communication between Inuit cancer patients and non-Inuit healthcare providers, and enhance culturally appropriate and safe care. Our cancer modules support Inuit as they navigate the cancer care system and guide providers in addressing the unique challenges and needs of Inuit patients.

- The Patient/Caregiver Module engages patients and caregivers on what to expect during the cancer journey and other helpful information.
- The Healthcare Provider Module teaches Inuit cultural knowledge and guides practice/services transformation to ensure provider-patient relationships and clinical work are grounded in cultural competencies, understanding and safety.

Outcomes. Inuusinni Aqqusaaqtara aims to build cancer literacy and ensure sufficient, culturally safe supports at each stage of the cancer journey.
Participants of the session will gain capacity to:
• Understand the historical context and ongoing impacts of colonization on Inuit health.
• Transform systems and decolonize practices to better meet the needs of Inuit patients and their caregivers.

Implications. To reconcile the traumas and injustices that exist for Inuit in health systems, health promotion for Inuit must focus on cultural safety. Healthcare promotion efforts to improve health inequities must consider the historical and contemporary realities of systemic racism. An active anti-racism approach to health promotion is essential to ensure health equity for all Inuit.

Physical activity determinants in understudied populations

Round table
16 May 2022, 16:15 - 17:30

Moderator
Paquito Bernard

Physical activity and sedentary behaviour during pregnancy: research and intervention priorities among immigrant women

Speaker
Kelsey Dancause, Presenting Author from Université du Québec à Montréal, Canada

Abstract
Continued physical activity is safe and recommended for most women throughout pregnancy. Unfortunately, for most pregnant women in industrialized countries, physical activity levels are too low and levels of sedentary behaviour are too high. This might adversely affect not only maternal physical and mental health during pregnancy and postpartum, but also have long-term implications for infant outcomes persisting into childhood and throughout life. Inadequate physical activity and high levels of sedentary behaviour during pregnancy might be even more problematic for immigrant women due to cultural differences in prenatal care, challenges accessing available programs, and lack of social support to promote continued activity during pregnancy. Unfortunately, immigrant women are underrepresented in studies of physical activity and sedentary behaviour during pregnancy.

Our objective is to characterize patterns of physical activity and sedentary behaviour during pregnancy among immigrant women, links with maternal and child health outcomes, research challenges, and intervention priorities. We will share observations from our prospective longitudinal studies on prenatal stress, diet, and physical activity among pregnant women, including immigrant women, in Canada. Our analyses of objectively-measured physical activity and sedentary behaviour during pregnancy among sociodemographically diverse samples show only minor differences in activity patterns among non-immigrant, long-term immigrant, and recent immigrant women. However, key predictors vary based on immigration status. For example, whereas stress is a predictor of increased sedentary behaviour among all people in the sample regardless of immigration status, social support appears to be a much more important predictor among non-immigrant or long-term immigrant women compared to recent immigrant women.
As such, environmental or cultural barriers might represent a better target for intervention among recent immigrant women. A better understanding of patterns and unique predictors of physical activity and sedentary behaviour among recent immigrant women might inform policies and programs to help immigrants to industrialized countries to maintain active lifestyles during and after pregnancy, which could ultimately promote healthier lifestyles for other family members as well.

Older public housing tenants’ perceptions and capabilities for physical activity: a walk-along study in Montreal, Canada

Speaker
Kadia St-Onge, Presenting Author from Université du Québec à Montréal, Canada

Co-authors
Paquito Bernard, J Houle

Abstract
Few studies have focused on older public housing tenants’ perceptions of physical activity. Greater understanding of their perceptions and possibilities concerning physical activity could lead to better targeted promotion and reduced health inequalities for this subgroup of the population. Thus, this study sought to 1) describe older public housing tenants’ perceptions of physical activity and 2) evaluate the person-environment fit between older public housing tenants’ capacities for physical activity and the available opportunities to be active in their residential environment using a capabilities approach. We conducted 26 individual semi-directed walk-along interviews with older public housing tenants from three neighborhoods in Montreal, Canada. Our sample includes 18 women (69%) and 8 men (31%) whose mean age was 71.9 years old (SD=8.0). Of these, 14 reported being born in Canada (54%) and 12 were not (46%). We applied a hybrid thematic approach to analyze verbatim transcriptions of these interviews.

Analyses showed that physical activity was described through six interdependent dimensions: Physiological, Emotional, Interpersonal, Occupational, Intellectual and Existential. Examples include “using the brains”, “being alive” and socializing actively. For each dimension, participants perceived physical activity as having the potential to foster well-being but also ill-being, both physical and mental. Secondly, our analysis of physical activity capabilities produced five themes: Political; Financial; Social; Physical; and Psychological. Resignation to a status of modest power in all five capabilities threatened participation in physical activity. Namely, lack of low-cost resources in the residential environment and reported psychosocial difficulties among tenants diminished person-environment fit for physical activity. These results support using a broader definition of physical activity for promotion, one that is based on personal goal attainment as well as life purpose and that supports older public housing tenants in choosing the physical activity dimensions and thus activities that suit them best. To avoid generating feelings of shame, disappointment or anger, promotion materials could be created in partnership with the concerned individuals. Lastly, our data support using an intersectoral approach to promotion and incorporating psychosocial intervention to physical activity promotion targeting older public housing tenants.

Physical activity patterns among immigrant children

Speaker
Yannick Lacoste, Presenting Author from Université du Québec à Montréal, Canada
Abstract
A large body of research demonstrates the importance of physical activity for children. Despite these recommendations, children’s physical activity levels are largely inadequate in countries around the globe. Furthermore, the number of international migrants grows worldwide, promoting adequate physical activity among immigrant children might have broad public health implications. A systematic review has been performed to synthesize the international state of physical activity research among immigrant children. We summarized the differences in physical activity patterns based on children’s characteristics (immigration status, immigration generation, regional and ethnic origins, and gender). Eleven articles have been found. A systematic lower level of physical activity has been identified among immigrant children. Following factors were negatively associated with physical activity: first-generation immigrant children, children of Hispanic and East Asian origin, and girls. In physical activity promotion policies, stakeholders should take into account the specific characteristics of newcomers, such as their cultural and religious beliefs, socioeconomic situation, language spoken at home, social relationships, safety, and climate, as well as perceptions, such as illness and injuries associated with physical activity.

Physical activity preferences, barriers, and habits of adults with borderline personality disorder

Abstract
Borderline personality disorder (BPD) is characterized by an instability of self-image, interpersonal relationships, and emotions. It is also highly comorbid with many mental (mood, anxiety, substance use) and physical (cardiovascular, metabolic) health disorders. Physical activity (PA) has been shown to improve physical and mental health and quality of life of individuals with mental illnesses. It is well documented that PA helps reduce depression, anxiety, and substance craving symptoms and improve cardiovascular health and emotion regulation. Moreover, the most recent guidelines about PA with individuals with mental illness indicate that the most efficient interventions to increase PA are centered around individuals’ preferences regarding the context and the type of activity. Many studies already detailed the main preferences, barriers and correlated to PA in mood, psychotic, and substance use disorders. However, to this day very few studies analyzed the relation between PA and BPD. Moreover, most of the studies on PA and mental illness excluded individuals with BPD or did not give information about this diagnosis in their sample. Therefore, it is important to categorize the preferences, barriers and correlates of PA in this population to better study its effect in future studies. In this study, we made an online survey with questions about mental health,
sociodemographic characteristics, and PA habits, preferences, and barriers. We distributed this survey in eight French- and English-speaking countries. Descriptive statistics (frequency, mean, percentage) will be computed for the habits and preferences data, and correlations and network analysis will be computed to adequately identify variables correlated to the level of PA in these individuals. Recruitment is underway at this moment, therefore the results we have are preliminary. However, we can already identify a marked preference for supervised PA compared to unsupervised or no preference, which contrasts with the results found in other mental illnesses at the moment. Participants also identified walking, cycling, aquatic activities, and running among their preferred activities.

Physical activity in people with serious mental illness

Speaker
Ahmed-Jerome Romain, Presenting Author from Université de Montréal, Canada

Abstract
People with serious mental illness have a 15 to 25 years reduced life expectancy compared with the general population and 67% of this premature mortality is attributed to modifiable factors (tobacco, poor physical activity, obesity, physical multimorbidity). Moreover, health professionals are less likely to pay attention to the physical health of this population because they assumed that it is not a priority. In this context, it was necessary to develop interventions targeting both people with serious mental illness and health professionals to improve health. Over the last years, physical activity has been found as a strategy to improve both physical and mental health in people with serious mental illness. Nevertheless, most studies underlined that they are not sufficiently active and health professionals report that it is not of their role to promote physical activity. In this presentation, our objective is to describe the overall physical health and health behaviour patterns of people with serious mental illness to understand this reduced life expectancy. Secondly, we will show the benefits of physical activity in the prevention and management of chronic diseases, including obesity. Also, we will discuss interventions showing how to potentially alleviate physical activity barriers to promote a more active lifestyle. Finally, the role of health professionals in promoting physical health and physical activity will be addressed. In conclusion, the aim of this prevention will be to highlight the necessity to intervene among people with serious mental illness to promote a better active lifestyle and ultimately promote health equity in this population.

Transformative learning for ecological health promotion: What prospects for higher education?

Round table
16 May 2022, 17:45 - 18:45

Moderator
Blake Poland
Speakers
Blake Poland, Presenting Author from University of Toronto, Canada
Angela Mashford-Pringle, Presenting Author from Dalla Lana School of Public Health, University of Toronto, Canada
Leslie Solomonian, Presenting Author from College of Naturopathy, Canada
Carlos Sanchez-Pimiento, Presenting Author from University of Toronto, Canada
Victoria Haldane, Presenting Author from IUHPME, University of Toronto, Canada
Margot Parkes, Presenting Author from UNBC, Canada

Abstract
Relevant experience or practice. We are an interdisciplinary group engaged in transformative learning for ecological wellbeing in the health sciences. Many of us are engaged in EDGE (Ecological Determinants Group in Education, www.cpha.ca/EDGE) and bring diverse and practice-based perspectives on pathways and approaches to transformative learning in higher education. Our 5 brief presentations as catalysts for group discussion will include:

- A brief introduction to EDGE; the role of higher education in preparing for a rapidly changing world; unpacking what we mean by transformative learning
- Perspectives on Indigenizing higher education, land-based learning, dialogue circles (from an Indigenous educator)
- Student perspectives (and activism) on eco-social approaches to public health education and for health professionals (2 PhD students in public health and health care administration)
- The contributions in and from Naturopathy and other allied/complementary health professions
- Global South perspectives (Mexico, Peru, Brazil) on transformative learning on the ecological determinants of health

Implications for health promotion. The ecological determinants of health are increasingly recognized as foundational for human and planetary health, and core to our understanding of health promotion and public health more broadly. This round table provides an opportunity to discuss transformative learning to ensure current and future health promotion practitioners are equipped to understand and advocate for the ecological determinants of health.

Implications for policy. Given the urgent need for policies that protect the ecological determinants of health, this round table offers a space to discuss the role higher education must play in shaping emerging health promotion leaders able to incorporate the ecological determinants of health in policy-relevant research, advocacy, and action.

Santé numérique et inégalités

Parallel oral session
16 May 2022, 17:45 - 18:45

Moderator
Bilkis Vissandje
Transformation numérique : ses impacts potentiels sur les inégalités sociales de santé et le rôle des gouvernements pour y répondre

Speaker
Janine Badr, Presenting Author from École de santé publique de l’Université de Montréal, Canada

Co-authors
Maude Chapados, Aude Motulsky

Abstract
**Contexte/Objectifs.** La pandémie a précipité la transformation numérique de plusieurs secteurs de la société dont la santé, l’éducation et le travail. Ces secteurs jouent un rôle important de déterminants sociaux de la santé et peuvent influencer la répartition des inégalités sociales de santé. Or, bien que la technologie numérique présente beaucoup d’avantages, elle reste préoccupante à certains égards, notamment du fait qu’elles sont susceptibles d’exacerber ces inégalités. L’objectif de notre étude est de mieux comprendre les impacts potentiels de la transformation numérique sur les inégalités sociales de santé, ainsi que les moyens pouvant être mis en place pour les mitiger.

**Méthode.** Une revue ciblée de la littérature est adoptée pour faire état des connaissances disponibles sur le sujet. Elle est complétée par un scan environnemental permettant de documenter les politiques publiques mises en place au cours des 10 dernières années pour mitiger directement ou indirectement ces impacts. Elle comprend l’analyse des publications et sites web d’organismes publics et un ensemble d’entrevues auprès d’acteurs clés et d’experts.


**Discussion.** Les inégalités numériques peuvent être rapportées entre pays, régions et groupes sociaux. À l’ère du numérique, le manque d’études et de recul complexifie la compréhension de ces effets potentiellement négatifs sur les inégalités sociales de santé. Pour contrer ce phénomène, des études plus ciblées et des politiques publiques qui vont au-delà de la réduction des disparités d’équipements et de pratiques s’avèrent nécessaires.

**Le grand apport du numérique pour le déploiement de pratiques alternatives en santé mentale en période de pandémie et au-delà.**

**Speakers**
Lourdes Rodriguez del Barrrio, Workshop Coordinator from Université de Montréal, ÉRASME, Canada
Pierrette Richard, Presenting Author from Prise II, ressource alternative en santé mentale, Canada
Nathalie Godfrind, Presenting Author from Prise II, ressource alternative en santé mentale, Canada
Marie-Ève Vautrin-Nadeau, Presenting Author from Université de Montréal, Canada
Abstract

Objectifs. Présenter l’expérience d’un organisme communautaire en santé mentale ayant effectué un passage au numérique en raison de la pandémie et ayant ainsi répondu de façon ajustée aux besoins accrus de ses membres et de la population relativement à la prévention, à la promotion et au soutien en santé mentale.

Aborder les éléments propres au « virage numérique » qui ont contribué à l’adaptation en ligne des pratiques alternatives en santé mentale (formation/apprentissage, entraide et soutien thérapeutique), lesquelles voient à la participation et à la prise en compte du point de vue des personnes concernées, agissent sur les déterminants sociaux, facilitent l’entraide et préconisent une vision globale de la personne dans son environnement : 1) Transposer à un espace virtuel l’espace sécuritaire central aux pratiques sensibles aux vécus de traumas ; 2) Aborder les défis individuels et collectifs pour répondre aux situations de détresse et agir sur les causes ; 3) Augmenter l’accès à une perspective globale de la santé mentale centrée sur l’appropriation du pouvoir des communautés et des personnes, notamment celles plus vulnérables ; 4) Cibler et adapter les pratiques à des groupes et des besoins spécifiques ; 5) Faciliter l’accès au numérique en adressant les obstacles à la participation en ligne.

Format

- 30 minutes - Présentation
- 15 minutes - Questions/commentaires avec public
- 30 minutes - Présentation
- 25 minutes - Discussion avec public
- Total : 105 minutes

Buts d’apprentissage

- Se familiariser avec une initiative de prévention et d’action en santé mentale dans le cadre d’un organisme communautaire qui s’adresse à ses membres et plus largement à la communauté.
- Offrir des notions et des pistes d’action pour le développement de pratiques numériques visant à rejoindre de façon adaptée des personnes vulnérables et soutenir leur empowerment.
- Susciter une réflexion sur les gains apportés par le numérique, les nouvelles modalités d’intervention et ce que nous pourrions conserver au-delà de la pandémie.

Le tournant numérique du Québec en prévention du suicide : évaluation d’implantation de la nouvelle Stratégie numérique en prévention du suicide

Speaker

Julie Lane, Presenting Author from Université de Sherbrooke, Canada

Co-authors

Louis-Philippe Côté, Luiza Maria Manceau

Abstract

Contexte/Objectifs. Au Québec, près de 3 personnes s’enlèvent la vie chaque jour, et ce, même si l’on observe une baisse depuis les années 2000. Plusieurs partenaires sont engagés dans la prévention du suicide et ont permis de contribuer à la réduction des taux de suicide. Toutefois, des efforts supplémentaires sont nécessaires afin de mieux rejoindre les personnes vulnérables non atteintes par les services actuels. Depuis
de nombreuses années, plusieurs pays ont mis en place des modalités numériques pour mieux atteindre ces personnes. C’est dans ce contexte que le ministère de la Santé et des Services sociaux a mandaté l’Association québécoise de prévention du suicide pour développer une Stratégie numérique en prévention du suicide (SNPS). La présente étude vise à répondre aux questions de recherche suivantes : De quelle manière la SNPS est-elle mise en œuvre ? Est-ce que la SNPS produit les résultats escomptés à court terme chez les utilisateurs du service (usagers, proches et personnes endeuillées) ainsi que les intervenants ?

**Méthodes.** Plusieurs données ont été collectées pour analyser, à l’aide d’un devis mixte, les composantes de la SNPS : la structure de gouvernance et le processus d’implantation de la SNPS (ex. : analyses d’entrevues avec des personnes clés); le parcours de développement des compétences des intervenants (ex. : analyse de trois formations, des entrevues avec des intervenants, des journaux de bord complétés par les intervenants), la façon dont suicide.ca est utilisé (ex. : l’analyse des données métriques du comportement des utilisateurs, des entrevues avec les utilisateurs); le profil des utilisateurs (ex. : l’analyse des données des questionnaires d’auto-évaluation); etc.

**Résultats.** Les faits saillants de l’analyse (qui est en cours) seront présentés lors de la conférence. Ils permettent de valider et rehausser les composantes de la SNPS.

**Discussion.** Un peu partout dans le monde, des modalités numériques en prévention du suicide émergent. Le Québec opère un vaste changement de pratiques par l’implantation de la SNPS. Il importe d’accompagner les usagers et intervenants dans ce vaste changement de pratiques. Les résultats de cette évaluation permettent de réajuster la SNPS afin de s’assurer qu’elle atteigne les retombées souhaitées.

**Portrait prépandémie des usages, impacts sur la santé et encadrement parental en matière d’écran chez les 6-17 ans : résultats d’un sondage auprès de parents québécois**

**Speaker**

Fanny Lemétayer, Presenting Author from Institut national de santé publique du Québec, Canada

**Co-authors**

Élisabeth Papineau, Benoit Lasnier, Daniela Gonzalez-Sicilia

**Abstract**

**Contexte/Objectifs.** L’exposition aux écrans et leurs usages sont en hausse dans la vie des Québécois. Leurs effets sur la santé et le développement des jeunes préoccupent les parents, mais aussi la communauté médicale et scientifique ainsi que les décideurs. Ce portrait des usages, des impacts sur la santé des jeunes et de l’encadrement parental en matière d’usage des écrans vise à soutenir l’élaboration d’un cadre de prévention des risques liés à l’usage des écrans chez les enfants et adolescents.

**Méthodes.** Un sondage téléphonique mené du 20 février au 13 mars 2020, juste avant la déclaration d’urgence sanitaire au Québec, a permis d’interroger 1000 parents québécois ayant des enfants de 6 à 17 ans. Le questionnaire comprenait quatre thèmes : la disponibilité et l’usage des écrans chez les jeunes, les impacts négatifs sur leur santé ainsi que l’encadrement parental en matière d’usage des écrans.

**Résultats.** Les résultats du sondage révèlent que :
• La majorité des jeunes dépassent le seuil recommandé (< 2 h par jour) de temps d’écran en semaine (72 %) et en fin de semaine (94 %)). Le temps d’écran quotidien, l’utilisation intensive des écrans (> 4 h par jour) et le nombre d’appareil personnel munis d’écran s’accroît avec l’âge des jeunes.
• Le fait d’évoluer dans un milieu scolaire exigeant l’utilisation d’un appareil personnel semble favoriser une utilisation intensive des écrans (> 4 h par jour) et un nombre important d’appareils numériques personnels (≥ 4).
• Un temps d’écran dépassant le seuil quotidien recommandé, l’usage de plusieurs écrans simultanément, ainsi que la possession de 3 ou 4 appareils et plus, sont des facteurs qui semblent associés à la présence d’impacts négatifs sur la santé et le développement des jeunes.
• Bien qu’une minorité d’enfants respectent les directives de temps d’écran (28 % en semaine et 6 % en fin de semaine), les parents, peu importe leur statut socioéconomique, rapportent connaître et appliquer plusieurs stratégies d’encadrement pour prévenir les risques liés aux écrans.

Discussion. Ces résultats montrent qu’à la veille de la pandémie de COVID-19, la majorité des jeunes Québécois n’observaient pas les directives de temps d’écran bien que la plupart des parents appliquent des stratégies d’encadrement. Or, la possible augmentation du temps d’écran chez les adultes et les jeunes depuis 2020 laisse présager une aggravation des problèmes de santé physique et mentale associés à l’usage intensif des écrans dans la population, et plus particulièrement chez les 0-17 ans.

Le premier cours en ligne de Master en promotion de la santé en Afrique francophone : un effort conjugué pour faire avancer l’amélioration durable de la santé sur le continent

Speaker
Segbegnon David Houeto, Presenting Author from University of Parakou, Benin

Abstract
Milieu/problématique. L’Afrique est confrontée à des défis particuliers lorsqu’il s’agit de mettre en œuvre des interventions de promotion de la santé qui feront une différence dans la vie des gens et répondront aux énormes défis sanitaires que représentent les maladies transmissibles et non transmissibles. Dans cette région, il n’y a pas suffisamment de ressources humaines établies pour la promotion de la santé, avec un manque d’institutions de formation et de progression de carrière dans ce domaine. Les pays francophones sont plus touchés par ce manque de ressources humaines compétentes en promotion de la santé.

Intervention. Afin de pouvoir joindre les personnes désireuses à l’échelle de toute la région, nous avons, en collaboration avec des institutions de formation et associations professionnelles, démarré une formation en ligne du niveau Master à la rentrée 2020-2021.

Résultats. 228 candidatures ont été reçues pour la rentrée 2020 et 244 pour celle 2021 en provenance de 25 pays à chacune des rentrées pour un total de 29 différents pays pour ces deux premières éditions.

Implications. Il s’agit là d’un signe évident d’un besoin de terrain auquel s’engage l’ensemble des partenaires de ce programme dans le but de contribuer à la constitution d’une masse critique de professionnels compétents dans le domaine et en conséquence une meilleure gestion de la santé des populations.
Supporting the COVID-19 response from a health promotion perspective
in African and Indian communities

Symposium
16 May 2022, 17:45 - 18:45

Symposium coordinator
Liane Comeau

Speakers
Margaret Barry, Symposium Coordinator from National University of Ireland, Galway, Ireland
Liane Comeau, Symposium Coordinator from Union internationale de promotion de la santé et d'éducation pour la santé, Canada
Nancepreet Kaur, Symposium Presenter from Voluntary Health Association of India, India
Hans Onya, Symposium Presenter from University of Limpopo, South Africa
Davison Munodawafa, Symposium Presenter from DPH Consultants/Midlands University, Zimbabwe
Oliver Mweemba, Symposium Presenter from University of Zambia, Zambia

Abstract

General Objective. To present results and lessons learned from a project by IUHPE and partners in five countries: Kenya, South Africa, Zimbabwe, Zambia (Phase 1: July 2020 to March 2021), with the addition of India in Phase 2 (May to September 2021). The goal was to support the COVID-19 response from a health promotion perspective, in complementarity to efforts in the targeted areas. Each project was overseen by a Country Lead who is a recognized expert in health promotion with ties to institutions and partners at different levels of government. Project coordination was ensured by operational and management committees. While interventions differed across locations according to need, all are characterized by a Risk Communication and Community Engagement (RCCE) framework including the key actions:

1. Engaging local communities and key stakeholders in the COVID-19 response and empowering them to reduce its spread
2. Enabling local communities to protect themselves, their families and communities by taking effective behavioural action to stop the spread of the virus in their community
3. Ensuring that community level implementation is informed by best available knowledge, research and resources on effective risk communication and community engagement
4. Creating community coalitions to coordinate local responses adapted to the needs of local communities.

Results show that RCCE efforts, when integrated into existing mechanisms and partnerships within each country, facilitated the sharing of knowledge and resources and contributed to reducing the spread of COVID-19. Project outputs such as policy briefs and training materials were produced that can be shared and adapted in other locations, as waves of the pandemic continue to impact the lives of millions of people worldwide.

Proposed format of the session. The session will include four presentations from all project partners, highlighting their unique characteristics and findings. There will be one presentation each for Kenya, South Africa and India. The pilot projects carried out in Zambia and Zimbabwe, focusing on schools, will be
presented jointly. Each presentation will be followed by a question period (15 minutes per presentation), with the remaining time dedicated to discussion with the audience on policy implications, and knowledge sharing (e.g. South-South collaboration). Representatives from IUHPE will moderate the session.

Towards scale up of COVID – 19 vaccination in resource-limited settings: Lessons Learned from Risk Communication and Community Engagement (RCCE) project in Limpopo, South Africa

Abstract

**General Objectives.** COVID-19 vaccines are now being distributed to low- and middle-income countries (LMICs), with global urgency surrounding national vaccination plans. However, the disproportionate provision of services to different ‘racial groups’ led to inequalities in the health care system. This unfortunate situation continues to linger even to the present day in South Africa.

IUHPE with the support of a South African partner has developed a RCCE project to respond to COVID-19 pandemic in the districts of Limpopo Province (one of the poorest provinces). The project is being implemented in two phases since 2020. This is to complement and strengthen the efforts by the Governments. The main goal of this intervention in phase 1 was to engage with key partners on the ground to plan and implement a range of RCCE measures, based on health promotion principles, that will stop and minimise the spread of COVID-19 within communities, equitably, while protecting people’s basic needs and their physical and mental health. Phase 2 of the project focused on scaling-up vaccination in the resource-limited rural communities.

In pursuing this aim, the following activities have been completed in Phase 1 and Phase 2:

- Reviewed and customised available IEC materials and translated into local languages. They are being distributed to catchment communities and are used for training purposes.
- Developed a mobile phone App for use by Community Health Workers during household visits.
- Trained key Community Health Workers in three districts in phase 1 and retrained them in phase 2 on implementation of COVID-19 vaccination.
- Trained community leaders including Psychological First Aid
- Capacity building of community coalitions.
- Created secondary vaccination site at the University of Limpopo to the referral hospital in Mankweng in order to ease the burden of vaccination at the hospital.
- Identified barriers, enablers, and key lessons from the literature review and participants’ experiences through semi-structured interviews.
- Systematic teaching to change culture-specific norms, attitudes and beliefs, addressing misinformation and vaccine mistrust.

Involving local health workers and community influencers is a key enabler as collaborating with them has helped to map the social groups and tailor COVID-19 strategies to their needs.
Covid-19 Health Promotion in Nairobi Metropolitan Services, Kenya

Abstract

General Objectives: With the support from IUHPE, The African Institute for Health and Development (AIHD) is implementing the COVID-19 Health Promotion Project in Kenya in partnership with the Division of Health Promotion and the Nairobi Metropolitan Services (NMS) since 2020. The aim of this project is to apply the lessons learnt in BCC activities to engage with key County level stakeholders to plan and implement a range of risk communication and community engagement (RCCE) measures, based on health promotion principles with the following specific objectives:

- To engage local communities (through community own resource persons – CORPs) and key stakeholders in the COVID-19 response and empower them to reduce its spread.
- To enable local communities to protect themselves, their families and communities by taking effective behavioral actions to limit the spread of the virus in their communities.
- To ensure that community level implementation is informed by the best available knowledge, research and resources on effective risk communication and community engagement.
- To create community coalitions to coordinate local responses adapted to the needs of local communities.

The intervention activities were focused on two wards within Kasarani Sub-County of Nairobi, Kenya - Njiru Ward which is a populous, high transit and peri-urban setting, and Ruai Ward, which is a vast scarcely populated setting, harbouring closely knit nomadic pastoralist communities. A multi-strategy approach was employed largely through: (i) community engagement; (ii) social mobilization; (iii) use of community media and social media. The community engagement activities were carried out through CORPs and gatekeepers given their influence, understanding and cohesiveness of their respective communities. The gatekeepers and CORPS included the ward administrators, Nyumba Kumi elders, religious leaders, chiefs, women and youth leaders and persons with disabilities (PWDs).

This project provided an avenue for delivery of effective RCCE to underserved communities, while ensuring their participation, and achievement of sustainable practices (including increased control in taking measures) that contributed to the prevention of Covid-19 among the targeted communities. The evaluation findings provide evidence of the results attributable to the project.

Building community ownership for effective prevention and control of COVID-19 in rural India: A community-based sustainable approach

Abstract

General Objective. The need for a clear scientific and evidence-based health promotion approach to support the health policy-making process is greater than ever before. The COVID-19 pandemic has exposed the fault lines in the health care system. It highlights the critical need of the hour –‘health promotion linked roadmap’, to boost the nation’s capacity. It requires intervention which is a collective action of the government and other stakeholders, including local communities.
Against this backdrop, VHAI with support from IUHPE has designed an innovative community-based health programme with an objective to build the capacity and resilience of the local underserved communities & health systems and to develop a sustainable roadmap for COVID-19 prevention. The programme focuses on underserved communities in the state of Odisha, India which has 32.59% below poverty line population. It is a community action project implemented in close collaboration with the local Government and health authorities following the RCCE framework since 2021. Central to this health promotion approach is active community involvement and peer educator model to build public trust and collective responsibility for population health promotion and protection. It includes creation of COVID Information Centres (authentic COVID-19 information source in the tribal areas); capacitating strengthening of 368 Peer educators, 156 AntiCOVID-19 squads, 204 frontline health workers, and 236 other community stakeholders; BCC and mass community awareness of 32134 people. The community hand washing facilities were developed with local village funds. The project focuses on bridging the critical gap between the government and vulnerable communities by linking them with Social Welfare and Protection Schemes of the Government. The impact of the programme has been measured using RE AIM framework with baseline and endline survey.

The project interventions has resulted in improvement in COVID appropriate behaviour within community; empowered community coalitions coordinating local responses; better coordinated Government local response on COVID-19, established synergistic relationship between local Government and the communities. It is in line with existing Government programmes which will ensure long-term sustainability, replicability and up-scalability of the approach.

**Strengthening the Capacity and Readiness of Schools to address COVID-19 in Zimbabwe and Zambia**

**Abstract**

**General Objective.** The focus of the project in Zimbabwe and Zambia is concerned with strengthening the capacity and readiness of schools to implement Ministry of General Education guidelines for COVID-19, working with the schools as an entry point for building school - community links to address COVID-19. Pilot projects have been conducted in two phases. It focused on strengthening the capacity of primary schools to adhere to the prevention and control measures recommended by WHO and their respective Ministry of Health and Ministry of Education guidelines. Training of school heads and teachers is being undertaken guided by findings from a rapid SOP assessment in the school districts. In Zimbabwe, the schools project is being implemented in two school districts, namely Hwange (Matabeleland North Province) and Beitbridge (Matabeleland South Province). The project is implemented in collaboration with implementing partners from the National Association of Primary Heads (NAPH) and Midlands State University. In Zambia the schools project is being implemented in the school districts of Kafue and Chirundu. The project is led by Department of Health Promotion and Education, School of Public Health, University of Zambia, in collaboration with implementing partners from the Ministry of General Education and Ministry of Health. The project is focused on rural schools.

These projects have facilitated the achievement of the following results:
• Development of a Guide for Building School and Community Links to address COVID-19 in line with the COVID-19 Government Standard Operating Procedure (SOP) for Schools.
• Capacity strengthening of key stakeholders including teachers, PTA members and administrators of primary and secondary schools on effective measures for preventing the spread of COVID-19
• Facilitating collaboration among line Ministries/departments in planning and implementation of COVID-19 prevention and control provisions in schools.
• Promotion of a safe and healthy learning environment.

The factors that led to the project success are the coordinated relationship between the concerned Ministries, and other stakeholders resulting in a synergistic action. The use of a participatory approach to develop health promotion interventions provides an efficient mechanism to deliver interventions that are grounded within the community

Formación en promoción de la salud en América Latina. Conversatorio de las coordinaciones subregionales de ORLA/UIPES

Round table
16 May 2022, 17:45 - 18:45

Moderator
Martín Zemel

Speakers
Monica de Andrade, Coordinator from UIPES/ORLA, Brazil
Martín Zemel, Presenting Author from Escuela de Odontología, Universidad FASTA, Argentina

Co-authors
Lourdes Soto de Laurido, Blanca Patricia Mantilla, Ana Maria Girotti Sperandio

Abstract
Experiencia o práctica relevante. Esta sesión propone realizar una revisión y discusión de las diferentes experiencias en formación en promoción de la salud en los distintos países que conforman la región de América Latina (ORLA) de la UIPES. Intervendrán las coordinaciones de la Sub Región de Centroamérica, México y Caribe Hispano; Sub Región Andina (correspondiente a los países de Venezuela, Colombia, Ecuador, Perú y Bolivia); Sub Región de Brasil; y la Sub Región Cono Sur (Argentina, Chile, Paraguay, Uruguay).

Implicaciones para la promoción de la salud. La invitación a una presentación vinculada con los procesos formativos en América Latina posibilitará la discusión de cuáles constituyen las necesidades y urgencias en la región, como también la descripción de los ejes fundamentales que debieran orientar las propuestas educativas. La sesión propondrá la conformación de redes de educadores y formadores en promoción de
la salud que puedan actuar colaborativamente, como también gestar nuevos espacios de formación desde un enfoque regional.

**Implicaciones para las políticas.** La Promoción de la Salud no es dominio exclusivo de ninguno de los sectores y, por tanto, su formación debiera conformarse por los diferentes sectores comprometidos en su desarrollo. No obstante, la UIPES, intrínsecamente comprometida con tal fin, constituye un actor fundamental en la gestación de alianzas estratégicas con los diferentes sectores, entre los que se encuentran responsables de la política, profesionales e investigadores. De este modo, discutir las características que presenta el enfoque regional de la ORLA/UIPES para la formación en promoción de la salud contribuirá positivamente en la resignificación y consolidación de las respectivas políticas educativas en América Latina y, posiblemente, en otros contextos internacionales que estén comprometidos en reducir las inequidades en salud.

**L'innovation et les technologies pour développer la capacité de tous à agir pour la santé, le bien-être et l'équité**

**Workshop**
16 May 2022, 17:45 - 18:45

**Moderator**
Didier Jourdan

**Speakers**
Didier Jourdan, Workshop Coordinator from Chaire Unesco Éducation et Santé, France
Jean-Christophe Azorin, Presenting Author from Chaire Unesco Education et Santé, France
Sarah Chaput, Presenting Author from REFIPS, Canada
David Houeto, Presenting Author from REFIPS, Benin
Emmanuel Courmaire, Presenting Author from Chaire Unesco Éducation et Santé, France
Valérie Ivassenko, Presenting Author from Chaire Unesco Éducation et Santé, France

**Abstract**

**Objectifs.** L’utilisation des supports numériques de développement des capacités en promotion de santé, qu’il s’agisse de celles des populations elles-mêmes, des professionnels ou des décideurs, fait l’objet de multiples débats. Cet atelier permettra de discuter des conditions et des moyens d’impliquer au mieux les personnes dans la conception elle-même d’un espace digital permettant une expérience d’apprentissage immersive, ancrée dans la réalité des contextes, et activant des leviers de transformation sociale des pratiques de santé. Trois objectifs structurent cet atelier dans cette perspective :

1. Identifier les enjeux et les conditions du développement des capacités de tous en promotion de la santé à travers la co-construction d’espaces/stratégies digitalisées participatives et collaboratives.
2. Faire état des apports de la recherche et des pratiques de terrain en matière d’approches et d’outils de formation en promotion de santé s’appuyant sur des innovations didactiques intégrant le digital.
3. Explorer des solutions innovantes pour le développement d’interfaces immersives, participatives, durables, optimisant le processus d’apprentissage et permettant à chacun de développer des compétences en promotion de santé.

**Format.** Organisé en trois séquences, le scénario de cet atelier conduira les participants à vivre une expérience immersive et à prendre du recul sur les apports des technologies digitales à la promotion de la santé. S’appuyant sur un cas concret de dispositif de formation gamifié qui constituera la colonne vertébrale de l’atelier, il permettra aux participants d’accéder à une synthèse des données disponibles, des présentations de dispositifs et à des temps de partage d’expériences. Cet atelier est co-organisé par la Chaire UNESCO ÉducationS & Santé et le REFIPS.

**Buts d’apprentissage.** Cet atelier a pour but de travailler avec les participants sur l’utilisation des technologies digitales pour créer de nouveaux espaces de développement des capacités en promotion de la santé. Il visera à préciser les conditions de la constitution de nouveaux modèles d’échanges et de formation participatifs, qui « rendent acteur et engagent ». Sera également abordée la façon dont un espace digital de nouvelle génération peut être utilisé comme un outil de création de proximité, de démocratisation de l’éducation en santé et de participation citoyenne.

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**Tips for authors and reviewers on getting published in Global/International health promotion journals**

**Workshop**
16 May 2022, 17:45 - 18:45

**Moderator**
Erica Di Ruggiero

**Speakers**
Erica Di Ruggiero, Workshop Coordinator from Global Health Promotion, Canada
Evelyne De Leeuw, Workshop Coordinator from Health Promotion International, Australia

**Abstract**

**Objectives.** Before any submission, it is critical to select the most appropriate journal, to make sure the article matches the journal’s editorial requirements and to prepare an article that contributes to new knowledge. In this joint workshop organized by the editors-in-chief for Global Health Promotion and Health Promotion International, participants will learn and discuss the necessary steps, possible formats and structures of articles, different methodologies, as well as the overall goals and strategy to keep in mind when writing a manuscript for submission to either journal. Peer-review is also a key step of the publication process. It is not only essential for journals to ensure good quality papers but also for authors to make sure their papers are well-understood and broadly accepted. The organizers will explain how to ensure that peer-
review is a positive and constructive process, both for reviewers and authors. To this end, our workshop aims to:

1. Encourage researchers and practitioners to publish from under-published areas by giving information and tips about the culture, criteria, and requirements of both journals’ publication procedures.
2. Assist researchers and practitioners from all parts of the world to prepare manuscripts reporting their work so that it can be submitted to health promotion journals.
3. Give researchers and practitioners information about how to conduct good reviews for global health promotion journals.

Format & Learning Goals.

- Some brief Presentations, Interaction with Editors in Chief (Q & A); small group work (2-3 small groups depending on the size of the group).
- A brief outline of the missions of GHP and HPI & Steps in the publication process for authors & Expectations of Editors in GHP and HPI about quality (10 min presentation + 20 min for discussion) – Goals: 1. To gain skills in writing a manuscript for peer review publication, including how is it different from academic or field reports. 2. To review the most common errors authors make. 3. To learn how to submit an article to facilitate its acceptance for submission.
- Steps in the peer review process for reviewers & Expectations of Editors of GHP and HPI regarding quality (10 min presentation + 20 min for discussion): Goal: To identify the characteristics of a good review.
- Small Groups (45 min) – Goal: To allow individual participants to raise their own issues and questions pertaining to their work and get advice from journal editors and associate editors.

**Breaking methodologies: An introduction to cellphilming (making videos on cell phones) for health promotion research, pedagogy, and engagement**

**Workshop**
16 May 2022, 19:00 - 20:00

**Speaker**
Jennifer Thompson, Presenting Author from University of Montreal, Canada

**Abstract**

**Objectives.** This workshop will introduce cellphilming (making short videos on cell phones or other mobile devices) as a participatory visual methodology that is relevant for health promotion research, pedagogy, and activism. The workshop will provide participants with conceptual tools and hands-on experience exploring the cellphilm method. The presenter has 15 years of experience facilitating cellphilm and other participatory visual processes in numerous contexts including Cameroon, Ethiopia, Kenya, Mali, Mozambique, Myanmar, Sierra Leone, Canada, and the UK.
Format.
- Introductions (5 min): The participants will introduce themselves and their role in health promotion (practitioner, researcher, student, etc).
- Presentation (20 min): An introduction to cellphilming will include an overview of the theoretical underpinnings and cellphilm ‘steps,’ and screening different cellphilm genres.
- Visual ethics activity (20 min): Participants will be invited to circulate around the space and look at a collection of images on display to stimulate critical reflection and discussion about ethical issues related to participant anonymity and confidentiality in visual research, as well as questions about the ethics of representation and audiencing.
- Brainstorm (10 min): The facilitator will lead a group brainstorm in response to a prompt (e.g. “social inequities in health promotion”).
- Storyboard (25 min): Participants will work in small groups of 3-5 people to brainstorm an idea for a cellphilm, and to produce a cellphilm storyboard using a template.
- Presenting storyboards and reflecting on the process (20 min): Groups will share their storyboard and reflections on the process. While there will not be time to make cellphilms in the workshop, participants may produce a cellphilm after. Options will be explored as to how participants may share their cellphilm for the wider conference audience (online, social media, etc).
- Conclusion (5 min): The presenter will share links to resources.

Learning goals.
- Develop an introductory understanding of cellphilming as a participatory visual approach for engaging diverse knowledges and experiences in understanding health promotion issues.
- Gain practical experience working with and reflecting on the cellphilm steps in the context of health promotion issues related to health, wellbeing, and equity.

Resilience amidst chaos: The effects of the pandemic on community based implementation efforts in suicide prevention and health promotion

Round table
16 May 2022, 19:00 - 20:00

Moderator
Nitika Rewari

Speakers
Nitika Rewari, Presenting Author from Mental Health Commission of Canada, Canada
Cathy Wheaton-Bird, Presenting Author from Roots of Hope Community Coordinator & Saskatchewan Health Authority, Canada
Anne Duriez, Presenting Author from Roots of Hope Community Coordinator & Saskatchewan Health Authority, Canada
Elisa Brewer-Singh, Presenting Author from Waterloo Region Suicide Prevention Council, Canada
Abstract

**Breaking News.** The COVID-19 pandemic has profoundly impacted people in Canada. National polls show that, throughout the pandemic, the mental health of Canadians has declined, and intentional self-harm and suicidal thoughts have increased. Although there is increasing need for mental health support, the pandemic has created many obstacles for the implementation of suicide prevention and mental health promotion programming in community settings, due to restrictions in both the settings and the mechanisms generally available to access those most at-risk, as well as those serving populations at high risk. Challenges aside, these disruptions have also had positive impacts on implementation, including innovations in outreach, identifying priority populations, developing broad multi-sector collaboration in health promotion, and moving suicide prevention activities upstream.

**Relevant experience or practice.** This Round Table will delve into the unique experiences of Community Coordinators participating in the implementation of Roots of Hope – A community-based project that supports communities across Canada to reduce the impact of suicide. The model builds upon community expertise to implement tailored suicide prevention and life promotion interventions under 5 pillars: means safety, awareness, research, specialized supports, and training. Panellists will discuss the challenges they faced in their communities in developing and delivering a community-led suicide prevention program during the pandemic, the mitigation measures taken, and the unexpected positive impacts.

**Implications for health promotion**

- Those working in mental health promotion and suicide prevention have had to be innovative in how and to whom they deliver services within their community. Supports/programs need to be as accessible as possible and should be both available in-person and virtually.
- The pandemic has created a unique set of challenges (i.e., job loss, financial/economic hardship, social isolation, lack of belonging, food/housing insecurity). There is a need to address emerging risk factors and target priority populations resulting from the pandemic.

**Implications for policy.** Funding for mental health promotion and suicide prevention activities in the community is imperative. Resources should be allocated towards developing programs that are accessible and meet the emerging needs of Canadians during and after the pandemic.

**Aboriginal cultural governance of health research**

**Workshop**

16 May 2022, 19:00 - 20:00

**Moderator**
Aryati Yashadhana

**Speakers**
Aryati Yashadhana, Workshop Trainer from Centre for Health Equity Training Research & Evaluation, Australia
Wendy Jopson, Workshop Trainer from University of New South Wales, Australia
Abstract

**Background/Objectives.** Culture, and its practice and maintenance are central to the health and wellbeing of Aboriginal Australians, including its role in health research. Control and governance of Aboriginal health research spaces at all levels by non-Aboriginal researchers is a key to poor translation of research findings into social change, or improvements in culturally safe health systems and processes. This control excludes Aboriginal cultural ways of knowing, being, and doing, including respect for the role of ceremony in research. This workshop will provide a platform to learn about and discuss Aboriginal cultural governance of research practice with a focus on the Australian context.

**Format.** The workshop will cover four topics with the aim to help participants understand why cultural governance is important, the cultural values and foundations it is built upon, practical examples of how it works in action, and an opportunity to discuss its application in different contexts. Participants will be asked to share what they think cultural governance means. Then, drawing on the experience of Aboriginal and non-Aboriginal researchers working together, the topics include: Cultural Governance Protocols (Ted Fields, Yuwalaraay Nation); Research as ceremony (Wendy Jopson, Yuin Nation); Biocultural protocols, ethics, collective consent (Dr. Margaret Raven, Yamatji-Noongar person); and Power and control – enabling cultural governance (Drs Stephanie Topp & Aryati Yashadhana). The session will be coordinated by Dr Brett Biles (Murrawarri Nation) allowing 10 minutes of interactive learning time for each topic, followed by 5 minutes of question/discussion time. The final 10 minutes will include a group exercise which will give participants an opportunity to reflect on learnings and discuss challenges and opportunities in their own health research work.

**Learning goals.** Participants will walk away with a preliminary understanding of the concept of Aboriginal cultural governance, how it operates (or doesn’t) in ethical structures and frameworks, and research spaces, and practical examples that may be adapted in health research projects that collaborate with Indigenous and First Nations peoples globally.

**Designing for and with communities: Equity centered design in health promotion**

**Workshop**
16 May 2022, 19:00 - 20:00

**Moderator**
Ilhan Abdullahi
Abstract

Objectives. This interactive workshop will support those working within the intersections of health promotion and public health policy to explore the concept of equity centered design, and how this framework could be incorporated to achieve health equity in the communities they work alongside with. By the end of this session, participants will develop an understanding of equity-centered design principles and tools, including the development of a problem statement to fit their particular community context and health challenge. This session will also provide space for participants to explore examples from the field through case studies from Bridge for Health co-operative and Simon Fraser University’s RADIUS social innovation hub.

Format. This engaging 90-minute workshop will incorporate a short presentation from speakers, participatory and hands-on activities and discussion. Workshop participants will have the opportunity to engage in deep individual reflection, participate in group activities that explore equity principles and design in addition to a group discussion to strategize how to implement these practices into their work.

1. Grounding exercise and critical reflexiveness (how we show up to these spaces and bring ourselves into this work)- 10 mins
2. Equity Centered Design- Walkthrough of Framework- 20 mins
3. Facilitated Discussion & Activity- 30 mins
4. Connecting As A Community- case studies/practical examples -15 mins
5. Discussion/Networking – 15 mins

Learning goals. By the end of the session, participants will:

- Have an increased understanding of the Equity Centered Design framework
- Apply critical thinking, anti-oppressive lens, strengths-based problem solving to explore health inequities they are working to address through their work
- Have a better grasp on the importance and utility of a problem statement in equity-centred program design and be able to brainstorm versions of their problem statements.

Tufunga Fonua for Whenua Ora: Indigenous leadership and policy for a healthy planet and healthy people

Workshop
16 May 2022, 19:00 - 20:00

Speaker
Viliami Puloka, Presenting Author from Health Promotion Forum of New Zealand, New Zealand

Abstract

Good governance and leadership is crucial for health promotion. For example, good leadership is likely to ensure that there are healthy public policies at all levels – from the local to the global. Over the past ten
years, Indigenous leadership from the Moana (Pacific Ocean) has been making significant contributions to
the on-going advancement of health promotion by IUHPE, and the addressing of health challenges at the
global level, such as the bringing the environmental determinant of health to the attention of the IUHPE
health promotion community and the wider public health community.

A case in point is the collaborative leadership of the Health Promotion Forum of New Zealand (HPF), a
national institutional member of IUHPE. Led by an Indigenous team, HPF co-hosted the 2019IUHPE World
Health Promotion conference in Rotorua. Post conference, HPF led the establishment of the IUHPE Global
Additionally, HPF has been approved by IUHPE to become the national accreditation organisation (NAO) for
New Zealand. Importantly also, the HPF Executive Director is the Global Vice-President for Communication
at the Global Board of IUHPE. Furthermore, HPF co-leads the IUHPE International Network for Indigenous
Health Promotion Professionals (INHNN). Moreover, HPF and the GWG Waiora Planetary Health a
signatories of the Sao Paolo Declaration, to be launched on October 7, 2021 by the Planetary Health
Alliance.

Objectives.
This workshop will examine the pivotal role of leadership, especially Indigenous leadership in the IUHPE
family. More specifically, it will discuss the following questions:

• What factors drive HPF to contribute to the co-leadership of IUHPE?
• What leadership lessons that can be learned from HPF’s experience?
• How can others replicate such insights, skills and practices?

Format.
• Three presentations of 10 minutes each to lay the foundation of our conversations
• Q & A
• Facilitated small group discussion/zoom breakroom
• Return to main group and share finding

Learning goals.
As a result of attending this workshop participants will:

• Gain an overview of the importance of good governance and leadership to health promotion and
building healthy public policies
• Indigenous and non-Indigenous health promoters learn how to build on the foundations laid by HPF
• Identify core values, principles, insights and practices that Indigenous and non-Indigenous health
promoters can apply in diverse health promotion contexts across the world in building healthy
public policies

Using creative strategies for citizen engagement

Parallel oral session
17 May 2022, 10:00 - 11:15
How are citizen science approaches perceived and applied in health promotion? A mixed-methods study with policy and practice stakeholders

Abstract

Background/Objectives. Citizen science approaches, which actively involve the public in scientific research, are increasingly being utilised in health promotion research. However, little is known about whether and how citizen science may be used to address the needs of policy and practice organisations. This study sought to understand how citizen science approaches are perceived and applied in policy and practice in health promotion, and the extent to which these approaches align with or diverge from existing practice of public engagement in health promotion.

Methods. Using a mixed-methods approach, we conducted an online survey and semi-structured interviews with policy and practice stakeholders working in health promotion and related sectors in Australia. The survey explored familiarity with citizen science approaches and perspectives of the benefits, opportunities and challenges. Follow-up interviews sought to explore stakeholders’ perceptions of and experiences with citizen science approaches in more detail.

Results. Eighty-two participants completed the survey, and twenty participants took part in interviews. Participants were largely familiar with and supportive of citizen science approaches in health promotion, with over half of survey respondents indicating they see a role for citizen science in their work (56%) and health promotion more broadly (82%). Many participants saw these approaches aligning with and complementing their existing public engagement strategies and discussed opportunities for citizen science to contribute valuable data, increase community acceptance of and advocacy for actions to improve health and to bring together key stakeholders to address complex health problems. Participants identified a range of challenges to using citizen science approaches, including data quality and ownership, governance and a lack of resourcing and/or expertise.

Discussion. Overall, findings suggest significant interest in and potential to use citizen science approaches to address the goals of policy and practice stakeholders in health promotion. To realise the potential of citizen science in health promotion, greater investment is needed to build capacity within policy and practice organisations to undertake citizen science projects relevant to their needs and for the translation of citizen-science outputs into policy and practice.
Participation sociale des personnes aînées et revitalisation inclusive du centre-ville de Sherbrooke (Québec, Canada)

Speaker
Louis Braverman, Presenting Author from Université de Sherbrooke, Canada

Co-authors
Melanie Levasseur, Joanie Lacasse-Bédard, Martine Shareck, Ruth Ndjaboue, Sébastien Lord, Mélissa Généreux

Abstract

Background/Objectives. Lors d’une revitalisation majeure d’un quartier, les changements peuvent considérablement modifier les conditions de vie et l’inclusion de ses résidents et de ses utilisateurs. Une transformation de la structure sociale, l’absence d’infrastructures favorisant la mobilité, ainsi qu’un accès limité aux lieux et aux occasions de participation sociale peuvent entraîner ou exacerber les situations de marginalisation et d’exclusion des aînés. Une revitalisation est en cours au centre-ville de Sherbrooke, une municipalité située au Québec qui compte 170 816 habitants. Cette étude vise ainsi à documenter les besoins, les facilitateurs et les obstacles à la participation sociale des personnes aînées résidentes et utilisatrices du centre-ville de Sherbrooke globalement et, plus spécifiquement, de celles les plus à risque de marginalisation et d’exclusion sociale.

Methods. Une recherche-action est réalisée et permet de mobiliser des personnes aînées à risque de marginalisation et d’exclusion sociale et divers intervenants travaillant à leur inclusion. Jusqu’à présent (collecte en cours), 16 aînés résidents ou utilisateurs du centre-ville de Sherbrooke ont participé à des groupes de discussion focalisée et des entretiens individuels.

Results. Les premières personnes interrogées ont formulé de fortes attentes au sujet de la revitalisation du centre-ville. Plusieurs priorités d’action et facilitateurs de la participation sociale ont été identifiées et reliées au transport, à la sécurité, à l’habitat, aux loisirs et à l’accès aux services. Enfin, Trois principaux facteurs faisant obstacle à la participation sociale des aînés à risque de marginalisation ont été identifiés : 1) un faible niveau de vie, 2) l’âgisme et 3) la perte d’autonomie.

Discussion. Cette étude permet d’améliorer les connaissances sur les besoins, les facilitateurs et les obstacles à la participation sociale des personnes aînées résidentes et utilisatrices du centre-ville de Sherbrooke. Grâce à cette étude, les aînées sont engagées dans le développement d’un centre-ville inclusif pour tous et qui répond à leurs besoins.

Virtual photovoice as a health promotion intervention for BIPOC and international women university students

Speaker
Shannon McMorrow, Presenting Author from Western Michigan University, United States

Co-authors
Kaila Graham, Melissa Chavez
Abstract

Setting/problem. Black, Indigenous and People of Color (BIPOC), international, and women university students experience health disparities linked to structural exclusion, discrimination, racism, and stress from efforts to assimilate. In the U.S., strikingly negative anti-immigrant rhetoric and policies and a spotlight on the pervasive problem of racism and racial violence layered onto the stress of the COVID-19 pandemic, creating a uniquely difficult 2020-2021 academic year for students.

Intervention. A virtual Photovoice project was conducted to explore health and stress experiences of women BIPOC and international students at a regional, mid-sized university in the midwestern U.S. Fourteen women students joined the project, spanning five different countries. Three virtual meetings of about 3 hours were held in May of 2021 including icebreakers, group trust building, sharing photos, and discussing photos and messages they wanted to communicate to the university to advocate for systematic change. Connection was a key component of this project and participants were able to take ownership of the.

Outcomes. The project had two key outcomes. First, participation in the virtual Photovoice process promoted health, well-being and equity for the participants. Many expressed surprise about how impactful the project was and shared deeply personal experiences of discrimination or stress in the university context. The other key outcome was advocating for change at the university level. The project culminated in a public, campus exhibit of photos and accompanying stories chosen by participants with key university leaders in attendance including the Provost, Associate Provost of International Programs, and the Vice-President for Diversity and Inclusion.

Implications. Photovoice can serve simultaneously as a research method and health promotion intervention. In this case, it was intended primarily as a research study, but clearly showed promise as an intervention that can be used for university students, particularly those who may be marginalized or isolated. Additionally, this project demonstrated that the process of conducting Photovoice in an entirely virtual format is also beneficial, particularly for projects aiming to connect people transnationally.

Equity and the right to health: A multi-method interdisciplinary action-research to map and tackle health inequities in the city of Bologna (Italy)

Speaker
Matteo Valoncini, Presenting Author from Centre for International and Intercultural Health, University of Bologna, Italy

Co-authors
Chiara Bodini, Ivo Quaranta, Martina Consoloni, Martina Riccio

Abstract

Background/Objectives. Extensive evidence shows how the social, political, and cultural context shapes health and disease distribution within society. However, as the body of literature on health inequalities grows, inequities also grow (with Covid-19 acting as an amplifier), reinforcing the know-do gap. Objective of our action-research project, started in 2017 in collaboration with the Local Health Authority and the Municipality of Bologna, is to document geographical inequalities in health outcomes and use of healthcare services in Bologna and support policy action to tackle them.
**Methods.** Phase 1 (2017-19): ecological study based on routinely available indicators, 5 related to the social determinants of health (SDH, exposure) and 5 to ill-health (outcomes). For each municipal statistical area, the distribution of exposures and outcomes in the periods 2011-15 and 2015-19 was plotted on the city map. Phase 2 (2020-21): in-depth qualitative analysis, combining ethnographic and participatory action-research methodologies, in 6 areas among those most affected by health and social inequalities. Phase 3 (ongoing): experimental health promotion interventions in the 6 areas.

**Results.** The ecological study showed a North-South divide for most indicators, with a high concentration of adverse outcomes in the North-Western part of the city. The in-depth qualitative analysis showed a range of SDH: social isolation, social conflict, lack of participatory spaces, unhealthy nutrition, housing instability, poverty and unemployment, inadequacy of local services (insufficient reach, fragmentation). Local stakeholders (workers of health, social and educational services; members of citizen groups and civil society associations; decision-makers) were involved in identifying key health determinants and discussing strategic policy spaces to address them. Experimental health promotion interventions are being planned based on these results.

**Discussion.** Facing the complex intersection between social and health factors, existing services are often unable to properly read and act on the issues at stake. The action-research approach enables local actors to collectively build a meaningful narrative of their lived experiences and identify paths to improve the context they live in. Addressing health inequities through such an approach may lead to greater integration of evidence into health promotion policy.

**Supporting disaster resilience through community engagement and social participation: @yrtphotovoiceproject**

**Speakers**
Raissa A. Amany, Presenting Author from University of Ottawa, Canada
Munira Adan, Presenting Author from University of Ottawa, Canada

**Co-authors**
Christina J. Pickering, Zobaida Al-Baldawi, Lauren McVean, Lucy Baker, Zaynab Al-Baldawi, Tracey O'Sullivan

**Abstract**

**Background/Objectives.** The Sendai Framework for Disaster Risk Reduction calls for an all-of-society approach to reduce disaster risks and promote resilience. Youth have the power, agency, drive, and skills to participate in this inclusive approach, and represent a largely untapped resource for reducing health inequities, promoting health and wellbeing, and supporting disaster resiliency. The purpose of our participatory action research was to explore the role of youth in disaster risk reduction, climate change, and the COVID-19 pandemic.

**Methods.** We used Photovoice, a form of community-based participatory research, to engage a diverse group of youth on the topic of youth engagement in disaster risk reduction, climate change, and COVID-19. From 2019 to 2020, we hosted nine focus groups. Our team, led by adolescent co-researchers, presented our results in two innovative online Photovoice exhibitions in 2021, including an open source exhibition on Instagram at the following handle: @yrtphotovoiceproject.
Results. Our results point to a wide array of youth assets, and roles youth can have in reducing risk in disasters, reducing the impact of climate change, contributing to pandemic recovery and thus promoting health and wellbeing. These roles include contributing to disaster risk reduction education, forming youth-adult partnerships, promoting equity and inclusion, leveraging youth assets (like social media expertise), and creating sustainable, long-term social change to improve health and wellbeing in collaboration with diverse populations.

Discussion. We propose the following strategies to engage youth in the fight against climate change, disaster risk reduction, and COVID-19 recovery: 1) Partner with politicians; 2) apply an asset-based approach; 3) promote inclusive and accessible knowledge translation and communication opportunities; and 4) harness the power of youth to promote health and wellbeing. Youth are powerful assets in the global response to complex social issues; they need opportunities for participation and spaces for their voices to be heard.

Prevention strategies and vulnerable populations

Round table
17 May 2022, 10:00 - 11:15

Moderator
Marilyn Rice

Engaging and sustaining faith community involvement in HIV and other health prevention efforts: Lessons learned and take-home messages

Speakers
Carol Tyrell, Presenting Author from NYSDOH, AIDS Institute, United States

Abstract

Relevant experience or practice. For twenty years, The NYSDOH, AIDS Institute Faith Communities Project has worked with regional committees to engaged and sustained faith communities’ involvement in its goal to advanced HIV prevention efforts in NYS, especially in communities disproportionately represented in the epidemic, and to end the HIV epidemic in NYS.

Implications for health promotion. The engagement of faith communities in prevention efforts, especially in communities overrepresented in the disease, have several implications for health promotion:

1. allows access to priority populations that might not utilize traditional health care systems or services
2. increases the reach and dissemination of health education and health promotion activities and information to communities underrepresented in health promotion program
3. provides opportunities to develop partnerships and collaborators for health promotion, such as health ambassadors, community health workers, from the community, to educate the community about health and well-being
Implications for policy. Recognizing the significant role faith communities play in the lives of communities significantly impacted by health concerns, provides opportunities for policy maker to embrace and engage faith leaders and or their representatives in the development of health promotion policies and programs, from conceptual to the implementation phase, that impact the communities they serve. It also broadens our ability to truly develop equitable and accessible health promotion programs to improve the overall health and well-being of communities disproportionately impacted.

'Heart health in vulnerable populations’ A global case-study of implementation challenges in the primary prevention of cardiovascular disease.

Speakers
Linda Gibson, Coordinator from Nottingham Trent university, United Kingdom
Hilde Bastiens, Presenter from University of Antwerp, Belgium
Mark Bowyer, Presenter from United Kingdom

Co-authors
Geofrey Musinguzi, Tholene Sodi from Limpopo University, Harm van Marwijk from University of Brighton & Sussex, Delphine le Goff from Brest University, Almighty Nchafack Al

Abstract
To describe and critically discuss the situational challenges met in the implementation of community-based CVD prevention and promotion in four north European and two sub-Saharan African study sites funded by an EU Horizon 2020 five year programme. ‘SPICES’ (Scaling-up Packages of Interventions for Cardiovascular disease prevention in selected sites in Europe and Sub-Saharan Africa: An implementation research project), is a study which recognises the global challenge of CVD. A mixed methods protocol was pursued across six study sites between 2017 and 2022 to identify barriers and facilitators to the implementation of community-based primary prevention of CVD across study contexts. The implementation of interventions used a task-shifting and task-sharing approach. The objective of this symposium is to disseminate and critically discuss the study findings from the impact of context on implementation, through reception amongst differing populations, towards lessons for primary prevention which may be learned.

Empowering, supporting and sustaining Community Health Workers to engage with citizens about long-term heart health outside of formal health facilities

Abstract
In Uganda and South Africa (SA), where travelling distances to health facilities are impractical, mobile community health workers (CHWs) are an essential part of the healthcare workforce. Often without transport, and usually without pay, these CHWs have limited resources of medicines and equipment but through their primary care systems address key health challenges to maternal and child health, infection control and vaccination, and increasingly the growing risks of chronic diseases such as CVD.

In Europe, highly medicalised health systems are struggling to meet the demand for Primary Care that is created by the combination of longer life-expectancy and unhealthy lifestyle behaviours. Medical staff operating from well-resourced facilities are required to diagnose and prescribe, manage risks and long-term...
conditions, balance co-morbidities, organise vaccinations, and deliver state mandated prevention programmes. Both the European and African systems and methods are under increasing pressure from NCDs for which neither are optimised. Both settings used a task-shifting and task-sharing approach. This seminar will explore what the trade-offs, successes and challenges of each ‘SPICES’ study site teaches the other about how to manage the challenge of NCDs going forward?

**Investigating the case for adoption of evidence-based Primary Prevention interventions at scale in Low, Middle and High Income settings during a time of restricted resources.**

**Abstract**

The ‘common sense’ of the popular phrase ‘prevention is better than cure’ is universally understood. Even so, moving health systems and societies towards a stronger focus on primary prevention is challenging. Generally, and usually as a result of restricted resources and capacity, health systems are re-active and treatment-led rather than pro-active and preventative. Prevention can often be perceived as a ‘nice to do’ rather than a ‘must-do’, but the long-term financial and health costs of ignoring prevention are clear for all to see. This seminar will describe the challenges of primary prevention of CVD in the context of health system tasking, commissioning and policy making. It will discuss the research evidence of effectiveness of primary prevention interventions for CVD, and the implementation challenges which appear to block the adoption of primary prevention interventions at scale in low, middle, and high-income settings.

SPICES is an Implementation Research study, and the objective of this seminar is to discuss the experience of stakeholder engagement in different SPICES study settings in relation to the Implementation Climate and other Consolidated Framework for Implementation Research (CFIR) constructs to evaluate the challenges of scaling-up Primary Prevention approaches to the reduction of CVD burden in low, middle, and high income healthcare settings. Can these implementation challenges be overcome?

**Healthy Lifestyle - Not just a healthcare system challenge**

**Abstract**

To explore the contextual, economic, and social determinants of lifestyle behaviours, in relation to the goal of sustaining healthy behaviours in at-risk populations, and to examine the degree to which these determinants are taken into account by health system managers, funders, and policy-makers. Adopting healthy lifestyle behaviours can protect citizens from chronic morbidities and associated disabilities in adult life just as looking both ways can protect them from being hit by traffic when crossing the road. But this obvious self-interest is not translating into elective behaviour change in the global population. There is a need for health promoters to advocate, campaign, and mediate for a more informed and evidence-based appreciation of the wider determinants of health in the design of health policies, distribution of health resources, and setting of population health goals. This seminar will report some of the experiences described by participants and stakeholders in the ‘SPICES’ European and African study sites which begin to situate the shared goal of healthier, longer lives in the lived experience of patients and professionals to illustrate the impact of social and economic context on heart health.
Indigenous-led health promotion interventions on turtle island

Parallel oral session
17 May 2022, 10:00 - 11:15

Moderator
Marie-Claude Tremblay

Giiwe: A model for Indigenous-led intersectoral sharing on homelessness prevention

Speaker
Carlos E. Sanchez-Pimienta, Presenting Author from University of Toronto, Canada

Co-authors
M’Wikwedong Indigenous Friendship Centre, Jeff Masuda

Abstract

Setting/problem. Intersectoral initiatives on homelessness prevention are increasingly being studied within international contexts. In Canada, Indigenous Peoples living in urban centres are more than eight times more likely to be or become homeless than non-Indigenous individuals. Given the historical damage of non-Indigenous interventions on Indigenous People’s lands and lives, Indigenous-led programs are recognized as the most effective response to Indigenous homelessness. Nevertheless, Indigenous-led intersectoral initiatives on homelessness prevention have received little attention.

Intervention. This presentation discusses ‘Giiwe,’ an intersectoral partnership model led by M’Wikwedong Indigenous Friendship Centre—an organization serving Indigenous Peoples living off-reserve in Grey County and Bruce County in Ontario, Canada. Giiwe aims to prevent Indigenous homelessness by improving the relationships between Indigenous and non-Indigenous organizations involved in the flow of people into homelessness. For this purpose, Giiwe organizes recurring meetings or ‘circles’ for social service, health, and governmental organizations to learn from traditional Indigenous Elders and Knowledge Holders, build trusting relationships among each other, and improve coordination among existing services.

Outcomes. In 2018, Giiwe successfully established the first Indigenous-led intersectoral action initiative of its region, with the active participation of 19 organizations as of 2021. Building on three years of developmental evaluation and consultancy, the authors present four key elements of a model that conveys the specificity of Giiwe’s intersectoral work: (1) the Indigenous knowledge of Elders and Knowledge Keepers; (2) the sharing circle methodology; (3) the participation of individuals with lived experience; and (4) a gentle and slow-paced approach to intersectoral action.

Implications. The Giiwe model makes space for Indigenous knowledges, experiences, and leadership to guide intersectoral Indigenous homelessness prevention efforts. For broader health promotion contexts, Giiwe highlights the transformational value of addressing the legacies of settler colonialism within intersectoral initiatives, prioritizing the establishment of respectful relationships before action, and engaging with more-than-human relationality through Indigenous knowledge systems.
How does a rehousing intervention affect the mental wellbeing of Inuit adults living in Nunavut, Canada?

Speaker
Karine Perreault, Presenting Author from Université de Montréal, Canada

Co-authors
Josée Lapalme, Louise Potvin, Mylene Riva

Abstract

Background. Inuit are an Indigenous people of the Arctic. In Nunavut, one of Canada’s four Inuit regions, the persistent and growing housing shortage has serious consequences on mental health. In 2014-2015, hundreds of public housing units were constructed in Nunavut, allowing several Inuit families to improve their housing circumstances and potentially their wellbeing.

Objectives. This presentation explores the ways in which a rehousing intervention affects the wellbeing of Inuit adults, from their perspectives. More specifically, it focuses on the meaningful rehousing experiences that participants linked to their mental wellbeing and happiness.

Methods. The study was developed in collaboration with Inuit organizations. Semi-structured interviews were conducted in a Nunavut community among Inuit adults who had been rehoused to a public housing unit 1-3 years prior. Participants were asked if, and how, rehousing influenced their wellbeing and happiness. Interviews were transcribed and a deductive-inductive thematic analysis was performed based on Gidden’s concept of ontological security.

Results. Eleven rehoused Inuit adults participated in the study (4 men, 7 women). Before rehousing, participants were typically living in severely overcrowded and multigenerational households. After rehousing, they lived with their immediate family only. Participants perceived the rehousing intervention as affecting their mental wellbeing in the following ways: 1) Greater self-determination: rehousing allowed participants to make choices and embark on life stages of great significance that were not possible before, and made them happier; 2) Refuge creation: rehousing permitted the creation of a space where participants felt safe, did not fear eviction, and could be themselves; 3) Increased control: rehousing alleviated the constant negotiations that overcrowding implied; 4) Improved family relationships: having one’s own home improved the relationships between parents and children, but also with extended family members; 5) Identity repair: rehousing allowed participants to heal and to reintegrate practices tied to their identity after years of struggles.

Discussion. This presentation supports advocacy efforts of Inuit leaders calling for the urgency of increasing housing investments to achieve the mental health promotion objectives across Inuit homelands.

Revival of the Sockeye Salmon to the Okanagan river sub-basin (of the Columbia River) system through the restoration efforts of the Syilx Okanagan Nation

Speaker
Suzanne Johnson, Presenting Author from Okanagan Nation Alliance, Canada
Co-authors
Rosanne Blanchet, Noreen Willows, Malek Batal

Abstract

**Background/Objectives.** Salmon (n’itxw) is one of the four food chiefs of Syilx Okanagan peoples in British Columbia, as understood through their captikʷl (oral teaching). Salmon is a crucial food source for the Syilx that provides many benefits beyond nutrition. It is a cultural keystone species that is central to Syilx relationships with their lands, resources, and waterways. Its presence in Syilx waters is a cultural imperative required to recognize and understand oral teachings and the relevant links to language and culture. After being almost extirpated, sockeye salmon has been brought back to the Okanagan River sub-basin through the restoration efforts of the Syilx Nation. There are few reports that describe the nature or impact of Indigenous-led food sovereignty interventions. We will provide an overview of the multifaceted approach to salmon restoration that has addressed determinants of health including social, environmental, economic, and cultural continuity.

**Methods.** A 3-year pilot project (2000-2003) led to the 12-year Skaha Lake Salmon Reintroduction project to bring back the Okanagan n’itxw (salmon) to Syilx territory. It integrated Traditional Syilx knowledge and Western science. Restoration efforts have included community leadership and engagement, active participation in regional water management and flow decisions, design and development of fish passage over hydro-electric dams, river habitat restoration, ceremonial salmon fry release, and cultural revitalization of social gatherings, ceremony and nṣyilxcən language transmission. A community-university partnership between Okanagan Nation Alliance and the Universities of Alberta and Montréal was created to report on the health and cultural outcomes of the intervention.

**Results.** Increased salmon abundance has supported food, social and ceremonial needs, and an anticipated transition to a participatory fishery. The initiative is positively associated with well-being (e.g., life satisfaction), and cultural connectedness (e.g., sense of belonging, importance of cultural practices) based on data collected from 265 adults from 4 Syilx communities.

**Discussion.** The Syilx-led food sovereignty initiative was successful in restoring cultural determinants of health and well-being to Syilx community members, as well as improving diet quality, food security and food sovereignty. Its success strengthens the need to revitalize Indigenous food systems and support Indigenous food sovereignty initiatives.

**Resilience, responsibilities and revitalisation: The Kahnawake schools diabetes prevention program 27 years later**

**Speaker**
Treena Delormier, Presenting Author from Kahnawake Schools Diabetes Prevention Project / McGill University, Canada

**Abstract**

**Setting/problem.** The Kahnawake Schools Diabetes Prevention Program (KSDPP) is a 27 year health promotion intervention and participatory research partnership with a Mohawk community in Canada focusing on primary prevention of type 2 diabetes through the promotion of healthy lifestyles.
Intervention. The greatest and most significant development is the reclaiming of the research by Indigenous researchers: the Scientific Director is now an Indigenous scholar, the KSDPP Community Advisory Board oversees the final decisions for intervention, training and research, ceremony is incorporated into all meetings, KSDPP trains Indigenous students. KSDPP longevity is driven by resilience and program revitalization with emphasis on Haudenosaunee (Mohawk) knowledge, practices, and decision-making. The Code of Research Ethics 2021 revision incorporates decolonising approaches and past experiences and outlines community and researchers’ detailed responsibilities. KSDPP offers community mobilisation training promoting healthy lifestyles to Indigenous communities with associated evaluation including realist approaches and hosts nationally funded regional research networks to increase capacities of Indigenous communities (NEIHR) & students (IMNP).

Outcomes. Seeing the success of grass roots health promotion has inspired other Kahnawake organisations: including educational institutions who have developed their own research ethical guidelines and the hospital who are now hiring a health promotion worker.

Implications. Moving forward with community directed health promotion ensures community is the barometer for change. Under guidance from the KSDPP Community Advisory Board the original focus on healthy nutrition and physical activity was gradually expanded to address stress and to promote adequate sleep and wholistic wellness.

Incorporating indigenous knowledge and practices into community-based participatory research to engage a community for improved nutrition for children

Speaker
Pippa McKelvie Sebileau, Presenting Author from University of Auckland / Eastern Institute of Technology, New Zealand

Co-authors
David Rees, Crystal Pekepo, Erica D'Souza, Boyd Swinburn, Sarah Gerritsen, David Tipene-Leach

Abstract
Background/Objectives. Our current global food system is failing to deliver on health and wellbeing, equity and food security, and New Zealand is no exception with the second highest rate of childhood obesity in the OECD and growing rates of food insecurity. Our initiative is situated in the Hawke’s Bay region, where children have the second fastest growing rate of pre-schooler obesity in the country and the lowest intake of vegetables. Thirty-seven per cent of the regional population of school students identify as indigenous ethnicity.

Methods. ‘He wairua tō te kai’ suggests that there is more to food than nutrition and advances a cultural connectedness approach to food and nourishment of tamariki (children) and rangatahi (youth). In 2020, we engaged with regional stakeholders to co-design an approach for a public health initiative to improve nutrition in the region and, through cognitive mapping interviews, they directed the initiative to focus on children’s hauora (health) in a holistic fashion; to build food security; include mātauranga Māori (indigenous knowledge); create opportunities for cohesion and integration; work with community and whānau (families); and to start in schools. Using Systems Dynamics approaches, a series of Group Model Building
(GMB) workshops were carried out combining indigenous knowledge and scripted GMB tasks, leading community participants to create a systems map of the local food environment and to identify potential interventions.

**Results.** Nineteen secondary school students and 26 adults participated in the series of 3 workshops. Forty-five intervention points were identified by participants and put through a feasibility / impact analysis. The top two interventions identified were working with schools involved in the newly launched government free school lunches programme for low equity schools, and increasing access to mātauranga Māori (indigenous knowledge) in schools.

**Discussion.** Cognitive mapping interviews and GMB embedded with indigenous practices were useful tools to engage communities and represent underlying mental models of poor nutrition for children. The feedback loops and leverage points of the systems maps will be presented, and development of the overall approach will be discussed emphasising the importance of including indigenous perspectives and working at the speed of trust in community-based public health initiatives.

**Policy development and implementation to respond to emergencies and COVID**

**Parallel oral session**
17 May 2022, 10:00 - 11:15

**Moderator**
Suzanne Jackson

**Community engagement during emergencies in Puerto Rico**

**Speaker**
Ana Cecilia Guzzi Vasques, Presenting Author from Center for Collaborative Research in Health Disparities, Puerto Rico

**Co-authors**
Irene Lafarga Previdi, Carmen Vélez Vega, Emma Fernández Repollet

**Abstract**

**Background/Objectives.** In this presentation we aim to describe the importance of community engagement within research projects and research centers in times of disasters or emergencies. Specifically, in Puerto Rico, an archipelago that has endured several emergencies in the last few years: the Zika epidemic (2016), hurricanes Irma and María (2017), earthquakes in the southern region (2020), COVID-19 pandemic (2020-21). We focus on the experiences of the Community Engagement Cores of the Center of Collaborative Research in Health Disparities (CCRHD-RCMI Program) and the Puerto Rico Testsite for Exploring Contaminations Threats (PROTECT) Project.
Methods. We contacted participants and stakeholders to assess their needs via phone and email, then we classified their needs in categories (materials, educational resources, service referrals, collaborations) and finally coordinated specific strategies for each group to deliver support in a timely manner.

Results. For the natural disasters, the materials provided were water filters, mosquito traps, flashlights, whistles and for the pandemic face masks, hand sanitizers, digital thermometers, and coloring books. For the natural disasters the educational resources provided were about how to safely consume water and also how to build an emergency bag specific to the needs of pregnant women, and young children, meanwhile for the pandemic they were about how to prevent getting sick, how to properly use a face mask and also information about vaccines.

Discussion. The efforts presented illustrate the importance of community engagement from academic institutions in disaster situations. Community engagement in emergencies is crucial to recovery efforts as well as fostering empowerment and making an impact on individual and societal levels. On the other hand, we recommend that research centers and research projects, particularly those with community engagement components, to consider providing support in the preparedness phase as well as the recovery phase if necessary.

The connected communities approach as a strategy for emergency response in cities

Speaker
Garrett Morgan, Presenting Author from University of Toronto, Canada

Co-authors
Blake Poland, Suzanne Jackson, Anne Gloger, Sarah Luca

Abstract
Background/Objectives. Urban resilience research is showing the importance of social infrastructure to emergency preparedness and response. Although analyses of past shock events point to the need for collaborative governance and networked relations between civil society and formal institutions before, during, and after crises; the literature contains little advice on how to go about this. To fill this gap, we introduce and argue for a Connected Community Approach (CCA) as a promising practice for building community resilience by drawing from over 10 years of community work in East Scarborough plus a community-based participatory research project that explored bottom-up grassroots community responses to the COVID-19 pandemic in Toronto, Canada.

Methods. The research team is a partnership between University of Toronto researchers and the Centre for Connected Communities. We interviewed 47 grassroots leaders in six marginalized communities in Toronto between the first and second waves of the pandemic to gather information about how their communities were impacted by the pandemic as well as how pre-pandemic relations and networks shaped individual and collective responses to the crisis. Interviews were followed by collective sense-making sessions with a representative subset of participants.

Results. We learned that the pre-existing relationships between city institutions and community members were broken during the pandemic and the six communities were left without many supports to address community needs. At the same time, the formal institutional responses were unable to reach into communities without the help of grassroots leaders. Where even some of the pre-existing relationships
between service organizations, institutions and community members continued in the pandemic, the collective response was easier.

Discussion. Given the challenges presented by the broken relationships between grassroots actors and City Departments during the pandemic, the way forward in future emergencies is to strengthen this relationship. We propose investing in the Connected Community Approach as the way to build community resilience in marginalised communities in cities. This approach embodies health promotion in action where grassroots leaders play a central role in building on local assets and working together to promote health by strengthening community action.

Translating behavioural research into policy: Reducing COVID-19 infection in Syria

Speaker
Pauline Kabitsis, Presenting Author from Common Thread, Canada

Co-author
Sherine Guirguis

Abstract
Setting/problem. After a decade of conflict, rising price uncertainty and increasing poverty, COVID-19 feels like a drop in the bucket for Syrians. Earning a living, keeping themselves and their families safe from harm, and maintaining mobility are their topmost priorities. A pandemic doesn’t suddenly shift those priorities but makes them all the more difficult to attain. For citizens living under fragmented rule, and the 40% who are internally displaced, there is no singular, trusted voice to turn to for case counts, guidance and support. In July 2021, UNICEF asked us to develop a behavioural strategy that would contain the spread of COVID-19 infection as cases and deaths continued to rise, and the spread of new variants posed additional risks. Bringing a pandemic top of mind and encouraging sustained mask wearing, physical distancing and handwashing, would require more than risk communication tactics. While the country awaits greater vaccine supply, encouraging preventative behaviours will be necessary to mitigate the spread of COVID-19.

Intervention. Without the resources to do primary data collection, we resorted to other means to understand the reality on the ground. Through our research, we learned that compliance with mask mandates is a challenge given the low supply of masks in the region. Data suggests that two thirds of Syria’s sub districts need masks. We turned to community initiatives to increase mask supply and mask-wearing. By empowering communities to build their own supply, we could leverage the IKEA effect to make mask-wearing à la mode—a cognitive bias wherein people impart more value on something that they helped to create. In addition to low mask supply, vaccine supply is also low, with only 3% of the population having received one dose as of September 2021. Despite this, over half of the Syrian population would get vaccinated if given the chance, revealing that lower vaccine uptake may be due to a lack of access and supply rather than lack of demand. We identified key pain points along the vaccination journey and recommended actions that make vaccination the easy option, when doses become available.

Outcomes. We developed a 3-year behavioural strategy that provides 15 interventions that aim to drive and sustain preventative behaviours and vaccination, when supply allows.

Implications. Each intervention was vetted and iterated on by Syrian colleagues to ensure feasibility and fit within social and cultural customs.
Learning from policy gaps in the global COVID-19 response

Speaker
Savita Naqvi, Presenting Author from Ex-UNICEF, India

Abstract

Objectives
- Identifying policy gaps in the global COVID-19 Response using examples of India, Brazil, USA and New Zealand
- Analysing lessons learned and their implications for health, wellbeing and equity
- Jointly exploring multi-sector, holistic solutions for effective prevention and response to pandemics

Format. This is intended to be a face-to-face workshop, but can be adapted to an online one should there be need to do so. An opening plenary held by the convenor will include a 15 minute presentation with no more than 10 to 12 slides, followed by a ‘rapid fire’ Q & A of 10 minutes. 3 working groups will be formed in five minutes. The WGs will focus on barriers and facilitating factors and discussion time will be 30 minutes. A note taker will be appointed by each group.

Working group themes are:
1. Anti-science fervour and implications for COVID-19
2. Neo-liberal politics and its impact on health equity and wellbeing
3. Positive role of the State, private sector, civil society and citizen journalists.

Each group will be given 10 minutes to present and 5 minutes to take questions from the other two groups. There will be a recording of the presentations. The co-convenor will conclude the discussion in the remaining time.

Learning goals. The workshop will strengthen the participants’ capabilities to work in intersectoral teams to build evidence and analyse holistically a pandemic response and the preventive measures put in place. The participants will be better equipped for breaking through inequity and division with innovative approaches and solutions that are comprehensive, sustainable and pro-people. The workshop will promote a systems approach to enhance the health and wellbeing of the most deprived sections of the population through community participation and social accountability for a responsive and equitable health system.

Climate resilience, social justice & Covid-19 recovery: A study of anchor organisations within a UK city

Speaker
Alan Farrier, Presenting Author from University of Central Lancashire, United Kingdom

Abstract

Background/Objectives. Focused on Preston in North-West England, this study explored how recovery from COVID-19 could help ‘build back better’ and create innovative opportunities for climate action, using these research questions:
- How has the COVID-19 pandemic been experienced by organisations and communities and what have they learned about resilience, responsiveness and adaptability?
• Has the pandemic offered glimpses of what a different future might look like?
• What are the perceived links with and opportunities to address climate change and related ecological and social challenges during Preston’s recovery from COVID-19?
• What potential synergy is offered by exploring the convergence and intersection of Community Wealth Building, Doughnut Economics, and place-based climate action?

Methods. The research project incorporated multiple strands, including primary data collection (semi-structured interviews and focus groups with 67 participants from communities and anchor organisations). Fieldwork was conducted with the help of five Community Researchers trained in data collection and quality checking. Additionally, a rapid scoping review was conducted.

Results. The thematic analysis of the qualitative data resulted in four overarching themes:
• Impacts of Covid-19 on the community: mental health and wellbeing of community members, travel and experiences of the local environment and short-term changes in working practices
• Institutional Responses to Covid-19: adaptability and resilience of organisations and prioritisation of safety
• Future Implications: different understandings of ‘building back better’, potential long-term changes to working practice and uncertainty/anxiety about living with Covid-19
• Strategic plans: how local anchor organisations viewed sustainability and community wellbeing, the importance of partnership working and an increased focus on long-term strategies.

Discussion. The analysis drew together a wide range of perspectives on experiences of the pandemic, how it impacted on local communities and what recovery from COVID-19 might mean for the future of organisational and community-led action. This included a strong focus on the potential for transformative recovery to accelerate integrated, strategic city-based approaches to climate action, resilience, wellbeing and social justice able to foster human and planetary wellbeing.

Creating conditions for physical activity

Parallel oral session
17 May 2022, 10:00 - 11:15

Moderator
Stephanie Alexander

How are policies promoting physical activity monitored? Results of a systematic review

Speakers
Sven Messing, Presenting Author from FAU Erlangen-Nürnberg, Germany
Peter Gelius, Presenting Author from FAU Erlangen-Nürnberg, Germany
Co-authors
Antonina Tcymbal, Karim Abu-Omar, Diana Richardson

Abstract

**Background/Objectives.** While there are numerous efforts to monitor policies that promote health-enhancing behaviours such as physical activity, the methods of monitoring used by international organizations and academic institutions differ substantially. This research aims to provide an overview about the monitoring methods currently in use and discuss potential benefits and pitfalls of these methods.

**Methods.** A systematic search was conducted in five scientific databases, using the terms “physical activity”, “policy” and “monitoring” and their variations. In total, 12,963 studies were identified and, after the elimination of duplicates, screened independently by two reviewers. During full text analysis, information on the methods applied for policy monitoring was extracted.

**Results.** Different tools for policy monitoring at national level exist, such as the World Health Organization’s Health-Enhancing Physical Activity (HEPA) Policy Audit Tool (PAT) and the Council of the European Union’s Monitoring Framework for its Recommendations on HEPA. In addition, policies are monitored as part of broader initiatives such as the Report Cards on Physical Activity of Children and Youth, and by tools that were developed for the monitoring of policies at the local level (CAPLA SANTÉ, L-PAT). Besides research activities based on these tools, physical activity policies have also been monitored by other academic research groups, using a range of different methods.

**Discussion.** Based on a further analysis of the included studies, a typology of policy monitoring methods will be developed. This typology can facilitate a debate about the advantages and disadvantages of the methods currently in use and assist decision-makers and researchers in the monitoring of policies.

**Developing a play street in a central Paris neighbourhood: the process and context of the Rue’golotte play street**

**Speaker**
Stephanie Alexander, Presenting Author from Fondation d'entreprise MGEN pour la santé publique, France

**Abstract**

**Background/Objectives.** Children’s outdoor free-play promotes their mental, physical and social well-being. However, opportunities for play in public spaces are increasingly scarce. Initiatives such as play streets provide public space for children to play, yet little is known about the processes leading to their success and the effects they have on children’s and residents’ activities. This presentation draws on findings from Part I of a two-part play street evaluation study. The objective of Part I was to identify the contexts (physical and social), the processes, and the fundamental ideas involved in the successful development of an established Paris play street called Rue’golotte.

**Methods.** Semi-structured interviews were conducted with key members of the Rue’golotte collective. Interview themes included the neighbourhood context, knowledge about play, guiding values and principles, and obstacles encountered. Regular observations of the Rue’golotte play street were also conducted. Interviews were transcribed and analysed using the software NVIVO.
Results. Preliminary findings highlight: 1) the importance of creating a local collective with members adhering to a common set of values and a united vision for the play street which can help gain support from politicians, businesses, and local residents, 2) the importance of a common philosophy around the play promoted and the aim of re-appropriating public space for children’s play. The non-gendered nature of activities and the removal of injunctions to play “actively” are central for inclusiveness, 3) that starting as a non-permanent installation helps gain local acceptance of the idea of the play street, particularly in areas with numerous businesses, traffic, tourists and where residents are resistant to the initial project. Local support is crucial for keeping initial momentum of the play street.

Discussion. With their numerous benefits, play streets are increasingly promoted as a means of improving children’s access to outdoor free-play spaces. Identifying the key ideas, procedures and contextual factors of ongoing play streets, examining the ideas and values adopted and understanding how obstacles were overcome will help inform other localities about how play streets can be more successfully introduced into a variety of urban spaces.

Innovation, leadership et pouvoir : une évaluation réaliste des processus de mise en œuvre de rues-écoles à Montréal

Speaker
Veronique Gosselin, Presenting Author from Université de Montréal, Canada

Co-authors
Kate St-Arneault, Zeinab Aliyas, Laura Smith, Patricia Collins, Katherine Frohlich

Abstract


Méthodes. L’étude est une évaluation réaliste. Une analyse de contenu a été réalisée à partir des documents accumulés depuis la conception du projet en 2018 (courriels, procès-verbaux, documents d’information et municipaux). Une entrevue avec l’organisme responsable de la mise en œuvre a aussi été effectuée. Une analyse thématique qualitative a été utilisée pour coder les données d’une manière mixte (inductive et déductive) en utilisant les concepts de l’évaluation réaliste (contexte; mécanismes; effets et leurs combinaisons) comme cadre de départ. Les similitudes et différences entre les contextes ont été explorées.

Résultats. Selon les contextes, des structures de pouvoir en place (municipal, policier, scolaire) utilisent leurs pouvoirs de diverses façons (collaboration, indifférence, intimidation) pour freiner ou favoriser la mise en œuvre des rues-écoles. L’exercice d’un leadership local, réalisé par les parents en milieu favorisé et par la direction scolaire en milieu défavorisé, interagit avec ces structures de pouvoir pour favoriser l’innovation. Le rôle de leader externe joué par le responsable de l’implantation apparait essentiel à la mobilisation de l’ensemble des acteurs.
Discussion. Des changements structurels (impliquant la modification de la réglementation municipale) sont nécessaires à la mise en œuvre de rues-écoles à Montréal. Ces changements illustrent comment une innovation peut briser des silos entre des secteurs de la société et mener, à travers la collaboration entre diverses structures de pouvoir, à la mise en place de conditions gagnantes pour la multiplication de ces rues.

Returning to normal: Maintaining physical activity from hospital to community settings a qualitative study

Speaker
Jany St-Cyr, Presenting Author from Université du Québec à Montréal, Canada

Co-authors
Kadia Saint-Onge, Sarah Montminy, Audrey Plante, Alexia Piché, Lise Gauvin, Isabelle Doré

Abstract
Background/Objectives. One in two Canadians will receive a cancer diagnosis in their lifestyle. The Ottawa Charter for Health Promotion recommends reorientation of healthcare services to allow people to take control of their health. Towards this end, physical activity is known to benefit well-being and survival rates among people who have been diagnosed with cancer. As such, physical activity is increasingly recommended in hospital settings. However, maintaining physical activity can be challenging for cancer survivors. A better understanding of these challenges is necessary to promote physical activity to cancer survivors. The purposes of this study were to (1) describe cancer survivors’ experiences of a physical activity program as well as the factors that influence engagement in the program and (2) identify courses of action to facilitate physical activity among patients in community settings.

Methods. We conducted a qualitative cross-sectional study using semi-directed individual interviews. Interviews of approximately 45 minutes were conducted face-to-face, online or by telephone. Participants were 21 oncology patients (mainly breast and prostate cancer patients) who had completed a physical activity program tailored for people having received a cancer diagnosis as well as 20 professionals (doctors, nurses, public health officials, kinesiologists & managers) who had experience in physical activity promotion or oncology. Both deductive and inductive approach were used to code the data.

Results. Data show that five milestones characterized the patient journey: getting started, discovering the program, taking action, striving for change and returning to “normal”. Regarding transition from hospital to community, the last two milestones were examined. For the transition to be successful, patients require cautious and proactive preparation. Finding resources that meet needs is crucial and the lack of resources adapted to needs hindered maintenance of physical activity after the program. Participants experienced challenges in applying what they had learned and managing external expectations. Premature return to work, social norms, and high expectations from multiple social contacts can be overwhelming. Indeed, they described this as difficult to achieve in an environment that expects them to resume the life they lived before their diagnosis.

Discussion. Research and action are needed to facilitate this difficult transition. Supported by MEDTEQ+.
**Spotlight on vulnerable populations in research and practice**

**Parallel oral session**
17 May 2022, 10:00 - 11:15

**Moderator**
Annika Frahsa

**Inclusion médicosociale des personnes âgées et contexte socio-sanitaire au Burkina Faso : l’expérience du Réseau de protection et de promotion des personnes âgées**

**Speaker**
Blahima Konate, Presenting Author from Institut des Sciences des Sociétés, Burkina Faso

**Co-authors**
Abdramane Berthe, Lalla Berthe/Sanou, Maimouna Sanou, Cécile Ouattara, Fatoumata Tou

**Abstract**

**Contexte/Objectifs.** Au Burkina Faso, les PA ont faiblement accès aux services médicosociaux. Les différents acteurs collaborent peu pour leur inclusion. L’objectif de cette communication est de présenter une expérience de mobilisation des PA en vue d’améliorer leur inclusion médicosociale

**Méthodes.** La méthode d’analyse en groupe a été utilisée d’avril à mai 2016. Elle a regroupé les PA, les professionnels de l’action sociale et de la santé et des chercheurs. Ils ont analysé ensemble le problème de collaboration entre acteurs intervenant auprès des PA et proposé des solutions à partir des récits d’expériences vécues. La méthode de planification opérationnelle a été utilisée pour identifier et planifier les activités visant à corriger cette faiblesse.

**Résultats.** A la suite d’un atelier de restitution des résultats, les participants ont élaboré un plan opérationnel comprenant plusieurs activités. Ils ont mis en place un réseau de protection et de promotion des PA pour coordonner et pérenniser les activités. Ce réseau, ouvert, regroupe plusieurs associations de PA, de structures publiques et privées. Des causeries éducatives, des conférences, des émissions radiophoniques, des plaidoyers auprès des autorités administratives, coutumières et religieuses, des sociétés d’assurance. Depuis 2016, les structures membres du réseau organisent la journée internationale des PA avec les ressources propres au cours de laquelle plusieurs activités médico-sociales et de soutiens sont réalisées au profit des PA.

**Discussion.** Cette expérience illustre qu’il est possible dans un contexte de ressources limitées de mobiliser les acteurs autour de la problématique de l’inclusion médicosociale des PA en appliquant des méthodes participatives issues de sciences sociales.
Outcomes that matter through parent engagement in the development, implementation and evaluation phases of a 4-year family health promotion programme in a low-income neighbourhood in the Netherlands

**Speaker**
Gerda Wink, Presenting Author from AMPHI Academic Collaborative Centre at Radboud University Medical Centre, Netherlands

**Co-authors**
Gerdine Fransen, Koos van der Velden, Annemarie Wagemakers, Maria van den Muijsenbergh

**Abstract**

**Setting/problem.** In the development, implementation and evaluation phases of health policy and programmes, the perspectives of people in a low education and low education situation often receive little attention. A 4-year Dutch programme aimed to improve family health in a low-income neighbourhood with parent engagement in all phases.

**Intervention.**
Programme key elements:
- Participatory action research, mixed methods
  - Development phase: Panel sessions (5, (bi)weekly, N=10 parents) to assess priorities for improving family health in this neighbourhood
  - Implementation phase: Questionnaires (3, yearly, N=104 parents) primary outcome: neighbourhood child friendliness. Monitoring use of health enhancing activities by personal consult (4, yearly, N=8 providers)
  - Evaluation phase: In-depth interviews with engaged parents (N=14) and professionals (N=14) on programme outcomes
- Cyclical learning (Observe, Reflect, Plan, Act)
  - Discussing research results in workgroups of parents and professionals (Observe and Reflect) and make workplans (Plan) half yearly, planning small steps (Act) in many workgroup meetings if needed
- Co-creation of parents and professionals
  - Workgroups on shared priorities of parents and professionals, guided by programme staff

**Outcomes.** Panel sessions: Parents prioritised solutions to reduce their financial stress, to provide a safe place for their children to meet and play and to establish good quality communication with authorities. By the end of the programme the mean assessment (10-point scale) of parents for neighbourhood child friendliness was significantly higher ($7.17 > 7.60$). 94 children used an arrangement for free swimming lessons for children from low-income families. The most important outcomes according to engaged parents were: the possibility to share their experiences and ideas, the workgroup results (swimming arrangement, children playground, neighbourhood breakfast) although road safety was not improved, and the fact that they got to know others and learned. Most important outcomes according to engaged professionals: the reach and the growth of parents in workgroups, the activities resulting from workgroups, the increased parent knowledge of activities and the signals they heard from parents.

**Implications.** We suggest policy and programme leaders to engage disadvantaged groups in development, implementation and evaluation phases for relevant outcomes for those engaged.
Feminist health promotion in practice: Analysis of a UK voluntary sector women-centred project and partnership working towards empowerment

Speaker
Louise Warwick-Booth, Presenting Author from Leeds Beckett University, United Kingdom

Abstract
Background/Objectives. This paper discusses a voluntary sector strategic partnership and delivery project involving eleven women-centred organisations who worked together to support the most vulnerable women and girls across a city in the north of England 2017-2021, aiming to
1. Improve and extend access to services and support;
2. Provide a holistic response to meet complex needs;
3. Empower women and girls.

This paper details the project and partnership model and illustrate the importance of feminist health promotion as a tool for change.

Methods. This article draws upon a three year longitudinal qualitative evaluation, underpinned by a feminist methodology. Our evaluation placed the project staff, partners, stakeholders and service users at the centre of qualitative data collection, drawing upon a co-produced Theory of Change approach and associated framework analysis to assess the extent to which the project and partnerships aims had been met. Our sample includes 34 service users and 54 professionals (19 of which are repeat interviews) with data gathered between 2017-2020.

Results. Data from our evaluation shows a successful project model supporting vulnerable women in a holistic and empowering way to ensure that their complex needs were met. Our evaluation data also highlights the successes and challenges of a complex partnership aiming to advocate for women on a strategic local level. There were several positive outcomes resulting from partnership work to collectively advocate and raise awareness of the issues affecting women and girls, despite internal challenges.

Discussion. Feminist health promotion requires further analysis as a mechanism to achieve emancipatory innovation. Our data uncovers the hidden dichotomy between external success, such as achieving the delivery outcomes, and internal partnership politics, which are underexplored in the literature. Despite these challenges, our evidence shows that this project and partnership was a successful gendered intervention that had positive empowering impacts on many of those involved.

“I’ve already lived like there’s a pandemic”: A Grounded theory study on the experiences of people with a mobility disability

Speaker
Michelle Yang, Presenting Author from Interdisciplinary School of Health Sciences / EnRICH Lab, University of Ottawa, Canada

Co-authors
Tracey O'Sullivan, Sarah Fraser
Abstract

**Background/Objectives.** During previous outbreaks, disability was found to intersect with other social determinants of health to influence vulnerability to disaster. Declines in mobility, a functional need, influence the ability of people living with disability to manage consequences of disasters (including pandemics) and to cope with resulting societal changes. However, disability is also determined by the social context of a disaster. In the current study, we explored key areas within the experiences of people with a mobility disability that were shaped by aspects of the COVID-19 pandemic.

**Methods.** We applied Grounded Theory methodology, conducting semi-structured interviews, theoretical coding, and model building. Data for the study was generated through one-hour virtual interviews with 16 participants, aged 20-86, with varying mobility disabilities living in Ontario and Quebec.

**Results.** In the preliminary analysis, a central theme emerged: “I’ve already lived like there’s a pandemic”. This reflects the ways in which COVID-19 magnified existing equity issues faced by people with mobility disability in securing services that support health and wellbeing and meeting essential needs. The pandemic raised awareness of several challenges faced by people with a disability, as the whole population experienced the inaccessibility of the health system and the lack of universal design. This included disparities in transportation, financial, and health care systems. Conversely, the ways in which innovation flourished during the pandemic provided opportunities for society as a whole and demonstrated that there are solutions that can mitigate experiences of disability. Increased forms of accessibility are possible, and should remain post-COVID-19. These included adaptive devices, virtual connections, and continuation of services which can increase opportunity to participate in society despite functional restrictions. These assets were protective factors in the face of dis-ability from the pandemic.

**Discussion.** The preliminary results suggest that planning, for both daily living and pandemic response, must be disability inclusive. Additionally, the assets that support resilience during the pandemic could minimize risk for people with a mobility disability. In this presentation we will provide an overview of the grounded theory developed from this study.

**Genre et empowerment dans les politiques de santé sexuelle et chez les ados**

**Parallel oral session**
17 May 2022, 10:00 - 11:15

**Moderator**
Marianne Beaulieu
La santé sexuelle des femmes vivant avec une « mutilation » génitale en occident : une métasynthèse qualitative

Speaker
Emmanuelle Gareau, Presenting Author from École de santé publique de l’Université de Montréal; Centre de recherche en santé publique, Canada

Co-authors
Andréeanne Dufour, Christina Zarowsky, Olivier Ferlatte

Abstract
Contexte/Objectifs. Les female genital cutting, circumcision or mutilations (FGC/M) réfèrent à une altération de la vulve pour des raisons non médicales. Outre les conséquences physiologiques des FGC/M sur la fonction sexuelle, peu d’études se sont attardées à la santé sexuelle. Ce manque de connaissances nuit au développement d’interventions et de politiques visant à promouvoir la santé sexuelle de ces femmes. Une métasynthèse qualitative a été réalisée dans le but de dresser un portrait de la santé sexuelle des femmes ayant eu une FGC/M afin d’identifier les avenues de promotion de la santé sexuelle possibles.

Méthodes. Une revue systématique de la littérature scientifique a été réalisée. 20 études ont été incluses dans l’échantillon, qui ont d’abord été évaluées, puis codées de façon inductive à l’aide du logiciel NVivo. Les codes ont été retravaillés et bonifiés pour créer des catégories conceptuelles. L’approche synthèse thématique a été privilégiée pour concevoir de façon novatrice la santé sexuelle des femmes.

Résultats. L’analyse révèle trois thématiques interreliées, traitant à la fois des sphères individuelles, sociales et sociétales de la sexualité : le rôle sexuel et de genre imposé aux femmes comme obstacle à l’épanouissement sexuel; l’antagonisme de la FGC/M, créatrice et annihilatrice de l’identité féminine, exacerbé par la migration; l’hégémonie du tabou relatif à la sexualité comme voie vers l’assujettissement sexuel. Ces thèmes permettent de mettre en lumière le contrôle exercé sur la sexualité des femmes qui les dépourvait de leur agentivité sexuelle et les confinait à un rôle d’agent sexuel passif. Ce contrôle, qui passe à la fois par la FGC/M elle-même, mais aussi par les normes sexuelles imposées ainsi que par la censure entourant la sexualité, représente une entrave à la santé sexuelle, voire une forme de violence. Dans cette lecture, la migration apparaît comme un catalyseur de remises en question et d’émancipation des femmes.

Discussion. Cette recherche met de l’avant les déterminants de la santé sexuelle des femmes vivant avec une FGC/M, s’affranchissant ainsi de la vision limitante de la sexualité comme étant uniquement axée sur la génitalité. Cette remise en perspective permet d’informer la mise en œuvre de politiques de promotion de la santé sexuelle adaptées et novatrices permettant d’accompagner adéquatement les femmes face aux enjeux sexologiques complexes auxquels elles sont confrontées, notamment lors de leur parcours migratoire qui s’avère être clé pour leur bien-être sexuel.

Recentrer l’accouchement au cœur de la vie communautaire pour réduire la mortalité maternelle

Speaker
Nicolas Demers-Labrousse, Presenting Author from Médecins du Monde Canada, Canada
Co-authors
Martine Bernier, David-Martin Milot, Shelley-Rose Hyppolite

Abstract


Méthodes. Des stratégies davantage en cohérence avec les valeurs des communautés ont fait l’objet d’expérimentation et devraient être intégrées dans les politiques publiques nationales. Médecins du Monde Canada a souhaité valoriser l’expérience des matrones et renforcer leur lien avec les institutions de santé, pour qu’elles réfèrent à temps les femmes enceintes devant accoucher. Cette approche permet de mieux identifier les signes de danger pendant une grossesse et de faire les recommandations appropriées aux femmes qui les consultent en matière de visites prénatales, d’hygiène et de nutrition.

Résultats. La stratégie s’est révélée porteuse de succès puisqu’après trois ans d’efforts le nombre moyen d’accouchements par mois dans les institutions offrant des services SONU a augmenté de 92% par rapport à la donnée de base. De plus, le ratio de femmes qui ont accouché et qui se sont présentées à l’institution pour les 2 visites postnatales, a augmenté de 30% par rapport à la donnée de base.

Discussion. Les matrones en Haïti demeurent davantage accessibles aux femmes que les structures de santé. D’ailleurs, la Politique de santé et le Plan directeur en santé du MSPP reconnaissent l’utilité des tenants de la médecine traditionnelle (MSPP, 2013). Toutefois, il existe encore une fracture importante entre la réalité des communautés et des femmes dans ces communautés par rapport aux stratégies institutionnelles et ministérielles, ce qui représente un défi pour la réduction de la mortalité maternelle et néonatale en Haïti.

Une démarche féministe d’autosoin avec les travailleuses du sexe cis genre et trans en Côte d’Ivoire : illusion ou véritable instrument du renforcement du pouvoir d’agir?

Speakers
Céline Bayac, Workshop Coordinator from Solthis, France
Aurélie Philipps, Workshop Coordinator from Solthis, France

Abstract

Objectifs.
• Discuter de la pertinence de développer des démarches innovantes d’auto-prise en charge en matière de Santé Sexuelle et Reproductive des TS cis genre et Trans à Abidjan basées sur des démarches participatives et collaboratives tel que des ateliers de “self help” inspirée de
l’écoféminisme ; autogynécologie, réappropriation du corps et travail sur les représentations, accès à une contraception auto-injectable, la délivrance d’une coupe menstruelle sur les sites prostitutionnels pouvant être utilisée au cours du rapport sexuel pour limiter des pratiques dangereuses dans une optique de réduction des risques.

- Echanger autour des questions que posent ces dispositifs innovants sur ce territoire :
- Dans quelle mesure, ces dispositifs doivent-ils s’inscrire dans une démarche globale et holistique afin d’agir sur différents déterminants de la santé des TS : une réorientation des services de santé, bienveillant et performant, des aptitudes individuelles, un environnement juridique et social favorable, un appui à des actions communautaires et de plaidoyer
- Dans quelle mesure ces démarches peuvent être un levier de lutte contre les violences basées sur le genre perpétrees par des soignant·es, des clients ou l’entourage
- Ces différents dispositifs d’auto-prise en charge répondent-ils aux besoins réels des femmes ?
- Qu’en perçoivent-elles ? des bénéfices directs (économie de temps, argent), indirects (réappropriation de leur corps, amélioration de l’estime de soi), ou plus négativement (une forme de « sous-soins », ou un isolement dans la gestion de leur santé sans aide du personnel médical) ?
- Ces dispositifs permettent-ils aux femmes de se réapproprier leur santé ? In fine, sont-ils de véritables leviers d’empowerment des femmes ? Ou ne sont-ils qu’une « illusion de l’innovation », théoriquement séduisants, mais pas ou peu adaptés au contexte ?

Format. Virtuel / 70 min

Buts d’apprentissage.
- Échanger et croiser les expériences avec les participant·es sur les enjeux du self help pratiqué avec les TS cis genre et trans telles que des expériences autour des cercles de femmes ou d’auto-observation
- Identifier des pistes de solutions en matière de pratiques, d’approches et de postures qui pourraient permettre des interventions plus appropriées
- Identifier des pistes de transfert de connaissances

Définition et mesure des concepts en promotion de la santé : enseignements des études sur l’empowerment en santé sexuelle

Speaker
Karna Coulibaly, Presenting Author from Université de Paris, France

Co-authors
Anne Gosselin, Séverine Carillon, Andrainolo Ravalihasy, Maria Melchior, Valéry Ridde, Annabel Desgrees Du Lou

Abstract
Contexte / objectif. L’empowerment est un concept central en promotion de la santé. Il est beaucoup utilisé dans les études sur la santé sexuelle d’où l’usage du concept d’empowerment en santé sexuelle. Il demeure toutefois un manque des travaux réflexifs sur la définition et la mesure de ce concept. L’objectif de cette communication est de discuter les éléments de définition de l’empowerment en santé sexuelle et de mettre en évidence les dimensions et les indicateurs évalués dans les travaux quantitatifs qui utilisent ce concept.


Discussion. Outre l’hétérogénéité des définitions et des indicateurs, ce travail met en évidence les dimensions de l’empowerment en santé sexuelle ; lesquelles dimensions pourraient servir de socle pour harmoniser l’évaluation de ce concept. Ce travail nous enseigne la nécessité de rendre opérationnel et de trouver une harmonie entre les définitions et les indicateurs qui sont utilisés pour évaluer les concepts en promotion de la santé.

"Environnements favorables à la santé des jeunes et Ado Inc - CHU Sainte-Justine" et "Aires Ouvertes. L’implantation du Réseau intégré des services pour les jeunes 12 à 25 ans au Québec. Les défis et promesses de la participation des jeunes et de la collaboration intersectorielle dans la promotion et la prévention de la santé et la santé mentale des adolescents"

Speakers
Sabrina Ourabah, Presenting Author from CHU Sainte-Justine, Canada
Sébastien Bergeron, Presenting Author from CHU Sainte-Justine, Canada
Lourdes Rodriguez del Barrio, Presenting Author from Université de Montréal, Canada
Maud Shatskoff, Presenting Author from CIUSSS du Nord de l’île de Montréal, Canada

Co-author
Martine Fortier

Abstract
Objectif général. L’adolescence est une période de la vie où les jeunes explorent et peuvent adopter des comportements qui ont une incidence négative sur la santé et le développement. Les effets peuvent également perdurer sur la santé et le bien-être des adultes qu’ils seront.

De plus, les adolescents ont des besoins particuliers, qui diffèrent de ceux des enfants et des adultes. Comment peut-on s’investir collectivement pour favoriser un avenir en santé des jeunes, et favoriser l’accès
à des services de proximité et adaptés à cette population? Au Québec, différentes stratégies et interventions soutiennent la mise en place d’environnements favorables à la santé, afin que les besoins des adolescents soient pris en considération tant au sein de la communauté, que du milieu scolaire et du continuum des soins et des services en santé.

Par ailleurs, avec le contexte changeant et l’émergence de nouvelles thématiques touchant cette population, comment s’assurer d’innover et d’adapter les interventions, afin de renforcer la prévention auprès des jeunes et de soutenir les intervenants et les parents qui jouent un rôle primordial? Rappelons que l’adolescence, une étape unique parmi les différentes étapes de la vie, demeure un moment opportun pour prévenir et promouvoir les bases d’une bonne santé à ce stade et également à plus long terme pour la vie d’adulte.

L’objectif de ce symposium est de partager des interventions et des pratiques dans différents secteurs, à la fois intégrées et novatrices, qui démontrent toute l’importance de promouvoir la santé des adolescents pour des effets à court et long terme, tout en prenant en compte les enjeux de santé vécus durant cette période de la vie.

**Proposition de format de la séance**

3 présentations sont proposées :

- **AIRES OUVERTES.** L’implantation du Réseau intégré des services pour les jeunes 12 à 25 ans au Québec. Les défis et promesses de la participation des jeunes et de la collaboration intersectorielle dans la promotion et la prévention de la santé et la santé mentale des adolescents.
- Environnements favorables à la santé des jeunes et ADO Inc
- Montréal-Nord, une communauté mobilisée avec et pour les jeunes

**Applying Human Rights-Based Approaches (HRBAs) as a catalyst for transformational change: From theory to health promotion practice**

**Workshop**

17 May 2022, 11:30 - 12:30

**Moderator**

Erma Manoncourt

**Applying Human Rights-Based Approaches (HRBAs) as a catalyst for transformational change: From theory to health promotion practice**

**Speakers**

Erma Manoncourt, Workshop Coordinator from M&D Consulting, Inc, France
Shari Cohen, Workshop Trainer from M&D Consulting Inc, United States
Abstract

Objectives. To astutely embed rights-based social and behaviour change (SBC) interventions into health promotion and cross-sectoral programming and to maximize opportunities to harness the power of SBC to accelerate outcomes for vulnerable populations and stakeholders.

Format. Facilitators of M&D Consulting, Inc. are pleased to offer a dynamic, new approach to social and behaviour change (SBC) capacity development based on the Change Makers Experiential Learning Labs approach of using rights-based, experiential learning methodologies. Our Learning Labs have been successfully field tested in Africa/Asia/Latin America and have shown deeper, lasting learning/practical results around SBC than traditional external, expert-driven “training/workshop” approaches. The entire workshop experience models human rights-based approaches, mind-mapping and human-centred design throughout the learning process. Every aspect of the Learning Lab – content/facilitation techniques/real time event M&E/curriculum content/good practices/ documentation, etc. - is created to maximize participants’ learning. With a focus on health promotion practice in both development and humanitarian settings, discussions will include exploring how human-centred design and accountability to affected populations (AAP) can be combined with human-rights-based approaches such as most significant change stories and mind-mapping, and be applied in the design of capacity development workshops that target competencies needed to address the behavioural challenges of ongoing global health concerns such as anti-vaccination, maternal/child health, disease outbreaks/pandemics, climate change and planetary health. To reinforce and sustain deeper learning and relationship-building among participants and facilitators, efforts are initiated to establish informal communities of practice as an opportunity for valuable peer-to-peer learning and longer-term support/mentoring or coaching. Design Considerations: 1-To ensure participants’ full experiential learning environment, 3-4 hours block of time is requested. 2- Group size:25-30 participants maximum.

Learning goals. Participants will be able to:

- Understand why and how HRBAs are important to transformational change
- Identify & self-assess the level of participation/partnership in their own current practice
- Apply & Integrate at least two human rights-based behavioral communication tools/activities shared during the Mini Lab into their own health promotion practice

Arts and health promotion: Tools and bridges for practice, research, and social transformation & "Let’s talk about photovoice!"

Lunch with an author
17 May 2022, 11:30 - 12:30

Moderated by authors
Arts and health promotion: Tools and bridges for practice, research, and social transformation.

Speaker
Hope Corbin, Presenting Author from Western Washington University, United States

Co-authors
Mariana Sanmartino, Emily Hennessy, Helga Urke

Abstract
Book description. This open access book offers an overview of the beautiful, powerful, and dynamic array of opportunities to promote health through the arts from theoretical, methodological, pedagogical, and critical perspectives. This text connects the disparate interdisciplinary literatures into a coherent volume for health promotion practitioners, researchers, and teachers. It provides a one-stop depository for using the arts as tools for health promotion in many settings and as bridges across communities, cultures, and sectors.

The diverse applications of the arts in health promotion transcend the multiple contexts within which health is created, i.e., individual, community, and societal levels, and has a number of potential health, aesthetic, and social outcomes. Topics covered within the chapters include:

- Exploring the Potential of the Arts to Promote Health and Social Justice
- Drawing as a Salutogenic Therapy Aid for Grieving Adolescents in Botswana
- Community Theater for Health Promotion in Japan
- From Arts to Action: Project SHI NE as a Case Study of Engaging Youth in Efforts to Develop Sustainable Water, Sanitation, and Hygiene Strategies in Rural Tanzania and India
- Movimiento Ventana: An Alternative Proposal to Mental Health in Nicaragua
- Using Art to Bridge Research and Policy: An Initiative of the United States National Academy of Medicine

Relevance for health promotion or policy. The book, Arts and Health Promotion: Tools and Bridges for Practice, Research and Social transformation, is highly relevant for modern health promotion. The book includes 19 chapters illustrating how the arts have been incorporated into a variety of health promotion programs, research projects, and social mobilization initiatives. The chapters describe health promotion projects spanning Asia, Africa, Latin America, Australia, Europe, and North America, promoting the health of diverse populations, including older adults, young people, professionals, whole communities, schoolchildren, divorcees, transgender and nonbinary youth, displaced people/migrants, teachers, and Indigenous peoples. The book delves into how art can be a tool to address complex health promotion issues, and also act as a bridge—across languages, cultures, and other categories of difference while connecting people to one another in their humanity—to promote health and social justice, and to fight inequity and health disparities.

Let’s talk about photovoice!

Speakers
Jean M. Breny, Presenting Author from Southern Connecticut State University, United States
Shannon L. McMorrow, Presenting Author from Western Michigan State University, United States
Abstract

**Book description.** Our book, Photovoice for Social Justice: Visual Representation in Action, is an introduction to the community-based participatory method of Photovoice for students and researchers in public health, health education, and related fields. Photovoice, as a participatory action-oriented research method, considers the research participants as co-researchers and has the purpose of translating the results into action of some kind, such as a new or revised policy or a health promotion program (Wang, 2005). We present the method to readers with guidance on how to center community participants, organizations, and policy makers in order to work towards social justice and equity. We illustrate ways in which the method is ideal for understanding and eliminating health and social inequities. This brief text takes readers from the process of conceptualizing and implementing a photovoice study to analysing data and finally, presenting photovoice results in a variety of forums. The book concludes with suggestions for future iterations of photovoice, including web-based resources and digital storytelling. We write about the realities of photovoice as a method and provide practical, applied tools like sample consent forms, presentations, recruitment flyers, and photo-taking tips.

**Relevance for health promotion or policy.** Since its beginning, when public health education researchers Wang & Burris first used Photovoice, the method has grown in popularity and expanded its reach for health promotion. Photovoice is an excellent tool for not only research, but community health assessments, program planning, and program evaluation. A participatory method like Photovoice, that utilizes participants and co-researchers as well as captures their lived experience, is the ideal way to uncover what the precursors are to social and cultural inequities. With the information generated by Photovoice, practice-based researchers have powerful visual evidence and stories to translate into programs or policies to help eliminate inequities and increase social justice. It’s ability to help create community capacity and empowerment also lends itself very well to advocacy and developing partnerships for coalition building. Come talk us to learn more about how Photovoice can be adapted to your international health promotion and health education work!

**How and why to be a peer reviewer with Global Health Promotion**

**Workshop**
17 May 2022, 11:30 - 12:30

**Moderator**
Lisa Johnstone

**Speakers**
Lisa Johnstone, Presenting Author from SAGE Publications, United Kingdom
Erica Di Ruggiero, Presenting Author from Global Health Promotion, Canada
Abstract

Objectives. This workshop, presented by the editor and publisher team for Global Health Promotion, will aim to provide those attending with information and practical help in how to approach becoming a peer reviewer for papers submitted to academic journals. Once they have completed the workshop attendees will ideally feel equipped to accept and carry out peer review invitations and confident to reply to calls for peer reviewers or approach colleagues in editor positions.

The major topics covered in the presentation will include:

- Peer Reviewer etiquette
- Overview and signposting for more information on publication ethics considerations for the peer reviewer.
- Approaching the paper – what does the editor want you to do when they ask you to review a paper? — A step by step guide.
  - Overview
  - In depth analysis
  - What to look out for at each stage
  - Data and figures
  - The review report and submitting your recommendations

The question-and-answer session will focus on the subject of peer review, but not be limited to the points covered within the presentation and demonstration. Sharing experiences is a valuable part of this workshop format and is encouraged.

Format. In introduction, the Editor-in-chief, Erica di Ruggiero, will present the main topics and highlights of collaboration with Global health promotion journal (10 minutes). The first section of the workshop would take the form of a presentation via PowerPoint providing an overview of the major topics and signposting for further reading for peer reviewing (15 minutes). The second section will provide a practical demonstration of how to conduct a paper review, presented again through PowerPoint (15 minutes). The third section would be given over to discussion with the audience and Q&A (remaining time).

Learning goals. Individuals attending the workshop would come away with

- A clear sense of what it means to peer review an article.
- The role and responsibilities involved.
- The benefits to them of taking on the role.
- Practical knowledge to apply when carrying out peer review.
- A clear idea of where to go for further information on each aspect of peer review.
- Answers to any tricky questions or help with specific problems arising from prior peer review experiences.
Health literacy - Linking different continents bridging different cultures & "Superando tiempos difíciles: cuentos y relatos sobre migración y derechos humanos"

Lunch with an author
17 May 2022, 11:30 - 12:30

Moderated by authors

Health literacy - Linking different continents bridging different cultures

Speaker
Luis Saboga-Nunes, Presenting Author from Institute of Sociology University of Education Freiburg, Germany

Co-authors
Rosane Martins, Marta Farinelli, Cláudia Julião

Abstract

Book description. Knowledge translation remains a critical challenge of scientific endeavors. With it we have cultural and geographic embedment and validation of health promotion advances - such as health literacy - that during the last 20 years became a WHO / Health Promotion strategic asset to wellbeing (e.g. Shanghai Declaration, 2016).

In this book, the road map of health literacy knowledge translation process to the south hemisphere, with an anchor in the old continent, is discovered. The focus on the health- and Western-centered discussion to grasp topics and cultures that are not part of the dominant Anglo-Saxon rainbow - where health literacy was born and which determines most of the mainstream discourse surrounding health literacy - obliges a sensitive journey into the Portuguese speaking countries. Therefore this book considers the plantation and cultural adaptation and development of health literacy research in Portugal, Brazil, Angola and autonomous territories of Madeira and Azores. Unique perspectives on health literacy are introduced for the first time as a show-case of the wide range and great diversity of current health literacy research.

Relevance for health promotion or policy.

- Cultural transnational adaptation and knowledge transfer of Health promotion/ health literacy research & practice, to achieve better health (Shanghai Declaration) needs a wider integrative discussion.
- Challenge the mainstream theoretical model of health literacy, which inherently suggests that being health literate all by itself contributes to informed rational health behavior, better health decisions and positive health outcomes.
- Widen both the concept of health literacy and its discussion to shift away from the health- and Western-centered discussion.
Superando tiempos difíciles: cuentos y relatos sobre migración y derechos humanos

Speaker
María Elena Rivera-Heredia, Presenting Author from Universidad Michoacana de San Nicolás de Hidalgo, México

Abstract
Descripción del libro. Este libro surgió con la intención de apoyar a las personas impactadas por la migración para que conozcan sus derechos y la forma de defenderlos. Se integra por 38 cuentos o relatos de 56 autores. Las historias son diversas y están acompañadas de ilustraciones; son propias para niñas, niños y adolescentes, y otras más son para adultos y adultos mayores. Se pueden leer en familia, o a título personal, o como parte de una clase o grupo de trabajo, en donde se invite a la reflexión y al diálogo, para favorecer una mayor concientización e ideas sobre cómo enfrentar situaciones difíciles.

La migración es un fenómeno social con amplias repercusiones en la salud física y mental, sobre todo cuando se vive de manera forzada y en medio de situaciones de adversidad o precariedad. Un aspecto frecuentemente violentado en la movilidad humana son los derechos humanos de las personas migrantes y sus familias. El contar con un libro que reuna información básica para comprender cuáles son y en qué consisten los derechos humanos, y que luego los vaya acompañando de breves relatos en donde se vean ejemplificados momentos críticos de las vidas de las personas migrantes y sus familias, y la manera en la que los han podido resolver, es una herramienta que puede ser de gran ayuda para personas que vivan circunstancias similares, o para personas que trabajen con familias migrantes.

Relevancia para la promoción de la salud o las políticas. Este tipo de información es especialmente útil en el campo de promoción de la salud, pues contribuye a informar, sensibilizar y concientizar a los futuros lectores de la obra sobre las experiencias de las personas que migran, sus necesidades, dificultades y logros, y sobre cómo diferentes instancias pueden aportar a mejorar su calidad de vida y bienestar, así como la inclusión y la capacidad de autogestión: Mientras que otras con su discriminación, inequidad y abuso perpetúan el dolor y el estigma. Se pueden identificar en los relatos diferentes determinantes sociales en la salud, así como el desarrollo de los recursos individuales, familiares y sociales, la resiliencia y la construcción de capacidades comunitarias.

People-planet-health: Empowering health promoters as facilitators of global activity for planetary health by local salutogenic perspectives

Workshop
17 May 2022, 11:30 - 12:30

Moderator
Claudia Meier Magistretti
Speakers
Claudia Meier Magistretti, Presenting Author from Lucerne University of Applied Sciences and Arts, Switzerland
Jake Sallaway-Costello, Presenting Author from University of Nottingham, United Kingdom

Abstract
The People-Planet-Health project is a participatory policy development concept to give voice and visibility to the actions of grassroots planetary health initiatives. The project produced a position paper envisioning a future in which local grassroots initiatives might work towards planetary health with support from, and in partnership with, the World Health Organisation. The paper presents a synthesis of the voices of grassroots activists, youth changemakers, community developers and other local visionaries, ratified by representation from all inhabited continents and the International Union of Health Promotion and Education IUHPE. Activists imagined progressive linkage between their local actions and the WHO’s global goals, with the paper calling upon health promoters to facilitate “glocal” initiatives and new visions for Health Promotion. This workshop will challenge health promoters to envision how their professional practice might facilitate effective linkage between the local and global visions, acting as mediators in the global-local nexus to support planetary health.

Objectives.
- To disseminate the outcomes of the People-Planet-Health project
- To provide a theoretical basis for glocal planetary health
- To identify opportunities for developing practitioners in glocal planetary health activity
- To consider challenges faced by health promoters in facilitating glocal activity

Format. This virtual workshop will give a presentation on the People-Planet-Health programme to introduce delegates to the participatory process which co-produced the position paper. Three virtual break-out rooms will then facilitate discussion of glocal approaches in planetary health: an early-career group to identify opportunities for health promoters to mediate glocal activity, a practitioner group to share examples of good practice in facilitating glocal work, and an academic group to scrutinise glocal partnerships in planetary health. The three groups will then join to share advice in a plenary.

Learning goals.
- To use salutogenic theory to interpret the local-global nexus in planetary health
- To reflect upon the experience of health promoters in using glocal approaches
- To envisage future activity through glocal activity for planetary health promotion
Développer les capacités des acteurs de la promotion de la santé en Afrique de l'Ouest : quels dispositifs concrets pour répondre efficacement et durably aux besoins des populations ?

Workshop
17 May 2022, 11:30 - 12:30

Moderator
Didier Jourdan

Speakers
Gabin Maka, Workshop Trainer, Ecole des Hautes Etudes en Santé Publique, Réseau francophone international de promotion de la santé REFIPS, France
David Houéto, Workshop Trainer, Réseau francophone international de promotion de la santé REFIPS, Benin
Tin’ga Telou, Workshop Trainer from Chaire UNESCO et centre collaborateur OMS Education & Santé, France
Marie-Claude Lamarre, Workshop Trainer from Réseau francophone international de promotion de la santé REFIPS, Canada
Didier Jourdan, Workshop Coordinator from Chaire UNESCO et centre collaborateur OMS Education & Santé, France
Sarah Chaput, Workshop Trainer from Réseau francophone international de promotion de la santé REFIPS, Canada

Co-author
Valérie Ivassenko

Abstract
Cet atelier a pour but de discuter des conditions du déploiement durable et efficace de dispositifs de formation en promotion de la santé dans le contexte spécifique de l’Afrique de l’Ouest. Malgré une forte demande de professionnels de la santé, du social et de l’éducation aspirant à développer leurs compétences, l’offre en formation reste insuffisante. Les enjeux liés à la mise en place de dispositifs visant à développer le pouvoir d’agir des professionnels afin de répondre efficacement et durablement aux besoins de santé des populations et des communautés, sont cruciaux. Cet atelier constituera un temps de partage autour du développement de dispositifs participatifs, inclusifs, ouverts à la diversité des savoirs et des pratiques, centrée sur les besoins des acteurs et prenant en compte la complexité des questions de santé et des contextes.

Objectifs. L’atelier aura pour but :
- De procéder à une analyse critique des défis et des enjeux de la formation en promotion de la santé en Afrique de l’Ouest
- D’étudier, sur la base d’exemples concrets, les moyens à mettre en œuvre pour mettre en place une formation ancrée dans les besoins locaux, dans une démarche participative et collaborative.
• D’identifier, de façon opérationnelle les outils permettant de sortir du cadre traditionnel de transmission descendante de connaissances pour articuler savoirs scientifiques, savoirs professionnels (ou expérientiels) et savoirs communautaires.
• De synthétiser et discuter les apports des solutions innovantes décrites dans les études de cas.

Format et buts pédagogiques.
La session s’appuiera sur de brèves présentations orales relatives à deux dispositifs de formation au Bénin et au Sénégal articulées à des travaux interactifs avec le public sur la base de techniques d’animation participatives. A l’issue de l’atelier, les participants disposeront d’une part, d’outils d’analyse des contextes de formation et des modalités d’implantation, et d’autre part d’un ensemble de cas concrets d’approches développées en Afrique de l’Ouest. Cet atelier est co-organisé par la Chaire UNESCO ÉducationS & Santé et le REFIPS.

Les défis du développement recherche interventionnelle en promotion de la santé dans le champ du cancer

Symposium
17 May 2022, 11:30 - 12:30

Symposium coordinator
Jérôme Foucaud

Speakers
Jérôme Foucaud, Symposium Coordinator from Institut national du cancer from France
Florence Consson-Gélie, Presenting Author from Unicancer, France
Louise Potvin, Presenting Author from Centre de recherche en santé publique, Canada

Abstract
Résumé scientifique. Première cause de mortalité en Europe et deuxième en Amérique du Nord, il est acquis qu’environ 40% des cancers sont évitables. Il a été considéré jusqu’à encore récemment que lorsque l’on connait le facteur de risque on peut agir dessus : l’expérience a montré que cette connaissance est nécessaire mais insuffisante pour savoir comment agir. La recherche interventionnelle en santé des populations (RISP), une science « des solutions » vient combler cette aporie. Elle s’intéresse à la conception, la mise en œuvre, l’évaluation, l’adaptation, la transférabilité et la pérennité d’interventions visant l’amélioration de la santé des populations, pour produire des connaissances valides et à fort potentiel d’impacts sociaux et sanitaires. Cette approche scientifique appréhende les interventions comme des « événements dans des systèmes » et vient bousculer l’hégémonie méthodologique imposée depuis de nombreuses années par les sciences biomédicales. Aujourd’hui, le développement de la RISP en promotion de la santé dans le champ du cancer doit faire face à trois enjeux majeurs :
• Politique ;
• Méthodologie ;
• Transférabilité.
Objectif général. Il s’agit de proposer un espace d’échanges et de discussions sur les défis à relever pour développer la RISP en promotion de santé, dans le champ du cancer, comme modèle innovant de recherche s’inscrivant dans un changement de paradigme novateur pour développer la promotion de la santé. Il permettra aux participants de clarifier leurs conceptions de la RISP pour l’avancement de la promotion de la santé dans le champ du cancer et de faire évoluer ces concepts par rapport à trois enjeux clés (politique, méthodologique et de transférabilité).

Proposition de format de la séance. Le format interactif proposé articulera des temps d’échanges pour partir des perceptions des participants et des temps de présentation.

La recherche interventionnelle en promotion de la santé : des enjeux de politiques, l’exemple de la stratégie décennale du cancer en France

Abstract

Résument scientifique. La recherche en prévention couvre un large domaine d’études. L’un des axes concerne l’identification pour certains cancers de facteurs de risque non connus, par exemple pour le cancer de la prostate. Un autre concerne la promotion de la santé avec des approches par population, par milieu de vie ou encore par territoire. Cette recherche s’intéresse notamment aux facteurs cancérogènes identifiés (ex: tabac, alcool, certains pesticides) mais aussi aux causes de la sur-prévalence de ces facteurs dans certaines populations. La RISP joue ici un rôle essentiel pour relever ces enjeux. En 2010, l’Institut national du cancer a été pionnier dans le développement de la RISP en France. En 2021, l’Institut national du cancer a décidé de faire du développement de la RISP l’un des fers de lance de sa stratégie décennale. Cette présentation vise à rendre compte de cette politique de développement de la RISP comme outil pertinent pour penser des politiques et des actions de promotion de la santé, notamment en ciblant la question des inégalités comme l’un des objets de recherche prioritaire ; mais aussi certains publics comme les jeunes. La présentation discuterà quatre défis de mise en œuvre de cette politique de recherche. Le premier concerne le développement de la communauté scientifique française afin de pouvoir répondre aux problématiques prioritaires. Un second est en lien avec la structuration et l’animation de cette communauté. Un troisième porte sur l’évaluation des projets de recherche et la mobilisation d’une communauté mondiale encore timide et le quatrième est la gageure de l’évaluation de projet pluri-disciplinaire et multi-culturel : la RISP en promotion de la santé va mobiliser les savoirs académiques et la culture des chercheurs mais aussi les savoir concrets/expérientiels des acteurs de terrain qui leur est propre.

Objectif général. A travers un exemple concret d’une politique nationale de développement de la recherche, il s’agit d’accompagner les participants à appréhender les enjeux du développement de la RISP, des freins et leviers qui ne se limitent pas à des questions financières : d’autres sont du côté des chercheurs et acteurs de terrain et cette session leur permettra de les appréhender.

Proposition de format de la séance. La première partie sera consacrée à l’identification des représentations des participants des freins au développement de la RISP en PS (5-6mins). Il s’en suivra une présentation interactive de 12 minutes, les 2-3 dernières minutes seront consacrées aux ultimes questions.
La recherche interventionnelle en promotion de la santé : des enjeux méthodologiques

**Abstract**

**Résumé scientifique.** La recherche interventionnelle en santé des populations est tournée vers les actions menées par des chercheurs en partenariat avec les acteurs de l’intervention : soignants, patients, aidants, décideurs publics et communautés de population. La diversité des acteurs façonne les projets de RISP, témoigne de la richesse de cette recherche et lui confère une place privilégiée pour analyser et intervenir au plus juste dans les différents contextes et populations. Elle présuppose l’élaboration des innovations et de leur évaluation dans une dynamique de co-constructions combinant des savoirs pluriels. Alors que l’évaluation scientifique des interventions en santé a une longue histoire, la nécessité d’une meilleure compréhension de comment intervenir en considérant les déterminants de santé dans ces interventions n’est apparue que plus récemment. La RISP en promotion de la santé dans le champ du cancer propose donc un changement de paradigme centré sur l’intervention et non la description du problème et de ses causes. La RISP a fondé ses ancrages théoriques d’une part sur les apports et modèles de la santé publique, de la promotion de la santé et des sciences humaines et sociales et d’autre part, sur ses propres apports pour théoriser et construire son propre corpus théorique et méthodologique. Cette présentation visera à clarifier ce nécessaire changement de paradigme et cinq défis de méthode auxquels la RISP doit faire face. Le premier concerne l’impérialisme de l’épidémiologie comme modèle de recherche. Le deuxième est indiscutablement en lien avec les modèles d’évaluation de la RISP et leur polymorphisme. Un troisième porte sur la complexité des objets d’études qui sont au cœur de la RISP. Un quatrième et l’un des plus important sans doute, est l’élaboration des recherches dans une dynamique partenariale entre chercheurs et acteurs sans lequel la recherche ne peut se faire et qui nécessite d’être construit en réduisant le hiatus entre les finalités des chercheurs et celles des acteurs de terrain. Enfin, il sera également évoqué les défis que représentent la publication et la valorisation de ce type de recherche.

**Objectif général.** C’est à partir de l’expérience d’une des pionnières de la RISP que les participants seront invités à appréhender les défis de la méthodologie de la RISP, et à analyser différentes perspectives concrètes pour les appréhender.

**Proposition de format de la séance.** La première partie sera consacrée à l’identification des représentations des participants des difficultés méthodologiques de RISP (5-6mins). Il s’en suivra une présentation interactive de 12 minutes, les 2-3 dernières minutes seront consacrées aux ultimes questions.

La recherche interventionnelle en promotion de la santé : des enjeux de transférabilité, du projet à la structuration

**Résumé scientifique.** Les travaux conduits en recherche interventionnelle ont permis de mettre à jour la complexité des interventions en santé et notamment en promotion de la santé. Même si ces interventions sont par elles-mêmes des systèmes complexes en interaction avec leur contexte ou « systèmes d’intervention », la RISP fait des avancées considérables sur la compréhension des mécanismes ainsi mis en évidence, un élément clef pour leur transférabilité qui est un enjeu essentiel en santé publique. La transférabilité permet d’estimer dans quelle mesure le résultat d’une intervention réussie, évaluée dans un contexte donné, peut être atteint dans un autre contexte. C’est à travers l’exemple concret de la recherche interventionnelle qui a permis d’évaluer la transférabilité du projet « P2P, agir par les pairs pour la
prévention du tabagisme chez les lycéens en filière professionnelle» que nous analyserons les enjeux abordés dans les deux précédentes interventions.

**Objectif général.** C’est à partir de l’exemple de cette étude de transférabilité qui visait à évaluer si le programme P2P élaboré et mené dans le sud de la France est transférable dans d’autres régions et sous quelles conditions que les participants seront invités à analyser les conditions de cette implémentation. Ainsi, on s’interrogera sur la question de la reproductibilité des résultats d’efficacité auprès d’une population similaire mais dans un contexte géographique différent, impliquant des différences de fonctionnement au sein des structures intervenantes et des lycées impliqués, mais aussi de caractéristiques des lycéens ciblés.

**Proposition de format de la séance.** Après la présentation de projet et de sa transférabilité dans différents espaces un débat interactif sera organisé sur les défis de la transférabilité.

**Faire converger les arts, la culture et la promotion de la santé : constats scientifiques et pratiques internationales innovantes**

**Sub-plenary**  
17 May 2022, 12:45 - 14:15

**Moderators**  
René Cormier  
Julie Lévesque

**Speakers**  
Julie Lévesque, Coordinator from REFIPS (Réseau international francophone pour la promotion de la santé), Canada  
René Cormier, Presenter from Sénateur, Canada  
Hope Corbin, Presenting Author from Western Washington University and Vice President for the IUHPE’s North American Region, United States  
Mariana Sanmartino, Presenting Author from National Board of Scientific and Technical Research (CONICET), Argentina  
Michel Vallée, Presenting Author from Culture pour tous, Canada  
Mélissa Généreux, Presenting Author from Médecin-conseil et de coordonnatrice de la priorité « Défis sociosanitaires » à Ouranos, Canada  
Cheikh Tidiane Athie, Presenting Author from ACDEV et Université de Dakar en promotion de la santé, Senegal  
Jordi Báltà Portolés, Presenting Author from Commission de culture de l’Organisation mondiale de Cités et Gouvernements Locaux Unis (CGLU), Spain

**Abstract**

**Résumé.** Cette sous-plénière mettra en lumière l’état des connaissances scientifiques, méthodologiques et pratiques liées aux croisements entre les arts, la culture et la promotion de la santé. Les conférences et
échanges feront ressortir le potentiel et les bénéfices des croisements entre la promotion de la santé, les arts et la culture (ex : bien-être, cohésion sociale, résilience, briser l’isolement et la solitude, participation communautaire des populations, réduction des inégalités sociales, développement de la capacité d’agir des populations, vivre-ensemble solidaire et harmonieux, développement durable). Des innovations internationales émergentes issues de plusieurs continents (Afrique, Asie, Amérique latine et du Nord, Asie, Europe) dans différents milieux de vie (municipalités, quartiers, communautés, écoles) seront présentées. Les principales conditions de succès à mettre en place pour faciliter ces croisements seront également discutées. La perspective des politiques publiques nationales et locales favorables à l’émergence et au soutien de ces pratiques en promotion de la santé teintera les échanges tout au long de ce grand rendez-vous.

Learning objectives.
- Comprendre les faits saillants de l’état des connaissances scientifiques sur le rôle des arts en promotion de la santé.
- Comprendre le potentiel et les bénéfices du croisement entre la promotion de la santé, les arts et la culture. (ex : bien-être, cohésion sociale, résilience, briser l’isolement et la solitude, etc.)
- Découvrir des innovations internationales (Afrique, Asie, Amérique latine et du Nord, Europe) émergentes en promotion de la santé qui misent sur les arts et la culture dans différents milieux de vie (municipalités, quartiers, communautés, écoles)
- Découvrir les principales conditions de succès et les politiques publiques nationales et locales favorables à l’émergence et au soutien des pratiques artistiques et culturelles en promotion de la santé.

Whenua Ora: Making peace with nature by promoting policies for healthy people, places and planet

Sub-plenary
17 May 2022, 12:45 - 14:15

Moderator
Sione Tu’itahi

Speakers
Marco Akerman, Presenter from School of Public Health - University of São Paulo, Brazil
Sione Tu’itahi, Coordinator from Health Promotion Forum of New Zealand, New Zealand
Trevor Hancock, Presenter from IUHPE Global Working Group on Waïora Planetary Health and Human Wellbeing, Canada
Huti Watson, Presenter from IUHPE Global Working Group on Waïora Planetary Health and Human Wellbeing, New Zealand
Nicole Redvers, Presenter from University of North Dakota, United States
Mark Dooris, Presenter from University of Central Lancashire, United Kingdom
Margot Parke, Coordinator from University of Northern British Columbia, Canada
Abstract

Summary. UN Secretary General Antonio Guterres has stated: “Humanity is waging war on nature. This is senseless and suicidal”. But, he added, “Making peace with nature is the defining task of the coming decades”; this applies to health promotion. This session will discuss how all policies must not only enhance human health, but protect and promote the wellbeing of people, places and the earth on which we live. With speakers from two Global Working Groups (Waiora Planetary Health and Healthy Settings) and the International Network for Indigenous Health Promotion Professionals we will bring Indigenous and spiritual perspectives on planetary health to the forefront and discuss how these concepts must shape policy and practice in the settings where we live, learn, work and play. Specifically, we will explore how diverse knowledge systems such as science, indigenous and spiritual knowledge systems can contribute to the development of such policies and how health promotion can be reconceptualised as planetary health promotion. In doing so, we ask how health promoters can broaden the horizon of, and locate policy-making within the reality of the inherent oneness and interdependence of humanity and its only home, planet earth.

Learning objectives.

• To discuss the urgent need for planetary health policies to protect and promote the wellbeing of people, places and the earth on which we live.
• To explore how diverse knowledge systems such as science, indigenous and spiritual knowledge systems can contribute to the development of such policies.
• To examine how such policies can be applied equitably in and through settings at all levels – from the local to the global.
• To explore how health promotion can be reconceptualised as planetary health promotion.
• To broaden the horizon of, and locate policy-making within, the reality of the inherent oneness and interdependence of humanity and its only home, planet earth.

Health literacy for building public trust: Implications for innovation, policy & equity

Sub-plenary
17 May 2022, 12:45 - 14:15

Moderator
Diane Levin-Zamir

Speakers
Diane Levin-Zamir, Presenting Author from University of Haifa + Clalit Health Services, Isral
Momi Tolentino, Presenting Author from Papa Ola Lōkahi, United States
Gillian Rowlands, Presenting Author from Newcastle University, United Kingdom
Collin Tukuitonga, Presenting Author from University of Auckland, New Zealand
Kristine Sorensen, Presenting Author from Global Health Literacy Academy, Denmark
Abstract
Achieving public trust is critical for health promotion at all levels. Health literacy plays an important role in achieving public trust by empowering people through transparency, evidence-based and reliable information, effective communication, trusted and culturally appropriate sources and more. The objectives of the session are to: (a) explore and discuss the importance of health promotion/health literacy in gaining public trust in establishing and implementing public policy; (b) share a selection of diverse case studies from around the globe to showcase how public trust was targeted, challenged, gained etc. through diversity of action on national and local levels during the COVID-19 pandemic; (c) discuss and recommend how lessons learned from the above-mentioned experience can be carried over to establishing policy for other major health issues globally. The session will:

- Showcase the contribution of health literacy intervention to building public trust from countries/organizations around the globe during the recent pandemic.
- Highlight lessons learned, particularly with regard to equity and innovation.
- Explore what can be scaled up to tackle other major health issues of global concern i.e. NCDs, climate control and planetary health, technological development and more.

Improving governance for health: Can COVID-19 provide lessons for working across sectoral boundaries?

Sub-plenary
17 May 2022, 12:45 - 14:15

Moderator
Fiona Haigh

Speakers
Fiona Haigh, Coordinator from UNSW, Australia
Thierno Diallo, Presenting Author from Université Laval, Canada
Carmel Williams, Presenting Author from Centre for Health in All Policies Research Translation Health Translation, SAHMRI, Australia
Marianne Jacques, Presenting Author from Centre de collaboration nationale sur les politiques publiques et la santé (CCNPPS) National Collaborating Centre for Healthy Public Policy (NCCHPP), Canada
David Houeto, Presenting Author from University of Parakou, Benin

Abstract
Societies are facing unprecedented challenges to health and wellbeing due to COVID-19, and the health promotion community is calling on countries across the globe – national, sub-national and local governments to recognise the need for strong collaborative, multisectoral, joined up policy.

Efforts to systematically embed collaborative joined up approaches such as Health in All Policies (HiAP) and Health Impact Assessment (HIA) into government structures and policy responses has been mixed. This poses a problem. To address many of today’s major health concerns, such as the impact of climate change
and non-communicable diseases (NCDs) to name a few, governments need sustainable structures and systems that foster and enable collaborative policymaking. Governance for health also needs active participation of civil society to ensure the policy making process responds to community needs and delivers positive public outcomes. Good governance requires both collaboration across portfolio boundaries and engagement with civil society.

The COVID-19 Pandemic provides useful insights into the ways governments can work together in times of crisis, overcoming the boundaries and silos that are inherent government structures and systems. How can these lessons be applied broadly to strengthen multisectoral approaches to a range of health and wellbeing issues and support societies to build back better?

The sub-plenary will share experiences of collaboration and multisectoral action used during and beyond COVID, compare them with traditional multisectoral such as HiAP and HIA. Engaging with the audience the sub-plenary will aim to uncover key principles that can be applied in future attempts to encourage governments to adopt structures and processes that deliver improved joined – up policy making.

Learning objectives.

- To reflect on the ways different governments used cross sectoral collaboration and multisectoral approaches to respond to COVID-19 and inform future health promotion and health equity approaches.
- To explore how these COVID-19 related approaches compare with other attempts to address health issues through multisectoral action such as Health in All Policies (HiAP) and Health Impact Assessment (HIA).
- To pose the question- what can the health promotion community learn from COVID-19 and how can these lessons be used to improve the impact and sustainability of multisectoral response like HiAP and HIA

**Políticas sociales hacia una recuperación equitativa post pandemia por COVID-19**

Sub-plenary
17 May 2022, 12:45 - 14:15

Moderator
Monica de Andrade

Speakers
Monica de Andrade, Coordinator from IUHPE, Brazil
Gerry Eijkemans, Coordinator from Unit Chief-Health Promotion and Social Determinants of Health- at Pan American Health Organization, United States
Kumanan Rasanathan, Presenter from World Health Organization, Switzerland
Rita Maria Ferrelli, Presenter from Istituto Superiore di Sanità, Italy
Carmen Cruz, Presenter from Confederación Latinoamericana y del Caribe de Trabajadoras del Hogar, Costa Rica

Co-authors
Blanca Patricia Mantilla Uribe, Lourdes Soto de Laurito, Ana Maria Girotti Sperandio, Martin Zemel, Fernanda Lanzagorta, Regiane Rezende

Abstract
Desde el inicio de la pandemia por COVID-19 en 2020, se han visibilizado y exacerbado las desigualdades a nivel global. A raíz de esto se ha visto un empeoramiento de los índices de desigualdad con las tasas de ocupación y participación laboral, sobre todo en las mujeres, además del incremento de la pobreza y la pobreza extrema con niveles que no se han observado en los últimos 20 años. La pandemia irrumpe en un escenario económico, social y político complejo: donde ya existía un bajo crecimiento económico y social, un aumento de la pobreza y de tensiones sociales en distintos países.

Ahora más que nunca es necesario visibilizar y fortalecer los abordajes integrados de políticas sociales que garanticen los derechos de las poblaciones. La construcción de políticas sociales de forma integrada es una oportunidad para mejorar el desarrollo humano y el crecimiento económico en los países y son clave en la recuperación de la pandemia por COVID-19. Uno de los principios y estrategias comunes de las políticas sociales es buscar la articulación entre las políticas de crecimiento económico y desarrollo social; incluyendo los sectores de educación, y salud. Algunos ejemplos de esto son el expandir la educación básica como condición para acceder a otros niveles educativos, la creación de políticas de trabajo para incluir los sectores previamente beneficiados por los programas de transferencia de ingresos; expandir los programas de protección social al mercado laboral formal o informal; erradicar el trabajo infantil y establecer transferencias condicionadas hacia las poblaciones en situación de vulnerabilidad. Esta subplenaria tiene como finalidad identificar y fortalecer las políticas sociales hacia una recuperación equitativa post pandemia por Covid-19 en un contexto global y la necesidad de desarrollar acciones transversales de promoción de la salud involucrando a las comunidades.

Objetivos de aprendizaje.
La sesión abrirá un espacio de reflexión colectiva que permita identificar lecciones y aprendizajes del rol que puede jugar la promoción de la salud en la coyuntura actual. Abordará la importancia de la integración de políticas sociales que contribuyen al abordaje de los determinantes sociales de la salud, la equidad y la inclusión en el marco de la recuperación de la post pandemia por COVID-19. Mostrará las oportunidades a futuro que tiene los países en el abordaje intersectorial y de salud en todas las políticas.
Se presentará un análisis de la implementación de políticas sociales en distintas regiones del mundo y las respuestas a las consecuencias de la pandemia y su recuperación haciendo énfasis en procesos participativos e intersectoriales para la sostenibilidad de dicha respuesta. El análisis de políticas sociales se hará desde tres perspectivas diferentes.
Empowering patients with NCDs

Round table
17 May 2022, 12:45 - 14:15

Moderator
Ann Pederson

Access to palliative care and advanced medical directives as health promotion and equity strategies: Addressing cultural and linguistic challenges

Speakers
Bilkis Vissandjee, Presenting Author from University of Montreal, Canada
Patrick Durivage, Workshop Trainer from CIUSSS Centre-Ouest de l’Île de Montreal, Canada
Zelda Freitas, Workshop Trainer from CIUSSS Centre Ouest de l’Île de Montréal, Canada
Isabel Fernandez, Workshop Trainer from Université de Montréal, Canada

Abstract

Objectives. Learning from the COVID-19 pandemic regarding access to information, the premises of this workshop rest on the importance of building on health promotion strategies in health equity while addressing health literacy for the uptake of advanced medical directives (AMD) in the end-of-life trajectory at the right time, for and with the right person:

• To discuss challenges in providing information on AMD aimed at the culturally and linguistically diverse Quebec population for family caregivers, home services frontline clinicians and community-based providers;
• To highlight structures and strategies within the social services and health care system in supporting the delivery of appropriate and coherent information on AMD;
• To recognize the added value of intersectoral community-based partnerships in increasing access and uptake of appropriate and coherent information on AMD, at the right time, for and with the right people;
• To discuss potential alignments between public health enhancing literacy strategies and populations-based best practices in providing multilingual resources in regards to AMD.

Format. 105-minutes in-person workshop:

• Welcoming and Context: Why AMD needs and should be part of health promotion strategies - 10 min
• Small Group Discussion 1 (25 min): Thinking Health Promotion and Equity: Dimensions of Law 2 and its applicability for caregivers and community-based providers in a context of cultural and linguistic diversity
• Report Back - 15 min
• Small Group Discussion 2 (25 min): Identifying best practices inspired from Health Promotion and Equity: adapting resources for caregivers and community-based providers in a context of cultural and linguistic diversity
• Report Back - 15 min
• Reflections for Next Steps: Deriving strategies to ensure access to multilingual AMD information as health promotion strategies - 15 min
Learning goals.

- To better understand the challenges related to access to information related to AMD as health promotive strategies to ensure health equity (learnings from COVID-19 pandemic);
- To derive take-home messages regarding the contribution of public health and populations-based examples in making sure that multilingual resources are accessed and utilized at the right time to the right people.

Addressing the burden of COPD through health promotion and wrap-around care.

Speaker
Elizabeth Cooper, Presenting Author from University of Regina, Canada

Co-author
John Paul Kuwornu

Abstract

Setting/problem. Chronic obstructive pulmonary disease (COPD) is a chronic inflammatory lung disease that causes blocked airflow in the lungs. COPD is the third leading cause of death globally. In Canada, COPD accounts for the highest hospital admissions rate among the major chronic diseases, and the most expensive hospital cost ($753.3M in 2016-2017). The most common cause of COPD is smoking, however other risk factors include exposures to other air pollutants as well as genetic predisposition.

Intervention. A cross-functional, interdisciplinary team of experts was brought together within Regina, Saskatchewan, between 2015-2017 to develop a wrap-around pathway-of-care model. The hope was to improve quality of life, and reduce the burden of care placed upon the medical system. The pathway includes various components such as: health education, behaviour modification, and streamlined guidelines and access to supports and services. These components have been developed for healthcare providers as well as people living with COPD.

Outcomes. An economic and sustainability evaluation exploring challenges with roll-out and effectiveness 3 years post-roll out was conducted. Results include an evaluation of the intervention pre-COVID-19 and during COVID-19 and compare experiences within Regina, where the intervention took place, compared to other geographies within the province. This presentation focuses on the results from 10 key informant interviews conducted with health care professionals. In order to reduce the burden of care and improve health/welling, opportunities for ongoing education and stakeholder engagement to achieve continued buy-in and application of the intervention are essential. This includes: ways to improve and maintain engagement across disciplinary sectors, ways to design and deploy a care pathway to reduce the burden of chronic diseases, such as COPD, the impact of reduced waitlists on people living with COPD, as well as tailored approaches to health education (pre and post necessary resource reallocation during COVID-19) for diverse stakeholders.

Implications. Challenges with a multi-pronged approach to stakeholder engagement (patients, families, social workers, respiratory therapists, respirologists, etc.) with a health education intervention are documented and best-practice advice to improve COPD care.
Educate, participate, innovate. A new model for training and empowering patients living with rare, degenerative retinal diseases as active stakeholders in medicines research & development.

Speaker
Fiona Waters, Presenting Author from Retina International, Ireland

Abstract

Setting. There is an increasing demand for patient involvement in medical innovation at research, industry, and policy levels. Retina International (RI) has continually observed an unmet need amongst its patient community, where the essential knowledge and skills required to actively engage in an advisory or advocacy capacity as a patient are not being developed. As the demand for patient expertise increases, so too must our panel of informed and competent patient advocates in order to optimise the impact of innovative health interventions and policy for the patient community.

Intervention. RI believes that patient education, leading to participation in health innovation, benefits patients and promotes their own wellbeing, equity, and health. With this, we developed a 4-month training & skills development programme, designed to build capacity in our patient community to be effective patient advocates. This course was co-designed with subject matter and pedagogical experts, and the resulting programme is a bespoke learning experience tailored for the patients we represent. The subject areas reflect the specific policy action and research areas relevant to our patient community, and throughout the curriculum there is emphasis on development of 21st Century “soft” skills: critical thinking, communication, collaboration, & creativity. Students will conduct a research project over whereby they will generate and use data to create an advocacy strategy.

Outcomes. This project pilots in September 2021, and will be completed in December 2021. The goals and outcomes of this project will be:

- Build knowledge & skills within the retina patient community that enables informed participation in research and innovation
- Provide training for patient-active advocacy in patient community
- Develop a database of patient leaders for referral to advisory and ambassador roles
- Publish a white paper outlining our patient education model

Implication. This patient training model is highly transferrable. The programme is structured to produce effective and informed patient advocates that promote policy for the health, equity, and wellbeing of their own community. RI believes this innovative model is of significant benefit and impact to the health promotion and education community at large.

Safe, seen, supported: Navigating eating disorders recovery in the 2SLGBTQ+ community

Speaker
Phillip Joy, Presenting Author from Mount Saint Vincent University, Canada
Co-authors
Megan White, Shaleen Jones

Abstract

Background/Objectives. It has been reported that 2SLGBTQ+ individuals experience disproportionately high rates of eating disorders, patterns of disordered eating, and body dissatisfaction, often relating to cis-heteronormative social norms of gender and bodies. Our purpose was to explore the experiences of self-identifying 2SLGBTQ+ Canadians in treatments for their eating disorders.

Methods. Ten self-identifying 2SLGBTQ+ individuals reporting concerns regarding body image or eating patterns, as well as accessing support services or treatments, within Canada were recruited and took part in semi-structured interviews. Data were recorded, transcribed, and analysed using thematic analysis.

Results. Four themes are presented: 1) feelings of judgment and otherness; 2) experiencing shame in Eds and 2SLGBTQ+ identity; 3) perceiving a lack of understanding and knowledge; 4) sharing lived experiences with the care team.

Discussion. We found that cis-hetero-normativity is ingrained in the policies and practices of healthcare systems and can lead to homophobia, stigmatization, and marginalization of 2SLGBTQ+ individuals. Our research can help teams of health professionals and community service organisations to design and implement eating disorder recovery programs that consider the lives and experiences of 2SLGBTQ+ clients. The recommendations provided by the participants can also provide insight into health policies that may improve equity within healthcare for 2SLGBTQ+ individuals.

Gender and LGBTQI+ perspective on health practices

Round table
17 May 2022, 12:45 - 14:15

Moderator
Olivier Ferlatte

A qualitative investigation of the health promotion needs of men who Party N’ Play (PNP) during the Covid-19 pandemic in Montreal, Canada

Speaker
Maxim Gaudette, Presenting Author from Université de Montréal, Canada

Co-authors
Jorge Flores Aranda, Pascal Simon, Olivier Ferlatte
Abstract

**Background/Objectives.** The Covid-19 pandemic exacerbated health inequities and contributed to the marginalization of vulnerable groups. Little is known about its consequences for gay and bisexual men who engage in sexualized drug use, a phenomenon referred to Party N Play (PNP). The aim of this study was to examine the health promotion needs of men who PNP during the pandemic and their experiences with health services.

**Methods.** Working collaboratively with community-based organizations and the Regional Public Health Department, this study adopted an interpretive descriptive approach to produce findings that have direct implications for the development of health promotion practices, interventions, and policies. We conducted online interviews with 8 key informants with PNP expertise (purposely sampled) and 13 men who PNP in Montreal, Canada. Focusing on the participants’ perspectives, the data was analysed using an inductive thematic approach.

**Results.** Participants explained that most services do not take into consideration issues related to sexuality and substance use, and their interactions. This lack of PNP expertise within social and health services left the health needs of men who PNP unaddressed, an issue even more important during the pandemic. According to participants, the Covid-19 responses and social distancing measures did not consider their health needs. Many health services that shut down at the beginning of the pandemic (like sexual health clinics) were perceived by participants as essential to men who PNP. The pandemic pushed many services online, including substance use therapy and fraternity groups. Participant discussed positive aspects of online services (e.g. simplicity, easiness and the ability to attend from home - a safe space), yet acknowledged the important limitations, especially for those most vulnerable during the pandemic (e.g. issues of accessibility, reduced motivation/accountability and lack of human connection). Participants therefore expressed the need for both online and in person services, during and after the pandemic.

**Discussion.** This study adds to previous findings regarding the urgent need for PNP-specialized services. Online interventions appear promising yet are not beneficial to all men who PNP. Results suggest the need to adapt measures related to the pandemic and health promotion policies for men who PNP.

**Queering public urban space: Safety, health and wellbeing and making space for LGBTQI+ people**

**Speaker**
Charles Ormsby, Presenting Author from Arup, Canada

**Co-authors**
Alice Vincent, Rebecca Cadorin, Andrew Gorman-Murray, Jason Prior, Evelyne de Leeuw

**Abstract**
For a few decades now, social research across various countries has identified how public urban spaces can be dangerous, unhealthy and exclusionary for LGBTQI+ people. Less work, however, has focused on how to make spaces safe and inclusive for LGBTQI+ or to ‘usualise’ queerness in public space policy and design. The proposed roundtable seeks to bring together researchers, practitioners and policy-makers from different countries to think about and work on making public urban spaces welcoming and safe for LGBTQI+ people. A cross-national and cross-disciplinary dialogue will help us better understand what works, what does not
work and what can be applied to create public urban spaces that advance the safety, health and wellbeing of LGBTQI+ people.

**Relevant experience or practice.** This call comes from collaborative work between health specialists, urban designers, lighting and security design specialists, geographers and planners – currently being conducted in Australia on ‘Queering Suburbia’ in Sydney, Melbourne and Brisbane. It builds on the success and experience of a foundational UK project, ‘Queering Public Space’, but refocuses the lens and the research team’s practitioner expertise towards Australia’s sprawled and dispersed urban geographies. This refocusing is necessary as histories, legacies, and contemporary forms of cities differ across the world, requiring nuanced insight to usualise queerness in public spaces.

**Implications for health promotion.** Advancing this agenda is vital as safe access to public space underpins diverse aspects of health and wellbeing, including use of therapeutic landscapes, a sense of security of self and being-in-the-world, social networks and interaction, and access to material means to live a flourishing life, such as education and employment opportunities.

**Implications for policy.** With ever-increasing moves towards LGBTQI+ legal equality, it is timely to consider how queerness can be integrated into planning policies. The research around which this roundtable proposal is based seeks to shape inclusivity in urban design policy, social planning policy and health and wellbeing policy. The project is currently developing an evidence-based tool to assess to what extent LGBTQI+ considerations have been included in public space design to date and to generate a set of design principles and recommendations for councils/districts to incorporate into future planning policy.

**Shifting gender and sexuality norms surrounding cannabis use and mental health: A photovoice project**

**Speaker**
Tara Chanady, Presenting Author from École de Santé Publique de l'Université de Montréal, Canada

**Abstract**

**Background/Objectives.** LGBTQ2S+ youth continue to experience stigma and microaggressions, a daily reality which partially explains the higher rates of mental health challenges, as well as the higher rate of cannabis use. Yet, research investigating the relationship between LGBTQ2S+ identities, mental health and cannabis use is scarce, challenging the development of policies and interventions. The aim of this community-based research project is to understand the experience of cannabis use among LGBTQ2S+ youth with mental health issues with the ultimate goal to inform targeted health promotion and harm reduction programs.

**Methods.** To understand shifting LGBTQ2S+ perspectives and real-life experiences related to mental health and cannabis use, we draw on a community-based approach that is grounded in and led by youth. We worked with 45 LGBTQ2S+ youth ages 16 to 24 who consume cannabis and live with mental health issues in Quebec. Participants took photographs illustrating their relation to their sexual and gender identities, mental health and cannabis, and later to discuss them in an interview with a youth researcher.

**Results.** First, many photographs portrayed cannabis use as a means to interrogate their gender and sexuality while diminishing anxiety about social norms, as well as a coping mechanism to escape social marginalisation. Second, LGBTQ2S+ youth described that they used cannabis as a means to cope with
mental health challenges in the context of unavailable or limited formal mental health supports, treatments and services. Finally, while many participants emphasized that they did not consider their daily cannabis use as problematic, they also reported an inability to function without it.

**Discussion.** The photovoice validated the knowledge and experiences of LGBTQ2S+ youth, which is crucial for the development of new knowledge that can be turned into culturally sensitive policies and interventions. With our research, which will feature an online photography exhibit in 2022, we hope to shift gender and sexuality norms and put forward a queer approach to mental health and cannabis use issues. The photographs from participants highlight the need for interventions to reduced stigma, and for strategies to promote positive identity development and social connectedness.

**The health and well-being of non-binary Canadians in organized sport**

**Speaker**
Martha Gumprich, Presenting Author from Simon Fraser University, Canada

**Co-authors**
Sarah Watt, Stéphanie Black, Travis Salway

**Abstract**

**Background/Objectives.** Organized sports are almost universally stratified by binary gender identities (e.g., “women’s team”, “men’s league”). Little research has been done to understand the experiences and health of non-binary people in sport. Studies regarding gender and sport have typically focused on women or transgender people, without attention to non-binary people specifically. This quantitative study aims to investigate the health and well-being of non-binary youth participating in organized sport in Canada.

**Methods.** The UnACoRN study (Understanding Affirming Communities, Relationships and Networks) is an online survey that will launch Fall of 2021. We will recruit 2000 respondents 15–29 years of age from across Canada, through bilingual (English/French) marketing across social media platforms, ads on public transit, and sports leagues in Canada. Topics include: avoidance of sport because of cissexism or heterosexism; inclusion of non-binary and transgender people in queer sports leagues; felt safety and acceptance of gender identity and perceived causes of gender exclusion; felt need to change gender expression in sport; experiences leaving sport because of cissexism or heterosexism; and mental health (depression, anxiety, suicidality).

**Results.** Results will be prepared by April 2022.

**Discussion.** This study will gather data on a form of health promotion previously underexamined in Canadian research. Results will help highlight areas in sport that can be improved upon in order to create safer and affirming places for non-binary people. Empirical evidence of barriers to non-binary inclusion in sports can be mobilized in many countries to help create positive change within sporting organizations and in cities regarding public recreational spaces.
Are you hungry? (Part 2): Food policy and regulations

Parallel oral session
17 May 2022, 14:30 - 15:45

Moderator
Marilyn Rice

Evaluating the potential implications of Canadian front-of-pack labelling regulations in generic and branded nutrient databases

Speaker
Christine Mulligan, Presenting Author from University of Toronto, Canada

Co-authors
Jennifer J. Lee, Laura Vergeer, Mavra Ahmed, Mary R. L'Abbé

Abstract

Background/Objectives. Canada proposed the implementation of mandatory front-of-pack label (FOPL) regulations, whereby foods meeting or exceeding thresholds for nutrients-of-public health concern (i.e., sodium, total sugars, saturated fat) must display ‘high-in’ symbols. The objective of the study was to evaluate the potential implications of the proposed regulations using generic and branded nutrient databases in Canada.

Methods. A generic nutrient database of food and beverage products consumed by Canadians, Canadian Nutrient File (CNF) 2015 (n=3,190), and a branded nutrient database of pre-packaged foods and beverages, Food Label Information Program (FLIP) 2017 (n=17,521), were used to evaluate the number and proportion of foods that would display FOPL(s) based on the details of the proposed FOPL regulations published in 2018. All foods and beverages were categorized by Health Canada’s Table of References Amount to identify top food categories that would display FOPL(s).

Results. Overall, 36.3% (n=1,159) of products from CNF 2015, while 63.9% (n=11,193) products in FLIP 2017 would display at least one FOPL for exceeding proposed thresholds for nutrients-of-public health concern. Soups, Combination dishes, and Desserts categories in CNF 2015 and Combination dishes, Soups, and Meats categories in FLIP 2017 would have the most products that would display one or more FOPL. Although products displaying one FOPL were most common in both CNF 2015 (n=886; 27.8%) and FLIP 2017 (n=7,296, 41.6%), the number (i.e., 0-3) and type (i.e., total sugars, sodium, saturated fat) of FOPL varied by food category.

Discussion. While the generic nutrient database revealed a low prevalence of foods that would display FOPL, the branded nutrient database showed that the proposed FOPL regulations would identify over 60% of pre-packaged foods and beverages with excess levels of nutrients-of-public health concern. Considering the high prevalence of pre-packaged foods and beverages in Canada that would meet or exceed the thresholds of nutrients-of-public health concern, the proposed FOPL regulations should be implemented in a timely manner to help consumers easily identify foods high in nutrients-of-public health concern and encourage manufacturer-driven product reformulations.
Taxing sugar-sweetened beverages in Canada: Baseline assessment of beverage price, profile, promotion, and sales in food stores in Newfoundland and Labrador

Speaker
Rachel Prowse, Presenting Author from Memorial University, Canada

Co-authors
David Hammond, Yanqing Yi, Marie-Claude Paquette, Kim Raine, Peter Wang, Scott Harding

Abstract
Background/Objectives. In April 2022, a Canadian province (Newfoundland and Labrador [NL]) is scheduled to introduce a $0.20/litre (L) tax on sugar-sweetened beverages (SSBs) - the first of its kind in Canada. NL has high rates of food insecurity, healthcare costs, and intakes of SSB per capita, and low intakes of plain water and milk. A SSB tax has significant potential public health impacts in NL. This study aims to assess the baseline landscape of SSBs in food stores in NL to evaluate the impact of the tax on store-outcomes pre-tax and 12 months post implementation.

Methods. As part of a natural experiment, we will collect baseline data on beverage price, profile, promotion, and sales between October 2021 and March 2022. Data will be collected on taxed and untaxed beverages (plain water, milk, SSBs, diet beverages, 100% juice, etc.) through web-scraping and store audits in a stratified random sample of one-fifth of major supermarket (n=6 chains) and independent food stores (n=15) located in NL. Detailed sales data on beverage purchases by type will be requested from each participating store for at least 12 months (Fall 2021 to Fall 2022). Univariate analysis for all store outcomes will be performed using descriptive statistics, t-test and ANOVA (continuous outcomes), and chi-square or Fisher exact test of McNemar test (discrete outcomes).

Results. Food store outcomes include beverage price (dollars per purchase unit and per 100ml), profile (sugar [g] and energy [kcal] content), promotion (price and placement, depth [% off], and type [discount, multi-buy]), and sales (count, amount [in L and $]) for taxed and untaxed beverages according to NL Government definitions. Outcomes will be reported by store type (supermarket chain/independent food store) and by beverage category (taxed/untaxed; type [water, milk, SSBs, diet beverages, 100% juice etc.]).

Discussion. Taxing SSBs has been advocated by public health experts and researchers internationally. In Canada, NL is the only province to adopt such a fiscal policy. Current scientific evidence is limited in real-world studies demonstrating the impact of SSB taxes on beverage prices, the pass-through of the tax to consumers, and industry’s responses to the SSB tax. This study will provide baseline data to conduct a natural experiment on the real-life impacts of a SSB tax in a rural province with high levels of food insecurity, health care costs, and SSB intakes.

Revision of the taxation policy on sugary drinks in France in 2017: Origin, development process and implementation context

Speaker
Yann Le Bodo, Presenting Author from Univ Rennes, EHESP School of Public Health, CNRS, ARENES – UMR 6051, France
Abstract

**Background.** As the body of evidence on the relevance of taxing sugary drinks for public health is now substantial, the challenge for governments is not only to adopt such a tax but also to maximise its health impact on the population. France was among the first countries to adopt a ‘soda tax’ in 2011. However, it was rather framed as a budgetary measure and the rate applied was modest and flat regardless of nutritional criteria. The revision of this tax, voted in 2017, is more in line with international recommendations, notably its public health objective and its rate indexed to the amount of added sugar in the drink. We present the findings of a study aiming to shed light on the conditions associated with this evolution.

**Methods.** Drawing on the literature on factors influencing changes in nutrition policy, our case study included a systematic review of parliamentary documents (n=356) and newspaper articles (n=520) complemented by a targeted review of grey and scientific literature. Analyses were carried out based on Ritchie and Spencer's (2002) approach for applied policy research.

**Results.** The circumstances surrounding the revision of the ‘soda tax’ in 2017 were partly similar to those associated with its development in 2011, including the legislative context (public financing of health care and services), the presence of policy entrepreneurs in parliament and a rather supportive government. However, the revision of the tax was dominated by a health (e.g. obesity prevention) rather than a budgetary rationale. Moreover, the sustained interest of policymakers for health-related food taxation in recent years (reports, debates, new proposals) and the discussions with the industry during the 2017 tax revision to encourage beverage reformulation reflect a form of policy learning. Finally, the mention during the policy process of WHO’s recommendations and other sugary drink taxes adopted around the world suggests some degree of transnational influence.

**Discussion.** Examining the revision process of a ‘soda tax’ that went beyond the experimental stage provides valuable insights from which other jurisdictions could learn. The French case offers valuable lessons on the policy learning process and on how to improve the implementation of this measure. The case can also inform advocacy strategies that promote its design and adoption. Our analyses are likely to further gain in depth with the semi-structured stakeholder interviews to be conducted in the fourth quarter of 2021.

**Who are at high risk of poor diet quality in Canada? Conditional random forest analyses of the International Food Policy Study**

**Speaker**
Rosanne Blanchet, Presenting Author from Université de Montréal, Canada

**Co-authors**
Sara Nejatinamini, Camilo Valderrama Cuadros, Michelle Aktary, David Hammond, Lana Vanderlee, Dana Lee Olstad

**Abstract**

**Background/Objectives.** Suboptimal diet is one of the most important contributors to mortality and morbidity in Canada. Yet we have a limited understanding about how social determinants of health intersect
to create subgroups of individuals with higher or lower risk of poor diet quality. Machine learning approaches use the ability of computers to learn from patterns in the data without explicit programming. Conditional random forests use algorithms to identify and predict a targeted outcome using a large number of determinants simultaneously. This presentation will identify subgroups of individuals at high risk of poor diet quality and the combination of predictors that are most important in determining diet quality scores.

**Methods.** We used data from adults in Canada who participated in the International Food Policy Study in 2018 and 2019. Diet quality was assessed using 24-hour dietary recalls and the Healthy Eating Index-2015 (HEI-2015) scores. Conditional random forests were used to identify subgroups of adults at risk of poor diet quality using tertiles of HEI-2015 scores as the outcome. The random forests were created by growing 500 decision trees using bootstrap samples drawn from the data with replacement and a random selection of predictors. The predictions from all the trees were averaged to generate the predicted outcome. The relative importance of each predictor to explaining the variance of the model were assessed. Candidate predictors entered in the algorithm included 70 variables related to sociodemographic and socioeconomic characteristics, health status and health risk factors, food skills, nutrition and health literacy, perceived social norms around sugar-sweetened foods and beverages, sources of nutrition information utilized, and food policies and environments. Analyses were performed in R.

**Results.** A total of 16 variables consistently contributed to the classification. The five most important variables predicting diet quality scores were household food security status, frequency of food labels use when deciding to buy food products, nutrition literacy, educational attainment, and income adequacy.

**Discussion.** These results suggest that predictors intersected in complex ways in shaping the risk of poor diet quality among specific subgroups of individuals. The precise identification of individuals with higher risk of poor diet quality has the potential to inform public health policy and programming in order to prevent chronic disease.

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**Cash transfer programmes in lower- income and middle-income countries: pathways to nutritional change – a realist synthesis**

**Speaker**

Hilary Floate, Presenting Author from University of Queensland, Australia

**Abstract**

**Background/Objectives.** Child malnutrition is a significant global public health concern. Contemporary nutrition interventions in lower-income and middle-income countries increasingly emphasise nutrition-sensitive programmes which often include cash transfer programmes (CTPs). Studies of the effectiveness of CTPs on improving both food/nutrition insecurity and resilience have provided mixed results. Studies have also proposed pathways by which the increased income provided through CTPs influence the determinants of child nutrition status, such as UNICEF’s framework (Determinants of Child Nutrition Status). UNICEF’s framework, however, does not sufficiently account for how contextual factors, such as implementation structures, affect pathways to generate (in)effective outcomes in CTPs. This presentation demonstrates an innovative method to identifying how complex large-scale CTPs might ‘work’ to achieve desired nutrition outcomes by combining two different approaches to theory-driven evaluation.
Methods. The novel approach taken in this study began with the first step of a realist review (RR). In this step, an initial scoping of literature identified potential contextual factors and underlying mechanisms that might influence outcomes. A theory-of-change (TOC) was used to map potential pathways to outcomes and identify underlying assumptions. A realist approach, using deductive and inductive analysis, was then applied to identify patterns and link chains of inference within and between these underlying assumptions. Emerging theories were reviewed in discussions with stakeholders working in nutrition and food security.

Results. A total of 136 papers were reviewed. Five frameworks/pathways to change were identified, but none of these included contextual factors and the interplay of these with programme resources, participant responses and outcomes. By incorporating a TOC with the RR we were able to identify 18 context-mechanism-outcome configurations to explain nutrition outcomes for cash transfer recipients.

Discussion. CTPs are inherently complex interventions; the use of the realist and TOC approaches provided a deeper knowledge of the relationship between context and programme resources/responses that are required to optimise outcomes. The use of this innovative approach could be applied to better understand how complex interventions ‘work’.

Décoloniser les savoirs et les pratiques : un impératif de justice sociale

Symposium
17 May 2022, 14:30 - 15:45

Symposium coordinator
Carole Faucher

Speakers
Carole Faucher, Symposium Coordinator from University of Edinburgh - Chaire Unesco Santé et Éducation, United Kingdom
Carine Nassif-Gouin, Presenting Author from Université de Montréal, Canada
Mélanie Boivin, Presenting Author from Centre d’amitié autochtone du Lac St-Jean, Canada
Carmella Fernandez Da Rocha, Presenting Author from Chaire Unesco Éducation et Santé, New Caledonia
Lara Gautier, Presenting Author from Équipe Renard, Université de Montréal, Canada
O’Brilliant Damus, Presenting Author from Université d’État d’Haiti, Haiti

Co-authors
Chantal Lévesque, Nathalie Dupeux, Nicolas Tessier, Didier Jourdan
Valoriser la pluriversalité des savoirs et des pratiques en santé publique: que nous enseignent les philosophes africains?

Abstract

Contexte/Objectifs. Le mouvement Décoloniser l’aide au développement prend de l’ampleur ces derniers temps. Il offre une critique intéressante du modèle de représentations dominant en Occident. En nous appuyant sur les penseurs décoloniaux d’Afrique francophone, nous analysons leur potentiel pour inspirer le champ de la santé publique. Lire les penseurs d’Afrique francophone nous amène à nous éloigner de la rationalité scientifique "universelle" centrée sur l’Occident au profit du concept de "pluriversalisme" proposé par Grosfoguel, qui reconnaît d’autres formes de rationalité scientifique "universelle" centrée sur l’Occident au profit du concept de "pluriversalisme" proposée par Grosfoguel, qui reconnaît d’autres formes de savoirs. Cette communication interroge la notion de pluriversalité du point de vue des savoirs (oralité, multilinguisme, grilles de lecture...) et des pratiques (outils d’évaluation...) dans le champ de la santé publique.

Méthodes. Nous réfléchissons à cet enjeu à partir d’une revue de la littérature concernant deux catégories d’interventions illustratives, mises en œuvre en Afrique subsaharienne – la diffusion de contraceptifs et de dispositifs de prévention et lutte contre la maladie à virus Ébola.

Résultats et Discussion. Nos résultats montrent premièrement que la décolonialité offre une grille de lecture crédible pour repenser l’intervention en santé publique. Deuxièmement, ils nous permettent de souligner que les deux catégories d’interventions ont le plus souvent ciblé les dimensions superficielles des problèmes de santé mondiale, en contournant les structures et les modèles mentaux des populations africaines. Des interventions qui émergent des communautés ciblées sont présentées comme des alternatives crédibles, permettant notamment de valoriser les savoirs et les pratiques locaux.

Des collaborations intersectorielles santé-éducation à travers un dispositif de promotion de la santé en milieu scolaire et sa mise en œuvre au sein des digérantes communautés de Nouvelle-Calédonie.

Abstract


Méthodes. L’identification et la prise en compte des savoirs endogènes ainsi que des préoccupations des différentes communautés sont devenues nécessaires dans le champ d’activité de la promotion de la santé. A cette fin, a été étudié un dispositif de promotion de la santé en milieu scolaire fondé sur une démarche de co-construction d’outils pédagogiques. Il a pour objectif la réduction des inégalités sociales de santé.
Une étude de méthodes mixtes basée sur une collecte de données multiples pendant 2 ans a permis de suivre la prise en compte des savoirs des différentes personnes et communautés.

**Résultats et discussion.** L’observation des réseaux sociotechniques constitués montre à l’échelle locale que les dispositifs d’accompagnement sont composés d’une diversité de personnes en termes de profession et communauté d’appartenance. Ces professionnels ont une vision de la promotion de la santé intégrée dans le respect de la culture des élèves, des familles ainsi que des enseignants. À l’échelle institutionnelle se retrouve cette même diversité des décideurs ainsi que cette attention vis-à-vis les différentes croyances et pratiques de la population calédonienne. Assurer la décolonisation des savoirs en promotion de la santé en milieu scolaire c’est d’abord se décentrer de sa propre conception de la santé et de l’éducation, écouter avec humilité et partager nos savoirs réciproques. Cela demande d’adhérer à une perspective écologique rigoureuse et cohérente. La conduite du travail par des acteurs professionnels et non-professionnels ancrés dans les différents territoires et communautés est un levier en vue de la prise en compte de la diversité des savoirs coexistant au sein de l’archipel.

**Approches et pratiques décolonisantes en promotion de la santé au Québec**

**Abstract**

**Contexte/Objectifs.** Il aura fallu plusieurs événements dramatiques au Canada pour prendre conscience des multiples réalités vécues par les autochtones et leurs communautés. Cette succession de tragédies a précipité et démultiplié les réponses aux appels à l’action issus de différents rapports d’enquête. Ces rapports font état d’obstacles à l’accessibilité des services de santé pour les personnes autochtones au Québec du fait, entre autres, des paradigmes propres à la médecine traditionnelle autochtone qui se confronte au modèle dominant dont est issu la formation des soignants. Pour sortir de ce modèle, nous proposons une analyse critique afin d’explorer dans quelles mesures et comment ces théories de décolonisation, de réconciliation et d’autochtonisation peuvent s’appliquer dans le champ de la promotion de la santé.

**Méthodes.** À partir d’une revue de littérature, fondée sur les penseurs décoloniaux principalement canadiens sur la mise en place de formations et de programmes fondées sur elle, nous proposons de présenter les développements en cours.

**Résultats et discussion.** Nos résultats montrent que la décolonisation est un long processus qui nécessite le développement d’une grille de lecture concrète pour repenser l’intervention en promotion de la santé. Les processus de réconciliation et d’autochtonisation permettent d’identifier combien les communautés autochtones sont marginalisées voire exclues de nos services de santé, en saisissant l’incompréhension entre les deux paradigmes de soins. Enfin, nous présenterons quels sont les programmes et les formations en déploiement fondées sur la valorisation de l’égalité des savoirs et le respect des communautés et des personnes qui les caractérisent.
L'atelier de dialogue local: une méthode pour décoloniser les savoirs en promotion de la santé maternelle-infantile en Haïti

Abstract

Contexte/objectifs. En Haïti, les porteuses de connaissances autochtones vivant en milieu rural sont des exclues de la parole. En 2016, nous les avons invitées pour la première fois à rompre la culture du silence en leur demandant de participer à un atelier de dialogue local de plusieurs jours sur le rôle de leurs savoirs dans la prise en charge de la santé des mères et des enfants dans les communautés. En 2020, un atelier de dialogue local sur l’accouchement à domicile a été réalisé en vue de confronter les savoirs de ces personnes avec les témoignages des mères. En septembre 2021, nous avons organisé un atelier de dialogue local sur des thématiques multiples (Accouchement à domicile, allaitement, habitudes alimentaires, santé mentale, etc.) au sein d’une localité de la section communale de Roy-Sec dénommée Palmani (Bas-Plateau Central, Hinche). Les personnes concernées sont des illettrées-savantes qui ont développé des savoirs aux dimensions multiples afin de gérer, de façon constante, leur propre santé et celle des autres.

Méthode. L’atelier de dialogue local est une technique d’enquête qui vise à amener des trésors humains vivants et des promotrices traditionnelles de la santé à partager leurs savoirs expérientiels dans le domaine de la santé maternelle et infantile. Fondé sur une posture résolument humaniste, il permet de prouver que le rapport entre la condition paysanne et l’ignorance absolue n’a pas de fondement empirique. La mise en œuvre de cette technique de collecte de données qualitatives nous ordonne de porter un regard inconditionnellement positif sur les participantes avec lesquelles il faut avoir une grande proximité culturelle. Elle a nous a permis de décoloniser les pratiques méthodologiques qu’on nous a enseignées à l’université.

Résultats/discussion. L’utilisation de la méthode de l’atelier de dialogue local dans le domaine de la recherche en promotion de la santé permet de prévenir les déficits qualitatifs de celle-ci, de renforcer l’autonomisation des participantes et de stimuler les pratiques de solidarité dans les communautés éloignées des politiques officielles de promotion de la santé publique. Les ateliers de dialogue local nous ont fait comprendre que le rapport entre les savoirs paysans et la promotion de la santé se focalise sur une pensée cosmocentrée, laquelle se caractérise par la non-séparation entre l’Homme, le monde d’en bas et le monde d’en haut (ontologie relationnelle), ou par une durabilité complexe (interdépendance entre les humains, les non-humains, les forces naturelles et sacrées). Les modes de pensée et d’action alternatifs en promotion de la santé nous incitent à remettre en question la pensée unidimensionnelle anthropocentrée qui constitue la nappe phréatique de la recherche conventionnelle en promotion de la santé. L’écologie des modes de pensée et d’action devrait être la pierre angulaire de la promotion de la santé du futur.

Migrants' health it's everyon'e's business (1): International perspectives

Parallel oral session
17 May 2022, 14:30 - 15:45
Migrants’ health: A matter of national concern

Abstract

Setting/problem. I.C.A.R.E. Integration and Community Care for Asylum and Refugees in Emergency (HOME/2017/AMIF/AG/EMAS/0075) is a European project, coordinated by the Emilia-Romagna region, in partnership with Tuscany, Lazio and Sicily. The project was developed with the aim of promoting equal access to primary care for asylum seekers, refugees, beneficiaries of humanitarian protection and Special Cases across Italian regions. Over the last decades, many health pathways and procedures have been implemented in different regions to promptly and adequately meet migrants’ health needs. Among these, the Scientific Committee aims at selecting the best practices that can be adopted by the Italian National Health Service in order to sustain equal migrants’ health outcomes through a culturally competent and person-centred approach.

Intervention. The Scientific Committee performed an analysis of the best practices targeting migrants’ health within the Local Health Services involved in the project (in the regions of Emilia-Romagna, Lazio, Tuscany and Sicily). The analysis was carried out to identify health pathways and procedures that adopt a multidisciplinary, multidimensional, culturally competent and person-centred approach.

Outcomes. The Scientific Committee identified 10 best practices, detailed on our website www.progettoicare.it, including early diagnosis, identification of health needs, self-care and health promotion for newly arrived migrants; sexual and reproductive health; mental health for vulnerable individuals; health promotion and social integration for second generation immigrant children; identification of victims of exploitation and human trafficking to provide them with protection and support; healthcare for women who have undergone female genital mutilation.

Implications. The analysis puts forth an effective and inclusive model aimed at promoting equal access to healthcare and treatment for the target population. It also points out the importance of organizational aspects, such as the key role played by: locally rooted, specialized and culturally competent health services for migrants within the primary care setting; networking strategies to support a multidisciplinary and multidimensional approach; educational activities to enhance the cultural awareness and sensitivity required to care for vulnerable individuals.
Étude de cas qualitative sur le rôle des intervenants et décideurs de première ligne dans la réponse aux besoins de santé et sociaux de demandeurs d’asile mineurs non-accompagnés à Montréal

Speaker
Sonia Coudé, Presenting Author from ESPUM, Canada

Abstract

Contexte/Objectifs. Les mineurs non accompagnés (MNA) sont des enfants de moins de 18 ans qui s’établissent dans un pays étranger sans tuteur désigné. Au Québec, ces jeunes sont pris en charge par le Programme régional d’accueil et d’intégration des demandeurs d’asile (PRAIDA), jusqu’à l’obtention d’un statut officiel d’immigration. Cette étude de cas qualitative vise à analyser le rôle joué par des travailleurs de la première ligne dans la réponse aux besoins de santé et sociaux des MNA à Montréal, du point de vue d’intervenants et de décideurs.

Méthodes. Des entrevues semi-structurées ont été réalisées à Montréal avec des intervenants, décideurs et professionnels de programmes de Centres intégrés universitaires de services en soins de santé (CIUSSS) qui interagissent avec les MNA (n=18). Les répondants étaient recrutés à travers des personnes-contacts et stratégie boule-de-neige. Une analyse thématique déductive-inductive a été effectuée à partir d’un modèle conceptuel adapté du cadre d’Andersen sur les déterminants des besoins de santé non comblés.

Résultats. Les résultats préliminaires mettent en évidence la vulnérabilité des MNA ainsi que le rôle pivot des intervenants sociaux dans le développement de leur bien-être et leur intégration au Québec. Plusieurs ressources médico-psycho-sociales seraient disponibles, mais difficiles d’accès. Une évaluation médicale complète, à leur arrivée au Canada, apparaît nécessaire. L’accès à la scolarité après leurs 18 ans serait un enjeu et une source d’iniquité sociale. Les intervenants interrogés réclament des outils et balises claires concernant le rôle des différents acteurs ainsi qu’une plus grande diffusion de l’information spécifique à cette clientèle, auprès des partenaires.

Discussion. Nous constatons une mobilisation des efforts déployés par les acteurs sur le terrain afin d’améliorer les conditions de vie des MNA au Québec. Plusieurs pistes de solutions proposées dépendraient d’instances de niveau supérieur (changements de lois, ressources financières, etc). Il serait pertinent de s’intéresser aux manières possibles d’induire ces changements et d’évaluer l’impact que cela pourrait avoir sur les MNA, ainsi que sur l’ensemble de la société.

Sexual and reproductive health research among migrant and refugee men in Australia: A scoping review

Speaker
Zelalem Mengesha, Presenting Author from UNSW, Australia

Abstract

Background/Objectives. Australia has a National Male Health policy that prioritises men from migrant and refugee backgrounds for health interventions including sexual and reproductive health (SRH). SRH research involving people from migrant and refugee backgrounds largely focuses on the needs and experiences of women. However, refugee and migrant men and women may have different SRH needs, preferred sources
of care and outcomes after resettlement which suggests the need to design gender sensitive SRH interventions. This review aimed to synthesise the available evidence on the SRH of men from migrant and refugee backgrounds in Australia.

**Methods.** A systematic search of articles published between 2000 and 2021 was conducted in PubMed, EMBASE, and Scopus databases following the PRISMA methodology. Data extraction from eligible publications included information on general study characteristics, specific SRH care addressed, and reported results in terms of SRH needs and care access experiences.

**Results.** A total of 38 articles that examined the migrant and refugee men’s SRH care were included. Most of these studies examined the topic of HIV/AIDS and other STIs which demonstrates a dearth of peer reviewed literature on other aspects of the SRH of migrant and refugee men. The analysis shows that the burden of STIs including HIV/AIDS is higher among migrant and refugee women compared to Australian born women. In addition, navigating intimate sexual relationship was complex for these men due to displacement, past trauma, resettlement challenges and change of gender roles after resettlement in Australia.

**Discussion.** The review findings suggest that the SRH needs and experiences of migrant and refugee men remain underexplored. This invisibility can have several consequences. Firstly, there is an absence of understanding of the unique SRH issues impacting migrant and refugee men, such as sexual dysfunction, infertility, and male cancers. Secondly, health promotion efforts, SRH policies and clinical practices are unlikely to be tailored to the needs of men, resulting in limited SRH literacy and poor engagement with help seeking behaviours. Therefore, targeted SRH search that will generate robust evidence on refugee men’s SRH is crucial for devising well-informed services and service delivery models promoting refugee men’s SRH in Australia.

**The role of intercultural mediators in migrants’ access to health care services in Serbia**

**Speaker**
Sofie Buch Mejsner, Presenting Author from University of Southern Denmark, Unit for Health Promotion Research, Denmark

**Co-authors**
Leena Eklund Karlsson, Maria Kristiansen, Sweta Mahato

**Abstract**
**Background/Objectives.** European countries are faced with pressing needs to address the public health challenges connected to the recent flows of migrants. Migrants are often met with barriers such as communication gaps with health care providers. In Serbia, the migrants’ access to health care has become more complicated due to the deficits in health system governance. Several initiatives have been taken to provide better access to services and better-quality care to migrants in Serbia. One of these initiatives was the implementation of intercultural mediators. This study aims to explore the intercultural mediator’s role in migrants’ access to health care services in Serbia, from the perspectives of civil servants and non-western asylum-seeking migrants in Serbia.
Methods. Qualitative interviews were conducted in August-September 2018 with intercultural mediators, information workers (civil servants, n=8) working with migrants, and asylum-seeking migrants (n=6) residing in an asylum centre. Interviews were analysed with the phenomenological hermeneutical approach.

Results. Several of the civil servants believed that the asylum-seeking migrants had better access to healthcare than other migrants and locals residing in Serbia, in which the intercultural mediators played a crucial role. The intercultural mediators were pivotal in dealing with the hesitation of migrants seeking healthcare services, for example, due to preconceived ideas about stigma or because of lack of trust. The intercultural mediators could build trust, bridge the cultural gaps, and guide migrants towards utilizing healthcare services. These mediators were highly sought for and therefore had a hard time assisting everyone. Although the constrained resources in the Serbian health care system seemed to result in unequal access to health care services of some groups of society, the asylum-seeking migrants appeared to access health care faster and with better quality care when assisted by the mediators.

Discussion. Intercultural mediators were found to have a pivotal role in shaping better and quicker access to healthcare services for asylum-seeking migrants. Thus mobilizing these intercultural mediators as a systematic and long-term solution for a better and effective migration response is highly important in providing equal access to services for newly arrived migrants.

Sense of discrimination, health and well-being among immigrant children in Ireland: Matched-sample analyses

Speaker
Aoife Gavin, Presenting Author from NUI Galway, Ireland

Co-authors
Saoirse NicGabhainn, Colette Kelly, Andras Kolto, Michal Molcho

Abstract
Background/Objectives. One in eight international migrants is a child. Migrant status is a social determinant of health and can heighten pre-existing health inequalities among young people. Previous research has found that migrant children are often at risk of negative developmental outcomes (i.e., higher occurrence of health complaints and lower life satisfaction). Perceived discrimination negatively impacts on psychological well-being. This study examines levels of perceived discrimination, health and wellbeing and social determinants of health among first generation immigrant children in Ireland and their matched peers.

Methods. Data were drawn from the 2018 Health Behaviour in School-aged Children (HBSC) Ireland survey – a cross-national research study conducted in collaboration with the World Health Organization Regional Office for Europe. A sub-sample of 1,696 first generation immigrant children (cases) and 1,696 children born in Ireland matched by age, gender and social class (controls) was analysed. Migrant children were matched with non-migrants within their classroom (62% of cases), school, or geographical area. Analyses were conducted to test for significant differences.
Results. First generation immigrant children reported significantly higher levels of perceived discrimination across multiple domains of discrimination. Immigrant children were less likely to report high life satisfaction, happiness, or physical activity; they were more likely to report having been in a physical fight and being bullied in the past couple of months, as well as going to school or bed hungry. Immigrant children were significantly more likely to report liking school and having good places to spend free time in their local area. However, they were less likely to report having three or more friends of the same sex or that they found it easy to talk to their mother or father about things that bother them.

Discussion. It is important to document the health and wellbeing outcomes among first generation immigrant children in order to provide adequate supports and advocate for service provision. The findings illustrate the inequities in health and wellbeing experienced by first-generation immigrant children in Ireland. Addressing the social determinants of health among immigrant children in Ireland is an appropriate policy target.

Coping with trauma, abuse, and stress: Different world views

Parallel oral session
17 May 2022, 14:30 - 15:45

Moderator
Travis Salway

Le projet Monarques : l’utilisation de l’art dans le processus de rétablissement des vétérans et des militaires ayant vécu un traumatisme

Speakers
Danielle Maltais, Presenting Author from UQAC, Canada
Angèle Séguin, Presenting Author from Théâtre des Petites Lantermes, Canada

Co-authors
Marie-Eve Carignan, Ney Wendell, Lysandre Bonin, Jennifer-Ann Beaudry

Abstract

Contexte/Objectifs. Cette présentation abordera les résultats préliminaires d’une étude sur le processus d’un projet de création théâtrale comportant l’utilisation de Carnets de paroles qui ont été complétés par 204 vétérans, leurs proches et des membres des forces régulières qui ont vécu ou qui vivent avec un état de stress post-traumatique ou qui ont subi une blessure de stress opérationnel. Ces Carnets ont donné l’occasion aux participants de s’exprimer librement, dans un contexte confidentiel. Cette communication donnera l’occasion de répondre aux questions suivantes : Quelles sont les retombées socioaffectives immédiates de la participation à l’écriture des Carnets de parole ? et quels sont les aspects du processus de création qui ont été appréciés et moins appréciés en fonction du statut des participants ?
Méthodes. Les données qui seront analysées en profondeur au cours de l'automne 2021 proviennent de deux sources : 1) un questionnaire auto-administré complété par les participants à la fin de chacun des 24 ateliers d'écriture qui ont eu lieu dans différentes villes du Canada. 2) L'écoute et l'analyse du contenu écrit ou enregistré des échanges qui ont eu lieu à la fin de chacun des ateliers d'écriture revenant sur les sentiments éprouvés à la suite de la participation à cette activité.

Résultats. L'analyse préliminaire des notes prises par les chercheurs lors de huit des 24 ateliers semble démontrer que la participation à cette expérience a permis aux participants de donner un sens à leur souffrance, de libérer leur parole, de comprendre et de mettre des mots sur leur situation passée et actuelle, de constater les progrès réalisés et de se déculpabiliser quant à leur situation. Il semble aussi que le vécu traumatique des participants et les sentiments éprouvés varient en fonction de leur genre et de l'ouverture d'esprit dont ont pu faire preuve les membres de l'Armée canadienne.

Discussion. À la lumière des analyses préliminaires effectuées, il semble que le projet Monarques a permis à plusieurs des participants de briser leur silence et de donner du sens à leurs blessures émotionnelles. Ce projet, par sa dernière étape, soit la la présentation d’une pièce de théâtre créée à partir des paroles brutes des participants, permettra de faire progresser la compréhension que l’on a du monde militaire.

Health dynamics in camps and campuses: Stressors and coping strategies for well-being among labourers and students in Cameroon

Speakers
Valerie Makoge, Presenting Author from Institute of Medical Research and Medicinal Plants Studies, Cameroon

Co-authors
Harro Maat, Lenneke Vaandrager, Maria Koelen

Abstract
Background/Objectives. For many people living in low-income countries, poverty implies an increased exposure to conditions that threaten health and wellbeing. Besides poor sanitary conditions, poor food quality or other biophysical factors, social-psychological factors also increase disease risks, for example poor work conditions, debts or status differences. Despite the challenging conditions caused by poverty, people may consider themselves healthy because they have learned to cope with their situation. This may be as a result of life experiences which expose people to both challenges and potential solutions. In this paper we present results from studying health and wellbeing challenges and mechanisms to cope with challenges among people who are living under conditions of poverty in two different settings: workers of the Cameroon Development Corporation (CDC) and students of the university of Buea and the university of Yaoundé.

Methods. We used the salutogenic model of health, emphasising people’s ‘sense of coherence’ that enables them to employ resources to overcome stressors. We performed a cross-sectional study interviewing 21 CDC workers and 21 students.

Results. Our results show that all respondents experienced stressors, some specific to the settings and others general to all. Specific stressors were bad labour conditions for workers and study stress for students. General stressors were poor living conditions, poor healthcare and financial uncertainty. As a response to the stressors, respondents devised several coping mechanisms, such as looking for alternative ways to make
additional money, preventive action and improvisation to manage health and work challenges. Social networks and shared activities, for example religious and other social meetings, were revealed as avenues which enhance coping with stressors.

**Discussion.** We conclude that supporting and promoting such avenues is essential for enhanced and continuous coping with stressors.

**Using the innovative Three-Stranded Basket approach to identify Indigenous Grand Challenges**

**Speaker**
Sara Wolfe, Presenting Author from Indigenous Innovation Initiative, Canada

**Co-author**
Marissa Hill

**Abstract**

**Background/Objectives.** Ongoing trauma due to colonial practices in Canada has created a large difference in the mental health and wellbeing of Indigenous Peoples and non-Indigenous people, especially youth. We can solve many of these challenges using actions that are by and for Indigenous Peoples. To support this, between 2018-2019, through the Indigenous Mental Health Project, the Indigenous Innovation Initiative surveyed and gathered with almost 100 Indigenous and non-Indigenous academics and service providers, and Indigenous youth from across Canada to identify Grand Challenges in Indigenous mental health and wellbeing.

**Methods.** We co-created the innovative Three-Stranded Basket approach as the research tool for this project. This modified Delphi approach expands the typical group of experts to include Indigenous and non-Indigenous community service providers and Indigenous Peoples with lived experience – each group makes up one strand of the basket. This modification aims to support the identification of Indigenous Grand Challenges in a way that is rooted in Indigenous worldviews, that is based on relationship and storytelling, and that gives the most voice to Indigenous Peoples with lived experience. The discussion is led by those who are not necessarily academics or service providers, but who are closest to the issues and most aware of/impacted by the topic area. When developing the Three-Stranded Basket approach, we identified 3 models to synthesize the list of barriers from each strand into a final list of Grand Challenges. Because Indigenous youth experience increased barriers to mental health and wellbeing, they represented Indigenous Peoples with lived experience and voted on the list of Grand Challenges.

**Results.** Across the 3 strands, participants identified 231 barriers to Indigenous mental health and wellbeing. Youth then identified 4 Grand Challenge areas as most important to address through a future innovation program:

- Disconnection from Indigenous culture and identity
- Fear/anxiety about the impacts of climate change
- Limited access to culturally-relevant, self-determined, safe services
- Limited access to community role models for youth
Discussion. We are using the outcomes of this project to inform an innovation program that funds Indigenous-led solutions to these Grand Challenge areas. We are sharing this research to support adoption of this approach more broadly.

An exploration of the impact of Women’s economic projects on gender-based violence in the Teso sub-region, Uganda

Speaker
Sally Squires, Presenting Author from Nottingham Trent University, United Kingdom

Abstract

Background/Objectives. Gender-Based Violence (GBV) is a global concern, yet most research is limited to the Global South. Notably, there has been limited research on GBV in the Teso sub-region, Uganda, one of the country’s most deprived regions (Uganda Bureau of Statistics, 2017). It is necessary to understand the impact of economic projects on GBV as it is unknown if such ventures prevent or intensify this public health issue (Simmons et al., 2019). This research examined the participants’ perceptions of GBV, explored the determinants of this issue, and investigated how economic projects impact these causes.

Methods. This qualitative study used The Silences Framework (Serrant-Green, 2011) to guide the research. Sixty participants were involved in four focus groups, and 15 participants partook in semi-structured interviews. Photovoice was also used to ‘hear’ women who prefer to communicate through non-verbal methods due to the subject's sensitivity. Participants were enlisted from three economic projects in the region. Local project leaders implemented the research whilst collaborating with the author to design the methodology. Engaging in participatory research enabled the study to be conducted with local people instead of imposed on them.

Results. GBV in the region is a result of intersecting oppressions such as limited education and suppressive cultural norms. Hegemonic patriarchy intensifies these intersections of subjugation. Whilst economic projects benefit women by developing their autonomy, they can also fracture norms, resulting in further violence.

Discussion. The intersections of oppression that affect women in this region need addressing; this can be attained through economic projects. Community sensitisation projects are also needed alongside economic initiatives to teach how GBV impacts everybody’s health. This practice reflects the ethics of Ubuntu which teaches that one person’s suffering is everyone’s responsibility and that individual well-being is inexplicably linked to a community’s ability to thrive (Nyamayaro, 2021). Hence, men need to be involved in economic projects so that the burden of work does not solely fall on women. Lasting change can happen when everybody works together to benefit society.
Des équipes communautaires d’Intervention rapide comme solution à la violence lors des urgences de santé publique

Speaker
Rodrigue Barry, Presenting Author from Organisation Mondiale de la santé (OMS), Senegal

Co-author
Jean-Baptiste Muhesi

Abstract

Milieu/problématique. A l’instar des Equipes d’Intervention Rapide (EIR), les Equipes Communautaires d’Intervention Rapide (ECIR) visaient à arrêter la violence sur le terrain de façon à permettre aux équipes techniques de mener de manière apaisée les activités de santé publique. La RDC connaissait une épidémie d’Ebola, la 10è. Le Nord Kivu vivait depuis quelques années dans une violence quotidienne. Il était presqu’impossible de mener les activités de terrain dans le cadre de la riposte.

Intervention. Il a été proposé de solliciter les acteurs les plus influents de la communauté pour servir d’interface entre les acteurs de santé et la communauté. Ces supers influenceurs devaient contribuer à la pacification des zones de santé en utilisant des techniques/approches de communication telles que le plaidoyer, le dialogue, la médiation, la facilitation. En plus de leur rôle de facilitateur, les membres de l’ECIR étaient appelés à mener des activités de communication préventives (causeries, visites à domicile dans les zones « difficiles » et s’auto saisir des situations pour qu’elles ne posent pas problèmes.

Résultats. Les ECIR auront permis de prévenir/résoudre au moins 3/5 incidents communautaires dans les villes de Béni et Oicha. Le résultat le plus important a été la conduite des interventions de santé sans violence. Elles ont permis de soutenir les équipes techniques lors des interventions sur le terrain. Ce succès à fait tache d’huile et il a été recommandé leur mise en place dans d’autres villes.

Implications. Les membres des ECIR sont devenues des personnes référence au sein de leur communauté. Ce nouveau rôle social les a encore plus valorisés. Le fait que nous ayons eu des rencontres régulières avec eux aura permis de constater la nécessité de responsabiliser, les acteurs locaux et communautaires, de leur donner notre confiance pour une meilleure atteinte des résultats.

Promoting compassionate response to disclosures of sexual violence in university settings: Exploring the impact of a social marketing campaign

Speakers
Kim Fletcher, Presenting Author from University of Queensland, Australia
Emma Heard, Presenting Author from University of Queensland, Australia

Co-authors
Melissa Curley, Christina Ablaza, Emma Irvine-Collins, Kailun Coa, Emma Moore

Abstract

Background/Objectives. Sexual violence is a significant concern affecting the health and wellbeing of millions of women. In developed countries, university students report particularly high rates of sexual
violence. Initial responses to disclosures of sexual violence impact the trajectory of a survivor’s healing journey and health promotion interventions encouraging compassionate responses are required to support healing and encourage help seeking. This study aimed to explore the impact of a social marketing campaign, Listen Support Refer, designed to promote compassionate responses to disclosures of sexual violence with university students in Australia.

**Methods.** An initial quantitative survey was conducted to capture student awareness of the campaign and perceptions of the messaging. This was followed by focus groups designed to capture in-depth perspectives about the campaign’s design and messaging and to gather recommendations to strengthen future campaigns.

**Results.** One hundred and eighty-nine responses to the online survey were collected and 11 students participated in focus groups. Over 50% of respondents reported they had seen the campaign across the university campuses. The most common location for seeing the campaign was on walkways near bus stops, followed by behind toilet doors, in libraries, and in learning buildings. Qualitative data highlighted the need for stronger online presence. Almost 65% of respondents believed that incorporating the university branding increased the campaign’s legitimacy. Qualitative data suggested the university branding was important for demonstrating institutional support for survivors, but universities needed to be build trust with students to encourage reporting. Results indicated a statistically significant difference in confidence levels of 0.32 (t=-1.98, p= 0.05) before and after viewing the campaign.

**Discussion.** Findings suggest that social marketing campaigns can play an important role in encouraging compassionate response and improving students’ self-perceived confidence in supporting a peer who discloses an experience of sexual violence. We discuss some important considerations that may support the implementation of effective social marketing campaigns developed in university settings. Future research should explore the role of promoting compassionate response as a primary prevention health promotion tool, including the potential to shift cultural norms and attitudes around victim blaming.

**Making the Investment Case for Intersectoral Urban Policies / Investir dans les politiques urbaines intersectorielles**

**Parallel oral session**
17 May 2022, 14:30 - 15:45

**Moderator**
Mathieu Masse-Jolicœur

Formaliser les pratiques intersectorielles qui permettent de transformer les ressources locales de soutien au langage des enfants : une étude de cas dans le quartier Centre-Sud de Montréal
Speaker
Melissa Di Sante, Presenting Author from Centre de recherche en santé publique, Canada

Co-authors
Angèle Bilodeau, Catherine Chabot, Laurence Bertrand, Louise Potvin

Abstract
Contexte/Objectifs. Plusieurs enfants grandissent dans des conditions de défavorisation qui limitent leur développement langagier, un déterminant de leur santé développementale. Ces inégalités sociales de développement peuvent être diminuées en augmentant la disponibilité et l’accessibilité à des ressources matérielles et sociales de qualité. L’action intersectorielle (AI) locale, soit la mobilisation d’acteurs de différents secteurs de la société pouvant agir sur les ressources dans un quartier, est une stratégie recommandée pour ce faire. Or, nous en savons peu sur comment l’AI génère des effets (ce que les acteurs en petite enfance font pour réussir à transformer les ressources locales). Formaliser ces pratiques est une étape cruciale pour mettre en œuvre des initiatives intersectorielles efficaces en petite enfance. Cette étude effectue un premier pas dans ce sens en analysant les liens processus-effets d’une initiative intersectorielle locale ciblant le développement langagier des enfants.

Méthodes. Cette étude de cas documente la mise en œuvre d’un projet dans le quartier Centre-Sud à Montréal, ayant permis de générer des ressources de soutien au développement langagier des enfants du territoire. Des documents administratifs et entrevues avec les acteurs impliqués ont permis de retracer la chronologie du processus et d’en identifier les événements marquants. Puis, l’analyse des liens processus-effets a été effectuée en utilisant une modélisation systémique validée, inspirée de la théorie de l’acteur-réseau, qui relie ces événements à un répertoire de 12 actions (résultats transitoires, RT) qui marquent la progression de l’AI jusqu’à ses effets.

Résultats. Le modèle d’analyse des RT appliqué au contexte de la petite enfance sera présenté. Ce modèle a permis de faire émerger des pratiques préconisées par les acteurs dans le but de : 1- se constituer et se maintenir, 2- se représenter et influencer et 3- faire converger les acteurs et les ressources nécessaires à l’action. Ces pratiques seront présentées pour illustrer le type d’actions qui ont mené à la production de ressources locales de soutien au langage.

Discussion. La pertinence d’utiliser le modèle des RT comme point de départ pour guider la planification d’initiatives intersectorielles locales en petite enfance sera discutée. Des façons de réinvestir ces connaissances et s’en appuyer dans une démarche de pratique réfléctive, guidée par des questions spécifiques, seront également proposées.

The role and the contribution of the universities in localizing the SDG in the city of São Paulo, Brasil

Speaker
Marco Akerman, Presenting Author from School of Public Health - University of São Paulo, Brazil

Co-authors
Rosilda Mendes, Andressa Anastacio, Paulo Santos Almeida, Rubens Moriya, Maria Crisitina Franceschini, Sandra Costa Oliveira, Camila Santos, Fatima Lico
Abstract

**Background/Objectives.** Strengthening partnerships and means of implementation are considered essential for achieving the Sustainable Development Goals, as reflected in SDG 17. Targets 17.16 and 17.17 reinforce the importance of paying attention to systemic issues and multisectoral partnerships that enable the mobilization and sharing of knowledge, expertise, technologies, and resources to carry out the 2030 Agenda. In 2019, the city of São Paulo created the Municipal Commission for Sustainable Development, a collegiate body that aims to articulate the public administration, civil society and the scientific community to support implementation of Agenda 2030 and the location of the SDGs in the metropolis. This Commission includes in its constitution a segment dedicated to the incorporation of members of the scientific community, which currently has four entities: USP, UNIFESP, CEPEDOC-Cidades Saudáveis and FMU. Together with the other members of the Commission, it seeks to support the preparation of the 2030 Agenda Implementation Plan in the city of São Paulo, its implementation and monitoring in the period from 2020 to 2022. The insertion of universities and research centers in this consultative space and deliberative represents a unique opportunity to boost the relationship between higher education institutions (HEIs), civil society and public authorities, and thus concretely contribute to the realization of the 2030 Agenda from a multisectoral and collaborative perspective. It also represents an opportunity for learning and strengthening capacities for building partnerships that allow the production and translation of scientific knowledge with a view to the development of effective public policies. This project aims to monitor and analyze the contribution of actors from the scientific community to the construction of the Municipal Sustainable Development Agenda for the City of São Paulo.

**Methods.** Data production was based on the participation of HEIs in the events of the Municipal Commission of SDGs, document analysis and interviews with 16 key informants were analyzed by the software NVIVO.

**Results.** Nine different roles, contributions and expectations were identified: "legitimation", "concrete thinking", "pluralistic debate", "sensitive listening", "indicator suggestion", "not specified", "not identified", "research".

**Discussion.** It is critically analyzed the contribution of the Universities in the process of localizing SDG in the city of São Paulo.

Urban governance for health, wellbeing, and equity: Multisectoral action and community engagement in high-density cities

**Speaker**
Sophie Meyer, Presenting Author from Institute of Social and Preventive Medicine, University of Bern, Switzerland

Abstract

**Background/Objectives.** Our study is part of the WHO’s Special Initiative on Urban Governance for Health and Wellbeing that works to improve governance through multisectoral and multistakeholders’ engagement in rapidly urbanizing, high-density cities (HDC). Our objectives rely on urban governance research about multisectoral action (MSA) and community engagement (CE) to 1) determine their relevance for global and regional level urban governance tools and indicators in Mexico City, Bogotá, Douala, Tunis, and Khulna; and 2) if appropriate, how those tools and indicators could be adapted to meet diverse local contexts elsewhere.
Methods. From August to December 2021, we conducted (i) problem-centered interviews with 3 key informants per city (n=15); (ii) analyzed health policy implementation documents, action plans, reports, and handbooks (n=56) with the READ approach; identified WHO and academic partner institutions; and performed a scoping review. We coded data with MAXQDA and analyzed it using reflexive thematic analysis.

Results. We identified tools and indicators for HDC governance through MSA and CE. We linked health, wellbeing, and equity outcomes to document type; phase of the policy process; leading policy sector(s) and government level(s); and categories of proposed tools and indicators. We present adapted tools and indicators alongside key informants’ experiences and their city-specific contexts.

Discussion. By focusing on city-specific contexts and triangulating data, we discuss how MSA and CE can be used to adapt existing global and regional level tools and indicators for urban governance in diverse HDC regions. Furthermore, our MSA-CE method can be used to generate generic tools and indicators suitable for other cities to augment governance for health, wellbeing, and equity.

Governance towards equity in health – insights from a participatory intersectoral regional network in Germany

Speaker
Annika Frahsa, Presenting Author from University of Bern, Switzerland

Abstract

Background/Objectives. The so-called HealthyRegionPlus is led by city and county-level administration and aims to develop regional structures for equity in health through intersectoral planning and participatory action in a Southern Germany county. This presentation will use the HealthyRegionPlus as a case study to identify barriers and facilitators for governance towards equity in health and assess processes and outcomes of the region.

Methods. Taking a critical realist evaluation perspective, we conducted participant observation of meetings and events (approx. six per year), qualitative network mappings (n=5), and document analysis of protocols and reports between 2018-2021. We interpreted all data through reflexive thematic analysis, supported by MAXQDA20 software.

Results. The HealthyRegionPlus developed and implemented a health strategy that defined five areas of action to promote equity in health at county level: access to healthcare, peer structures, healthy worksite environments, healthy neighborhoods, and low-threshold action for vulnerable communities. Within those action areas, different programs and projects were implemented to support the overall goals. A steering committee was set up as boundary spanners to build links between areas and projects, provide political support and foster intersectoral collaboration. Main challenges proved to be establishing and ensuring participation of community members, which was addressed by strengthening peer approaches at project levels, as well as continuous involvement of policymakers, who tended to be involved in strategy development but dropped out of concrete development and implementation of actions.
Discussion. County-level governance for equity in health is a process that needs continuous balancing between project-based action in diverse settings as well as adjusting in strategic planning with policymakers, professionals, and community members to meet needs and address health inequities.

COVID impacts and responses from a health promotion perspective

Parallel oral session
17 May 2022, 14:30 - 15:45

Moderator
Gerry Eijkemans

Mutual aid as a bridge: A rapid realist review of migrant inclusion in the Japanese response to the COVID-19 pandemic

Speaker
Russell Miller, Presenting Author from The University of Tokyo, Japan

Co-authors
Kuniko Arita, Aya Yumino, Niaya Harper Igarashi, Daiki Fujii, Masamine Jimba

Abstract
Background/Objectives. Government policies to address the COVID-19 pandemic have been complex with profound impacts on vulnerable minorities like international migrants. In Japan, migrants are an important and growing community but they are rarely considered in health policy. We explored ‘what works’ for the equitable inclusion of migrants in health policy during a public health emergency, like a pandemic, in Japan.

Methods. This rapid realist review was designed to address the time-sensitive needs of policy-makers in the ongoing COVID-19 emergency. In order to synthesize the most important evidence to inform policy contexts, mechanisms and outcomes (CMO configurations), the evidence search was purposive yet exploratory and iterative in nature. We assessed academic and grey literature sources which examined COVID-19 in Japan and its impact on migrants. All evidence was published between January 2020 and July 2021 in either Japanese or English. We also consulted a panel of external stakeholders during the review process to validate our theories about inclusive policies.

Results. A total of 54 pieces of relevant evidence were identified from academia, civil society, government, media and private industry. Our synthesis suggests that, rather than infection with SARS-CoV-2 itself, restrictions on movement and socioeconomic background mediated the considerable impact on the economic and emotional well-being of migrants. We found that many policies, while conceptually inclusive and uncharacteristically flexible, were often structurally inequitable. Three problematic and overlapping outcomes were identified: confusion about changing virus-related regulations, need for technical assistance to access support and unawareness about the rights of migrants. Social support from volunteers and non-profit organizations were consistently left to connect migrants with available services to address their unmet needs.
Discussion. During public health emergencies, mutual aid from civil society, in the form of social support, is crucial for bridging structural gaps in inequitable safety nets for migrants. This middle-range theory should be used in the creation of more evidence-informed policy to address the lingering socioeconomic impacts of COVID-19 on minority populations. Good governance to protect migrant’s right to health and well-being may promote a more cohesive and resilient society.

A community-health partnership response to mitigate the impact of the Covid-19 pandemic on Travellers and Roma in Ireland

Speaker
Jacopo Villani, Presenting Author from Health Service Executive, Ireland

Co-authors
Petra Daly, Ronnie Fay, Lynsey Kavanagh, Sandra McDonagh, Nurul Amin

Abstract

Background/Objectives. Irish Travellers and Roma are two ethnic minorities experiencing high levels of health inequities. These communities are at greater risk of developing COVID-19 and of suffering more severe symptoms due to poor living environments and higher rates of comorbidities. This study, carried out between March and May 2020, explores the contribution of health promotion strategies to minimising the potential widening of Travellers’ and Roma’s health inequities during the initial response to the COVID-19 pandemic in Ireland. More specifically, the study examines the wide-ranging interventions implemented by community-health partnerships and non-governmental organisations (NGOs) to limit inequities in exposure to the coronavirus SARS-CoV-2 and in access to healthcare.

Methods. A descriptive qualitative approach was employed to provide a detailed account of three different community and partnership-led responses. Data were gathered from multiple sources and through first-hand participation in the COVID-19 responses. Data were analysed using thematic analysis.

Results. This study found that the main pandemic mitigation interventions implemented were public health measures, culturally sensitive communications, lobbying for policy change and economic and social support. These interventions, supported by the health promotion strategies of partnership, advocacy and empowerment, have proven to be extremely important to limit the deepening of health inequities by tackling the multiple routes of virus exposure and enhancing access to medical care. The findings suggest that community-health partnerships between minority groups’ organizations and healthcare professionals represent a viable approach to mitigate the disproportionate effects of a pandemic on Travellers and Roma.

Discussion. Pandemic preparedness plans should systematically consider the wider socio-economic needs of Travellers and Roma and should include targeted measures such as the provision of suitable isolation facilities, improvement of halting site facilities, financial and food support and access to internet and hardware for children attending distance learning. Incorporating these strategies in future pandemic preparedness plans and responses, and using equity as a guiding principle, would ensure that the needs of these communities are accurately reflected.
Who punches above their weight in terms of COVID-19 responses? Comparing country responses through case study analysis

Speaker
Connie Musolino, Presenting Author from Flinders University, Australia

Co-authors
Joanne Flavel, Fran Baum

Abstract

**Background.** The social, political, and economic determinants of health are key to understanding the exposure, development, and outcomes of COVID-19. Predictions and measurements of preparedness for national and global pandemics largely ignored the social determinants of health and failed in predicting the outcomes of COVID-19. In addition, the assumptions underpinning global health and economic development; that wealth equals better health care and health outcomes, have also been challenged. Wealth alone has not acted as a protective factor against the virus, and the health and economic crisis which has ensued. We asked the question Who Punches Above their Weight in terms of COVID-19 responses? This work builds on the Punching Above their Weight international research network’s framework which examines the contextual, social and political determinants of health that account for countries that achieve better or worse outcomes relative to income.

**Methods.** We used an exploratory case study research design to examine 18 case study countries (9 of the best performers, and 9 of the worst performers in terms of COVID-19 death and case rates as of July 2021) across low-, middle- and high-income countries. Data collection and analysis included: 1) analysis of academic and grey literature; and 2) drawing on an international collaboration of people with experience in research, health systems, government, and civil society, to gather country based expert opinion.

**Results.** Despite the different levels of economic development of the countries, patterns emerged revealing key factors which have shaped the success and failures of countries responses to the pandemic:
- Government responses to inequities, disadvantaged populations, and system weaknesses
- Political leadership and political determinants
- Civil society’s ability to act as a protective factor

**Discussion.** How governments and communities have responded is a result of political and social factors. The pandemic is not a discrete event, but rather a product of historical, political and contextual forces which are evolving rapidly. The challenges of addressing not only the health impacts of the virus, but also the social and economic implications will become increasingly important in the race to vaccinate. National and global governance responses must take a social determinant of health and equity approach.

Community-based growth monitoring during Covid-19 pandemic: Lesson for disaster preparedness

Speaker
Mutiara Kusuma, Presenting Author from Universitas Gadjah Mada, Indonesia
Co-authors
Latifah Rahmawati, Elisabeth Chrisnamurti

Abstract

**Background/Objectives.** The Covid-19 pandemic followed by stringent population movement restriction causes numerous community-based growth monitoring clinics (GMCs) throughout Indonesia to temporarily halt their activities. The disruptions might cause children to lose access to health screening, feeding programs and supplementation, immunization services, deworming and many others. Nonetheless, we found that several clinics prevail and modify their service delivery in order to carry out these programs. Our study aims to identify the way those clinics adapt with changes, identify best practices and further assist with developing disaster preparedness plan.

**Methods.** We conducted a qualitative case study in three growth monitoring sites from two districts in Indonesia. Data were collected via semi-structured interviews involving representative from the local government, district health offices and community health workers (n=14). Interviews were transcribed at verbatim and analysed using the thematic analysis.

**Results.** Analysis of interviews derived three major themes 1) policy changes and funding reallocation 2) anxiety to follow health protocols 3) the way forward to monitor and promote child growth. The Covid-19 pandemic forces the local government and district health office to refocus their policy and programs on pandemic control and prevention. This causes the GMCs to lose assistance and close supervision from the district health offices as well as experience major cuts in their funding. This situation is exacerbated by the fact that most community health workers were unable to access appropriate personal protective equipment at all time. This led to anxiety and refusal to cooperate with the clinic not only from the program beneficiaries but also from the community health workers. To this, several solutions were introduced by the community health workers such as the use of instant messaging services to provide nutrition counselling and monitoring, home visit, and training for mothers to detect malnutrition.

**Discussion.** The study highlighted how Covid 19 pandemic affects the service delivery of growth monitoring services. The local solutions might be in place; further research is needed to see the effectiveness and potential for scaling up.

**Covid & schools: A post-mortem & development of a multi-intervention program (framework) for other outbreaks and pandemics**

**Speaker**
Doug McCall, Presenting Author from International School Health Network, Canada

**Abstract**

**Setting/problem.** School systems are a front-line setting in responding to the short, medium & long-term impacts of an infectious disease outbreak. The Covid 19 pandemic has exposed several significant gaps in the coordinated public health, education and emergency response systems.

**Intervention.** To discuss a draft framework for preventing, managing and recovering from infectious disease outbreaks through schools
**Outcomes.** The framework will be published and promoted by the FRESH Partners, a coalition of UN agencies, donors and NGOs.

**Implications.** The Covid pandemic has exposed a lack of public health-education partnership and readiness.

**Commercial determinants of health**

**Parallel oral session**
17 May 2022. 14:30 - 15:45

**Moderator**
Ana Gherghel

**Dialogue on the commercial determinants of Health-CDH as a global force for promoting health and achieving planetary health**

**Speaker**
Dais Rocha, Presenting Author from university of Brasilia, Brazil

**Co-authors**
Vanessa Almeida, Regiane Rezende, Rafael D'alba, Marco Akerman

**Abstract**

**Background/Objectives.** The impact of economic, commercial, and market factors has been one of the reasons for the slow implementation of Health Promotion and the achievement of the Sustainable Development Goals-SDG. Based on Shanghai Declaration on Promoting Health in the 2030 Agenda and considering the current context, PAHO/WHO Brazil has proposed to broaden the understanding on the Commercial Determinants of Health. As a leadership from Health Promotion Thematic Group of Brazilian Collective Health Association we have been the opportunity to translate and to dialogue with policy makers and researchers about the conceptual and methodological strengths and weakness of CDH as a strategic topic.

**Methods.** This is a systematization of a document analysis of the process that adopted multiple approaches on data gathering (Workshops, Webinars, Electronic Questionnaire, Literature Review) in the period between 2018-2021. It also used heterogeneous sources of information, different local contexts (regions of Brazil and institutions) and peer validation.

**Results.** Public health alliances act within a global network seeking social justice and focus on linking local and global issues. The main actors in this process are from civil society. The research institutions and /or universities play a strategic role to translate and mediate this dialogue. In this CDH debate was possible to map the main issues of the public agenda that had been captured by corporate lobbying in favor of private interests.
Discussion. Within the Brazilian context we stressed the importance of recognizing the complex interconnections between the commercial determinants of health, political determinants of health, the social determinants and inequalities. The concept of CDH stands out in the perspective of expanding the perception of health inequity, in this syndemic context in Brazil. CDH debate point out that the public agenda has been captured by corporate lobbying in favor of private interests.

**Commercial determinants of health and their interfaces with the SDGs**

**Speaker**
Vanessa de Almeida, Presenting Author from UFMG, Brazil

**Co-authors**
Dais Rocha, Fran Baum, Nicholas Freudenberg

**Abstract**

_relevant experience or practice._ Continuing the discussion started at the 23rd IUHPE roundtable, PAHO/WHO, based on the mobilization carried out by different segments of society and the government, built a document entitled “A Framework of Reference on the Commercial Dimension of Social Determinants of Health in the agenda for fighting chronic non-communicable diseases”. This document was created due to the need to reflect on the commercial dimension as part of the social determinants and to broaden the understanding of the impact on people's health. Commercial determinants make up one of the dimensions of the social determinants of health, linked to the dynamics of national and transnational markets directed, exercised or led by corporations and their allies.

**Implications for health promotion.** The commercial dimension can compromise health and the environment when corporate practices or commercial interests seek to undermine effective public policies to maximize profits and commercial advantages.

**Implications for policy.** The dynamics of this commercial dimension can deepen social inequalities (inequity in income, power and resources), weakening governments and States and their institutional capacity to implement effective policies. Unhealthy products industries have economic power that allows them to influence public health policy, research and practices. These companies commission studies and/or fund research to demonstrate favorable results for their commercial activities and/or products, or to undermine robust and reliable research that supports public health policies.

**Canadian big cannabis companies and the sponsorship of scientific research: Exploring the commercial determinants of health**

**Speakers**
Shreya Mahajan, Presenting Author from Centre for Addiction and Mental Health (CAMH), Canada

**Co-authors**
Daphne Imahori, Quinn Grundy, Daniel Z. Buchman, Gord Garner

**Abstract**

**Background/Objectives:** Since Canada legalized non-medical cannabis in 2018, cannabis companies have grown in size and market value comparable to Big Pharma and Big Tobacco. ‘Big Cannabis’ is adopting
practices similar to these industries, such as sponsoring research, which can influence research agendas or introduce bias in ways that adversely affect public health outcomes. The objectives of this study are to 1) document the nature and extent of Big Cannabis’ sponsorship of research; 2) understand the ethical, social, and mental health implications of cannabis industry sponsorship of research; and 3) generate actionable policy evidence to identify potential risks to mental and substance use health stemming from Big Cannabis sponsorship of research.

**Methods.** We conducted this study in two phases. First, using publicly available resources, we identified prominent public and private Cannabis companies in Canada. Next, we searched the companies in PubMed Advanced Search to identify if they appeared in manuscripts’ conflict of interest statements. Articles were coded using a structured framework to identify the type and nature of sponsorship and topic of the study. Based on Phase 1 findings, we conducted qualitative interviews with key stakeholders: academic researchers, peer researchers, and clinicians to gauge their perspectives on Big Cannabis’ sponsorship of research and its relationship to population health.

**Results.** We identified 390 Canadian cannabis companies and subsidiaries. Authors of 165 articles disclosed financial relationships with 23/390 companies. Financial relationships included study funding, employment, and consulting payments. Our qualitative findings describe key stakeholder perspectives on Big Cannabis sponsorship of research and the potential impacts of these relationships on population mental and substance use health.

**Discussion.** This study contributes novel insights into how Big Cannabis’ sponsorship of scientific research may have implications for population mental and substance use health. Our findings identify how financial relationships with the cannabis industry are situated within a broader socio-political history related to the commercial determinants of health, gender, racism, and criminalization.

**How socio-cultural differences among store owners and consumers influence healthy retail and community health**

**Speaker**
Rachael Dombrowski, Presenting Author from Wayne State University, United States

**Co-authors**
Michele Kelley, Bree Bode, Angela Odoms Young, Alex Hill

**Abstract**

**Background.** Urban centers throughout the United States face similar health challenges, such as high rates of chronic disease, limited healthy food access and low socio-economic status among community residents. Residents within these settings often must rely on a local corner or grocery store located within their neighborhoods, which are known for selling low-quality, high-cost healthy foods – if available. Owners of these small businesses often do not reside within the communities they serve and have different socio-cultural identities than their consumers.

**Methods.** A qualitative, multiple-case study design was used to unpack consumer reports of experiences with store owners/managers in their communities and to align these narratives with store owner descriptions of their relationship. Focus groups were conducted with consumers in six suburban Chicago communities (N=51) and seven neighborhoods within the City of Detroit (N=92). Interviews were conducted
with corner store owners in eight suburban Chicago communities (N=21) and grocery store owners (N=43) in Detroit. Interviews were also conducted with consumers in Baltimore (N=4); Washington, DC (N=4); Boston (N=4); Minneapolis (N=3) and Buffalo (N=5). Store owners and managers were also interviewed (N=5).

Results. Communities of residents who were primarily African-American/Black had a majority of grocery (N=74) and corner stores (N=11) owned by individuals who did not reside within the community and held different socio-cultural identities than their consumers. Consumer narratives reported negative relationships with their local store owners within these communities. Store owners did not report a negative relationship with consumers, but some did discuss reports of robberies and violence within their stores and blamed young, male customers in almost all occasions.

Discussion. A number of healthy eating interventions are taking place within local stores in low-income communities. It is important to understand the community dynamics within these stores as they can negatively impact the project if store owner-consumer relationships are not harmonious and trustworthy. Understanding the context within these communities can assist other health practitioners working in retail settings with similar contextual issues. Assessments of community dynamics should take place prior to the launch of any retail intervention, especially when there are socio-cultural differences between store owners and consumers.

Exploring the world of food with families: The impact of the corporate environment on family food choices

Speaker
Elena Vaughan, Presenting Author from Health Promotion Research Centre, National University of Ireland Galway, Ireland

Co-authors
Eleni Spyreli, Jayne Woodside, Michelle McKinley, Colette Kelly

Abstract
Background/Objectives. Food-related behaviours are shaped by a complex interplay of structural, socio-cultural, psychological and environmental factors that affect the capacity of families on lower incomes to engage in healthful dietary practices. The overall aim of this study was to explore the environmental influences on food related-practices of lower income families in Ireland. This paper will explore the findings in respect of the influence of the commercial environment in shaping family food behaviours.

Methods. Qualitative photovoice and creative mapping methods were used. Participants were requested to take photos and draw maps of their food environments. These items were used during online interviews as a reference for discussions around the food environment and food decision-making processes of parents. Transcripts were analysed using an inductive thematic approach.

Results. The commercial environment – particularly supermarket chains – played an important role in driving food choices. The availability of store apps, special deals and vouchers significantly drove food-purchasing behaviours. Other factors, such as the marketization of food products, store architecture, level of food knowledge and budget available all mediated decisions made in-store. Social media were used as
participants. Twenty-eight parents from the Island of Ireland were recruited via social media, parenting groups and health promotion networks. A sampling matrix was used as a guide to ensure that participants with diverse characteristics were invited to participate.

Discussion. There is a growing recognition of the commercial determinants of health. The findings illustrate the mediating impact of the commercial environment on food choices and health. The capacity of large multi-national supermarket chains to market incentives directly via store apps proved a considerable draw to parents. Parents were influenced by social media, often despite reservations about nutritional quality and ‘life-style’ marketization. Health promoters and policymakers should be cognisant of the impact of the commercial environment in driving food behaviours. Regulation of store architecture and location of high-fat, high sugar products may be warranted.

Healthy nightlife: Built networks to tackling commercial determinants of health

Speakers
Irma Brito, Presenting Author from Nursing School of Coimbra & UICISA: e, Portugal
Fernando Mendes, Presenting Author from IREFREA Portugal, Portugal

Co-authors
Maria do Rosário Mendes, José Casimiro, Verónica Coutinho, Armando Silva, Luis Paiva

Abstract
Relevant experience or practice. Nightlife settings play an important role in the lives of cities and young people, but increase several risk factors in various areas, that jeopardize the health and well-being of citizens and communities. There are a number of commercial determinants that influence individual and collective behaviours that can exacerbate or improve nightlife safety. The project Healthy Nightlife built local networks to tackling commercial determinants of health (multidisciplinary and multisector). Starting at the local level (municipality), it supports the implementation of a set of prevention and harm reduction initiatives that, along with the training of nightlife staff, promote more literacy, improve accessibility to health services, give faster and more effective response(s) to problems, and also increase research. In each of the 22 city engaged, a group of representatives was created (municipality; health/education services; security services; representatives of sports & youth; culture & leisure institutions; owners of nightlife spaces; student and family associations; NGO) to participate in the rapid diagnosis related to nightlife and identified actions to implement. Then, several evidence-based projects were done to build capacity about nightlife health promotion and safety targeting: nightlife staff; teachers; youth; parents; university students; stakeholders. One smartphone app, Antes Te Queimes, was built by students and become part of the project. Through it, it is possible for partygoer’s students to learn about the safest nightlife venues and be aware about healthier alcohol consumption and lifestyles.

Implications for health promotion. After 3 years a Nightlife Observatory is being created to facilitate the management of nightlife’s health and safety. Aims to surveying and processing data that support: 1) design
projects or actions that benefit society and the local companies seeking to invest in social responsibility; 2) improve the decision making of local governments; 3) conducting research like living labs.

**Implications for policy.** Health promotion remains politically and ecologically undervalued, focused almost entirely on individual or interpersonal determinants, rather than on the commercial determinants of health. A participatory, bottom up strategy involves multiple partners to circumvent the effects of neoliberalism, so present in the nightlife. This strategy also pay attention to health equity and its critical pathways.

**Enacting the Geneva Charter: Synergies between health promotion and a wellbeing policy framework**

**Symposium**
17 May 2022. 16:15 - 17:30

**Symposium coordinator**
Kristine Sørensen

**Speakers**
Mihály Kokény, Symposium Coordinator from Alliance for Health Promotion, Hungary
Faten Ben Abdelaziz, Symposium Presenter from World Health Organization, Switzerland
Hope Corbin, Symposium Presenter from Western Washington University, United States
Sione Tu’itahi, Symposium Presenter from Health Promotion Forum, New Zealand
Kristine Sørensen, Symposium Presenter from Global Health Literacy Academy, Denmark

**Abstract**
**General Objective.** The purpose of this session is to highlight the connections and opportunities for harnessing health promotion approaches and tools honed over the past four decades to enact the newly emerging wellbeing policy agenda.

**Proposed format of the session.** The session will be 70 minutes in length. There will be four speakers presenting for a total of 35 minutes, leaving half the session for open discussion with session participants.

**Conference theme and/or subthemes addressed.** The session is concretely about the overarching theme of promoting policies for health, wellbeing and equity. The session also touches on each sub-theme in that it is “breaking news” as it is specifically addressing the brand-new Geneva Charter which is itself a response to many emerging issues and “breaking news” challenges. It also is about “breaking free”, specifically from a strictly capitalist model of gauging progress. Lastly, it will also address “breaking through” by arguing that the wellbeing framing and orientation opens up new possibilities for collaboration and whole of government approaches that have so far eluded health promotions best efforts.
The Geneva Charter for Well-being expresses the urgency of creating sustainable well-being societies committed to achieving equitable health now and for future generations without breaching ecological limits. This session will provide background on examples of wellbeing policy from early adopting countries and provide time to discuss the connections and opportunities for creating synergy between the health promotion approaches we have honed over the past four decades and this newly emerging wellbeing agenda.

- Moderator: Mihály Kokény, Former Minister of Health, Hungary, Welcome
- 10 min, Well-being as a policy framework including country examples, Hope Corbin, United States, To provide background framing of Wellbeing as a policy framework
- 10 min, Indigenous leadership and planetary health within the well-being agenda, Sione Tu’itahi, New Zealand, Highlighting the need for a new balance to accommodate health of people and the planet.
- 10 min, Creation of health literate societies to enhance well-being, Kristine Sørensen, Denmark
- 35 min Q&A

**How do you build demand for COVID-19 vaccination in the Global South?**

**Symposium**  
17 May 2022, 16:15 - 17:30

**Symposium coordinator**  
Pauline Kabitsis

**Speakers**  
Pauline Kabitsis, Symposium Presenter  
Lydia Trupe, Symposium Presenter from Common Thread  
Dhwani Yagnaraman, Symposium Presenter  
Anna Yalouris, Symposium Coordinator  
Alina Ojha, Symposium Presenter

**Abstract**  
**General Objective.** After months of playing catch-up, this was the question that International donors and national governments were desperate to answer. The speed and intensity at which the pandemic evolved often meant that governments were stuck playing defense instead of taking the necessary steps to get ahead of the spread. Watching COVID-19 misinformation dominate digital platforms and street rallies, it was clear the next big behavioural challenge would be vaccine uptake. Governing bodies desperately needed policies and solutions to streamline vaccine rollout globally and build demand for the inevitably controversial COVID-19 vaccines. To respond to this need, VAX UP was born: a collaboration between Common Thread, Save the Children, and Busara Center for Behavioral Economics. VAX UP combines our expertise and experience in behavioural science and public health in these regions to prepare instead of
react to vaccine resistance through research-backed solutions. In March of 2021, we published The Little Jab Book, a playbook for vaccine uptake in the Global South. We are currently completing targeted behavioural research in Kenya, Nepal and the Philippines. Through application of the same methodology in each country, our research explores why certain segments of the population within a specific region are accepting or hesitant towards COVID-19 vaccines. The symposium aims to share the value of in-field behavioural research in designing solutions to mitigate vaccine resistance within these countries.

Proposed format of the session. The session will commence with background information on the VAX UP programme provided by the moderator, followed by presentations comparing initial attitudes gained from research conducted in Nepal, Kenya, and the Philippines. Allison will present insights from qualitative research methods carried out in each country, using real stories to share the research findings. Mathilde will present findings from the quantitative research conducted through KITE, an innovative participant recruitment platform for the Global South. Lydia will follow with a presentation on behavioural insights to change behaviour generated in co-creation sessions and the importance of context in behaviour change. Dhwani will conclude by sharing how these interventions were tested in the field and if they were successful at increasing COVID-19 vaccination rates.

Understanding vaccine hesitancy through human stories

Abstract

General Objective. To compare and contrast COVID-19 vaccine hesitancy narratives across Kenya, Nepal and the Philippines.

Proposed format of the session. The session will begin with a series of short stories, outlining the day-to-day life of three people, one living in Kenya, one in Nepal and one in the Philippines. The experiences and lives detailed in these stories will be derived from actual qualitative interviews conducted for our studies in each country. These stories will shed light on the factors that contribute to vaccine resistance and the nuances of hesitancy in real people’s lives. The session will explore similarities and differences between the causes for hesitancy in different contexts, and help audience members understand why individuals in the Global South may or may not choose to get vaccinated. The audience will have an opportunity to ask questions relating to qualitative research.

Getting information from the masses: Rapid quantitative data collection

Abstract

General Objective. The goal of this session is to supplement the first presentation with findings from a quantitative survey on vaccine hesitancy conducted in Kenya, the Philippines and Nepal. The session will discuss the challenges of conducting rapid remote research and introduce the Knowledge and Insights Tool for Experimentation (KITE), an innovative participant recruitment platform developed by and for the Global South. Participants will leave with an understanding of the fundamentals of conducting research remotely.

Proposed format of the session. The session will begin with background on the disparity between research conducted in the Global South and the Global North. In Western and industrialised countries, mass quantitative surveys can be accomplished quickly. In these contexts, access to and proficiency with technology is widespread, and companies like Amazon Mechanical Turk have streamlined the participant recruitment and data collection process. These tools, which are biased towards highly educated and literate
male populations, are untrustworthy when applied in the context of the Global South. In order to conduct quality research in the Global South in the midst of a public health crisis, Busara developed KITE. KITE is a mobile application with multimedia integration to recruit participants for surveys, campaigns, experiments, and polls. Audience members will be oriented to KITE and its functionality via a multimedia tour. Over the course of the session, we will explore how to conduct remote research in complex settings. We will share how KITE enabled us to track vaccine attitudes and behaviours from day-to-day, which was extremely important during a rapidly unfolding global pandemic. Further, we will discuss how to sustain engagement, gain more diverse participant groups, and ensure quality data capture. By comparing our findings from the KITE surveys to findings from the qualitative interviews, we will examine the strengths and weaknesses of each methodology. Participants will have an opportunity to ask questions relating to quantitative research and KITE.

**Behavioural Insights for Vaccination Demand**

**Abstract**

**General Objective.** This session seeks to introduce key behavioural insights that can be used to overcome the factors that lead to vaccine hesitancy, as detailed in the previous sessions.

**Proposed format of the session.** This interactive session will kick off with a review of the barriers to vaccine uptake and a mini-lesson on the basics of behavioural science. The mini-lesson will include examples of everyday biases by recruiting audience volunteers to take part in cognitive illusions or a quick social science experiment. Participants will then be introduced to the interventions generated by country colleagues and behavioural scientists to overcome the barriers to COVID-19 vaccination elaborated on in the previous presentation. The hypotheses supporting each intervention will be described in detail and supported by previous research findings and evidence. Participants will have an opportunity to ask questions on behavioural insights, what it is and what it is not.

**What works? The power of experimentation**

**Abstract**

**General Objective.** The objective of this session is for participants to leave with an understanding that testing is a necessary step when designing effective public health policy.

**Proposed format of the session.** The session will introduce the interventions that were selected for in-field testing in Kenya, and the rationale behind their selection. Participants will vote on which of the interventions they think will be the most likely to increase vaccine demand. The testing methodology and results will be presented, followed by a discussion around the importance of testing to overturn assumptions and understand what to scale up. Participants will have an opportunity to ask questions about testing interventions in the field and how to factor in the difference between statistical significance and real-world impact.
Reflecting on decolonization, anti-racism and health promotion

Parallel oral session
17 May 2022, 16:15 - 17:30

Moderator
Treena Delormier

Understanding the impact of colonial systems and values in decolonizing health promotion in Africa

Speaker
Michael Brown, Presenting Author from Nottingham Trent University, United Kingdom

Co-author
Linda Gibson

Abstract

**Background/Objectives.** In order to understand how health promotion in Africa can decolonize there is a need to understand the knowledge base and values which were embedded in locally established indigenous health institutions and infrastructures during the period of colonization. This paper investigates the mechanisms used to embed Western powers and bureaucracies within local health systems during the colonial era in two distinct British colonies, the Gold Coast Colony and Kenya Colony. The paper argues that the structural imposition of these bureaucratic health systems embedded westernized values in local health systems after Independence in the 20th century through dismissal of local indigenous knowledge as unscientific which contributed to early health disparities between colonies.

**Methods.** Using a desk-based quantitative approach, the paper brought together different quantitative datasets from the World Development Indicators, Maddison Historical Statistics, and previous studies to conduct a cross-country analysis to understand the channels of development that the European settlers transferred to their colonies and its effect on the colonies.

**Results.** The findings demonstrate that factors such as high malaria rates and poor climatic conditions influenced where colonial powers would settle. In colonies where climatic conditions were favourable more settlers were keen to invest. The health infrastructure, aligned with and shaped by the bureaucratic powers and structures that came with the Europeans, marginalised local health traditions and practices.

**Discussion.** Whilst there was a dramatic impact on variables such as infant mortality rates in the early periods after independence, the transfer and dominance of westernized biomedical values flourished. This dominance translates into weak health systems that are continually underfunded and reliant on external economic assistance by the neo-liberal institutions of global health. In effect, the imposition of these values has created a path-dependency in many contemporary African health systems, and we would argue contributed to the ineffectiveness of Health Promotion policy strategies imposed on Africa. Revisiting these colonial values and systems will help unpick the legacy of the colonial health project whilst developing culturally appropriate approaches built on indigenous knowledge and values that can support the decolonizing of health promotion in Africa.
Perceived racial discrimination and the link to psychosocial stressors in a population-based sample of African Canadian adolescents

Speaker
Helen Okoye, Presenting Author from University of British Columbia, Canada

Co-authors
Emmanuela Ojukwu, Elizabeth Saewyc

Abstract

**Background/Objectives.** Racial discrimination among Black adults and youth in racially diverse societies is well documented, but there is limited evidence linking these experiences and associated health outcomes among African Canadian adolescents, especially in Western Canada. We used the 2018 British Columbia Adolescent Health Survey dataset to assess the link between racial discrimination, victimization and safety, emotional responses, and self-protective avoidant behaviours among African Canadian adolescents ages 12 to 19 years (n=942).

**Methods.** Complex Samples adjusted chi-square tests, and age-adjusted linear, logistic, and logit regression models were used test the link between racial discrimination victimization and safety, emotional responses, and self-protective behaviours.

**Results.** More than 38% of African Canadian adolescents reported past year racial discrimination, and these adolescents were significantly more likely to report peer victimization (adj. F(1,569)=75.54, p<.001), lower school connectedness (t(533)= -4.86, p<.001), and lower school safety, (t(521)= -5.08, p<.001). They also were more likely to rate their mental health as only poor or fair and were more likely to skip school or avoid extracurricular activities. Girls who reported racial discrimination were twice as likely to report extreme sadness in the past month compared to their counterparts who had not experienced racial discrimination (AOR=2.19, 95% CI (1.36, 4.21), p<.05). Similarly, foreign-born teens who experienced racial discrimination were 9 times more likely to report extreme sadness (AOR=8.67 (3.45, 21.71), p<.001).

**Discussion.** Experiencing racial discrimination in neighbourhoods and schools is linked to African Canadian adolescents’ psychological well-being. Health promotion efforts should consider racial discrimination as a social determinant of health. Policies are needed to guide actions at all levels of society to reduce racism and associated psychosocial stressors. Health promotion programs should foster a more inclusive social environment, and intervention programs to address racism may need to be tailored based on gender and immigration status.

Engage for equity: Strategies for addressing racial equity in community based participatory research -- Evidence and actions

Speaker
Nina Wallerstein, Presenting Author from College of Population Health University of New Mexico, United States

Co-authors
Elizabeth Dickson, Shannon Sanchez-Youngman, Prajakta Adsul, Katie Myers, Judith Richardson, Amber Gonzales, Christina Alaniz
Abstract

**Background/Objectives.** The COVID pandemic has magnified structural racism and health inequities, exacerbating mistrust from research abuses in communities of color and other marginalized communities. Recognized for overcoming mistrust and improving health, community based participatory research (CBPR) and community and patient-engaged research towards equity actions are even more critical. Participants will learn:

- Community/patient-centered “best” practices for academic-community partnerships to address racial health equity
- Evidence from 400 partnerships from NIH-funded Engage for Equity (E2) study
- Strategies for scaling up E2 evidence to research institutions to transform the science towards sustainable equity-based community participation.

**Methods.** Within a new PCORI study in the U.S., we will present evidence from surveys and in-depth case studies from community, agency, and academic stakeholders; and describe our new methodology to explore how to scale up E2 evidence to transform research within three major research institutions in the U.S. in order to promote equity-based community engagement/participatory research.

**Results.** Results will include: evidence of best/promising practices for participatory/action research for community-academic partnerships; and exploratory evidence of institutional policies/practices/norms that would enable research institutions to promote and sustain infrastructures for racial and social equity.

**Discussion.** Facilitators and challenges will be articulated for transforming research to be more participatory, authentically engaging community partners from communities of color and other marginalized social identities; and strategizing next steps for action.

**Two-Spirit: Subtle and at the same time radically different**

**Speaker**
Harlan Pruden, Presenting Author from British Columbia Centre for Disease Control, Canada

Abstract

The Indigenous peoples of Turtle Island[1] have many cultural traditions that have often been misrepresented or suppressed and are significantly different in perspectives when it comes to sexualities, genders, gender roles and gender expressions[2] than those imported by colonizers. One tradition that was nearly lost is what is referred to as Two-Spirit. "What and who is Two-Spirit?" Seems like a straightforward and simple question, the answer is somewhat complex and nuanced.

This talk introduces information and reviews some of the known historical documentation of the diversity of sexualities, genders, gender roles and gender expressions that existed in many Indigenous communities before colonization. It will also examine how colonization is damaging and has brought great harm to Two-Spirit peoples and communities as many of these individuals are and were dislocated and forced from the sacred circle and their host Nations. It will touch upon some of the issues surrounding gender diversity, sex, sexuality and spirituality as they relate to work with and for this community and will feature some of the work/models that is being done to restore and reclaim the role and place of honor, respect and dignity of TwoSpirit peoples. This talk will also touch upon some of barriers of seeking and accessing services and on providing better services for this key subpopulation.

Finally, participants will receive a list of resources for additional learning and referrals.
[1] Turtle Island is harkening to some of the first peoples’ creation stories (Anishnaabe, Lenepe, to list a few) and is used to name the land that we have come to call North America. Turtle Island is used to reference this land mass while not affirming or recognizing the two nation states of Canada or the United States of America.

[2] I am intentionally not using the western/colonial/imported frameworks, concepts, and/or identities such as LGBTQI+.

Objectives. Explain the gender diversity that existed in many Indigenous cultures before colonization, with an emphasis on how colonization brought great harm to our Two-Spirit relatives as many of these individuals were dislocated and forced from the sacred circle.

Format. Lecture followed by facilitated discussion.

Learning goals. Discuss how this displacement effects and impacts the health and well-being of this community. Identify existing gaps in knowledge and information for future research opportunities and to provide resources for additional learning and referrals.

Participatory action research to develop a better understanding of tuberculosis with Aboriginal communities in northern New South Wales, Australia, for health system change

Speaker
Sue Devlin, Presenting Author from James Cook University, Australia

Co-authors
Jenni Judd, David MacLaren, Peter Massey, Kirsty Browne, Richard Widders

Abstract

Background/Objectives. Australia’s biomedical approach to tuberculosis (TB) prevention and care is not working for Aboriginal people. In northern NSW the biomedical approach is actually sustaining ongoing tuberculosis transmission among and between Aboriginal families. Clearly this is unacceptable. The purpose of this Participatory Action Research is to develop a better understanding of TB with Aboriginal communities to inform health system change to end TB transmission.

Methods. Participatory Action Research (PAR) that was specifically designed to privilege Aboriginal peoples’ voices commenced in 2014. Aboriginal TB knowledge holders, Aboriginal and non-Aboriginal health workers, and academics partnered to undertake iterative cycles of deep listening, action and reflection using interviews, group discussions and participatory workshops. The PAR methodology fostered mutual trust and relationships to enable partners to undertake actions in developing and expanding understandings together.

Results. TB is an inherently social disease. Racism is the dominant social context for TB in Aboriginal communities in northern NSW. The current Eurocentric health system is not designed by/for Aboriginal peoples to enable access to culturally safe and appropriate services. The contemporary social determinants
of TB are linked to deep-rooted social, cultural, and historical experiences. The pathway for preventing TB is not linear and the solutions are not straightforward. When TB prevention and care is undertaken in partnership with Aboriginal communities, positive outcomes follow.

**Discussion.** Systemic racism is the root cause of societal and health service issues that sustain ongoing transmission of TB in Aboriginal communities. Ending TB transmission in Aboriginal communities requires shifting the power balance towards Aboriginal people. Aboriginal peoples’ voices must be privileged in the governance, design & delivery of TB policy, programs, and services. To end inter-generational TB affecting Aboriginal families, health services must engage ongoing deep listening with Aboriginal people and act together. Health system change is required to amplify and sustain effective grassroots TB prevention initiatives in northern NSW.

**Community development: innovations and lessons learned**

**Parallel oral session**
17 May 2022, 16:15 - 17:30

**Moderator**
Suzanne Jackson

**New opportunity or well-worn mobilization? : Women's empowerment in community health promotion program in rural South Korea**

**Speaker**
Saerom Kim, Presenting Author from People's Health Institute, South Korea / Seoul National University Graduate School of Public Health, South Korea

**Abstract**

**Background/Objectives.** Over the last decade, the participatory approach in health promotion to reduce health inequality has been gaining more attention in South Korea. This study aims to depict the reproduction of rigid gender norms in the participatory space of community-based health intervention and explore the possibility of women's empowerment.

**Methods.** The study is based on the qualitative exploration of the "Health Sae-Ma-Eul (the new-village) program" introduced by the provincial government of Kyung-Sang-Buk-Do in 2014. Data was collected by participatory observations, focus group interviews, in-depth interviews, and informal communications from Jan 2017 to Jul 2019. Thematic analysis was conducted using interview transcripts and field notes from the observation.

**Results.** Four themes were derived from the analysis. First, gender was a critical structure that shaped people's practice in the community-based participatory program. Secondly, traditional gender norms were exploited to solve collective problems. Thirdly, despite the unequal care burdens and the lack of recognition of their work, female participants were encouraged by the new opportunities. Fourthly, neither the
community members, government officials, and public health professionals acknowledged gender as a meaningful dimension of the power structure.

**Discussion.** This study implies that participatory health intervention can allow women to become active agents in collective action. Still, it also bears the risk of further exploitation of the already unequal gender relationships. Health promotion activities and care work, which are all conceived as feminized practice, provided women the opportunity to engage actively. At the same time, it would require women’s unequal commitment for the duty. Without meaningful recognition of gender as a structure that shapes people’s everyday practice, traditional gender hierarchy and norms were reproduced in the new space of participation. Our case illustrates that the new participatory space opened by external intervention would quickly be filled with embedded gender norms without conscious incorporation of gender into the construction of the program. Community interventions should be based on careful consideration of the community’s gendered relationship and social hierarchy.

**Delivering health messages effectively to Pasifika communities: Lessons learned from the perspectives of community members during the COVID-19 pandemic**

**Speaker**
Freya MacMillan, Presenting Author from Western Sydney University, Australia

**Co-authors**
Kate McBride, Cassandra Cavallaro, Ronda Thompson, Elizabeth Palu, Ellen Cooper, David Simmons

**Abstract**

**Background/Objectives.** Pasifika communities are at increased risk of developing communicable and non-communicable diseases compared to non-Pasifika people, including COVID-19. Health promotion, communication and disease prevention strategies tailored for Pasifika people are needed. A qualitative study explored reach, acceptability and COVID-19 prevention resource use in Pasifika people living in Western Sydney to guide design and delivery of future COVID-19 and other public health messages.

**Methods.** 4 semi-structured focus groups with 11 Samoan, 10 Tongan, 1 Papua New Guinean people were facilitated by bilingual researchers between July 2020-April 2021. Perceptions and use of state and district resources, sources of information and suggestions for improving message delivery were explored. Available online/printed resources were emailed to participants prior to discussions and used as in-person discussions prompts. Discussions were audio recorded, transcribed, and thematically analysed.

**Results.** Most participants had not seen and therefore not used the resources. Participants appreciated translated resources, but highlighted wording was complicated and too dense, having used mature rather than day-to-day dialect, and could have included practical cultural examples putting messages into action. Visuals were viewed as particularly effective, with additional simple pictures in print resources and videos on social media platforms recommended to improve delivery and reach. Following links to download resources from websites was an access barrier. Sharing documents directly through social media, email and hard copy was recommended instead. Pasifika radio stations were strongly recommended for reaching large Pasifika audiences with joint public health and trusted community leaders (for translation and interpretation) co-presenting. The need for face-to-face community interactions was stressed, particularly with elders who play a central role in delivering information. Workplaces and churches were mentioned as useful locations to interact with community.
Discussion. Recommendations for effective delivery of health messages for Pasifika communities were identified. A partnership approach to delivering messages between community and health organisations, particularly through radio, in-person interactions and social media were perceived most effective, rather than use of current leaflets/posters available online.

New approaches to health promotion in rural Australia: A community microgrant program to improve health and wellbeing in the West Wimmera

Speakers
Michele Conlin, Presenting Author from La Trobe University, France

Abstract

Setting/problem. Australians living in rural and remote areas represent nearly 30% of the country's population. This demographic is more likely to experience health inequalities, including higher rates of preventable deaths compared to urban residents. Traditional prevention and health promotion activities have historically failed to improve health indicators in these areas.

Intervention. The West Wimmera Health Service (WWHS) has partnered with La Trobe University to promote and evaluate WWHS' recently established program of Community Health and Wellbeing Grants (CHWGs). This program offers both financial assistance (up to $5,000 per project) and support from the health promotion team to help local communities (individuals or organizations) to identify and address opportunities to improve health and wellbeing. Furthermore, as few formal evaluations of these types of programs have been identified in the literature, a PhD project has been initiated using participatory action research methodology to produce a collaboratively designed evaluation of the CHWGs.

Outcomes. Although the COVID-19 pandemic has delayed the organisation and completion of funded community initiatives, data collection is currently ongoing. Focus groups and workshops have been held with stakeholders as part of the evaluation design process. Preliminary findings will be presented.

Implications. Community microgrants for health promotion have the potential to build social capital and community capacity, as well as broaden the reach of health services. This in turn can contribute to better health outcomes for individuals and communities and provide a better grasp for rural health organisations on how to address rural health issues. Formal program evaluation will contribute to growing the evidence base around the effectiveness of such interventions, as well as increase the transferability of findings to similar contexts.

Women leaders from favelas in Rio de Janeiro: Networking for community development and health promotion

Speaker
Nilza Rogeria de Andrade Nunes, Presenting Author from Catholic University of Rio de Janeiro (PUC-Rio), Brazil
Abstract

**Background/Objectives.** To increase the visibility of favela women who are recognized as community leaders, whose social and political activism effectively contribute to the promotion of health and citizenship of the residents of popular spaces.

**Methods.** This ongoing qualitative study uses the methodological framework of action research. We conducted semi-structured interviews with 200 women from 169 favelas in Rio de Janeiro. The selection of participants was based on their community performance, being them publicly recognized by their leadership.

**Results.** Our participants are mostly black, corresponding to 91% of respondents; 66% are mothers; 41% married; 54% are the main responsible for the family income. Regarding religion, 38% declared themselves evangelical, 23% without religion, 17% catholic and the remaining 18% are distributed among other religions. They actively participate in collective spaces such as social movements and networks, corresponding to 99.5%. Of those interviewed, 71% are linked to a community-based organization. Regarding education, 29% have completed higher education, 15% hold a postgraduate degree. Of those interviewed, 65% declare themselves to be feminists. Correlating their practices, 92% declare that they act in health promotion through the strengthening of popular participation, mobilization, and defence of rights, among others.

**Discussion.** We understand that women play a leading role in subaltern conditions. Intersectionality crosses these women who are the expression of gender, race and class to which they belong - all of which associated with the territorial dimension. Regardless of the differences from where their practices are consolidated, they seek to respect the other, accepting and/or valuing knowledge and choices. They consolidated a social awareness of the place reserved for them as black and poor women, seeking educational inclusion, networking, oral development and the courage to denounce. They act from horizontal solidarity – they occupy spaces of social participation, producing effective changes to face inequities in favour of their citizenship and other residents of the favelas where they live.

**Innovative approaches to recruiting research participants**

**Round table**
17 May 2022, 16:15 - 17:30

**Moderator**
Liane Comeau

**Métis women and COVID-19 in Victoria, British Columbia**

**Speaker**
Carly Jones, Presenting Author from University of Victoria, Canada
Co-authors
Willow Paul, Renée Monchalin, Monique Auger

Abstract

Background/Objectives. Métis people across Canada currently experience major gaps in access to culturally safe health and social services, which have intensified as a result of the COVID-19 pandemic. This is problematic given the severe disparities in social determinants and health outcomes that Métis Peoples experience compared to non-Indigenous Canadians. As a result, Métis people are considered to be at an overall higher risk for COVID-19. Despite this knowledge, Canada's COVID-19 public health response has been insufficient to mitigate the disproportionate impacts experienced by Métis women and gender-diverse people.

Methods. This study is a by-and-for Métis approach that employs a conversational interview method with Métis women and gender-diverse people (N=24) who live, work, and/or access services in Victoria. Interviews were conducted in December 2020 - January 2021. While our larger study explores Métis women's experiences accessing health and social services, we will disseminate results from our question, "Can you describe how COVID-19 has impacted you?"

Results. A total of 24 Métis women and gender-diverse community members participated in the study. Participants indicated that COVID-19 has exasperated existing barriers to culturally safe health and social services and has disconnected them from community and culture. Overall, 4 themes emerged: impacts of COVID-19 on Métis health and wellbeing, exasperated barriers in access to culturally-safe services, virtual health service access, and financial impacts of COVID-19.

Discussion. Study findings demonstrate that many Métis women continue to rely on Métis social kinship connections and cultural practices for their health and wellbeing. Unfortunately, public health strategies to mitigate the spread of COVID-19 have also disrupted Métis cultural gathering practices, contributing to experiences of social isolation. The unintended negative impacts of COVID-19 on the Métis community in Victoria are compounded by new and pre-existing gaps in the availability of culturally-safe health and social services and barriers to culturally-safe health access. Despite this, Métis women and gender-diverse community members are seeking their own solutions to this pandemic through innovative, culturally-safe, and community-based COVID-19 initiatives.

Recruiting participants living in vulnerable conditions: challenges, strategies, and lessons from three public health studies in Canada

Speakers
Federico Roncarolo, Workshop Coordinator from Université de Montréal, Canada
Rosanne Blanchet, Workshop Trainer from Public Health School- Université de Montréal, Canada
Asma El Mabchour, Workshop Trainer from CReSP Direction de santé publique - CIUSSS du Centre-Sud-de-Montréal, Canada

Co-authors
Louise Potvin, Geneviève Mercille, Catherine Chabot
Abstract

Objectives. Populations living in conditions of vulnerability are at higher risk of experiencing food insecurity and having poor diets and worse health. These populations are hard to reach for health promotion researchers. Recruitment difficulties increased since the outbreak of the COVID-19 pandemic, with questions of public safety adding to the challenge of reaching hard to reach and sometimes “hidden” populations living in vulnerable conditions. The speakers of this workshop have coordinated and led research targeting people living in conditions of vulnerability in different settings in Canada (e.g. marginalized/racialized communities, people in need of food aid in urban and rural areas), before, during and after the COVID19 lockdown. They faced numerous unexpected challenges and used multiple recruitment strategies.

Through sharing lessons based on the presenters’ and participants’ experiences and documenting challenges and mitigating strategies when recruiting populations living in conditions of vulnerability in health-related research, the goal of the session is to create a didactical, open access toolkit to guide the recruitment of research participants among hard to reach populations. Specific objectives are:

- To describe challenges faced during recruitment of populations living in conditions of vulnerability;
- To describe strategies implemented to overcome these challenges;
- To examine the impact of COVID-19 pandemic on recruitment;
- To engage in a discussion with participants about their strategies to maximize the recruitment in populations living in conditions of vulnerability;
- To co-develop recommendations for recruiting hard to reach participants for research.

Format.

- Short introduction (5 min)
- Three dynamic and interactive presentations, describing recruitment, challenges and strategies to overcome the challenges in three different research projects. Interactions with the audience will be facilitated during the presentations (60 min).
- Discussion with the participants to develop recommendations (30 min)
- Summary and conclusion (5 min)

Learning Goals. Based on the speakers’ experience, participants will learn about successful strategies and methods used to recruit people living in conditions of vulnerability in different settings. They will learn how to overcome the difficulties that they will encounter during their research planning and implementation and will get insight into how to maximize their economic and human resources.

The walking interview: A promising method to promote the participation of autistic people

Speaker
Justine Marcotte, Presenting Author from Université Laval, Canada

Co-authors
Marie Grandisson, Sophie Dupéré, Élise Milot

Abstract

Background/Objectives. Involving individuals who are the most concerned in health promotion research and interventions is crucial to ensure that they are aligned with their real situation and their priorities.
However, in autism studies, autistic people are often excluded, mainly because the communication and social interaction challenges that come with autism can complicate their participation. Relying on their parents to participate as proxies is thus common. In a study conducted in Quebec (Canada) on the environmental factors that influence the independence at home of autistic adolescents and adults, it was chosen to interview dyads consisting of autistic people and parents to gather their complementary perspectives. The walking interview appeared to be a promising method to meet the study objectives, but also to facilitate the participation of autistic people in the research interviews. This method involves the interviewer and the participant going from place to place in a given environment during the interview and using it to enrich the discussion (Evans & Jones, 2011). This communication aims to report on the advantages and limitations of using the walking interview to collect the perspectives of autistic participants and of their parents in a research context.

**Methods.** Ten dyads participated in walking interviews within their home environment. Thereafter, participants were asked for their perspectives regarding this interview method. The interviewer also kept a logbook where she recorded her reflections. Inductive thematic content analysis was performed.

**Results.** Several advantages were documented. For example, the walking interview helped participants express themselves as they could use the environment to answer some questions. The method also allowed the interviewer to make more concrete and targeted questions, as well as helped her to better understand the participants’ answers. Nevertheless, some participants expressed a fear of being judged for the condition of the household and two autistic participants were troubled by the unusual way of conducting an interview.

**Discussion.** The walking interview appears to be useful for supporting the participation of autistic people and parents in research interviews. This could be a promising method for collecting the perspectives of other populations with difficulties expressing themselves, in health promotion research and practical contexts alike.

**A unique intersectoral, participatory approach to promoting mental health in all policies - Placing infant, child and youth mental health promotion at the forefront in Atlantic Canada**

**Symposium**
17 May 2022, 16:15 - 17:30

**Symposium coordinator**
Patsy Beattie-Huggan
Abstract

**General Objective.** To showcase a unique intersectoral, participatory approach to develop and mobilize policy for upstream investment in infant, child and youth mental health promotion in Atlantic Canada. During 2020-2021 the Atlantic Summer Institute on Healthy and Safe Communities (ASI) and other key partners from Atlantic Canada and beyond developed a policy brief for upstream investment in infant, child, and youth mental health promotion, well-being, and equity in Canada’s Atlantic Region. The intent of the policy brief is to mobilize intersectoral action amongst civil society, governments, and private sector to address structural and social determinants of health and use an equity lens in developing policy in Atlantic Canada. This interactive panel presentation will describe the policy brief, lessons learned through its development, knowledge mobilization, and the role of the partners. A facilitated discussion will focus on next steps, including challenges and opportunities.

**Proposed format of the session.** The Symposium will consist of a moderated panel of three oral presentations followed by facilitated discussion among panellists and with the audience.

- **Introduction to set the context** – Moderator: Dr Claire Betker, Scientific Director, National Collaborating Centre for Determinants of Health - 5 minutes
- **Speaker 1 – Building on Evidence and Creating Momentum for Investment Upstream in Infant, Child and Youth Mental Health Promotion** - Patsy Beattie-Huggan, Coordinator of the Atlantic Summer Institute on Healthy and Safe Communities (ASI) – 10 minutes
- **Speaker 2 – Crowd Sourcing – a Unique Approach to Developing Policy** – David French, Managing Director, A Way Home Canada: Working Together to End Youth Homelessness – 10 Minutes
- **Speaker 3 – Knowledge Mobilization – Creating and Implementing a Plan for Engaging Policy Makers and the Public** - Brandon Hey, Policy and Research Analyst, Mental Health Commission of Canada - 10 Minutes
- **Facilitated Discussion: Focus on ASI Policy Direction achieving equity in mental health for all** – Moderator: Dr Claire Betker, Scientific Director, National Collaborating Centre for Determinants of Health - 35 minutes

**Conference theme and/or subthemes addressed.** This Symposium aligns with the theme of Promoting Policies for Health, Well-Being and Equity and the sub-theme of Breaking Through. The experience of the COVID pandemic has amplified a focus on inequities, the importance of mental health promotion and the importance of intersectoral action to build a more resilient society. The time has come to break through the rhetoric and embrace policies that will have long term population wide impacts for mental health.

**Building on Evidence and Creating Momentum for Investment Upstream in Infant, Child and Youth Mental Health Promotion**

**Speaker**

Patsy Beattie-Huggan, Presenting Author from Atlantic Summer Institute on Healthy and Safe Communities, Inc. (ASI), Canada
Abstract

General Objective. To provide the contextual background and supportive factors that created the momentum to engage diverse champions to collaborate in developing a policy brief to promote upstream investment in child and youth mental health.

Proposed format of the session. Patsy Beattie-Huggan, ASI Coordinator will make a 10-minute presentation with slides and handouts, which will describe the story of ASI from its decision to focus on child and youth mental health in 2015, through to the process of hosting symposia, gathering national and international evidence; fostering national and regional knowledge exchange; engaging national partners, creating a Call to Action in 2017 and building momentum for shared commitment to developing a policy brief to promote “upstream” investment in mental health promotion for infants, children and youth as key to long term societal health in Atlantic Canada and beyond. Development of the policy brief and knowledge mobilization strategy began immediately following ASI 2020. Unique in this process is not only the collaboration with A Way Home Canada, which served as the backbone organization in compiling the policy brief, and but also the involvement with other organizations through to further consultation at ASI 2021. This long-term engagement demonstrates ASI’s commitment to intersectoral action and adds to the strength and potential of this process to create collective impact. The ASI Board will engage in ongoing conversations on the Policy Brief with the Atlantic Council of Premiers, Indigenous and municipal leaders, and others in Atlantic Canada over the next year, through a well-developed knowledge mobilization strategy developed by a task group of the ASI Policy Working Group, Autumn 2021 – Spring 2022. The Atlantic Summer Institute on Healthy and Safe Communities, Inc. (ASI) www.asi-iea.ca, a bilingual, non-profit organization established in 2003 with a mission to serve as a catalyst for social change, has annually convened stakeholders from across Atlantic Canada to build connections and hold conversations on promoting healthier and safer futures. Incorporated in 2008, ASI is managed by a regional board of directors.

Crowd Sourcing – a Unique Approach to Developing Policy

Speaker

David French, Symposium Presenter from A Way Home Canada, Canada

Abstract

General Objective. To outline the experience of shared leadership and intersectoral action in shaping a policy brief that is actionable, evidence-based, culturally inclusive and places infant, child and youth mental health promotion at the forefront in Atlantic Canada.

Proposed format of the session. David French, Managing Director, A Way Home Canada: Working Together to End Youth Homelessness will make a 10-minute presentation with slides and handouts. He will describe how his organization fulfilled its mandate “to create new knowledge to fill the gaps” by taking the lead in the development of the ASI Policy Brief, engaging in shared leadership with ASI, maximizing the enthusiasm of ASI 2020 participants and embracing the commitment of representative of 9 provinces in a 20 member Working Group through a year-long “crowdsourcing” process to develop a policy brief and knowledge mobilization strategy. He will also highlight the work of validating the draft policy brief through online
consultations (July 2021); review by external readers; sessions with ASI 2021 participants (August 2021), First Nations Health Directors (September 2021); the challenges of incorporating feedback to create a policy brief that best promotes upstream investment and three priority areas:

1. Mental Health in all Policies framework, building on the WHO Health in all Policies framework that is already in use in many jurisdictions.
2. Sustainable Funding Model that features multi-department contributions in each province, with a single application from communities, multi-year, sustainable funding, and a focus on innovation and evaluation.
3. Intersectoral Platform such as an Interagency Council for the Atlantic Region, where governments, communities, academia, and private sector can share knowledge and co-design solutions for upstream, evidence-based policies and programs.

A Way Home https://awayhome.ca/ is a national coalition reimagining solutions to youth homelessness through transformations in policy, planning and practice. A Way Home isn’t just an organization, it’s an international movement for change. The organization engages in shared learning across Canada and around the world about what’s working in the areas of policy, planning and practice to transform our response to youth homelessness.

Knowledge Mobilization – Creating and Implementing a Plan for Engaging Policy Makers and the Public

Speaker
Brandon Hey, Symposium Presenter from Mental Health Commission of Canada, Canada

Abstract
General Objective. To describe the key role that knowledge mobilization has played from the onset of this process, elements of the plan and the critical role it continues to play in engaging policy makers, broader communities and private sectors to advocate for change and collaborate with governments to achieve equitable mental health for all.

Proposed format of the session. Brandon Hey, Policy and Research Analyst, COVID 19 Policy, Programs and Priorities, Mental Health Commission of Canada will describe his role as chair of the Knowledge Mobilization Task Group of the ASI Policy Working Group and the process used to develop and implement a knowledge mobilization plan for the ASI Policy Brief. While the ASI Policy Brief was in development, a knowledge mobilization plan was developed to prepare for its launch. It was understood from the beginning that policy needs to be supported from many directions and it will take effort to bring it to action. While the Atlantic Premiers are key leaders, they do not make decisions in a vacuum, nor without political and public support. Implementation will require a whole of society approach – engaging civil society, government, and the private sector in intersectoral collaboration and leadership to realize policies needed to promote population mental health. A whole of society approach includes engagement of the public, elected officials, and public sector services across all sectors. With respect to cultural humility and the TRC recommendations, ongoing conversations and engagement with Indigenous leadership and communities are recognized as essential in order to create policies unique to the needs of their communities. The knowledge mobilization plan serves
as a foundational anchor in implementing recommendations from the Policy Brief. The anticipated outcomes are that within one year of knowledge mobilization, there would be action on developing mental-health-in-all-policies across Atlantic Canada, which in the long term will result in improved mental health of infants, children and youth and impact the health of the population. Evaluation of this project and lessons learned in the process will be shared with others who have an interest in embarking on a similar journey.

The Mental Health Commission of Canada (MHCC) [https://mentalhealthcommission.ca/](https://mentalhealthcommission.ca/) leads the development and dissemination of innovative programs and tools to support the mental health and wellness of Canadians. Through its unique mandate from the Government of Canada, the MHCC supports federal, provincial, and territorial governments as well as organizations in the implementation of sound public policy.

**Facilitated Discussion: Focus on ASI Policy Direction achieving equity in mental health for all**

**Speaker**
Claire Betker, Symposium Presenter from National Collaborating Centre for the Determinants of Health, Canada

**Abstract**

**General Objective.** To engage panellists and audience in discussion and debate on information presented by the panel, with a focus on the potential effectiveness of the Policy Brief and knowledge mobilization strategy in achieving equitable mental health for all, as well as recommendations for next steps.

**Proposed format of the session.** Dr Claire Betker, Scientific Director, National Collaborating Centre for Determinants of Health (NCCDH) will moderate discussion and debate around the following questions, allowing time for new questions to be posed by the audience.

1. What do you see as the potential of this work in influencing policy for infant, child and youth mental health promotion and equitable mental health for all?
2. What are key success criteria of the Policy Brief?
3. Who can keep the momentum going for this work? How can it be resourced?

The NCCDH ([https://nccdh.ca/](https://nccdh.ca/)) is a national knowledge translation organization that plays an integral role as a catalyst for public health action on the social and structural determinants of health and equity. They work to advance knowledge, foster knowledge translation and exchange and accelerate the development of networks to support public health work towards achieving public health equity; and are invested in affirming communities who live with inequities, including those with mental health challenges. NCCDH is a longstanding partner with ASI, and actively participated in the ASI Policy Brief Working Group.
Intersectorality and governance

Parallel oral session
17 May 2022, 16:15 - 17:30

Moderator
Ann Pederson

Journey to Home: exploring the intersections between health, housing and migration.

Speaker
Krysten Blackford, Presenting Author from School of Population Health, Curtin University, Australia

Co-authors
Kahlia McCausland, Roanna Lobo, Alison Reid, Yun Zhao, Richard Norman, Gemma Crawford

Abstract
Background/Objectives. People who are homeless may experience social exclusion or be at risk for a range of mental health issues, potentially exacerbated for people from migrant and Culturally and Linguistically Diverse (CaLD) backgrounds. Lack of appropriate health and social services are barriers to secure housing but there are limited recommendations for action in Western Australia (WA) policy and strategy. Our research aims to inform approaches to increase access to secure housing and improve health outcomes for and people from migrant and CaLD backgrounds vulnerable for or experiencing homelessness in WA.

Methods. This mixed methods, interdisciplinary research project works collaboratively with end users, utilising co-design principles. Project governance integrates end users to ensure effective research translation. This comprises community/peer advisors, community agencies working with CaLD health and social services, those working in homelessness and mental health, government stakeholders and researchers. The project has five components: 1) community engaged project governance; 2) desktop review; 3) cluster analysis; 4) interviews and journey mapping with people from migrant and CaLD backgrounds and homeless service providers; and 5) co-designed recommendations using sense-making workshops to consolidate findings and develop recommendations.

Results. Components 1-4 are complete or in progress with all results available by March 2022. Our preliminary findings support culturally tailored housing interventions, reveal existing data are lacking and not fit for purpose and suggest that migrants from CaLD backgrounds have complex needs beyond housing (e.g. mental health, trauma). Critical insights have been garnered via the involvement of the lived experience community/peer advisors who are actively involved in directing, collecting and interpreting data.

Discussion. The research is providing us with:
- An audit of relevant data and services in WA;
- Increased understanding of the lived experiences and journey of people from migrant and CaLD backgrounds in WA;
- Risk profiles to tailor services and strategies;
- Mechanisms for community involvement in research which directly impacts them; and
Policy and practice ready priorities.
Data supports greater focus on the health of people from migrant and CaLD backgrounds who experience housing stress. We are translating early findings to a larger intervention to test effective health promotion strategies.

The importance of systemic thinking to health, wellbeing, and equity: An urban policy case study from Sydney, Australia

Speaker
David Lilley, Presenting Author from University of New South Wales, Australia

Abstract

Background/Objectives. In this research I interrogated the practice-based observation that health, wellbeing, and equity are not being prioritized in metropolitan planning and urban renewal in Sydney, Australia. This was done using the suburb of Waterloo as a case study, as it is subject to three major projects, and a host of associated policies, simultaneously.

Methods. In undertaking the research, I drew on Critical Systems Heuristics (CSH), a framework for working with stakeholders to analyse the boundaries of policies, programs, and projects. CSH was adapted to tackle three interrelated tasks: analysis of three local projects, spanning transport, private development, and public housing redevelopment; analysis of historical and contemporary policies pertaining to each of the three projects; and 27 in-depth interviews with stakeholders involved in one of the projects, the redevelopment of the Waterloo Public Housing Estate.

Results. I found that there have been substantial increases in the influence of private sector developers, private sector consultants, and politicians (relative to public servants), over time. This has been accompanied by decreases in goals and measures relating to the wellbeing of individuals and communities, and decreases in funding for social housing and other social purposes. Further analysis revealed that shifts in policy and practice were inextricably linked to changes in: elected governments; government agency configuration; the role and culture of the public service; federal-state funding arrangements; dominant (increasingly market-based) paradigms; and shifting funding priorities.

Discussion. At almost any level it can confidently be claimed that urban policies and practices are failing to achieve equitable public outcomes. However, ascribing responsibility to policy authors and project managers alone is unlikely to be effective, as both are embedded in larger and more amorphous systems. Arguments and recommendations for working systemically, to shift the conditions in which policies are created and implemented, and increase coherence between different policies and projects, are presented.

Strengthening systems for coordinated intersectoral health promotion action in British Columbia: Developing and launching a two-year project focused on physical activity

Speaker
Lori Baugh Littlejohns, Presenting Author from Eddy Turn Consulting, Canada
Co-authors
Drona Rasali, Guy Faulkner, Geoffrey McKee

Abstract

Background/Objectives. COVID-19 has emphasized the need for coordinated intersectoral action to reduce health inequities in British Columbia (BC), Canada, and around the world. Given the severe societal and population health consequences of the pandemic and associated response measures, effective health promotion (HP) action is needed now more than ever. This presentation reports on a two-year research project (2021-2023) developed to co-create (with research, policy, and practice stakeholders) recommendations for consideration by leaders in the BC Centre for Disease Control for a more synergistic system for HP -- starting with physical activity.

Three project objectives and associated steps include: 1) Describe and map existing HP and physical activity systems in BC; 2) Assess systems to identify facilitating and hindering factors and key feedback mechanisms that influence coordination and integration; and 3) Strengthen systems through the identification of priority leverage points and recommendations for more coordinated intersectoral HP action. A framework of seven interrelated attributes of effective systems for HP (implementation of desired action, health equity paradigm, leadership, collaborative capacity, resources, information, and complex systems paradigm) will be used to address these objectives and inform methods.

Methods. The project takes an integrated knowledge translation or co-creation approach; therefore, methods and tools are developed with key stakeholders. However, interviews and group model building/system mapping are foundational methods for the project, and these are informed by the system attributes framework indicated above. Document review of policies and strategic documents and a literature review on intersectoral HP action are also important methods and tools used.

Results. This presentation will focus on a) key themes in the literature regarding planning, implementing, and evaluating coordinated intersectoral HP action in complex systems; b) successes and challenges of establishing a co-creation approach, and c) preliminary results regarding describing and mapping attributes of HP and physical activity systems and their dynamic interaction.

Discussion. The anticipated impacts of this project are a) shared leadership, b) increased collaborative capacity, c) enhanced focus on health inequities, d) shared resources, e) improved information (e.g., knowledge translation) and f) shared learning through the lens of a complex systems paradigm.

Prevention in extreme contexts

Workshop
17 May 2022, 17:45 - 18:45
Moderator
Paquito Bernard

Abstract

**General Objective.** The focus of this symposium is on health prevention in extreme contexts (i.e., extreme poverty in Madagascar, post natural disaster among pregnant women in Vanuatu), and climate change risks associated with mental health and health behaviors. The proposed international symposium will have strong educational impacts. The symposium will promote scientific and practical discussions among attendees and potentially create new collaborative opportunities.

**Proposed format of the session.**
- T. Gadais will provide a state of art about sport for development and peace in extreme context based on his ongoing studies (5+3min).
- L. Décarpentrie will present the findings from a qualitative investigation examining the effect of participation in art and sport as extracurricular activities in Malagasy youth (7+7 min).
- RT. Villarino will describe the current effects of climate change on mental health in the Philippines and provide a set of evidence-based recommendations for the public mental health (7+7 min) [ONLINE talk].
- K. Dancause will discuss research challenges, and will share observations from prospective longitudinal studies including pregnant women in Vanuatu (a Pacific Island particularly vulnerable to extreme weather events and climate change) (10+7 min).
- P. Bernard will present the associations between climate change consequences and health behaviors in high and low- and middle-income countries (7+7 min).

An introduction about the current issues of Sport for development and peace in extreme context

**Speaker**
Tegwen Gadais, Symposium Presenter from Université du Québec à Montréal, Canada

**Abstract**
Sport for Development and Peace (SDP) is an international movement that began in the 2000s with the Millennium Development Goals (2000–2015) and is currently continuing around the United Nations’ Sustainable Development Goals 2015–2030, driven by international organizations such as UNESCO. Often located in an international development context, organizations and associations use sport as a vehicle to reach several social and humanitarian missions (e.g., education, social cohesion, health, reintegration, diplomacy, and peace). This presentation will present the origins and objectives of the SDP, but it also looks at current research in the field especially in extreme development contexts. Since 2010, studies have significantly increased in the field around four main areas (macrosociological, field explorations, program management and evaluation, and literature reviews). This presentation will provide illustrations of SDP research projects, axis of tensions between practice and theory, and perspectives for future research in the field.
Youth development in extreme context: What role do extracurricular activities play in the daily life of young Malagasy?

Speaker
Laurie Décarpentie, Symposium Présenter from Université du Québec à Montréal, Canada

Abstract
Many studies have highlighted the positive links between extracurricular activities and mental health, physical and psychological well being for young people (Eccles & al., 2003; Heath & al., 2018). Yet, little is known about the effect of such activities on young populations living in extreme contexts such as the south of Madagascar. On a daily basis, Malagasy youth face challenges such as extreme poverty, child labour, epidemic disease, severe climate events, lack of food and drinkable water, as well as little access to physical and mental health care. Our study focuses on psychological well being, conceptualized by the self-determination theory (SDT) (Ryan & Deci, 2017). SDT indicates that psychological well being varies according to the satisfaction or frustration of three basic psychological needs (autonomy, competency and relatedness) and highlights the important role played by the environment in this process. The purpose of this research is to listen to the point of view of young Malagasy on their participation in art and sport as extracurricular activities, to better understand how this experience has influenced their daily lives and wellness in any way. To meet this objective, 10 young Malagasy people, 6 women and 4 men, aged 19 to 31 years old, who used to participate in extracurricular activities organized by a local NGO, were individually interviewed. The interviews’ lengths range between 27 and 132 minutes; the majority of them lasting for over an hour. The interviews were focused on the experience of the young people who participated in soccer, basketball, drumming or marching band. The theoretical framework used to build the interview guide is based on SDT and, precisely, on one of its mini-theories, the basic psychological needs theory (Ryan and Deci, 2017). The semi-structured interview guide was oriented towards discussing the experience of the participant in the extracurricular activities with regard to the basic psychological need of autonomy, competence and relatedness. While presenting some preliminary results, this ongoing study expects to benefit populations living in extreme contexts of development by a) producing data on the effects of extracurricular activities on the life of vulnerable youth, and b) helping to inform program development how to support vulnerable youth wellness, decisions and policies of international and local organizations in other fragile contexts.

Climate change and mental health in the Philippines: evidence-based recommendations

Speaker
Resti Villarino, Symposium Presenter from Cebu Technological University, Moalboal Campus, Cebu, Philippines

Abstract
General Objective. Climate change outcomes are associated with dramatic consequences for mental health and well-being among Filipinos. The review is guided by the central research question – What are the impacts of climate change outcomes on the mental health and well-being among Filipinos?
Specifically, it aims:

- To summarize the impacts of climate change on mental health and well-being among Filipinos
- To outline recommendations based on the existing literature to mitigate the impacts of climate change outcomes and promote mental health and well-being in the Philippines

**Methods.** Medical research databases (Medline, Scopus, PsycINFO, GreenFILE, and JSTOR) from inception to June 2021, including bibliographies and citations of relevant papers. Additionally, relevant reviews were scanned in Health Research and Development Information Network (HERDIN), which is a research database of the Philippine Council for Health Research and Development, as well as OpenGrey, ProQuest, and the following academic journals were searched: Disaster Prevention and Management, Philippine E-journals, Disaster Medicine and Public Health Preparedness. Searches were in English and French language publications. A narrative synthesis was conducted and the 26 identified articles were classified into 3 themes: climate change outcomes, impacts on life, and mental health outcomes. This systematic review revealed that people's mental health and well-being is strongly mediated by climate change outcomes. The article illustrates how multiple pathways may amplify stress, depression, post-traumatic stress disorder, anxiety, and violence. Climate change outcomes affect the people’s mental health and well-being. The incorporation of mental health in current climate action and policy frameworks and greater recognition of the climate and well-being connections will be an effective way to achieve a more sustainable future.

**Extreme weather events among pregnant women in low- and middle-income countries: public health implications, research challenges, and opportunities for development**

**Speaker**
Kelsey Dancause, Symposium Presenter from Université du Québec à Montréal, Canada

**Abstract**

**General Objective.** Pregnant women in low- and middle-income countries (LMICs) represent a vulnerable population in the case of extreme weather events. Stress, food and water insecurity, and interrupted access to prenatal care could impact not only maternal well-being, but also affect the developing foetus, with potential long-term implications. For example, prenatal stress due to natural disasters has been linked with low birthweight and premature birth, and might affect motor, cognitive, and physical development in childhood and throughout life. Unfortunately, our most comprehensive studies are in industrialized countries. This reflects research challenges at multiple levels in LMICs such as lack of infrastructure, personnel, and validated research tools, and public health priorities including the balance between responding to immediate versus longer-term threats to health and safety following extreme weather events. More studies of the effects of extreme weather events on maternal and infant health in LMICs remain necessary.

Our objective is to contextualize the risks of extreme weather events on pregnant women in LMICs, to discuss research challenges, and to highlight pressing research needs and potential intervention solutions. We will share observations from our prospective longitudinal studies in Vanuatu, a lower-middle income
country in the Pacific that, like many other Pacific Island nations, is particularly vulnerable to extreme weather events and climate change. Our studies among pregnant women and women of reproductive age following natural disasters in Vanuatu highlight high levels of distress even among women not directly affected by the event, and links between poor diet and distress following natural disasters. We have observed that distress predicts lower birthweight among infants of women who were pregnant during the disaster. Furthermore, distress and diet during pregnancy interact to predict later growth patterns in infancy. Results of our studies in communities affected by displacement due to a volcano eruption in Vanuatu highlight some suggestions for simple and sustainable interventions to reduce stress following severe events. These might be applicable for integration into prenatal care or in communities experiencing extreme weather events and other effects of climate change.

**Health behaviors in a climate change context**

**Speaker**
Paquito Bernard, Symposium Presenter from Université du Québec à Montréal, Canada

**Abstract**
Climate change impacts are associated with dramatic consequences for human health and threaten health behaviors (e.g., nutrition, water access, physical activity). The most severe indicators of climate change are global average warming, natural hazards and higher occurrence and severity of natural disasters. Health behaviors can play a mitigation and adaptation role, but also an amplification role in climate change perspective. Our objective is to present the bi-directional associations between climate change effects (i.e., rising average temperatures, natural disasters, air pollution, rising sea level) and health behaviors, as well as a set of key actions for the public health community. Based on a literature review, we will propose one of the first model of the complex, occasionally bi-directional, associations between climate change and health behaviors for low-and middle-income countries. We will also present a new health behavior definition in line with climate change consequences. Key actions will be proposed with particular consideration for health equity (i.e., between and within-countries, at the intergenerational level, as well as between men and women) of future interventions.

**Recherches participatives en santé des populations : un levier pour contrer les inégalités sociales de santé et l’exclusion sociale ? & "A global participatory process to structuring the field of health promotion research: Global Handbook of Health Promotion**

**Lunch with an author**
17 May 2022, 17:45 - 18:45

**Moderated by authors**
Recherches participatives en santé des populations : un levier pour contrer les inégalités sociales de santé et l’exclusion sociale ?

Speakers
Sophie Dupéré, Presenting Author from Université Laval, Canada
Christine Loignon, Presenting Author from Université de Sherbrooke, Canada

Co-authors
Baptiste Godrie, Lise Gervais

Abstract

Description du livre. Au cours des dernières années, plusieurs travaux de recherche participative ou de recherche-action menés dans le champ de la santé des populations et visant la réduction des inégalités sociales de santé et de l’équité sociale ont été déployés au Québec ainsi qu’au sein de la francophonie hors Québec. Néanmoins, ces travaux et les réflexions épistémologiques et éthiques qui y sont associées, notamment en ce qui concerne les apprentissages des processus de co-construction de la recherche entre chercheurs et membres de la communauté, sont peu mis en valeur dans le milieu académique, surtout francophone. De plus, l’expertise et les outils développés en matière de recherche partenariale dans les milieux communautaires – qui sont engagés au premier chef auprès des populations marginalisées ou subissant les inégalités sociales et l’exclusion sociale – demeure pratiquement invisible dans le champ de la recherche académique en santé des populations et, plus largement, dans le reste de la société. Cet ouvrage contribuera à la diffusion des connaissances scientifiques, empiriques, méthodologiques et théoriques acquises par de multiples équipes de recherche et milieux grâce à des projets de recherche engagés avec les membres de la communauté affectés par les inégalités sociales de santé. Abordant des thématiques et des expériences de recherche au Québec ou dans la francophonie hors Québec, les contributions de l’ouvrage visent à mettre en évidence les apprentissages (conceptuels, méthodologiques, etc.) des participants (co-chercheurs, pairs-chercheurs aux projets, partenaires communautaires ou sociaux, etc.) ainsi que la nature des effets transformationnels des projets de recherche du point de vue de l’équité sociale et en santé tant depuis la perspective des chercheurs que des partenaires de la communauté.

Pertinence par rapport à la promotion de la santé et aux politiques. La recherche participative est reconnue comme une approche méthodologique dans le domaine de la promotion de la santé pour son potentiel à faire progresser l’équité sociale et en santé

A global participatory process to structuring the field of health promotion research: Global Handbook of Health Promotion Research

Speakers
Didier Jourdan, Presenting Author from UNESCO Chair Global Health and Education, France
Catherine Chabot, Workshop Coordinator from Montreal University, Canada
Valérie Ivassenko, Workshop Coordinator from UNESCO Chair Global Health and Education, France

Co-author
Louise Potvin
Abstract

**Book description.** Health promotion, as a strategy that aims to orient and support social change in order to improve health for all and reduce health inequalities, has been adopted in many countries. Orienting this strategy, there is an ethical framework, a set of values, rooted in an emancipatory vision. The knowledge base for this strategy relies on the broad determinants of health and programs and policies aimed at changing the distribution of these determinants. While research teams, some of them high level, are producing relevant and valid data to enhance this knowledge base, there is not yet a structured field of research, based on a set of paradigms, approaches and methods, which is recognised as health promotion research.

The aim of the Global Handbook of Health Promotion Research to map and organize the research practice of those involved in producing and sharing the knowledge base for health promotion practices. Based on original contributions from researchers in the field, the handbook explores the major theoretical, methodological, empirical and political challenges and pressing social questions facing health promotion research. This handbook covers the existing knowledge production and sharing practices with the aim of defining the discipline and its agenda for future research. Our ultimate goal is to create a global community of health promotion researchers involved in knowledge production and sharing. The handbook is made of three distinct volumes. The mapping of practices is the first step and has led to the publication of the first volume of the handbook. Based on this material, the second volume consists of a systematic description of the epistemological and ethical framework of health promotion research. Finally, the 3rd volume proposes a systematic collection of approaches, strategies of inquiry and methods.

**Relevance for health promotion or policy.** The overarching ambition of this global handbook is to contribute to structure the field of health promotion research based on the actual research practices. It also aims to help structure a distinctive community of health promotion researchers and to contribute to its expansion by providing the next generation of researchers with a tool to situate their own contribution to the field and a coherent framework to organise the breadth and depth of valid research practices in health promotion.

"Meet the editors of the journal Global Health Promotion & "What do we know about the health and wellbeing of LGBTI+ youth in Europe (and what we don’t)?"

Lunch with an author
17 May 2022, 17:45 - 18:45

Moderated by authors
Meet the editors of the journal Global Health Promotion

Speaker
Erica Di Ruggiero, Presenting Author from University of Toronto, Canada

Co-authors
Ana Gherghel, Anna Bonmatí Tomàs, Diane Levin, Thierno Diallo, Hugo Mercer, Larry Olsen, N'koué Emmanuel Sambieni, Linda Cambon

Abstract

Description. This session will provide fascinating insights into Global Health Promotion journal’s activities and projects. It will discuss the current collections, call for papers, publication formats and opportunities. It will also reflect on what it means to be a journal editor. This session will offer useful information on the journal editing process that will be relevant to professionals aspiring to become involved in the editorial work, as well as to the authors looking to submit their work to an academic journal and those looking to work on peer review. The journal publishes academic articles and commentaries of theoretical and practical importance in English, French and Spanish, with a wide geographical coverage. As an international and interdisciplinary forum for sharing new perspectives and insights, it offers a space to disseminate theory, empirical research and evaluation about health promotion practice, health education and public health, with a particular emphasis on intervention research findings and innovative strategies for health promotion. The Editor-in-Chief and Associate editors of the journal will exchange with the audience on the current significant issues of editorial work, in English, French and Spanish, and will answer questions freely.

https://journals.sagepub.com/home/ped

Relevance for health promotion or policy. Global Health Promotion publishes high quality peer-reviewed articles and commentaries in English, French and Spanish for a world-wide audience of professionals interested in health promotion and health education. It is an official publication of the International Union for Health Promotion and Education (IUHPE). This journal is relevant to researchers, policy-makers, practitioners and all professionals involved in health promotion and health education, and to an international readership.

What do we know about the health and wellbeing of LGBTI+ youth in Europe (and what we don’t)?

Speaker
András Költő, Presenting Author from Health Promotion Research Centre, National University of Ireland Galway, Ireland

Co-authors
Elena Vaughan, Linda O'Sullivan, Colette Kelly, Elizabeth M. Saewyc, Saoirse Nic Gabhainn

Abstract

Book description. This publication (https://tinyurl.com/lgbtilandscapereport) presents a landscape and research analysis of the European studies conducted between 2000–2019, on the health and wellbeing of lesbian, gay, bisexual, trans, intersex and other sexual and gender minority (LGBTI+) youth. Using a scoping review approach, the authors identified 127 studies in the area which were relevant to the fifteen objectives
of the LGBTI+ National Youth Strategy 2018–2020, the first governmental strategy document that aimed to better understand and improve the lives and the health of LGBTI+ young people in the Republic of Ireland. The main findings are that studies in these areas are largely varied in their scope and methods, with uneven coverage of different topics. Poor mental health and bullying victimisation are overrepresented, while much less emphasis is given to positive aspects and resources of resilience and growth. International comparisons and studies that move beyond descriptive statistics are rare, as are studies of interventions.

Relevance for health promotion or policy. The report provides a comprehensive landscape of LGBTI+ youth research in Europe and outlines the knowledge gaps that need to be addressed. Particularly relevant to practitioners and researchers in health promotion is the need to give more emphasis to the attitudes and knowledge of youth health workers, and to carry out studies on the efficacy of interventions in this area. Health promotion is one of the key disciplines which have a potential to initiate actions that can address these gaps and thus globally improve the lives of LGBTI+ young people. We are keen to learn practitioners’ and fellow researchers’ views on the health of LGBTI+ youth, and look forward to exchanging ideas on how research in this area could be innovated.

Promoting teachers' health and well-being: barriers, levers and promising interventions

Workshop
17 May 2022, 17:45 - 18:45

Moderator
Goof Buijs

Speakers
MinChien Tsai, Workshop Coordinator from UNESCO chair GHE, Taiwan
Didier Jourdan, Workshop Trainer from UNESCO chair GHE, France
Karim Ould-Kaci, Workshop Trainer from Fondation MGEN pour la santé publique, France
Marie-Noël Vercambre-Jacquot, Workshop Trainer from Fondation MGEN pour la santé publique, France
Louise Magnard, Workshop Trainer from Education and Solidarity Network (ESN), France
Goof Buijs, Workshop Trainer from UNESCO Chair and WHO Collaborating Centre Global Health & Education, France

Abstract
Objectives. School teachers and education professionals are a very large group of workplace workers. The total number of teachers in the world increased by 50% between 2000 and 2019, from 62 million to 94 million. Their health is an important issue not only for demographic or retention reasons but also because teachers' health influences the education they provide. There is a link between teacher health and the ability of schools to promote student health. The objectives of this workshop are: 1/ to review empirical research on the health and well-being of education professionals in order to understand their needs; 2/ to explore relevant intervention strategies
to promote teacher’s health and well-being; and 3/ to collaborate to generate innovative ideas and contribute to strengthen workplace health promotion in schools.

**Format.** This participative workshop was prepared by an intersectoral team of social, health and education professionals. It will consist of two parts:

**Part 1:** Three short lectures about research evidence about teacher and education personnel health, prevention action, and promotion strategy among different context (45 min)

1. What have we learned from the international study “barometer of the health and well-being of education personnel”? 
2. Initiatives aiming to promote teachers’ health and well-being: from prevention of diseases to health promotion
3. A focus on the issues linked to the last part of teachers’ career: a health promotion perspective for healthy aging at work

**Part 2:** Structured small group discussions facilitated by workshop leaders. The participants will be invited to share their views and experience and contribute to an interactive co-creative process using a microlearning application. (45 min)

Each group moderator will have a structured discussion guide including the following elements:

- Approaches to workplace health promotion in education systems
- Enablers and barriers to the implementation of health promoting policies and interventions
- Identification of good practices globally

**Learning goals.** After the workshop, the UNESCO Chair and WHO Collaborating Centre in Global Health and Education will provide a certificate for all the participants who attended the workshop and submitted their contribution. In order to contribute to the creation of an international collaboration on teachers’ health promotion, participants’ productions will be shared on a dedicated page on the UNESCO chair GHE website.

**Aligning research practices with health promotion values: Ethical considerations from the community health worker common Indicators project**

**Workshop**
17 May 2022, 17:45 - 18:45

**Moderator**
Noelle Wiggins

**Speakers**
Noelle Wiggins, Presenting Author from Wiggins Health Consulting LLC, United States
Keara Rodela, Workshop Trainer from Immigrant and Refugee Community Organization, United States
Co-authors
Kenneth Maes, Leticia Rodriguez Avila, Edith Kieffer

Abstract
Recent studies have pointed to a need to better organize and mobilize the field of health promotion research, identify a set of principles, integrate new theories, and take a more transdisciplinary approach. Often, when a field needs new theories and approaches, benefit can be derived from looking within that field for models that may have long existed yet been overlooked by dominant cultures and systems.

Community health workers (CHWs) are trusted community members who promote health in their own communities through a variety of strategies. They are quintessential health promotion practitioners, in that they seek to address the root causes of problems, often work in ways that are invisible to larger systems and seek to create the conditions in which people can be healthy. Gaps in research about CHWs have impeded the development of the profession.

The CHW Common Indicators Project seeks to fill these gaps by collaboratively identifying a set of common process and outcome constructs and indicators for diverse programs that employ CHWs. In its principles and practices, the CI Project embodies the approaches, methods, and outcomes of health promotion research, and offers useful suggestions about how to advance and structure the field. In this interactive presentation, members of the CI Leadership Team will share the underlying philosophy and approach of the CI Project, as well as discussing recent developments, including involvement in a major national evaluation of CHW programs in the U.S.

Objectives.
1. Increase participants’ understanding about Community Health Workers (CHWs) as quintessential health promotion practitioners
2. Introduce participants to the CHW Common Indicators Project, which is using progressive and participatory health promotion research approaches to identify common process and outcome indicators for the CHW profession
3. Share recent developments in the CI Project, including how the indicators are influencing a major national evaluation of CHW programs in the U.S.
4. Encourage participants to think about how they can align their own practice of health promotion research more closely with health promotion values

Format. Participatory workshop, using the practices and strategies of popular (people’s) education.

Learning goals. By the end of the workshop, participants will be able to:
1. Explain who Community Health Workers (CHWs) are and how they embody the essential characteristic of health promotion practitioners;
2. Explain how the CHW Common Indicators Project is using the approaches, methods and principles of health promotion research to identify common process and outcome indicators for CHW practice;
3. Name recent developments in the CI Project; and
4. Identify concrete ways they can apply their learning in their own settings and communities.
Living health equity values: From dialogue-based learning to organizational action

Workshop
17 May 2022, 17:45 - 18:45

Moderator
Pemma Muzumdar

Speakers
Pemma Muzumdar, Workshop Coordinator from National Collaborating Centre for Determinants of Health, Canada
Claire Betker, Workshop Trainer from National Collaborating Centre for Determinants of Health, Canada
Sume Ndumbe-Eyoh, Workshop Trainer from Black Health Education Collaborative, Canada

Abstract

Objectives. Foundational values in health promotion (e.g. social justice, reciprocity, solidarity) can support policy development to improve health equity. However, these values rarely translate into concrete action within public health organizations. This misalignment is a significant problem leading to missed opportunities to address the social determinants of health. This workshop will engage health promotion actors and leaders in brave, solutions-focused conversations. Participants will

• Analyze their own values in the context of health equity,
• Reflect on core values that support equity-oriented policy development, and
• Consider opportunities to ‘live’ health equity values (shift organizational culture and operationalize values in health promotion policies, programs and practice).

Format. Trainers will present key values aligning with health equity and share examples of their application in health promotion. Two resources from the National Collaborating Centre for Determinants of Health will be used: 1) Let’s talk: Values and health equity (2020), which introduces the concept of a value and broadly discusses values that support health equity; and 2) Living health equity values in public health organizations: A review and dialogue-based tool (2021), which summarizes research and practice evidence for public health organizations to identify and apply organizational values to support health equity action. Participants will apply this tool and the questions below to their own contexts through interactive breakout conversations and polls.

• Are specific values named by your organization?
• How are health equity values named and operationalized in your organization’s decision-making, policy-making and programming?
• Did these values remain front and centre during the COVID-19 pandemic? What values tensions came up?
• What are the opportunities to live health equity values in policies, programs, and practices in health promotion and in public health organizations?
• How can you contribute to change efforts within your organization?
Learning goals. Following this workshop, participants will be able to:

- Describe values that support health equity;
- Analyze values that support health equity in relation to action (or inaction) on the social determinants of health and health equity;
- Identify opportunities to shift organizational culture and operationalize health equity values (increase alignment between stated values and policies, practices, and programs).

Maitriser l'art du plaidoyer

Workshop
17 May 2022, 17:45 - 18:45

Moderator
Ariane Cyr

Speakers
Ariane Cyr, Presenting Author from PRÉCA, Canada
François Lagarde, Presenting Author from Fondation Lucie et André Chagnon, Canada

Co-author
Fannie Dagenais from Observatoire des tout-petits à la Fondation Lucie et André Chagnon

Abstract
Vous souhaitez favoriser l’adoption de politiques ou de mesures favorables à la santé de la population? La réalisation de votre projet nécessite de rallier à votre cause des élus ou hauts fonctionnaires des gouvernements et des municipalités? Ou encore des organisations du secteur public, à but non lucratif ou privé? Vous vous demandez comment vous y prendre, mais surtout, par où commencer? Cet atelier est pour vous!

Objectif. À l’issue de cet atelier, les participants seront en mesure, grâce à un outil d’accompagnement pratique, de planifier une intervention de plaidoyer efficace tenant compte d’une analyse de l’environnement et du contexte propres à leur projet.

Format. Cet atelier permettra aux participants de s’approprier des outils pratiques en français qu’ils pourront utiliser dans le cadre de leurs prochaines actions d’influence. Les participants travailleront sur une série de questions concrètes conçues pour les aider à planifier, mettre en œuvre et évaluer efficacement des stratégies de plaidoyer. La démarche proposée permettra aux participants d’améliorer leurs compétences professionnelles et leur capacité organisationnelle en matière de plaidoyer. Au cours de l’atelier, l’outil PourRallier sera présenté. Cet outil a été développé à la suite d’un processus de deux ans qui a impliqué des milliers de praticiens et de leaders locaux au Québec (Canada), et qui comprenait une enquête complète sur leurs besoins en matière de plaidoyer. Une étude de cas sera également utilisée pour démontrer l’outil en application. Elle portera sur l’expérience de l’Observatoire des tout-petits et sa
démarche de plaidoyer auprès du gouvernement provincial pour élargir la couverture d’assurance maladie pour les femmes enceintes et les jeunes enfants migrants.

Objectifs d’apprentissage.
- Connaître les bases d’une démarche de plaidoyer.
- Connaître et expérimenter l’outil PourRallier, qui propose une démarche d’élaboration d’une stratégie de plaidoyer.
- Comprendre l’utilité du processus de planification à travers une étude de cas sur l’enjeu de l’accès aux soins de santé chez les femmes enceintes et les enfants migrants.

Ensuring ongoing innovation and sustainability in multisectoral partnerships: The experience of Montréal métropole en santé (Montreal a Healthy Metropolis)

Round table
17 May 2022, 19:00 - 20:00

Moderator
Lise Gauvin

Speakers
Lise Gauvin, Presenting Author from Université de Montréal / CRCHUM, Canada
Anne-Marie Aubert, Presenting Author from CSAM Conseil du Système Alimentaire Montréalais (Council of the Montreal Food System), Canada
Carine Thouveny, Presenting Author from Montréal Physiquement Active (MPA, Montréal Physically Active), Canada
Rotem Ayalon, Presenting Author from Centraide du Grand Montréal & Montréal métropole en santé (MMS-Montreal a Healthy Metropolis), Canada

Co-authors
Kadia Saint-Onge, Jany St-Cyr

Abstract
General Objective. The overarching objective of this symposium is to share how a two-armed multisectoral partnership named Montréal métropole en santé (MMS-Montreal a Healthy Metropolis) which was aimed at equitably improving healthy eating and physical activity on the Island of Montréal, acted to transform and improve the food system and the physical activity delivery system in Montreal, Canada.

Proposed format of the session. This symposium will include five brief presentations interspersed with interactive activities involving the online and in-attendance audiences. The first presentation provides a brief overview of the history of MMS and its two imbedded mobilisations, the Conseil du système alimentaire montréalais (CSAM-Council of the Montreal Food System) and Montréal, physiquement active
Abstract

**General Objective.** This introductory presentation will focus on describing the context within which Montréal - Métropole en santé (MMS-Montreal a Healthy Metropolis) and its two mobilisations the Conseil du système alimentaire montréalais (CSAM-Council of the Montreal Food System) and Montréal, physiquement active (MPA-Montreal, Physically Active) were created and on outlining significant milestones since 2013.

**Proposed format of the session.** This 15 minute section of the symposium will include a 7 minute presentation which describes the emergence of MMS followed by an online set of questions to gather participant perspectives on innovations embedded in the MMS (8 minutes). Information about the initial structure and composition as well as the financing and governance of this multisectoral partnership will be shared. The nature and extent of changes occurring between 2013 and 2022 will be outlined. The in-attendance audience and online participants will be provided access to an interactive timeline to allow them to dynamically view significant milestones. Participants will also be invited to provide their perspectives on the strengths, innovative aspects, and challenges imbedded in the MMS multisectoral partnership through a series of questions and answers.

**The Conseil du système alimentaire montréalais (CSAM-Council of the Montreal Food System): Structure, composition, governance, activities, and achievements since 2018**

Abstract

**General Objective.** The goal of this brief presentation is to outline the structure, composition, governance, activities, and achievements of the Conseil du système alimentaire montréalais (CSAM – Council of the Montreal Food System).
Proposed format of the session. This 12 minute section of the symposium will involve a 7 minute presentation followed by an online set of questions to gather participant perspectives on innovations embedded in the CSAM (5 minutes). The CSAM was created following public consultations spearheaded by the Social Development Committee of the City of Montreal. Building on the momentum of partnerships that had already been active over a number of years, the executive committee recognized the need for a food policy council. The multisectoral council’s mandate is two-fold: to advise the city on public policy impacting the food system, and to coordinate and support collective action with stakeholders. The CSAM launched a new kind of action plan for 2020-2022, one that was built collectively and that integrates not only projects led by the CSAM, but a total of 92 projects led by over 50 public, community, and research organizations. The range of targets and strategies used across the 92 projects will be described and current progress towards achieving goals will be highlighted. Both online and in-attendance participants will be invited to provide their perspectives on the strengths, innovative aspects, and challenges imbedded in the CSAM’s activities.

Montréal, physiquement active (MPA): Structure, composition, governance, activities, and achievements since 2014

Abstract

General Objective. The goal of this brief presentation is to outline the structure, composition, governance, activities, and achievements of Montréal, physiquement active (MPA-Montréal, Physically Active).

Proposed format of the session. This 12 minute section of the symposium will involve a 7 minute presentation followed an online question to gather participant perspectives on innovations embedded in MPA (5 minutes). MPA was created in 2014 following a summit organised by the City of Montreal in the context of its policy on sports and physical activity. Although MPA was originally designated to act as a regional reference point for physical activity promotion, its role evolved to encompass additional mandates that are in continuity with those of the regional multisectoral roundtable on health lifestyle called Montréal, metropole en santé (MMS-Montreal a Healthy Metropolis) namely, mobilising regional actors and other professionals as well as facilitating networking to insure links between interventions occurring at different levels and promotion of policies to support healthy lifestyles. MPA regroups over 100 partners who promote physical activity in Montreal. Over the past 7 years, about 60 projects have emerged from this collective force’s four priorities: (i) active transportation and urban planning, (ii) outdoor activities, (iii) sports participation, and (iv) promotion of a physically active lifestyle. Within this context which is continually changing and evolving, MPA has exercised and continues to cultivate creativity and innovation to harness the collective forces of MPA and to keep abreast of emerging issues in Montreal while pursuing equity, inclusion and sustainability. Both online and in-attendance participants will be invited to provide their perspectives on the strengths, innovative aspects, and challenges imbedded in MPA’s activities.
Studying multisectoral partnerships: Contributions of the MUSE (Multisectoral urban systems for health and equity in Canadian cities) project

Abstract

General Objective. The goal of this presentation will be to provide an overview of the survey and interview activities performed to better understand the structure, composition, and outcomes of Montréal Métropole en santé (MMS-Montreal a Healthy Metropolis) and its two mobilisations, the Conseil du système alimentaire montréalais (CSAM-Council of the Montreal Food System) and Montréal, physiquement active (MPA-Montreal, Physically Active) respectively.

Proposed format of the session. This 12 minute section of the symposium will involve a 7 minute presentation followed an online question to gather participant perspectives on the most important evidence emerging from the research (5 minutes). The overarching aims of the MUSE (Multisectoral Urban Systems for health and Equity in Canadian cities) research project are (i) to fill in gaps in knowledge about the structure, composition, and outcomes of multisectoral partnerships created by public health authorities working with municipalities in four Canadian cities namely, Montreal, Toronto, Saskatoon, and Vancouver and (ii) to broadly share this new evidence. In this presentation, we focus on data collected in Montreal around MMS and its two mobilisations, the CSAM and MPA respectively. We share the findings gleaned from two quantitative surveys, multiple structured interviews, and several in-depth open-ended interviews. We find that the partnerships are keenly aware of issues related to equity and work towards overcoming inequalities by empowering the work of partnership members and by creating a concerted voice to advocate for health-enhancing changes. The knowledge transfer and exchange activities held with partnership members are also described. Both online and in-attendance participants will be invited to provide their perspectives on the strengths, innovative aspects, challenges, and knowledge exchange opportunities imbedded in conducting research on multisectoral partnerships such as MMS and its two mobilisations CSAM and MPA.

On the pulls of practice and the push of research: Success stories in shared learning and communication from the experience of Montréal Métropole en santé (Montreal a healthy Metropolis)

Abstract

General Objective. The goal of this portion of the symposium will be to address questions and hear perspectives from the online and in-attendance audiences.

Proposed format of the session. This 19 minute section of the symposium is intended for further interactions with the audience. Through a series of online questions, the audience will be invited to ascertain how the experience of Montréal Métropole en santé (MMS-Montreal a Healthy Metropolis) and its two mobilisations, the Conseil du système alimentaire montréalais (CSAM-Council of the Montreal Food System) and Montréal, physiquement active (MPA-Montreal, physically active) might be implemented and scaled-up in other localities, notably their own. Both online and in-attendance participants will be invited to provide their perspectives and ask questions about the strengths, innovative aspects, challenges, and
knowledge exchange opportunities imbedded in conducting research on multisectoral partnerships such as MMS and its two mobilisations CSAM and MPA.

**Indigenizing policy change in Canada: Eliminating harms using Indigenous knowledges for equity and sovereignty for the people**

**Workshop**
17 May 2022, 19:00 - 20:00

**Moderator**
Mikaela Gabriel

**Speakers**
Mikaela Gabriel, Workshop Coordinator from Waakebiness Institute for Indigenous Health, Canada
Suzanne Stewart, Workshop Coordinator from Waakebiness-Bryce Institute for Indigenous Health, University of Toronto, Canada
Roy Strebel, Workshop Trainer from Waakebiness-Bryce Institute of Indigenous Health, University of Toronto, Canada
Sarah Ponton, Workshop Trainer from Waakebiness-Bryce Institute of Indigenous Health, University of Toronto, Canada

**Co-authors**
Pamela Hart, Jeffrey Schiffer, Elder Pauline Shirt

**Abstract**

**Objectives.** Historically, policy regarding Indigenous Peoples have caused great, invasive harms to Indigenous communities, while benefiting non-Indigenous peoples in Canada. Within health and social policy, broad gaps such as exclusion of Indigenous traditional knowledges and healing in health care, as well as lacking Indigenous community involvement and cultural safety combat systemic racism and oppression of Indigenous Peoples. Existing consultation by government lacks a structured, community-driven approach to ensure equitable relationships between Indigenous Peoples and settler governments. This workshop will address the scope and impact of policy gaps in Canada’s colonial context; their realistic implications in practice in urban Indigenous community; and how knowledges from research and practice can address these gaps. This will address successful practices that are currently being implemented by panel members in Indigenous relational models of knowledge translation.

**Format.** This workshop comprises of leading Indigenous scholars and clinicians, organization leaders, and Traditional Elders who work together across intersections of research, care, and policy with the Ontario Network for Environment in Indigenous Health Research (ON-NEIHR) at the University of Toronto. As experts in Indigenous community research, leadership, programming, and policy change, the group’s perspectives and experiences are valuable in shaping the structure and implementation of current health and social policy for Indigenous Peoples. The session will be interactive, with an Indigenous learning circles
format; it will have ceremonial opening and closing; facilitated discussions; breakout groups; and collaborative review of policy.

**Learning goals.** Goals of this workshop include: identify necessary steps to address Indigenous needs health and social policy levels, including concrete actions that can be taken to support decolonization and reconciliation; identifying issues in successful Indigenous knowledges and research reuptake for government policy change; Indigenous organization policy development, and the scope of total impact of policy on Indigenous community members; actionable steps for workshop participants to take in their respective fields of work; identify key barriers across policy delivery; and lasting, strong relationship forming with Indigenous communities. Workshop participants are invited to share their perspectives, experiences, and questions.

**Steering and evaluating local cross-sector action: A new practice support tool**

**Workshop**
17 May 2022, 19:00 - 20:00

**Moderator**
Marie-Pier St-Louis

**Speakers**
Marie-Pier St-Louis, Workshop Coordinator from Chaire de recherche du Canada Approches communautaires et inégalités de santé, Canada
Rebecca Johnson, Workshop Trainer from Chaire de recherche du Canada Approches communautaires et inégalités de santé, Canada
André-Anne Parent, Workshop Trainer from École de travail social de l'Université de Montréal, Canada

**Co-authors**
Angèle Bilodeau, Lucie Morin

**Abstract**

**Objectives.** For more than twenty years, various public and philanthropic programs and initiatives have prioritized, supported and funded cross-sector networking to address the social determinants of health. Various multi-sectoral collaborative bodies wish to further document their actions and demonstrate their effectiveness: What effects on resource availability in communities can be attributed to them?

Tool for Assessing the Effects of Local Intersectoral Action (https://chairecacis-outiinteractif.org/en) helps to shed light on how interventions are carried out to improve living conditions (housing, education, food systems, etc.). The Tool is an online learning platform, comprising 3 modules, developed to promote the use of research knowledge by managers and practitioners. It allows them to produce by themselves
information on the effect of their actions by modeling their process. Modeling consists of laying out, on a timeline, the chain of significant events of a project leading to its effects in the living environment; interpreting these events by using 12 generic transitional outcomes from research; and drawing lessons and reinvesting them in action.

The objectives of this workshop are:

- To present the midrange social theory underlying the Tool, which is derived from a series of case studies based on actor-network sociology
- Explore the 3 modules of the Tool
- Guide participants in the use of the Tool.

Format

- General introduction (5min)
- Introduction to the Tool (module 1) and its theoretical foundation (20 min)
- Live survey: appropriation of transitional outcomes by 2-3 questions on association with events from a case history (5 min)
- Presentation of modules 2 and 3 (20 min)
- Subgroup workshop: reflection using the grid from Module 3 (15 min)
- Large group feedback and conclusion (10 min)

Learning Goals. At the end of the workshop, participants will be able to:

- Explain the purpose of the Tool
- Interpret local cross-sector action through the 12 transitional outcomes
- Test the implementation of a reflective process using the Tool

Advancing health equity in the Pacific: Lessons learned from the Covid-19 pandemic to address root causes of poor health among Native Hawaiians, Other Pacific Islanders, and Filipinos

Symposium
17 May 2022, 19:00 - 20:00

Symposium coordinator
Catherine Pirkle

Speakers
Catherine M. Pirkle, Symposium Coordinator from University of Hawai‘i at Mānoa, United States
Angel E. Talana, Symposium Presenter from University of Hawai‘i at Mānoa, United States
Lorinda MNM Riley, Symposium Presenter from University of Hawai‘i at Mānoa, United States
Martina L. Kamaka, Symposium Presenter from University of Hawai‘i at Mānoa, United States
Rebecca Delafield, Symposium Presenter from John A. Burns School of Medicine, United States
Sharde M Freitas, Symposium Presenter from Office of Hawaiian Affairs, United States
Abstract
In the United States (US), racial minorities are disparately impacted by the Covid-19 pandemic, reflecting historical and contemporary disadvantages from the inequitable distribution and access to resources and power. Many social inequities that heighten Covid-19 risks—low wages, crowded living conditions, uncertain or no legal status, poor access to health services, low health literacy—also increase the risks of chronic conditions, such as heart disease and diabetes. Native Hawaiians, Other Pacific Islanders, and Filipinos, groups frequently invisible in large national-level datasets and discourse, have experienced some of the highest age-adjusted death rates in the US during the pandemic. In Hawaii where Native Hawaiians, Other Pacific Islanders, and Filipinos make up nearly 50% of the population, their experience of Covid-19 highlighted major social inequities, compounded risks due to chronic disease, and resulted in adverse consequences on the health of individuals and communities. These populations also often experience discriminatory treatment in healthcare sectors. In Hawaii, Other Pacific Islanders were 14 times more likely to die of Covid-19 than the general population and 40 times more likely than Whites; they also have high rates of chronic conditions, with onset happening for many as early as childhood. As is recognized by the IUHPE, the Covid-19 pandemic exemplifies a syndemic, and the substantially higher risks of infection and death faced by Native Hawaiians, Other Pacific Islanders, and Filipinos reflect social, economic, and political inequities that increase disease risk generally for these groups. This symposium thus brings together diverse experts in health promotion, law, nursing, and health policy, focusing on issues confronting these groups specifically. It begins first with two presentations documenting unique Covid-19 challenges and impacts among Native Hawaiians, Other Pacific Islanders and Filipinos. Next, it presents research on community-led responses to the pandemic, including advocacy efforts, for a more inclusive and culturally-relevant response among Native Hawaiian and Other Pacific Islander communities. The symposium is concluded with a presentation on the development of a cultural framework for advancing Covid-19 related, community-informed health policies that advance health equity in Hawaii and elsewhere in Pacific. The second half of the symposium will engage in the audience through a moderated Q&A session.

Examining stress during the Covid-19 pandemic among Filipino residents in Hawaii: May – October, 2020

Abstract
The Covid-19 pandemic has resulted in rapid and drastic changes to daily lives in Hawaii. Some of these changes, such as lockdowns and unemployment, pose a threat to residents’ mental health and well-being. Little is currently known about how the pandemic’s economic consequences and health-associated worries affect the mental health of Filipinos in Hawaii. Filipinos are disproportionately impacted by Covid-19, in Hawaii, as well as across the United States. In Hawaii, 16% of the population identifies as Filipino. Using publicly available polling data from the SMS Community Pulse Survey, this secondary data analysis describes levels of stress, sadness, and food insecurity experienced by Hawaii residents during the Covid-19 pandemic, and compares Filipino respondents to non-Filipino respondents. Data were collected from an online panel of Hawaii residents over four time periods (May 5-10; June 11-17; July 31-August 8; October 19-31, 2020). Compared to non-Filipinos, a higher proportion of Filipinos reported feeling stress and sadness during three of the four time periods. Similarly, Filipinos reported food insecurity in higher proportions relative to non-Filipinos in most periods. For Filipinos, the lowest levels of stress and sadness coincided with the period
closely preceding a spike in incident Covid-19 cases (July-August 2020). These findings suggest Filipino residents have experienced chronic stress during the pandemic which could potentially lead to future mental and physical health issues. Implications of these findings directly relate to changes in social policies (e.g., paid sick leave and universal basic income) and community-supported initiatives (e.g., culturally relevant mental health services) in order to address social determinants of health, reduce chronic stress, and prevent further mental health disparities for this important population group in Hawaii.

**Much needed medicine: A qualitative study of Hawaii Resident views during COVID-19**

**Abstract**
The precarious financial status of the majority of Hawaii residents coupled with the state's heavy reliance on tourism suggests that residents are particularly vulnerable to increased economic hardship resulting from the COVID-19 pandemic, which temporarily shut down the tourism industry and continues to erect barriers for resuming operations. Understanding how Hawaii residents prioritize access to health care, food economics, care of ʻāina, and culturally informed community in light of the current and future economic situation can inform policy actions that will support public health. To that end, this paper analyzes: 1) Hawaii residents' views on health, specifically food security and healthcare, and their priorities for the future of these areas; 2) the differences between Native Hawaiian and non-Hawaiian views and priorities; and 3) the differences in views and priorities between families with higher and lower levels of economic stability. The authors close with policy recommendations that can be seen as medicine, or ways to heal Hawaii, as the state shifts towards a more equitable and sustainable future.

**Micronesian-led responses to COVID-19: Filling the gap in essential public health services**

**Abstract**
Micronesian communities in Hawaii have a long history of mobilizing to address challenges they encounter as the most recent and fastest growing Pacific Islander immigrant population in the state. In particular, community leaders navigate a slew of obstacles specific to systemic racism, insufficient health care access, and poor treatment by health and social services' providers. These hurdles have become exacerbated by the COVID-19 pandemic, prompting a range of Micronesian-led responses to the health crisis including strategic adaptations to existing networks and roles to address essential public health functions. These community responses have filled many critical gaps left by the state's delayed response to addressing the disparate impact of COVID-19 on Micronesian communities. This article highlights and encourages engagement with diverse models of collaboration and elevation of Micronesian leadership that has resulted in more productive cooperation with government leaders, agencies, and policymakers. This work offers insight into pathways forward toward healthier Micronesian families and communities.
Addressing Native Hawaiian and Pacific Islander data deficiencies through a community-based collaborative response to the COVID-19 pandemic

Abstract
Early evidence of disproportionate COVID-19 infection and death rates in Native Hawaiian and Pacific Islander communities in the continental U.S. raised concerns for similar disparities in Hawaii, where these communities make up 25% of the state’s population. Representatives from over 40 different government, academic, institutional and community-based organizations partnered to form the Hawaii Native Hawaiian and Pacific Islander COVID-19 Response, Recovery, and Resilience Team. The team consists of five committees including the Data & Research Committee. This committee was tasked with examining issues regarding the acquisition, quality, public reporting and utilization of race/ethnicity-related health data used to inform priorities and guide resource allocation. Problems uncovered by this committee included: inconsistency across agencies in the use of race identifiers, defaulting to the Federal Office of Management and Budget standards which aggregated Native Hawaiian and Pacific Islanders, and how data are collected and reported by numerous institutions such as hospitals and the Hawaii Department of Health. Outcomes included: two data collection forms with race categories that reflect the population of Hawaii, the reporting of disaggregated data by the Department of Health of Native Hawaiians, Pacific Islanders, and Asians, and conversations with testing sites, laboratories, and health institutions urging a standardized form for race/ethnicity data collection. The collection and reporting of standardized and disaggregated race/ethnicity data is critical to establishing policies that can address underlying inequities in chronic disease and social determinants of health that can exacerbate the adverse effects of COVID-19. The Data and Research Committee’s network offers a community-based model for collaborative work that honours culture and ensures Native Hawaiian and Pacific Islander and other minority populations are recognized and counted.

Centering our cultural values to inform advocacy and policy for Native Hawaiians and Pacific Islanders

Abstract
The Native Hawaiian and Pacific Islander community found itself on the front pages of national news when the COVID-19 pandemic struck the United States (US). By April 2020, the small, frequently overlooked community experienced the highest COVID-19 case rates in 5 states including Hawaii. In response, Native Hawaiian and Pacific Islander networks across the US were mobilized to address the crisis. In Hawaii, the Native Hawaiian Pacific Islander COVID-19 Response, Recovery, and Resilience Team was created. Framed by indigenous Pacific based cultural values, protocols, and practices, the team consists of multiple committees that examine policy; testing, contract tracing, and isolation; communications; social supports and resources; and data and research. Inherent in this work are the shared core values of pono (righteousness, goodness), aloha (love, compassion), laulima (cooperation), and imua (moving forward with strength) as well as an ‘ohana/aiga (family)-based, kuleana (responsibility)-centric approach that acknowledges, honors, and values ʻike kūpuna (ancestral knowledge). With the burden of not only COVID-19 disparities, but also chronic diseases and socioeconomic disparities that place Native Hawaiian and Pacific Islander communities at increased risk for adverse impacts from COVID-19, an effective response is
critical. This presentation discusses the development of a cultural framework that guides the advocacy efforts of the team’s Policy Committee. The Policy Committee’s cultural framework grounds the team and guides their interactions and efforts for not only effectively promoting a strong voice in governmental and agency policies, but through also ensuring engagement with community and success for the work which ultimately contributes to a healthy and thriving Native Hawaiian and Pacific Islander community.

**Art as a liberatory and anti-racist practice for decolonizing health promotion**

**Workshop**
17 May 2022, 19:00 - 20:00

**Moderator**
Paola Ardiles

**Speakers**
Paola Ardiles, Presenting Author from Simon Fraser University, Canada
Sume Ndumbe-Eyoh, Presenting Author from University of Toronto, Canada
Hope Corbin, Presenting Author from Western Washington University, United States

**Abstract**

**Introduction.** Evidence suggests that arts-based initiatives are an effective health promotion strategy and can be highly impactful in fostering community resilience. Art can be an engaging tool that promotes critical reflection and community participation. The broad relevance of art in diverse settings around the world provides the promise for how art might be a pathway to redressing power structures that influence and cause health inequities. This session will explore how the use of art can serve as a tool for liberation from oppressive colonial structures by honouring diverse ways of generating and understanding knowledge to enable anti-racism practice in health promotion.

**Objectives.**
1. To gain knowledge about tools used that support decolonizing practice in health promotion.
2. To gain skills in arts-based experiential learning to promote anti-racist health promotion practice.

**Format.** This interactive session will offer hands-on learning by showcasing existing art-based tools used in anti-racism work in health promotion practice. It will facilitate cross-cultural communication by introducing techniques and tools to foster critical reflection and dialogue. Participants will have an opportunity to experience two different modalities of arts-based practices including visual arts and theatre arts. Workshop participants will have the chance to reflect at individual, small group and large group level. Through a facilitated activity, participants will contribute to a collective piece of art that will remain throughout the conference as a legacy piece in commitment of bringing anti-racist and decolonizing practices to our health promotion work in research, education, policy-making and practice.
This 90-minute session will include:

- Introduction to arts-based approaches in HP - 10 mins
- Facilitated discussion and visual arts reflection activity on positionality - 30 mins
- Applying Theatre of Oppressed games to combat racism in HP practice - 30 mins
- Discussion (20 mins)

**Learning goals.**

1. To support reflection and dialogue on positionality, power, privilege and oppression through the visual arts.
2. To gain skills in facilitating anti-racism action through performance theatre (theatre of the oppressed).

**Becoming a network-of-networks: Creating an intersectoral and interdisciplinary health promotion space for collaborative action on the social determinants of health and wellbeing.**

**Workshop**
17 May 2022, 19:00 - 20:00

**Moderator**
Lesley Dyck

**Speakers**
Lesley Dyck, Workshop Coordinator from Health Promotion Canada, Canada
Josée Lapalme, Workshop Trainer from Université de Montréal, Canada
Patsy Beattie-Huggan, Workshop Trainer from Atlantic Summer Institute on Health and Safe Communities, Canada
Teree Hokanson, Workshop Trainer from Alberta Health Services, Canada

**Abstract**

**Objectives.** Health Promotion Canada (https://www.healthpromotioncanada.ca/) is a national non-profit working to ensure all health promoters in Canada are equipped to foster health equity in all communities across Canada. It has been undergoing a renewal process focused on working with intersectoral partners to build a national systems-shifting network (network-of-networks) using a virtual space, to drive collaborative action on the social determinants of health and improve health equity. This network-of-networks does not currently exist in Canada and has been identified as a need by health promotion and public health practitioners.

The purpose of this workshop is to help participants explore the importance of networks and a network-of-networks for health promotion practice and influencing healthy public policy, using the recent work of Health Promotion Canada as a concrete example. Participants will also provide feedback on the elements of the planned virtual space/prototype that is being co-created.
Format. The workshop can be offered in-person or online (or a blend of both). The workshop will be divided into 3 sections, proportional to the length of the session. Each section will include a brief orientation to key concepts/tools, a practical example, followed by an opportunity for participants to practice with and/or discuss a specific tool in small groups:

1. Individual level networks/networking – learn about mapping personal networks, identifying points of leverage, and practice using a relevant tool for this purpose.
2. Organizational level networks/networking—learn about mapping organizational systems, and practice using a relevant tool to reframe health promotion outcomes across the system.
3. Network-of-Networks – introduction to the Acter platform (https://www.acter.global/), focused on bringing academia, community, government and industry together, and provide feedback on the prototype for Health Promotion Canada.

Learning goals. Workshop participants will:
- Build their skills and confidence for networking with the intention of transforming or shifting a system
- Enhance their own networks by connecting intentionally with practitioners focused on intersectoral collaborative action and exploring new partnerships
- Support the learning of Health Promotion Canada related to becoming a national network-of-networks.

Health promoting urban infrastructure in the age of pandemics: A workshop for policy and practice

Workshop
17 May 2022, 19:00 - 20:00

Moderator
Patrick Harris

Speakers
Patrick Harris, Workshop Coordinator from Unsw, Australia
Caroline Brown, Workshop Coordinator from Heriot Watt University, United Kingdom

Abstract
Objectives. The primary objective is to debate innovative ideas and questions about how health promoting urban infrastructure also mitigates or reduces the impact of pandemics.

Urbanisation and pandemics have a long and intertwined history. Indeed, urban planning as a discipline emerged out of the need to prevent pandemics. However, the connection has since splintered into siloed disciplines. COVID-19 has shown up these disconnections in a profoundly negative light. City and urban infrastructure provides an important opportunity to reconnect sectors - health promotion, health
protection, and urban policy sectors like land use planning, environmental sustainability, and housing – to promote health and prevent and mitigate respiratory pandemics like COVID-19.

The workshop directly addresses the conference theme of ‘promoting policies...’ The emphasis on planning, design and delivery of infrastructure meets conference categories 1 (policy) and 7 (large scale change). We will use the results from the session as data to inform a paper to be published in Cities and Health.

**Format.** Virtual workshop (70 minutes)
The workshop is informed by the COVID-19 ‘lockdown papers’ published in the Journal ‘Cities and Health’. This series of 51 papers covers a wide range of urban infrastructure themes including: transport, green infrastructure, open space, food networks, buildings and urban form. 6 authors will present the core arguments of their papers emphasising the conference theme and categories of large scale policy change to plan, design and deliver infrastructure for health equity. 6 papers, total 30 minutes. Workshop participants will be sent a virtual link to review papers prior to the conference.

Dr Patrick Harris and Dr Caroline Brown will then present a structured format for break out groups to discuss implications of the presentations and their own areas of work or expertise for planning, design, and delivery of infrastructure. 1 paper total 5 minutes. We will then structure break out groups of 5 people to discuss the implications of the findings policy and practice. A scribe will be assigned from each group to record discussions 20 minutes. We will hold a feedback session for all participants, with scribes from each type of group presenting back the findings. Five minutes per type, total 10 minutes. The session and break out groups will be recorded. A set of findings and recommendations will be provided to participants following the conference.

**Learning goals.** Learning goals cover planning, designing and delivering health promoting urban infrastructure which also mitigates or reduces the impact of pandemics. We aim to foster disruptive thinking and action focused on policy change and evidence for practice. The best available evidence is one focus. We also want immediate and urgent reflections on best practice that has promising insights including and beyond epidemiology.

**The roles and practices of policy and public health actors (Part 2): Decision makers**

**Parallel oral session**
18 May 2022, 10:00 - 11:15

**Moderator**
Carole Clavier
Health Promotion Research: Reflections on the practices of policy makers in implementing a social policy intervention in Ghana

Speakers
Ebenezer Owusu-Addo, Presenting Author from Kwame Nkrumah University of Science and Technology, Ghana
Sally Baaba Owusu-Addo, Presenting Author from Ghana Health Service, Ghana

Abstract
**Background/Objectives.** Within the field of health promotion (HP), it is widely acknowledged that the practices and actions of policy makers have wide implications for health and health equity. Researching the practices of policy makers is, thus, key to advancing health promotion knowledge and practice. This reflects on a HP research focused on understanding how a social policy intervention called the Livelihood Empowerment Against Poverty (LEAP) works to influence the social determinants of health (SDH) and the factors that influence health sector involvement in the programme.

**Methods.** The study used a SDH lens, HP theories and a realist evaluation approach to examine the practices of policy makers and programme implementers in Ghana. We conducted semi-structured interviews with policy makers, programme designers and implementers, and development partners. Thematic framework approach was used to analyse the data.

**Results.** The findings show that the use of participatory design, formal theories and SDH lens in studying the practices of policy makers is of great value in HP research. By using the SDH lens, this research was able to examine how LEAP works to influence the SDH and the factors affecting health sector involvement in the programme. The findings also show that the use of theories of the policy process in HP research has real value in understanding programmes’ mechanisms of change and the context within which such policies and programmes work or fail to work in influencing the SDH. We also found that HP research informed by HP values with clear strategies adopted in the research process help in moving HP values onto the agenda of policy makers and programme managers and enable them espouse ways of working that are empowering for programme beneficiaries and communities.

**Discussion.** The paper reflects on the epistemological and ethical framework, which governed this HP research to shed light on how the practices of policy actors and policy entrepreneurs advance or fail to advance action on the SDH. It also outlines the contribution of this case study to advancing HP research. In doing so, the paper argues that HP research needs to take pragmatic measures to ensure that the research process, which is a HP practice is in congruence with health promotion values and adopts study designs and methods that would optimise these values.

10 years smarter: A decade of action in Efsharibari- Israel's national program for an active and healthy lifestyle

**Speaker**
Liri Finding- Endy, Presenting Author from Ministry of Health, Israel

**Co-authors**
Sharon Levi, Ronit Endevelt, Efrat Aflalo
Abstract

Setting/problem. Similar to countries worldwide, Israel suffers from the effects of modern lifestyle, with high rates of obesity and lack of physical activity. Leading health organizations recommend national systemic programs to address this problem.

Intervention. In Israel, Efsharibari (“A healthy lifestyle is possible”) was launched in 2011 via government resolution, to reduce morbidity and mortality and improve quality of life for the diverse population, as a collaboration by the Ministries of Health, Culture and Sport, and Education. Efsharibari seeks to design a public domain enabling healthy choices focused on nutrition, physical activity and smoking prevention. Efsharibari is active in key settings: (1) Municipalities, (2) Food environment, (3) Education system, (4) Workplaces; utilizing core strategies: (1) Standards and regulations (2) Enabling environment (3) Community programs (4) Social Marketing.

Outcomes. Efsharibari is celebrating a decade of action; key outcomes include an annual increase of 40% participation in Efsharibari in the City, active in 54 Jewish and Arab municipalities covering 50% of citizens. Updated nutritional guidelines, mandatory and voluntary front of pack labelling, and standards for sugar, sodium and fat content resulting in extensive reformulation of foods. Increase in Health Promoting Schools from 2%-31%, regulations for school canteens, and development of educational guides on physical activity and nutrition. Health promotion in the workplace via tax breaks on fruits and vegetables, paid worktime for physical activity and development of an online toolkit. Efsharibari branding to promote social normative change via social networks, a content rich website, national campaigns.

Implications. Consistent and ongoing efforts of the national plan to promote health in all policies, reduce health disparities, enable healthy choices, and promote systematic change have impacted Israeli society over time. In spite of frequent changes of government and a lack of funds, Efsharibari has allowed for continuous harnessing of policymakers, professionals and additional partners. Following the outbreak of the COVID-19 pandemic, Efsharibari was able to provide a rapid and tailored response to support a healthy lifestyle during lockdowns and restrictions. Amidst ongoing international dialogue to improve and expand implementation, Israel’s practical experience, including both successes and challenges may serve to inform the international community.

Transforming into a healthy setting through health promoting policy in hospitals and health services: The international HPH network’s standards for practice and tools for self-assessment

Speaker
Keriin Katsaros, Presenting Author from International Network of Health Promoting Hospitals & Health Services, Germany

Co-author
Oliver Groene

Abstract

Setting/problem. The International Network of Health Promoting Hospitals and Health Services (HPH) was initiated by the WHO in 1988 to address the Ottawa Charter’s action area to reorient health services to adopt a whole-of-system approach to delivering healthcare. Presently, over 600 hospitals and health services in 22 countries work towards orienting their governance models, structures, processes, and culture
to optimize health gains of patients, staff and populations served and to support sustainable societies. The 2020 Standards for Health Promoting Hospitals and Health Services operationalize our vision; parallel self-assessment tools provide concrete measurable elements against which the progress towards implementation of the standards can be measured.

**Intervention.** The standards and self-assessment tools reflect years of global experience in policy, practice, and evidence in the International HPH Network. They were created to guide hospitals/health services to move beyond addressing single issues and to tackle the system as a whole, systematically transforming into health promoting settings. The 2020 Standards build upon our 2006 Standards and include those for equity, mental health, health literacy, patient-centered care, environment, children and adolescents, and age-friendly health care. An international expert panel participated in a two-stage Delphi panel to propose concrete measurable elements for each of the 5 standard domains, consisting of 18 substandards and 86 substandard statements. A working group synthesized responses based on established assessment criteria and further consulted the expert panel for feedback. A final list of measurable elements was made.

**Outcomes.** Two tools have been created that can be utilized by interdisciplinary teams in organizations to track their progress in implementing health promotion standards: a .pdf document with self-assessment forms and a comprehensive guide to applying the tool and an excel tool which produces visuals of qualitative data.

**Implications.** Self-assessment tools serve to monitor continual improvement of an organization and can be used to promote discussion and mutual understanding of operationalizing health promotion in the clinical pathway. The tools produce data on performance, a crucial component to quality assessments and developing quality improvement plans.

**Public health policy processes analysed from the lens of practitioner-scholars: Case studies of 13 public health operations of influence and advocacy over a 20-year span (Quebec, Canada)**

**Speakers**

Ak'ingabe Guyon, Presenting Author from Direction Régionale de Santé Publique de Montréal, Canada
Richard Lessard, Presenting Author from Direction Régionale de Santé Publique de Montréal, Canada

**Co-author**

Renée Dufour

**Abstract**

**Setting/problem.** Throughout the world, the COVID-19 pandemic allows us to observe the role of influence of public health (PH) organizations and their interactions with political authorities and civil society. PH policy processes and the PH capacity required to lead such practices of influence are seldom documented and analysed from the lens of PH practitioners.

**Intervention.** As a team of PH practitioners and scholars, we performed in-depth analyses of PH operations of influence and advocacy over a 20-year span, where local PH institutions in Quebec (Canada) intervened in order to influence local, provincial or federal public policy. Our aim was to better understand how PH actors exert their influence, and which conditions appear to amplify their impact. Through a case study methodology, we documented and then analyzed each case through in-depth interviews with PH
practitioners. We developed 13 intervention diagrams using a standardized taxonomy of PH interventions (Litvak, Dufour and al, 2020) and for each case, we illustrated the sequence of interventions over time, the links between them as well as the main events that occurred in the external environment during that period.

Outcomes. Our analysis leads to a logical framework of a PH operation of influence. The analysis also reveals that the social acceptability of interventions and policy changes proposed by PH leaders is a central issue that is rarely identified or taken into account by practitioners. Yet, public and population health measures often involve social changes that require paradigm shifts and profound modifications in the behaviour of stakeholders involved in shaping the determinants of health.

Implications. Social sciences have long recognized that in addition to scientific and expert knowledge, the perspective of citizens and the interests of particular groups profoundly influence policy processes and social norms. Skills and expertise in healthy public policy processes need to be strengthened among PH practitioners for PH institutions to better understand and take into account the dynamics of social change. In order for PH to contribute to the acceleration of health-enhancing social changes, modified hiring policies in PH institutions might be required. In addition, schools of PH will need to further incorporate knowledge and skills from: social sciences (ex. sociology, political science, behavioral sciences, economics

Mobilising local actors through a health in all policies (HiAP) approach: the case of the French local health contracts

Speaker
Eric Breton, Presenting Author from EHESP School of Public Health, France

Co-authors
Solene Lefevre, Yann Le Bodo

Abstract

Background/Objectives. Improving populations’ daily living conditions is key to achieving health equity. Acting on these requires building bridges across sectors to leverage the multiple powers and resources available. Local governments are well positioned to mobilise a large spectrum of actors, including the inhabitants, to address complex problems. However, this involvement does not come naturally in countries with highly centralised health systems. We conducted a study in two French regions on a health in all policies (HiAP) device known as Local Health Contracts (LHCs). We looked at their programme of actions and the way they mobilise agencies and NGOs around some common objectives.

Methods. We applied the instrument developed in the CLoterreS study to a national sample of 165 LHCs to analyse the WHO’s essential public health operations covered by the contracts. Following this overview, we applied a qualitative multiple case study design to 7 LHCs. Our dataset included the content of the contracts, other supporting documents and the recordings of 25 interviews conducted with coordinators and organisations listed as partners. The interview guide covered issues related to the development of the contract, the motivations, costs and benefits for the organisations involved.

Results. Our national portrait indicates that LHCs usually cover a broad range of public health, social and health care issues and embrace a social-determinants-of-health perspective. The case study shows that the dynamics of the LHC, which vary according to the size and resources of the community, are strengthened by strong political leadership and active and early involvement of its partners. While the organisations
involved were initially motivated by the opportunity to get extra funding, they later on found in the LHC an instrument to connect with others, to gain visibility and legitimacy. Although a number of significant achievements were reported, LHCs are grappling with a high turnover of their coordinators, reflecting a challenging coordination function and a short-term funding model.

**Discussion.** Although LHCs are promising HiAP devices, their capacity to mobilise a network of local actors and engage resources in the long term is constrained by a project-focused funding. Our study shows the importance of allotting time and flexible funding to local HiAP devices so they can better answer the needs of the population and seize up upcoming opportunities to develop innovative solutions.

**Nottingham Trent University, UK and Makerere University, Uganda: Experiences of shared ownership for equitable health partnerships**

**Speakers**
David Musoke, Presenting Author from Makerere University School of Public Health, Uganda

**Abstract**

**Background/Objectives.** Nottingham Trent University, UK and Makerere University School of Public Health, Uganda have an existing 12-year health partnership that has facilitated health promotion research and practice through strengthening the primary health care system in rural communities in Uganda. The partnership has predominantly supported the community health system through enhancing the capacity of Community Health Workers who play a key role in health promotion in their communities.

**Methods.** From our work together, a shared ownership approach has emerged that seeks to enable equity between the global north and south partners during collaborative activities, despite the large differences in access to resources. As part of this approach, the partnership has used both formal and informal activities through which several principles emerged that have underpinned our health promotion research and practice.

**Results.** The principles of partnership include: investment in people and communities; trust; reciprocity; cultural appropriateness; sustaining activities; transparency; bi-directional learning; and global thinking. These shared ownership principles challenge us as health promotion researchers to reflect on assumptions held about what knowledge, whose knowledge, and how knowledge is produced and used for addressing the health and development issues and challenges in Uganda which also apply in other low-and middle-income countries. The principles also contribute to the ongoing discussion on decolonising global health through partnerships working together equitably with minimal exploitation and mutual benefit to all those involved.

**Discussion.** In the presentation, we shall critically reflect on how we have used the shared ownership approach during our health promotion research and practice to enable an equitable partnership. Our experiences can inform those intending to start new health partnerships, as well as improve working relationships among existing global north and south partnerships.
Données probantes et coopération internationale : l’innovation au service de la santé dans les pays à faible et moyen revenus

Symposium
18 May 2022, 10:00 - 11:15

Symposium coordinator
Karina Dubois-Nguyen

Speakers
Sylvie Charron, Symposium Coordinator from USI, Canada
Rosette Dossou, Symposium Presenter from Centre de Recherche en Reproduction Humaine et en Démographie (CERRHUD), Benin

Co-author
Karina Dubois-Nguyen

Abstract
Objectif général. Depuis plus de 30 ans, l’Unité de santé internationale de l’ESPUM (USI) coordonne des projets de développement dans des pays à faible et moyen revenus et vient en appui aux ministères, aux établissements de formation, aux hôpitaux, aux centres de santé, aux organisations de la société civile et aux communautés pour améliorer la santé des populations. Dans le cadre de ce symposium, l’USI propose de réunir des scientifiques et des gestionnaires issu.e.s des équipes de ses projets (Haïti, Bénin, République Démocratique du Congo, Burkina Faso, Mali) pour démontrer comment la recherche opérationnelle et les approches innovantes dans les projets d’intervention appuient la participation citoyenne et les politiques de santé. Fort.e de son expertise et de son expérience du terrain, chaque panéliste présentera les approches de recherche opérationnelle mise de l’avant dans ses projets, les objectifs visés, les défis rencontrés ainsi que des exemples de leurs retombées. Ce Symposium vise à montrer en quoi et comment la recherche opérationnelle et l’innovation, dans les projets d’intervention de santé mondiale, sont les moteurs d’un développement durable et de transformations positives des politiques publiques.

Proposition de format de la séance. La séance durera 70 minutes et rassemblera 4 panélistes et une modérateur.e. Les panélistes présenteront 3 approches de recherche opérationnelle. 2 présentations seront en présentiel et une en virtuel hybride, avec 2 panélistes à distance. Le symposium sera donc en format hybride. Le contenu de chaque présentation est résumé plus bas de manière formelle, mais le symposium sera animé de manière dynamique pour rendre l’activité plus interactive. Les panélistes aborderont donc les éléments de leur présentation au fil des questions de l’animatrice. L’animation sera assurée par Sylvie Charron, coordonnatrice principale à l’USI depuis 20 ans. Madame Charron s’appuiera sur son expérience professionnelle et sur sa fine connaissance des pays, contexte et enjeux en présence pour animer cette activité. La première moitié de la séance sera composé des interventions de chaque panéliste en réponse aux questions de l’animatrice, la seconde moitié de la séance sera dédiée aux questions du public. Des questions seront préparées également pour animer et dynamiser les discussions avec le public.
Les technologies de l’information en appui à la participation citoyenne

Speaker
Sandrine Biau-Lalanne, Symposium Presenter from USI, Burkina Faso

Abstract
**Objectif général.** Sandrine Biau Lalanne, coordonnatrice régionale du projet Technologies Participation Citoyenne (TOPICS) et Christelle Boyi, chercheure au sein d’un des partenaires du projet, le Centre de Recherche en Reproduction Humaine et en Démographie (CERRHUD) viendront présenter le projet TOPICS (2018-2022) mis en œuvre par l’USI au sein de trois pays: Burkina Faso, Bénin et RDC. Grâce à l’évaluation comparative de trois dispositifs technologiques de recueil d’opinion sur le système de santé et d’information sur les droits et devoirs en santé, centralisés et vulgarisés par une plateforme Open data sécurisée, ce projet ouvre la réflexion sur les enjeux d’implantation de technologies numériques pour éclairer les politiques de santé mais aussi pour informer les populations et rendre plus redevables les systèmes de santé. Les opinions émises par la population constituent une base de données probantes pour les décideurs et les institutions locales, pour éclairer des réformes et de nouvelles politiques de santé, notamment sur la qualité de prise en charge des soins, l’accès et l’utilisation des services de santé pour la population en générale et spécifiquement pour les plus marginalisés et vulnérables, notamment les femmes, les filles, les jeunes, les enfants et les plus pauvres. Ces données probantes permettent également aux partenaires du projet mais aussi aux responsables de formations sanitaires, de mener des activités de transfert de connaissances, de plaidoyers et d’intégrations sociales en vue de soutenir les droits et devoirs en santé des populations. L’évaluation de l’intervention et des dispositifs technologiques déployés permet de cibler les technologies les plus adaptées, efficaces et fiables en termes de collecte, de partage et d’utilisation de données.

Quand l’alliance de l’intervention et de la recherche devient porteuse d’innovation

Speaker
Soumaila Diakité, Symposium Presenter from USI, Mali

Abstract
Dr Diakité, coordonnateur à Kayes du projet Yellen : Droits et innovations en santé sexuelle et reproductive (mis en œuvre par l’USI), montrera comment la collaboration entre des projets d’intervention et des projets de recherche a propulsé la recherche au niveau de la région de Kayes (Mali) et en quoi cela a permis de combler les besoins en informations locales, d’adapter les interventions aux besoins, de partager les résultats et d’alimenter les politiques ou les programmes de développement sanitaire du pays. Depuis 18 ans, plusieurs initiatives de recherche ont été appuyées à Kayes et au Mali, suite à une demande formulée par la Direction régionale de la santé (DRS) de Kayes pour évaluer le “système de référence-évacuation (SRE) des urgences obstétricales et néonatales” lors du démarrage d’un projet d’intervention en santé de la reproduction. Cette demande a généré le développement d’une base de données utilisée à ce jour dans plusieurs régions du pays et un projet de recherche. Ces projets ont servi de plateforme de recherche accueillant des étudiant.e.s, des chercheur.e.s canadien.ne.s et des cadres de la santé en exercice de la région pour compléter un programme de maîtrise. Des publications scientifiques ont été produites et la diffusion des résultats organisée localement et internationalement. Ces données ont permis de justifier le financement de 4 projets d’intervention visant le renforcement du système de santé, la réduction de la mortalité maternelle et néonatale et la transformation des rapports inégaux entre les genres en matière de santé sexuelle et reproductive. Tous contribuent à la réalisation de travaux de recherche complémentaires sur des thèmes prioritaires au Mali. Cette collaboration intervention/recherche permet la production de
La place des partenaires et praticiens locaux dans la recherche et le transfert des connaissances pour améliorer la qualité des interventions en santé

Speaker
Rose Francesse Pierre, Symposium Presenter from USI, Haiti

Abstract
Dre Pierre, cheffe du projet Appui au continuum de Santé Mère-enfant (ACOSME), mis en œuvre par l’USI dans le département sanitaire du Nord d’Haïti, présentera l’approche de collaboration utilisée dans la réalisation des recherches opérationnelles et les retombées pour la pratique ainsi que les politiques et/ou programmes ministériels. Les recherches opérationnelles menées dans le cadre du projet ACOSME sont inspirées des recommandations, priorités et besoins des partenaires. L’approche se veut inclusive, participative et émane de questionnements issus du terrain. On s’assure ainsi que les initiatives de recherche portent sur des thématiques qui reflètent les besoins concrets et impliquent des chercheurs et praticiens locaux à toutes les étapes : identification des objectifs, développement d’une question de recherche, collecte de données, analyse, rédaction et transfert de connaissances. Les résultats de ces recherches sont utilisés dans des activités de transfert de connaissances, où la recherche agit comme vecteur de changement et non comme une activité destinée à l’élite académique et scientifique distante. Ces recherches produisent des données probantes qui sont réinvesties dans l’action pendant le cycle du projet. Six recherches ont été réalisées et ont porté sur trois principaux axes suivants :
Axe 1. Mieux connaître la population desservie et les pratiques existantes;
Axe 2. Comprendre l’impact et l’efficacité des campagnes de sensibilisation et de prévention;
Axe 3. Recherches sur le fonctionnement des services en soins mère-enfant.
Les résultats de ces recherches sont disponibles pour les acteurs et sont utilisées. Par exemple, une étude sur les grossesses précoces dans un quartier défavorisé de la ville du Cap-Haitien a fait des recommandations qui ont orienté sur la façon de présenter l’aspect Égalité femme-homme (EFH) du projet et de poursuivre les activités de prévention des grossesses chez les jeunes adolescentes.
Eco-ciudades en Latinoamérica: un asunto de la sostenibilidad.

Speaker
Kamila Giraldo Quintero, Presenting Author from University of Antioquia, Columbia

Co-author
Eliana Martínez Herrera

Abstract

Background/Objectives. La crisis ecológica global es un asunto determinante para el futuro de la vida humana, donde intervienen diversos factores como el crecimiento urbano, la extralimitación en el consumo de recursos, la contaminación, el calentamiento global, el deterioro de los ecosistemas y el riesgo del bienestar humano y la calidad de vida digna. Los esfuerzos por innovar en sostenibilidad urbana han culminado en las últimas décadas en un nuevo fenómeno: las eco-ciudades. En reconocimiento del papel clave que desempeñan las ciudades como causa y como posible solución al cambio climático global. Este enfoque de eco-ciudades se está haciendo cada vez más habitual en la formulación de políticas en Latinoamérica. Este estudio proporciona un análisis del desarrollo de eco-ciudades mediante el mapeo sistemático de las iniciativas latinoamericanas. La investigación concluye esbozando una agenda de investigación para el abordaje de desafíos y oportunidades de la futura gobernanza urbana.

Methods. Se sistematizaron las iniciativas de eco-ciudades contemporáneas en Latinoamérica a través del análisis de literatura académica relevante, actas de conferencias, documentos de políticas, sitios web de redes internacionales y grupos de interés. Se analizaron las tendencias y patrones claves de las eco-ciudades en la región.

Results. Se identificaron 5 iniciativas de eco ciudades en Latinoamérica. Los estudios demuestran que las eco ciudades en los últimos años se han convertido en una estrategia de carácter global, no limitado, pero principalmente ejecutadas por países desarrollados del hemisferio occidental.

Discussion. Organizaciones e iniciativas realizan desarrollos para consolidar estrategias, determinar indicadores y establecer los estándares de una Eco-ciudad, sin embargo, se debe hacer una lectura de los contextos locales para consolidar el papel funcional de los indicadores universales que responde a la creciente presión de convertir los centros urbanos en lugares de sostenibilidad para el desarrollo de la vida humana en armonía con el ecosistema. La aplicación del concepto no depende únicamente de voluntades políticas; es necesario la creación, transferencia de conocimiento e innovación en los procesos de habitar el territorio deben escalarse a todas las escalas para visibilizar el futuro sostenible.

La naturaleza: el gran equipamiento de salud universal. De los Parques Urbanos a la naturaleza cercana, a raíz de la pandemia.

Speakers
Gemma Brunet Rivero, Presenting Author from DIPSALUT Organismo Autónomo de Salud Pública de la Diputación de Girona, Spain
Maria Estrada Ocón, Presenting Author from DIPSALUT Organismo de Salud Pública de la Diputación de Girona, Spain
Abstract

**Escenario.** Hay una evidencia científica cada vez más robusta de los beneficios que aporta el contacto con la naturaleza para el bienestar y salud integral de las personas y el incremento de los beneficios de realizar ejercicio físico en espacios naturales. Los espacios naturales cercanos, se identifican como un activo clave para la promoción de la salud, especialmente desde la mirada salutogénica, y su incorporación a programas comunitarios contribuye a implementar la Agenda 2030 abarcando de forma interrelacionada numerosos ODS. Además, el contacto con la naturaleza tiene una incidencia mayor en personas con un estado de salud más vulnerable y ayuda a reducir las desigualdades sociales y económicas que contribuyen a las inequidades en salud.

**Intervención.** El programa Parques e itinerarios saludables pretende incrementar la actividad física, y la socialización especialmente entre les personas mayores y de colectivos en situación de vulnerabilidad a través del uso de equipamientos de ejercicio físico al aire libre. La pandemia por el COVID-19, hace surgir la necesidad de buscar alternativas incorporando al programa actividades regulares en entornos naturales. Por lo que se organiza una prueba piloto con un grupo estable de participantes a lo largo de 8 meses. Las sesiones se centran en el ejercicio físico como práctica cotidiana saludable. Se incorpora también el abordaje del entrenamiento de las habilidades para la vida y otras aproximaciones a la naturaleza que facilitan el bienestar emocional e incluso el sentimiento de unidad y pertenencia a ella. Se emplea el enfoque de los "5 caminos hacia el bienestar a través de la naturaleza" del programa europeo Healthy Parks, Healthy people Europe promovido por la Federación EUROPARC basado en 5 pilares: “Activate”, “Aprende”, “Date cuenta”, “Conecta” y “Implicate”.

**Resultados.** La prueba piloto se prevé que aporte un plan de formación para capacitar a las personas encargadas de la implementación, un protocolo y una guía metodológica para su implementación y la evaluación del impacto que puede tener la práctica de ejercicio físico de forma regular en entornos naturales.

**Implicaciones.** Los resultados del piloto permitirán la universalización del programa a los municipios que actualmente no disponen de equipamientos, y la identificación de sus activos naturales en salud, incrementándose su accesibilidad a un mayor número de participantes.

**La presencia de la educación profesional para la promoción de la salud en la Agenda 2030 - Objetivos de Desarrollo Sostenible**

**Speaker**

Paula Gomide, Presenting Author from University of Santa Cruz do Sul, Brazil

**Co-authors**

Camila Dubow, Guilherme Mocelin, Hildegard Pohl, Mariana Assis, Morgana Pappen, Suzane Krug

**Abstract**

**Introducción/Objetivo.** Las políticas públicas de salud, propuestas a nivel internacional, deben ser implementadas a través de múltiples acciones en diferentes países desde sus políticas nacionales, tomando en cuenta las diferencias locorregionales entre poblaciones y territorios, incluyendo en este ámbito, la
educación profesional de la salud. Este proceso debe ser observado y analizado de manera glocal, ya que revela la importancia de la coordinación política a nivel internacional y nacional, pero al mismo tiempo y en complementariedad, apunta a la autonomía de los sujetos y grupos sociales que implementan las políticas públicas en las prácticas cotidianas en sus territorios existenciales. Objetivo: Analizar la presencia de la educación para la promoción de la salud y sus referentes conceptuales en la Agenda 2030 - Objetivos de Desarrollo Sostenible, y cómo estos conceptos se presentan en programas de residencia en salud de tres escuelas de salud pública en Brasil. Presentamos aquí la primera etapa de este proyecto de investigación, con resultados parciales.

Método. Análisis documental de carácter exploratorio, con los datos analizados de manera temática y contextualizada a través del análisis de contenido, construyendo ejes conceptuales que permitan visualizar los conceptos presentados por los textos oficiales para sustentar operativamente la educación profesional en salud en realidades múltiples y en varios territorios.

Resultados. Los ejes conceptuales se dividen en tres: Amplitud, Equidad y Sostenibilidad. El primer eje se refiere a la amplitud de perspectivas y posibilidades de la formación profesional para el fortalecimiento e implementación de las políticas de promoción de la salud previstas en la Agenda 2030. La amplitud del ámbito de actuación de la formación profesional está en consonancia con la amplitud del concepto de salud. El segundo eje presenta el tema de la equidad como una de las direcciones principales de las prácticas de salud y, al mismo tiempo, de la oferta igualitaria y democrática de acciones formativas en el contexto de la formación profesional. El tercer eje aborda el concepto de sostenibilidad de la vida y el planeta como método y objetivo de las prácticas interprofesionales en salud y sus procesos de formación, más allá de lo estrictamente ambiental.

Discusión. A partir de los tres ejes conceptuales, se verifica una alineación conceptual entre educación y promoción de la salud en el ámbito de la formación profesional.

Desafíos en la formación profesional en el campo de la Prevención, Promoción y Educación para la Salud (PPEpS) en contexto de Pandemia.

Speaker
Claudia Marcela Lomagno, Presenting Author from Ministerio de Salud CABA/ UBA/ UNER, Argentina

Co-author
Pablo Dimaro

Abstract
Résumé. La irrupción de la pandemia y la implementación del Aislamiento Social Preventivo Obligatorio, implicó la transformación de muchas de nuestras prácticas en PPEpS. Esta situación requirió salir de una primera parálisis, producto de un contexto tan disruptivo e incierto, y poner en juego la creatividad para generar nuevos dispositivos que permitan seguir trabajando en función de las necesidades y el alojamiento de la población desde una perspectiva de cuidado.

Desde la Coordinación de la Residencia Interdisciplinaria de Educación y Promoción de la Salud fue necesario recrear nuestros dispositivos de formación y gestión. En parte por la virtualización de muchas instancias de intercambio y formación pero, fundamentalmente, para poder otorgarle sentido a las nuevas
prácticas que se fueron configurando en el terreno. Este camino implicó un acompañamiento sostenido e intensificado de los equipos locales en formación en servicio, en el que fueron surgiendo estrategias de abordaje intentando articular experiencias de la práctica con teorías y acompañando la reconfiguración de las prácticas.

**Objectifs d’apprentissage.**

- Repensar, ante lo abrupto del cambio de prácticas, la tensión de la planificación como anticipación a la acción.
- Reflexionar sobre la necesidad de trabajar en los equipos sobre el malestar y los atravesamientos subjetivos. Dar lugar a estas instancias para poder producir Salud en el nuevo contexto sin dejar de vislumbrar que lxs trabajadorxs de la salud debemos producir cuidado para otrxs.
- Intercambiar el valor de la sistematización de las prácticas para evaluar el proceso de producción de Salud.

**Interactive and digital approaches**

**Parallel oral session**

18 May 2022, 10:00 - 11:15

**Moderator**

Humaira Nakhuda

**Role play pedagogy used as a technique to teach resilience skills to children. ThE-aLtro project.**

**Speaker**

Lamia Channoufi, Presenting Author from Learn srls, Italy

**Co-author**

Luca Maronese

**Abstract**

**Health promoting objectives.** Drama has been recognized as a useful training method in different fields and in education. The powerful role of theatricality has the potential to connect with people both emotionally and cognitively, which helps to bring interest in our issues in understanding the principles of human behavior. This approach needs to be supplemented with skill practice to effect change. In this project, we use role playing (RP) as a technique to develop resilience skills with the students.

**Description of the artwork.** In our educational research design we use Drama as an experiential learning, integrating in the school curricula our Resiliency program, through the Rational Emotional Behavior Therapy model. Because any imaginary act is accompanied by emotions. We place students in real world contexts in the 4 main emotions such as fear, sadness, anger and happiness. We explore the complexities of decision making, reflection and view of others through the three steps: brief, act and debriefing. According to a theme being investigated we brief participants to the purpose, status, attitude and one’s motivation in the
RP. We document the students’ experiences by writing or drawing to facilitate the expression of insights and activate their self-spectator. The debriefing involves sharing and discussion, it links the RP to real life integrating their experiences.

**Intended audience.** RP is context-bound, it doesn’t lend to mass generalization because it encourages qualitative analysis and not outcomes. RP requires a teacher-in-role as a professional actor to assist students into role and emotion. The RP is a research technique but also an effective approach to teaching and learning.

**Duration and intended use.** We try to develop a systematic approach to RP methodology to improve the reliability of the data by reflecting the real-life situation through audio or video recording. The RP has to be structured in advance to focus on the quality of dramatic tension and to induct students comfortably into a role to play responsibly. Although no standardized approach exists to RP, we noticed the immediacy of the behaviour modification, in acquiring, using and seeking information, in attention to the details and fostering a change in their attitudes. All the values that we need to build skills to endure hardship positively.

**InForSchool project: New application for health promoting schools**

**Speaker**
Lamia Channoufi, Presenting Author from Learn srls, Italy

**Co-authors**
Luca Venir, Mauro Vascotto

**Abstract**

**Health promoting objectives.** The goals for a mobile app can vary from school to school, but ease of access to school information. This interactive technology can be personalized to meet the needs of each particular user. Our work is leading to a school application which can respond to our Promotion Health school context, creating a two-way interaction between and for both parents and teachers. The InForSchool project defines variables correlated not only to didactical criteria or staff directory but also based on determinants of health of each student.

**Synopsis of the scenario.** The variables are defined in function of determinants of health such as individual factors, and social-economical, cultural and environmental conditions of each student. All these criteria are requested in a questionnaire through a consensus given by the families before the attendance of the child in our school. Such a system should rely on a scalable, modern, cloud-based infrastructure that allows the school to implement the basics of agile development; this should indeed promote the software flexibility and its new features’ time-to-deploy.

**Intended audience.** Both parents and teachers have an app that keeps them engaged with information that’s important to them. For the school management this means to have traceability of all the data we may need also for any research in progress. It helps us also to sensibilize all the school stakeholders through a health literacy education. We have seen a lot of changes in the past few decades and the education system is constantly reinventing itself in an effort to keep pace with digitization. Maybe it’s time to project a digital based school system with more health related concepts. The software is therefore a vehicle and a connection bridge for students, parents, teachers and the school itself.
Duration and intended use. This app requires settings with predetermined forms, to be intuitive for the user. Our goal is to create a self-serve portal for parents but also for teachers to have a trend of all the outcomes that the student must have during the period of his attendance at school. Although this new process requires some wiring and set-up for each new document or measure, the application grants a more precise and a less error-prone research process; furthermore, when comparing the new software-based approach to a paper-based process, the time saved and the engagement gained is enormous.

**Well Central: Development of a virtual recovery college for accessible mental health and well-being**

Speakers
Marion Cooper, Presenting Author from Canadian Mental Health Association, Canada

Abstract

**Health promoting objectives.** The development of a virtual, bilingual Recovery College in Canada with a wide range of co-designed and evidence-informed courses provides broad access to information, practical strategies and inspiration for the development and support of positive mental health and well-being.

**Synopsis of the scenario.** The Canadian Mental Health Association Manitoba and Winnipeg (CMHA) agency has partnered with Canada Health Infoway and collaborated with additional partners to design and develop an engaging and informative website platform that is produced using the same principles and methodology of in-person Recovery Colleges. Well Central incorporates e-learning best practices, adult learning principles and recovery principles. Well Central courses cover a broad range of topics around mental health, well-being and recovery, and are designed to increase knowledge and skills to help learners feel more confident in self-management of their own mental health. There are opportunities for interaction with other learners through a Discussion Forum and linkage to peer support. The core ‘Well-being Course’ invites learners to complete a pre and post internationally recognized, well-being measure to track impact of the course. Well Central courses are interactive and include activities, well-being strategies, downloadable tip sheets, videos, and everyday examples of the concepts. Learners learn about coping skills, resilience, self-awareness, healthy relationships, positive connections and finding meaning and purpose in life etc. Support for learners is available through a chat bot and email.

**Intended audience.** The Well Central website and platform is intended for anyone 16 years of age and older who wants to enhance or maintain their positive mental health and well-being including those dealing with stress, anxiety, low mood, addiction or isolation. Well Central is also intended as a resource for various practitioners who want to use the online resource to enhance wellness planning for the people they support.

**Duration and intended use.** Well Central was developed to enhance CMHA’s technological and digital capacity to widen the reach and provide more people with access to mental health information and services. Well Central is accessible at any time to anyone who has access to the internet through any type of device. Visitors to the site can become ‘learners’ at any time by creating a profile and gaining access to a variety of free online courses of various lengths in a self-paced manner.
Podcasting: A new arts-based methodology in health promotion for making silenced voices heard

Speaker
Olivier Ferlatte, Presenting Author from Université de Montréal, Canada

Co-authors
Maxim Gaudette, Jean-Michel Berthiaume, Katherine L. Frohlich, Eric Mykhalovskiy, Alexandre Dumont Blais

Abstract
Background/Objectives. Arts-based research methodologies (ABRM) have been described as effective strategies to engage community members in discussing complex issues, and to garner unique perspectives. To date, photovoice has been the main ABRM method adopted in health promotion research. Meanwhile, podcasting has remained unexplored despite its increasing popularity in mainstream culture and as a form of self-expression. This presentation shares our reflections from a community-based research project centered around the creation of podcasts by gay, bisexual and queer men (GBQM) who engage in chemsex (sexualized drug use).

Methods. Working in collaboration with community activists, health promoters, researchers, and an expert in podcasting, we developed a new methodology centered around the production of podcasts by community members. We designed a workshop series that includes 3 sessions covering topics such as the ethics of podcasting, storytelling, and podcast production and diffusion. We piloted our workshops with GBQM in Montreal with a history of chemsex use. Each participant produced a podcast to share his experience and perspective.

Results. Podcasting can be an effective method to engage and empower participants through its creative aspect and potential to de-stigmatize chemsex within the GBQM community. The workshops facilitated interaction and connection between participants and researchers, leading to rich discussions about the topics of chemsex, stigma and the importance of sharing stories. The workshops and the process of producing a podcast enabled participants to self-reflect and gain new and important insights about their experiences. However, producing a podcast was challenging for some participants who struggled with the technology and felt overwhelmed by the task. Others had difficulty finding the right way to express their messages. In the context of substance use, podcasting brought up some important ethical issues related to confidentiality and balancing the desire of community members to share their stories with others with the potential harm of being recognized.

Discussion. While more work is needed methodologically and theoretically to advance podcasting as a community-based research methodology in health promotion, our experiences revealed podcasting to be an innovative tool to engage community members to make their voices heard.

Enhancing social media use for health promoting hospital: A case of INAHEALTH YouTube channel

Speaker
Fatwa Sari Tetra Dewi, Presenting Author from Faculty of Medicine, Public Health and Nursing, UGM, Indonesia
Co-authors
Mei Neni Sitaresmi, Wisaksono Adhi

Abstract
Setting/problem. In Indonesia, the source of news is from social media (64%) mainly WhatsApp, YouTube, Facebook and Instagram. Consequently, was demanding for credible and entertaining content. In 2017, the Faculty of Medicine, Universitas Gadjah Mada (FK-KMK UGM), Yogyakarta, answered this demand by developing a YouTube channel called INAHEALTH which has 105K subscribers and 361 content (1st September 2021). Health services usually provide TV as a channel to entertain their visitors. This paper aims to describe how to develop a partnership between the management of INAHEALTH YouTube channel and health services to provide credible content for the health services.

Intervention. An advocacy to the Dean of FMPHN was done to reach the health services network which has been developed to facilitate the students’ clerkships. We proposed to increase the quality of care of those health services by providing credible content for broadcasting on the TVs. A workshop was held on 8th of June 2021 to introduce INAHEALTH and offer a collaboration to the directors of health services. We presented some content of videos from INAHEALTH YouTube channel, from INAHEALTH channel and an early announcement for following technical training. There were 38 people, enthusiastic to participate in this workshop. On 29th of June 2021 we run a training, invited health promotion officers from the institution of previous workshops who were willing to collaborate. The training showed how to create a YouTube account, compose playlists, and broadcast the desired content to the TV or local network. There were 62 people from 29 institutions, mainly from hospitals, participate on the training. Next, a technical assistance was provided in a WhatsApp group involved 33 voluntary registered participants. From the chats on WhatsApp group, there has been low interaction, with might be the health services are busy controlling the 2nd wave of COVID-19 in Indonesia, July-August 2021. To motivate partnerships, we will make content involving source person from participate hospitals. Outcomes: There are three hospitals start to broadcasting the content from INAHEALTH based on the chat on the WhatsApp group.

Implications. The improvements in training and assistance will be compiled on a manual and used as the procedure to conduct routine activity. When the networks of broadcasting becoming large, we will involve early participants to become the mentors.

School as a setting to promote health
Parallel oral session
18 May 2022, 10:00 - 11:15

Moderator
William Potts-Datema
Discipline Positive à l’école publique à l’échelle d’un territoire

Speaker
Nadine Gaudin, Presenting Author from Connectivité EIRL, France

Abstract

Milieu/problématique. Dans la Somme (département français) l’éducation nationale développe un dispositif d’ampleur en Discipline Positive. Les actions sont à la fois innovantes et structurantes et s’adressent à une région de 80000 élèves et 728 établissements scolaires. Elles traitent, de manière transversale et cohérente, les thématiques « d’éducation, de santé, de citoyenneté, d’engagement, de formation », dans une logique de parcours, en répondant aux besoins spécifiques. Rassemblant partenaires publics et privés d’un territoire cohérent, ces actions sont articulées dans un projet co-construit, s’appuyant sur un diagnostic, et faisant l’objet d’un engagement contractuel. L’objectif est de renforcer et pérenniser, au-delà du projet les coopérations entre les acteurs de ce territoire.

OBJECTIF DU DISPOSITIF. Développer les compétences psychosociales chez les adultes et les élèves dans et hors éducation nationale pour la promotion de la santé et des comportements durables. Il s’agit de développer les Compétences Psychosociales en promotion de la santé telles que défini par l’Organisation Mondiale de la Santé.

Intervention.

PARTENAIRES

• La Direction Départementale de l’Éducation Nationale de la Somme (Anne-Sophie Pourchez)
• Connectivité (Nadine Gaudin) forme à la Discipline Positive (20 formateurs)
• Association Santé des enfants et santé des adolescents de la Somme.
• Des institution territoriales, nationale, publiques de santé ou d’éducation, des associations

PUBLIC CONCERNE : Cadres, enseignants, personnel non-enseignant et médico-social, éducateurs, parents d’élèves.

MODALITÉS : Tous types de formations : management, classe, équipe, suivi en établissement, conférences, comités de pilotages, créations de films, voyage d’étude

Résultats.

• Tout ce projet qui a permis de former environ 2000 professionnels
• 100+ formations de 2 à 6 jours
• 150+ heures de soutien et formation par Zoom en 2020-2021
• 2600 parents en conférence
• 25 ateliers de parents

Implications. Les départements avoisinants souhaitent maintenant démarrer la démarche et notamment dans les zones prioritaires d’éducation

Format de présentation. Oral. Lors de cette présentation Nadine Gaudin donnera des éléments de mise en place du projet, les facteurs de réussite et de développement de ce dispositif (ex : Former uniquement des volontaires, faire un suivi encourageant, animer des comités de pilotage, favoriser l’innovation...)

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Mise en œuvre d'une politique intersectorielle en promotion de la santé visant le développement professionnel des enseignants : un exemple en Nouvelle-Calédonie

Speaker
Nathalie Dupeux, Presenting Author from Direction de l'enseignement de Nouvelle-Calédonie, New Caledonia

Co-authors
Nicolas Tessier, Carmella Fernandes-Da-Rocha, Didier Jourdan

Abstract
Objectifs. Éduquer à la santé dès l'école maternelle nécessite des pratiques enseignantes conciliant les stades de développement de l'enfant, une pédagogie spécifique et la maîtrise des compétences à construire. Définir les représentations des enseignants et comprendre les pratiques de classe nous permet d'identifier les leviers et les freins d'une éducation à la santé pertinente et adaptée, en accord avec les politiques publiques pour la santé et le bien-être des individus. En Nouvelle-Calédonie, archipel du Pacifique sud riche d'une grande diversité culturelle et marqué par d'importantes inégalités de santé et d'éducation, les enjeux en matière de santé sont majeurs. À l'heure où le pays entre dans une phase politique décisive par une évolution profonde de son attachement à la France, les pratiques éducatives sont observées et questionnées afin de permettre à la prochaine génération de tendre vers des comportements de santé autonomes et responsables.

Format. Depuis 2016, l'éducation à la santé à l'école s'inscrit dans le parcours civique de l'élève. Par le biais de la co-construction d'un outil pédagogique adapté à la maternelle alliant chercheurs et enseignants, nous avons rencontré et interrogé des enseignants de l'ensemble du territoire et exerçant dans différents contextes : écoles citadines, de village ou de tribu, classes de différents niveaux, écoles regroupant toutes les catégories socio-professionnelles. Nous avons accompagné et mené des interviews auprès des enseignants co-creator de l'outil pédagogique et nous avons réalisé une enquête sur l'ensemble des enseignants du pays. Nous proposons ici un retour sur ces expérimentations et recherches.

Buts d'apprentissage. Ces études révèlent dans un premier temps la nécessité de rendre les compétences en santé visibles aux yeux des enseignants dans leur pratique de classe et d'enrichir leurs connaissances dans ce domaine. Elles mettent également en lumière la nécessité de leur proposer des contenus et des démarches pédagogiques adaptables selon leur contexte d'exercice, utilisables de suite et proches de leurs pratiques quotidiennes. Enfin, il convient de mesurer et considérer l'équilibre entre l'investissement fourni par les enseignants et les résultats relevés chez les élèves. L'éducation à la santé en Nouvelle-Calédonie dans les écoles maternelles engage donc le développement professionnel des enseignants en corrélation avec les orientations politiques de proximité et à l'échelle du pays. Ce processus permettra ainsi de poser les bases d'une éducation durable et adaptée pour les jeunes citoyens en devenir.

Fostering the capability for lifelong physical activity by developing agency in students in secondary schools in the Netherlands.

Speaker
Gwendolijn Boonekamp, Presenting Author from HAN University of Applied Sciences, Netherlands
Co-authors
John Dierx, Erik Jansen

Abstract

Background/Objectives. Being physically active contributes to health throughout life. Schools can play a key role in developing students’ capability for lifelong physical activity (PA) by providing an inspiring learning context where youth can be active, experience meaningful PA and develop competencies to understand and influence their lifestyles and contexts. This is reflected in the Health Promoting Schools Framework applying a salutogenic approach as well as in the capability approach focusing on agency as the capability to live the life one values. Both approaches advocate a school climate empowering students to become agents in their own lives.

Methods and results. To investigate this thesis we performed two studies in the Netherlands. In the first study, we applied two action research methods, Structured Interview Matrix and Photovoice, enabling students to express their perspectives on PA and deliberate with peers. Ninety-three students aged 12–14 from four schools participated in two group sessions, discussing four themes: talents, passions, the social environment and the physical environment. The results show that a) students need to perceive PAs as meaningful, appealing, contextually possible and manageable; and b) they use a variety of reasoning processes to decide whether to engage. These results reveal the relevance of developing student agency through enabling their autonomy and freedom to shape and engage in PAs matching their goals.

In the second study, we analysed policy documents, interviews and focus groups with school managers, teachers and municipal sports professionals from six schools. Results showed that, besides offering sufficient and varied PAs and PA opportunities, students’ reflection on their meaningfulness and their transfer to other contexts is not integrated in school curricular practices.

Discussion. We conclude that to educate students for lifelong PA schools need a pedagogical approach which involves: 1) listening to students’ perspectives, 2) involving them in co-creating PAs; 3) having them reflect upon their meaningfulness; 4) foster transfer to their daily lives. We argue for a salutogenic approach focusing on developing students’ agency thereby enhancing their capability for PA.

Empowering student voice to lead change in school health, and in school policy

Speaker
Bernard Nkengfac, Presenting Author from Health Promotion Alliance Cameroon, Canada

Abstract

Relevant experience or practice. Across Cameroon, school health promotional activities are about what the school administration, teachers, and parents think are important not what the students think. The whole-school approach towards school health is inadequately addressed. Activities organized in schools intended to meet the expected standards of school health indicators are isolated. School health indicators listed in the Ministry of Basic Education policy and curriculum documents are the main focus at each school. These indicators aren’t updated to meet the WHO recommended holistic approach for health promoting schools. Schools have no obligation(s) to conduct health promotion.

Students need to be talking about the things that matter to them, in their education, and in their health. At Health Promotion Alliance Cameroon (HPAC), we believe that students can’t really be leaders until they’ve found a voice that is also valued, and welcomed. We also strongly support that student individual
Empowerment should begin at the elementary grades, accompanied by organisational and community empowerment. In our Health Promoting Schools (HPS) initiative, HPAC will be collaborating with the Ministry of Basic Education to identify pilot schools in rural/semi-urban Cameroon to create a Health Promoting Schools Student Advisory Council (HPSSAC), to design “SpeakUp” projects, and to initiate students’ forums (“SpeakUp in a box”). The implementation, monitoring, and assessment of these HPS initiatives shall be discussed.

**Implications for health promotion.** By empowering student voice, students commit to engage education officials, teachers, parents and community leaders, and take action by leading projects that make a difference in their school, their health, and their education. As partners, everyone is engaged in providing a safe, healthy environment (both physical and psychosocial). Students acquire effective skills-based health education while implementing school policies and practices that support health, strive to improve health of the community, and access to health services.

**Implications for policy.** Student voice collaboration (consultation, participation, partnership, and activism) provides opportunities for students to learn how the educational systems work, and how decisions are made. Within this context, students identify challenges in their schools and communities through research, initiate student-led campaigns, and develop recommendations that support the whole school HPS model in every school.

The Whole School, Whole Community, Whole Child Model – an Answer That’s Taken 7 years To Be Heard

Speakers
Sean Slade, Presenting Author from BTS Spark, United States

Abstract
The Whole School, Whole Community, Whole Child Model (WSCC) was co-developed and launched by ASCD and the US Centers for Disease Control & Prevention in 2014 as the next iteration for coordinated school health. It has been a 7-year answer to the question that 2021 has forced upon us – how can we make our schools safer and healthier place of learning?

The pandemic that began in 2020, spanned 2021, and is mutating into 2022, has forced every school and community to critically examine how our sectors and systems, can better work together. The answers and understandings that have resonated are reflections of what was stated at the launch of the WSCE Model.

- Health and education are symbiotic
- Wellbeing is critical for education
- Policies, processes, and practices must span across the sectors
- The growth and development of the Whole Child is the responsibility of both sectors
- Health spans across the physical, mental, social and emotional
- Whole School, and Whole Community, approaches are most effective
- The school is both a hub for, and a reflection of, its community.
In this presentation we will outline the rationale behind the development, launch, growth and expansion of the WSCC Model. We will also outline the core practical lessons learned by schools and communities during Covid, including the need to

- Focus equally on adult/teacher mental health, as well as student
- Ensure safe, secure learning environments before any formal teaching occurs
- Share expertise and resources
- Align policies and processes
- Focus on same/similar goals and targets.

Learning objectives. Participants will:

- Understand the rationale behind the WSCC Model
- Learn how the WSCC Model has become the preeminent model for health and education alignment in the US
- Appreciate how the current crisis has increased the need for cross sector alignment.
- Understand how Covid has re established health as a core driver for education.

Global perspectives on health literacy

Parallel oral session
18 May 2022, 10:00 - 11:15

Moderator
Luis Saboga-Nunes

Salutogenesis and health literacy in context

Speaker
Luis Saboga-Nunes, Presenting Author from Institute of Sociology University of Education Freiburg, Germany

Co-authors
Filipe Silveira, Luciane Santini, Eliane Moro, Lizandra Estabel, Silvana Vincenzi, Silvio Silva, Andréa Konrath, Dalton Andrade, Darclé Cardoso, Roselita Sebold, Marta Farinelli, Celeste Barbosa

Abstract
Objectives. Health Literacy (HL) is considered a key component of Health Promotion and sustainability. HL has received an increasing recognition of its role and is now proposed as a key element of incrementing wellbeing in public health. Nevertheless HL per se lacks consistency and structural modus faciendi implementation and practice. Therefore it is proposed that a discussion be developed based in the salutogenesis embodiment of health literacy. Moreover, with this workshop we pinpoint the cultural and geographic embedment and validation of HL, in the light of Health Promotion strategic asset to wellbeing (e.g. Shanghai Declaration, 2016).
HL is an under-explored topic in South American countries. Therefore, first we want to invite the audience to discuss the social context & meaning of HL, since it is seldom discussed in other social contexts than those of the northern hemisphere. Furthermore, HL is rarely contextualized in the realm of health promotion theories of already established perspectives (e.g. sense of coherence). Therefore this hinders HL knowledge translation.

To achieve this we consider a first study case (the BiblioSUS Network) that aims to expand and democratise access to health literacy best practices, disseminated through the virtual health libraries (BVS) - a distribution model of content production by the Ministry of Health in Brazil. This will help characterize the core node of the cycle of knowledge where sits all the argument of what is meant by HL, (Access, Understand, Appraise, Apply) and the salutogenic theory of the sense of coherence (Comprehensibility, Manageability and Meaningfulness).

Consequently (second objective) a study case based on the item response theory (IRT) will be used to discuss the evidence of the validity and reliability in a population-based sample of adults in Brasil of an instrument to evaluate HL from the salutogenesis perspective. For this the Graded Response Model (GRM) of IRT will be used, while considering the HLS-EU-BR instrument.

**Format.** This workshop will use interactive methodologies of participation so that the audience will be actively involved in the presentation and discussion.

**Learning goals.** Participants will
- Co-work in the refinement of concepts (e.g. HL) from south-north cultural contexts
- Engage in a wider reflection of theoretical integrative approaches of HL
- Reflect on policy driven from the salutogenesis perspective, translated into best practices in health promotion

**Organizational Health Literacy in the school setting: Health Literate Schools (HeLit-Schools)**

**Speakers**
Orkan Okan, Presenting Author from Bielefeld University, Germany
Sandra Kirchhoff, Presenting Author from Bielefeld University, Germany

**Co-author**
Ullrich Bauer

**Abstract**

**Objectives.** Health literacy of schoolchildren is an important target within school health promotion. As many school-based health literacy programmes and interventions mainly focus on strengthening personal health literacy competencies and skills of students and educational staff, they neglect to address environmental features and organizational health literacy capacities of schools. In other settings, such as health care, social work and youth work, concepts based on organizational health literacy prove to be useful to adjust and optimize structures and functionings within institutions to increase their health literacy friendliness and ability to promote personal health literacy.
The “Health Literate School” project (HeLit-Schools) aims to adapt the health literate organization approach to the school setting including a self-assessment tool to measure the schools’ health literacy capacities, as well as to develop a guide for schools to implement organizational health literacy and a toolbox comprising of available health literacy school interventions. In addition, the project links its conceptualization of the “health literate school” with the health promoting school framework of the World Health Organization.

The main goals of this workshop are to

1. Present the key findings from the HeLit-Schools project, including the standards, the self-assessment tool and findings from the survey, the guide and the toolbox.
2. Illustrate the critical role of schools and their organizational capacities for implementing health literacy interventions and health promotion programmes
3. Advocate for the organizational health literacy to address the social determinants of health and education.

Format. This workshop will feature a hybrid format, allowing both physical and virtual participation. We are planning for a 90 minutes event (70 min. if only virtual). There will be two key presentations (each 15 min. with 10 min. Q&A), followed by group work and an open plenary discussion in order to facilitate an in-depth debate about health literacy research in schools.

Learning goals. This workshop offers a platform for researchers, practitioners and policy-makers to look into practical health literacy research in schools. Participants will learn about organizational health literacy schools and how the concept can be linked to the health promoting school. By dialogue with the audiences we will facilitate synergies, networking and capacity building.

Influence of health literacy and cultural differences on protective behaviour during the Covid-19 pandemic: A transcultural study

Speaker
Lea Francia, Presenting Author from Université catholique de Louvain, Belgium

Co-authors
Stephan Van den Broucke, Stefan Agrigoroaei

Abstract

Background/Objectives. This study aimed to investigate the impact of cultural differences and of health literacy, defined as the ability to find, understand, appraise and use health information, on confidence in vaccination and compliance with protective behaviours during the Covid-19 pandemic.

Methods. A comparative, cross-sectional questionnaire study was held among participants of two culturally different countries: Belgium and Peru. Convenience sampling was applied to recruit participants (N=226 Peruvians and 411 Belgians), who completed an online questionnaire measuring health literacy (HLS-Q, Pelikan et al., 2018), vaccination literacy, adherence to recommended preventive behaviours against Covid-19, confidence in vaccination, community engagement, and socio-demographic characteristics. Correlations between variables were calculated and Mann-Whitney tests were performed to compare Peruvian and Belgian samples. Multiple linear regressions were used to examine the influence of health literacy and social factors on protective behaviours and confidence in vaccination.
**Results.** Correlations between variables range from .12 to .60. Peruvians scored significantly higher than Belgians on all variables except for the level of health literacy. Linear regressions showed a significant relationship of age, purchasing power, health literacy, perceived usefulness of the measures, social influence and community engagement with adherence to recommended protective behaviours ($R^2 = .45$) and confidence in vaccination ($R^2 = .36$). Separate regression analyses per country showed different contributions of the various determinants.

**Discussion.** The determinants of adherence to protective behaviours against Covid-19 and confidence in vaccination differ by culture. In Peru, the social factors and perceived usefulness of the norms are the strongest predictors of adherence to recommended behaviours, while in Belgium purchasing power, health and vaccination literacy are significant contributors as well. Confidence in vaccination is best explained by purchasing power, health and vaccination literacy and perceived usefulness for Peruvians, but also by age and education level for Belgians.

**Overview and preliminary evaluation of the "Eat, Sleep, Walk" health literacy development project using ICT and Nudge**

**Speakers**
Hiroshi Fukuda, Presenting Author from Department of Advanced Preventive Medicine and Health Literacy, Graduate School of Medicine, Juntendo University, Japan

**Abstract**

**Background/Objectives.** In Japan, the Ministry of Economy, Trade, and Industry began certifying health and productivity management brands in 2014, causing significant occupational health promotion. One of the certification criteria adopted is "improvement of health literacy", which is expected to be an effective intervention. The purpose of this report is to outline and conduct a preliminary evaluation of the "Eat, Sleep, Walk" health literacy development project using ICT + nudge + incentive.

**Methods.** This project was selected and subsidized by the Ministry of Health, Labour and Welfare's FY2018 and a consortium was established by 15 health insurance unions and Value HR Corporation. Monthly meetings were held to create an overall atmosphere of collaboration, share know-how, provide information from experts, and hold workshops to advocate this program. On the portal site accessible by PCs and smartphones, useful content that enhanced health literacy was provided, including: a daily e-mail magazine with single-frame cartoons; a daily activity record; distribution of videos on health concepts such as diet, exercise, and sleep; an online walking competition among companies; and a health cafeteria. Preliminary evaluation was conducted using the Lifestyle and Health Literacy Scale (CCHL, Ishikawa 2008) in a pre/post comparison design.

**Results.** Participant recruitment was conducted in October and December 2018, and 14,075 people participated. The content usage rate was about 60% for the online walking competition; 39-45%, video distribution; and 28%, newsletter opening. Evaluating lifestyle habits using a before-and-after comparison design, improvements were seen in the following areas: eating breakfast, nutritional balance, sleep duration, exercise, and number of steps. In health literacy, the subscales of judgment, communication, and self-determination improved by 5–10%.

**Discussion.** These results suggested a relation between acquiring desirable lifestyle habits and the improvement of health literacy in the insurance project using ICT and nudges. This project will be continued
from 2020 as "Eat, Sleep, Walk + Prevent" with the addition of content on infection prevention during the COVID-19 pandemic. Improving the health literacy of individual employees and organizations is a key factor in workplace health promotion; we will continue to improve the program and conduct more detailed evaluations.

**International understandings of health literacy in childhood and adolescence – a qualitative-explorative analysis of global expert interviews**

**Speaker**
Tessa Schulenkorf, Presenting Author from Bielefeld University, Germany

**Co-authors**
Kristine Sørensen, Orkan Okan, Ullrich Bauer

**Abstract**

**Background/Objectives.** Health literacy is a two-sided concept: it is described on the individual as well as on the structural level. Underlying this understanding is a shared responsibility between users and actors in the health system. In the case of children and adolescents, one should go one step further: They are socialized in different contexts and are particularly exposed to visible (and invisible) dependencies that often do not allow them to make their own health-related decisions. Health literacy interventions have to consider the specifics of the target group that should not be equated with the needs of the general population. This requires that stakeholders initiate policies that focus on the contextual conditions of children and adolescents in order to promote health literacy. So far, no research has been conducted on the understanding of health literacy regarding children and adolescents by policymakers and stakeholders in an international comparison.

**Methods.** A total of 48 interviews with health policy stakeholders working in ministries or health agencies on health literacy from 32 countries were analyzed. The data analysis was carried out according to qualitative content analysis. The interviews were coded along the main categories (individual and contextual level) and various subcategories in inductive steps.

**Results.** None of the countries’ experts indicated that there is a specific definition of health literacy for children and adolescents. Most of them referred to a general concept of health literacy. 20 countries understand health literacy as an entirely individual concept and 12 countries include a broad, contextual perspective in addition to the individual understanding. At the individual level, the focus is on the information process, skills, knowledge and behavior. The contextual level focuses on interaction with systems and people (health literacy as the ability of others), information provision and age-and development-related statements.

**Discussion.** The imbalance between personal skills, knowledge and competencies and the consideration of sociocultural and contextual variables remains. The results may indicate that the scientific discourse on a target group-specific health literacy concept has not yet fully permeated health policy bodies and ministries. Attempts to implement health literacy in policies and practice may be hampered by there being different understandings of it.
Youth participation in international strategy development for adolescent well-being

Speaker
Colette Kelly, Presenting Author from National University of Ireland Galway, Ireland

Co-authors

Abstract
Background/Objectives. In response to the UN Convention on the Rights of the Child and empirical evidence, children and adolescents are increasingly involved in research and decision-making on youth issues. There are many models, frameworks, and standards of good practice for youth engagement. There is however a need for more evidence about the fundamental process involved and for examples of good practice. There is also less documentation of the processes and practices involving youth in international strategy development and decision-making. This presentation will outline youth involvement in a consultation on Adolescent Health and Wellbeing, hosted by the WHO Regional Office for Europe together with UNICEF, UNESCO and UNFPA and in coordination with the Partnership for Maternal, New-born and Child Health. The consultation was part of a call to action to prioritize adolescent well-being and to build momentum for a “Global Summit on Adolescents”.

Methods. In line with the commitment to incorporate youth participation in strategy development, young people across the Euro region were invited to take part, alongside other stakeholders, in the consultative process. This was one in a series of consultations held across WHO regions. The consultation process was developed and led by an organising committee comprising members from UN offices in Europe and WHO collaborating centres and was chaired by the Programme Manager for Child and Adolescent Health at WHO-Euro. A youth participation sub-committee approached colleagues actively involved in youth participation across Europe, with a request to invite young people to the consultation, via their networks. A pre-meeting was held with youth to familiarise everyone with each other, to ensure the process was clear, to agree ground rules, to introduce the use of Google jamboards, to discuss the themes and topics of the consultation and to agree which theme each young person wanted to focus on.

Results. Nineteen young people from eleven countries took part in the online consultation across the 6th and 7th July, 2021. Six specific themes (e.g. nutrition, sexual health) were discussed in parallel sessions and young people took the lead to feedback to the full group for two of the themes. A report of the consultation has been drafted and includes a foreword written by members of the youth stakeholders.

Discussion. Evaluation of the involvement of stakeholders, including young people is ongoing. The consultation process was informed by the principles of youth engagement, and the outcomes of the consultation were informed by the youth participants. Reports from the consultation process across other regions will inform the Global Summit on Adolescent Well-being in the digital age, to take place in 2023.
**Contributing to the global participatory process to structuring the field of health promotion research**

**Workshop**  
18 May 2022, 10:00 - 11:15

**Moderator**  
Didier Jourdan

**Speakers**  
Didier Jourdan, Workshop Coordinator from UNESCO Chair Global Health and Education, France  
Louise Potvin, Workshop Trainer from Canada Research Chair in Community Approaches and Health Inequalities, Canada  
Chabot Catherine, Workshop Trainer from Canada Research Chair in Community Approaches and Health Inequalities, Canada  
Valérie Ivassenko, Workshop Trainer from UNESCO chair Global Health & Education, France

**Abstract**

**Objectives.** Although health promotion (HP) research has acquired many attributes of a distinct field of scientific enquiry, researching practices from various disciplinary perspectives is not sufficient to create a coherent knowledge base for HP. True to HP principles, a bottom-up process that engaged with HP researchers globally was implemented for structuring the field through the creation of a “Global Handbook of Health Promotion Research”. This workshop will discuss three dimensions for structuring the HP research and will engage with participants based on their HP research practices.

By the end of the workshop, we aim to have:

- Critically reviewed the epistemological and ethical dimensions of a HP research framework
- Collected the feedback and contributions of the participants

**Format.** This session will present a way of structuring the field of research before opening the discussion with participants and inviting them to contribute to the ongoing process of strengthening the knowledge production in health promotion.

Part 1 (10 minutes): The Introductory remarks will focus on the need and process of structuration of the field of HP research, two brief presentations that share the perspectives of researchers from the global South and the global North on existing research frameworks.

Part 2: (45 minutes): We will break out into three structured small group discussions facilitated by workshop leaders. Each small group will address one of the three dimensions we propose for structuring HP research:

1. The objects of HP research
2. The epistemology of HP research
3. The ethics of HP research
The small group discussion leader will set the scene with a short didactic presentation of the structural dimension discussed. Each group moderator will have a structured discussion guide. Participants will critically reflect on the dimension based on their own HP research practices.

Part 3 (20 minutes): Each group will share their reflections on the dimensions of the framework in a plenary format. Small group and plenary sessions discussion notes will be collected and integrated into the didactic material developed to accompany volume 2 of the Handbook.

Learning goals.
1. To identify and explore the three dimensions that could help describing the research practices
2. To learn from other participants how these dimensions are implemented in research projects
3. To contribute perspectives to ongoing global efforts to strengthen HP knowledge base and methods for knowledge production

Three lenses on local action for social and health equity: Participation, collective power and actor networks

Symposium
18 May 2022, 11:30 - 12:30

Symposium coordinator
Melissa Di Sante

Speakers
Melissa Di Sante, Symposium Coordinator from Centre de recherche en santé publique, Canada
Angèle Bilodeau, Symposium Presenter from Ecole de santé publique de l’Université de Montréal, Canada
Jennie Popay, Symposium Presenter from Lancaster University, United Kingdom
Rebecca Mead, Symposium Presenter from Lancaster University, United Kingdom
Marco Akerman, Symposium Presenter from University of São Paulo, Brazil

Co-authors
Louise Potvin, Catherine Chabot

Abstract
Proposed format of the session. After a short introduction on the state of knowledge on how local intersectoral action including communities helps reduce health inequalities, findings from research documenting three initiatives will be presented (approx. 10 mins each). The presentations will emphasise variations in the design of the initiatives’ and how they lead to change in local places. An open discussion with the audience will follow to explore how the knowledge stemming from those projects could guide local action in other contexts.

Conference theme and/or subthemes addressed. The active engagement of actors from different sectors and levels of influence, generally referred to as intersectoral action, is a recommended strategy to increase
health, well-being and equity in communities. Because of their knowledge of the local context, actions led by local actors have high potential for transforming some social determinants of health for the better. This may be particularly the case when local action is led by communities of interest and place. However, we still know little about how change is driven locally. This symposium aims to meet this need by exchanging knowledge and perspectives on this question, derived from research on local action conducted in three settings (Sao Paulo, Brazil; England, United Kingdom; Montréal, Canada). To understand how local action can increase health equity, we advocate for the need to focus on the seldom discussed practices and power dynamics at the heart of local action for change. Each research team will discuss how the local initiatives’ they have studied have achieved this, through their respective theoretical lenses, which are: participation (equality of knowledge between individuals), collective control and power (within, with and to) and actor-networks (what intersectoral networks create). While focusing on different aspects of local action and embracing different ways of conceptualizing it and the change processes it can generate and sustain, these three initiatives generate complementary knowledge on how local action enables communities to increase control over, and to improve, the determinants of their health.

Achieving better health equity locally: factoring genuine participation of children and youth in the equation

Abstract

General Objective. This presentation will approach local action from the perspective of participation. To do so, it will critically discuss the use of territorial “community assemblies”, a collective management strategy developed in Sao Paulo, Brazil, as a device to promote knowledge sharing by young local residents and enable their genuine participation in local action for change.

Proposed format of the session. 10 min. PPT presentation including a short video

Conference theme addressed. Community assemblies (CAs) developed by Camara Calunga, an NGO based in Sao Paulo (Brazil), are a management strategy of NGO policy in collaboration with local children and their families. These participatory devices create democratic collective spaces where decisions are taken, conflicts are negotiated, and structural and functional reforms of a democratic character are projected.

By using a roundtable discussion format with children, teenagers and adults, democracy is simultaneously being built. As such, CAs are opposed to viewing children and adolescents as individuals who do not possess the capacity or maturity required to read territories or produce structural interference within their realities. The CAs are increasingly being recognized as an important training space for capacity building and dialoguing in a democratic manner, especially between adults and children, which calls for openness and courage on the part of adults to listen to these new interlocutors and be challenged in their belief that they hold the power to define situations. Our participatory research conducted with these Cas, in collaboration with the NGO, highlighted important findings we wish to share. First, community assemblies are not only devices for management and participation, they also promote care, critical training and can serve as an instrument to reveal the potentialities of a given territory. Second, in order to achieve better health equity locally, there is a critical need to combine the deconstruction of “adult-centrism” to the strengthening of participatory methodologies that consider the language and temporality of children and adolescents in their understanding of the world. In sum, through the equality of knowledge they put forward, collective spaces of subjects with the capacity for critical analysis and intervention in their territories, such as CAs, have the potential to enable individuals to regain control over the determinants of their health and drive local change.
The Million Dollar Cheque: is it all about the money?

Abstract

**General Objective.** This presentation will approach local action from the perspective of collective control and power. Based on a longitudinal evaluation of the largest community empowerment programme ever implemented in England, our objective is to illuminate enablers and barriers to community-led action to improve living conditions in relatively disadvantaged neighbourhoods.

**Proposed format of the session.** 10 min. PPT presentation, including audio narratives from Big Local residents

**Conference theme addressed.** The Covid-19 pandemic has highlighted and exacerbated existing social and health inequalities. There has been much discussion about the self-mobilization of civic society in responding to the needs of local people. In the UK this has fed into a national debate about the need for a new social contract between the public and the state in which local *communities of place* would have greater power and responsibility. Research suggests major events (like a pandemic) provide opportunities for positive change and innovation. Yet, there was much variation in the extent to which communities experiencing similar levels of material disadvantage were able to self-mobilize and work with other sectors to limit the impacts of the pandemic. Understanding the drivers of these differences is key to delivering more effective local action for greater equity in the future. The Communities in Control study is an independent longitudinal evaluation of the Big Local community empowerment initiative. This Lottery-funded programme gives residents in 150 relatively disadvantaged areas in England collective control over how to spend £1 million over 10-15 years to improve their neighbourhood. Utilising findings from this study, we will consider the relevance for effective local action for change of:

1. **Power within:** The internal collective capabilities communities of place need to have greater control over decisions and actions impacting on their lives and health, and the spaces and conditions in which these capabilities flourish or are restricted;
2. **Power with:** The relationships within communities, between them and other agencies and between agencies that enable or constrain local action and the factors shaping these relationships;
3. **Power to:** The outcome of the re-configuring power relationships (within and with) in ways that enable new approaches to delivering change impacting positively on lives and health.

How actor-networks create transformations in local places: focusing on the process behind the production of effects

Abstract

**General Objective.** This presentation will approach local action from the perspective of actor-networks (what local intersectoral networks create). It aims to share research findings concerning the mechanisms and processes by which networks produce transformations in local places to increase health, well-being and equity.
**Proposed format of the session.** 10 min. PPT presentation, including a case study illustrating how the progression of intersectoral action through actor networks is theorized.

**Conference theme addressed.** In Canada, intersectoral strategies to address the social determinants of health are deeply rooted in public health practice. In Montréal, 30 Intersectoral Community Committees promote local social development and support joint action by relying on collective capacity for the betterment of local neighbourhoods with respect to the social determinants of health and well-being. These committees, some in existence for over 30 years, are supported by an innovative funding program which funds a process, rather than programmed outcomes. It is left to each community to problematize their situation and to prioritize what local collective action will be undertaken and how. The committees offered an excellent setting for studying how people create transformations in health, well-being and equity in local places. A combination of studies conducted in this context lead our research team to develop an original and theory-based framework of the effects’ production process of local action for change. Based on the actor-network theory, this framework embraces the view that local action is carried out by networks (of actors and entities) which generate a combination of 12 possible types of actions (or transitory outcomes) in their process towards achieving change in health and well-being locally. The transitory outcomes that lead to local transformations have three main functions: 1) Network Setup and Governance; 2) Self-Representing and Influencing Others; 3) Aligning Necessary Actors and Resources. Our findings show that local action is carried by a collective vision that follows a systemic, but not linear, progression towards objectives. Such knowledge about the process behind local action for change is useful for practitioners and other actors involved in such actions to reflect on and evaluate their practices. It can also serve as an interesting starting point to guide future actions aimed at improving the social determinants of health at a local scale.

**Healthy setting approach in Hong Kong: Sustainable development in population health & "How can we collaborate to shape the neighbourhoods where people live to support better health? A deep dive into neighbourhoods form and the determinants of local health and global sustainability"**

**Lunch with an author**
18 May 2022, 11:30 - 12:30

**Moderated by authors**
Healthy setting approach in Hong Kong: Sustainable development in population health.

Speaker
Albert Lee, Presenting Author from The Chinese University of Hong Kong

Abstract

Book description. This book reflects how the Healthy Setting Approach can ensure healthy living building on the experience of Healthy Settings in Hong Kong in connection with neighbouring countries. It illustrates how health promotion in different settings can facilitate Sustainable Development Goals (SDGs) particularly Goal 3, empowerment of individuals and the communities to enhance their capacity to achieve optimal health and well-being.

Chapters covering the concept of a ‘Healthy City’ illustrates how it can make cities inclusive, safe, resilient, and sustainable (Goal 11). Case studies report initiatives to protect, restore, and promote sustainable use of terrestrial ecosystems (Goal 15).

Chapters on ‘Health Promoting Schools’ over evaluation and monitoring framework and its effectiveness to encourage the healthy development of children and adolescents in much broader perspectives. It illustrates how the approach can help to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all (Goal 4). The importance of the ‘Health Promoting Workplace’ is included in a chapter in line with SDG 8 to promote sustained and inclusive economic growth, full and productive employment, and decent work for all.

One chapter captures the success stories regarding how healthcare organisations have engaged with community organisations to improve the health of the population. Universal health coverage is not a panacea. Healthcare organisations need to collaborate with other sectors beyond health that have the capacity to control the determinants of health in particular, the socio-political-economic perspectives.

The right to health should ensure a supportive healthy living and working environment with minimal exposure to health risks. One chapter argues for implementation of Healthy Setting Approach to ensure the right to health promotion.

Relevance for health promotion or policy. This book aims to targets health promotion practitioners in the fields of health and social science, education and public administration who are interested to promote better health and well-being of the population through enhanced urban governance, school effectiveness, productivity, and re-orientation of health services towards preventive care. A Healthy Setting Approach can be an effective means to help poor, vulnerable, and marginalised groups accessing health-related services as platform for strengthening and revitalizing global partnerships for sustainable development (Goal 17).

How can we collaborate to shape the neighbourhoods where people live to support better health? A deep dive into neighbourhoods form and the determinants of local health and global sustainability.

Speaker
Marcus Grant, Presenting Author from Cities & Health, United Kingdom
Abstract

**Book description.** Shaping Neighbourhoods combines all aspects of spatial planning, design and management of neighbourhoods to support people’s health, planetary health and health equity. This new edition retains the combination of radicalism, evidence-based advice and pragmatism that made earlier editions so popular, climate change and biodiversity guidance have been strengthened.

The new edition tackles head-on multiple crises in population health that are pushing up health-care budgets, yet have an origin in poor place-making. Issues such as social isolation, everyday physical activity, respiratory problems, food access. The impacts (positive and negative) of neighbourhood form on planetary health and health equity are addressed.

It acknowledges the role that community action, including participatory place-based health appraisal, bottom-up processes and tactical urbanism, can play. The book is packed with useful tools such as case studies, checklists, conceptual models. An innovative use of internal cross-referencing binds issues, traditionally tackled in silos, together into a comprehensive systemic approach.

**Relevance for health promotion or policy.** This is one of the few ‘how to’ manuals with the everyday residential neighbourhood, that most ubiquitous of human habitats, being the lens through which to address population and planetary health.

If health promotion is ‘...the process of enabling individuals, groups and communities to increase control over, and to improve, the determinants of their health’; then with regards to places people live, this book provides professional, academic and lay communities with support, in the form of readily usable tools and a wide selection of examples, for that process.

In particular, the text articulates the role that public health professionals can take to promote health across the built environment field. It examines points of entry, the role of research and the evidence-base, and provides plenty of material for advocacy. It is underpinned by new research into how people use their localities, and the best way to achieve inclusive, healthy, low-carbon and biodiverse settlements. The overall framing is designed to provide approaches that work, and boost the confidence of public health practitioners wanting to create healthier places.

**WHO - Implementation of the Geneva Charter**

**Workshop**
18 May 2022, 11:30 - 12:30

**Moderator**
Ruediger Krech
Speakers
Carmel Williams, Workshop Trainer from Centre for HiAP Research Translation, Australia
Christine Elisabeth Brown, Workshop Trainer from WHO, Switzerland
Mihály Kökény, Workshop Trainer from University of Debrecen, Faculty of Medicine, Hungary
Faten Ben Abdelaziz, Workshop Trainer from WHO, Switzerland
Ruediger Krech, Workshop Coordinator from WHO, Switzerland

Abstract
General Objective. The objective of the session is to discuss the implications of the action from the Geneva Charter for well-being, the required shift of current economic models towards models that better respond to global social imperatives and needs of the people within planetary boundaries now and for future generations. It deals with issues related to economy of well-being, governance systems across sectors and at different levels as well as innovative partnerships for common goods.

Proposed format of the session. The session will be 60 minutes. There will be four speakers presenting for a total of 35 minutes, leaving half the session for open discussion with session participants.

Conference theme and/or subthemes addressed. The session is concretely about presenting the essential conditions of an economy of well-being, the measurement, tools and partnership. The session makes the case for shifting investments from products that are harmful for people and the planet towards investment for the common goods for health and wellbeing. Finally, the session addresses the governance issues and how to translate the actions of the Geneva charter on well-being using good governance, whole of government approach and community engagement.

Abstract. The Geneva Charter for Well-being outlines five key actions as the foundations for all members of current and future generations to thrive on a healthy planet, no matter where they live. It calls for new economic models that will then generate positive social, developmental and ecological benefits and value-based actions. This will also require high level commitments beyond the health sector and the creation of new partnerships and synergies across sectors. Health promotion approaches have been instrumental in in pushing forward his newly emerging wellbeing agenda.

Promoting oral health with story books by Adekemi Adeniyan, a rural dentist and the author of 'The Girl Who Found Her Smile' & "Public health: Local and global perspectives with Pranne and Margo"

Lunch with an author
18 May 2022, 11:30 - 12:30

Moderated by authors
Promoting oral health with story books by Adekemi Adeniyan, a rural dentist and the author of "The Girl Who Found Her Smile"

Speaker
Adekemi Adeniyan, Presenting Author from Dentalcare Foundation, Nigeria

Abstract

Book description. An oral health story book that promotes oral health in children and gets them to act on their mouth health. This book illustrates the story of Anita, a little girl who loves candies but hates brushing, she ended up with mouth odour and bad teeth. This denied her the opportunity of having a good school photo. It also highlights the importance of good oral health habits and eating healthy foods while also showing the proper brushing technique. The book has a writing space where children can pledge on monthly oral health habits for 12 months. This book is written in English and has been translated into French, Yoruba, Igbo and Hausa languages with 1000 free copies distributed in rural schools and to rural children in Nigeria and currently being adapted into an animation.

Relevance for health promotion or policy. According to the World Health Organization, over 530 million children globally have dental caries of the primary teeth - this is more than the entire population of the United States which has the third largest population in the world. This is a disease that can affect every aspect of a child's life, physical, emotional, social and can also lead to withdrawal, anxiety and absence from school. This is concerning and calls for action.

The best way to still tackle oral health diseases is creating awareness on how to prevent it. In communities and underserved populations where they have no access to dental professionals, prevention is still the cheapest solution while we advocate for equity and better health systems. In fact, our advocacy for a better oral health system starts from prevention, this is because children who are less likely to have access to dental care services due to economic limitations can always benefit from books.

We can convey oral health messages and promote oral health using books. This prompted me to write ‘The girl who found her smile’ so that young children can get accurate oral health messages and be our champions of change. Story books are safe ways for children to learn about their health and normalize experiences.

Using this book to teach oral health education in primary schools has made it easier to pass across the simple message on good oral health hygiene in Nigeria. Study also shows that children have more to benefit from books than just the content, books can also help with stress management. This book promotes more than oral health, it improves the general well-being of children.

Public health: Local and global perspectives with Pranee and Margo

Speaker
Marguerite Sendall, Presenting Author from Qatar University, Qatar

Co-author
Pranee Liamputtong
Abstract

**Book description.** Public Health: Local and Global Perspectives provides students with a comprehensive overview of Australian and international public health issues and contexts. This fully revised and expanded edition includes new chapters on ethics in public health, planning and evaluation, individual behavioural change and gender-based health inequalities. Each chapter features a strong pedagogical foundation which equip students with a deeper understanding of key concepts. Written by an accomplished author team led by Pranee Liamputtong, Public Health remains an essential learning resource.

Relevance for health promotion or policy: This book remains relevant to health promotion because it challenges the status quo of health promotion practice through ensuring the content is contemporary, critical and relevant to graduates who will practice in health promotion. This book ensures graduates actively and critically understand and practice health promotion in a way which improves the quality of life of individuals within the context of their families, communities, and environments and focuses on local and global contexts to ensure student learning outcomes are positioned to address inequitable health outcomes. Within this context, this book is widely adopted by teaching academics because it offers clear, concise teaching and learning activities strategies presented in a user-friendly manner to actively engage undergraduate and postgraduate students in their learning.

This book is recommended or mandated for 36 undergraduate and postgraduate health promotion and public health courses in Australia and New Zealand and 5 overseas courses. A total of 2645 (print and digital) copies have been sold worldwide.

In this Lunch with an Author, we will focus on the following three chapters to uncover detail and nuances of each chapter and stimulate though-provoking, robust discussion with the audience.

- Public health: an introduction to local and global contexts - Pranee Liamputtong
- Political determinants of public health - Marguerite C. Sendall
- Qualitative research methodology and evidence-based practice in public health - Pranee Liamputtong

"Handbook of Settings-Based Health Promotion" & "Foundations for health promotion"

**Lunch with an author**
18 May 2022, 11:30 - 12:30

**Moderated by authors**

**Handbook of Settings-Based Health Promotion**

**Speakers**
Sami Kokko, Presenting Author from University of Jyväskylä, Finland
Michelle Baybutt, Presenting Author from University of Central Lancashire, United Kingdom

Abstract

**Book description.** This handbook was originated during the meeting of the Global Interest Group on Healthy Settings (Interest Group at that time, ‘Global Working Group on Healthy Settings’ currently) during the 22nd IUHPE World Conference 2016 in Curitiba, Brazil. It was acknowledged that there were no books since Green et al. (2000), which would have had settings approach as primary focus or they were limited in scope across settings. The aim of the book is to offer clarity amidst different interpretations and provide a common understanding and definitions of the theoretical basis and underpinnings for settings-based health promotion in policy and practice.

The book comprises 15 chapters organized in three sections. Part one presents the rationale for the settings-based approach and discusses on the key characteristics of the settings approach with a specific focus on the evolution, theoretical underpinnings and principles, governance and evaluation. Part two presents the developments, specific features and applications of the settings-based approach to various key settings by introducing both traditional and non-traditional (new and contemporary) settings initiatives in the contexts and places where people spend their lives. Part three considers the settings approach in the context of future challenges and explores possible directions for further development.

**Relevance for health promotion or policy.** Over the thirty years of the evolvement of the settings approach to health promotion, the research and practice has remained active, but without clear and mutual understanding of its fundamentals. In addition, the work has focused on traditional institutional settings, such as schools, cities and hospitals with novel ones, often non-institutional settings, being less recognised. Therefore, this book explores how the settings approach to health promotion strives for change in the structure and ethos of the setting and how changes and developments in people’s health and health behaviour are easier to achieve if health promoters focus on the environments (settings) where people live their lives rather than on the individuals themselves only. The handbook includes up-to-date information on the topic and provide readers topical knowledge and examples of global actions to develop and enhance a common understanding and generate new thinking in relation to contemporary settings. The book comprehensively sets out reflections on the history and development of the settings approach with contemporary perspectives for academics, students, policy makers and practitioners in the fields of health promotion and public health.

**Foundations for health promotion lunch with Jane Wills**

**Speaker**

Jane Wills, Presenting Author from London South Bank University, United Kingdom

Abstract

**Book description.** A new fifth edition of this highly popular textbook. The book is highly accessible and offers a well-rounded introduction to all aspects of current debates surrounding the social-scientific dimensions of health. This edition has widened the focus to global visions and implications of health, disease, and healthcare, ever more important in our interconnected world. There are four sections covering the theory of health promotion, strategies and methods, settings, and implementation. The book makes extensive use of case studies and other pedagogical tools to engage readers directly with material and bring it to the real world.
Relevance for health promotion or policy. This is a textbook, already translated into German, Korean and Swedish. It is widely adopted in specialist courses and those for other health care professionals such as nurses. It is based on the vision for health promotion in the Ottawa Charter.

**Art on the go: Engaging newcomer youth in arts-based dialogue towards policy change for road safety**

**Workshop**
18 May 2022, 11:30 - 12:30

**Moderator**
Hanah Damot

**Speakers**
Hanah Damot, Presenting Author from Simon Fraser University, Canada
Paola Ardiles, Presenting Author from Simon Fraser University, Canada
Nancy Clark, Presenting Author from Simon Fraser University, Canada
John Vincent Flores, Presenting Author from Simon Fraser University, Canada
Helena Phan, Presenting Author from Simon Fraser University, Canada

**Abstract**

**Setting/problem.** The city of Surrey is one of western Canada’s fastest growing urban centres, welcoming many immigrant and refugee families. In Surrey, more traffic-related injuries and fatalities occur in neighbourhoods with higher percentages of newcomers, averaging between 35% and 54% of the total population (Vision Zero, 2019). Between 2017 and 2018, a significant increase in motor vehicle fatalities occurred among youth aged 15 to 24, reaching the highest proportion of deaths in 2018; further emphasizing the need for road safety intervention (RoadSafetyBC, 2019). With Surrey’s changing demographics, it is important for youths to engage in decision-making processes that impact them, however, barriers such as power imbalances and the lack of equal inclusion has led to disengagement from these discussions (Smith et al., 2009).

**Intervention.** Guided by the principles of community-based participatory action research, this project aims to reduce traffic-related incidents within Surrey’s immigrant and refugee populations through art and peer-led informational walk tours. Art on the Go project is co-designed with newcomer youths since the direct involvement of marginalized populations allow their voices and concerns to be explicitly translated into policy-making. The equity-centred design framework employed in the project furthers the goal of building health equity by identifying social/cultural conditions and acknowledges power inequities between youth and policy-makers. The art workshops will allow newcomer youths to express their experiences in navigating roads through dialogue and art. The walk tours will build social cohesion and support youth in gaining skills to advocate for traffic safety by developing their own solutions. The community-based and youth-led solutions will be presented to the City of Surrey’s key stakeholders including settlement agencies and municipal staff in traffic safety and parks and recreation.
Outcomes. This project aims to promote meaningful engagement of youth in road safety policy-making through the arts, as well as fostering a sense of community belonging. In 5 years, the goal is to see a significant reduction in traffic-related injuries and fatalities in the City of Surrey, through the active participation of newcomer youth.

Implications. Given the disproportionate burden of traffic-related incidents among Surrey’s newcomers, traffic safety needs to be understood from the socioeconomic and cultural characteristics in which communities reside.

Communiquer des savoirs qui seront lus, compris et utilisés pour influencer les politiques publiques

Workshop
18 May 2022, 11:30 - 12:30

Moderator
Fannie Dagenais

Speakers
Fannie Dagenais, Presenting Author from Observatoire des tout-petits, Canada
Marilou Denault, Presenting Author from Observatoire des tout-petits, Canada

Abstract
Pour contribuer à la réduction des inégalités sociales et de santé, les connaissances scientifiques ne doivent pas se limiter à être accessibles, mais doivent également être lues, comprises et utilisées par les instances décisionnelles. Comment communiquer les données scientifiques dans un langage clair, percutant et accessible pour les décideurs ? Pour relever ces défis, il est essentiel de conjuguer la rigueur des données scientifiques à la créativité de stratégies de communication capables de susciter l’attention, de sensibiliser et d’engager différents publics.

Objectifs. Cet atelier permettra aux participants d’approfondir des bonnes pratiques et des stratégies gagnantes pour communiquer des savoirs scientifiques qui seront lus, compris et utilisés par les publics visés.

Format. Cet atelier abordera les questions à se poser, les bonnes pratiques à adopter et les conditions à mettre en place tout au long des étapes d’une opération de communication de contenu scientifique. Des outils de réflexion seront partagés aux participants. Des exemples tirés de l’expérience de l’Observatoire des tout-petits au Québec seront utilisés pour illustrer les différents principes et stratégies. Ayant été au cœur de ces expériences, les formatrices partageront leurs apprentissages des 5 dernières années en matière de communication de contenu scientifique auprès de publics varies (élus provinciaux et municipaux, citoyens, intervenants terrain, médias, etc.) pour réduire les inégalités en petite enfance.
participants seront amenés à réfléchir à leurs propres pratiques et à partager leur expérience avec le groupe.

Objectifs d’apprentissage. L’atelier permettra aux participants d’améliorer leur capacité à:

- Identifier les étapes clés de la planification d’une opération de contenu scientifique
- Identifier les critères à considérer lors de l’étape de priorisation d’une opération de communication de contenu scientifique
- Clarifier les objectifs et les publics visés
- Connaître son public et adapter ses stratégies de production et de diffusion de contenu en fonction de celui-ci
- Identifier les messages clés et prioriser les contenus à communiquer
- Reconnaître les principes clés de la vulgarisation scientifique et les composantes d’une stratégie de diffusion efficace
- Comprendre le rôle de la mobilisation et des partenariats pour une opération de communication réussie
- Comprendre l’importance de l’évaluation pour soutenir l’amélioration de la performance des stratégies de communication

**Fighting discrimination, taking action for equity regarding health**

Sub-plenary
18 May 2022, 12:45 - 14:15

Moderator
Nadia Bastien

Speakers
Gaone Matshameko, Presenting Author from Data for Equity (People and Equity Division), City of Toronto, Canada
Sigma Fatima Jagne, Presenting Author from Economic Community of West African States (ECOWAS), Gambia
Josefina Blanco, Presenting Author from Ville de Montréal, Canada
Nesrine Bessaïh, Presenting Author from Direction régionale de santé publique, CIUSSS du Centre-Sud-de-l’Île-de-Montréal, Canada
Nadia Bastien, Presenting Author from Ville de Montréal, Canada

Co-authors
Cecilia Ah-Kion

Abstract

**Summary.** The COVID-19 pandemic has shed new light on how systemic discrimination impacts the health of populations and how fighting against discriminations is a major asset to change the social determinants of health: food security, access to local services, housing, mobility, quality of life, etc.
Montreal will share the results of a pilot project for a city implementation of gender-based analysis (GBA+) from an intersectional perspective: what are its potential impacts on social determinants of health? Four different urban projects will describe their policy actions to address systemic discrimination - Montreal, Toronto, Freetown, and Economic Community of West African States (ECOWAS). Toronto will share the process that led to the adoption of a socio-demographic data collection strategy: how can a collaboration with Indigenous, Black and anti-racist groups be articulated in such an initiative and what did the data collected through the pandemic reveal? The local government of Freetown will share concrete crisis-management strategies: what was the added value of community-led and informed measures? Finally, ECOWAS will give us an insight on the side effects of the pandemics on women’s situation: what does a gender-based analysis reveal on public health issues in the sub-region, even where the spreading of the infection proper could have seemed, at first view, relatively contained?

**Learning objectives.** This sub-plenary session aims to share major public policy innovations using an intersectional approach to different regions and contexts, based on the principle that valuing practices, strategies, experiences and global solidarity is key to tackle local and global challenges brought on by the pandemic.

**Promoting policies for health equity: The promises of intersectionality**

**Sub-plenary**

18 May 2022, 12:45 - 14:15

**Moderator**

Olivier Ferlatte

**Speakers**

Harlan Pruden, Presenting Author from British Columbia Centre for Disease Control, Canada

Muriel Mac-Seing, Presenting Author from École de santé publique, Université de Montréal / Dalla Lana School of Public Health, University of Toronto, Canada

Aqsa Shaikh, Presenting Author

Sulakshana Nandi, Presenting Author

Olivier Ferlatte, Coordinator from Université de Montréal, Canada

Olena Hankivsky, Presenting Author from Simon Fraser University, Canada

Anuj Kapilashrami, Presenting Author from University of Essex, United Kingdom

Jeremiah Chikovore, Presenting Author from Human Sciences Research Council, South Africa

**Abstract**

Grounded in black feminist scholarship and activism and formally coined in 1989 by legal scholar Kimberlé Williams Crenshaw, intersectionality is a framework that moves beyond examining individual factors such as race, gender, class, and sexuality to focus on the relationships and interactions between such factors, and across multiple levels of society, to determine how health is shaped across population groups. In the past decade, intersectionality has garnered significant attention in the fields of public health and public policy but is potential has not been fully realized in health promotion research and practice. This is largely
due to some challenges in operationalizing and applying intersectionality in the area of public policy. This sub-plenary will explore some of the recent developments in the application of intersectionality to policy and health promotion and discuss some of its key challenges, possibilities, and critiques. This will be done by bringing together international leaders in the field that will offer a global perspective on the added value of intersectionality to advance health equity. Participants will be invited to reflect on their own work and how they may bring an intersectional lens into various aspects of equity-oriented health promotion activity including health policy.

**Achieving social justice through socially coherent policy and practice**

**Sub-plenary**
18 May 2022, 12:45 - 14:15

**Moderator**
Marguerite Daniel

**Speakers**
Marguerite Daniel, Coordinator from University of Bergen, Norway
Sione Tu’itahi, Presenter from Health Promotion Forum of New Zealand (HPF), New Zealand
Jasmijn Sloatjes, Presenter from Migration Policy Institute Europe, Belgium
Sume Ndumbe-Eyoh, Presenter from Black Health Education Collaborative & Dalla Lana School of Public Health, University of Toronto, Canada
Kristin Reimer, Presenter from School of Education, Culture and Society, Monash University, Australia

**Abstract**

**Summary.** Inequalities and conflicts within communities exist at all levels from local to international. Social movements such as Black Lives Matter or planetary health offer bottom-up responses. Sense of coherence (a core concept in Salutogenesis) is an orientation towards life that enables coping with stressors and positive health development. How can we create coherent societies that enable all members to strengthen their sense of coherence?

The objectives are 1) to move discussion of Salutogenesis from the individual to the societal level in dialogue with examples of social movements or innovative practices that create coherent changes in societies, and 2) to generate critical reflection and discussion on how understandings of coherence at societal level can reorient policy and increase social justice.

This digital session includes a brief presentation of theory exploring whether and how coherent societies can promote coherent life experiences for all members (consistency, participation, load-balance) thus boosting their sense of coherence (comprehensibility, manageability, meaningfulness). This is followed by a panel of four speakers presenting, discussing, and answering questions on innovative responses to different societal challenges (Black Lives Matter, Migration and integration, planetary health, and restorative justice in schools).
Mental health promotion policy: Transformative practices, advocacy, and capacity development

Sub-plenary
18 May 2022, 12:45 - 14:15

Moderator
Margaret Barry

Speakers
Margaret Barry, Presenting Author from National University of Ireland Galway, Ireland
Janet Fanslow, Presenting Author from University of Auckland, Australia
Juliana Fleury, Presenting Author from ASEC Brazil (NGO) - children and adolescent mental health promotion association, Brazil
Miranda Novak, Presenting Author from University of Zagreb, Croatia
Irene Verins, Presenting Author from Beyondblue, Australia
Emily Jenkins, Presenting Author from University of British Columbia, Canada

Abstract

Summary. Promoting population mental health and wellbeing is one of the most important global challenges of our time. Investing in a population approach to mental health promotion has the potential to address some of the most intransigent and deeply rooted social problems of this millennium. This sub-plenary considers how transformative policies and innovative practices can respond in new ways to better promote people’s mental health and ensure more responsive and effective strategies for promoting mental health equity and wellbeing globally. Innovative developments from different countries are presented including; strategies for engaging young people and marginalised communities in policy development for mental wellbeing, supporting social inclusion and cultural diversity, and ensuring that innovations and good practices can be scaled up to benefit more people globally.

Learning objectives. This sub-plenary aims to advance thinking on transformative policies and practices for promoting population mental health, well-being and equity.

Key messages.

- Transformative upstream policies and approaches are needed to address the structural determinants of population mental health.
- Innovations in policy development demonstrate how marginalised communities and population groups can be engaged in more responsive policy development.
- Investment in mental health promotion is needed to ensure that good practices can be scaled up to benefit more people globally.
Construire des villes plus équitables : une synthèse des leçons tirées de récentes stratégies de santé urbaine

Sub-plenary
18 May 2022, 12:45 - 14:15

Moderator
Mathieu Masse Jolicoeur

Speakers
Charles-Mathieu Brunelle, Presenter from Ville de Montréal, Canada
Mathieu Masse Jolicoeur, Coordinator from Direction régionale de santé publique de Montréal, Canada
Sonia Bélanger, Presenter from CIUSSS Centre-Sud-de-l’Île-de-Montréal, Canada
Karel Mayrand, Presenter from Fondation du Grand Montréal, Canada
Olga Lucia Sarmiento Dueñas, Presenter from Universidad de Los Andes, Columbia
Carlos F. Dora, Presenter from International Society for Urban Health, Switzerland
David Kaiser, Presenter from CIUSSS Centre-Sud-de-l’Île-de-Montréal, Canada
Michele Bouchard, Presenter from Université de Montréal, Canada

Abstract
Résumé. Cities are often viewed as unhealthy places (polluted, overcrowded, dangerous, noisy, etc.) with an unequal distribution of health risks. However, recent experiences in urban health, notably those experienced during the pandemic period, shed light on potential strategies to mitigate spatial and social characteristics of cities associated with several urban health issues. This sub-plenary aims to foster reflection on what we can do collectively to combat health inequities and reinforce resilience amongst vulnerable groups in urban settings. Drawing upon lessons learned from at least three recent conferences on urban health (local, regional and international levels), this session constitutes a sort of “meta-conference” that aims to (a) gauge the level of consensus among experts and community leaders from different sectors regarding their general views on the impact of healthy urban planning on health inequalities; (b) summarize lessons learned about combatting health inequalities in urban settings through various strategies in urban planning, e.g. public transport, housing, governance, intersectoral collaboration; and (c) generate and exchange ideas on the necessary conditions needed for success.

Objectifs d’apprentissage. At the end of this session, participant will :
• Have a global portrait of the impacts of integrating health into urban planning
• Learn from local and international urban health experiences in relation to social inequalities in health
• Identify the prerequisites for the success of the strategies put in place.
An ID card allowing access to municipal services for migrants with precarious status in Montreal and its influence on social inclusion: A mixed-methods study

Speaker
Jennyfer Belval, Presenting Author from McGill University, Montreal, Canada

Co-authors
Dr Sylvie Lambert, Catherine-Anne Miller, Pénélope Boudreault, Juliette Grosse

Abstract

Background/Objectives. In Canada, migrants with precarious status (MPS) experience restricted legal rights often leading to social exclusion; a determinant of health. Médecins du Monde in Montreal has been emitting identification (ID) cards to facilitate access to municipal services for MPS, with the goal of promoting social inclusion. The purpose of this study is to explore MPS’ living in Montreal experiences with the ID card and describe whether the ID card met its goal.

Methods. An explanatory sequential, mixed methods design is used. In Phase 1, a cross-sectional quantitative survey will be administered by phone in June and Fall 2021 (n ≤ 100). In Phase 2, a purposeful sample of 10-15 participants will be interviewed to further explore their experiences with the ID card. Narrative integration of results from both phases will deepen overall understanding of the ID card’s influence on social inclusion.

Results. A first round of surveys was conducted in June 2021, where 7 (26%) of the 27 respondents mainly used the ID card for COVID-19 vaccinations and adult school enrolment. The main barrier for use was municipal service closures due to the pandemic. The main advantage of using the card (n = 5, 71%) was having more opportunities to participate in society and feeling a greater sense of control over life decisions. Half of respondents (n = 13/26), including those who had not used the card, indicated that having the card made them feel more welcomed by the city, and 64% (n = 16/25) felt the ID card provided a sense of security. In addition, 76% (n=19/24) of respondents would like to use the ID card to identify themselves to police and 83% (n=20/24) to access healthcare. Overall, 88% (n = 22/25) indicated they would feel more secure if the ID card was officially recognized. A second round of surveys (n=100) is planned in Fall 2021, followed by qualitative interviews, to provide further insights on social inclusion for MPS in relation to the ID card.
Discussion. It is encouraging that most ID card recipients felt a greater sense of belonging and security in the city. However, the results obtained thus far also point to areas needing improvement, such as increasing the range of services available. The second larger round of surveys and interviews will produce more comprehensive knowledge to improve the ID card program and further advocate with the City of Montreal for policies that foster inclusion and health for MPS living in the city.

Des soins palliatifs équitables et de qualité : intervenir selon une sensibilité aux diversités linguistiques et aux trajectoires d’immigration dans le contexte du Québec

Speaker
Isabel Fernandez, Presenting Author from Faculté des sciences infirmières, Université de Montréal, Canada

Abstract

Contexte/Objectifs. En 2017, alors que l’estimation du nombre de décès au Québec était de 66 000, 70% des personnes décédées remplissant les conditions d’éligibilité pour un accès à des soins palliatifs n’y en ont pas bénéficié. Alors que les divers freins d’accès à de l’information et à des services auxquels certaines populations sont exposées en contexte de soins palliatifs sont bien documentés dans la littérature, ceux-ci peuvent être accentués par une maîtrise insuffisante du français ou de l’anglais, devenant un obstacle non négligeable à la recherche d’information et de services. Peu de données sont disponibles sur les stratégies mises en place au Québec pour favoriser l’accès à une information multilingue afin de rejoindre et être comprise par tous.

Méthodes. Une étude qualitative a été réalisée pour mieux comprendre les défis d’accès à l’information et à des services en soins palliatifs, ainsi que les bonnes pratiques adoptées dans l’offre de soins palliatifs lorsqu’il s’agit de communiquer ou de prodiguer des soins à des personnes vivant en contexte de diversité linguistique au Québec. Des entretiens semi-structurés ont eu lieu de mai à décembre 2020 auprès de 16 professionnels de la santé avec une expertise en soins palliatifs, recrutés par le biais d’un échantillonnage raisonné. Les données collectées ont fait l’objet d’une analyse thématique avec le logiciel N’Vivo.

Résultats. En ce qui concerne l’accès à de l’information sur les services offerts dans le continuum de soins palliatifs, la totalité des participants ont rapporté ne pas connaître d’initiatives de documentation multilingue accessible pour informer les populations allophones. En contexte d’interaction clinique, la stratégie prédominante rapportée pour assurer une communication auprès de la personne est le recours à un interprète informel. Douze participants ont mentionné ne pas être familiers avec le processus de demande d’interprète formel.

Discussion. En raison du rôle privilégié assumé par les organismes communautaires dans le soutien à la communauté, une approche intersectorielle pourrait être préconisée dans la traduction et la diffusion d’une documentation multilingue. La reconnaissance limitée de l’interprétariat formel dans la prestation de soins palliatifs requiert un travail concerté entre les acteurs impliqués dans le secteur de la santé est requis afin d’établir des lignes directrices claires pour optimiser le recours à l’interprétariat au moment opportun.
Key informants’ representations of the lack of protection of unaccompanied minors in Paris (France) and its consequences on their health: A qualitative research

Speaker
Lignon Lignon, Presenting Author from Université de Montréal, Canada

Co-authors
Lara Gautier, Juan-Diego Poveda

Abstract

Background/Objectives. Unaccompanied minors are children under the age of 18 who settle in a foreign country without a legal guardian. In France, access to child welfare for children comes after public authorities’ verification of their minority and may result in a refusal. Such lack of protection makes unaccompanied minors a particularly vulnerable population. This qualitative study aims to analyze key informants’ representations of the lack of protection and its consequences on the health needs of unprotected unaccompanied minors in Paris.

Methods. Interviews were carried out in Paris with civil society actors, healthcare professionals and civil servants (n = 23), as well as with unaccompanied minors (n = 12). Respondents were recruited through contacts and using the snowball approach. A deductive-inductive thematic analysis was performed using Andersen’s conceptual framework on the determinants of unmet health needs.

Results. The study reveals that the lack of protection (i.e., upstream determinant of health) shapes unaccompanied minors’ intermediary determinants of health (housing, schooling, etc.). Many unprotected unaccompanied minors slept on the streets or in unstable and inadequate housing conditions, in a general environment perceived as hostile. These living conditions lead unaccompanied minors to express many unmet health needs, both in terms of physical health and mental health. The support provided by civil society only partially meets these needs.

Discussion. Based on these findings, we recommend harmonizing the minority assessment procedure and reducing the delays in obtaining the final decision on access to child welfare. It is essential to remove all barriers to access to healthcare and to adopt a migration policy promoting a dignified reception, integrated care, and social integration of unaccompanied children. More research is needed on the integration of a coherent mechanism for the protection of unaccompanied minors by both public authorities and civil society.

Pour des politiques publiques équitables et inclusives dans le monde face à la médecine cosmopolite. Évaluation prospective et genrée des cas de migrant(e) haïtien(ne) en Amérique latine et centrale.

Speakers
Théophilo Jarbath, Presenting Author from Université d'Ottawa - Faculté des sciences sociales, Canada
Rose Béracaël Jarbath, Presenting Author from Université Mont Everest d'Haiti, Haiti
Abstract

Contex/Objectifs. En Haïti, pour des raisons politiques, socio-économiques, certains se risquent à l'immigration clandestine, d'autres sont forcés de vivre dans des campements de fortunes, laissant derrière eux enfants et mineurs livrés à eux-mêmes aider par des organismes ignorant le ⅔ d'informations nécessaires à la prise en charge de leur santé. Aujourd'hui, malgré les progrès de la médecine moderne est-elle au service du plus grand nombre, favorise-t-elle le plus grand bien ? A-t-elle permis l'élaboration d'une meilleure approche dans le parcours santé et bien-être ? L'un de nos objectifs demeure de faire une historiographie des politiques de santé d'hier à aujourd'hui dans le contexte de la migration et de proposer un cadre d’actions, de logiques d’acteurs et d’institutions pour la prise en charge des migrant(e)s.

Méthodes. Pour cette communication, nous utilisons la méthode mixte auprès des soignés, soignants et aidant des patients, et des entretiens semi-directifs, une ethnographie en ligne (web) à travers des forums de discussion, la consultation des archives des organismes de santé, et le récit de vie comme méthode pour comprendre les déterminants socio-environnementaux, etc.

Résultats. L’identification des déterminants socio-environnementaux, les faits culturels et le genre, la perception et représentation des pathologies dans un registre linguistique commun transnational des soignés peut aider dans la conception des politiques publiques équitables et inclusives. Le partage des données de santé de migrant(e) haïtien(ne) dans un système de gestion multilatéral peut favoriser une meilleure prise en charge des patient(e)s.

Discussion. Notre intervention tient à proposer une évaluation prospective et genrée de l’accès et de la qualité aux soins de santé de migrant(e)s haïtien(ne)s, des systèmes et politiques de santé, des faits socioculturels, représentations et perceptions de la maladie de ces différents pays faisant partie de la cartographie migratoire, à partir de nos questions de recherche pouvant nous amener à penser de politiques publiques de santé plus équitable et inclusive.

Fostering structures and community-based action for physical activity

Round table
18 May 2022, 12:45 - 14:15

Moderator
Lise Gauvin

Classifying readiness of communities to implement community-based physical activity approaches: A narrative synthesis

Speaker
Jana Semrau, Presenting Author from Friedrich-Alexander University Erlangen-Nuremberg, Department of Sport Science and Sport, Germany
Co-authors
Simone Kohler, Lea Dippon, Natalie Helsper, Alfred Rütten, Klaus Pfeifer

Abstract

**Background.** Community-based approaches with a particular focus on health equity are recommended to promote physical activity at the population level. The implementation of such approaches in communities is challenging and an understanding of the community context is crucial. The construct community readiness (CR) has been used to assess the context. However, available reviews examined different models of readiness and had no specific focus on physical inactivity. Likewise, no distinction was made between CR to implement individual-level interventions and large-scale community-based approaches. It is also not clear how health equity is considered. The aims of this narrative synthesis are a) to identify determinants for the classification of communities regarding their readiness to implement community-based physical activity approaches (CPAA), and b) to assess how health equity is considered in the classification.

**Methods.** A systematic search of 13 databases was conducted for articles published up to May 2021. We searched for articles that assessed the readiness of communities to promote CPAA. We extracted data on provenance, study characteristics, readiness issue, theoretical perspective, approach to assess and classify readiness, and consideration of health equity. Data were synthesized based on the identified determinants of readiness, the used approach to classify communities and the consideration of health equity.

**Results.** From 3,697 articles, a total of 17 studies were eligible. The identified determinants of readiness were knowledge of efforts, leadership, community climate, community knowledge of the issue, resources, goals, obligations, opportunities, intervention characteristics, outer setting, inner setting, outcome expectations and quality of action plans. Communities were classified mostly based on 9-stages of readiness as proposed by the community readiness model (CRM). Health equity was considered by sociodemographic characteristics, selection of key informants, in the development of an interview guide, and the participation and involvement of residents.

**Discussion.** Several determinants for the classification of CR to implement CPAA were identified. Most of these are based on the CRM. The consideration of health equity was heterogeneous and would benefit from improved reporting. Recommendations for the assessment of CR to implement CPAA with a focus on health equity will be presented.

Implementation of a framework for community-based physical activity promotion with a focus on structural change and health equity

Speaker
Lea Dippon, Presenting Author from Friedrich-Alexander University Erlangen-Nuremberg, Department of Sport Science and Sport, Germany

Co-authors
Natalie Helsper, Simone Kohler, Klaus Pfeifer, Alfred Rütten, Jana Semrau
Abstract

Setting. The German National Recommendations for Physical Activity (PA) and PA Promotion recommend community-based PA promotion with a focus on health equity. However, implementing this approach at the local level is especially challenging. Therefore, the first phase of the project KOMBINE (community-based PA promotion to implement the National Recommendations) activated stakeholders from policy, practice, and research to co-produce an action-oriented framework with nine key components for community-based PA promotion focusing on health equity. The aim of phase 2 is to implement and test the framework.

Intervention. A diverse sample matrix with six pilot communities was created using various criteria such as community type (e.g., rural, urban), region, readiness, and socioeconomic deprivation. The participatory implementation of the framework in the six pilot communities includes: (1) preparation, (2) assessment, (3) setting up cooperative planning groups including steering committees (4) organization of the planning process, (5) development and (6) implementation of measures.

Outcomes. Each community established a steering committee as well as a cooperative planning group with intersectoral participation. However, the involvement of political stakeholders (n=2–15), experts (n=2–12), representatives of the administration (n=8–25), “door-openers” with contact to socially disadvantaged people (n=5–16), and citizens (n=0–6) varied between the communities. The involvement of socially disadvantaged people proved to be challenging but was more successful in rural compared to urban communities. Although political stakeholders participated in all communities, some communities had difficulties involving high-ranking political stakeholders. During the implementation of the framework all six communities developed a broad range of measures (personal skills n=48), infrastructure (n=17), policy action (n=9), and community action (n=7) relevant to the needs of each community and with a focus on health equity and structural change.

Implications. With the implementation of the developed measures and the continuation of the cooperative planning group as well as the steering committee an important milestone towards implementing the National Recommendations and establishing structures for sustainable PA promotion with a focus on health equity will be reached. However, to improve the participation of socially disadvantaged people adaptations to the framework are necessary.

Scaling up community-based physical activity-related health promotion – a best fit framework synthesis

Speaker
Leonie Birkholz, Presenting Author from University of Erlangen-Nuremberg, Department of Sport Science and Sport, Germany

Co-authors
Philipp Weber, Natalie Helsper, Lea Dippon, Simone Kohler, Klaus Pfeifer, Alfred Rütten, Jana Semrau

Abstract

Background/Objectives. Community-based health promotion with a focus on structural change towards better “health for all” is essential to address persistently existing health inequities. However, achieving a public health impact requires the scaling up of this approach beyond manifold funded pilot projects. In the
field of physical activity-related health promotion only few community-based approaches have been
implemented on a larger scale. Thus, the aim of this systematic review is to provide an overview of scaling
up frameworks for community-based health promotion, and to identify key components for successfully
scaling up community-based approaches to promote physical activity.

**Methods.** We followed the “best fit” framework synthesis approach. Firstly, we conducted a search for
scaling up frameworks for community-based health promotion in PubMed, CINAHL, Scopus, Web of Science,
PsycInfo, and SportDiscus. Then, we created an a priori framework based on the included frameworks.
Secondly, we searched for primary research studies in the same databases with an additional grey literature
search using Google Scholar. We searched for studies that report on scaling up processes of community-
based physical activity promotion. The data were coded using the identified a priori framework.

**Results.** From 80 articles, a total of 12 studies were eligible and reported on 12 scaling up frameworks. We
included 5 frameworks for data extraction. This yielded into 10 a priori defined key components: innovation
characteristics; clarify and coordinate roles and responsibilities; build up skills, knowledge, and capacity;
mobilize and sustain resources; initiate and maintain regular communication; plan, conduct and apply
assessment, monitoring, and evaluation; develop political commitment and advocacy; build and obtain
collaborations; encourage participation and ownership; plan and follow strategic approaches. We further
identified 113 primary research studies with a total of 10 eligible studies. No new key components were
found, but all a priori defined key components were supported by the studies.

**Discussion.** The “best fit” framework synthesis approach provides science-based insights for developing
successful scaling up processes in the field of physical activity-related health promotion. The results will be
used to develop a science- and practice-based concept for scaling up a community-based physical activity
approach together with stakeholders from the national and community level.

**Supporting individuals' physical activity in various settings**

**Parallel oral session**
18 May 2022, 14:30 - 15:45

**Moderator**
Albert Lee

**Interventions de promotion de l’activité physique chez les professionnels de santé hospitaliers au CHU de Rouen (France), Hôpital Promoteur de Santé**

**Speaker**
Joel Ladner, Presenting Author from UFR Santé Rouen, France
Abstract


Méthodes. Les PS, réunis en équipes, ont mesuré leur niveau d’activité physique avec une application spécifique pour smartphone, sur une période de six mois (2019-20). Des informations sociodémographiques, des caractéristiques sur le type de travail de santé, la qualité de vie et le niveau d’activité physique à l’aide du score de Ricci et Gagnon. Le nombre de pas a été collecté prospectivement par l’application

Résultats. Au total, 534 PS ont été inclus dans la cohorte et suivis. Le sex-ratio H:F=0,16. L’âge moyen était de 39,6 ans (ET=9,7). Les mesures de Ricci et Gagnon ont montré qu’avant l’intervention, 7,8 % des PS étaient classés comme inactifs, 59,7 % étaient actifs et 32,5 % très actifs. Concernant l’évolution des pas quotidiens, il y avait une progression significative à M6 : une moyenne de +1 700 pas au cours de la période d’étude, avec une moyenne de 6 923 pas par jour à M0 et 8 626 pas par jour à M6 (+1 703/jour). La part des PS actifs (+10 000 pas/jour) a augmenté de 20 points et la part des PS faiblement actifs voire sédentaires a diminué de 18 points. Plus de 8 sur 10 PS ont évalué l’intervention comme très dynamique et attractive (échelle de Likert >3/5). L’« esprit d’équipe » a été cité comme source de motivation pour 68,0 % des PS.

Discussion. L’étude montre une augmentation significative du nombre de pas quotidiens mesurés objectivement à l’aide d’une application pendant les six mois d’intervention. L’esprit d’équipe et le défi du niveau d’activité physique sont sources de motivation entre PS. Une telle intervention pourrait être un soutien utile et une cohésion d’équipe dans un contexte d’une charge lourde de travail comme pendant la pandémie de COVID-19. Des recherches supplémentaires sont nécessaires pour déterminer si ces changements sont durables sur une longue période de temps.

Change is hard: a population-level study of self-reported attempts to change eating and physical activity behaviors among adults in Montreal, Canada

Speaker
Kadia Saint-Onge, Presenting Author from Centre de recherche CHUM, Canada

Co-authors
Marie-Hélène Mayrand, Geetanjali Datta, Lise Gauvin

Abstract

Background/Objectives. Although there is an abundance of population-level prevalence studies reporting on people’s current energy balance behaviors, few report on spontaneous attempts to change these behaviors. Even less report on population-level success or relapse rates for behavior change attempts. This study’s objective was to 1) estimate the rates of energy balance behavior change attempts as well as their outcomes among urban-dwelling adults; and 2) identify population-level sociodemographic and health correlates of attempts and outcomes.

Methods. A population-based sample composed of 1101 adults living in Montreal, Canada, responded to an online survey during the winter of 2016. Participants were asked if they had attempted to change their eating or physical activity in the previous six months (Yes/No). Those responding “Yes” were then prompted
to characterize their success. We conducted unweighted hierarchal logistic regression analyses to examine the relationship between sociodemographic as well as health correlates and self-reported change attempt, success in change attempt, and relapse to prior habits.

**Results.** Most respondents did not eat the recommended portions of vegetables and fruit a day (84.5%). Half met recommendations for physical activity by walking at least 150 min in the last week (52.3%). Over a third of the sample reported recently attempting a change (eating: 67.4%; physical activity: 65.1%). Complete success was rare (eating: 16.6%; physical activity: 18.3%), partial success was most frequent (eating: 67.1%; physical activity 60.4%). Correlates of behavior change attempts, success and relapse appear to vary across behaviors but sex, age, and reported perceived health status were consistently related to either change attempt, success, or relapse. Though men were less likely to attempt to change their eating habits (OR=0.72) and physical activity (OR=0.68). Curiously, 18-34-year-olds were both more likely to have success (OR= 1.84) and to relapse (OR= 2.02) in terms of eating habits.

**Discussion.** Patterns of change attempts, success, and relapse rates indicate that change attempts are pervasive despite limited success. These data serve as an important baseline for health promotion surveillance following the current pandemic and its impacts to energy balance behaviors. Supported by a CRCHUM development grant.

**Impact of pet ownership on lifestyle behaviours in immunosuppressed people and their relatives during the COVID-19 pandemic**

**Speaker**
Nathalie Bedrossian, Presenting Author from Centre de Recherche du Centre Hospitalier de l'Université de Montréal (CRCHUM), Canada

**Co-authors**
Alexia Piché, Gabrielle Cadotte, Fady Michael, Sylvain Bédard, Mélanie Dieudé, Isabelle Doré

**Abstract**

**Background.** The COVID-19 pandemic placed immunosuppressed individuals in a situation of particular vulnerability because of the increased risk of severe complications if they contract the virus. This context will likely impact their capacity to maintain healthy lifestyle habits such as regular physical activity. Increasing evidence suggests that pet ownership is positively associated with a healthy lifestyle. However, no study has investigated the potential benefits of pet ownership on lifestyle habits of immunosuppressed people.

**Objectives.** The objectives of this study are 1) to examine the changes in physical activity (PA), sedentary time (ST) and sleep during the COVID-19 pandemic among immunosuppressed people and their relatives and 2) to examine the associations between pet ownership and PA, ST, sleep in this population.

**Methods.** This study is part of the Projet Laurent, a multidisciplinary research program aiming to evaluate the risks and benefits of pet ownership in immunosuppressed populations. Data were collected from participants recruited through the Canadian Donation and Transplantation Research Program network, using an online self-report questionnaire in May-Aug. 2020. A total of 127 participants (60.9% female) provided complete data PA, ST, sleep, pet ownership (having a pet and type of pet) and sociodemographic and clinical variables. Descriptive analysis, paired T-tests and linear regressions were conducted.
**Results.** When comparing before-after the implementation of COVID-19 containment measures in March 2020, our results indicate that participants reported an increase in ST (p<.01) and a decrease in moderate PA (p=.01), vigorous PA (p=.01) and walking (p=.02). No significant difference was observed in sleep duration (p=.81). Having a dog, but not other pet types, was associated with reduced decline in vigorous PA (p=.02) and walking (p<.01) and a reduced increase in ST (p<.01).

**Discussion.** The COVID-19 pandemic and containment measures had a detrimental impact on the lifestyle of immunosuppressed populations. Having a dog appears to be a protective factor against PA decline and ST increase in this population. Results from this study will orient the development of tailored interventions based on the pet-human relationship to promote a healthy lifestyle within the immunosuppressed population.

**Organisational readiness for physical activity promotion in German long-term care facilities for older people**

**Speaker**
Annika Frahsa, Presenting Author from University of Bern, Switzerland

**Co-authors**
Lea-Sofie Hahn, Gerhard W. Eschweiler, Andreas M. Nieß, Gorden Sudeck, Ansgar Thiel

**Abstract**

**Background/Objectives.** Health- and wellbeing-related effects of physical activity (PA) reach into old age but little is known about whether and how PA promotion is organizationally anchored in settings specific to people in old age, such as long-term care facilities (LTC). Approx. 30% of people with care needs >65 years in Germany live in LTC, a setting with increasing relevance given the demographic change. This presentation, therefore, aims to analyze readiness for PA promotion in LTC, with an organizational sociological lense.

**Methods.** We conducted a mixed-method study in eight LTC in Southern Germany, based upon semi-structured interviews with executive and nursing staff (n=31), documents, such as nursing concepts, mission statements, and weekly activity plans, a photovoice study (n=27 participants and n=169 photographs), and systematic observation on-sites (200hrs in 2020, 625hrs in 2021). We interpreted data through reflexive thematic analysis, supported by MAXQDA20 software.

**Results.** While we identified opportunities, as well as financial and human resources that might be used for PA promotion, there appears a lack of organisational goals, as well as legal, professional, and personal obligations, which leads to PA promotion neither being prioritised nor integrated into organizational formal and informal structure. PA courses and offers tend to be delegated to external service providers. PA promotion is not part of decision programs, such as care concepts or mission statements, staff work descriptions, or more informal internal routines and organizational rituals. These findings are further exacerbated by crisis events, such as the current COVID-19 pandemic.

**Discussion.** LTC tend to focus on caring for and protecting vulnerable people, rather than empowering residents as agents of their well-being and context and enabling them to age in a self-determined way. These characteristics also contribute to a limited organizational readiness for PA promotion. Future interventions
need to address organizational structure and culture to sustainably anchor PA and thus to promote residents’ health and wellbeing.

Équité en activité physique : intégrer le profil sociodémographique dans la priorisation des changements de l’environnement bâti

Speaker
Simon Paquette, Presenting Author from Université de Montréal, Canada

Co-authors
Yan Kestens, Benoit Thierry, Ahmed El-Geneidy, Daniel Fuller

Abstract

**Contexte/Objectifs.** Il est important de bien comprendre les inégalités sociales et environnementales d’activité physique afin d’augmenter adéquatement l’activité physique dans la population. L’objectif est d’analyser comment l’activité physique et l’exposition à l’environnement bâti varient selon les profils sociodémographiques, et comment ces variables interagissent. Pour y arriver, on compte identifier 1) si l’activité physique varie selon les profils sociodémographiques, 2) si ces profils modifient l’effet de l’exposition de l’environnement bâti sur l’activité physique et si 3) l’exposition varie selon les profils.

**Méthodes.** Cette étude combine des données d’accélérométrie et de GPS collectées durant 10 à 20 jours auprès de 795 personnes dans le cadre des études INTERACT et REM entre 2018 et 2020. Des modèles de régressions multivariées multiniveaux –journées nichées dans des individus– visent à identifier les déterminants de la proportion journalière de minutes actives. Les deux premiers modèles considèrent séparément l’exposition environnementale (proximité aux infrastructures de transport, aux commerces, à la densité bâtie et aux espaces verts) et les profils sociodémographiques. Le troisième modèle intègre ces deux dimensions et le quatrième considère des termes d’interactions entre exposition et profil sociodémographique.

**Résultats.** L’âge et le fait d’être une femme, d’être né au Canada et d’avoir un profil universitaire sont associés négativement avec la proportion journalière de minutes actives. Les arrêts de transport collectif sont associés négativement avec cette même proportion. L’âge, le genre, le pays de naissance, le revenu familial et le niveau d’éducation modifient l’effet de l’environnement bâti sur l’activité physique. Les personnes plus âgées, plus aisées financièrement et moins éduquées sont les moins exposées.

**Discussion.** Si les interventions dans l’environnement bâti sont pertinentes pour augmenter l’activité physique, les effets ne sont pas les mêmes parmi tous les groupes. Cette recherche offre un cadre de réduction des inégalités d’activité physique en suggérant que la prise en compte des caractéristiques sociodémographiques pourrait permettre de mieux cibler les interventions, qu’elles portent spécifiquement ou non sur l’accessibilité géographique.

**Characteristics of building partnerships among community sports leaders collaborating with the parents in the neighborhood: A cross-sectional study in Japan**

Speaker
Yoshino Hosokawa, Presenting Author from Waseda University, Japan
Co-authors
Hiroko Yako-Suketomo, Kaori Ishii, Koichiro Oka

Abstract

**Background/Objectives.** Sports activity has been demonstrated to have various health benefits. In Japan, there are volunteers called Community Sports Leaders (CSLs). CSLs are members of a community who are chosen by peers or organizations to provide sports activities to their community. Collaboration with the children and their parents in the neighborhood is needed to enhance community cohesion through regional sports. However, few CSLs work with the parents, and the characteristics of CSLs collaborating with them are not clear. This study examined the characteristics of building partnerships among CSLs collaborating with the parents in the neighborhood.

**Methods.** A mailed self-administered questionnaire was distributed to 1,488 CSLs in 59 municipalities in Tokyo, Japan, from July to September 2021. The questionnaire covered demographic data, variables related to CSL activity, variables related to building partnerships, and experience working with the parents in the neighborhood. We conducted a binomial logistic regression analysis with experience working with the parents as a dependent variable.

**Results.** Three hundred forty questionnaires were returned, with a 22.8% response rate. Excluding 41 cases of participation in CSLs after the COVID-19 pandemic and 5 cases with missing data on experience working with the parents, with a 19.8% valid response rate. The analyzed sample comprised 294 CSLs; about 65% were male, with a mean age (SD) of 59.8 (10.5) years. Additionally, about 60% of CSLs reported that they had experience working with the parents in the neighborhood. The binomial logistic regression analysis revealed a significant relationship between experience working with the parents in the neighborhood and collaboration with non-sports municipal employees (OR=1.78, 95%CI 1.10-2.94).

**Discussion.** CSLs collaborating with the parents in the neighborhood were more likely to have building partnerships with municipal employees in various sections other than the sports section. The present findings indicate the importance of intersectoral collaboration in municipalities for the promotion of regional sports.

**Interventions to address colonization and racism**

**Parallel oral session**
18 May 2022, 14:30 - 15:45

**Moderator**
Jeff Masuda
Music as racism combating tool

Speaker
Lucas Oliveira, Presenting Author from Unipam, Brazil

Co-author
Tainá Rodrigues

Abstract

**Background/Objectives.** Brazil faces a historical moment that calls for attention on many social issues. Governamental decisions about policies for public health and health promotion are contributing to increase social inequities. Black people constitute a specific population that grows on social and health vulnerability. This country, known as a rich place for culture, creativity and artistic production built by a diverse population, may take this advantage to empower specific populations like black people and improve equity and a health in all policies strategy. This study aims to discuss musical productions as racism combating tool and its possibilities to empower black people.

**Methods.** Developing an exploratory qualitative research on a literature review accessing databases and selecting published papers having brazilian portuguese as original language in 2017-2021 period.

**Results.** In Brazil history samba and rap groups got involved with social issues replacing classic social-political alternatives for combating racism and other inequities. Black people playing music auxiliated on making music more popular through the country. The carnival fest is also important for making samba more popular. Even having black song writers and singers, those musics got prestige attributed to their groups and found itself as a strategy for empowering black people and solving inequities.

**Discussion.** Police men violence contributed for the visibility of black people context and history for their issues. Music, rap and samba, is also associated to African oral and historical knowledge transmissions bringing a new dynamic for that relations and learning process. Rap and samba may be diverging melody styles but must be considered as black culture strong and empowered racism combating tool.

Developing and embedding anti-racist and intersectional practice in health promotion and public health.

Speakers
Jenny Douglas, Presenting Author from The Open University, United Kingdom

Abstract

**Setting/problem.** This paper focuses on the importance of developing an anti- racist and intersectional framework for health promotion and public health. In 1995, I wrote a book chapter on developing anti-racist health promotion strategies. Despite the commitment of health promotion to reducing inequalities and inequities in health, enduring inequities in health have persisted for Black and minority communities in Europe and North America. In these continents there has been a commitment to the Ottawa Charter and yet the health of Black and minority ethnic communities and the structural inequalities they face have not been central to health promotion and public health until now.
Covid 19 has drawn attention to longstanding inequities in health in Black and minority ethnic communities. In the UK, there is a data gap on ethnicity and health. There is a need to develop intersectional approaches to epidemiological research to ensure that we explore the intersections of ‘race’, gender, social class, ethnicity, sexuality, disability on health. In developing intersectional approaches to health promotion and public health we need to ensure a focus on racism and develop strategies that recognise that racism is a social determinants of health and that anti-racism is embedded into public health practice. This paper concludes with a model to incorporate and embed anti-racist and intersectional practice in health promotion and public health.

**Intervention.** Anti-racist and intersectional framework and strategies for health promotion and public health.

**Outcomes.** More equitable health outcomes for Black, indigenous and other people of colour.

**Implications.** Intersectional health promotion and public health practice.

**Community based responses to racism and mental health: An Ottawa based pilot project**

**Speakers**
Manjeet Birk, Presenting Author from Carleton University, Canada
Rishi Kapur, Presenting Author from Children’s Hospital of Eastern Ontario (CHEO), Canada

**Abstract**

**Setting/problem.** There has been tremendous evidence that suggests a key issue affecting the health and well-being of many racialized and Indigenous communities across Canada is racism and its effect on mental health. The ways in which racism impacts mental health are deeply linked to many social determinants that are influential in the overall health of the population. This presentation will shed light on the development, challenges, successes and process of this ongoing pilot project.

**Intervention.** The Uncovering the relationship between racism and mental health: An educational toolkit is a pilot project that begins to consider and address some of these social inequities and challenges. This project addresses two important aspects of this relationship: 1) highlighting the lived experiences of racialized and Indigenous communities navigating racism everyday, including while interacting with system such as health and education, 2) addressing the misinformation/miseducation health care practitioners have in addressing issues of race and racism through tangible solutions tailored for mental health practice.

**Outcomes.** This project hopes to address one small aspect of these broader concerns by supporting health care practitioners in better understanding the lived realities of racism that racialized and Indigenous Canadians experience in Ottawa and how this racism is impacting their mental health.

**Implications.** The Uncovering the relationship between racism and mental health: An educational toolkit project centres the lived experiences of racialized and Indigenous communities in the Ottawa area and their interaction with systemic injustice. Through focus group, participants reflect on racism and its impact on mental health. This action orientated focus group allow participants to not only speak to and gain support about the challenges and struggles they have experienced; they will also be given a therapeutic venue to action these struggles through artistic expression and curating the education and training of health care professionals.
practitioners. The Uncovering the relationship between racism and mental health: An educational toolkit project differs from other anti-racism or cultural sensitivity trainings because the intersectoral partnership (health and social justice) allows it to consider tangible solutions that can be applied to the day-to-day practice of doctors, nurses, social workers and allied health professionals across the Ottawa area.

**Carpe Annum: From pandemic vulnerabilities to transformative opportunities in housing and health in Vancouver’s Downtown Eastside**

Speaker
Jeff Masuda, Presenting Author from University of Victoria, Canada

**Co-authors**
Carlos Sanchez-Pimienta, Dani Aiello, Right to Remain Collective

**Abstract**

**Background/Objectives.** Even before the onset of the first wave of COVID-19, members of the Right to Remain Collective, a participatory action research team operating in Vancouver’s Downtown Eastside began preparations for supporting its members, partners, and the wider community to cope with the inevitable challenges that the pandemic would bring to precariously housed tenants of Single Room Occupancy Hotels.

**Methods.** Over the course of several months, grassroots efforts quickly led to not only a significant new network of direct support to hundreds of people living in dozens of hotels, but also to a renewed momentum to ‘seize the year’ in garnering the attention of policymakers and impelling transformative structural change to address longstanding housing inadequacies. We were well-positioned to chronicle these events through a series of individual and group interviews of both SRO tenants and staff organizers that already occurred on an ongoing basis by our team.

**Results.** Leveraging this momentum, our ability to mobilize the grounded expertise of our highly trained and committed SRO tenant researchers, along with the equally grounded historical insights we have developed through our participatory archival research, has contributed to an unprecedented policy window in which we and partners are influencing governments at municipal, provincial, and federal levels, to enact a bold new tripartite approach to resolving the city’s decades-old housing crisis.

**Discussion.** In this presentation, we reflect on the circumstances, decisions, and processes that we have experienced since the Spring of 2020, which we believe offers valuable insights into the role of participatory, anti-racist, and anti-colonial health research to achieve significant gains in promoting housing and health equity for those living in the most oppressive conditions in Canada.

**Barriers and facilitators shaping implementation of cultural safety and anti-racism interventions**

Speaker
Alex Kent, Presenting Author from Simon Fraser University, Canada
Abstract

Background/Objectives. Over the last three decades, there have been a series of nation-wide as well as world-wide calls to action to redress longstanding injustices against Indigenous peoples, including clear recommendations for cultural safety and anti-racism to promote health, wellbeing and equity. It is imperative to move these calls to action to implementation through all levels of policy and across all sectors. This doctoral research examines the barriers and facilitators shaping the uptake and implementation of cultural safety and anti-racism training interventions in post-secondary settings, particularly in the field of public health.

Methods. This is a qualitative research study that brings together a theoretical lens informed by anti-colonialism and intersectionality as well as explanatory frameworks offered by implementation science. The study focuses on Master of Public Health programs in British Columbia. Data includes interviews and focus groups among program directors, faculty members, and current and past students. Data also includes relevant documents, such as institutional and departmental academic plans.

Results. This presentation will share preliminary results, highlighting barriers and facilitators to uptake and implementation of cultural safety and anti-racism interventions. Specifically, it will describe:

1. The core characteristics and adaptable features of interventions;
2. The key individuals and groups influencing uptake and implementation of interventions;
3. The specific strategies being employed to enhance the adoption, implementation, integration and sustainment of interventions, and how these strategies have evolved or been adapted over time;
4. The influence of institutional conditions in which implementation of interventions take place;
5. The broader social, cultural, political and historical contexts that shape uptake and implementation.

Discussion. The significance and impact of the findings from this research lies in the potential to provide insights about the various factors influencing uptake and implementation of cultural safety and anti-racism interventions into policy and practice. The insights could inform organizational policies for education institutions, health institutions, as well as professional accreditation or regulatory bodies — with broader implications for other policy interventions.

Building capacities and resilience of community health workers

Parallel oral session
18 May 2022, 14:30 - 15:45

Moderator
Patsy Beattie-Huggan
Capabilities and transdisciplinary co-production of knowledge: Linking the social practices of researchers, policymakers, professionals, and populations to promote active lifestyles

Speaker
Peter Gelius, Presenting Author from Department of Sport Science and Sport, FAU Erlangen-Nürnberg, Germany

Co-author
Klaus Pfeifer

Abstract
Background/Objectives. Achieving sustainability in real-world settings remains a central challenge of health promotion, as pilot interventions often fail to be widely implemented. As a solution, approaches based on participation, knowledge co-production, and transdisciplinarity have been suggested. This contribution reports on the experience of Capital4Health, a German research consortium aimed at promoting capabilities for active lifestyles in childcare centers, schools, vocational training, and communities.

Methods. Capital4Health employed cooperative planning to involve key stakeholders in the development of setting-specific, sustainable measures to promote physical activity. 144 planning sessions were conducted in 22 sites, and an intervention at the consortium level supported collaboration among projects. Effects were evaluated using a mix of quantitative and qualitative methods.

Results. Results indicate that Capital4Health helped improve organizational capacity, the skills of professionals, as well as health literacy and physical activity levels of population groups. Consortium-level collaboration led to the development of a common language and understanding between disciplines.

Discussion. The overall experience indicates that co-production can be effective to develop adapted health promotion measures in different settings. However, setting readiness for change is a key factor for success, and involving population groups is more challenging than enlisting professionals and policymakers. Collaboration across settings and disciplines is beneficial but requires substantial time and resources.
Abstract

Contexte/Objectifs. Le COVID-19 a provoqué une crise sociosanitaire sans précédent. La crise n’a épargné personne, néanmoins certaines populations ont été plus directement affectées, dont les personnes en situation plus précaire. Pour soutenir ces populations, les organismes communautaires ont dû revoir et innover afin de poursuivre leur travail d’intervention. Afin de documenter ces changements, le cas d’un organisme communautaire en sécurité alimentaire de la région urbaine de Saguenay a été étudié à l’été 2020, tant sur le plan des changements organisationnels que sur les impacts sur la santé globale des travailleurs, des bénévoles et des membres.

Méthodes. Approche méthodologique : Analyse de cas
Cadre théorique : innovation socio territoriale
Questions de recherche : 1) documenter les impacts de la pandémie sur un organisme communautaire 2) documenter les changements/ modalités d’intervention de soutien mises en place 3) documenter les difficultés/contraintes rencontrées 4) documenter les innovations mises en place
Outils de collecte de données : entretiens de recherche avec la direction (1) et des intervenantes (2) de l’organisme. Entretiens de recherche (1) avec une intervenante dans une corporation de développement communautaire (CDC). Revue de littérature.
Analyse des données : Nvivo

Résultats. Les résultats démontrent que malgré les pressions internes et externes, l’organisme a pu continuer à jouer son rôle de justice sociale et environnementale, quoique’avec des modifications importantes à son mode de fonctionnement. Des innovations locales comme les cellules de crises locales et régionales ont aussi permis de favoriser le partenariat entre les acteurs institutionnels et communautaires, ce qui a favorisé une synergie plus grande entre les différentes ressources du territoire et ultimement, une réponse plus adéquate aux besoins de la population usagère.

Discussion. La clé de la résilience communautaire a sans aucun doute été la création des cellules de crises locales et régionales. En travaillant en partenariat serré avec les autorités sociosanitaires, c’est l’ensemble de l’offre de services communautaires qui s’est trouvée améliorée, avec des ramifications encore présentes aujourd’hui.

Building capacities of community health workers to improve nutrition outcomes in rural India using a knowledge attitudes practices framework: A study in Bihar, India

Speaker
Nivedita Narain, Presenting Author from Professional Assistance for Development Action (PRADAN), India

Co-authors
Ayesha Pattnaik, Arundhita Bhanjdeo

Abstract

Contexte/Objectifs. Le COVID-19 a provoqué une crise sociosanitaire sans précédent. La crise n’a épargné personne, néanmoins certaines populations ont été plus directement affectées, dont les personnes en situation plus précaire. Pour soutenir ces populations, les organismes communautaires ont dû revoir et innover afin de poursuivre leur travail d’intervention. Afin de documenter ces changements, le cas d’un organisme communautaire en sécurité alimentaire de la région urbaine de Saguenay a été étudié à l’été
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Enhancing the health promotion capacity of Community Health Workers on epidemic and pandemic preparedness and response in Wakiso district, Uganda
Speaker
David Musoke, Presenting Author from Makerere University School of Public Health, Uganda

Co-author
Linda Gibson

Abstract
Background/Objectives. Community Health Workers (CHWs) are a key human resource for health that are involved in health promotion particularly in low- and middle-income countries. The current COVID-19 pandemic has reaffirmed the importance of CHWs in responding to pandemics in LMICs where their roles have included health education, screening, contact tracing, and community management of cases. However, CHWs in Uganda have not received much training on epidemics and pandemics. Therefore, the aim of this project was to enhance the health promotion capacity of CHWs on epidemic and pandemic preparedness and response in Wakiso district, Uganda, with a focus on COVID-19.

Methods. This project was implemented as part of the 10-year partnership between Nottingham Trent University and Makerere University School of Public Health, Uganda. Our partnership has an established
record of working with the CHWs in these communities hence we were able to quickly respond to this need of strengthening resilience in epidemics and pandemics.

**Results.** The project trained 766 CHWs in 2021 for 2 days, and the main topics of the training were: introduction to epidemics and pandemics including prevention and control of COVID-19; community engagement; contact tracing; risk communication; community sensitisation; and frontline protection. Pre and post training assessments were carried out to establish the level of improvement in knowledge of the CHWs following on from the training. From this assessment, adequate knowledge on epidemics and pandemics improved from 7.5% to 92.8%; adequate knowledge and skills to communicate to the community during an epidemic / pandemic increased from 55.6% to 99.4%; and adequate knowledge and skills to carry out contact tracing in the community during an epidemic / pandemic increased from 30.0% to 97.9%.

**Discussion.** This project demonstrated improved knowledge among CHWs on epidemic / pandemic preparedness and response which is expected to lead to improved health promotion practices in their communities including during response to COVID-19. Such initiatives are important to strengthen health system resilience at community level particularly at such a time when COVID-19 continues to affect Uganda and other countries across the world.

**Life skills approach as a tool for health promotion building capacity**

**Speaker**

Monica de Andrade, Presenting Author from IUHPE, Brazil

**Abstract**

**Relevant experience or practice.** Life skills are essentially those abilities that help promote mental well-being and competence in young people as they face the realities of life. Most development professionals agree that life skills are generally applied in the context of health and social events. UNICEF, UNESCO and WHO list the ten core life skill strategies and techniques as: problem solving, critical thinking, effective communication skills, decision-making, creative thinking, interpersonal relationship skills, self-awareness building skills, empathy, and coping with stress and emotions (WHO, 1997).

**Implications for health promotion.** The purpose of this round table is to reflect about one important to tool development personal skills, which is one of the fields of action of Health Promotion. We reviewed different capacity building experiences using training materials developed by EDEX, independent and professional non-profit organization within the scope of socio-educational action. The review of life skills approach experiences evidenced that it allows people to exercise emotional intelligence, learn every day to have better relationships and prepare the ground for being a better person; it is also possible to know how to properly connect with other people and how to understand and transform the context to build better conditions for a dignified, happy and healthy life. An expanded way of seeing can transform a health issue into an opportunity to reconcile with life or an experience in extreme poverty into community mobilization to reduce poverty. The life skills approach establishes that any situation, fact or circumstance in life can always be an opportunity to grow and learn.
Implications for policy. Life skills approach is increasingly looking for ways in which people and their organizations can take charge of their own health and intervene in its determinants. Training communities with life skills approach strengthens capacities to navigate a changing world, to face challenges and increase the range of possible responses. There are evidences that some countries decided to adopt life skills approach as a main strategy to implementation new education model.

Digital risk communication and community engagement in the COVID-19 response

Parallel oral session
18 May 2022, 14:30 - 15:45

Moderator
Madeleine Malone

WHO’s communication on Twitter about the risks of COVID-19: A discourse analysis of WHO’s tweets

Speaker
Loni Ledderer, Presenting Author from Aarhus University, Denmark

Co-author
Antoinette Fage-Butler

Abstract

Background/Objectives. In 2020, the world experienced a pandemic due to SARS-CoV-2. As the pandemic was a major risk event, public health authorities faced the challenge of communicating risk information to populations around the world to elicit behavioural changes that would minimise the spread of COVID-19. The World Health Organization (WHO) communicates on various social media about population health, including health risks. The aim of this study is to explore how WHO represented the risks of COVID-19 in their Twitter communication.

Methods. The data consist of 90 of WHO’s tweets (text and visual elements) containing the hashtag #COVID19 that were posted during the first seven days of September 2020. The period was chosen as a "second wave" was expected in many countries, corticosteroids were shown to help patients that were severely affected by COVID-19, and vaccines were progressing through trials. We analysed the text of the tweets using a Foucauldian discourse analysis. First, the utterances about risk were identified, followed by the risk topics the utterances related to; we then analysed the meanings and values relating to the representations of risk in context.

Results. Analysis showed that risks were often implicitly present, and that some risks were played down. Risks often related to the individual, placing responsibility for risk avoidance on the individual. Risks avoidance was often constructed in relation to behavioural change and moral positives such as “Take care of each other”. COVID-19 risk avoidance was framed positively in terms of health-preserving stay-fit tips
and wellbeing messages, using emojis and colourful images. The representations of COVID-19 risks were interwoven with representations of other risk factors such as obesity and poverty, and as being associated with other risks such as the unfair distribution of COVID-19 vaccines.

**Discussion.** WHO constructed COVID-19 risks in relation to moral and practical concerns, while adapting the representation of COVID-19 risks to the social medium of Twitter. The value-ladenness of risks associated with the individual can be problematic and lead to social stigma. The results are also discussed in relation to public health authorities’ increasing use of social media and the implications for future public health and public health risk communication.

An online health promotion model using synergies of the spiritual dimension of health, wellbeing, and SDGs in the Garhwal Himalayas in Uttarakhand, India, during the second wave of COVID19.

**Speaker**
Mahesh Bhatt, Presenting Author from MMBHS Trust, India

**Abstract**

**Setting/problem.** Uttarakhand is a northern state of India in the hills of the Himalayas, facing unplanned construction, human activity, and loss of biodiversity, leading to disasters, accidents, forest fires, and harmful health consequences. Tourism, especially spiritual tourism, is the backbone of the economy of Garhwal Himalayas, severely hit by COVID19. And poor healthcare system with difficult accessibility and availability due to challenging geography, inadequate infrastructure, and scarce human resource made pandemic worse for covid patients and people with chronic health conditions, pregnant women, older people, and children in lockdowns.

**Intervention.** We initiated an online COVID19 health education program with telemedicine for health promotion, primary care, and referral advice in April 2020 during the lockdown. During the second wave in April 2021, we incorporated the synergies of the spirituality of this area with concepts of wellbeing and SDGs in our online strategies to encourage the interest and engagement of people to prevent misinformation and use telemedicine. We could reach a larger audience in remote hills. We used WhatsApp, zoom, FB Live, and phone calls depending on the situation.

**Outcomes.** We found Connectedness, balance, happiness, good health, peace, and good living common in defining wellbeing, SDGs, and the spiritual dimension of health synergistic in the fragile ecosystem and spirituality of hills. People found it touching their environmental, employment, and health concerns in a crisis. People from different walks of life and health workers joined our efforts. It makes people willing to communicate during the ferocious second wave of COVID19; the spiritual dimension keeps them positive. It helped in preventing infodemic, timely referral, and primary care. We succeeded in motivating people to help health authorities during the height of the pandemic. We found up to 80% more engagement, presence, and response than the first phase of COVID19.
**Implications.** The conceptual similarities of SDGs’ agenda with people, planet, peace, prosperity, and partnership with a balance, equality, and justice with wellbeing and spiritual dimension of health are evident by the fact that 14 SDGs out of 17 and 32 targets out of 169 are related to health. We successfully utilized the community influence of these conceptual synergies for health education and health promotion in difficult terrain during a health crisis.

**Increasing citizen participation through participatory digital health research: The DIGICIT project on the COVID Alert app**

**Speakers**
Esli Osmanliiu, Presenting Author from Division of Pediatric Emergency Medicine, Department of Pediatrics, Montreal Children’s Hospital, McGill University Health Centre; Research Institute of the McGill University Health Centre, Canada
Sylvain Bédard, Presenting Author from Centre d’excellence sur le partenariat avec les patients et le public, Canada

**Co-author**
Marie-Pascale Pomey

**Abstract**

**Background/Objectives.** Despite the interest in exposure notification apps as a potential solution to the COVID-19 pandemic, the adoption rate of the COVID Alert app has remained low in the province of Quebec. As citizens and patients are rarely consulted and included in techno-scientific advances, the objective of the DIGICIT project was to carry out participatory research in partnership with citizens and patients to identify the conditions for the socially acceptable and sustainable development and use of exposure notification apps in the context of a public health emergency.

**Methods.** First, we conducted a survey among citizens of Québec, Canada aged 15 years or older. The questionnaire was co-created within an advisory committee of 12 citizens and patients with diverse profiles in partnership with the co-researchers and research collaborators. Following the recommendation of the advisory committee, a consultation was held with people living in vulnerable situations.

**Results.** The questionnaire included the following concepts: (1) the smartphone accessibility and technological literacy, (2) the experience with the pandemic and the COVID Alert app, (3) the intentions to use the COVID Alert application, (4) the motivations, fears, and barriers to using the COVID Alert application, and (5) the conditions of acceptability to use this type of application in the future. A consultation with vulnerable populations made it possible to supplement the survey data, increase representativeness, and also discuss the survey’s results.

**Discussion.** Participatory research with patients and the general public integrates essential expertise and perspectives, thus promoting inclusive research in the sphere of responsible digital health innovation. The partnership between citizens, patients, and researchers at the onset of the research process ensures the identification of design features and outcomes that are most meaningful for potential end-users. Focus groups with members of marginalized groups can further increase the inclusiveness and representativeness of this process.
Online community development: Opportunities and challenges in the pandemic

Speakers
Susie Sykes, Presenting Author from London South Bank University, United Kingdom
Jane Wills, Presenting Author from London South Bank University, United Kingdom

Co-authors
Megan Watkins, Andrew Whittaker, Daniel Frings

Abstract

**Background/Objectives.** Social media platforms are increasingly being employed for health promotion and are an important route for health communication. It has been argued that health promotion has not yet realised the full potential of social media and in particular its potential to facilitate strategies such as community development. There is a need to better understand whether and how social media interventions can be used to build communities and translate online engagement into community action. This need is amplified by the continual evolution of social media and the nature of the COVID-19 pandemic.

**Methods.** This research formed part of a wider evaluation and investigated a digital community development project using Facebook in an English county during the pandemic. A quantitative comparative survey, network analysis and sentiment analysis was undertaken alongside a qualitative digital ethnography approach that analysed the discourse within Facebook posts.

**Results.** Indicative findings demonstrate outcomes and contributing factors for improved health literacy, protective health action, community connectedness and mutual aid and the extent to which whole system change is achieved for the public health function.

**Discussion.** This study demonstrates the value and strength of online communities which can act as both an audience but also a mechanism for health promotion. Community development is a key health promotion strategy with its commitment to building active and sustainable communities and increasing the capacity of disadvantaged or excluded communities to participate in the issues that affect their lives. Communication, social bonds and a sense of connectedness are all present in virtual communities presenting opportunities for community development. However, this is fundamentally different to using social media for health communication and requires the theories and principles that have underpinned community development to be adapted and applied and for the ethical principles of health promotion to be carefully considered.

Health promotion training strategy in the COVID-19 pandemic

**Speaker**
Dolors Juvinyà-Canal, Presenting Author from Cátedra de Promoción de la Salud, Universidad de Girona, Spain

**Co-authors**
Carla Casals-Alonso, Maribel Arévalo-Masero, Sílvia Espinal-Utgés, Narcís Pou-Martí

**Abstract**

**Setting/problem.** Society has faced many challenges due to the COVID-19 pandemic. Health literacy, efficient communication and community action have proven to be some key strategies to improve health
behaviours and social cohesion, as well as individual, social and community self-healing. Health promotion can contribute to usefully manage this pandemic through intersectoriality, sustainability, empowerment and public health engagement, equity and a life course perspective¹.

**Intervention.** During the lockdown and the subsequent de-escalation phases caused by the pandemic, the 2020 Training Plan of the Health Promotion Chair of the University of Girona has been reoriented. The aim is to improve health knowledge related to COVID-19 and to provide some tools for a better individual and community-based health management.

**Outcomes.** The following training topics were prioritised: health and inequalities, health literacy, communication, health promotion, public health and healthy ageing. 8 webinars addressed to professionals in different areas have been organized – 319 participants and 25 speakers attended these webinars. During the lockdown, 8 articles -1 per week- have been addressed to 600 people, in order to promote discussion about health in society, the impact of pandemic at different levels and the transformation of practices in healthcare centres and hospitals. Two monographic issues on Health Promotion and COVID-19 in the Bepsalut newsletter, which is followed by with 321 subscribers and 1,300 readers, have been edited.

**Implications.** The participation and evaluation of these activities show both the interest and the need to reorient health promotion training actions into an online format. These activities contribute to improve personal knowledge and skills for a better management of individual and community health in pandemic time. Besides this, they provide a place for reflection and discussion to change negative attitudes about the pandemic and to transform practices from a global health and equity perspective.

**HiAP at local and national levels**

**Parallel oral session**
18 May 2022, 14:30 - 15:45

**Moderator**
Gerry Eijkemans

**The policy direction and tasks realization of ‘Health in All Policy(HiAP)’**

**Speaker**
Yumi Oh, Presenting Author from Korea Health Promotion Institute, South Korea

**Co-author**
Yer Jin Park

**Abstract**

**Background/Objectives.** Improving health levels is a major challenge for the nation's competitiveness by enhancing the quality of human capital as well as the fundamental rights of the constitution-guaranteed
health rights. To this end, the government emphasized the importance of health investment and promoted various policies to change the paradigm as a preventive health policy. When implementing health policies, we would like to propose effective policy implementation tasks to realize the vision of health in all policies.

**Methods.** Through a survey of international health status and Korean health policies over the past 10 years, we analyzed how health investment and preventive health promotion concepts are reflected in health policies. In the analysis, the policy direction was reviewed by comparing it with Korea in three aspects: socioeconomic factors, policy enforcement factors, and policy resource factors.

**Results.** According to the International health policy analysis, health policies have shifted the paradigm from cure to prevention or management for preventive health care, securing quality human capital and increasing national competitiveness by investing in health. To achieve this, national policies are driven around health equity based on health (HiAP) and the policy foundation has been established for maintaining and realizing health policies through pan-governmental framework, as well as health-related departments. Through this, as the last task to establish a framework for social security with health investment through preventive ministry treatment, the government should contribute to the actual implementation of health rights guaranteed under the Constitution of Prevention to Treatment by setting health agenda as "the role of the nation" instead of leaving it to "individual areas."

**Discussion.** Although long-term strategies were prepared through the establishment of the National Health Plan 2030 in Korea, specific strategies for realizing them are insufficient. To this end, the vision and major tasks of the policy are to promote government-wide governance and health investment for health in all policies, and to conduct health impact assessments for mainstreaming and effectiveness of health policies.

La production des effets de l'action intersectorielle locale, validation d'une théorie intermédiaire basée sur la théorie de l'acteur-réseau (TAR)

**Speaker**
Angèle Bilodeau, Presenting Author from École de santé publique, Université de Montréal, Canada

**Co-authors**
Catherine Chabot, Yves Bellavance, Louise Potvin

**Abstract**

Contexte/Objectifs. Les stratégies intersectorielles d’action sur les déterminants sociaux de la santé sont profondément ancrées en santé publique. Cependant, peu de preuves relient leurs processus aux transformations observables qu’elles génèrent dans les environnements locaux. Nos études avec les Tables de quartier à Montréal ont conduit à une modélisation du processus de production des effets de l'action intersectorielle (AI) locale. Basée sur la théorie de l’acteur-réseau, cette modélisation montre que l’AI locale génère des chaînes de résultats transitoires (RT) qui mènent aux transformations observables. Un répertoire de 12 RT a été identifié, réparti en trois fonctions des réseaux d’action : 1-Se constituer et se maintenir (3 RT) ; 2-Se représenter et influencer (5 RT) ; 3-Faire converger les acteurs et les ressources nécessaires à l’action (4 RT). Une étude de validation a été menée afin de consolider cette modélisation sur un plus grand nombre et variété de cas.
**Méthodes.** Nous avons réalisé une étude de cas multiple (n=8), qualitative, longitudinale et rétrospective (2010-2018). Des analyses documentaires et des entretiens avec des acteurs-clés ont permis de retracer les différents processus opérés à travers ces projets intersectoriels.

**Résultats.** L'étude de validation a confirmé le répertoire des 12 RTs et permis d'en solidifier les définitions. Pour les quatre RTs de la fonction « Faire converger les acteurs et les ressources nécessaires à l'action », la validation a introduit des RTs négatifs afin de capturer les antagonismes, pertes, reculs et difficultés à faire progresser l'action. La validation a aussi conduit à consolider le fondement de la théorie dans la TAR. En résulte une théorie intermédiaire validée sur la production des effets de l'action intersectorielle sur les conditions de vie locales, résultant d'un dialogue entre les données empiriques et la TAR.

**Discussion.** Les 12 RT validés font écho aux facteurs qui favorisent ou entravent les collaborations intersectorielles, ainsi qu’aux composantes des cadres conceptuels, recensés dans les écrits scientifiques. L’apport nouveau de la théorie présentée est qu’elle conceptualise les collaborations intersectorielles comme des systèmes d’action dynamiques de sorte à saisir comment leurs composantes mobiles interagissent ensemble, au fil du temps, pour produire de bons résultats et minimiser les échecs.

**Healthy public policies in a pandemic situation: Retrospective São Paulo and Lisbon**

**Speaker**
Juliana Rodrigues Machado, Presenting Author from UNICAMP, Brazil

**Co-authors**
Evandro Ziggiatti Monteiro, Ana Maria Girotti Sperandio

**Abstract**

**Background/Objectives.** It is necessary to rethink the urban structure of the post-pandemic city of Covid-19, which has generated complete or partial shutdown in almost every country in the world within a few months of the first notification in December 2019. The world has experienced epidemics and pandemics, and cities have had to adapt and modify their urban structure to contain the spread of the disease. The objective is to identify and systematize the legal frameworks and projects with an interface in the principles of the healthy city in the municipalities of São Paulo and Lisbon.

**Methods.** From the non-systematic bibliographic review, non-systematic document review of the legal frameworks to establish the correlation between the urban planning laws and the Master Plan of the municipality of São Paulo and Lisbon, and the case study with territorial clipping for the municipality of São Paulo and Lisbon.

**Results.** The expected results of this research are: identify the correlations between the documents with the defined uniterms, answer how urban planning and healthy public policies collaborate to the development of the healthy city.

**Discussion.** City life has brought both benefits and harms, some of the most common diseases today are obesity, diabetes, and hypertension. These diseases reflect the modern way of life, in which spaces for built-up areas and traffic routes are more valued than parks, leisure and sports areas with quality, which provide more quality of life and health to the population, the few existing ones are located in noble neighborhoods and gentrified areas. It is necessary that the Master Plans incorporate health, favoring multidisciplinarity, intersectoriality, and intrasectoriality to think about the development of a healthy city. This research
recognizes the importance of laws and guiding documents for public policies that aim to promote health in a broad and equitable way that looks at communities and their local needs for the development of a healthy city.

Qualitative assessment of the health-in-all-policies maturity degree at the municipal level: A study on the French healthy cities network

Speaker
Marion Porcherie, Presenting Author from Ecole des Hautes Etudes en Santé Publique, France

Co-authors
Anne Roué le Gall, Marie-Florence Thomas, Jean Simos, Nicola Canteoreggi, Zoé Vaillant, Stéphane Rican, Emmanuelle Faure

Abstract
Background. The Health in All Policies (HiAP) approach is increasingly recognised but its deployment at the local level could be better assist. Based on the Strom framework, we conducted a quantitative study among 85 French healthy cities network. We identified 4 variables measuring the degree of progress into the HiAP approach, i.e.: intersectoral collaboration, involvement in joint projects, consideration of health and equity issues, existence of an intersectoral body. The use of a Multiple Correspondence Analysis and a Hierarchical Ascending Correspondence allowed defining 8 groups of similar cities. Variables were interpret to isolate 3 different profiles in terms of HiAP maturity degree (weak HiAP-, less advanced HiAP + and strong HiAP ++ profiles). We based our study on the example of green spaces policies. We chose 2 cities in each groups to conduct an in-depth study. The aims was to confirm / infirm the use of the 4 variables defined quantitatively as monitoring indicators.

Methods. Semi-structured interviews were conducted among elected officials and officers from the Health and the Environnement services in 2018 among the 6 cities. Questions were relate to the consideration of health and inequalities in the local policies, the collaboration with the other sector and the projects. Interviews were recorded and fully transcribed. A thematic analysis were made on the basis of the 4 variables, coupled with a grounded analysis. We used NVivo software © to assist with the analysis.

Results. We conducted 39 individual or collective interviews with 11 elected officials and 28 with officers both in health and environment sectors distributed equally between the 6 cities. Results from the qualitative analysis confirms the existence of intersectoral instance for cities classified as HiAP++ which tends to be discriminating for establishing the profile. On the other cities, there is less collaboration between sectors even if initiatives both in matters of equity and / or sustainable development can exist. Attending the kind of collaborations are still rare and seldom in France, a possible desirability bias can be questioned.

Discussion. We conclude that the 4 variables are useful for estimating the HiAP maturity degree of the cities concerning green spaces policies and health and that they can be used as indicators to monitor the progress of cities in the approach. They may help to capture HiAP profile and drive cities to structure their collaboration.
A novel framework to evaluate the implementation of Health in All Policies at a local level

Speaker
Pablo Galvez Hernandez, Presenting Author from University of Toronto, Canada

Co-authors
Carles Muntaner, Ketan Shankardass

Abstract

Background. Local governments in decentralized states have jurisdictional authority over many sectors affecting population health such as housing or employment. Increasingly, governments at this level have adopted Health in All Policies (HiAP) approaches to foster synergies for health and equity across government sectors and non-governmental partners. While some resources have emerged to support evaluation of implementation at higher levels of government, HiAP implementation at the local level remains under-theorized. We present a systems theory framework to facilitate evaluation of the HiAP implementation process at a local level.

Methods. The framework was developed over several meetings in 2020, drawing from existing theory and evidence from case studies on HIAP implementation at the municipal level. Rooted in systems theory (Shankardass et al, 2018; Muntaner & Dunn, 2020) and scientific realism (Muntaner, 2013), we approached HiAP implementation at the local level as a social system involving individuals or groups of individuals located in specific systems and subsystems who interact through social relations to generate outcomes.

Results. This framework presents a hierarchical view of systems, subsystems, and components involved in HiAP implementation at the local level. The focus is the local government system, which typically leads HiAP implementation through collaboration involving political elites and actors from intrasectoral and intersectoral subsystems, and private and third sectors outside the government. We included supra municipal systems to account for external influences (e.g., mandates or financial arrangements by higher-level governments). To facilitate an understanding of HiAP implementation mechanisms, cultural, power and economic relations between actors are represented. Data from a multiple case study of HiAP implementation at the local level in Ontario and Quebec will be presented to demonstrate the framework.

Discussion. The literature often presents HiAP as an abstract concept that is not amenable to systematic evaluation. This framework can inform hypotheses development and testing in theory-driven evaluations of HiAP implementation by incorporating the different systems (relations, components and mechanisms) that explain implementation activities at the local level.

Health impact assessment to close the physical activities disparities for sports promotion programmes in Mitaka City, Tokyo, Japan

Speaker
Hiroko Yako-Suketomo, Presenting Author from Japan Women’s College of Physical Education, Japan

Co-authors
Yoshino Hosokawa, Yoshihisa Fujino
Abstract

Setting/Problem. A culture of health that is brought about by the 2020 Tokyo Olympic Games can be positioned as its legacy. The problem, however, is that, since the sports and health promotion policies set forth by many of Japan’s municipalities are independent, the impact of the offered services on people’s health has never been investigated. As the first stage of the Health Impact Assessment (HIA) was carried out, we conducted a screening.

Intervention.
Period: July – September 2021
Targets of HIA: The 25 programmes offered by the City of Mitaka’s Sports Promotion Section
Organizing: Four individuals were assigned as members of the HIA Screening Work Team.
Screening 1: To identify, in advance, groups that are known to engage in little physical activity, we conducted a literature review.
Screening 2: Persons in charge of the programmes conducted a screening to check for the presence or absence of health impact and compiled their findings.

Outcomes.
Screening 1: Our literature review identified 11 groups. Sex and age groups were additionally taken into consideration. A total of 36 groups were made the screening targets.
Screening 2: The number of positive impacts was the greatest in males aged 40 - 60, and was the smallest in non-regular employees (both men and women) as well as children who attend nursery school. Then, nine subcategories and three categories were drawn up (socioeconomic factors, intergenerational gaps, and disabilities/impediments), and a conclusion was drawn that emphasized the need to correct health disparities, focusing on these factors.

Implications. The HIA on this occasion revealed that the 25 programmes had a significant impact on the health of the middle-aged generation. Going forward, we will carry out a scoping review from the three categories’ perspectives, execute detailed fact-finding surveys and make policy proposals.

Derechos humanos y participación comunitaria

Parallel oral session
18 May 2022, 14:30 - 15:45

Moderator
Katherine Frohlich
Investigación comunitaria participativa: intencionalidades y enfoques de participación en promotion de la salud

Speaker
Rosilda Mendes, Presenting Author from Universidade Federal de São Paulo, Brazil

Co-authors
Maria Fernanda Petroli Frutuoso, Marco Akerman, Cassio Vinicius Afonso Viana, Nina Wallerstein, Paulo Santos de Almeida

Abstract

Background/Objectives. Menudo nos enfrentamos a críticas a las formas tradicionales de pensar y hacer investigación que cuestionan la díada sujeto-objeto, la relación intrínseca entre teoría y práctica, el lugar del investigador y el acto mismo de investigar. Es en el corazón de esta discusión donde se inserta la idea de que los sujetos son generadores de conocimientos basados en conocimientos que se engendran en encuentros marcados por la implicación colectiva. Este debate epistemológico exige la diferenciación entre investigaciones que colocan al investigador en un lugar privilegiado, con conocimientos altamente valorados y especializados, de otro, de experimentación y ejercicio de aproximación entre culturas, saberes y formas de conocer. Objetivos: Discutir cómo la investigación participativa basada en la comunidad se ha incorporado a la investigación en salud brasileña.


Results. Los 13 artículos seleccionados, con diferentes enfoques metodológicos, presentan diversidad de temas (seguridad alimentaria y nutricional, bullying, educación artística, salud infantil, reciclaje y trabajo de salud, embarazo adolescente) y públicos objetivo (profesionales y administradores de la salud, estudiantes, comunidad). Los estudios dan a conocer los diversos aspectos de la investigación participativa (investigación-acción, investigación-intervención, investigación participativa) y estrategias de seguimiento, como los comités de investigación, que pueden fortalecer procedimentalmente la inclusión de actores en todas las etapas de la investigación. También se anuncia el uso de múltiples herramientas metodológicas (talleres, grupos focales, entrevistas) y la triangulación de datos como estrategias para fortalecer la participación de los profesionales y la comunidad en un proceso de investigación 'con'

Discussion. El nombre de investigación participativa, sus orígenes y supuestos no es uniformemente efectivo. Independientemente de los nombres y las opciones metodológicas, la revisión señala que la producción de conocimiento pretende unánimemente romper con la dicotomía investigador-investigado sujeto-objeto e invertir en una "política de participación", sensible a las realidades y demandas sociales, con miras a a la transformación social.

Marcas da pandemia e estratéquias solidárias

Speaker
Rosilda Mendes, Presenting Author from Universidade Federal de São Paulo, Brazil
Co-authors
Maria Fernanda Petroli Frutuoso, Marco Akerman, Cassio Vinicius Afonso Viana, Nina Wallerstein, Paulo Santos de Almeida

Abstract

Background/Objectives. La pandemia ha tenido efectos en la vida cotidiana de los habitantes de territorios y regiones de vulnerabilidad en la ciudad de São Vicente, São Paulo, Brasil. agravando los problemas existentes, como las condiciones laborales precarias, con el consiguiente impacto en el acceso a los alimentos y las situaciones de inseguridad alimentaria y hambre. Objetivo: presentar las estrategias de movilización: recaudación de donaciones en alimentos y productos, financiamiento colectivo para apoyar las acciones de entrega de insumos, subsidiar subsidios para artistas y educadores (desempleados por suspensión de actividades), contribuir con asistencia financiera directa para familias en mayor riesgo, etc. Instituciones privadas, instituciones sociales, comercios locales, organizaciones vecinales y particulares conformaron la red que tuvo al Instituto Camará Kalunga como lugar de organización de acciones en diferentes frentes.

Methods. Registros de asambleas comunitarias virtuales con familias de tres territorios que retratan las condiciones cotidianas y sus problemas sociales, con un esbozo de las marcas de la pandemia y estrategias de solidaridad, involucrando el tema de la alimentación como derecho humano y la lucha contra el hambre.

Results. Las asambleas se configuraron como un espacio para reconocer la disponibilidad de alimentos que tienen los niños en sus territorios, a partir de la construcción colectiva de actividades para mapear los puntos de venta de alimentos; discusiones sobre la oferta de alimentos y las fuerzas que influyen en esta oferta (como la dinámica del narcotráfico en la región) y las limitaciones que estas fuerzas traen al repertorio alimentario de sus familias.

Discussion. La pandemia ha repercutido en la vida cotidiana de los habitantes de los territorios donde opera Camará, exacerbando los problemas existentes, como las condiciones laborales precarias, con el consecuente impacto en el acceso a los alimentos y situaciones de inseguridad alimentaria y hambre. Este escenario requirió una serie de estrategias colectivas para desencadenar acciones de apoyo mutuo y movilización comunitaria para mitigar las dificultades impuestas por el escenario de aislamiento y abandono del estado brasileño ante una emergencia sanitaria

Formación de profesionales en Educación en Salud Pública: Una aproximación crítica a la ausencia del contenido de salud sexual como derecho humano en Puerto Rico

Speaker
Melisa Ramos-Sepúlveda, Presenting Author from Universidad de Puerto Rico, Recinto de Ciencias Médicas, Puerto Rico

Abstract

Background/Objectives. Este trabajo resume una investigación sobre el estado de situación de la enseñanza de la educación sexual de Educación en Salud Pública (EDSA) en la única institución de Puerto Rico que gradúa estudiantes de EDSA a nivel de bachillerato y maestría. Sin embargo, a nivel de maestría no se ofrece el curso de salud sexual desde el 2018. Uno de los objetivos de este curso es la formación de profesionales competentes que puedan realizar intervenciones culturalmente sensibles que promuevan un ambiente de apoyo adecuado respecto a la salud sexual. Por ende, más allá de estudiar el porqué de su ausencia,
entendemos esencial dilucidar propuestas que puedan atender la problemática. El artículo de Allotey, P. et. al (2011) sobre la superficialidad con la que se atiende la salud sexual en la disciplina de salud pública a nivel global nos sirvió de guía para acercarnos a la omisión del curso en el programa.

Methods. Para dilucidar qué ha pasado con la enseñanza de salud sexual, por qué no se está ofreciendo, por qué se llegó a ofrecer y desde qué perspectiva, aplicamos una mirada antropológica que consistió en: observación participante, la elaboración de guías de entrevistas y de análisis, conversaciones con personas claves, y la recopilación de informes institucionales y prontuarios del curso a nivel subgraduado y graduado.

Results. En el programa de EDSA se llegaron a ofrecer seis cursos sobre salud sexual de los cuales solo el curso básico permaneció como electiva hasta el 2018. Sin embargo, estos seis cursos aparecen en el UPR-RCM Catalog 2021-2024. También hubo propuestas para la creación del Programa de Certificado en Sexualidad Humana en el 1992 y 2002, pero ninguna fue acogida por la administración. Según el conjunto de los cursos y su descripción, pudimos identificar que estaban dirigidos, en su mayoría, a una educación sexual como un derecho humano.

Discussion. En esta fase inicial del análisis, entendemos que es posible plantear que la educación sexual como un derecho humano se debió enteramente a los esfuerzos del profesorado de la facultad. Y que directa o indirectamente la institución no ha priorizado ni reconocido la importancia de la salud sexual desde una perspectiva de los derechos sexuales. Considerando los hallazgos preliminares, esbozamos algunas recomendaciones para atender la ausencia de este curso y a su vez abogar por una universidad que reconozca lo fundamental que es una formación profesional y competente en salud sexual.

Atención Primaria de Salud y trabajo comunitario en pandemia COVID19: una perspectiva de profesionales y técnicos promotores de salud en territorios rurales y urbanos de Chile

Speaker
Lorena Coronado, Presenting Author from INTA Universidad de Chile, Chile

Co-author
Judith Salinas

Abstract
Antecedentes. La pandemia ha impactado la salud de los equipos de Atención Primaria de Salud (APS) y el trabajo comunitario; cuyo rol fue desconocido inicialmente por el Ministerio de Salud (MINSAL). La Universidad de Chile mediante programas de educación continua del INTA ha facilitado la formulación de propuestas locales de promoción de salud. Objetivo: Sistematizar prácticas de promoción de salud en contexto pandemia, y contribuir a la generación de nuevas políticas de salud.

Métodos. Investigación aplicada de carácter exploratorio-descriptivo, desarrollada con 132 profesionales y técnicos de APS de comunas urbanas y rurales, que actualizan conocimientos en promoción de salud en el 2021. En base a datos de encuesta online se analizan variables socio-demográficas y del lugar de trabajo, carga emocional, trabajo comunitario y desafíos para la promoción de salud.

Resultados. Edad promedio de los participantes 34 años. El 96% describe cambios importantes en el funcionamiento de su lugar de trabajo y un % similar siente que el nivel de carga mental de su trabajo se ha
elevado. El 98% señala reestructuración de los planes de promoción de salud o abandono de sus actividades. No obstante el 68% mantiene su relación con las organizaciones sociales y consejos locales; relatando estrategias comunitarias de sobrevivencia, alimentación y autocuidado. Los problemas enfrentados son desgaste emocional, aislamiento, pobreza, falta de conciencia del problema, y autoridades locales que desconocen el valor de la participación y promoción. Fortalezas destacadas son la organización comunitaria y empoderamiento junto al compromiso y capacitación de los equipos de APS.

**Discusión.** Estos resultados coinciden con otros estudios sobre respuesta comunitaria en pandemia, y avalan la necesidad de reformular los planes comunales de promoción de salud impulsados por el MINSAL; a fin de responder a las problemáticas actuales y facilitar respuestas locales por sobre actividades estandarizadas. La decidida acción de organizaciones sociales y equipos APS representa una contribución relevante en la discusión actual para construir un país con más salud y equidad. El rol de las universidades se fortalezca al generar diversos espacios para la discusión de estrategias y políticas públicas en tiempos de crisis social y sanitaria.

**Las escuelas promotoras de salud de Aragón, entornos seguros en tiempos de covid-19.**

**Speaker**
Javier Gállego-Díéquez, Presenting Author from Dirección General de Transformación Digital, Innovación y Derechos de los Usuarios. Departamento de Sanidad. Gobierno de Aragón, Spain

**Co-authors**
Cristina Navarro Gistau, Maria Pilar Muñoz Nadal, Maria Esperanza Saiz Carrasco, Marta Sarto Muñoz from Salud Pública, Claudia Carla Forrolla, Paola Solanilla González, Ioana Stancu

**Abstract**

**Escenario / problema.** La situación provocada por la pandemia COVID en los centros educativos de ha llevado a un cambio en la organización, una nueva reorientación de los servicios, atendiendo a las medidas preventivas con la finalidad de mejorar la seguridad, refuerzo de la salud emocional y mejora del clima escolar en el entorno educativo.

En este sentido las Escuela Promotoras de Salud de Aragón han desempeñado en la situación actual una función vital que es la de generar bienestar proporcionando un entorno escolar seguro, minimizando al máximo el riesgo e implicando a toda la comunidad educativa. Este bienestar del alumnado se asocia con un mejor rendimiento cognitivo, un mayor nivel de concentración y participación en el aprendizaje, un mejor estado de ánimo y comportamiento, una mejor salud mental, y un estilo de vida más prosocial, responsable y saludable, en espacios físicos, emocionales, sociales e inclusivos seguros.

**Intervención.** Los contenidos para trabajar el bienestar se relacionan con las dimensiones física, emocional y social:

- Desde la dimensión física, la escuela saludable vela por su infraestructura, medidas preventivas de higiene, y de ventilación apropiadas, y adecuadas al alumnado que atiende.
- Desde la dimensión emocional (o psíquica), la escuela saludable atiende el clima en el aula, se potencia la autoestima y la capacidad para la toma de decisiones; evita las situaciones amenazantes.
- Desde la dimensión social, la escuela saludable procura el desarrollo de actividades que favorecen las relaciones personales entre profesorado y alumnado, y las relaciones con la comunidad.
Para mejorar el bienestar la comunidad educativa de las escuelas promotoras ha tenido a su disposición herramientas para desarrollar habilidades de adaptación y regulación emocional en diversos formatos (carteles, infografías, caja de herramientas, Kit de materiales para familias, programas escolares). Estos recursos se encuentran alojados en: http://eps.aragon.es/

**Resultados.** El seguimiento de las 181 escuelas promotoras nos muestra que conceden una prioridad alta o muy alta al área del bienestar emocional y convivencia escolar (97%), generando un entorno saludable y seguro. La consecución objetivos es en general de alto o muy alto grado (96%).

**Implicaciones.** Implicación de toda la comunidad educativa y su entorno próximo.

**Les pratiques innovantes en promotion de saines habitudes alimentaires : la création d’environnements favorables**

**Symposium**
18 May 2022, 14:30 - 15:45

**Symposium coordinator**
Laurence Da Silva Décarie

**Abstract**
Les saines habitudes alimentaires se présentent sous de multiples facettes : les choix alimentaires, les comportements alimentaires, les caractéristiques des aliments et les compétences culinaires. Elles constituent des éléments centraux de la promotion d’une saine alimentation. Ces principes de saine alimentation s’allient aux stratégies et aux politiques visant un accès pour tous aux aliments sains, et ce, par la création d’environnements favorables à l’adoption de saines habitudes alimentaires. Pour rejoindre des clientèles et des populations variées, il est primordial de trouver des pratiques novatrices et de répondre aux besoins de ces clientèles, à tous les niveaux. Ce symposium présentera comment chaque milieu peut jouer un rôle et exercer son leadership dans la création d’environnements favorables. Qu’il s’agisse du réseau de la santé, du réseau des systèmes alimentaires, des organismes publics et des communautés. Le but commun étant de favoriser et d’offrir pour tous une alimentation saine, diversifiée, de proximité, abordable et durable. Le but du symposium est de sensibiliser et partager des pratiques novatrices en promotion de saines habitudes alimentaires. Il présentera des stratégies variées, allant du développement des compétences individuelles, d’une offre alimentaire durable, de mesures de financement comme levier pour soutenir le développement des communautés, à la présentation de politique publique favorisant la mise en place d’environnements favorables aux saines habitudes alimentaires.

**Proposition du format de la séance.** 4 présentations orales
- CHU Sainte-Justine :
  - Centre de promotion de la santé : Le Club des chefs projet d’humanisation des soins et de développement des compétences culinaires
  - Service alimentaire : Implantation de deux projets du service alimentaire; le service à la chambre et l’offre alimentaire biologique et locale
• Direction régionale de la santé publique de Montréal : Les mesures de financement de la santé publique aux milieux communautaires – un levier pour soutenir le développement des communautés
• Coalition québécoise sur la problématique du poids : Mieux encadrer les publicités alimentaires destinées aux enfants du Québec pour créer des environnements favorables aux saines habitudes de vie

Le développement des compétences culinaires et l’humanisation des soins par des ateliers de cuisine pour les enfants hospitalisés au CHU Sainte-Justine

Speaker
Laurence Da Silva Décarie, Symposium Coordinator from CHU Ste-Justine, Canada

Abstract
Au CHU Sainte-Justine, plusieurs stratégies sont mises en place pour créer des environnements favorables aux saines habitudes de vie. L’une d’elles met de l’avant la promotion des saines habitudes alimentaires par la création d’ateliers culinaires, Le Club des chefs. Le Centre de promotion de la santé a été mandaté par la direction pour le développement, la mise en œuvre, le déploiement et l’implantation de ces ateliers. Conçus pour les jeunes patients hospitalisés, âgés de 6 à 18 ans, ces ateliers visent à développer leurs compétences culinaires, à favoriser l’adoption de saines habitudes de vie et à outiller les parents pour faciliter la transmission des compétences culinaires à la maison. Ils ont aussi l’objectif d’améliorer la qualité de séjour des enfants hospitalisés et de leur famille et de pérenniser cette expérience en maximisant les chances que les apprentissages soient intégrés au retour à la maison et dans leur milieu de vie. Ils sont animés par une nutritionniste, accompagnée d’un chef cuisinier.

La pertinence de ce projet prend place dans un contexte où plusieurs experts constatent une perte des habilités culinaires chez les jeunes depuis quelques décennies, principalement due à la diminution des opportunités offertes aux enfants d’apprendre à cuisiner. Ces lacunes dans le savoir-faire culinaire amènent les jeunes à consommer davantage d’aliments transformés, ce qui peut avoir des conséquences négatives à long terme sur la qualité de leur alimentation et, par le fait même, sur leur santé. Les jeunes à qui on rend accessible la cuisine et une diversité d’aliments sains ont plus de chances de développer des saines habitudes alimentaires et d’avoir un regard positif sur le plaisir de manger en famille. De plus, ces acquis contribuent à améliorer leur confiance en soi et à créer un sentiment de fierté.

Ce projet innovateur s’intègre dans le continuum de soins des patients et permet aux participants d’avoir accès à des professionnels de la santé de haut niveau. Il est reconnu généralement que les patients sont plus réceptifs aux conseils quand ils présentent un problème de santé. Leur présence à l’hôpital représente une opportunité pour transmettre des messages de prévention et de promotion de la santé. C’est pourquoi les clientèles pédiatriques présentent de belles opportunités de promotion de saines habitudes de vie pour les générations futures.

Le développement durable au CHU Sainte-Justine : implantation de deux projets du service alimentaire; le service à la chambre et l’offre alimentaire biologique et locale

Speaker
Josée Lavoie, Presenting Author from CHU Sainte-Justine, Canada
Abstract
Au CHU Sainte-Justine, plusieurs stratégies sont mises en place pour créer des environnements favorables aux saines habitudes alimentaires. Le développement durable est aujourd’hui un incontournable dans l’élaboration de stratégies autour de la saine alimentation. C’est dans ce sens que le service alimentaire du CHU Sainte-Justine a entrepris une démarche de développement durable dans ses activités, notamment par l’implantation de deux projets qui ont fait leurs marques.

Le premier consiste à offrir à la clientèle le service aux chambres. Ce projet permet aux patients hospitalisés une plus grande flexibilité dans les choix du menu offert et cela, au moment désiré. Parmi les retombées positives du projet, on note un plus haut taux de satisfaction de la clientèle, une diminution du pourcentage d’aliments gaspillés ainsi que des économies financières. À cela s’ajoute un impact direct sur l’humanisation des soins et l’approche centrée sur le patient.

Le second projet a pour objectif d’augmenter les aliments locaux et biologiques dans l’offre alimentaire, de sensibiliser les clientèles aux choix durables et d’influencer les autres établissements de la santé dans ce sens. Ce projet novateur, qui a reçu un financement du ministère de l’agriculture, des pêcheries et de l’alimentation du Québec (MAPAQ), a permis une augmentation graduelle des achats locaux. Et ce, malgré divers défis rencontrés liés à la fragilité du partenariat avec les producteurs biolocaux, notamment le coût des aliments, les besoins et les limites de l’offre disponible, les frais de fonctionnement, la logistique ainsi que les coûts imprévus.


Ces deux projets s’inscrivent dans une démarche de développement durable, sous plusieurs volets : un volet social, par l’augmentation de la satisfaction, de l’éducation et de l’offre ainsi que par la conservation du patrimoine agricole. Le volet économique par une augmentation de l’économie locale, régionale et provinciale et par l’augmentation de l’offre et de la demande. Un volet environnemental par une diminution du gaspillage alimentaire, de la distance parcourue par le transport des aliments, les émissions de GES, le suremballage et les déchets.

Les mesures de financement de la santé publique aux milieux communautaires : un levier pour soutenir le développement des communautés

Speaker
David Kaiser, Presenting Author from Direction régionale de santé publique CIUSSS du Centre-Sud-de-l’Île-de-Montréal – Chef médical Secteur Environnements urbains et santé des populations, Canada

Abstract
La Direction régionale de santé publique de Montréal (DRSP) déploie un éventail d’actions et d’interventions visant la consolidation d’une système alimentaire sain, durable et équitable sur le territoire de l’Île de Montréal. Depuis près d’une quinzaine d’années, la DRSP soutient le déploiement de projets innovants et
structurants par des mesures de financement au milieu communautaire. Ce financement s’inscrit dans une logique de développement et de pouvoir d’agir des communautés.

La pandémie de COVID-19 a mis en relief l’importance du milieu communautaire dans la réponse aux problématiques urgentes d’insécurité alimentaire, de même qu’au niveau de la résilience du système alimentaire régional. En juillet 2021, la DRSP a lancé un appel de projets intitulé Des communautés résilientes post-COVID, qui vise à soutenir les organismes communautaires œuvrant à l’échelle locale sur des problématiques d’inégalités accentuées pendant la pandémie, notamment au niveau de l’accès physique et économique aux aliments (https://santemontreal.qc.ca/professionnels/drsp/sujets-de-a-a-z/retablissement-des-communautes-post-covid/appel-de-projets/).

Nous présenterons brièvement le cadre d’orientation de nos mesures de financement, quelques exemples de projets financés et un regard quant aux rôles de ce type de programme dans le rétablissement et la reconstruction post-pandémique.

Mieux encadrer les publicités alimentaires destinées aux enfants du Québec pour créer des environnements favorables aux saines habitudes de vie

Speaker
Marie-Jeanne Rossier-Bisaillon, Presenting Author from Coalition québécoise sur la problématique du poids, Canada

Abstract
Présenter le portrait de la publicité alimentaire destinée aux enfants du Québec et explorer les pistes d’action pour mieux l’encadrer.

Les enfants sont vulnérables au marketing alimentaire. Les recherches démontrent un lien entre les activités promotionnelles de l’industrie alimentaire et les connaissances, l’attitude envers les aliments, les préférences alimentaires et les comportements alimentaires des enfants. De plus, les enfants sont incapables de reconnaître les intentions commerciales du marketing avant le début de l’adolescence, soit vers 11 à 12 ans. Le marketing alimentaire nuit à l’adoption de saines habitudes, dès l’enfance, alors que les aliments et les boissons, largement publicisés, comportent souvent une faible valeur nutritive.

Depuis 1980 au Québec, la publicité commerciale destinée aux enfants de moins de 13 ans est interdite en vertu des articles 248 et 249 de la Loi sur la protection du consommateur (LPC). Toutefois, les exceptions prévues par la loi font en sorte que les enfants ne sont pas entièrement protégés de la publicité. De plus, au-delà des exceptions, plusieurs pratiques publicitaires semblent contrevenir à la LPC.

Depuis sa création en 2006, la Coalition Poids surveille les pratiques de marketing de l’industrie alimentaire qui ciblent les enfants. En 2018-2019, elle a réalisé un portrait qualitatif de la publicité alimentaire ciblant les enfants de moins de 13 ans au Québec. Plus récemment, elle a réalisé des études de cas sur les publicités de marque des compagnies d’aliments et de boissons au Canada susceptibles de susciter l’intérêt des
enfants de moins de 13 ans. Ces études de cas portent sur cinq secteurs; les secteur éducatif, numérique, du divertissement et de la culture, commercial et sportif.

S’inspirant du Québec, plusieurs juridictions à travers le monde, dont le gouvernement canadien, souhaitent également encadrer la publicité d’aliments et de boissons destinée aux enfants. Les travaux de la Coalition Poids permettront d’offrir des pistes d’action dans l’application d’une telle mesure.

**Promoting health equity through the integration of a social determinants of health agenda into health care: dispatches from 4 countries**

Symposium
18 May 2022, 14:30 – 15:45

**Symposium coordinator**
Yuri Cartier

**Speakers**
Yuri Cartier, Symposium Coordinator from University of California, San Francisco, United States
Laura Shields-Zeeman, Symposium Presenter from Trimbos Institute, Netherlands
Hugh Alderwick, Symposium Presenter from The Health Foundation, United Kingdom
Andrew Old, Symposium Presenter from Waitematā District Health Board, New Zealand
Laura Gottlieb, Symposium Presenter from Social Interventions Research and Evaluation Network, UCSF, United States

**Abstract**

**General Objective.** This symposium will explore how health care systems and services in four different high-income countries have developed policies and interventions that take an upstream approach to caring for their patients. Though the reorientation of health services was identified as a pillar by the Ottawa Charter in 1986, much of the action on the social determinants of health has been within the spheres of public health and community-based interventions. In the last decade, a welcome awakening has occurred among health care systems: addressing patients’ socioeconomic and environmental risk factors can improve population health, reduce inequities, and reduce avoidable health care utilization. This has led to an explosion of interest and experimentation in interventions that aim to identify patients’ social risks and connect them to resources to address their needs. In addition, there is momentum gaining towards a redistribution of health care system resources, for example, through hospitals investing in affordable housing properties. Presenters from the Netherlands, the United Kingdom, Aotearoa New Zealand, and the United States will share how health systems have adopted more of a social determinants-driven health equity lens and the state of the local and/or national evidence base on these interventions and policies.

**Proposed format of the session.** We propose a brief introduction by the moderator (7 minutes), followed by short talks delivered by each of the presenters (7 min each x 4 = 28 min). The remaining 35 minutes will
be open to discussion with the audience, which will be bidirectional to encourage greater interactivity: audience members may ask questions of the presenters or whole panel, and the moderator will also ask audience members to share what they know about social care integration in their own countries and contexts.

Policy action on social determinants of health in the Netherlands

Abstract

**General Objective.** To share current policy debate in the Netherlands around the importance of addressing social determinants of health and provide an overview of current policy actions at the national and municipal level that focus on improving mental health outcomes through addressing social and economic risk factors.

This talk will cover:
- Policy actions to address social determinants of health in the Netherlands: A case study of the Prevention Concordat for Mental Health
- Municipal programs addressing poverty and mental ill-health: Example of ongoing interventions and programs to address social and economic risk factors in Utrecht during the COVID-19 pandemic
- Collaboration between health care delivery organizations and social care programs at the municipal level: Examples of debt reduction and social prescribing programs and their impact on mental health and wellbeing

Conference theme and/or subthemes addressed. The examples from the Netherlands will be compared to ongoing efforts in England, New Zealand and the United States to integrate a social determinants of health approach into their respective health systems, identifying synergies and potential cross-country learnings.

Social prescribing and policies to address patients’ social needs in the English National Health Service

Abstract

**General Objective.** To provide an overview of national policies encouraging health care agencies to address social and economic determinants of health in England. The talk will focus on national policy initiatives being developed within the English National Health Service (NHS)—including patient-level interventions in health care settings and broader cross-sector partnerships between health and social services.

The talk will cover:
- Current policies to address social and economic determinants of health in the English NHS
- The development of ‘social prescribing’ interventions in primary care in England—including policy levers to incentivize social prescribing and emerging evidence of impact
- Collaboration between NHS and social services agencies at a local and regional level—including a brief history of cross-sector collaboration programs, current policies, and evidence of impact
Conference theme and/or subthemes addressed. The examples from England will be compared to ongoing efforts in the Netherlands, New Zealand and the United States to integrate a social determinants of health approach into their respective health systems, identifying synergies and potential cross-country learnings.

**Social care policy as a health equity strategy in Aotearoa New Zealand**

**Abstract**

**General Objective.** To provide an overview of policies and programs in Aotearoa New Zealand that aim to integrate care for adverse social and economic conditions within the health system at the national and district levels.

The talk will cover:

- Current policies to address social and economic determinants of health for New Zealanders through health system levers
- A case study of interventions and policies implemented at the district health board level in Waitematā
- Partnerships across sectors, including health care delivery systems, to achieve more equitable health and wellness outcomes for New Zealanders

Conference theme and/or subthemes addressed. The examples from Aotearoa New Zealand will be compared to ongoing efforts in the Netherlands, England, and the United States to integrate a social determinants of health approach into their respective health systems, identifying synergies and potential cross-country learnings.

**Interventions and policies integrating a health equity lens in the inequitable healthcare systems of the United States**

**Abstract**

**General Objective.** To provide the audience with examples of innovative interventions and policy incentives that are currently being implemented in the US that encourage healthcare payers and providers to identify the socioeconomic needs of their patient populations and meet those needs, through partnership with social service organizations or direct service provision.

This talk will cover:

- The current landscape of “social care integration” interventions in US healthcare settings, including social risk screening and referral;
- Research evidence on social interventions in healthcare;
- Recent policy incentives in social care integration;
- How social care integration may fall short of addressing health inequities.

Conference theme and/or subthemes addressed. The examples from the United States will be compared to ongoing efforts in the Netherlands, England, and New Zealand to integrate a social determinants of health approach into their respective health systems, identifying synergies and potential cross-country learnings.
**Digital health literacy, health promotion and policy – challenges and opportunities from a global perspective**

**Round table**  
18 May 2022, 16:15 - 17:30

**Moderator**  
Diane Levin-Zamir

**Speakers**  
Diane Levin-Zamir, Presenting Author from University of Haifa + Clalit Health Services, Israel  
Don Nutbeam, Presenter from University of Sydney, Australia  
Kristine Sorensen, Presenter from Global Health Literacy Academy, Denmark  
Luis Saboga Nunes, Presenter from Institute of Sociology University of Education Freiburg, Germany  
Stephan Van den Broucke, Presenter from Faculté de Psychologie et des Sciences de l'Education; Université catholique de Louvain, Belgium  
Christa Strassmayr, Presenter from Austria Public Health Institute, Austria

**Co-author**  
Orkan Okan

**Abstract**  

**Relevant experience or practice.** The use of social media and digital resources for health has recently surged due to COVID-19. Through digital health (DH) resources, health stakeholders have invested in innovative ways to engage and empower populations regarding their health and well-being. Reviews of DH interventions have demonstrated the feasibility and potential effectiveness of eHealth/mHealth interventions for health conditions in low, middle and high income countries. While digital communication may promote the health of many, others have been left behind due to age, culture or other determinants. We will discuss whether the current direction is towards digital divide, or digital development, based on DH literacy research for achieving equity.

**Implications for health promotion.** Physical distancing demands lead to digital immersion and new opportunities and challenges for health promotion. Two main areas of intervention are crucial for meeting needs of populations and special groups 1. improving DH literacy skills and access digital technology; 2. capacity building of organizations/systems to provide trustworthy and appropriate digital resources, to accommodate people with a range of digital health skills. A selection of innovative practice will be showcased from Europe, the Mideast, Asia and Australia. Panelists will share and discuss with the audience experience in school settings, primary healthcare, NGOs and in the media, including the consequences of transitioning from in-person programmes to digital interventions regarding lifestyle, selfcare and empowerment.
Implications for policy. Policy makers globally, nationally and locally need to be aware of population and group DH literacy needs as a vehicle for health promotion. Appropriate Investment in DH resources can provide cutting-edge opportunities for reducing communication barriers and promoting appropriate interventions while engaging the public in the process of establishing, implementing and monitoring policy.

Healthy on the move

Round table
18 May 2022, 16:15 - 17:30

Moderators
Gerard Molleman and Fabienne Lemonnier

“Green, healthy and on the move”: A local movement to facilitate and organize a healthy environment for inhabitants of Nijmegen city

Speakers
Gerard Molleman, Presenting Author from Radboud university medical center, Netherlands
Kris Bevelander, Presenting Author from Radboud university medical center, Netherlands
Gerdine Fransen, Presenting Author from Municipal Health Service Gelderland Zuid, Netherlands
Kristine Mourits, Presenting Author from City of Nijmegen, department of Health and welfare, Netherlands
Stephan Van den Broucke, Presenter from Faculté de Psychologie et des Sciences de l'Education; Université catholique de Louvain, Belgium

Co-authors
Koos van den Velden, Ayse Varol, Kristel Vlot, Annemarie Wagemakers, Julia Weijers

Abstract
“Green, healthy and on the move” aims to strengthen the collective impact on health in the city Nijmegen by facilitating long-term collaborations between different local organizations. All organizations commit to taking action and improving the health of their employees and inhabitants by signing the Local Prevention Agreement. In this symposium, we will share our practical experiences and research from the first 5 years to inspire others. We invite all participant to discuss successful strategies to improve public health locally, and areas for improvement for the future. The workshop will be presented by employees of Public Health Service (GGD), the municipality and public health researchers who work together in the Academic Collaborative Center AMPHI, positioned at Radboud university and medical center.

Proposed format of the session. The symposium starts with an introduction (8 min.) of the main features of the movement “Green, healthy and on the move” and our strategy for achieving ‘Collective Impact’. Collective impact is a useful addition to the arsenal of strategies with which health promotion aims to achieve a sustainable strengthening of the health of our citizens.
In the next 3 presentations, research of various sub-programmes will be explained in terms of organisation, learning approach, monitoring and the instruments we use for this. The introduction is followed by 3 short presentations (8 minutes each) in which we highlight 3 sub-aspects:
- Monitoring and strengthening the health promoting approaches with professionals in the city,
- How to involve municipal spatial planning programs for a healthier environment and the attention for health within municipal policy processes,
- A research approach in which we monitor the ambitions and expectations of our 51 local partners that signed the Local Prevention Agreement while also using it as a means of action and strengthening commitment to take the movement further.

These short presentations are followed by an interactive part with the symposium participants. We will collect main discussion-points from the audience with the online Mentimeter-tool and find common answers in a plenary discussion in the first 20 minutes. In the second 15 minutes we divide the group into 4 subgroups and one of the presented themes can be discussed in more detail with the researcher in question in each corner of the room.

**Collective impact as a strategy for getting a healthier city**

**Speakers**
Gerard Molleman, Presenting Author from Radboud university medical center, Netherlands
Kris Bevelander, Presenting Author from Radboud university medical center, Netherlands

**Abstract**
For sustainable and better health for citizens we need to realize a long-term integrated approach. In practice this is easier said than done. Programs are often too minimal, short-lived and fragmented. In Nijmegen, 5 years ago, we started a 10-year program at a high strategic level to make the city healthier: Green Healthy and on the move. This has now led to a powerful movement of more than 50 prominent organizations and leading knowledge institutes who have jointly formed a local prevention agreement.

The challenge is to find an answer on how to design a complex program like this in the smartest way. Many institutions, organizations, companies, government, knowledge institutes and citizens must be involved and show ownership. A sustainable result must be the goal. It is not just about changing the behaviour of citizens, but also creating a healthy environment, in which healthy choices become the easy choices. Achieving this requires a long-term and structural approach with broad administrative involvement at a high strategic level, which is translated into an approach that is firmly supported by the tactical and operational level. It is important that a lot of attention is paid to organizing such an approach and realizing a preventive infrastructure. As a methodical and strategic framework, we have used the concepts/ideas of collective impact, as developed by Stanford University (e.g. Kania et al. 2011). Successful collective impact initiatives typically have five conditions that together produce true alignment and lead to powerful results: a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and backbone support organizations.

In the presentation we will explain these 5 conditions and indicate how we have translated them in concrete terms in the Nijmegen situation. The concept of collective impact appears to be very useful there to improve the health of citizens at a strategic, tactical and operational level.
Including health in decision process of spatial plans in municipalities in The Netherlands, where do we stand?

Speakers
Kristine Mourits, Presenting Author from City of Nijmegen, department of Health and welfare, Netherlands
Koos van den Velden, Presenting Author from Radboud University Medical Center, Netherlands
Gerard Molleman, Presenting Author from Radboud university medical center, Netherlands

Abstract
Municipalities play an important role when it comes to realizing a healthy living environment. In addition to strong cooperation between the social and physical domain, it is important that attention is paid to health in the process and in decision-making of spatial planning projects. We did an exploratory study with semi-structured interviews with civil servants of the municipality of Nijmegen and five other municipalities to find out how health is given attention within the process of spatial projects, how attention on health can be increased and how the importance of health is taken into account in decision-making.

We will discuss what these experiences in practice with regard to the incorporation of health in spatial plans yield for the theory about known strategies from research, such as health in all policies, integrated planning and mainstreaming. Do we see these strategies or elements from these strategies in practice or does the working method in daily practice add something to these strategies?

Monitoring and strengthening health promoting approaches in municipalities

Speakers
Gerdine Fransen, Presenting Author from Municipal Health Service Gelderland Zuid, Netherlands
Annemarie Wagemakers, Presenting Author from Wageningen University and Research; Health and Society, Netherlands
Gerard Molleman, Presenting Author from Radboud university medical center, Netherlands

Abstract
We propose that effective health promotion approaches are more likely to be effective if these approaches have 1) support and 2) collaboration of the stakeholders, are 3) integrated, 4) sustainable and 5) intense approaches, 6) apply reflective learning, 7) assess health monitor data, and 8) involve and reach the target population. In the presentation we will show how health brokers in the region of Nijmegen monitor and strengthen these 8 aspects in the health promotion approaches in their neighborhood. Monitoring is done by an online questionnaire study in 16 municipalities, including Nijmegen. In 2020 a multidisciplinary group of 281 professionals participated and gave their opinion on the strengths and points of improvements of the health promoting approaches in their municipality or neighborhood. We will present the results of this online questionnaire study and discuss how health brokers use the results to strengthen the health promotion approaches in their neighborhood.
Monitoring of the Local Prevention Agreement ‘Green, healthy and on the move’

Speakers
Kris Bevelander, Presenting Author from Radboud university medical center, Netherlands
Julia Weijers, Presenting Author from Radboud University Medical Center; department of Primary and Community Care, Netherlands
Ayse Varol, Presenting Author from Radboud University Medical Center; department of Primary and Community Care, Netherlands
Kristel Vlot, Presenting Author from Municipal Health Service Gelderland Zuid, department of Healthy Living, Netherlands
Gerard Molleman, Presenting Coordinator from Radboud university medical center, Netherlands

Abstract
We propose that impact on health cannot be expressed by numbers only, but has to be ‘measured’ in its context. A mix of quantitative and qualitative strategies shortly introduced that are used to monitor the impact of the Local Prevention Agreement (LPA) Nijmegen:
1. Monitor data of the municipality and Municipal Health Services,
2. Research projects about smaller local initiatives,
3. Interviews with partners that signed the LPA, and
4. Learning by monitoring on the movement ‘Green, healthy and on the move’.

We will zoom in on our qualitative research approach to gain insight on the efforts, activities and achievements of LPA-partners. Semi-structured interviews were held with people from different organizations of more than 50 local organizations such as (knowledge) institutions, government, (public) (health)(care) organizations, companies and foundations. We discuss their needs and factors of success and failure of their short and long-term ambitions to show ownership and responsibility in contributing to a healthy environment for their employees and Nijmegen citizens. In addition, we present their feedback on how they perceive the organization and communication of the movement ‘Green, healthy and on the move’.

A boundary spanning team project to develop Health Promoting Sports Clubs: PROSCeSS (France), Örebro county public health agreement (Sweden), Victoria’s Regional Sports Assemblies (Australia)

Speakers:
Fabienne Lemonnier, Presenting Author from Santé publique France, France
Aurélie Van Hoye, Presenting Author from University of Limerick/Université de Lorraine, Ireland
Alex Donaldson, Presenting Author from La Trobe University, Australia
Florence Rostan, Presenting Author from Santé publique France, France

Co-author
Susanna Geidne
Abstract
The settings-based approach to health promotion emerged from the Ottawa Charter, considering that health operates in context beyond the individual. It explicitly states that “health is created and lived by people within the settings of their everyday life; where they learn, work, play and love” (World Health Organization, 1986). For a decade, the potential of sports clubs to promote health beyond physical activity has been acknowledged by researchers and policymakers (Geidne et al., 2013; Kokko, 2014). Indeed, the health promoting sports club, application of the settings-based approach to sports clubs (Kokko, 2014) has provided theoretical underpinnings to intervention frameworks (Van Hoye et al., 2020). A particular aspect in the development of the settings-based approach focuses on intersectoral action, widely advocated in health promotion policy and professional discourse. In this regard, understanding stakeholders’ needs to increase health promotion activities in sports clubs is crucial to planning and implementing sustainable health promotion policies and practice (Johnson et al., 2020). This symposium aims to highlight several projects carried out by boundary spanning teams, to examine how the goals of each partner have to be set to help them understand how their participation will enable them to fulfil their role and contribute to collective health and well-being, to discuss the ways practitioners and academics from the fields of sports and health promotion have to work together to develop knowledge and tools to support sports clubs to become settings for health promotion actions.

Objectif general. This symposium will illustrate the involvement and contribution of partners and stakeholders to enhance health promotion in sports clubs throughout different projects.

SpF, l’Agence nationale de santé publique, peut-elle être un acteur majeur pour rapprocher le monde de la santé publique du monde du sport, les acteurs de terrain des chercheurs et des décideurs

Speaker
Fabienne Lemonnier, Presenting Coordinator from Santé publique France, France

Abstract
Santé publique France, Agence nationale sous tutelle du ministère de la Santé, a pour mission d’améliorer et de protéger la santé des populations, en relation avec les acteurs de terrain de la santé publique qu’elle contribue à animer et coordonner. Elle travaille de longue date avec le milieu du sport, convaincue que les clubs sportifs ont un rôle à jouer dans la promotion de la santé, au-delà de l’offre d’activité physique, car ce sont des lieux de vie, qui par leur nature éducative informelle et la participation volontaire d’une population variée et à tous les âges de la vie, ont l’opportunité de permettre aux individus et communautés de contrôler leur santé et leur bien-être. L’agence entretient ainsi des collaborations avec le ministère des sports, le comité national olympique et sportif français, des associations nationales comme l’APELS ou le fondaction du football. Ces partenariats ont permis d’identifier des actions de terrain prometteuses mais aussi de prendre la mesure des besoins d’appui et de ressources des clubs pour qu’ils deviennent des milieu de vie promoteurs de santé. L’Agence est positionnée comme une agence d’expertise. Un de ses objectifs est de promouvoir l’innovation, l’expérimentation, l’évaluation pour le développement d’interventions de prévention qui ont fait leurs preuves, y compris dans de nouveaux champs ou milieux comme le milieu du
sport. Par ailleurs, l'un des objectifs de la programmation de SpF est de diversifier et étendre les réseau d’équipes de recherche avec lesquelles elle collabore.

Pour illustrer le rôle clé de l’agence dans la dynamique du développement du club sportif promoteur de santé, cette présentation détaillera la mise en synergie des réseaux de SpF et de ceux des chercheurs impliqués dans le projet PROSCeSS – PROmotion de la Santé dans les ClubS Sportifs, et montrera comment chaque partenaire, acteurs de terrain, décideurs ou chercheurs, issus du monde du sport ou de celui de la santé publique, a pu poursuivre ses objectifs propres en contribuant à l’objectif commun de développement de clubs sportifs promoteurs de santé. Enfin, le ministère des sports ayant manifesté la volonté de s’inscrire pleinement dans l’équipe projet pour la phase 2 à venir, l’un des challenges de cette deuxième phase sera l’alliance de SpF et du ministère des sports pour dynamiser la diffusion des outils et soutenir la création d’un réseau d’acteur des clubs sportifs promoteurs de santé.

**General Objective.** Cette présentation vise à montrer l’intérêt et l’importance de l’engagement d’une agence de santé publique dans un projet intersectoriel qui réunit chercheurs, acteurs de terrains et décideurs

**Health promotion and sport, do we have a deal? The case of the Örebro county public health agreement**

**Speaker**
Susanna Geidne, Presenting Author from Örebro University, Sweden

**Abstract**
In a recent special issue on health promotion and sport, the guest editors argue that it depends on how the concepts of health promotion and sport are defined, how much and which research can be identified (Geidne & Van Hoye, 2021). With inclusive definitions there is plenty, however from different disciplines and almost never citing each other. However, there is potential in learning from each other and build cooperation to develop health promoting sports clubs, both in research and in practice and between them, but where are the proper environments to do that; where are the spaces between the settings or “the boundary spaces” (McCuaig, Carroll, Geidne and Okade, 2020)? The aim of this presentation is to describe the local case of a public health agreement and specifically identify the role of the sports sector’s involvement to illustrate how a boundary space can look on a policy level.

Örebro county (inhabitants around 300 000) is a county in the heart of Sweden. The Örebro county public health agreement was originally launched in 2003 (Hedkvist, Johansson, Ljung and Omberg 2016). The purpose of the agreement is to promote equity in health through sustainable collaboration. The included actors in this agreement are the 12 municipalities, the region as well as the civil sector organizations: Örebro County Sports federation and Örebro County Educational association. Since the sports sector in this way, as an equal partner, has access to the same collaborative group, there is a sustainable boundary space created on a policy level. As a result of this, the sport sector in Örebro county has a strong public health focus, for example child rights, socioeconomics, parent education, gender equality, disabilities, healthy lifestyles, antidoping and much more. A boundary space like this can be a fruitful environment to develop health promoting sports clubs and strengthen cooperation between different actors within public health and sport.
**General Objective.** In line with the symposium aim, this presentation will illustrate how health promotion and sport can be related on a policy level in a public health agreement.

**Health Promoting Sport clubs as key actors in society**

Speaker
Aurélie Van Hoye, Presenting Author from University of Limerick/Université de Lorraine, Ireland

Abstract
The application of the settings-based approach to non-traditional settings like sports clubs is recent. Sports clubs welcome a large population (almost 13% of European adults) across a socio-economic gradient and lifespan, but their health promotion potential is underexploited. In the last decade, progress has been made to refine the health promoting sports clubs’ model and intervention framework, to help sports clubs fully embrace their societal role. In that sense, sports clubs’ external actors (sports federations, public health actors and governmental actors) have been added to the theoretical model, as well as their role being more concretely defined. Moreover, 13 specific intervention strategies, including communication, partnership and participative approach, have been developed by the PROSCeSS project, to illustrate how to implement the health promoting sports club approach. This presentation will focus on the theoretical tenets of the approach, its benefits for individuals, the community and society, as well as how applying the health promoting sports club framework can help to leverage sports club’s rootedness at local levels and beyond.

**General Objective.** This presentation will explain why and how sports clubs are key actors in society, by presenting the health promoting sports club model and intervention framework, the tenets and benefits of such an approach.

**The challenges of partnering to promote health through sport**

Speaker
Alex Donaldson, Presenting Author from La Trobe University, Australia

Abstract
Interagency partnerships and collaborations underpin a settings-based approach to health promotion in all settings, including sport. This study used online concept mapping to explore the challenges that Regional Sports Assemblies (RSAs) in Victoria, Australia experienced when working in partnerships to develop and deliver physical activity programs in a community sport context. Participants from nine RSAs brainstormed 46 unique partnership-related challenges that they then sorted into groups based on similarity of meaning and rated for importance and capacity to manage. Following multidimensional scaling and hierarchical cluster analysis, a map consisting of six non-overlapping clusters—Co-design for regional areas; Financial resources; Localised delivery challenges; Challenges implementing existing State Sporting Association (SSA) products; Working with clubs; and Partnership engagement—was considered the most appropriate representation of the participants’ sorted data. Partnerships to implement health promotion initiatives in sport settings involve multiple stakeholders and challenges, particularly for regional organisations working with community sport clubs with limited human and financial resources, to implement programs developed by national or state-based organisations. This study highlights some structural barriers to developing and delivering physical activity programs through sport settings via a partnership model, especially in regional
and rural areas. Foremost among these barriers is the instrumental nature of sports clubs, combined with the pressure on a limited and over-stretched pool of volunteers. The RSAs in this study identified a lack of volunteer time as a major partnership-related challenge, making it difficult to establish a common purpose. This was further compromised by the mismatch between the core business of health promotion agencies (physical activity promotion) and the raison d’etre of community sports clubs (fielding competitive teams). The fundamental challenges of time, purpose, communication and commitment are magnified for sport clubs in regional and rural locations, which in Australia is more significant because of the physical distance between urban and regional areas. It appears that providing physical activity programs using community sport settings in regional areas, where they are often most needed, has additional challenges that exacerbate the already significant challenges of forming partnerships to promote health through sport clubs.

**General Objective.** This presentation will highlight the challenges to establishing effective partnerships to deliver health promotion outcomes in community sport settings.

**Accompagnement des clubs sportifs à la promotion de la santé : Co construction du MOOC PROSCeSS**

**Speaker**
Florence Rostan, Presenting Author from Santé publique France, France

**Abstract**
Au-delà d’offrir des opportunités de pratique d’activité physique, les clubs sportifs peuvent jouer un rôle fondamental pour améliorer ou préserver la santé de leurs membres. Afin d’accompagner les clubs sportifs à devenir des milieux promoteurs de santé, Santé Publique France, Université Côte d’Azur et l’Université de Lorraine, à l’aide d’un groupe de travail comprenant des acteurs de seconde ligne en promotion de la santé, des représentants du mouvement sportif ainsi que des clubs sportifs (dirigeants, entraîneurs) se sont réunis pour co construire un MOOC - Massive Open Online Course. L’intégration des nouvelles technologies de l’information et de la communication (NTIC) permet ainsi de proposer, au public concerné, des espaces où l’apprentissage peut se faire selon des modalités différentes, prenant en compte l’autonomie des apprenants et leur rythme d’apprentissage, un avantage clé pour le monde sportif, composé principalement de bénévoles. Phénomène récent, les Mooc ont pris une ampleur particulière depuis fin 2013 en France, et peuvent être considérés comme des dispositifs innovants en formation. Le MOOC PROSCeSS a pour objectif de sensibiliser les acteurs du sport (dirigeants, entraîneurs, bénévoles etc...) à la promotion de la santé, et à l’approche PROSCeSS - PROmotion de la Santé dans les ClubS Sportifs. Ce cours en ligne est le fruit d’une collaboration de plusieurs années et d’un travail de co-construction entre de multiples professionnels aux compétences variées, construit avec une démarche pédagogique, un début et une fin. Son évaluation a également été pensée. Cette communication présentera le processus de co-construction du MOOC, mais également son format final et son évaluation. Ainsi, le MOOC PROSCeSS, parrainé par le Ministère en charge des Sports, se déroule sur quatre semaines, avec un investissement moyen de trois heures par semaine. L’approche pédagogique repose sur des exercices et mises en situation pratiques pour appliquer les éléments théoriques, des témoignages de clubs de sport, des études de cas et des outils et un forum pour favoriser les échanges entre les participants.
Objectif général. Cette présentation vise à montrer l’intérêt et l’importance de la co construction d’un Mooc dans un projet intersectoriel qui réunit chercheurs, acteurs de terrains et décideurs


Parallel oral session
18 May 2022, 16:15 - 17:30

Moderator
Liane Comeau

Vaccine hesitancy among Canadian mothers: Differences in attitudes towards a pediatric COVID-19 vaccine among women who experience intimate partner violence

Speaker
Cara Davidson, Presenting Author from Western University, Canada

Co-authors
Kimberley T Jackson, Kelly Kennedy, Ewelina Stoyanovich, Tara Mantler

Abstract

Background/Objectives. Vaccine hesitancy (VH) in maternal decision-making is important to understand to achieve community immunity targets and optimize pediatric COVID-19 vaccine adoption. COVID-19 is exacerbating the risk of intimate partner violence (IPV) for women in abusive relationships, a known risk factor for maternal VH. This project aimed to: (1) determine if IPV impacts maternal VH in Canada; and (2) understand maternal attitudes towards a pediatric COVID-19 vaccine in Canada.

Methods. Recruitment of 129 women to a cross-sectional, quantitative, survey-based study was conducted. IPV was assessed using the Abuse Assessment Screen and the revised, short-form Composite Abuse Scale. The Parent Attitudes about Childhood Vaccines scale evaluated maternal attitudes towards routine vaccinations and a COVID-19 vaccine. Questions informed by the World Health Organization’s Increasing Vaccination Model (IVM) evaluated perceived barriers and facilitators to COVID-19 vaccination.

Results. In total, 14.5% of mothers were hesitant towards routine childhood vaccines, while 97.0% were hesitant towards a COVID-19 vaccine. Experiencing IPV was significantly associated with maternal COVID-19 VH (W = 683, p < 0.05). Social processes were identified as instrumental barriers and facilitators to COVID-19 vaccination, meaning that social norms and information sharing among social networks are critical in maternal vaccination decision-making.

Discussion. This study provides the first evidence of maternal IPV significantly impacting VH and the presence of strong maternal VH specific to a COVID-19 vaccine in the Canadian context. Further research is
required to fully understand the factors that build confidence and mitigate hesitancy in mothers, especially those who have experienced IPV.

Concilier rigueur et rapidité : comment les organisations québécoises se sont-elles adaptées pour produire des réponses rapides afin de soutenir la prise de décision durant la pandémie de COVID-19 ?

Speaker
Julie Lane, Presenting Author from Université de Sherbrooke, Canada

Co-authors
Esther McSween-Cadieux, Andrée-Anne Houle, François Lauzier-Jobin, Élaine Saint-Pierre Mousset, Ollivier Prigent, Saliha Ziam, Martin Drapeau, Christian Dagenais, Christine Maltais, Pierre Dagenais, Alain Lesage, Thomas Poder

Abstract
Contexte/Objectifs. La pandémie de COVID-19 a nécessité de rendre disponibles des connaissances plus rapidement qu’à l’habitude pour répondre, en temps opportun, aux besoins des décideurs et gestionnaires en santé et services sociaux. Des décisions cruciales devaient être prises en urgence en se basant sur des données souvent incertaines, présentant des niveaux de qualité variables et évoluant très rapidement. Cette étude visait à analyser et mettre en lumière les efforts des organisations québécoises pour répondre avec rigueur et flexibilité aux besoins décisionnels durant la pandémie par la production accélérée de synthèses de connaissances (réponses rapides).

Méthodes. Neuf groupes de discussion ont été menés au sein des organisations partenaires du projet, incluant 64 personnes, et une analyse documentaire de 70 réponses rapides a été réalisée. L’analyse visait à identifier les défis rencontrés par les équipes quant à leur structure et processus de travail, les adaptations organisationnelles et méthodologiques mises en place, et les leçons tirées de cette expérience.

Résultats. L’analyse préliminaire a permis d’identifier les défis vécus par les organisations dans ce contexte inédit d’urgence (surcharge/rythme de travail effréné, processus hautement médiatisés et politiques, impacts sur la santé des professionnels). Elle montre également comment elles ont dû réinventer leur organisation du travail (arrimage, création de collaboration, optimisation des processus, interdisciplinarité, proactivité) et adapter leurs méthodologies de synthèse pour qu’elles soient plus rapides, en dépit des inconforts ressentis face à la méthode et à la grande quantité de types de données à considérer, mais souvent de faible qualité scientifique ou de qualité non validée par les pairs. Toutefois, un fort sentiment d’utilité a été rapporté par les équipes ainsi que plusieurs apprentissages, dont l’importance de tirer des leçons pour mieux se préparer à l’avenir, de créer une synergie au sein des équipes, de poursuivre les collaborations et de faire reconnaître davantage l’expertise des équipes.

Discussion. Les résultats permettent déjà de mettre en lumière l’agilité des organisations au Québec et tirer des leçons collectives sur les meilleures méthodes pour produire des réponses rapides. Ils permettront de proposer des recommandations afin d’améliorer les pratiques au niveau de la gestion et synthèse des connaissances pour mieux soutenir la prise de décision dans un contexte d’urgence.
WeCanVax: A community-led solution to promote COVID-19 Vaccine confidence in racialized communities in Montreal

Speaker
Tammy Bui, Presenting Author from Public Health Agency of Canada, Canada

Co-authors
Nehal Islam, Ananya Banerjee, Juan Carlos Chirgwin, Joel Poirier, Aurélie Grâce

Abstract
Background/Objectives. As of May 2, 2021, 600K residents in Montreal had received at least one vaccine dose, comprising 30.8% of the city’s population. Parc-Extension, Montreal’s most culturally-diverse borough, reported a lower rate of 19.9%. Barriers to accessing vaccines stem from longstanding structural inequities and medical mistrust, contributing to Parc-Extension being a neighbourhood of higher deprivation. Hence, WeCanVax emerged as an arts-based health promotion response to promote vaccine confidence in racialized communities such as Parc-Extension, Quebec.

Methods. A team of McGill public health students led an academic partnership with vaccine experts, health equity-professors, and Parc-Extension residents to co-design, co-pilot, and co-launch WeCanVax. A participatory process was used to develop and implement a group health promotion program for communities of colour to improve knowledge, attitudes, and behaviours toward the COVID-19 vaccine. Social learning, a theory applied in health promotion, emphasizes the reciprocal relationship between social characteristics of the environment, how individuals perceive vaccination, and how motivated and able a person is also to follow and vaccinate when they see a community-driven arts-based vaccination campaign happening around them.

Results. Twenty unique posters featured the real humans of Parc-Ex with their reason for why they got vaccinated on posters. We strategically placed hundreds of posters in areas that would reach intended audiences. We launched on Facebook, Twitter and Instagram to showcase our posters and evidence-based vaccine content virtually. The partnership revealed challenges and lessons for partnership building, cultural appropriateness and working in communities where we do not reside. Overall, we reached an audience of 17K+ across social media platforms, received positive feedback from Parc-Extension residents about the posters. Although it is difficult to measure the impact, vaccination rates in Parc-Extension have risen from 10% below the Greater Montreal Area average in June 2021 to exceeding the city-wide vaccine uptake rate in August 2021.

Discussion. WeCanVax may be applicable to the development of future community-led vaccination programs that include the adaptation of health promotion activities to reflect the cultural and linguistic needs of the target population experiencing vaccine hesitancy.

Covid-19 associated stigma and vaccine hesitancy: A study from, Punjab, India

Speaker
Manmeet Kaur, Presenting Author from Post Graduate Institute of Medical Education and Research, India
Co-authors
P.V.M. Lakshmi, Ankur Punia, Monika Dogra, Abhishek Sharma, Rupinder Kaur, Navdeep Gautam, Nandita Mathur, Vikas Verma

Abstract

Background. Vaccine hesitancy refers to delay in acceptance or refusal of vaccination despite its’ availability. This study was part of a larger mixed method study on Covid-19 associated stigma and discrimination in Punjab (India). It was conducted to test the null hypothesis that stigma and discrimination are not associated with vaccine hesitancy.

Methods. The required sample size based on Cochran’s formula was 420, assuming stigma prevalence at 50%, 95% CI, and non-response rate of 10%. Auxiliary Nurse Midwives (ANMs) used a structured questionnaire on a mobile-based application to collect data from community members. The WHO’s 3C Model, which refers to Confidence, Complacency, and Convenience, was used to assess vaccine hesitancy. Chi-square test was performed to determine association between independent and dependent variables.

Results. More than half of the participants (53.2%) were women, and 55.6 percent were from rural areas. The average age of the participants was 45.5±14.3 years. Nearly 55% thought that Covid-19 vaccine would prevent them from infection, but 46.3% were hesitant. The most common reason for vaccine hesitancy was complacency “don't need it” (40%). Around 56% stated vaccines are offered at a government facility, while 53% knew that vaccines are offered free of charge. Most (74%) in the age group of 31-60 years were hesitant and half of the women were hesitant. People with no prior experience to Covid-19 had high hesitancy (60%). Hesitancy was high (76%) among individuals who were the contact of a verified COVID19 patient. Hesitancy among those who faced mild stigma was 12.8%. Stigma was found to be significantly associated with vaccine hesitancy (p<0.05).

Discussion. Stigma associated with Covid-19 is a social barrier for vaccine uptake. Stigma has been investigated rarely and most studies have focused on the 3C model. A link between stigma and vaccine hesitancy was found. Hence researchers should look beyond individual and psychological barriers. Hesitancy needs to be investigated in the context of other stigmatised diseases to discover how stigma affects vaccine hesitancy. Vaccines were not available to community members at the time of study, but it was available for health care staff only.
How to best reduce social inequalities in smoking? Unpacking the discursive practices of tobacco control practitioners

Speaker
Josée Lapalme, Presenting Author from Université de Montréal, Canada

Co-authors
Rebecca Haines-Saah, Katherine Frohlich

Abstract

Background/Objectives. Faced with persisting social inequalities in smoking, Canada and Quebec’s latest tobacco control action plans prioritised reducing those inequalities for the first time in 2017 and 2020 respectively. To better understand the effects that these interventions might have on social inequalities in smoking, we examined the practices of tobacco control practitioners (TCP), that is, those who work directly with tobacco control policies and programs. More specifically, we drew from the post-structural concept of “discursive practices” to critically explore how public health discourses shaped TCP’s perspectives and practices relating to the reduction of social inequalities in smoking.

Methods. Semi-structured interviews were conducted with 10 Quebec TCP working in either tobacco control policy and program development or in smoking cessation. Data were analysed using a deductive thematic analysis focused on discursive practices.

Results. Findings illustrate how TCP’s practices are shaped by discourses of risk prevention and behaviour change. This was observed through 1) their perspectives, which reproduced stigmatising representations of “the smoker” and 2) their practices, which supported interventions targeting reductions in smoking prevalence for “at-risk” groups, rather than addressing inequitable structural determinants of smoking. However, TCP working directly with socially disadvantaged people who smoke to help them quit, compared to those working in policy and program development, held more nuanced discursive perspectives echoing the social determinants of health model. Their discursive practices thus focused on reducing the stigma of socially disadvantaged people who smoke and on increasing attention to the inequitable social conditions creating greater risk of smoking for socially disadvantaged groups.

Discussion. Our analysis suggests that broadening dominant public health discourses to integrate the lived experiences of socially disadvantaged people who smoke will likely produce more inclusive discourses and favour social policies that not only reduce social inequalities in smoking, but also social inequalities in general. This in contrast to risk prevention and behaviour change discourses that may entrench such inequalities.

Initiatives for community engagement when studying health disparities in Puerto Rico

Speaker
Irene Lafarga Previdi, Presenting Author from Center for Collaborative Research in Health Disparities, Puerto Rico
Co-authors
Ana Cecilia Guzzi, Carmen Vélez Vega, Emma Fernández Repollet

Abstract

**Background/Objectives.** The Community Engagement Core (CEC) of the Center of Collaborative Research in Health Disparities (CCRHD) in Puerto Rico focuses on developing and implementing strategies to increase community-academic collaborations and partnerships in research activities. The CEC specific aims are: 1) Assess community-academic partnerships and recommend resources and strategies needed to enhance and expand such partnerships in Puerto Rico, 2) Recruit and coordinate a Community Coalition Team (CCT) that will advise RCMI investigators, 3) Increase RCMI investigators’ ability to understand and incorporate community perspectives in research projects involving minority health and health disparities, 4) Evaluate the activities of the RCMI-wide Community Coalition Team and the extent to which the Community Engagement Core has achieved its goals each year.

**Methods.** We have: formed a Community Coalition Team (CCT), had recurring meetings with active researchers and pilot project and administrative supplement recipients, coordinated two community engagement retreat activities and a virtual symposium, established collaborations with community and health organizations, and provided support for 4 projects through Community Mini Grants.

**Results.** The CCT plays an active role in the coordination of activities; one on one meetings with researchers supported by the CCRHD were encouraged to include community outreach initiatives; the retreats have served as an opportunity for researchers to learn about community engagement and listen to community members who participated in research studies; the virtual symposium was an opportunity for research assistants and researchers to present and reflect on community engagement strategies in their studies; through ongoing collaborations we have created and disseminated educational materials and need assessment surveys; the community organizations selected were able to implement projects to address health disparities in Puerto Rico.

**Discussion.** Community engagement in research can enhance the recruitment and retention of study participants, provide meaningful dissemination of research findings to a broader audience, facilitate collaborations among academia and community, and ultimately help mitigate health disparities in Puerto Rico through the development of context appropriate interventions.

Comment développer la résilience de populations moins nanties par les politiques publiques : tirer des leçons de la pandémie

Speaker
Sandy Torres, Presenting Author from Observatoire québécois des inégalités, Canada

Abstract

**Objectifs.**
- Partager des résultats de recherche sur la résilience de personnes moins nanties en temps de pandémie.
• Favoriser l’appropriation de ces résultats dans différents milieux de pratique.
• Susciter le partage d’expertises et d’expériences et encourager des échanges intersectoriels autour des stratégies de résilience à promouvoir, en particulier à travers des politiques publiques.
• Dégager des pistes prometteuses de mise en œuvre.

Format. L’atelier porte sur les facteurs de résilience mobilisés pendant deux ans de pandémie de COVID-19 par des personnes désavantagées sur le plan socioéconomique qui ont participé au Projet résilience : sur les stratégies diverses d’adaptation durant la période pandémique et sur la façon dont les facteurs protecteurs pourraient être valorisés dans des politiques publiques.

L’atelier s’appuie sur les résultats d’un projet de recherche et de consultation, le Projet résilience, mené par l’Observatoire québécois des inégalités en 2021-2022 au moyen d’une enquête par sondage et entrevues semi-directives, d’une analyse de politiques et de la consultation de parties prenantes. Les objectifs de ce projet consistent à documenter les stratégies d’adaptation, le recours à du soutien (gouvernemental, communautaire, etc.), les besoins, les obstacles et le cumul de facteurs de vulnérabilité, auprès de personnes à revenu faible ou modeste afin de dégager des pistes pour réduire les inégalités socioéconomiques.

Les résultats de cette étude représentent une occasion d’identifier les facteurs de résilience qui seraient à développer ou à renforcer pour permettre à davantage de personnes, de groupes ou de communautés désavantagées de faire face aux aléas. Jusqu’à quel point les politiques, programmes ou mesures actuels tiennent-ils compte de ces facteurs? Quelles sont les opportunités à saisir pour renforcer la résilience des individus et des communautés? Qu’en est-il de leur applicabilité?

Dans un esprit de transfert de connaissances et de co-construction, l’atelier comprend trois moments : 1) une brève présentation de résultats du Projet résilience, 2) une discussion autour de deux à trois questions guides et 3) un bilan des pistes prometteuses.

What is known about interventions to address structural determinants of health and health inequities and affect population and public health outcomes?

Speaker
Claire Betker, Presenting Author from National Collaborating Centre for Determinants of Health, Canada

Co-authors
Danielle MacDonald, Emily Clark, Sume Ndumbe-Eyoh, Christina Holmes, Faith Layden, Dianne Oickle, Rachel Warren

Abstract

Background/Objectives. Structural determinants of health and health inequities drive socioeconomic stratification within populations and disparities in population health outcomes. Prominent reports from the World Health Organization (2008; 2010) and the Pan American Health Organization (2019) provide frameworks describing these phenomena. Given the increasing global interest in this area the NCCDH conducted a scoping review entitled What is known about structural determinants of health and health inequity interventions to affect population and public health outcomes? Of particular interest is the terminology and language used in discussions about the structural determinants of health.
Methods. Using the Arksey and O’Malley (2005) method a scoping review was undertaken. A broad search of EBSCO Medline, Campbell Library of Systematic Reviews, Google Scholar and grey literature, retrieved 24,572 articles. Two rounds of screening were completed and inclusion of full-text articles was validated by comparison to the WHO CSDH (2010) conceptual framework for action on the social determinants of health. Data extraction was conducted in duplicate, themed and summarized into a map of the literature and evidence base.

Results. Most studies were quasi-experimental or natural experiments. Findings were themed, summarized and mapped. A range of policy and program interventions and population and public health outcomes were found. Interventions were considered within different domains of structural determinants of health inequities. Descriptions of the structural determinants of health and health inequities, when found in the included studies, complement those found in the literature.

Discussion. Challenges with conducting this review included the large and diverse studies and results, inconsistent language and terminology and lack of explicit recognition of the involvement of the structural determinants of health in outcomes over a broad range and levels of actions. Evaluated interventions included programs or policies related to supplemental income, minimum wage, nutrition safeguards, related to immigration, or were reproductive and family-based. Results will be validated and augmented by consultation with Canadian public health colleagues, inform future research and provide support for a common vocabulary and cohesive discourse around the structural determinants of health and health inequities.

Whole-of-government approaches to wellbeing: Contributions and opportunities for public health actors

Speaker
Helene Poliquin, Presenting Author from INSPQ/Drogues, santé et société, Canada

Abstract
Setting/problem. Globally, the COVID-19 pandemic has exposed and exacerbated health inequalities for which solutions are deemed necessary. Recent whole-of-government approaches to well-being (such as New Zealand’s Wellbeing Budget or the Wales Future Generations Well-being Act) aim to put wellbeing at the centre of governments’ concerns, decisions, economic strategies and public policies. Moving away from success and progress based solely on markets and growth, wellbeing approaches integrate other societal goals (e.g., equity, sustainable development, quality of life) requiring new ways of thinking, planning and programming involving integrated and intersectoral actions. They also include issues related to health promotion in order to foreground what matters most for individuals: their wellbeing.

Intervention. We explored recent wellbeing approaches adopted by central governments (their frames of reference, main objectives, implementation, evaluation, reporting strategies and contributing actors). This presentation will mainly focus on the implications of these for public health actors

Outcomes. Public health actors actively contribute to the implementation of central government approaches to wellbeing that aim, much like public health, to promote the health of all individuals and to level health inequalities through action on the determinants of health and intersectoral initiatives. Public health actors thus provide epidemiological data, knowledge and expertise through reports, tools,
intervention strategies, or various other activities involving advice, training, capacity-building, advocacy and influence in collaboration with various stakeholders.

**Implications.** The wellbeing approaches studied rely on ideological and structural realignments of governmental ministries and agencies also involving other stakeholders outside of government towards health and wellbeing promotion, prevention, long-term planning and the reduction of social inequalities, while counting on the potential of individuals and communities. These same principles are at the heart of health promotion. Thus, despite being recent and with few evaluations, wellbeing approaches could have interesting potential in dealing with the long term consequences of COVID-19, including on health inequalities to which public health

**Understanding why health inequities have increased in South Australia**

**Speaker**
Fran Baum, Presenting Author from Flinders University, Australia

**Co-authors**
Connie Musolino, Joanne Flavel, Toby Freeman, Catherine Earl, Ross Womersley

**Abstract**

**Background/Objectives.** Health inequities are growing in Australia. Comparing 1990 to 2015 we found the ratio of avoidable mortality between the top and bottom socioeconomic quintiles had risen from 1.5 more comparing the lowest socioeconomic quintile to the highest, to the lowest quintile having over double the rate. In South Australia the ratio increased more than the Australian average, and yet there had been no policy or academic attention to the reasons for the increase.

**Methods.** We partnered with the South Australian peak body for non-government and community organisations on a pilot study to investigate the structural causes for the increase in health inequities. Our theoretical approach was framed by social determinants of health and we employed mixed methods, including statistical analysis, policy and document analysis, qualitative interviews and a workshop. We documented population changes in many social determinants including employment, income, education, housing and access to health services. We then interviewed 12 policy actors with knowledge of the state since the 1980s. A World Café of local experts and community members debated and refined our findings

**Results.** We found inequities had increased for all the social determinants of health and so became less supportive of health. The informants noted changes in the Australian economy, growing income and wealth inequities, employment and income, social security policies and a reduction in public housing as drivers of growing and persistent inequities. Interviews with policy actors indicated that there had been significant cuts to community-based and preventive services in education and health. In addition, they highlighted how a hollowing out of the public sector and contracting out of many functions contributed to the state government’s lack of capacity to address complex policy issues and a decline in policy focus on reducing inequities. Our findings have formed the basis of lobbying aimed at redressing the growing inequities.
Discussion. From the 1980s neo-liberal policies had become the hallmark of successive state and federal governments in Australia. In reaction to global and national economic precarity, the state pursued a neo-liberal agenda, withdrawing from what had been core functions in health, housing, social security and education, and reducing policy focus on equity considerations. This, coupled with growing wealth and income gradients explain the increase in health inequities.

Transforming public health and policy making: A health promotion challenge
Parallel oral session
18 May 2022, 16:15 - 17:30

Moderator
Lesley Dyck

The application of policy diffusion theory in population and public health research: A scoping review

Speaker
Katrina Fundytus, Presenting Author from University of Calgary, Canada

Co-authors
Cristina Santamaria-Plaza, Lindsay McLaren

Abstract
Background/Objectives. Public health policy is complex and political; accordingly, application of theories from political science can shed light on the processes involved in public health policy decision-making. The present study focuses on the theory of policy diffusion, which aims to explain the processes by which policy decisions in one government jurisdiction influence policymaking in others. Our objective was to synthesize published, peer-reviewed scholarship that applies policy diffusion theory to public health policy, and to identify challenges and gaps for research at the intersection of political science, public policy, and public health.

Methods. We undertook a scoping review, following methods described by Arksey and O’Malley (2005). We systematically searched 17 electronic academic databases using the search term “policy diffusion” in combination with “population health” or “health promotion” or “public health”, published between 2000 and 2021. We included peer-reviewed articles that discussed or applied policy diffusion theory to a specific public health policy for analysis. The review process occurred in three stages: first, two reviewers independently screened all citation abstracts and titles identified by the database search; next, potentially relevant full text articles were reviewed by both reviewers for alignment with inclusion and exclusion criteria; finally, one reviewer extracted key data from the final list, which formed the basis for analysis.

Results. The initial database search identified 810 citations, of which 349 were potentially relevant based on title/abstract. Based on full text review, we identified 73 articles for extraction and analysis. Analysis is in progress, but preliminary results suggest that articles led by political science and policy scholars research
domains are more common than articles led by public health scholars. The most common public health policy areas are tobacco, nutrition, and COVID-19, suggesting a relative lack of attention to social determinants of health.

**Discussion.** Despite the relevance of political science theory to public health policy, the application of policy diffusion within the public health domain remains limited. This scoping review will provide a foundation for subsequent research, which will apply policy diffusion to a specific public health policy – community water fluoridation – in Alberta and Saskatchewan, Canada.

**Understanding the process of policy development: Interviews with oral health and non-communicable disease policymakers in Australia**

**Speaker**
Kelsey Ingram, Presenting Author from University of Newcastle, Australia

**Co-authors**
Dr. Melanie Hayes, Michelle Irving, Janet Wallace

**Abstract**

**Background/Objectives.** While knowledge mobilisation spans many healthcare sectors, there is little research identifying the barriers and enablers affecting the translation of oral health research into oral health and non-communicable disease (NCD) policy in Australia. Associations between poor oral health and some NCDs have been identified, and the translation of this evidence into health policy may slow the progression of NCDs and improve quality of life for individuals. Research has demonstrated a lack of translation of current oral health research into oral health, cardiovascular disease, diabetes, and cognitive impairment policy in Australia. The aim of this study was to investigate the knowledge and processes oral health and NCD policymakers utilise when developing policy.

**Methods.** Semi-structured interviews were conducted with oral health and NCD policymakers in Australia, from June to August 2021. Data was transcribed verbatim and coded using manual thematic analysis and NVivo. Thematic analysis of the data comprised an inductive, realist approach identifying latent themes pertaining to the knowledge and processes policymakers use during policy development. Simultaneous interviewing and analysis occurred until the interviews reached saturation, providing no new insight into the aim of this study.

**Results.** Nine interviews were conducted with oral health and NCD policymakers; identifying a misalignment between research translations pathways used by oral health researchers and those Australian health policymakers consider valuable. A lack of current oral health data sets in Australia was identified as a barrier experienced by policymakers to access relevant research, with an emphasis instead on the use of intermediaries. Policymakers identified a lack of implementation of oral health and NCD policies into public health practice, stating research into this process would be beneficial. This study also identified a gap in knowledge regarding the association of oral health and NCD’s between oral health and NCD policymakers.

**Discussion.** This study identified the knowledge translation pathways oral health and NCD policymakers use in the development of health policy in Australia. The identification of these pathways will assist oral health researchers and intermediaries aiming to translate oral health research into oral health and NCD policy.
How can health policy embrace and transform relationships?

Speaker
Akua Quao, Presenting Author from University of Central Lancashire, United Kingdom

Abstract
For over 30 years the 1986 Ottawa Charter provides the context for practical health promotion informing the global drive to improve health. Increasingly, there is a body of evidence placing emphasis on the importance of social interaction and the health benefits (Zhaoyang, Sliwinski, Martire, & Smyth, 2019); (Addabbo, Sarti, & Sciulli, 2016). National lockdowns since Spring 2020 places a spotlight on relationships, exposing how social isolation can be detrimental to health and wellbeing, regardless of background (Chandola, Kumari, Booker, & Benzeval, 2020). On the flip side, the reality of increased contact with the same people has led to reports of desperation to create distance, leading to strained relationships or breakdowns (Eckart, Hermann, & Neale-Mcfall, 2021). Whilst the need to connect has become a growing theme in health (Jiwa, 2018); (Pressman, Gallagher, & Lopez, 2013). The above illustrations points to an important area for personal skills development, that is, addressing health implications due to a lack of common courtesy and respect which create hostility. How can we genuinely connect? In our personal and professional circles, we must question how our interactions could adversely affect health, how do we truly perceive and treat others in our diverse world? If we really seek to address health holistically then we must examine how we treat other people and consider how it can influence their health. Let us strive to build strong connections by peeling back the layers that can cause misunderstanding and strife. We can’t deny that for many an unkind word or gesture can adversely affect their emotional and mental wellbeing. Equally a kind word or gesture can bring upliftment and encouragement in a fast paced, tense world. Policy that embraces the power of building relationships through genuine appreciation and kindness will contribute to a healthier community.

Relevant experience or practice. A lecturer and public health practitioner with over 20 years’ experience in health communications and training. Akua’s track record includes developing and managing interventions which focus on awareness raising, influencing behaviour change, and minimising the impact of social and health inequalities.

Implications for health promotion. Updates health promotion practice as relationships affects every person.
Implications for policy. This could influence the way people engage with health promotion practice.

'8 dimensions of accessibility’ as a checking tool for inclusive health promotion practices and policies

Speaker
Leen Van Brussel, Presenting Author from Flanders Institute for Healthy Living, Belgium

Abstract
Setting/problem. Health promotion practice and policy in Flanders

Intervention. Health promotion interventions and policies are too often insufficiently accessible for disadvantages populations such as those who live in non-privileged socio-economic situations and those with a non-Western ethnicity. More particularly, health promotion professionals tend not to fully take into account the variety of psychological, physical, economic, social and cultural determinants of these
communities’ health when designing and implementing health promotion interventions or policies. As a result, existing health inequalities are maintained.

In order to contribute to a more accessible and inclusive health promotion practice and policy in Flanders, the Flanders Institute for Healthy Living developed a checking tool which includes 8 dimensions of accessibility. We adapted these dimensions from the field of social work (developed by Bouverne-De Bie) and translated them to the field of health promotion. The 8 dimensions of accessibility include: 1/Usability, 2/Availability, 3/Attainability, 4/Affordability, 5/Publicity, 6/Reliability, 7/Understandability, 8/Empathy.

The checking tool can be used to increase accessibility of a concrete intervention and of a policy framework of an organisation or a government. In Flanders, we tested the checklist in two cases:

- The intervention ‘Physical activity on referral’ (Flemish Institute of Healthy Living).
- The Flemish Strategic Action plan ‘The Fleming lives healthier in 2025’

**Outcomes.** The professionals that used the tool argued that it effectively sensitizes them about the multiple dimensions of accessibility from the perspective of vulnerable and underserved populations and allows them to design, implement, evaluate and adjust inclusive health promotion interventions.

**Implications.** Health promotion interventions and policies can be made more inclusive with the aid of the checking tool. For an effective use of the tool in a way that contributes to a more inclusive health promotion intervention or policy framework, two conditions should be met. First, the checking tool should be used throughout the processes of design, implementation and evaluation. Secondly, the different dimensions of accessibility should be concretized from the perspective of and with input from the target populations. A correct and holistic use of the checking tool can contribute to more health equity.

**Causal loop diagrams: Promising tool for health promotion policy and practice or the next new shiny thing?**

**Speaker**
Lori Baugh Littlejohns, Presenting Author from BCCDC/UBC, Canada

**Abstract**

**Background/Objectives.** The aims of this presentation are to a) present the results of a literature review in terms intended uses of causal loop diagrams (CLDs), b) provide examples of various CLDs used in non-communicable disease (NCD) prevention research, and c) discuss ways to strengthen their use in research, practice and policy.

**Methods.** A scoping review was conducted to provide an overview of the evidence regarding how CLDs are created and used in public health research. The Scopus and PubMed databases were searched applying the following inclusion criteria: 1) public health research, 2) peer reviewed journal article, 3) described and/or created a CLD as a research method, and 4) published in English from January 2018 to March 2021. A narrative synthesis approach was utilized to explore the data.

**Results.** Twenty three articles were included and NCD prevention was the most frequently addressed topic. CLDs were seen as a way to illustrate complexity, identify leverage points, conduct system dynamics...
modelling, enhance stakeholder and community participation, measure and evaluate systems change, inform policy and practice, and inform future research and theoretical perspectives.

**Discussion.** Three recommendations emerge with respect to strengthening the use of CLDs:

1. Public health research is conceptualized in terms of the principles of social justice and human rights to address the goal of reducing health inequities through action on the social determinants of health. This goal was largely absent from the articles reviewed and it is recommended that an intended use of CLDs should include the identification of leverage points for pro-equity policy and practice.

2. The diagrams themselves were found to varying significantly in terms of reader friendliness and it is recommended that established conventions be used, the most significant variables be highlighted, and ensure CLDs tell a compelling story about the patterns found in systems.

3. There was limited discussion regarding how CLDS were actually going to be used to inform policy and practice. It is recommended that future projects using CLDs articulate knowledge transfer plans including how knowledge users are engaged in defining outcomes for policy and practices for systems change.

**Youth voices framing climate change**

**Parallel oral session**

18 May 2022, 16:15 - 17:30

**Moderator**

Monica de Andrade

**Environmental sustainability in health: Preparing the next generation of leaders**

**Speaker**

Wanda Martin, Presenting Author from University of Saskatchewan, Canada

**Abstract**

**Setting/problem.** Climate change is a global health challenge and Canadians are at risk of illness from increased heat, allergens, infectious disease, and asthma; displacement from wildfire and floods; and challenges in fresh food availability. Public health systems and services are increasingly pressed for supporting communities in the rapid changes due to global warming. Developing community resilience will be essential in an unpredictable future. Strong public health systems are necessary to work with communities. All health professionals have a role in working together on action to both mitigate and adapt to climate change, yet few have received appropriate education to be effective leaders in this area. Interdisciplinary work is important when dealing with broad range of challenges ahead.

**Intervention.** The University of Saskatchewan College of Nursing developed an interdisciplinary, multiple level certificate program on Environmental Sustainability in Health with four components: 1) an anchor course on environmental sustainability in health, 2) developing activism leadership, 3) understanding and affecting policy change, and 4) a capstone project to apply the knowledge and building community resiliency. Target start date is January 2023.
Outcomes. Learners will develop the capacity to strengthen local climate action movements and contribute to better health and quality of life of Canadians. Healthcare systems will be more prepared to deal with the rising impacts of climate change. Learners will become part of a national cohort that can continue to work together on climate action.

Implications. The goal is to prepare healthcare professionals to influence governments and the public to achieve a greater uptake of low emission plans leading to a greater opportunity for reaching international carbon emission targets. Applied knowledge on climate action can help support ongoing efforts and develop new synergies to prepare our new leaders for the challenges ahead.

Communicating climate change: Can the health frame increase population engagement in Quebec?

Speaker
Anne-Sara Briand, Presenting Author from Université de Montreal, Canada

Co-author
Erick Lachapelle

Abstract

Background. Although knowledge of the impacts of climate change is growing, a concerted international response has been slow to emerge. Many attribute this diplomatic impass to a lack of political pressure within countries to demand more action against climate change. To foster public engagement, researchers are therefore turning to the study of climate change framing, as targeted messages could overcome the insufficiency of simply communicating the dire facts. Despite health being one of the most important concerns people have, very few studies have examined the potential role of emphasizing the health consequences of climate change and climate action as a means of engaging the public on this issue.

Objectives. In light of the evolving context and the need to be able to quickly mobilize the population around climate change, we explored the possibility that the COVID-19 pandemic creates an opportunity to engage the public on climate change and health. Our study thus seeks to identify the best ways of communicating climate change currently in Quebec to foster the engagement of Quebeckers. More precisely, we wanted to see if informing the population on the local health impacts of climate change would increase their support toward climate policies by diminishing the perceived distance of climate change.

Methods. In September 2021, we conducted an experimental survey using a census-balanced quota sample of Quebec adults (n = 3900). Participants were randomly assigned to either a control group who received no information or to one of twelve treatment groups who read a brief summary of the economic or health impacts of climate change in Quebec that was attributed to one of the following messengers: a doctor, an economist, a climate scientist, an environmentalist or a public servant. Participants answered questions before reading the essays and immediately after. The dependent measures were policies identified as highly divisive anteriorly with a pilot survey.

Results. Using across-group analysis, we identify which combination of frames and messengers increases support for climate change adaptation and mitigation policies in different segments of the Quebec population. The results will be available by November 2021.
Resource insecurity and climate change: transforming everyday realities through (remote) youth participatory action research

Speaker
Susanne Börner, Presenting Author from University of Birmingham & University of Sao Paulo, United Kingdom

Abstract

Background/Objectives. This research is set in the context of the intersecting environmental, socio-economic, and health challenges in times of the covid-19 pandemic and the climate crisis. In the urban peripheries of the Global South, in cities such as Sao Paulo, the covid-19 pandemic has exacerbated underlying conditions of exclusion, such as precarious access to education and unhealthy living conditions, including the lack of safe and regular access to food, water, and energy. For children and adolescents in the urban peripheries, marginalisation plays out through micro-power relations of adult privilege and age-based discrimination. At the same time, the impacts of climate change continue to disproportionately affect the most vulnerable populations through more intense and frequent extreme weather events. In this context, the aim was to enable young people from the urban periphery of Sao Paulo to critically reflect on their everyday experiences with access to food, water, and energy as well as disaster risk.

Methods. We conducted (remote) youth participatory research with approximately 30 young people aged 12-18. Planned as a face-to-face intervention, we shifted the research online due to the onset of the covid-19 pandemic. To develop an inclusive research enabling the participation of youth in conditions of vulnerability, we experimented with different remote research methods (including photo-voice, videos and group discussions), using WhatsApp groups as the main communication tool. The research project was delivered as an online university extension course through the University of Sao Paulo in collaboration with two Social Assistance Reference Centres in the municipality of Franco da Rocha.

Results/Discussion. Apart from raising awareness of critical issues such as resource scarcity and climate change, young people were empowered to challenge and question their environments. The participatory reflection-action-reflection approach enabled participants to critically engage with their everyday realities of marginalization. They were encouraged to develop a vision beyond scarcities and vulnerabilities and to identify (existing) adaptation mechanisms and alternatives for action, such as saving water or producing food locally. Young people were also encouraged to become aware of their individual potential in shaping their everyday realities, and ultimately, in creating more sustainable and healthy living environments.

Eco-anxiety in children and youth: A scoping review of the mental health impacts of the awareness of climate change

Speaker
Terra Léger-Goodes, Presenting Author from Université de Sherbrooke, Canada

Co-authors
Catherine Malboeuf-Hurtubise, Trinity Mastine, Chantal Camden
Abstract

**Background/Objectives.** Children and youth are increasingly aware of the negative effects of climate change, but this knowledge can often come with significant affective responses. Experiencing major ‘negative’ emotions, like anger, worry, and guilt in anticipation of climate change has been identified with the term eco-anxiety in adults; however, little is known about the ways in which children and youth experience it. The purpose of this study was to conduct a scoping review of how, if any, youth experience eco-anxiety.

**Methods.** Keywords around the theme of eco-anxiety, climate change and youth (aged < 18 years) were used as search terms in six databases. Journal articles using qualitative and quantitative methods, as well as grey literature dating from 2000 to 2021, were examined by two independent reviewers. A descriptive-analytical method was used to chart the data that emerged from the literature around themes that were named and defined. 27 articles were considered in the final analysis.

**Results.** Evidence confirms that youth experience affective responses in reaction to awareness of climate change. Mental health outcomes include depression, anxiety, and strong emotions. Youth from indigenous communities, or those who have strong ties to the land are often identified as being strongly impacted emotionally by climate change. The literature also described how youth are coping with eco-anxiety, including maladaptive and adaptive responses. Recommendations for schools, parents and mental health care providers are also often encountered in the existing literature, including adding age-appropriate climate education to the school curriculum, considering youth’s emotions, and promoting healthy coping through empowerment. Important gaps exist in the definition of eco-anxiety in youth.

**Discussion.** Given the limited research on eco-anxiety and youth, this review lays the groundwork for future research directions on this topic. It identifies the research gaps and raises important research questions, such as how to help youth cope with eco-anxiety. Furthermore, this review helps identify key elements from what is currently known in the literature, like the importance of promoting hope to enable action, to inform the work of policymakers, activists and mental health workers who will be called upon to help youth living with eco-anxiety.

**Identifying perceived health assets and challenges in their communities: A youth perspective from Ireland**

**Speaker**
Margaret Mc Loone, Presenting Author from Institute of Technology, Sligo, Ireland

**Co-author**
Elaine Granaghan

**Abstract**

**Background/Objectives.** Health promotion covers a range of interventions, both social and environmental, designed to benefit people’s health and quality of life. Health assets are resources that enhance the capacity of individuals and communities to maintain health. An assets approach reflects on what is working well within a community and aims to build on it. This research identified young people’s perceptions of health, at individual and community level with a specific focus on exploring their perceptions of health, health assets and health challenges. This research is informing youth driven policy and strategies within the region to support young people’s health.
Methods. Data was collected by means of qualitative focus groups and an on-line survey using the Qualtrics® survey package. Young people aged between 12 and 18 years of age from counties Sligo and Leitrim in Ireland were invited to participate. In this research study, reflexive Thematic Analysis (TA) was employed as the main data analysis method and approach with elements of Constructivist Grounded Theory (CGT).

Results: Participants demonstrated broad knowledge of the dimensions of health. Positive family relationships, friends and self-belief were the top three most important factors identified for overall health. Participants identified health assets in the community; assets to improve physical health were the most well-known, followed by social health and mental health. Mental health was a dominant theme throughout the findings with participants stating the need for more accessible and visible mental health services in their regions. Participants reported an increase in loneliness, anxiety and stress because of the restrictions of Covid-19 in Ireland.

Discussion. Young people rate family, friends and self-belief as the top three factors important for overall health. Young people exhibit a good level of knowledge in relation to health assets, yet there is a greater awareness of assets to improve physical health and social health when compared to mental health. An asset mapping approach that partners youth as local experts with adults working in the community and voluntary sector could improve awareness of community health assets. Giving young people an ‘active voice’ is important to inform ‘youth driven’ policy and strategy development pertaining to young people.

Contributing to social change through children’s and young people’s genuine participation

Workshop
18 May 2022, 16:15 - 17:30

Speaker
Goof Buijs, Workshop Coordinator from UNESCO Chair Global Health & Education, France

Co-authors
Silvia de Ruiter, Luis Saboga-Nunes, Bjarne Bruun Jensen, Marco Akerman, Raul Mercer, Didier Jourdan

Abstract
The COVID-19 emergency reveals the potential of health promotion to ease the burden of such a global crisis. Our societies dealing with these conditions demonstrate the impact of public health measures to protect their citizens and to control the virus. In particular, these have an impact on children and young people, including school closures, mitigation and preventive measures, access to education, social and community interaction. These circumstances contributed to situations where blaming the victim strategies focused on young people’s irresponsible behaviour and through stereotyping of children and adolescents. Health promotion recalls these strategies and proposes alternative action based on people-centeredness and control over their own health. Genuine participation of children and young people emerges as a health promotion strategy, to get them involved as active citizens in issues affecting their current and future lives in line with the UN Convention on the Rights of the Child. Genuine participation leads to their ownership as a precondition for sustainable change of their own thinking, behaviours, competences and emancipation. Sparse research has focused on the (health) impact assessment of genuine participation. In this workshop
we contribute to fill this gap since genuine participation is an effective way to promote children’s health and well-being. The workshop is organised by UNESCO Chair Global Health & Education and EUPHA Health Promotion section.

**Objectives.**

- Identify the key components and conditions for children’s and young people’s active involvement in their own health through genuine participation.
- Give an overview of initiatives on genuine participation for improving their health and well-being.
- Explore innovative solutions for the development of genuine participatory strategies.

**Format.** During the workshop we present an overview of children’s and young people’s genuine participation initiatives, we will discuss a framework for a global research-integrated development project and extend an invitation for co-working on this project to participants.

**Learning goals.**

- Understanding the key components of genuine participation.
- Understand how genuine participation can contribute to better health and wellbeing of children and young people.
- Provide input on a developing framework for genuine participation to promote children and young people’s health and well-being.

### Health promoting policies and equity

**Round table**

18 May 2022, 16:15 - 17:30

**Moderator**

Jeff Masuda

**1 - Challenges and opportunities for promoting health and equity among older adults: Learning from the Canadian experience**

**Speaker**

Irving Rootman, Presenting Author from University of Victoria, Canada

**Abstract**

**General Objective.** Sponsored by Health Promotion Canada, the objective of this symposium is to present and discuss the challenges and opportunities for promoting health and equity among older adults within a strategic health promotion framework.
Proposed format of the session. The moderator will introduce the symposium and presenters. Four Canadian health promotion scholars will provide a framework for promoting health and equity among older adults (based on the Ottawa Charter for Health Promotion), address some key challenges and opportunities, and provide some Canadian examples of effective interventions in research, policies and programs. This will be followed by an interactive discussion with the participants. This session is planned to be online although one of the presenters may be on site.

A framework for promoting health and equity among older people: Applying the Ottawa Charter for Health Promotion to today’s challenges

Speaker
Irving Rootman, Presenting Author from University of Victoria, Canada

Abstract
Some 36 years after the creation of the Ottawa Charter for Health Promotion, the chief editor of the recently published book *Promoting the Health of Older Adults: The Canadian Experience*, will explore the use of the strategic framework in the Charter in addressing the current challenges and opportunities for promoting the health, well-being and equity of older people.

Fostering social participation and support among older adults

Speaker
Mélanie Levasseur, Presenting Author from Université de Sherbrooke, Canada

Abstract
Critical in strengthening community action and creating supportive environments, community development is important for public health planning, policies, and practices in health promotion and gerontology. Mélanie Levasseur will provide examples of community development initiatives and an action research program designed to foster social participation and support and reduce social isolation and situations of vulnerability among older adults.

Improving health and digital literacy with older adults

Speaker
Lorie Donelle, Presenting Author from Western University in the Arthur Labatt Family School of Nursing, Canada

Abstract
Low health literacy and digital health literacy can compromise the health of older adults, and there are individual and systemic barriers that generate inequitable access to health-related information, services and supports among older adults. This presentation will highlight the health and digital health literacy challenges, provide strategies and examples of promising initiatives in addressing low health and digital literacy among older adults, and identify the skills that caregivers and others that work with older adults need to help them improve or maintain their health literacy.
Culture matters in later life decision making

Speaker
Gloria Gutman, Presenting Author from Simon Fraser U Gerontology Research Centre, Canada

Abstract
Canada is a multi-cultural country. Culture has an impact on patients’ and families’ perspective on health, dying and death, communication patterns, appropriate interventions, and the role of others (and who they might be) in late life problem solving and decision making relating to care. Gloria Gutman, leader of the iCAN-ACP Diversity Access Team (DAT) explores challenges and solutions/recommendations related to participating in advance care planning among older members of the LGBTQ community and Chinese & South Asian older adults--Canada’s largest ethnic minority populations

2- Health promoting policies and equity: Emerging strategies to reduce health inequities facing boys and young men of colour: Implications for health promotion policy and practice

Speakers
James Smith, Presenting Author from Freemasons Centre for Male Health and Wellbeing - Northern Territory, Menzies School of Health Research, Australia
Jahdai Vigona, Presenting Author from Menzies School of Health Research, Australia
Daphne Watkins, Presenting Author from Curtis Center for Health Equity Research and Training, University of Michigan, United States
Jacob Prehn, Presenting Author from School of Social Sciences, University of Tasmania, Australia
Peter Baker, Presenting Author from Global Action on Men’s Health, United Kingdom
Jason Bonson, Presenting Author from Freemasons Centre for Male Health and Wellbeing - Northern Territory, Menzies School of Health Research, Australia
Jerry Tello, Presenting Author from National Compadres Network, United States
John Oliffe, Presenting Author from Men’s Health Research Program, University of British Columbia, Canada
Susan Gay, Presenting Author from Southern Plains Tribal Health Board, United States

Abstract
Relevant experience or practice. Health promotion research and practice consistently reveals that people of colour face multiple structural and systemic health and social inequities as a direct consequence of racism and discrimination. Recent scholarship on equity and men’s health has highlighted the importance of gender – specifically concepts relating to masculinities and manhood – to better understand the inequities experienced by men of colour. A sharper focus on the intersection between race, gender, and life stage has also emphasised the importance of early intervention when addressing health and social inequities experienced by boys and young men of colour (BYMOC).

Implications for health promotion. Globally, there has been an expansion of health promotion interventions targeting BYMOC over the past decade. Many of these health promotion strategies have attempted to reduce inequities through action on the social determinants of health, particularly those that intersect with education and justice systems. Drawing on research and practice examples from the United States, United Kingdom, Canada, and Australia, the panel will discuss the challenges and opportunities faced by the health promotion community when attempting to reduce health and social inequities experienced by BYMOC. We
will discuss issues such as strengthening the evidence-base about effective health promotion interventions; reducing system fragmentation; promoting connectivity through networks, alliances and partnerships; reducing research and practice tensions associated with collaboration versus competition; changing narratives associated with BYMOC; acknowledging both inclusiveness and diversity; and addressing racism and intergenerational trauma.

**Implications for policy.** The abovementioned discussion will be explicitly tied to national and global policy discourses on men’s health, and related cross-sectoral public policy issues relating to education, justice, housing, and employment. The panel will draw on contemporary understandings about Health-in-All-Policies and intersectionality as key concepts to describe how health and social inequities faced by marginalised and vulnerable groups of boys and men, particularly BYMOC, can be addressed to ensure policy responses are more gender-sensitive, age-appropriate and culturally-responsive.

This roundtable will promote healthy dialogue and debate about emerging strategies to reduce health inequities facing boys and young men of colour.

**3 - Health promoting policies and equity: Public health surveillance and modern slavery**

**Speakers**

Penelope Siebert, Presenting Author from Nottingham Trent University, United Kingdom
Alexander Trautrimns, Presenting Author from University of Nottingham, United Kingdom

**Co-author**

Luis Leao

**Abstract**

**Relevant experience or practice.** This is a collaborative project with academics, from the United Kingdom, and Brazil, with expertise in epidemiology, human rights, supply chain and public health. We have a combined practice, knowledge and expertise in group facilitation, running international workshops and discussions session, modern slavey in supply chains, needs assessment approaches to health promotion interventions, implementation, evaluation and policy development.

**Implications for health promotion.** The issue of modern slavery needs to be discussed within the context of public health and health promotion due to scale of the issues and health issues association with modern slavery practices. Recent reports indicate that across the globe there are 40.3 million individuals who meet the overarching definition of modern slaves. This is a substantial population group within societies who are exposed to conditions that pose significant risks to their physical and mental health, to include physical and sexual abuse, occupational hazards and poor living conditions. Describing those who are living and working under conditions associated with modern slavery practices and extreme exploitation as a hidden population brings attention to their status in society as a population group whose health and healthcare needs are not formally recorded or recognised by public health, health and social care systems. The promotion of health in this context is related to the social justice issue of the right to health and reducing inequalities.
**Implications for policy.** Mobilizing societal efforts to improve the health outcome of the whole population is a key public health principle and a key policy area around the eradication of modern slavery internationally. Researchers in Brazil have illustrated how important data from government bodies such as the Pastoral Land Commission, civil society organisations databases holding information for 54,429 “rescued workers” rescued between the years 1995 – 2019 can be utilised. A public health surveillance approach does offer another way of recognising and acknowledging the health needs of this hidden population and as well as helping to understand and describe the burden of disease to inform the interventions needed to promote the health and wellbeing of all members of the population.

**Planetary health promotion**

**Round table**
18 May 2022, 19:00 - 20:00

**Moderator**
Cécile Aenishaenslin

**Public health roles for antiracist, decolonized and equity-focused action to address the climate crisis and promote planetary health**

**Speaker**
Pemma Muzumdar, Presenting Author from National Collaborating Centre for Determinants of Health, Canada

**Abstract**

**Background/Objectives.** Despite numerous calls for action to address the climate crisis as a health emergency, public health engagement on this topic has been uneven, and further limited by responding to the concurrent and converging COVID-19 crisis. To operationalize core health promotion values and develop resilient communities where everyone can thrive, health promotion actors need to engage in a range of responses. Many recognize the need to reduce global heating and acknowledge that the climate crisis disproportionately affects vulnerable populations. However, there is less awareness of how colonial and racist systems are implicated in the planetary health crisis. Health promotion and other public health actors need support and direction to promote planetary health while centring equity. This investigation articulated concrete roles and actions for public health to engage in antiracist, decolonized and equity-focused action to promote planetary health.

**Methods.** The National Collaborating Centre for Determinants of Health scanned relevant peer reviewed and grey literature and consulted with North American practitioners, researchers, policy makers and experts from multiple disciplines.

**Results.** Results were analyzed and synthesized into a series of knowledge translation products including a roles framework (roles listed below) with concrete actions for building equitable, climate resilient communities.
1. Build a foundation for antiracist, decolonized and equity-focused action to promote planetary health.
2. Establish and use a strong knowledge base to address the climate crisis and health equity.
3. Collaborate with non-health sector partners to both avoid catastrophic levels of global heating and address systemic inequity.

Discussion. There is significant opportunity and expectation for public health to play a courageous and innovative role in bringing about a just and sustainable future. Key questions for health promotion leaders are: How much of a priority is avoiding climate catastrophe and ecological collapse? How does the system invest in doing so with a health equity focus? Health promotion and public health actors must be supported to do more and to do differently through training and dedicated resources, particularly to enact the three recommended roles.

Waiora: Planetary health promotion for the next 70 years: Reimagining the core values that must guide our work in the Anthropocene

Speakers
Moijgan Sami, Presenting Author from California State University Fullerton, United States
Sione Tu’itahi, Presenting Author from Health Promotion Forum of New Zealand, New Zealand
Richard Egan, Presenting Author from IUHPE GWG on Waiora Planetary Health and Human Wellbeing
Margot Parkes, Presenting Author from IUHPE GWG on Waiora Planetary Health and Human Wellbeing

Abstract
We live in a new geological age, the Anthropocene - the age of humans - the start of which coincides with the founding of IUHPE 70 years ago. In this workshop, we address the fundamental challenge facing health promotion in its next 70 years, taking us almost to 2100: How do we expand core values and advance core practices to achieve planetary health promotion?

Answering this question demands transformative shifts in our approach to knowledge and action. We need a greater awareness of both the health and social implications of the global ecological emergencies we face, and the social, political, economic and technological driving forces behind those changes. Accompanying shifts in actions need to dismantle and disrupt the harmful driving forces creating these crises: we cannot solve these challenges with the same thinking that created them.

The driving forces threatening planetary health are rooted in core values that do not recognise the connections between the health of our planet and human wellbeing. Our future demands a healthier set of values, drawing on long-standing and overlooked assets including traditional Indigenous worldviews and a reverence for nature informed by ecological and spiritual values and principles.

The main focus of our workshop is to engage in a meaningful conversation about the implications for practising what we call planetary health promotion through a reimagining of the core values that guide our work. In this way planetary health promotion can be part of a collective, global response to the UN Secretary General’s call to “Make Peace with Nature”.

Abstract
Objectives. As a result of attending this workshop participants will:

- Gain an overview of the ecological changes in the world and their connection to health
- Identify core values needed for living on a planetary level, and for health promotion practice, through meaningful conversations

Format.
1. Three presentations of 10 minutes each to lay the foundation of our conversations
2. Q & A
3. Facilitated small group discussion/zoom breakroom
4. Return to main group and share findings

Learning goals. Understand environmental determinants of health and identify values for planetary health promotion practice

Technological innovations and digital health

Parallel oral session
18 May 2022, 19:00 - 20:00

Moderator
Humaira Nakhuda

A digital health and consultation accomplishment: engaging farmers in health communication

Speaker
Alana Storey, Presenting Author from West Wimmera Health Service, Australia

Abstract

Setting/problem. To bridge the long-standing historical distance between health promoters and the farming community, new and innovative ways of working are required. Statistically, farmers have higher rates of skin cancer, noise induced hearing loss, mental illness, suicide and cardiovascular diseases. Farmers have self-reported worse mental and general wellbeing outcomes than non-farmers living in rural areas and are significantly less likely to access health services for their physical or mental health. Innovative preventative health techniques are needed to create effective communication to farmers.

Intervention. The ‘Farmer Wants a Healthy Life’ (FWAHL) program aims to reach farmers during their everyday lives using digital communication methods. The project was developed through a consultation process which engaged and empowered target audience members. Representatives from the local farming industry co-designed the initial development and identification of the FWAHL program’s methodology, including the content development process and the creation of a culturally and functionally appropriate advertisement strategy. The resultant ‘Farmer Wants a Health Life’ podcast series was launched in June 2021. The series’ first eight episodes focused on a range of topics including mental health, social and
emotional wellbeing, men’s health, zoonotic disease and cancer. Dedicated pages on social media platforms are utilised to provide a cascade of appropriate information and resources.

**Outcomes.** The podcast series provides information that is easily accessible to the target audience, in a way that they enjoy listening to. This has resulted in a high level of engagement with the series, with 1,000 downloads by early August. As engagement with the series increases, it is expected conversations about it will too, thus helping to promote a change in behaviour and culture, moving toward increased health help-seeking and engagement in positive health behaviours.

**Implications.** This program illustrates the benefit of translating theory into practice when engaging with a niche target audience. As a result of the consultation process, the lived experience insights provided by the target audience members involved influenced significant revision of the program. Changes included the format for engagement, adoption of digital media for messaging, and development and refinement of content, including prioritisation of topics and suggested speakers.

**Relevance of citizen-assistance mechanisms in delivery of social protection: Reaching the last-mile in India**

**Speaker**
Aarushi Gupta, Presenting Author from Dvara Research, India

**Co-authors**
Mira Johri, Aishwarya Narayan, Aaditeshwar Seth

**Abstract**
**Setting/problem.** The pandemic has threatened the social determinants of health, underscored the need for social security, and highlighted governance and implementation challenges in their delivery. In India, we studied a citizen-assistance mechanism designed to support citizens attempting to access government assistance. We characterised the barriers they faced and documented the role of such a model in addressing these. To facilitate learning and replication, we also identified strategies that facilitate grievance redress.

**Intervention.** Gram Vaani, a civil society organisation (CSO) operating an Interactive Voice Response platform, helps underserved citizens access government transfers. Users can dial in from any mobile and voice-record grievances or obtain hyper-local news, free of cost. Grievances are assigned to handlers, who assist users as required. Using this IVR data and deep-dive interviews of citizens, we documented challenges they faced in accessing government assistance in March-November 2020. Next, through detailed interviews with volunteers, we studied the strategies they employed.

**Outcomes.** Exclusionary factors occurred at four key stages of scheme implementation, viz., targeting, enrolment, back-end processing of benefits, and disbursement. Volunteer actions can be categorised as: Information Provision to Citizen, Issue Escalation to Higher Officials, and Direct Assistance by Volunteer. The platform facilitates a connection between citizens requiring support and volunteers possessing rich knowledge of local contexts, application procedures, document requirements, etc. Volunteers play a key role in identifying a citizen’s requirement and toggling between available action pathways accordingly.
Implications.

1. The model acts as a forum for collectivised action, especially when official grievance redress mechanisms are poor.
2. It fosters social accountability, specifically in an environment with inadequate monitoring of local government functionaries.
3. In the immediate aftermath of the pandemic outbreak, this model facilitated quick mobilisation and emergency response.
4. A similar model could be adopted by CSOs seeking to support social inclusion and good governance in other settings. We provide standard operating procedures for reference.
5. Analysing exclusionary factors helps us identify improvements needed in programme implementation. We provide a detailed set of recommendations.

Building technological innovation for post-secondary students in response to rising mental health and wellness concerns

Speaker
Jennifer Keays, Presenting Author from University of Ottawa - Wellness and Recreation, Canada

Abstract

Setting/problem. Recent data is indicative of a mental health and wellness crisis among post-secondary students in Canada. It is becoming increasingly important for students to be appropriately equipped with the tools to recognize the state of their mental wellness, and that of others in their community. In response, the University of Ottawa’s Health Promotion Team is committed to increasing their efforts from a prevention and education lens in hopes of creating a community pathway to wellness. As such, the University has built integrated collaborative programming while “moving towards a culture of wellness”. With the evidence-based effectiveness of peer-to-peer support, part of the approach is to respond by developing a variety of programs allowing students to receive peer support through technology. Over the last 18 months, the Peer Wellness Program (established in the 1990s) focused on delivering new tools and collecting data in relation to the crossover between wellness and technology. This presentation will focus on highlighting these tools, sharing preliminary qualitative and quantitative data, as well as the perceived positive impact.

Intervention. In early 2021, the University of Ottawa signed the Okanagan Charter, which allowed the Health Promotion Team to successfully secure funding to respond to the mental health and wellness crisis. The team launched (1) the Peer Wellness Chat in September of 2020, followed by (2) the Wellness Virtual Reality Room in October of 2021 and will move onto (3) the Student Wellness App in January of 2022. Finally, the team hired and trained over 100 Peer Wellness students and various tech professionals to help build and implement these programs.

Outcomes. Preliminary data is promising. It shows significant increase in participation (quantitative data) and that meaningful connections are being created from the peer-to-peer model approach (qualitative data). In addition to contributing to student wellness on campus, these programs help reduce the perceived stigmatization of mental health all while creating wellness leadership momentum within Canadian post-secondary institutions.
Implications. The Health Promotion team believes that wellness is everyone’s business. We also recognize that there are still significant amounts of work to be done. By sharing our results, we hope to inspire others to continue striving towards a culture of wellness.

The use of Whatsapp for virtual health promotion practices in a Brazilian public school during the COVID-19 pandemic

Speaker
Fernanda Soares Siqueira, Presenting Author from Faculty of Nursing - Federal University of Goiás, Brazil

Co-authors

Abstract
Setting/problem. In 2021, amidst the COVID-19 pandemic, the Federal University of Goiás, Brazil, continued its activities by offering most of its catalog online. The health promotion course of the Faculty of Nursing was no exception, and its community practices were held virtually with public school students aged between 11 to 14 years. Most of these students did not have a computer or high-speed internet access. And, the school resorted to instant messaging apps, such as WhatsApp, to hold their classes. Hence, the objective of this study is to present the strategies implemented, by the nursing students, for the practice of health promotion in a public high school using Whatsapp.

Intervention. The undergraduates carried out the activities under the supervision of the homeroom teacher in two one-hour meetings using a Whatsapp group. The students were oriented to adopt a participatory teaching method while approaching amplified health concepts and national health promotion guidelines, i.e., equity, solidarity, and social determinants of health. After learning the WhatsApp dynamics, the activities were divided into four stages: reception, introduction to class content, questions and answers, and educational assessment. Each nursing student had a defined role, such as content manager or group moderator. The meetings were supported by text messages, emojis, images, podcasts, and videos, elaborated using casual language and popular animated characters.

Outcomes. Despite WhatsApp's limitations, the high school students were highly involved with the proposed activities. These activities helped them amplify their concept of health by identifying some of the challenges experienced during the pandemic, i.e., death and unemployment in their families. The students also developed skills to distinguish and prevent the spread of fake news regarding COVID-19 and vaccines.

Implications. This unique and challenging experience led nursing students to explore new resources and applications to expand health promotion actions in the high school community.
A public health framework for actions on financial wellbeing and financial strain

Round table
18 May 2022, 19:00 - 20:00

Moderator
Candace Nykiforuk

Speakers
Candace Nykiforuk, Presenting Author from School of Public Health, University of Alberta & Centre for Healthy Communities, Canada
Ana Paula Belon, Presenting Author from Centre for Healthy Communities, School of Public Health, University of Alberta, Canada
Evelyne de Leeuw, Presenting Author from Centre for Health Equity Training, Research and Evaluation, University of New South Wales, Australia
Patrick Harris, Presenting Author from Centre for Health Equity Training, Research and Evaluation, Australia
Nicole Glenn, Presenting Author from PolicyWise for Children & Families, Canada
Aryati Yashadhana, Presenting Author from Centre for Health Equity Training, Research and Evaluation, Australia
Karla Jaques, Presenting Author from Centre for Health Equity Training, Research and Evaluation, Australia

Abstract
Relevant experience or practice. Public health researchers and practitioners have overlooked the impact of financial strain and poor financial wellbeing on equity in health and living conditions. Yet, feeling financially stressed and not having the financial resources for regular expenditures, discretionary spending, or unexpected expenses affect health and overall wellbeing. Through a research-practice collaborative project, we developed an Action-oriented Public Health Framework on Financial Wellbeing and Financial Strain. By adopting an Integrated Knowledge Translation approach, a diverse body of experts helped refine the Framework. Our Framework is divided into five domains: Government (All Levels), Organizational Culture, Socioeconomic and Political Context, Sociocultural Circumstances, and Life Circumstances. Entry points are linked to each domain. It suggests the systemic interrelationships between the domains, indicating the unintended impacts one action in one domain may have on aspects of another domain and the potential for multisectoral collaboration across initiatives.

Implications for health promotion. Addressing root causes and consequences of financial strain and poor financial wellbeing will improve physical, mental, and social health and overall wellbeing at the community and population levels. It will also lead to closing the socioeconomic and health gaps. The Framework point to actions that will contribute to a creation of virtuous cycle of better health and financial prosperity.

Implications for policy. Our Framework presents multiple priority areas for policy action that are more likely to have positive long-lasting impacts on people’s financial situation. It helps to: (1) improve the
understanding of the causes and consequences of financial strain and financial wellbeing; (2) identify limitations or unintended negative consequences of the initiatives; (3) integrate an equity approach into the initiatives to successfully address the particular needs of groups experiencing disadvantage; (4) situate the initiative within the broad context of actions to show their interrelationships; and (5) prompt opportunities for multisectoral work for an optimal response. Its use is flexible and adaptable to the different mandate and scope of practice of the organizations and government sectors.

"Primary care revisited for the new era: An interdisciplinary approach" & "Critical health promotion: Integral to a comprehensive primary health care approach"

Lunch with an author
18 May 2022, 19:00 - 20:00

Moderated by authors

Primary care revisited for the new era: An interdisciplinary approach

Speaker
Albert Lee, Presenting Author from The Chinese University of Hong Kong, Hong Kong

Co-authors
Ben Fong, Vincent Law

Abstract
Book description. Primary care is fundamental and integral to all health systems to provide health equity and security to the community. This book does not follow the clinical practice or service-based approach as in many books in primary. It adopts an interdisciplinary approach with wide scope covering bio-psycho-social perspectives including case studies. The book is structured into four main parts (1) Principles of Primary Care and Systems renewing the philosophy of primary healthcare to meet the future health challenges and building a sustainable healthcare system, (2) Care Models and Practices shifting the emphasis to community based care and health promotion, (3) Social context addressing the importance of social responsibility, ethics, equity, quality, health seeking behaviours, social marketing, living environment and health, and impact of health volunteers, (4) Future Development and Education highlighting lifelong education, use of mobile technology, district health initiatives and promoting happiness at university. The contents serve as useful reference for policy makers, researchers, health promotion and public health professionals and academics, health planners and educators. The practical, philosophical and scholarly issues covered in this book aims to provide international readers with current knowledge and delivery models of healthcare in the community setting.

Relevance for health promotion or policy. The initiative to develop this book is inspired by the Declaration of Alma-Ata in 1978 by World Health Organisation urging all governments, healthcare professionals, and the world community to protect and promote the health of world population. The Declaration reiterates
the importance of primary care requiring synergy of different domains of primary care which includes health promotion and health education, disease prevention, self-management of chronic illnesses, and long-term care in community. Primary care is proven to be cost effective compared to the more resource-intensive hospital-based care. Health Promotion is integral part of primary health care. Various chapters of this book have addressed the importance of application of modern theories and concepts of health promotion to be integrated in care model in primary care. The editors possess international educational background and experience in health promotion and health education, health service development particularly primary health care and public policy.

**Critical health promotion: integral to a comprehensive primary health care approach**

**Speaker**
Jane Taylor, Presenting Author from University of the Sunshine Coast, Australia

**Co-author**
Lily O’Hara

**Abstract**

**Book description.** The 7th edition of Promoting Health: The Primary Health Care Approach is a toolkit for a diverse range of health practitioners, educators, and students to understand critical health promotion and its application to practice. It is comprehensive text that guides the reader through components of health promotion practice. Promoting Health is organised into 2 parts. Part 1 Health promotion development and concepts, includes 3 chapters that provide an overview of the origins and development of health promotion within comprehensive primary health care (CPHC), and key health promotion values, principles, and concepts that underpin a critical health promotion approach. A framework for health promotion practice within a CPHC context is presented and forms the basis for Part 2 of the book. Part 2 Health promotion practice, is practice-based. Chapter 4 describes the health promotion cycle and Chapters 5–9 the broad strategy areas of health promotion action. Chapters are interrelated but also designed to stand alone. Each chapter will direct users to relevant concepts elsewhere in the book. Each chapter includes a set of questions on putting the Ottawa Charter into practice, reflective questions that enable consolidation of learning and a More to Explore section with additional resources.

**Relevance for health promotion or policy.** Promoting Health is designed for a diverse range of health practitioners from a range of disciplines that undertake health promotion. It introduces the values and principles of critical health promotion and their application within CPHC. It is grounded in internationally recognised WHO health promotion frameworks including the Ottawa Charter for Health Promotion and subsequent charters and declarations. Content for each chapter is mapped to relevant International Union for Health Promotion and Education core competencies. This resource examines the role of systemic determinants of health and wellbeing including the social, economic, cultural, political, natural, and built environments for a sustainable future. The health promotion practice cycle, including evidence-based community assessment, program planning, implementation, and evaluation, is described in detail as well as the role of primary health care in addressing health, and the health promotion skills health practitioners need.
Benchmarking the global health promotion workforce: Reflections, lessons and future directions

Symposium
18 May 2022, 19:00 - 20:00

Symposium coordinator
Marguerite Sendall

Speakers
Paolo Contu, Presenting Author, University of Cagliari, Italy
Greenan Brid, Presenting Author, Ireland
Sione Tu’itahi, Presenting Author from Health Promotion Forum of New Zealand, New Zealand
Diane Levin-Zamir, Presenting Author from Tel Aviv University, Israel
Marguerite Sendall, Presenting Author from Qatar University, Qatar

Co-author
Viv Speller

Abstract

General Objective. Progress in addressing population health and sustainable development is underpinned by a globally recognized and responsive health promotion workforce, benchmarked by agreed core competencies and contextualized to the policy and practice environment. The existing health promotion competencies build on World Health Organization charters and social development goals to define the knowledge and skills required to promote health and wellbeing and address health inequities. International efforts in reaching consensus about competencies, such as the Galway Consensus Conference Statement and the IUHPE Global Accreditation System have facilitated health promotion workforce development at a global, regional and country level.

This symposium has four objectives:

1. Review progress on competency-based quality systems (IUHPE).
2. Share reflections and lessons learnt about the implementation of quality assurance systems.
3. Explore the relevance and impact of these systems on building effective, accountable and inclusive governance.
4. Promote critical reflection and discussion on current developments and future innovations.

The rationale for this symposium is to share information on regional and global developments on health promotion competencies and competency-based quality assurance systems, critically considering impact to date, and promote dialogue and discussion about future developments required to meet emerging global health challenges.

Proposed format of the session.
Moderators: Marguerite Sendall and Viv Speller
1. Introduction (15 mins): Competency-based approaches to promoting health and quality assurance systems.
2. Small group discussion (10 mins).
4. Whole audience engagement (20 mins).

Conference theme and/or subthemes addressed. This symposium addresses the conference theme, Breaking Through: Innovating for today and tomorrow, by critically considering what skills and capacities are required to address current and emerging health, wellbeing and equity challenges. The symposium will consider how to strengthen health promotion competence and capacity in implementing multisectoral action and inclusive governance for health equity and sustainable eco-systems which promote population health and wellbeing.

Kānaka-centric food systems that work for Hawaiʻi: A Waimānalo model

Workshop
18 May 2022, 19:00 - 20:00

Moderator
Jane Chung-Do

Speaker
Jane Chung-Do, Presenting Author from University of Hawai’i at Mānoa, United States

Co-authors
Ilima Ho-Lastimosa, Kirk Deitschman, LeShay Keliʻiholokai, Ikaika Rogerson, Kenneth Ho, Theodore Radovich, Kahau Vegas, Samantha Keaulana, Pahonu Coleman, Kaulupali Makaneole, Kale Makaneole, Azariah Coleman, Malia Kipapa, Hope Wong, Jamee Miller, Priyam Das, Craig Elevitch, Meghan Au

Abstract
Objectives. The objective of this workshop is to promote indigenous Kānaka-centric (Hawaiian) innovation by sharing how we are growing the capacity and skillset of Hawaiian families through ancestral knowledge of food production and integrating community voice and input. Through a hands-on discussion based-workshop, participants will learn about the culturally-grounded programs of Ke Kula Nui O Waimānalo to engage and teach multigenerational families to grow their own food using various innovative methods including backyard aquaponics, agroforestry, limu (seaweed) restoration, and food preservation that draw on Indigenous innovations. Through a culturally-relevant “talk story” discussion format, participants will discuss challenging questions and ideas on how we can “break-through” systemic oppression and colonization to restore indigenous innovation and practices. We will share how we continuously gather community’s input through the Waimānalo Pono Research Hui and facilitate a discussion on how other indigenous communities promote community voice. The last half of the workshop will be focused on skill training where
participants will be introduced to lāʻau lapaʻau (traditional Hawaiian herbal medicine) by creating a lāʻau (an herbal remedy) to take home to their families.

**Format.** Workshop: a discussion-based hand-on skills-based workshop where participants will be provided concrete examples of the Waimānalo Model to promote food sovereignty and community voice, engage in facilitated discussions about how this model may apply to other indigenous communities, and build their skills in traditional indigenous medicine through a hands-on demonstration of lāʻau lapaʻau (traditional Hawaiian herbal medicine).

**Learning goals.**
- Describe the food sovereignty initiatives implemented by Ke Kula Nui O Waimānalo.
- Identify components of food production skills that align with Native Hawaiian values and cultural practices.
- Explain the role of Waimānalo Pono Research Hui in ensuring community input and ethical practices.
- Discuss how components of the Waimānalo Model may be applied to other indigenous communities.
- Demonstrate basic skills in lāʻau lapaʻau to enhance wellness.

**Advancing salutogenesis: (Re)defining the sense of coherence**

**Round table**
19 May 2022, 08:00 - 09:10

**Moderator**
Georg Bauer

**Cross-cultural comparison of sense of coherence and of the position in the river of life. Results from a survey in 35 countries around the globe**

**Speaker**
Georg Bauer, Presenting Author from University of Zurich, Switzerland

**Co-authors**
Martin Tusl, Philipp Kerksiek

**Abstract**

**Background/Objectives.** The sense of coherence (SOC) is the core of the model of salutogenesis (Antonovsky 1979., 1986). It refers to a global orientation towards life as being comprehensible, manageable and meaningful. The 13-item SOC scale has been translated into 50 languages and has been applied in hundreds of studies – consistently confirming SOC as key personal resource for health and wellbeing. However, no previous study has simultaneously measured SOC across many diverse countries. Further, Antonovsky built his model of salutogenesis on the assumption of humans continuously struggling to survive the “dangerous
river of life”. Considering that salutogenesis is a core theory of health promotion happening in the social settings “where humans learn, work, love and play” (Ottawa Charta), this metaphor seems to be rather one-sided, missing thriving experiences in life. Thus, the study aims to

- Compare SOC and its relationship to wellbeing across continents in diverse cultures and countries
- Assess how cultural, macro-economic and socio-economic differences are related to SOC
- Assess in how far humans perceive their life rather as a dangerous or as an enriching river of life

Methods. The study builds on a written, cross-sectional survey about the future of work involving 41,000 gainfully employed individuals in 35 countries around the globe. The survey includes questions on SOC, position in the river of life, individualistic vs. collectivistic culture of society, socio-economic status and wellbeing. Survey data will be linked to the macro-economic, secondary data of gross national product and income distribution.

Results. Data will be collected by end of 2021. A first analysis in a sample of 1234 employees in 3 countries during the Covid crisis revealed that only 15% perceive their life “like swimming in a river full of danger - fighting for survival”. 55 % perceive their life “like swimming in a river full of enrichment - thriving in it”. 30% perceive themselves in the middle of these experiences.

Discussion. The study will allow to assess differences in SOC, its predictors and outcomes across a diverse range of countries. This will allow to assess if SOC is indeed a universalistic construct and in how far country differences act as moderator of the SOC – wellbeing relationship. Further the findings of the distribution of the surveyed populations in the dangerous vs. enriching river of life guides how to involve sub-groups in populations acknowledging their differential current life experience.

Investigating the structure of the Sense of Coherence (SOC) Scale: An exploratory graph analysis approach

Speaker
Paolo Contu, Presenting Author from University of Cagliari, Italy

Co-authors
Igor Portoghese, Silvana Castaldi, Martina Tassini, Enrica Tidone, Elena Nichetti, Luciana Petrocelli, Alessandra Mereu, Claudia Sardu

Abstract
Background/Objectives. Since its development four decades ago, the SOC scale has continued to receive increased attention and use. Mainly, the psychometric properties of the SOC scale have been matter of controversy. Recent systematic reviews showed that the multi-dimensional definition of SOC and the theoretically-based classification of the items are not clear. Recently, an alternative approach has been proposed to identify the dimensions of psychological constructs from the network psychometrics perspective, the Exploratory Graph Analysis (EGA). According to the psychometric network approach, SOC could be defined as a complex system, which occurs from mutually reinforcing interactions between the SOC items. In this sense, EGA may help to explore connections between the items of the SOC considering items interact and influence each other instead of being separate. The main aim of this study is to explore the theoretical dimensional structure of the SOC13 by implementing EGA.
Methods. To evaluate the number of dimensions in the SOC we applied EGA using the EGA package in R. In EGA, nodes represent the items in SOC, and edges represent partial correlations between two items given all other items in the network.

Results. The sample included 5642 Italian adults. Three dimensions were estimated: (1) a mix of eight items reflecting a general SOC, (2) two items reflecting a general feeling about “other people”, and (3) two items reflecting a general feeling about “around me” and “doing things”. Bootstrap EGA showed high replicability across bootstrapped samples and confirmed three separate factors.

Discussion. To our knowledge, this is the first study to explore the factorial structure of the SOC13 by applying EGA. Our findings suggest that SOC13: (1) is not a unidimensional measure, then not confirming one global overarching SOC construct; (2) three latent components exist but (3) the hypothesized components (comprehensibility, manageability, and meaningfulness) are not empirically confirmed. Future studies applying network analysis tools could be beneficial to deepen our knowledge about the interrelationship among SOC13 items.

Steppin' up: Salutogenesis in action

Speaker
Stephanie Leitch, Workshop Coordinator from WOMANTRA, Trinidad and Tobago

Co-authors
Hope Corbin, Fungisai Gwanzura Ottemöller, Tulani Matenga, Nikita Boston-Fisher

Abstract
Steppin’ UP! is an interactive learning tool that utilizes play, for raising consciousness, sharing strategies and building solidarity. Originally designed for activists engaged in feminist organizing, Steppin’ UP is a participatory methodology that can be applied to any topic. For the purposes of this workshop, participants will explore salutogenetic theory in the form of game scenarios, where they will be challenged to make the right choice. The trick is, there are no easy answers and players will need to work together to build consensus on the strategies required to move forward. Core concepts explored in Re-envisioning health promotion: Thinking and acting salutogenically towards equity for historically resilient communities will be built into the game, as the authors of the article will also act as facilitators of the workshop.

Objectives. The Objective of the Steppin’ UP: Salutogenesis in Action game is to get players to think and act salutogenically.

Format. Steppin Up’ requires the transformation of a room into a life-sized board game, where human participants are grouped into teams and move through landing squares like game ‘pieces’, competing against other teams to win. Specifically, tiles will be outfitted with envelopes containing health promotion scenarios, where players will have to read the scenario and decide on a course of action, together. Players will then read the corresponding directives based on their answer. These directives allow players to either move forward, back or even remain where they are. They also provide explanations for why this decision has been made and how the selected answer could be improved. For the purposes of this game version, responses that promote the most comprehensive salutogenetic approach will allow players to move...
forward the most quickly. Other tiles will be outfitted with ‘Global Knowledge’ questions, which typically test participants’ knowledge of key/important dates and events. If answered correctly, players can receive a prize that allows them to advance in the game. Players continue to play the game until they all arrive at the final tile. The first team to arrive at the final tile, wins.

**Learning goals.**
- To demonstrate how play is an effective tool for learning and behaviour change
- To highlight the importance of listening and consensus decision making
- Accepting that every action has consequences
- Finding a balance between ‘winning’ and making the right choice
- Reflecting on similarities in game and ‘real life’ behaviour

**Innovaciones en políticas y prácticas**

**Round table**
19 May 2022, 08:00 - 09:10

**Moderator**
Anna Bonmatí Tomàs

**De-Construyendo el poder: Para una promoción de la salud basada en el trabajo en red.**

**Speaker**
Maria Estrada, Presenting Author from Dipsalut Organismo de Salud Pública de la Diputació de Girona, Spain

**Co-authors**
Ramon Crespo, Carol Mowatt, Àngels Cardona

**Abstract**

**Setting/problema.** Distintas organizaciones, en distintos ámbitos y niveles, toman decisiones que afectan la salud y el bienestar de la población. En consecuencia, las aportaciones del trabajo en red como estrategia de intervención social resultan de vital importancia para entender y activar nuevas dinámicas de buena gobernanza en relación a la promoción de la salud.

**Intervention.** El trabajo que aquí se presenta describe la contribución que ha realizado el proyecto Bienestar y Comunidad (ByC) a la creación de un nuevo marco de trabajo para la promoción de la salud en la demarcación de Girona (España). Concretamente, se describe un proyecto basado en la coordinación y la cooperación entre agentes que innovan en sus formas de relación en la medida que participan de nuevas estructuras de trabajo en las que crear, no solo un espacio de reconocimiento mutuo (como agentes de salud), sino una mirada conjunta de su territorio de influencia y sus posibilidades de acción.

Bajo la influencia del proyecto ByC (2013-2021) se han llevado a cabo distintas estrategias de colaboración interinstitucional (compartir información, tareas, recursos, acordar procedimientos conjuntos, etc.), pero
también de colaboración interprofesional (orientadas a superar las fronteras trazadas en base a la trayectoria, la práctica o la perspectiva de distintas disciplinas).

Outcomes. Modificar el terreno de juego para la promoción de la salud en la demarcación de Girona, ha conllevado una mayor movilización de recursos para la salud (tangibles e intangibles) en el territorio; una mayor democratización de las prioridades (la mayor presencia de actores pensando la promoción de la salud ha conllevado una priorización más consensuada de las parcelas de intervención que requieren de mayor atención); una reducción de las limitaciones burocráticas para la acción; una mayor adaptabilidad de la acción pública en salud (la horizontalidad del proyecto ByC ha agilizado la acción en salud); y la neutralización de antiguas descoordinaciones y solapamientos entre algunos de los agentes en cada zona de intervención.

Implications. Alcanzar los resultados descritos con anterioridad ha conllevado la deconstrucción progresiva de las cuotas de poder que hasta el momento ostentaba cada actor (basadas en el mandato que lo legitima, la información de la que dispone, el presupuesto que maneja, etc.); y el refuerzo cada vez más explícito de un liderazgo compartido (gobernanza relacional) entre los agentes que implementan políticas de promoción de la salud en la demarcación.

**La seguridad alimentaria de comunidades vulnerables del área oeste de Puerto Rico durante los eventos: Huracán María, Terremotos y Pandemia**

Speaker
Julián A. Lamadrid-Zamora, Presenting Author from Resiliencia Ante Vulnerabilidad en Comunidades Costeras, Puerto Rico

Co-authors

Abstract

**Background/Objectives.** Puerto Rico importa aproximadamente el 90% de los alimentos que consume; expertos en el tema indican que esta alta dependencia en la frágil cadena de alimentación vulnerabiliza la Isla y aumenta el índice de la inseguridad alimentaria. Ya para el 2015, se reportó que el 33.2% de la población sufría de alguna inseguridad alimentaria. Sin embargo, desde aquel entonces, han transcurrido dos huracanes masivos en el 2017, una serie de temblores en el 2020 y la pandemia del COVID-19, así aumentando la pobreza, desempleo y la desigualdad económica en el país. Las comunidades costeras del área oeste de Puerto Rico muestran una alta vulnerabilidad debido a su demografía envejeciente, su alto índice de pobreza y su localización en zonas inundables. A razón de la escasez de literatura en estas poblaciones, esta investigación toma como objetivo estudiar la seguridad alimentaria y el proceso de mitigación en la comunidad El Seco en la zona costera de Mayagüez, Puerto Rico.

**Methods.** Este estudio utiliza un diseño explicativo secuencial basado en una investigación mixta. En la primera fase cuantitativa, se utilizó un instrumento adaptado a la comunidad para la recolección de datos sobre la seguridad alimentaria física, económica y la inocuidad de alimentos. Luego, se condujo una segunda fase cualitativa para obtener e indagar en la experiencia de los residentes. Este diseño tiene como propósito utilizar el análisis de datos cualitativos para interpretar y explicar los resultados que se obtengan del análisis cuantitativo.
**Results.** La fecha dada para cumplir con unas 180 encuestas y sus análisis se aproxima a unos cinco meses. Sin embargo, de 30 encuestas completadas se demuestra que 44% de los encuestados recibieron ayuda de suministros, pero estos no ayudaron a mejorar su nutrición. Por otro lado, un 36% tuvo dificultades en adquirir alimentos físicamente debido a inundaciones o bloques durante los huracanes. Dentro de los artículos más encontrados en las cajas de alimentos, elemento utilizado para la mitigación gubernamental y no gubernamental, abundaban los vegetales y lácteos.

**Discussion.** A la luz de estos datos, se recomienda desarrollar una mitigación más atada a las necesidades de estas comunidades al igual que promover investigaciones con el fin de visibilizar la seguridad alimentaria dentro de regiones vulnerables a nivel Isla.

**Observatorio sobre determinantes sociales y desigualdades en salud y bienestar**

**Speaker**  
Xavier Perafita, Presenting Author from Organisme de Salut Pública de la Diputació de Girona (Dipsalut), Spain

**Co-authors**  
Pau Batlle, Alba Tarrés, Angi Vila

**Abstract**

**Escenario / problema.**
- La comarca de Girona cuenta con 750.000 habitantes distribuidos en 221 municipios que tienen competencias en salud pública, el 70% de estos municipios tienen menos de 1.500 habitantes. Estos 1.500 no cuentan con recursos técnicos para alcanzar las metas de salud pública.
- Dipsalut es una organización supramunicipal que brinda servicios de salud pública a los municipios, ayudando en sus competencias de salud pública.
- La comarca de Girona no cuenta con una estrategia de seguimiento de la realidad sanitaria y social.
- Se planifican e implementan intervenciones con indicadores nacionales (Catalunya), estatales (España) i europeos. Los técnicos autonómicos tienen dificultades en la aplicación de la salud pública basada en la evidencia.
- Dipsalut y las instituciones públicas regionales no tienen la posibilidad de medir el impacto en las intervenciones comunitarias por la falta de indicadores de seguimiento.

**Intervención.**
- Dipsalut ha creado un observatorio sobre determinantes sociales, desigualdades en salud y bienestar - l'Observatori - para ofrecer a los ciudadanos y agentes sociales de la comarca de Girona, información útil y de calidad con el fin de promover el compromiso con la salud, el desarrollo humano sostenible, igualdad de oportunidades y bien común.
- Se ha creado un ecosistema de actores de la investigación, así como un proceso participativo con actores locales para seleccionar los indicadores más óptimos, de acuerdo con los determinantes sociales de la salud.
- Para atender la falta de información a nivel territorial, se ha diseñado una cohorte electrónica clusterizada y representativa para generar indicadores para todos los municipios.
Resultados.
- La comarca de Girona cuenta en la actualidad con un conjunto de indicadores que cubren las necesidades locales y al alineados con los indicadores normativos internacionales de salud pública, acción social y los ODS.
- A través del sitio web todo el mundo puede consultar la batería de indicadores.

Implicaciones.
- En la actualidad, la comarca de Dipsalut y Girona tiene una forma de monitorizar la realidad social y sanitaria del territorio.
- La batería de indicadores permitirá basar el diseño y la reorientación de políticas en la evidencia científica.
- El seguimiento a largo plazo de los indicadores permitirá hacer un seguimiento de las políticas y evaluar su impacto.

Prácticas integradoras y complementarias en la promoción de la salud mental de estudiantes de enfermería

Speaker
Ana Paula Da Silva E Cantante, Presenting Author from Escola Superior de Enfermagem do Porto Portugal, Portugal

Co-authors
Leonarda Carneiro Rocha Bezerra, Adriana Lira Rufino Lucena, Suellen Duarte de Oliveira Matos, Margarida Abreu

Abstract
Introducción. La jornada académica se caracteriza por diversas expectativas y desafíos que enfrenta todo el proceso de formación, llevando a los estudiantes universitarios a desarrollar habilidades y destrezas para adaptarse durante las actividades curriculares, extracurriculares y las relaciones interpersonales. Objetivo evaluar los beneficios de las prácticas integradoras y complementarias para promover la salud mental de los estudiantes de enfermería.

Metodología. Investigación intervencionista, con enfoque cuantitativo. Muestra 41 estudiantes del curso de enfermería en la preintervención y 13 en la intervención y postintervención. Recolección datos: cuestionario virtual (Self-Reporting Questionnaire (SRQ-20 y otras preguntas). En la intervención, se puso a disposición el Kit para realizar la técnica de remojo de pies y un enlace a una lista de reproducción de canciones. La encuesta se realizó en septiembre y octubre de 2021. Datos procesados en SPSS.

Resultados. Fase preintervención: el total de respuestas afirmativas fue de 8 (40%), lo que confirma el tamizaje de trastornos mentales comunes en estudiantes de enfermería. El síntoma “sentirse nervioso, tenso o preocupado” en el grupo de ánimo depresivo/ansioso obtuvo la puntuación más alta. Desde esta perspectiva, con la reducción de la muestra a 13 participantes para la práctica del pediluvio, al analizar el SRQ-20, se observó que, antes de la intervención, 11 (86,6%) tenían respuestas positivas, 9 (69,2 %) durante la intervención (día 6) y solo 3 (23,1%) postintervención (día 12). Consolidando los resultados del
cuestionario luego de la intervención, se observó que hubo una disminución en el número de estudiantes que respondieron positivamente entre las 20 preguntas. Entre estas, solo las variables “se asusta fácilmente”, con 8 (61,5%), “sentirse nervioso, tenso(a) o preocupado(a)”, con 10 (76,9%) y “se cansa fácilmente”, con 7 (53,8%), tuvieron respuestas afirmativas, mostrando ningún trastorno mental común.

**Discusión.** Se revelan los beneficios del pediluvio vinculados a la aromaterapia, las hierbas medicinales y la musicoterapia, mitigando los síntomas negativos que presentan estos estudiantes. De acuerdo con los resultados presentados en la investigación, se constata que las prácticas integradoras y complementarias son estrategias eficaces para la promoción de la salud mental entre los estudiantes de enfermería.

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**Frameworks for health promotion action and policy**

**Round table**
19 May 2022, 08:00 - 09:10

**Moderator**
Patsy Beattie-Huggan

**Applying the Red Lotus Critical Health Promotion Model to enhance critical health promotion practice**

**Speakers**
Lily O'Hara, Presenting Author from Qatar University, Qatar
Jane Taylor, Presenting Author from University of the Sunshine Coast, Australia

**Abstract**

**Setting.** Critical health promotion is focused on social change, challenging oppressive social power structures and dominant discourses and language. It is underpinned by explicit values and principles articulated in seminal health promotion charters and declarations. These values were first recognised in the Ottawa Charter for Health Promotion when social justice and equity were identified as prerequisites for health. Critical health promotion aims to challenge social structures that perpetuate health inequities. Current global health promotion policy supports the use of a critical health promotion approach in the Anthropocene era. The Sustainable Development Goals, social determinants of health agenda, and the Shanghai Declaration on promoting health in the 2030 agenda for sustainable development all call for a focus on more critical responses to health and wellbeing inequities and ecological priorities. To do so, there is a need to develop the critical competence of health promotion practitioners.

**Initiative.** The initiative is the development and application of the innovative Red Lotus Critical Health Promotion Model (RLCHPM). The RLCHPM incorporates commitments to critical theory, critical systems theory and critical systems heuristics, which makes it distinct from other health promotion models. The RLCHPM includes an interrelated system of ethical, philosophical, and technical values and principles that characterise critical health promotion. Critical reflection is the process that connects all of the RLCHPM components. The RLCHPM has been applied in a range of projects across the four stages of the health promotion practice cycle (community assessment, planning, implementation, and evaluation).
Outcomes. Using the RLCHPM provides the opportunity for purposeful and explicit application of critical health promotion values and principles across the health promotion practice cycle. Via the critical reflection component, practitioners gain insight into the nature of their own and others’ practice, which they can then reorient or refine to align with the values and principles of critical health promotion.

Implications. In describing the theoretical framework and application of the RLCHPM, we provide guidance to assist other health promotion practitioners to apply the model in their own practice, and ultimately reorient health promotion practice towards addressing the structural determinants of health and wellbeing and reducing health inequities.

Community-engaged education in health promotion: Exploring equity and ethical dimensions to problem-solving in community.

Speakers
Tara Fernando, Presenting Author from Simon Fraser University, Canada
Paola Ardiles, Presenting Author from Simon Fraser University, Canada

Abstract
Background/Objectives. Given the shifting context related to the COVID-19 pandemic, and shifting community needs and pressures, it is important now more than ever to equip students with the knowledge and skills to facilitate community engagement within health promotion. However, traditional models of classroom-based, lecture-style teaching are insufficient in providing students with the tools to holistically navigate and solve community health challenges. The demand for the production of informed public health professionals calls for the development of unique and innovative educational programs, ones that place the community at the forefront.

Methods. An innovative health promotion pedagogy, the “Health Change Lab” (HCL), is described and analyzed. First, background is provided on the utilization of diverse approaches, including systems thinking, interdisciplinary and transdisciplinary perspectives, social innovation theory, and human-centred design, and their varying dimensions of applicability to community-engaged health promotion education. Second, an overview and background on the HCL and its iterations are provided. Third, questions arising from the development, evaluation, and reiteration of the HCL are explored. Finally, the HCL is appraised in relation to the inclusion of ethical considerations and equity-centred design.

Results. The HCL is recognized as an innovative pedagogy and a potential model for future health promotion education initiatives. The interdisciplinary, experiential, and community-engaged nature of the program allows it to be fluidly adapted and reconstructed to match a wide range of situations and settings globally, while preserving its ability to provide relevant and applicable health promotion interventions.

Discussion. Reiterated throughout the presentation is the need to optimize community benefits, and maintain community approaches that are equitable, empathetic, and participatory. Further, within public health and health promotion, it is imperative that students and professionals are equipped with the skills to identify their own privilege and social location in relation to the communities they wish to serve. Accordingly, the necessity to develop adaptable and relevant health promotion programs is essential, especially within today’s shifting global context.
Streamlining knowledge for better health policies: The “Health promotion and disease prevention knowledge gateway”

Speaker
Ioanna Bakogianni, Presenting Author from European Commission Joint Research Centre, Italy

Co-authors
Jan Wollgast, Sandra Caldeira

Abstract

Setting/problem. Effective health promotion policies are of great significance in the effort to tackle major risk factors for non-communicable diseases (NCDs), such as unhealthy diets, physical inactivity, alcohol and tobacco use. However, information overload, controversies and uncertainties, budget constraints and difficulties in balancing disparate interests are common challenges that can hamper public health-minded action.

Intervention. To support policy makers, the European Commission has created the Health Promotion and Disease Prevention Knowledge Gateway, an online resource created for – and with – decision makers in EU Member States working in the area of public health. It is a reference point for independent and reliable information to assist policymaking. The choice of topics included in the Gateway is based on input from stakeholders in the EU to represent their priorities for action in health promotion. The content focuses on NCDs their modifiable risk factors as well as on policies to prevent them.

Outcomes. The Knowledge Gateway streamlines the wealth of information on health promotion to provide clear, evidence-based and authoritative information that is understandable and helpful for policy makers. The content is organised in independent briefs that include a definition of each issue, its health-related effects, summary of EU data and recommendations, as well as examples of recommended and implemented policies that address the topic. So far, it covers the prevention of NCDs such as cancer, cardiovascular disease, and diabetes and the areas of nutrition, physical activity, alcohol, marketing of foods and beverages, mental health promotion, as well as related societal impacts, such as disease burden and health inequalities.

Implications. EU Member States have provided positive feedback on the usefulness of the Knowledge Gateway to inform decisions in policy making, while it also appears among the tools that the European Commission provides its Member States in its efforts to promote public health. While the Knowledge Gateway was created for policy makers, academics and the public also use it as a resource of data and policy recommendations. The Knowledge Gateway strives for clear and understandable writing for both experts and non-experts, and acts as a unique, trusted “one-stop-shop” where stakeholders can find high quality information to support, and strengthen the development of policies in health promotion.

Systemic and collaborative leadership using the collective impact framework towards the vision of the Okanagan Charter

Speakers
Oliver Tacto, Presenting Author from University of Southern California, United States
Paula Swinford, Presenting Author from University of Southern California, United States
Co-authors
Amanda Vanni, Chris Dawe

Abstract

Objectives. Health Promotion requires collaboration. A Collective Impact Framework (Kania & Kramer, Stanford Innovation 2011) provides an infrastructure for effective collaboration towards a common agenda and shared measures of success. During this session, the participants will discuss the roles of a Backbone Organization and develop the skills necessary to explore launching a new infrastructure to support health promotion in any setting. For illustration of key concepts the presenters will apply the collective impact framework to implementing the vision of the Okanagan Charter for Health Promoting Colleges and Universities (2015). Interactive learning, table top case studies, and the development of potential cross sector shared metrics will build capacity for practical application. Come learn about what systemic innovation looks like with Collective Impact and its applications to intentional health promoting governance, collaborative infrastructure, and focused outcomes.

Format.
- Welcome- (who’s in the room) (5 min)
- Introduction to innovation (activity – get to know your table, assigned seats and post to learning board) (10 min)
- Systems thinking beyond service delivery (10 min)
- Collective Impact and what is a Backbone (activity – what feels familiar) (30 min)
- What does success look like? Shared Measures using a settings approach (20 min)
- Pulling it all together to initiate system change (30 min)
- Closing activities with QA (10 min)

Learning goals.
- Articulate Collective Impact as a framework to maintain meaningful collaborations and effectively create infrastructure towards a common goal that defies direct-service or single-silo solutions
- Initiate discussion regarding the application of the Okanagan Charter
- Develop skills to establish key performance indicators with in a Collective
- Initiate share governance and alignment across sectors towards common measurable goals

Systems leadership to address inequity

Speaker
Dru Armstrong, Presenting Author from Health and Wellbeing Queensland, Australia

Co-authors
Emma Heard, Roger Meany, Tim Reddel, Laura Barnes, Robyn Littlewood

Abstract

Setting/problem. While programmatic and service improvements are vital in helping people to beat the odds, combining this with systems leadership and systemic solutions can help to change people’s odds. Coordinated and people-informed action to positively shift structures and conditions is required to create opportunities for all, support inclusive economic growth and build a fair and just society.
**Intervention.** The strengths and challenges of adopting a partnership governance approach to engage and inform a holistic Queensland Equity Framework in Australia are analysed and presented. Steering partnerships in a dynamic, interactive process to share risks, decision-making, power, responsibilities and ideas across multiple sectors and levels has bought together perspectives, experiences, talents and resources for creative and multidisciplinary solutions to system challenges. Applied systems thinking has underpinned intelligence harvesting of policy makers, service providers and community knowledge to understand patterns of enablers and barriers ranging from governance to policy, institutional, service and community action.

**Outcomes.** Resulting in a framework for guiding collaborative action and solutions for positive change to reduce inequity, the process of informing both system understanding and solution generation is explored, along with the triumphs and constraints of creating co-owned momentum to enact coordinated change at multiple levels within the current system.

**Implications.** This presentation provides insights into an innovative approach for addressing health inequity through systems leadership.

**Risk communication and COVID-19 in Africa and India**

**Round table**
19 May 2022, 08:00 - 09:10

**Moderator**
Liane Comeau

**Assessing Cameroonians knowledge and perceptions about COVID-19 pandemic using the health belief model**

**Speaker**
Valerie Makoge, Presenting Author from Institute of Medical Research and Medicinal Plants Studies, Cameroon

**Co-author**
Nathalie Amvongo-Adjia

**Abstract**

**Background/Objectives.** The Coronavirus disease or COVID-19 disease, caused by the novel severe acute respiratory syndrome coronavirus 2 (SARS COVID-2) is a potentially fatal disease which took the world by surprise in 2019 with its rapid global spread and nature of imposing hardly ever seen strict measures. As in any outbreak, the way people understand their risk of becoming infected with the novel COVID-19 will determine the way they will engage in preventive strategies against it.
**Methods.** Based on the Health Belief Model (HBM) constructs, we carried out a web-based survey in March 2020 with 910 respondents to assess the Cameroonian perceptions towards COVID-19 pandemic, their preparedness to face the pandemic and comply with prescribed prevention measures and finally to highlight Cameroonian confidence towards Governmental action plan. Our study was cross-sectional in nature.

**Results.** Of the 910 individuals who participated in this study, 485 (54.2%) were males and 410 (45.8%) were females. Our study revealed that most respondents (72.4%) were fairly knowledgeable about COVID-19 with only 11% having a good knowledge score. Respondents perceived that COVID-19 was a severe disease and that it could affect them. Respondents unanimously reported that there was a perceived benefit of taking action against the coronavirus disease. The health belief model constructs perceived vulnerability, perceived benefits of action as well as high self-efficacy were highlighted as predictors for complying with COVID-19 preventive measures.

**Discussion.** Our results have highlighted once again that people’s knowledge and perceptions are very important in determining the actions that they will engage in when faced with a health threat. It has revealed that Cameroonian acknowledged their vulnerability to COVID-19, and saw the importance or benefits of engaging in preventive action against the pandemic especially since there was no treatment. It has revealed perceived vulnerability, perceived benefit of action and self-efficacy factors as predictors for complying with prescribed strategies. It is essential for the government of Cameroon to ensure that it is seen as a credible body so that it will be easier for its residents to follow its directives. Our findings give important leads to targeted health promotion interventions in the face of COVID-19.

**Sustainable community based intervention on COVID-19 prevention and control in India**

**Speaker**
Bhavna B Mukhopadhyay, Presenting Author from Voluntary Health Association of India, India

**Co-author**
Nancepreet Kaur

**Abstract**

**Setting/problem.** The COVID-19 pandemic has exposed the fault lines in the health care system. Like most countries, India has struggled in influencing positive behaviour change and implementing risk communication strategies effectively. The pandemic highlights the critical need of the hour – ‘health promotion linked roadmap’, to boost the nation’s capacity. It require interventions which are collective action of the government and other stakeholders, including local communities; tailored to the local context, and strengthening capacity for future preparedness.

Against this backdrop, VHAi with support from IUHPE and Vital Strategies has designed innovative community-based programme aimed to build the capacity and resilience of the local communities and health systems as well as to develop a sustainable roadmap for COVID-19 prevention and control in vulnerable settings of India.
**Intervention/Methods.** The programme is a community action project following Risk communication and community engagement (RCCE) framework. Using peer educator model, it includes creation of COVID Information Centre which acts as a source of authentic information in the remote tribal areas; capacitating strengthening of Peer educators; Anti COVID-19 squads and frontline health workers at the community level. It focus on BCC and mass community awareness activities through awareness meetings/wall writings/campaigns by trained community volunteers. The community hand washing facility were developed with local village funds to promote handwashing among the community. The impact of the programme has been measured using REAIM framework with baseline and endline survey.

**Outcomes.** Improved knowledge of the local communities on COVID-19 prevention and management; Reduction in discrimination & stigma related to COVID-19; Improved COVID appropriate behaviour within community (preventive measures, self-care & vaccination); Improved community ownership of the effort; Improved access to handwashing facilities at the public places; Better coordinated Government response on COVID-19.

**Implications.** The project mainly focus on community ownership and empowerment particularly vulnerable communities. It is aligned with the existing Government programmes on COVID-19 which will ensure long-term sustainability, replicability and up-scalability of the approach.

**Systems strengthening approach to establishing risk communication and community engagement in Eritrea**

**Speaker**
Awet Araya, Presenting Author from UNICEF, Eritrea

**Co-authors**
Geoffrey Acaye, Habtom Kifle, Ghebremicheal Tesfazghi, Mulugeta Russom

**Abstract**

**Setting/problem.** The 2018 JEE IHR Joint Appraisal identified the lack of risk communication and community engagement in the health promotion (HP) policy as an impediment for the implementation of systemic initiatives.

**Intervention.** To that effected the HP Policy was revised to mainstream risk communication which guided the COVID-19 response and the risk communication and community engagement strategy. Driven by the socio-ecological diagnostics, the multi-sectoral national and sub-national level coordination structure led the RCCE response nationwide and promoted continuity of essential care. The one-to-ten youth and women approach was used to sensitize communities. In compliance with global guidance on COVID-19 which requires physical distancing and self-isolation/quarantine, one-directional TV/radio campaign was promoted to minimize/reduce risks of exposure, while promoting key behaviour change messages. 70% of the airtime was dedicated to COVID-19 prevention messaging and reached over 2.8 million people (76%) and 1,439,003 (38%) of communities were also engaged through engagement platforms. Preventive
messages have been disseminated via SMS to 640,000 EriTel (local mobile phone operator) customers with focus on handwashing, physical distancing, continuity of essential care, immunization services, psychosocial support, facility-based delivery and antenatal care.

**Outcomes.** For community feedback, the 24/7 call center engaged 24,950 people and addressed fears, concerns and misinformation generated from the unknos of the pandemic. This was validated by the midline diagnostics survey which indicated 73.1 % of communities correctly identified three signs and symptoms and 89% were confident to take COVID-19 preventive actions. Feedback of affected population was enlisted through pretest of messages under strict adherence to COVID-19 prevention on physical distancing and wearing facemasks. The designed promotional materials were tested for gender sensitivity and disability. To cater for hearing impaired audience, sign language was validated in consultation with the deaf school in Eritrea ensuring contextual accuracy of grammar and lexicon.

**Implication.** (1) resilience building for sustainability requires community engagement through a systemic effort; (2) government buy-in is key to the success, ownership and sustainability; and (3) integrated approach ensures not only a pooling of resources also the ownership and achievement of synergistic results.

**Translating research to practice and policy**

**Round table**
19 May 2022, 08:00 - 09:10

**Moderator**
Josée Lapalme

**Researchers as policy entrepreneurs for structural change towards health equity: A case study on the implementation of innovative physical activity promotion policy**

**Speaker**
Alfred Ruetten, Presenting Author from Friedrich-Alexander University Erlangen-Nuremberg, Germany

**Co-authors**
Jana Semrau, Natalie Helsper, Dippon Lea, Simone Kohler, Klaus Pfeifer

**Abstract**

**Setting/problem.** Population-approach interventions are generally designed to promote “health for all”. However, in practice those interventions often have a better chance reaching the already active and socio-economically well-off parts of the population, thus, running the risk of increasing health inequalities in the overall population. In many countries, national and local public health structures are not well prepared yet to deal with this so-called “inequality paradox”. Missing knowledge and resources as well as conflicting rules at relevant policy levels and areas build structural barriers that are hard to overcome by innovative policy recommendations only. Therefore, the development of innovative policies for structural change is needed and those policies must have a chance to be implemented at local level.
**Intervention.** In this intervention, researchers act as “policy entrepreneurs” in order to orient and support structural changes that promote health for all and, by doing so, co-produce new knowledge on these processes. A case study in Germany that focuses on physical inactivity (PA) and health inequalities illustrates how research practice can bridge national policies with the practices of local communities and populations. Strategies of “issue promotion” and “networking” were relevant during the earlier steps of policy entrepreneurship. Next, a framework with key components for implementing PA promotion with focus on health equity was co-produced by researchers and partners from policy and practice. They further initiated the implementation of this framework in six pilot communities and most recently developed a scaling-up approach that allows the involvement of more communities in the near future.

**Outcomes.** As early outcome, governmental policies and other relevant institutions acknowledged the innovative national PA recommendations and proposed their implementation. An important outcome of bridging national policy with local communities was a co-produced framework for PA promotion at local level and its testing in six pilot communities. In all communities, new inter-sector policy structures were built and various measures with focus on socially disadvantaged populations were implemented.

**Implications.** Researchers as policy entrepreneurs may contribute to structural changes towards health equity and, by doing so, may produce new scientific insights on relevant mechanisms of structural change processes.

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**Translating policy into practice: Lessons learned from the international expansion of evidence-based youth health promotion programs**

**Speakers**
Duncan Van Dusen, Presenting Author from CATCH Global Foundation, United States
Moses Oluchiri Amonje, Workshop Trainer from Wellness for Greatness Kenya, Kenya
Gina Andrea Munoz, Workshop Trainer from CATCH Columbia, Columbia

**Abstract**

**Objectives.** Increased access to low-nutrient, high-calorie foods combined with global trends for insufficient physical activity levels, particularly among adolescents, has led many countries to develop new policies and guidelines mandating the delivery of health and physical education for school-aged youth. Locally-developed evidence-based programs may be lacking in availability, however, leading to the need for greater international collaboration between local and state governments, schools, NGOs, and health education program providers.

For nearly 30 years, the CATCH Whole Child Wellness program has been one of the most widely used health education programs in the U.S., reaching more than 3 million kids annually with nutrition and physical education, social and emotional learning, vaping prevention, and oral health programs. As global need has increased, CATCH has also been scaling internationally with current projects taking place in Kenya and Colombia. From coalition-building to cultural adaptations to program implementation, session attendees will gain an understanding of how a recognized, evidence-based youth education program is being adapted and scaled internationally and the lessons learned along the way.

**Format.** This will be a highly interactive workshop including an overview presentation, discussion prompts, and ample opportunity for Q&A. Co-presenters include our local program leads from Kenya and Columbia who will walk participants through a framework for scaling their programs internationally, including
identifying assets and potential collaborators, gaining school and government support, selecting programs and making adaptations, and planning for sustainability.

**Learning goals.**

1. Develop a framework for scaling evidence-based youth health education programs internationally, based on analysis of community conditions country-by-country.
2. Identify key characteristics of effective partnerships/coalitions for providing needs-based, culturally appropriate health education programming in diverse communities.
3. Understand how principles of behavioural theory and social and emotional learning provide a foundation for effective youth health promotion programs, around which adaptations for local culture and priorities can be made.

**Using deliberative dialogues to move research to action for health and health equity: Lessons from a research project promoting equity in Telemedicine access**

**Speakers**

Alayne Adams, Presenting Author from McGill University, Canada
Jeannie Haggerty, Workshop Coordinator from McGill University, Canada
Khandideh Williams, Workshop Trainer from McGill University, Canada
Sonia Lussier, Workshop Coordinator from St. Mary's Hospital, Canada
Isabelle LeBlanc, Workshop Trainer from St. Mary's Hospital, Canada
Madison Leggatt, Workshop Trainer from McGill University, Canada
Mylene Arsenault, Workshop Trainer from Herzl Family Practice Centre, Canada
Kimberly Munro, Workshop Trainer from GMF-U Village-santé, Parc-Extension, Canada

**Abstract**

**Objectives.** Research has value for improving health policy, decision-making and action but only if effectively conveyed and owned by knowledge users. Knowledge Translation (KT) is the process of synthesizing, disseminating and sharing research-based evidence to support its application. Successful KT engages knowledge users in considering the relevance of research findings to local and real-world contexts, and better still, in the formulation and implementation of recommendations for action. According to Lavis et. al. (2009), Deliberative Dialogues (DDs) are a form of facilitated group discussion that “allow research evidence to be considered together with the views, experiences and tacit knowledge of those who will be involved in, or affected by, future decisions about a high-priority issue”. They are characterised by: i) the critical examination of evidence; ii) the valuing of diverse experiential knowledge; ii) the skilled facilitation of discussions aimed at producing statements of the group’s considered views. According to best practices, a DD should address a set of issues identified by research, consider their relevance and impact from multiple perspectives, foster discussions around various solutions to resolve the problem, and consider the feasibility of proposed solutions. DDs are often framed to reach a collective decision, which though not always binding, will move stakeholders toward consensus on a solution, and increase the likelihood that concrete actions will follow.

This workshop aims provide an overview of the method of DDs and their value in moving research evidence to action, drawing on experience from DD focused on identifying strategies to decrease access inequities to
Telemedicine during the COVID-19 pandemic. Workshop participants will receive strategies and tools to undertake DDs, in both online in-person formats, and brainstorm their potential value and application in the context of their own research projects.

**Format.** Interactive presentation, small group discussion, hands-on activities, brainstorming

**Learning goals.** Participants completing this workshop can:
- Describe the utility of DD in the research translation process
- Understand the method/basic steps of DD for online and in-person formats
- Recognize key challenges and solutions
- Identify how DD methods can be applied to their own research project.

### Policies and practices to tackle racism inequalities

**Round table**
19 May 2022, 08:00 - 09:10

**Moderator**
Sume Ndumbe-Eyoh

**Critical te Tiriti Analysis: An anti-racist tool for strengthening practice and monitoring the Crown**

**Speaker**
Heather Came-Friar, Presenting Author from Auckland University of Technology, New Zealand

**Co-authors**
Jacquie Kidd, Dominic O'Sullivan, Tim McCreanor

**Abstract**

**Setting/problem.** Aotearoa endures systemic health inequities between Māori and other citizens; partly explained by policy inattentiveness to Te Tiriti o Waitangi. Te Tiriti is a treaty negotiated between the British Crown and hapū (Māori sub-tribes) that reaffirmed Māori tino rangatiratanga (absolute authority). Since 1840 successive governments have failed to respect the terms of this foundational agreement. In this paper, we provide an interpretation of what it would mean for contemporary health policy and outcomes, if te Tiriti was honoured.

In recent decades health legislation and policy instruments have inconsistently acknowledged the importance of te Tiriti, the Treaty (the English version of the agreement) and the Treaty principles elaborated by the Court of Appeal, government departments and the Waitangi Tribunal. However, its incorporation into policy has often been rhetorical and unsubstantive which has enabled haphazard or no engagement with Te Tiriti.
Intervention. In 2020 we [Māori and non-Māori scholars] developed Critical te Tiriti Analysis (CTA) to assess policy consistency with Te Tiriti. CTA is a process of assessing the influence of Te Tiriti by reviewing a policy or proposal against the agreement’s five elements-- the preamble, the three written and the fourth oral article. It is a simple five step process of i) orientation to the document, ii) closer examination against the elements of Te Tiriti iii) determination against a set of indicators iii) strengthening practice – suggestions of how to improve the policy with reference to te Tiriti, and v) Māori final word – an overall assessment of Te Tiriti compliance.

Outcomes. To date five CTAs have been published with more underway. CTA has been adopted by several Crown agencies and large health providers to inform their policy development, evaluation, and planning strategies. It has been adopted by colleagues as a methodology that can be used to review curriculum and competency documents. Public training sessions on CTA are being regularly sold-out.

Implications. Although developed for Aotearoa, CTA may have application within other settler-colonial contexts as a means to hold the Crown, health providers and tertiary training institutions to account for their action and inaction in relation to Indigenous health. The CTA provides direction to health practitioners and enables Indigenous engagement, leadership, and substantive authority in policy/planning/evaluation processes. It is simple to use and, inherently, a tool for advancing social justice.

Justice, Equity, Diversity, Inclusion (J.E.D.I.) as a form of wellness: Embedding health and wellness in all aspects of campus culture

Speakers
Gianne Coronel, Presenting Author from University of Ottawa, Canada
Elizabeth Ogunrinola, Presenting Author from University of Ottawa, Canada

Abstract
Setting/problem. Lately, many events have shown that the values of justice, equity, diversity, and inclusion (JEDI) are integral in organisational cultures of wellness in universities. The onset of COVID-19 shed light on the inequities remote work poses to students. Studies emerging in early 2020 illustrated an alarming rate of BIPOC and LGBTQ2+ students experiencing heightened depression and isolation. The Health Promotion and Residence Life teams have been instrumental in the work towards increasing/maintaining the wellness of our students and staff by ensuring that interventions are JEDI-centred and evidence-based. We focused efforts on developing tools to educate staff on the wellness needs of students, including those in marginalised communities. In 2021, the University’s Okanagan charter signing allowed us to expand efforts and develop methods of analysis/interventions with a critical lens on programs and services to address gaps in delivery.

Interventions. Following an environmental scan of program/service delivery, we successfully developed and delivered trainings for about 200 student staff and volunteers in 2020. The University’s signing of the Okanagan Charter empowered us to expand development of JEDI training beyond our teams and develop best practices in JEDI principles through establishing concrete guidelines and conducting health equity impact assessments. These interventions allowed both teams to align closely with the objective of improving student access to health and wellness services and resources.
Outcomes. Feedback and data from students and staff are overwhelmingly positive thus far. Overall, JEDI training increases a sense of belonging and representation (qualitative) and we have seen an increase in staff interest and retention (quantitative).

Implications. Fostering an inclusive organisational culture is not just a trend to follow. These teams recognize that there is a lot of work to be done to improve access to and impact of programs and services. Within our peer-to-peer education and support models, we aim to continuously evaluate our programs/services and delivery to ensure equitable access to students that need them and a meaningful student experience while accessing our services. We strive to continue the conversation and hope to share our successes with other health promoting campuses and other parties to help them build their own cultures of wellness.

Racialized realities in greenspaces: Exploring the connections between public greenspace, race and mental health equity in two neighbourhoods in Toronto, Canada

Speaker
Nadha Hassen, Presenting Author from York University, Canada

Co-author
Sarah Flicker

Abstract

Background/Objectives. Accessing nature through public urban greenspaces has been shown to promote individual and communal physical and mental well-being. These benefits, however, are not universally enjoyed. Racialized people, including Black, Indigenous and People of Colour (BIPOC), are more likely to be victims of violence, surveillance, and harassment in these spaces. Consequently, BIPOC community members may be more likely to avoid, curtail, limit or make choices about how to differentially use these public spaces. There is a lack of research exploring how people who are racialized access and navigate greenspaces.

Methods. This community-based research project takes an intersectional anti-racist lens. A community research advisory group guides the project. We recruited racialized community members from two immigrant-receiving neighbourhoods in Toronto. Using an adapted photovoice and photo elicitation process, participants were invited to: 1) visit greenspaces and take pictures, and 2) participate in individual online interviews to share their photos and explore their experiences. Visual and textual data were managed using NVIVO and analysed iteratively using thematic content analysis.

Results. These rich, layered personal photos and narratives of lived realities provide a deeper understanding of how people who are racialized perceive, navigate and interact with public greenspaces in their neighbourhoods and more broadly in Toronto. Preliminary analysis links findings back to social and structural determinants of health and unpacks concepts of inclusivity, equity, and mental health promotion including connection to place, interracial dynamics, perceptions of safety, neighbourhood context, experiences of exclusion, and access to and use of greenspaces. Facilitators and barriers to the mental health promoting effects of greenspaces are identified such as aesthetics, upkeep, and available facilities in the greenspace as well as interactions with other people.
Discussion. As urban populations in cities like Toronto rise rapidly, it is vital to plan greenspace infrastructure with a health and racial equity lens. Planners and public health professionals can use these findings to design and adapt urban greenspaces so that they are more welcoming, inclusive and mental health-promoting for all.

Structural interventions that affect racial inequities and their impact on population health outcomes

Speaker
Emily Clark, Presenting Author from National Collaborating Centre for Methods and Tools, Canada

Co-authors
Emily Cranston, Tionné Polin, Sume Ndumbe-Eyoh, Danielle MacDonald, Claire Betker, Maureen Dobbins

Abstract
Background/Objectives. Structural racism refers to the ubiquity, history, and ongoing reinforcement of racism within society due to discriminatory systems and inequitable distribution of key resources at every level of government and within every sector of society. Structural racism leads to inequities and there is a need to better understand effective interventions or policy initiatives that improve racial equity. We conducted a systematic review of structural interventions on the structural determinants of health that affect racial health inequities.

Methods. We conducted a broad search of EBSCO Medline, Google Scholar and grey literature. References were screened for inclusion in duplicate. Two independent reviewers appraised each article for quality and extracted data on policy sector, population, intervention and outcomes. Findings were synthesized descriptively due to the heterogenous nature of included studies.

Results. The search retrieved 24,572 references. After screening title and abstracts, 740 full texts were reviewed. A total of 29 articles were included in the synthesis. Most studies were quasi-experimental or natural experiments. Nineteen studies stated objectives to evaluate differential effects of interventions by racial identity, the remaining 10 conducted sub-group analyses as part of an evaluation of the general population. Interventions included supplemental income programs, minimum wage policies, nutrition safeguard programs, immigration-related policies, and reproductive and family-based policies. Study findings were mixed within each intervention policy domain. Financial and nutrition safeguard interventions saw statistically significant improvements for some behavioural, gestational and long-term health outcomes for racialized groups. Studies of restrictive immigration policies found statistically significant associations with poor mental health and food insecurity for populations affected by the policies.

Discussion. Overall, we found limited studies that explicitly focus on structural interventions as they differentially affect health outcomes by racial identity. The studies included in this systematic review had methodological limitations, mainly confounding due to the effects of racism. Structural interventions that reduce racial health inequities but are not evaluated using health outcomes may not have been captured in this review. Further research is needed to guide policy development to build racial health equity.

Parallel oral session
19 May 2022, 08:00 - 09:10

Moderator
Mélanie Levasseur

La réduction des risques au temps de la Covid-19 : une composante nécessaire des stratégies de promotion de la santé

Speakers
François Baudier, Presenting Author from Fédération nationale d’éducation et de promotion de la santé (Fnes)

Abstract
François Baudier, Christine Ferron, Elise Guillermet, Isaline Collet, Cécile Benoît-Vignole, Fédération nationale d’éducation et de promotion de la santé et Instances régionales d’éducation et de promotion de la santé

Problématique. La crise COVID a posé des questions sur l’acceptabilité et la gradation essentielle des mesures de prévention appliquées à de larges populations, notamment les publics marginalisés socialement, souvent les plus exposés au virus. Les approches de réduction des risques (RdR) sont susceptibles de répondre à ce besoin d’adaptation des démarches de protection. Elles ont montré tout leur intérêt pour les addictions et le VIH-sida.

Intervention. La « fatigue épidémique » entraîne/favorise des prises de risques ponctuelles, le délaissement voire le rejet des comportements de protection. Elle suscite également l’émergence de comportements transgressifs. Les risques pris ont pour conséquence une dégradation de l’épidémie entraînant un durcissement des mesures sanitaires sans prise en compte des réalités des personnes, avec un enchaînement dommageable à la santé. Les personnes adaptent leurs comportements aux risques auxquels elles sont confrontées et sont souvent contraintes à procéder à des arbitrages. Le risque de contracter le virus peut être perçu comme présentant des conséquences moins dommageables que celui de subir les effets collatéraux liés aux mesures sanitaires (dégradation de la santé mentale, perte de l’emploi ou du lien social...).

Résultats. L’intégration des mesures anti-Covid-19 dans une vision de promotion de la santé passe par la prise en compte des déterminants de santé, un renforcement de l’autonomie et de l’auto-détermination, une visée émancipatrice basée sur la confiance entre les décideurs et la population, la création d’environnements favorables à la mobilisation du pouvoir d’agir des individus afin qu’ils s’approprient la RDR dans leur quotidien. L’aide à la décision et à l’action ainsi que l’ouverture du dialogue (responsabilités partagées) s’avèrent nécessaires. La RDR s’est traduite sur le terrain par de multiples démarches éducatives en santé (éducation par les pairs, renforcement des compétences psychosociales, littératie en santé, action sur la motivation) et la mise en place de démarches communautaires.
Implications. L’approche de RdR graduée, adaptée aux populations concernées et se mettant en place dans le dialogue, plus que dans l’injonction, n’a pas toujours été comprise par les autorités de santé. Les acteurs en ont souvent été les associations de terrain et les collectivités territoriales. Une acculturation sur ces démarches de promotion de la santé auprès de certains décideurs est aujourd’hui nécessaire.

Les jeunes des Premières Nations et Nation Inuit, comment mieux les écouter pour adresser les déterminants sociaux de la santé

Speakers
Sarah Fraser, Presenting Author from Université de Montréal, Canada
Virginie Parro, Presenting Author from Université de Montréal, Canada

Co-author
Mathieu Vallet

Abstract

Background/Objectives. La jeunesse des Premières Nations et des Nations Inuit a beaucoup à dire en lien avec les transformations sociales nécessaires pour assurer l’équité à l’accès aux déterminants sociaux de la santé. Il existe très peu de recherche menée par la jeunesse ou portant sur l’activisme jeunesse. L’objectif initial de ce projet était de mieux comprendre les moyens et les messages utilisés par les jeunes en lien avec les déterminants sociaux de la santé et explorer les enjeux systémiques qui influencent qui et comment on entend la jeunesse.


Results. L’analyse de la littérature scientifique et des médias sociaux pointe vers des enjeux structuraux importants influençant la capacité d’être entendu par les décideurs publiques. Par contre, les moyens utilisés par la jeunesse peuvent mobiliser des grandes masses de jeunes. Avec les jeunes, nous explorons comment bâtir sur les forces des moyens de communication pour pallier les défis. Les jeunes ont beaucoup à dire en lien notamment avec les déterminants, tel que la langue, la culture, l’auto-détermination, l’accès au territoire.

Discussion. Les résultats nous amènent à repenser les modes de gouvernance et de prise de décision inclusive.

Les stresseurs à l’école secondaire en temps de pandémie : point de vue des adolescents et pistes de solutions

Speaker
Rémi Paré-Beauchemin, Presenting Author from Université de Sherbrooke, Canada
Co-authors
Anne-Marie Tougas, Danyka Therriault, Julie Lane

Abstract

Contexte/Objectifs. Au Québec, comme ailleurs dans le monde, le portrait de la santé psychologique des jeunes est préoccupant. Qui plus est, la pandémie de la COVID-19 a lourdement aggravé ce portrait. Même si le milieu scolaire possède un rôle clé pour favoriser la santé mentale des jeunes, des enquêtes internationales révèlent que l’école secondaire représente la plus importante source de stress des adolescents. À ce jour, les connaissances sur leurs stresseurs scolaires demeurent limitées, car ils ont surtout été identifiés à l’aide de méthodes quantitatives, lesquelles peuvent moins aisément mener à une compréhension profonde et nuancée du point de vue des jeunes. Peu de connaissances existent également sur la nature de ces stresseurs en contexte de pandémie. Cette étude a donc pour but, à l’aide d’une méthode qualitative, de décrire les stresseurs scolaires des adolescents durant la pandémie, ainsi que leurs pistes de solutions.

Méthode. Cette étude s’inscrit dans le programme de prévention des troubles anxieux HORS-PISTE développé par le Centre RBC d’expertise universitaire en santé mentale et offert aux écoles secondaires du Québec. À l’aide de la méthode Photovoice, 13 adolescents de 3e secondaire (M = 15 ans) ont été invités à photographier leurs stresseurs et facteurs apaisants à l’école. Par la suite, ils ont participé à 3 groupes de discussion afin de développer une trame narrative autour de leurs photos, pour ensuite organiser une exposition et partager leurs messages auprès de personnes influentes de l’école. Ces rencontres ont été enregistrées, retranscrites et analysées à l’aide du logiciel NVivo.

Résultats. L’analyse thématique révèle que les stresseurs scolaires vécus par les adolescents pendant la pandémie ont principalement trait 1) aux adaptations nécessaires à la COVID-19 (ex. : masques), 2) aux relations interpersonnelles (ex. : distanciation sociale) et 3) aux deuils du passé (ex. : incertitude face à l’avenir). Du côté des solutions, les résultats révèlent l’importance de se rapprocher de la nature, de cultiver ses relations sociales et de faire de l’activité physique.

Discussion. Ces résultats laissent entrevoir que la COVID-19 amplifie certains stresseurs scolaires existants ou en génère de nouveaux chez les adolescents. Donner la parole aux jeunes peut s’avérer porteur pour identifier des solutions pertinentes et adaptées à leurs besoins. D’autres recommandations seront discutées.

Sur la route avec Mafalda le westfalia : une caravane-radio pour comprendre les expériences participatives des jeunes considérés comme marginalisés dans les territoires ruraux au Québec.

Speaker
Julie Richard, Presenting Author from Université Laval et Université du Québec à Rimouski, Canada

Co-authors
Sophie Dupéré, Cécile Van de Velde
Abstract

**Background/Objectives.** Dans les dernières années, on constate que malgré les efforts, les politiques et les pratiques rurales en matière d’inclusion et de participation des jeunes n’auraient pas eu les effets escomptés. On constate que plusieurs jeunes en situation de vulnérabilité sociale et économique demeurent exclus et marginalisés dans les communautés rurales. Ceci contribue à renforcer leur « invisibilité » citoyenne et territoriale les disqualifiant alors comme acteurs sociaux au sein de leurs milieux. Alors que peu de recherche s’intéressent à la voix de ces jeunes en dehors de leurs caractéristiques de désavantages, l’objectif de notre étude était de mieux comprendre leurs expériences participatives au sein des territoires ruraux au Québec guidées par l’hypothèse qu’il existe des espaces informels où s’active une participation sociopolitique.

**Methods.** Nous avons réalisé une étude de cas dans trois municipalités régionales de comté (MRC) où nous avons adopté une approche ethnographique critique de type « street ethnography » conçue comme un processus engagé, immersif et réflexif de production de connaissances. Grâce à un dispositif itinérant et centralisateur, une caravane aménagée avec un équipement radiophonique, nous avons pu rejoindre 30 jeunes considérés comme marginalisés et réaliser des entretiens individuels avec eux et elles.

**Results.** S’intéresser à la participation sociopolitique à partir de la perspective des jeunes considérés comme marginalisés a permis de mieux comprendre les mécanismes de disqualification citoyenne et saisir comment cette disqualification influence leurs expériences participatives au sein des territoires ruraux. Malgré une conscience politique qui s’exprime de différentes façons selon la diversité des parcours, on découvre d’autres façons de concevoir ce qu’est la participation pour eux et elles et les formes qu’elle peut prendre.

**Discussion.** Nous dégagerons des pistes de réflexion en matière de pratiques et de politiques d’inclusion citoyenne des jeunes marginalisés des milieux ruraux.

Se relever d’une pandémie : leçons tirées d’une étude photovoix chez les aînés québécois

Speaker
Julie Karmann, Presenting Author from Université de Montréal, Canada

Co-author
Olivier Ferlatte

Abstract

**Contexte/Objectifs.** Au Québec, comme partout ailleurs, les aînés forment une population à risque élevé de complications face à la Covid mais aussi d’isolement social, un isolement renforcé par les mesures sanitaires, facteur de risque de problèmes de santé mentale. Alors que de nombreux travaux décrivent les impacts de la pandémie pour cette population, peu à ce jour se sont penchés sur les stratégies de résilience employées par ces derniers pour faire face à la crise sanitaire. Afin de comprendre l’expérience de la pandémie telle que vécue par les aînés québécois et de documenter les parcours de résilience de ces derniers, nous avons mené une étude qualitative phénoménologique basée sur le photovoix.
Méthodes. Une fois par semaine, pendant trois semaines consécutives, 26 ainés âgés de 60 à 81 ans ont été invités à illustrer en photos leur quotidien et à venir en débattre au sein de groupes de discussion virtuels. 15 groupes focaux ont ainsi été réalisés et plus d’une centaine de clichés rassemblés. Une analyse thématique a été conduite sur les verbatims afin de comprendre les mécanismes de résilience.

Résultats. Les photos et discussions ont mis en évidence que la résilience des ainés québécois face à la covid s’articulait autour de trois thèmes : 1) prendre de la distance, 2) reprendre ses marques et 3) grandir. La prise de distance face à la pandémie passait par la réduction de son exposition aux nouvelles, par l’acceptation que la pandémie pouvait avoir des aspects positifs, par la volonté de se connecter davantage au moment présent où à d’autres histoires que celle de la pandémie. Privés de leurs activités quotidiennes, les ainés ont dû reprendre leurs marques. Qu’elles suivent de réelles feuilles de route ou soient plus spontanément articulées, les journées se déroulaient désormais autour de l’activité physique, d’instant de sociabilisation, du plaisir et de certains rituels. La pandémie a enfin été pour les ainés une opportunité pourgrandir en investissant ce qui pouvait l’être, lâcher prise sur le reste, acquérir de nouvelles compétences et changer leur regard sur le monde.

Discussion. Alors qu’ils ont souvent été dépeints comme un groupe vulnérable, cette recherche montre au contraire que face à la pandémie, les ainés ont fait preuve de force, de créativité et de capacité d’adaptation. Dans l’ère pandémique qu’est désormais la nôtre, la résilience raisonne comme un concept central dont les ainés pourraient bien être une source d’inspiration précieuse.

Mental Health Promotion: Building capacity and innovations (2)

Parallel oral session
19 May 2022, 09:15 - 10:25

Moderator
Paola Ardiles

Barriers to mental health promotion among Black sub-Sahara African men in the English West Midlands

Speaker
Last Mafuba, Presenting Author from Nottingham Trent University, United Kingdom

Co-author
Mathew Nyashanu

Abstract

Background/Objectives. In the UK, mental health problems are more common among Black, and minority ethnic (BME) communities than they are in the general population. The most affected being those of Black African and African Caribbean heritage; particularly men. Evidence suggests they are four times more likely
than their white counterparts to be detained under the Mental Health Act and have an 80% probability of being given a Community Treatment Order on discharge. This study explored the barriers to mental health well-being promotion among BSSA men.

Methods. The research utilised an explorative qualitative approach. The researchers conducted in-depth semi structured interviews with 25 men aged between 18-49 years. A thematic approach underpinned by the 4 phases of the Silences Framework was undertaken was to analyse the data.

Results. The study found that barriers to mental health well-being promotion included Sensitivity of the subject, Fear of stigmatisation, Fear of being sectioned, Statistical over representation, Poor relationship with health professionals and poor relationship with the police.

Discussion. The fact that mental health is a sensitive subject makes many BSSA men to avoid any health promotion that involves mental health. BSSA men also fears stigma that is rife within the BSSA communities thereby avoiding attending any mental health wellbeing promotion. BSSA men also avoid attending any training or mental health promotion well-being for fear of being associated with people living with mental health and subsequently targeted for sectioning based on attendance information. BSSA men feel that attending mental health well-being promotion is a confirmation that black men are the most affected people by mental health. There is also a mistrust of mental health professionals among BSSA men thereby avoiding attending mental health wellbeing promotion. The poor relationship between police and BSSA men makes it difficult for them to attend mental health wellbeing meetings. There is need to create more opportunities that enhances mental health well-being promotion among BSSA men.

Strengthening investment in mental health promotion: A global position statement and related advocacy

Speaker
Emily Jenkins, Presenting Author from University of British Columbia, Canada

Co-authors
Margaret Barry, Miranda Novak, Marion Cooper

Abstract
Mental health promotion is a strengths-based orientation that focuses on enhancing positive mental health for all people, including those with mental health difficulties or who are at higher risk. Mental health promotion is a critical component of a population approach to mental health – in addition to prevention, treatment and recovery. However, it has yet to be widely incorporated into national public health and mental health agendas in a meaningful way. Moreover, the COVID-19 pandemic has further illuminated profound gaps in mental health systems and responses, globally, while also giving rise to growing mental health inequities. In response, the IUHPE Global Working Group on Mental Health Promotion released a Position Statement, Critical Actions for Mental Health Promotion, and is engaging in related advocacy. The overarching goal of this workshop is to introduce the Position Statement and to dialogue with participants to advance innovative ideas for enhancing uptake in practice.

Objectives.
- To introduce the Critical Actions for Mental Health Promotion Position statement and related Calls to Action
To collectively strategize approaches to enhancing uptake of recommendations
To grow network of allies who can further contribute to advocacy efforts

**Format.** This workshop will be conducted virtually and will include a plenary presentation as well as smaller group discussions to facilitate more in-depth strategizing and action planning.

**Learning goals.** Following this workshop, participants will have a deeper understanding of mental health promotion principles and their application to practice as well as the critical actions needed to advance this orientation within the policy landscape. The facilitators will also extend their advocacy strategy through the co-production of ideas to advance the Position Statement Calls to Action.

**Mental Health Interventions in young children, from kindergarten to elementary school. A pilot study in a North East italian context.**

**Speaker**
Lamia Channoufi, Presenting Author from Learn srls, Italy

**Abstract**

**Background/Objectives.** Much of the mental health promotion research has involved children and young people older than 8 years old. But neuroscience knowledge has demonstrated how influential the early years are in terms of health, life skills and competences which can have positive trans-generational effects in promoting well-being. The schools are at the forefront of promoting positive mental health, so we create conditions and a school environment to maintain a healthy mental lifestyle process for children from 3 to 10 years old.

**Methods.** We use the “whole school” approach, working with all parts of the child environment: students, family, teachers and health providers, integrating the ProWeB (promoting well being) program in our school curriculum design. The program was built to sensibilize people for a new culture about promoting mental health, but also to inform caregivers through social media; the school staff through training sessions and children through workshops, to have consistency in the program and awareness in terminology (Health Literacy). For this first step, we use the ABCDE model of the Rational Emotive Behavior Therapy (REBT), as a theoretical framework in a participatory research approach. The second step was based on the practical aspects through the body (yoga and psychomotricity) and expressive Arts, which were focused on children’s abilities.

**Results.** These two steps required communication to the parents, supervision to the teachers, coordination of the program and observation to the mental health outcomes. Thanks to a physician in public health in our school management, the continuum of interventions has been done. The Long term impact is under study since 2014, and we organised our findings in seven criteria:(1)public health supervision;(2)distributed leadership;(3) multidisciplinary team;(4)lifelong learning;(5)contextualized school approach;(6) partnership and network in the territory;

**Discussion.** To the best of our knowledge, we need of stronger evidence base in the field of mental health in young population at school. This is the step in order to document interventions to promote a public health coordinator at school, exploring the value of a new conceptual framework.
The longitudinal effect of social isolation on mental and cognitive health: The moderating role of frailty

Speaker
Fereshteh Mehrabi, Presenting Author from Université de Montréal, Canada

Co-author
François Béland

Abstract
Background/Objectives. Social isolation and frailty are global public health issues that may lead to poor health outcomes. Little is known about the moderating role of frailty on the longitudinal relationship between social isolation and mental and cognitive health. The aim of this study was to examine whether the relationship between social isolation and mental and cognitive health varied across different levels of frailty status over time.

Methods. Data were drawn from the three waves of the FRéLE longitudinal study among 1643 Canadian community-dwelling older adults aged 65 years and over. A series of latent growth models (LGMs) were used to test our objective. Missing data were handled by pattern mixture models with the assumption of missing not at random. We measured social isolation through social participation, social networks, and social support from different types of social ties, namely friends, children, extended family, and an intimate partner. We assessed frailty using Fried’s criteria.

Results. The results of moderation analysis revealed that changes in social support from an intimate partner and friends were negatively related to changes in depression and cognitive function in frail older adults. More specifically, the protective effect of social support from an intimate partner and friends against depressive symptoms and cognitive decline was stronger for frail older adults than robust peers over time. In addition, a high level of social participation was protective against cognitive decline and depression among frail older adults.

Discussion. Taken together, the results of this longitudinal study suggest that intimate connectedness and social participation may ameliorate mental and cognitive health status in frail older populations, highlighting the importance of age-friendly city policies.

Mental health of aging Canadians during the COVID-19: Influence of communities Age-friendliness?

Speaker
Mélanie Levasseur, Presenting Author from Research Center on Aging, Canada

Co-authors
Daniel Naud, Marie-France Dubois, Mélissa Généreux, Yves Couturier, Mathieu Roy, Parminder Raina

Abstract
Background/Objectives. The pandemic’s sanitary measures worsened the mental health issues of aging adults. By optimizing policies, services and settings towards active ageing, Age-friendly communities (AFC)
aim to foster healthy and active aging, including the mental health. Little is known if implementing an AFC action plan influenced the aging adults’ mental health, notably while the sanitary measures were ongoing. This study thus aims at verifying if having implemented an AFC action plan before the pandemic had a protective effect on the depressive symptoms of aging Canadian during the pandemic.

**Methods.** Secondary data analysis used the Canadian Longitudinal Study on Aging COVID-19 longitudinal study (2020; n=28,559, aged 45–87) and a survey conducted among Canadian municipalities (2016-17; n=921). Respondents (n=11,987) living in 130 municipalities (with ≥20 respondents) were selected. The difference between the last follow-up and baseline on the Center for Epidemiologic Studies Depression Scale (CES-D-10; ≥16/30 = depressed) assessed change in self-reported depressive symptoms. Pandemic related stressors (illness, difficulties with accessing resources, conflict, separation from family) and self-quarantine were reported. Contextual factors described the AFC implementation (whether or not a municipality committed to evaluate effects of its actions) and material and social deprivation. Data were analyzed using hierarchical (multilevel) models.

**Results.** Aged 60.0±0.1, about half (47.1%) of the respondents self-quarantined and one out of five (18.3%) had pandemic related stressors. Depressive symptoms increased (4.8 to 6.1). More than a third (50; 38.5%) of municipalities committed to evaluate the effects of their actions and less than one out of three (41; 31.5%) had not initiated an AFC process. Increased depressive symptoms were associated with self-quarantine (p=0.001), greater conflict (p<0.01) and younger age (p=0.02), but not with contextual factors, including being committed to evaluate the effects of their actions.

**Discussion.** Age, self-quarantine and conflict have a stronger influence on aging adults’ depressive symptoms than contextual factors. Although implementing an AFC action plan before the pandemic did not show protective effect, interventions aimed at identifying aging adults facing conflicts and self-quarantined dwellers should be explored, during a stressful social event.

The role of engaged research and activists/activism in the quest for healthier neighbourhood living environments

**Symposium**
19 May 2022, 09:15 - 10:25

**Symposium coordinator**
Marcus Grant

**Speakers**
Marcus Grant, Symposium Coordinator from Cities & Health, United Kingdom
Geraint Ellis, Symposium Presenter, Queens University Belfast, United Kingdom
David Rojas, Symposium Presenter, Colorado State University, United States
Christopher Colvin, Symposium Presenter, University of Virginia and University of Cape Town, United States
Abstract

General Objective.

‘Knowledge is always gained through action and for action’ (Torbert 1981, p 145).

In the context of local and planetary public health, we see the neighbourhood as an important nexus of action for urban change. Place-based communities often become energised to advocate for, or resist, changes to urban form in their own neighbourhoods. The aspirations and dynamism of communities that live in and feel belonging can be the key to positive change. However there may be many barriers to, and fears about, change, some of which may also represent important voices that deserve to be heard better. We explore the role and concept of activism – as a catalyst for change across different communities of practice.

- How do these changes affect neighbourhood scales and urban planning?
- What of the research-activist, the practitioner-activist, the community-activist?

The invited panellists, together with the participants will explore these questions and provide case studies. The discussion will inform a call for contributions for a special issue of Cities & Health ‘Healthier cities: The role of activists and activism’.

Proposed format of the session. Firstly we will introduce the participants to the aims of the session and its relationship to the special issue. Both have their sights firmly set on exploring action for people’s health and health equity - through planning, design and governance of towns and cities. Panellists, all with a track record of involvement either conceptually, practically or both, with urban activism, will then explore the topic from contrasting and unique perspectives. Participants will be encouraged to bring their experiences to the table. Through a Q&A session, we will distil concepts; is there a framework of change emerging? The session will close by linking this symposium with the development of a call for contributions for the special issue, offering a variety of ways participants and others can get involved in shaping this publication.

Torbert, W.R., 1981. Why educational research has been so uneducational. Ch11 Reason and Rowan (eds) Human inquiry Wiley and Sons. (Thx to M. Sharkey).

Activist researchers, communities, and neighbourhood scale change

Abstract

Activist researchers are growing across academia. Researchers who are also activists and community members wanting their neighbourhoods to reflect the environmental and health outcomes they research. In this presentation, I will discuss my own experience as an activist researcher, the Better Streets movement in the UK, activists and coalition involvement in the Low-traffic neighbourhoods and Liveable neighbourhoods during COVID across the UK and AUS, and the general movement towards researchers being activists.

It discuss and asks the questions:

- How do communities and grassroots activist influence neighbourhood scale change?
• Can we be activist researchers ethically?
• What is the role of activist researcher in practice, theory, and in-between?

Research and activism for a healthy public: The impact of academic and government structures, policies and practices on the work of health activists in Gugulethu, Cape Town, South Africa.

Abstract
This presentation will describe the evolution and impact of the Movement for Change and Social Justice (MCSJ) in the community of Gugulethu in Cape Town, South Africa. MCSJ is a health social movement that emerged out of a partnership between Gugulethu-based NGOs and CBOs and a network of academic researchers at the University of Cape Town, Brown University and the University of Virginia. It stands out among progressive health social movements in South Africa in 1) its emphasis on addressing local health and social issues in Gugulethu and surrounding areas (as opposed to mounting national campaigns), 2) its open-ended agenda that is driven by the expression and identification of local needs (rather than a predetermined focus on a specific disease or population), 3) its deep and ongoing engagement with academic partners and its integration of academic research and health information in its academic practice, and 4) its strategic alliances with state actors (health policymakers, program managers and clinic staff) that allows it to capitalise on a ‘thresholder’ approach to engagement and community mobilization.

MCSJ faces some significant challenges, however, in maintaining this unconventional approach. This presentation will also identify some of these challenges and describe some of the efforts MCSJ leaders have tried to address them. A specific focus will be on the academic and government structures, policies, and practices that either enable or disable MCSJ’s efforts to promote a ‘healthy public’ for the residents of Gugulethu, Cape Town.

Research and activism in Quito, Denver and Barcelona

Abstract
Describe three examples of how researchers can help activists to support action.

Quito, Ecuador: in this case study, we will describe how urban cyclist activists identify the need for health evidence to avoid the cancelation of the city open street program and how researchers translated the activist needs to a research question and provided data for action.

Denver, USA: in this case study, we will describe how community advocates against oil and gas industries requested data on geographical-environmental health inequities in the state of Colorado to prioritize action. And how researchers are helping to create an environmental justice mapping tool to support advocacy and environmental health equity.

Barcelona, Spain: in this case study, we will describe how participatory community research on air quality helped School Parents Associations to identify an environmental risk that triggered activism to demand built environment and transport changes around Barcelona schools.
‘Find your village’: Using participatory methods to support environmental and social change

Abstract
‘Find your village’ is a vision for communities and neighbourhoods that supports, and uses the strengths brought by, migrant families coming from cultures where ‘it takes a village to raise a child’ to urban western contexts. Drawing on qualitative and epidemiological findings of concern - about migrant parents’ wellbeing, and their children’s early development - we have developed an ecocultural model of this possible ‘syndemic’. Working ‘in the field’, our participatory action research helped communities whose voices are seldom heard to better understand aspects of their local urban environment that may be holding back child development and parenting with regards to health, specifically physical activity and social inclusion. For example our work with the Somali communities in Bristol, UK. Our holistic methodology helped such communities present and articulate issues and potential solutions to local politicians with a view to unlocking support and funding.

We will present visual, narrative & creative participatory approaches to improving the urban built & social environment aiming to improve wellbeing, social connectedness, and child social-emotional development. We will reflect on trust and other key ingredients for success, such as the multi-sectoral nature of the project team.

Self-reflections on academic activism in relation to research designed to understand causes of and reduce health inequities

Abstract
The presentation will use a self-reflective approach to understanding the role of an activist academic through a political and power frame. This approach will enable consideration of the ways in which knowledge about health inequities has been constructed and how inequitable power dynamics can shape knowledge relating to health inequities. Three cases in which the presenter has been an activist academic will be presented.

The first involved the researcher conducting research with the People’s Health Movement where the presenter was positioned as both a researcher and an activist in the People’s Health Movement. The research involved consideration of the dynamics of social movements and the study of multiple activist movements to discern the range of strategies used by activists to challenge powerful political and economic structures.

The second concerns the development of a Healthy Neighbourhood Transition Tool that was developed to guide the transition of existing suburbs in Adelaide to being healthier and more sustainable. It was designed for use by local governments and community groups but consideration of the power of developers to shape cities was a perceived barrier to the use of the tool.
The third example concerns a new Research program “Restoring the Fair Go” which is examining the drivers of increasing health inequities in Australia and has an explicit intention to engage citizens and develop an advocacy campaign aimed at encouraging the uptake of policies that will reduce health inequities.

**Experiences with healthy cities and urban health**

**Parallel oral session**

19 May 2022, 09:15 - 10:25

**Moderator**

Martine Shareck

**Local municipalities experiences in managing the COVID-19 pandemic in Israel – does belonging to the healthy cities network make a difference?**

**Speaker**

Yael Bar-Zeev, Presenting Author from The Hebrew University, Israel

**Co-authors**

Hila Nehushtan, Milca Dunchin, Hila Barel

**Abstract**

**Background/Objectives.** The COVID19 pandemic has negative health, economic and social consequences. In Israel, 57/257 local municipalities are part of the Healthy Cities Network (HCN) (60% of the population). HCN Municipalities have a strong political commitment for health promotion and reducing health inequalities. This study aimed to explore Israeli local municipalities management of the pandemic and assess whether belonging to the HCN impacted this management.

**Methods.** Mixed methods, including interviews with local municipalities officials and a cross-sectional survey with residents. Fourteen municipalities were chosen – seven HCN municipalities matched to seven non-HCN municipalities, based on geographical location, socio-economic status, population size and ethnicity. Interviews were transcribed and coded using an inductive general thematic coding. Survey measures included compliance with pandemic restrictions; perceived stress, depression and loneliness levels, and level of trust in the government and local municipality.

**Results (preliminary).**

Forty-two interviews were conducted. Major themes included: a) difference in the management during the first lockdown compared to following lockdowns and pandemic “routine”; b) difficulties with data management within the municipality; c) need for a central governmental contact; d) desire for more independence and control at the local level; e) distinct characteristics for each municipality. The Healthy Cities coordinator played a key role in the pandemic management in some, but not all, HCN municipalities. Overall, 515 residents completed the survey (HCN n=280; non-HCN n=235). Preliminary analysis indicates that there were no differences in restrictions compliance or perceived levels of negative emotions between HCN and non-HCN residents. Trust in the local municipality was higher among HCN compared to non-HCN residents (42.9% vs 25.7%; p=0.03)
Discussion. Local municipalities in Israel played an important role in the pandemic response. Challenges and responses were similar across municipalities, regardless of their HCN status, with no differences found in residents’ reactions. In some municipalities the role of the HCN coordinator was crucial for the pandemic response; furthermore, residents in HCN municipalities reported a higher level of trust in their local municipality.

Research on urban health: A bibliometric analysis guided meta-narrative review

Speaker
Jinhee Kim, Presenting Author from University of New South Wales, Australia

Co-authors
Evelyne de Leeuw, Ben Harris-Roxas, Peter Sainsbury

Abstract

Background/Objectives. The urban health field is complex and has grown in scale in recent decades. Urban health is a multi-disciplinary field of research and practice, and participants come from different ontological beliefs. This not only hinders collaboration, but sometimes leads to conflicts over which urban health issue is more important, which evidence is more valuable or which methodologies or solutions are more appropriate. Identifying and articulating the differences of these approaches is a first step in creating opportunities for transdisciplinary research and practice. This study examines the urban health scientific landscape to identify and articulate the topic areas and meta-narratives that co-exist in the field.

Methods. This meta-narrative review is guided by bibliometric analysis of the scientific literature. A search in Web of Science retrieved 5,926 publications. Bibliometric network analyses of co-authorship and co-citation relationships of these publications produced clusters of closely related authors and publications. Key publications that represented the clusters were identified. These publications were then coded and analysed against the conceptual, theoretical and methodological parameters.

Results. The bibliometric analysis showed clustering of urban health research activities into sub-topics such as green infrastructure, sustainable development, urban resilience and public health. The public health cluster appeared to be isolated from the other urban health clusters. Several common themes run across all clusters: facilitating multidisciplinary approach to urban health research and practice, elements of the policy process and political factors that influence the urban policymaking process, addressing best planning principles, and producing evidence on the association between the urban environment and health.

Discussion. In a multi-disciplinary field such as urban health, participants need to connect with across disciplines not only in those areas that are compatible across disciplines, but more so in those areas that do not overlap or are in conflict. The urban health research clusters we identify and describe offer researchers the opportunity to recognise similarities and differences, and find ways to connect and collaborate with one another.

Guerrilla food gardening: Do Greater Sydney local governments embrace or reject this social innovation?

Speaker
Kristina Ulm, Presenting Author from University of New South Wales, Australia
Abstract

Setting/problem. Guerrilla gardeners in Sydney, Australia, started something unimaginable for most users of a street: growing edible plants like lemon and parsley in bare public patches along the roadside. The health benefits from gardening with neighbours, exercising outdoors and access to fresh herbs, fruits, and vegetables are widely known. Moreover, greening the streets improves planetary health, for example through cooling the urban climate and increasing biodiversity. However, gardening in public space without permission involves risks and challenges. Thus, public food gardening in underutilised urban spaces is a contested practice.

Intervention. Emancipating this social innovation for urban health, local governments in Greater Sydney created policies to formalize the disruptive practice of public food gardening. The 35 local governments of Greater Sydney vary in their policy approaches from removing the need for prior approval and legalising any footpath or street garden that ticks their criteria to asking for permit fees and neighbours’ signatures. The question is: What happens on the streets when local governments in Sydney embrace or reject the social innovation of growing food in underutilised public spaces?

Outcomes. Public food gardens in street spaces are spread throughout the city. Improving social, individual, and ecological determinants of health, public food gardens in underutilised street spaces can act as small-scale community gardens. They raise awareness for systemic issues in the globalised food system and the power disbalance in the governance of public space. This presentation presents preliminary results of an ongoing study that compares the different policy approaches to public food gardening and their impact.

Implications. These policy innovations of local governments in Greater Sydney breaks with traditional urban health approaches in the built environment professions: policies for small-scale, uncontrollable, messy, and complex gardening instead of large-scale, planned, and technocratic hospital precincts. New forms of collaborative governance of public food gardens offer alternatives to tackle health impacts of urban food systems like noncommunicable diseases. Further understanding of these bottom-up policy innovations is required to empower communities to improve their health and well-being in increasingly denser cities.

Cultural occupations and urban well-being: A case study of an city interstice transformation from the perspective of equity

Speaker
Bárbara Bonetto, Presenting Author from UNICAMP, Brazil

Co-authors
Ana Maria Girotti Sperandio, Tailana Fraga

Abstract

Background/Objectives. The well-being of city dwellers can be generated at the urban drawing scale, the interconnection between city, health and well-being is documented and has been subject of global agendas. Urban interstices can be usable spaces that contribute with the offer of leisure, culture and social interaction in consolidated urban areas, and should be part of a broader strategy to achieve equity, through cultural access and representativity. This research explores ways of generating well-being, from the perspective of sociocultural inclusion.
Methods. Exploratory transdisciplinary qualitative research to apply an instrument with six evaluation criterias for humanized ambiances: openness to dialogue and interactive process, customization, symbiosys, attribution of meanings, identity manifestations and ten elements from healthy urban planning: human resilience, local leaders identification, respect and solidarity, lovingness, cultural policies, affectionateness, diversity, local coalitions and understanding and revitalization of collective autonomies. The analysis used a retrospective case study of a cultural occupation during 2016-2017, in an abandoned building in Jundiaí city, São Paulo state, Brazil. The data sources were field visits, media news and photographic series.

Results. The sixteen elements from the selected criterias were present, appointing that the cultural occupation promoted physical environment changes, including cleaning and removal of debris, graffiti, furniture, artwork, remodeling and a community library. The social dynamics changes were: free and diverse activities schedule, people permanence, interactions among cultural collectives, community deliberation and events. These results enabled the transformation of an empty space into a living cultural centre with participatory governance.

Discussion. Approximation of humanized ambience environment concepts with healthy urban planning allowed the interconnection of these narratives. Actions in these convergent directions can be overlapped to promote well-being. Adding different lenses to the decision making process regarding urban voices can contribute to city participatory process. This experience brought to a space with no usage, manifestations of solidarity and equity and posed a challenge to hegemonic urban planning and a territorialization expression of the right to the city.

Gender and sexual identity and research

Parallel oral session
19 May 2022, 09:15 - 10:25

Moderator
Ana Gherghel

Sexual orientation and gender identity and expression change efforts: Delineating the impacts and strategies for health policy and practice support

Speaker
Trevor Goodyear, Presenting Author from School of Nursing, University of British Columbia, Canada

Co-authors
David Kinitz, Elisabeth Dromer, Dionne Gesink, Olivier Ferlatte, Rod Knight, Travis Salway
Abstract

Background/Objectives. Sexual orientation and gender identity and expression change efforts (SOGIECE) aim to suppress the sexual and gender identities of Two-Spirit, lesbian, gay, bisexual, trans, queer, and other sexual and gender minority (2SLGBTQ+) people. Exposure to SOGIECE is associated with significant psychosocial morbidity. Yet, there is a dearth of knowledge specifying the ways in which these psychosocial impacts are produced and experienced. The objective of this study was therefore to delineate the emotional, social, and mental health impacts of SOGIECE, as described by people with lived experience of these practices.

Methods. This qualitative interpretive description study was guided by a critical theoretical framework informed by values of health equity and social justice. In-depth, semi-structured interviews were held between January and July 2020 with a purposive sample of (n=22) people with first-hand experience of SOGIECE, living across Canada. Thematic analysis of these data was iterative and oriented toward constructing findings that have implications for health policy and practice.

Results. Three interconnected themes were developed from this analysis. Study participants indicated that feelings of shame and brokenness related to their sexual and gender identities were deeply implicated in and shaped by experiences with SOGIECE. SOGIECE also had socially isolating effects, which had restricted participants’ opportunities for meaningful connection with others, including romantic partners, families, and 2SLGBTQ+ communities. Further, SOGIECE had contributed to experiences of profound emotional distress, mental illness (e.g., anxiety, depression), and suicidality, along with mental health-related disability and key social consequences.

Discussion. These findings underscore the need for several responsive policy and programmatic interventions, including legislation to prevent SOGIECE, enhanced sexuality- and gender-related educational efforts with the families and support persons of 2SLGBTQ+ people, and targeted mental health screening and supports for people who have experienced SOGIECE.

Who shows up where? Differences between two-spirit and indigenous gbmsm recruited online and in-person

Speakers
Harlan Pruden, Presenting Author from British Columbia Centre for Disease Control, Canada
Travis Salway, Presenting Author from Faculty of Health Sciences, Simon Fraser University, Canada

Co-authors
Aidan Ablona, Theodora Consolacion, Jannie Leung, Ryan Stillwagon

Abstract
The study describes differences between Indigenous respondents recruited in-person and those recruited exclusively online. SexNow survey is a Canada-wide periodic health survey of gay, bisexual, and other men who have sex with men (gbMSM). From June-September 2018, SexNow recruitment was done in-person at 15 Pride festivals across Canada and at a Two-Spirit powwow. From November 2019- January 2020, SexNow recruitment was done online using social media and advertisements on apps/websites such as Grindr and Squirt.org, additionally, through the TwoSpiritJournal.com and Indigenous/Two-Spirit social media pages. Questions specific to Indigenous respondents included access to Indigenous- specific supports, living in an Indigenous community, having Registered/Treaty “status”, allowing for, among other things, access to
prescription medications through Canada’s Non-Insured Health Benefits program and having a family
doctor or nurse practitioner. Of 3524 in-person SexNow 2018 respondents, n=314 (9%) identified as
Indigenous and n=132 (42% of Indigenous respondents) identified as Two-Spirit. 46% (n=145) were aged
below 30 years old, 12% (n=37) lived in an Indigenous community, and 34% (n=108) identified having
“status”. 20% (n=64) had accessed an Elder and 11% (n=35) had accessed a Knowledge Keeper in the past
year. 9% (n=27) had accessed a sweat lodge in the past 6 months. Only 61% (n=192) had a family doctor or
nurse practitioner. SexNow 2019 on-line data are currently being analysed.

Objectives. Discuss when survey instruments are reflective of intended and historically underrepresented
respondents, who is recruiting, and where recruitment occurs will impact participation and thereby the
research outcomes.

Format. Lecture followed by facilitated discussion.

Learning goals. Discuss Indigenous and Two-Spirit individuals and communities lived experiences Describe
issues and challenges confronting Indigenous and Two-Spirit individuals and communities Demonstrate
resources and/or model(s) to work more effectively with and for Indigenous and Two-Spirit people(s) and
communities

The sexual and gender minority ‘therapeutic spectrum’: A data-driven strategy to
promote mental wellness among LGBT populations

Speaker
Travis Salway, Presenting Author from Faculty of Health Sciences, Simon Fraser University, Canada

Co-authors
Sarah Watt, Amrit Tiwana, Angel Kennedy, Stéphanie Black, Martha Gumprich

Abstract
Background/Objectives. Sexual and gender minorities (SGM), including lesbian, gay, bisexual, and
transgender (LGBT) people, have been marginalized, erased, and mistreated for much of Canada’s history.
Consequently, many SGM avoid or distrust mental health services, even when suffering from depression or
thoughts of suicide. Moreover, although health professionals have asserted that same-sex attraction and
feelings of gender identity discordant to sex assigned at birth are healthy, so-called ‘conversion therapy’
practices continue to occur across Canada, which suppress LGBT identities, creating significant
psychological distress. In 2019–2021, we launched parallel initiatives to understand both ends of what we
have termed the SGM ‘therapeutic spectrum.’

Methods. To understand the scope and nature of contemporary ‘conversion therapy’ practices in Canada,
we conducted interviews (N=22) and surveys (N>10,000 across three sequential surveys in 2019–2021) with
SGM who have experienced ‘conversion therapy’ and other anti-LGBT efforts.

To understand mental health providers who instead affirm the identities and experiences of LGBT people,
we created MindMapBC.ca. In 2020, we conducted interviews with providers (N=15) and LGBT service users
(N=14) to understand their perspectives on MindMap and related LGBT-affirming initiatives.
Results. We estimate that >50,000 Canadians, or 1 in 10 SGM have experienced ‘conversion therapy.’ Age at first conversion therapy experience ranged from 10 to 59 years (median: 17 years), and a quarter of these individuals stayed in ‘conversion therapy’ >1 (up to 33) years. ‘Conversion therapy’ continues to occur in religious and secular healthcare settings, using a wide range of methods, rarely labelled as ‘conversion’ efforts—making legislative & regulatory restrictions of these practices difficult. MindMap has indexed 53 LGBT-affirming mental health providers. Providers and service users explicated numerous challenges to accessing LGBT-affirming services. To improve the accuracy of LGBT-affirming classifications, we have developed specific criteria, which will be implemented in late 2021.

Discussion. SGM face significant ongoing threats in navigating the mental healthcare system. Those who avoid ‘conversion therapy’ must then try to find LGBT-affirming providers, who are scarce and difficult to identify. Greater systemic investments in provision of LGBT-affirming mental health care to people of all ages are urgently needed.

European evidence on the health of LGBTI+ youth: A two-phased landscape and research gap study

Speaker
András Költő, Presenting Author from Health Promotion Research Centre, National University of Ireland Galway, Ireland

Co-authors
Elena Vaughan, Colette Kelly, Elizabeth M. Saewyc, Saoirse Nic Gabhainn

Abstract

Background/Objectives. Health promoters increasingly recognise that lesbian, gay, bisexual, trans, intersex and other sexual and gender minority (LGBTI+) adolescents deserve special attention. However, evidence on health and wellbeing of LGBTI+ youth is mainly sourced from North America, and it is largely unknown whether the health disparities between LGBTI+ and cisgender/heterosexual youth are universal. Our aim was to collect and review relevant studies, and identify research gaps around LGBTI+ youth health.

Methods. We collected evidence from European countries that spoke to the 15 objectives of the LGBTI+ National Youth Strategy 2018–2020 (Ireland). Using a multi-method scoping review approach, 4603 relevant pieces of research were identified. These were then evaluated against pre-set inclusion criteria by two independent researchers, which resulted in a set of 127 records. First, a research landscape was drawn, based on specific characteristics of the studies. Second, standard methods were used to evaluate the quality of the evidence. Finally, we identified important gaps in the evidence base.

Results. The objectives of the LGBTI+ National Youth Strategy had uneven coverage, and there was a large variation in the quality of evidence. Good coverage was found for topics such as bullying, inclusive educational settings and poor mental health outcomes. Other areas, such as parents and families, and sexual health of LGBTI+ youth, had moderate coverage. There were also topics such as employment of LGBTI+ youth, or the specific health needs of intersex youth, where evidence was poor or non-existent.

Discussion. The landscape of studies on LGBTI+ youth in Europe is scattered and diverse. The scope, aims, research questions and designs, methods, samples and variables show large variety, which makes it difficult to directly compare, or summarise, the results. There is a substantial gap in international and evaluation
studies. A large number of studies explore bullying victimisation and negative mental health outcomes, while sources of resilience and growth are understudied. An ‘after-queer’ approach – a shift from a victimising narrative towards a more balanced view which also considers positive aspects of being LGBTI+ – is needed in European research.

**Gay, bisexual, and queer men’s mental health during the COVID-19 pandemic in Montreal, a cross-sectional community-based study**

**Speaker**
Tristan Péloquin, Presenting Author from University of Montréal, Canada

**Abstract**

**Contexte/Objectifs.** The COVID-19 pandemic has highlighted important inequities regarding access to health care, including mental health services. Before the pandemic, several studies had shown additional challenges in mental health service access for gay, bisexual and queer men (GBQM). Yet, little is known about how COVID-19 has impacted this community. We aimed to explore mental health outcomes and access for GBQM in Montreal as a means to identify potential intervention points and policies to mitigate the pandemic’s impacts on GBQM’s well-being.

**Méthodes.** We analyzed data from Sex Now 2020, a bilingual online cross-sectional community-based survey of GBQM. Data was collected during August and September 2020. Participants were recruited through social media (like dating apps) and community newsletters. We restricted the analysis to Montreal respondents to describe GBQM mental health and mental health access during the pandemic.

**Résultats.** A total of 194 GBQM in Montreal responded to the survey. Of those, 43% rated their mental health as poor/fair at the time of the study. Nearly one in six (17%) GBQM screened positive for depressive symptoms and 23% for generalized anxiety symptoms. Compared with older GBQM, GBQM aged under 30 years were more likely to report poor self-rated health (61% vs 38%, p=0.019) and anxiety symptoms (36% vs 20%, p=0.033). In terms of mental health access, GBTQ described wanting professional help for anxiety (33%), depression (21%), or suicide (7%), and 57% stated that the COVID-19 pandemic introduced additional challenges to accessing mental health services. Younger GBQM were more likely to want help for mental health (50% vs 13%, p=0.001) and to report additional challenges accessing services online (75% vs 52%, p=0.012). In general, one in five (20%) GBQM reported having accessed mental health services online during the pandemic. Of those, 84% reported being satisfied.

**Discussion.** These results highlight how COVID-19 contributes to mental health challenges among GBQM in Montreal and difficulties accessing mental health services, particularly for those under 30 years old. More data, including qualitative research, is needed to identify potential solutions. We are currently conducting focus groups with GBQM in Montreal to gain further insights about their challenges in accessing mental health services. This additional information will help us identify potential solutions to reduce inequities and improve access to culturally sensitive mental health care.
Health promoting schools

Parallel oral session
19 May 2022, 09:15 - 10:25

Moderator
William Potts-Datema

A breakthrough whole child-systems paradigm to promote inclusion, equity, health, personal and social development through schools: A Global Survey, policy-curriculum analysis to Inform systems change

Speaker
Doug McCall, Presenting Author from International School Health Network, Canada

Co-author
Daniel Laitsch

Abstract

Setting/problem. The school has long been seen as a setting to promote health. There are many aspirational statements and guidance documents proposing multi-component approaches such as health promoting schools. Considerable research evidence suggests various multi-intervention programs based on such approaches can impact specific student health behaviours and selected conditions in the school.

Quebec-based researchers were among the first to voice concerns that full-scale, sustainable implementation of these approaches is not being achieved. Many other case studies have reported the similar disappointing results. Once again, almost three decades later, we have a another wave of well-written commentaries, reviews, guidance documents and standards have been published.

Our language has changed but our strategies have not. Terms like salutogenesis, ecological approaches, understanding educator concerns and systems thinking are now popular. However, we continue to make the same mistakes. We:

- Focus on the school as the unit of action and analysis rather than the education and other ministries
- Ignore the competitors who could become collaborators such as child friendly schools, safe schools, community schools, anti-racism, education in emergencies and others
- Try to persuade educators to do more about health problems rather than persuading health and other sectors to invest funding and staffing to address barriers to learning (and thereby gain educator support)
- Monitor child/youth health and social behaviours but do not measure and monitor student learning in health and life skills. This core subject area is the only one not being monitored as part of Target 4.7 of the UN Sustainable Development Goals.
- Know a bit about teacher attitudes/beliefs but we don’t have a clue about school district administrators, boundary-setting middle managers in the health and other systems or whether senior leaders at the ministry level are engaged.
- Say we are using a systems approach but there is no research or even basic fact gathering about annual ministry budgets, bureaucratic structures, organizational routines, inter-ministry agreements, inter-ministry coordinators, the quality of implementation planning, baselines capacities such as staffing and curriculum time as well as workforce development and knowledge exchange strategies.

- Have adopted the slogan of a “whole child” approach but continue to allocate research, resources and attention to specific diseases, behaviours and social problems

**Intervention.** The International School Health Network (ISHN), UNICEF, UNESCO and other FRESH partners are conducting a global Fact-Finding Survey and Policy/Curriculum Analysis in 2021 with reports due in early 2022. The study extends the work of the UNESCO 2020 Global Education Monitoring Report on Inclusion by investigating inter-ministry coordination addressing different forms of exclusion such as disabilities, discrimination, health risks, disasters/conflicts, violence/bullying and student drop-out/push-out.

The global report will include a tabulation of all survey responses as well as separate reports on different country contexts. The policy, curriculum and other documents collected from this extensive and intensive desk review web sites of all countries and states/provinces will be posted in the UNESCO Health & Education Resource Centre. Members of an international research network formed under the auspices of the World Education Research Association, and others, will be invited to conduct analyses of the policy, guidance, and curriculum documents based on their own work and interests. A collection of documents and a “profile” for each jurisdiction will returned to participants to encourage systems improvements using a whole child, systems focused paradigm.

**Outcomes.** The reports from the study will include analysis in three areas:
- The extent to which countries and states have coordinated their ministry policies and action plans and make use of several policy/program frameworks such healthy schools, child friendly schools, safe schools and several others to promote inclusion and equity
- The overall strategies, implementation and scale-up planning and capacity-building being used to ensure the effectiveness and sustainability of such policy/program frameworks
- The design and coherence of intended student learning outcomes in Health & Life Skills curricula and extended education activities

**Implications.** There is rapidly increasing attention being drawn to systems-focused actions to influence large, complex organizations and school-based and school-linked policies and programs. This systems-focused approach has been identified as a future goal in several recent documents published by UN agencies.

Researchers are now applying systems science and organizational development models to school health, safety, social development and other areas. Frameworks for implementing, maintaining, scaling up and sustaining approaches and programs are emerging. Capacity-building and the successful integration of programs within education systems are also being investigated actively. Examples of the broadening of traditional approaches to healthy schools are now being published at the regional, and national levels.

A paradigm shift to a whole child, systems-change paradigm will require better use of systems science and organizational development strategies as well as examination of different facts and realities that hitherto have been largely ignored. The “breakthrough” fact-finding survey and policy/guidance/curriculum document analysis being proposed for discussion at IUHPE 2022 will bring some of those facts and
documents to light. Session participants will be invited to use the findings of this study in their own work leading to a truly new set of strategies and research projects.

**Promoting wellbeing in K-12 education: Lessons from a multiple case study of six Canadian school districts making wellbeing an organizational priority**

**Speaker**
Genevieve Montemurro, Presenting Author from School of Public Health, University of Alberta, Canada

**Co-authors**
Sabre Cherkowski, Lauren Sulz, Darlene Loland, Elizabeth Saville, Kate Storey

**Abstract**

**Background/Objectives.** Focusing on wellbeing in K-12 education is proven to support positive mental health, improve academic performance and contribute to positive life outcomes for students and staff. How school districts are able to transition to deeply integrate wellbeing within their existing institutional priorities and practices is an area that is not yet well understood. Insights on such wellbeing shifts can help to inform and support widespread change in K-12 education. Thus, the purpose of this research was to apply a multiple case study approach to understand how and why school authorities are able to prioritize wellbeing and shift culture, with participation from six diverse school districts in western Canada.

**Methods.** This research applied an exploratory multiple case study approach. Participants (n=55) were recruited across six school districts. Participants included students, parents, community partners, teachers, school staff, administrators, district staff, board members, and superintendents. Data were generated through individual semi-structured interviews and supplemented with a review of local program and policy documents. Data were analysed iteratively throughout data generation using inductive thematic analysis.

**Results.** Through analysis, six common themes were identified related to district prioritization of wellbeing and organizational culture-shift. Themes were: 1) wellbeing is wholistic and requires balance, 2) tipping points for action, 3) organizational leadership sustains implementation, 4) connection and voice as a catalyst to wellbeing, 5) building capacity to support wellbeing action, and 6) charting and re-charting a course. Themes illustrated common factors that helped bring about and support individual and organizational change, as well as reflections on areas where further attention was needed.

**Discussion.** This research contributes to the scientific and practical knowledge base related to the promotion of wellbeing in K-12 education, with attention to changes at the district level that helped to catalyze and sustain change. Findings provide critical insight from the perspective of school community members involved in the change process and highlight potential entry points for school and district leaders when prioritizing wellbeing and promoting health in their own institutional settings.

**Teachers of Tomorrow: A health-promoting schools approach in pre-service education settings**

**Speakers**
Kerri Murray, Presenting Author from Ever Active Schools, Canada
Louise McClelland, Presenting Author from Ever Active Schools, Canada
Abstract

Setting/problem. Teachers graduate from Bachelor of Education programs unprepared to respond to the contemporary needs of students in K-12 schools. They experience complex demands, occupational stress, and burnout, leaving schools ill-equipped to fulfill their essential role in delivering educational outcomes and their adjacent role in promoting wellbeing. Teachers in Canada rarely receive pre-service training to support them in addressing their own or their students’ wellbeing nor do they experience a health-promoting educational setting during their program. A healthy settings approach in BEd programs is an innovative solution to these challenges.

Intervention. Teachers of Tomorrow prototyped and piloted a process of engagement for Bachelor of Education programs that parallels health-promoting schools work in the K-12 educational setting. This involved using the Comprehensive School Health framework to shift the culture around wellness and embed wellbeing in education faculties at six Canadian Universities, resulting in 5760 BEd students who have experienced and learned about healthy learning environments. The process guided participating sites to create coursework around health promotion, address faculty and staff wellbeing, revise faculty strategic plans to prioritize wellbeing, and increase social engagement opportunities for students.

Outcomes. Notable outcomes from this project include: Improved academy readiness, alignment of faculty policies to wellness goals, shifts in the health and well-being environments of Faculties of Education, and changes in knowledge, skills, attitudes and practices of pre-service and in-service teachers.

The development of a national network strengthened connections between stakeholders within the broader system of education and promoted knowledge exchange in the following ways:

• Offered a bridge between K-12 and Post-secondary tiers of education;
• Created a space for sharing of best practices between Faculties of Education focused on wellness; and
• Initiated relationships with adjacent and allied movements toward well-being.

Implications. This project has facilitated the development of a new model for advancing well-being in advanced pre-service education spaces. This model has the potential to integrate with, and enhance the impact of, existing health promotion models in use for K-12 education further increasing the health and well-being of schools across the country and beyond.

Intersectoral collaboration in schools during the COVID-19 pandemic: Findings from a global survey of health and education professionals

Speaker
Nicola Gray, Presenting Author from UNESCO Chair 'Global Health and Education', France

Co-authors
Goof Buijs, Silvia de Ruiter, Valérie Ivassenko, Didier Jourdan
Abstract

**Background/Objectives.** In May/June 2020, the UNESCO Chair ‘Global Health and Education’ (GHE) conducted an international survey of health and education professionals to explore their experience of the safe reopening of schools during the COVID-19 pandemic. During analysis of the survey data, there were only rare mentions of intersectoral collaboration with local health professionals. Less than 5 of the 192 responses mentioned, for example, a school nurse or local doctor. In 2021, the Chair undertook a second survey; the objective of this abstract is to report the second survey data regarding intersectoral collaboration at local level.

**Methods.** An online survey to explore the ongoing experience of health and education professionals during the pandemic was developed by a global multi-stakeholder group and the survey link was disseminated via social media and organisational newsletters. The questions (structured and free-text) were defined from a health promotion perspective. A specific multiple-choice question rated the collaboration, on a 5-point scale, that participants had seen between local health and education professionals in schools during the pandemic. They were also able to respond to a follow-up free text question inviting them to explain reasons for the rating that they gave.

**Results.** The combined English and French language surveys were completed by 369 respondents from 55 countries. The collaboration rating question was answered by 226 respondents, 90 of whom worked in a school. The ratings of local intersectoral collaboration were diverse: Excellent (11%), Good (20%), Fair (14%), Poor (30%), None (10%) and Don’t Know (15%) (n=226). School-based respondents were twice as likely to report ‘No collaboration’ than the combined group (21% vs 10%; n=90). Themes from the free text explanatory responses included positive reports of established relationships that led seamlessly into pandemic-related collaboration, and negative reports of a lack of understanding by health policymakers of the school context.

**Discussion.** The future resilience of schools in the face of a pandemic or disaster could be improved by intersectoral collaboration and participation of all stakeholders at local level. These data show, however, that local education-health partnerships are very variable. We should proactively nurture local relationships by providing funding to support intersectoral capacity-building activities in schools, and developing a sustainable common agenda.

**Guidelines regarding school nurses’ practice in school health services exclude racism, othering, social exclusion, discrimination and having other health beliefs**

**Speaker**
Emmie Wahlström, Presenting Author from Mälardalen University, Sweden

**Co-authors**
Marie Golsäter, Inger K Holmström, Peter Larm, Maria Harder

**Abstract**

**Background/Objectives.** Migration is a global phenomenon affecting the health and living conditions of children in various ways. Still, research regarding the content in guidelines of the school health services in relation to the health of children who has migrated or has parents that have migrated is sparse. Hence, this
study aims to investigate how guidelines used in health visits in the Swedish school health services include health determinants specifically influencing the health of children of foreign origin.

Methods. A descriptive exploratory study of local guidelines used in health visits in the Swedish school health services was conducted. All 290 municipalities in Sweden were contacted, resulting in 2,037 individual documents provided by 142 municipalities. After excluding irrelevant documents, 687 guidelines remained included. A matrix of health determinants specifically influencing the health of children of foreign origin was constructed based on current and previous research and used for extracting relevant texts from the documents. These texts were analysed using deductive content analysis.

Results. Results show that local guidelines include most of the identified health determinants specifically influencing the health of children of foreign origin. Health determinants were included from all layers of the determinant matrix, from the individual to the societal, cultural and environmental layer. Still, determinants not included in the guidelines was mainly related to experiencing othering, racism, discrimination, having other health beliefs than the school nurse as well as social exclusion.

Discussion. The lack of including issues of othering, racism, discrimination as well as social exclusion in guidelines present challenges as these determinants might be left out of school nurses’ practice in health visits with children of foreign origin. This lack further highlights the necessity that school nurses are aware and have knowledge about these determinants. Otherwise, they will not be included, which will increase risks of inequity in the health services provided. In addition, it could also be argued that the school nurses fail in their mission of promoting all children’s health and development, if not incorporating aspects of othering, racism, discrimination, having other health beliefs than the school nurse as well as social exclusion as topics to address in health visits.

Sense FOR Coherence – a new concept and practical approach to improve health for the people and systems we work with

Round table
19 May 2022, 09:15 - 10:25

Moderator
Bengt Lindstrom

Speakers
Bengt Lindstrom, Presenting Author from NTNU, Denmark
Claudia Meier Magistretti, Presenting Author from Lucerne University of Applied Sciences and Art, Switzerland
Eva Langeland, Presenting Author from Western Norway University of Applied Sciences, Norway
Abstract
Key determinants of health must be addressed to improve health, wellbeing, and quality of life for all. Salutogenesis shows that access to resources and the Sense of Coherence (SOC) predicts health, the resistance against life stressors as well as improving health behaviours of individuals and groups. To strengthen SOC, the Sense FOR Coherence (SFC) has been described as the ability of professionals to improve the Sense of Coherence of the people and systems they work with (Lindström & Eriksson 2010, Koelen & Lindström 2016), in other words, SFR is how we develop the inside perspective of what the target group, the community or society would need to develop SOC (Lindstrom 1994).

In the past five years, the knowledge about the SFC has grown to an empirically underpinned theoretical model with meaningful practical impact. This Workshop will give an insight into this new concept, present the current state of discussion, empirical investigation, and theoretical framing of the Sense FOR Coherence, and an opportunity to develop it for theory, research, and practice of Health Promotion together with the participants.

Objectives.
- To introduce the new concept of the Sense FOR Coherence (SFC).
- To reflect and discuss the concept with a broad range of disciplines.
- To discuss and reflect on the impact of SFC on Health Promotion.
- To show and to develop practical implications of the SFC in Health Promotion with individuals and groups in different settings.

Format. Three short Flash-Info will introduce the concept and research of SFC, its relation to Salutogenic theory, and its impact on practice in Health Promotion and beyond. After a first discussion about the concept in general and its reception by the participants, smaller groups will be created as think tanks for different aspects and fields of SFC about salutogenic theory, health policy, setting-oriented health promotion, and individual health counselling.

The Workshop will end with a whole-group discussion about this new salutogenic concept of Sense FOR Coherence, its application, and its consequences for professionals and researchers on the individual, community, and societal levels.

Learning goals.
- To gain new insight into contemporary salutogenic theory and practice.
- To gain new insights in how to implement salutogenesis in practice.
- To participate in the development of a new salutogenic approach, SFR, for Health Promotion.
Renforcer les capacités en promotion de la santé : Quels besoins couvrir ? Quels dispositifs pour y répondre ?

Workshop
19 May 2022, 09:15 - 10:25

Moderator
Laurent Chambaud

Speakers
Laurent Chambaud, Presenting Author from Réseau Francophone des Ecoles de Santé Publique (RéFESP) et l'Ecole des Hautes Etudes en Santé Publique (EHESP), France
Gabin Maka, Workshop Trainer from Réseau francophone international en promotion de la santé, Ivory Coast
Martine Fortier, Workshop Trainer from Réseau Mère Enfant de la Francophonie, Canada
Sarah Chaput, Workshop Trainer from REFIPS, Canada
David Houeto, Workshop Trainer from REFIPS, Canada
Valérie Ivassenko, Workshop Trainer from Chaire UNESCO et centre collaborateur OMS, France
Benoit Godiard, Workshop Trainer from Chaire UNESCO et centre collaborateur OMS, France

Abstract
Objectifs. La construction, la mise en œuvre et l’évaluation des démarches de promotion de la santé impliquent de faire appel à des compétences clés qui couvrent notamment le transfert des connaissances en promotion de la santé, la communication, le plaidoyer mais aussi la démarche projet et les méthodes de leadership permettant la mobilisation des communautés.

Il est donc utile de se poser la question des modalités de formation nécessaires pour conduire avec les personnes concernées de telles interventions. Les questions suivantes pourront être débattues dans le cadre de cet atelier, en croisant différentes approches disciplinaires :

- Quels publics peuvent être touchés par des actions de renforcement des compétences en promotion de la santé ?
- Quelles compétences doivent être développées ou renforcées en priorité ?
- Comment définir les niveaux nécessaires en termes de formations ou d’accompagnement, y compris pour co-construire les projets ?
- Quels rôles pour les différentes structures dans le renforcement des capacités, et quelle place pour la diplomation ?
- Comment consolider le lien entre recherche, formation et pratiques en promotion de la santé ?

Cette réflexion est cruciale à l’heure d’une santé mondiale. Elle se déroule au moment où l’OMS développe une « WHO Academy » avec un double objectif de personnalisation des dispositifs d’acquisition des compétences et de massification des publics. Cet atelier interrogera la place de toutes les structures pouvant jouer un rôle dans le renforcement des capacités et discutera la spécificité du monde académique, particulièrement le rôle des Ecoles de Santé Publique.
Format. L’atelier sera construit à partir des réflexions à partir d’un 1er état des lieux des dispositifs de formation existants et sur les besoins des acteurs. Il sera introduit par des témoignages sur les deux versants (organismes formateurs d’une part, besoins des professionnel.le.s venant de tous les secteurs impliqués d’autre part), en prenant le soin d’avoir des témoignages diversifiés en fonction des pays et des niveaux d’action.
Les organisateurs sont : ReFESP, REFIPS, Chaire UNESCO ÉducationS & Santé, CHUSJ – Centre de promotion de la santé

Buts d’apprentissage. Ils sont doubles :

- D’une part élaborer des propositions sur les dispositifs de renforcement des capacités et d’accompagnement qui correspondent le mieux aux besoins de compétences en promotion de la santé,
- Mieux articuler formation académique et formation en situation professionnelle
Pre-recorded videos
Art and technology

A digitally enhanced photograph titled; ‘Laughter tablets - effective misery relief’ – a health promotion initiative.

Speaker
Deborah Hilton, Presenting Author from Deborah Hilton Statistics Online, Australia

Abstract

Health promoting objectives. The Australian Health Promotion Association, health promotion and illness prevention policy statement acknowledges the interrelating nature of many multiple determinants of wellbeing for the world’s people. This health promotion initiative objective is to utilise a digitally enhanced photograph on a flyer to promote laughter and humour. Clinical trials and/or systematic reviews provide evidence for laughter therapy. A systematic scoping review of evidence on ‘laughter for personal development’ reported growing evidence for diverse applications and benefits of humour. Another study among middle-aged men found infrequent laughter was associated with long-term blood pressure increment. A pragmatic RCT on laughter therapy in patients undergoing center haemodialysis showed it decreased depressive symptoms while an ethnographic study in patients with prolonged incurable cancer, reported that the hierarchy between healthcare professionals and patients/relatives vanished with laughter. Humour enhanced shared decision-making. Amongst older adults, laughter yoga is used for health promotion, is cost-effective with no adverse effects. References upon request.

Description of the artwork. A photograph by Stephen Hilton [amateur photographer] was digitally enhanced. Deborah Hilton has previously published manuscripts including Stephen’s winning photographs from the APACPH conference photographic competition on SDGs, and another on motorcycles and the necessity for helmets. This particular presentation includes a digitally enhanced photograph showing a Doctor’s prescription pad, and round chocolates with a smiling mouth fallen from a medicine bottle. On the bottle are the words; ‘Laughter tablets; effective misery relief’.

Intended audience. Patients, staff and clients in Medical offices, psychology or counselling waiting rooms or yoga studios could view this as a wall poster or flyer. This presentation is suitable for public health practitioners and researchers with an interest in health promoting ideas and initiatives.

Duration and intended use. This presentation will initially include the presentation of the background research on laughter and health. Then the publications previously published by Hilton will be detailed. Then the laughter tablets idea will be presented. Following that there will be a short survey asking participants for their feedback and thoughts on the idea. Finally, there will be a discussion amongst delegates.

Art to address racism: Evaluation of the Aotearoa poster competition 2020

Speaker
Grace Wong, Presenting Author from Auckland University of Technology, New Zealand
Abstract

Health promoting objectives. To run a national poster competition to:

- Reduce racist behaviours exacerbated by COVID-19 by raising awareness, discussion and promoting positive inclusive behaviour
- Build the resilience of ethnic communities and their dual New Zealand/ethnic identity. In 2020 the focus was on Chinese communities.
- Support the arts.

Description of the artwork. The presentation includes:

- Poster art used to promote the competition
- Winning and finalist posters
- Video clips of the winning artists
- Video clips of the judges discussing the posters.

It will focus on the results of the evaluation of the competition. This includes assessing matters such as cultural appropriation in the context of Te Tiriti O Waitangi and Māori as tangata whenua (New Zealand’s indigenous people).

Intended audience. The intended audiences are the New Zealand public and diverse Chinese communities.

Duration and intended use. The competition opened in August 2020. The winning posters were displayed nationally in November 2020. The posters on the competition website draw viewers to information about the history and diversity of Chinese people in Aotearoa and resources to address racism. The promotional and winning posters are freely downloadable from the website. The winning posters were collected by Te Papa, New Zealand’s national museum.

Arts-based digital interventions for mental health promotion: A youth participation framework and applications in Brazil

Speaker
Sheila Murta, Presenting Author from University of Brasilia, Brazil

Co-authors
Gabriela Pavarini, Ilina Singh

Abstract

Health promoting objectives. The past decade has seen a paradigm shift in our conceptualisation of mental health. This includes greater recognition of mental health as a continuum from wellbeing to severe illness, and an increased focus on early intervention and wellbeing promotion. Innovative approaches such as arts-based digital interventions have also become increasingly popular. Underlying this new paradigm lies a systemic change in our collective sense of agency and responsibility: promoting mental health and wellbeing is relevant to all, across age groups, sectors and specialties. In particular, many have argued that
encouraging adolescents to take an active role in championing wellbeing initiatives and joining wider debates surrounding mental health interventions is key to community wellbeing.

**Description of the artwork.** We present an arts-based digital intervention delivered by a chatbot that aims to strengthen Brazilian adolescents’ sense of agency for mental health promotion. The chatbot draws on a framework for adolescent participation in mental health promotion, prevention and care developed through qualitative work with Brazilian youth. The framework covers internal motivation factors and external enablers of participation such as moral identity, decision-makers’ commitment to participatory leadership and children’s rights policies. It also outlines a range of entry-points and ways young people can be change agents for better mental health, ranging from peer-to-peer support groups to political action aimed at social determinants of mental health. Finally, the framework considers barriers to meaningful participation, such as adultism, stigma and lack of time/resources. The framework invites holistic thinking about youth participation, incorporating psychological, social and structural factors. Both the qualitative work and intervention are part of a British Academy-funded project (see www.engajadamente.com.br).

**Intended audience.** Youth and mental health professionals.

**Duration and intended use.** The duration of the experience of interaction with the chatbot is around 10 minutes. The chatbot has the aim to strengthen Brazilian adolescents’ sense of agency and empower them to promote community wellbeing. With health care being the top motivator for political engagement among Brazilian adolescents, there is scope for maximal impact from strengthened youth participation, yet also significant barriers and challenges to be addressed.

**Gestion intersectorial de politicas publicas**

**Speaker**

Marco Akerman, Presenting Author from School of Public Health - University of São Paulo, Brazil

**Co-authors**

Andrea Vieira Gonçalves, Marcia Mecone, Patricia Jaime, Deborah Henrique Concha, Gabriela Kimura, Laura Luciano Scaciota, Melissa Yasmin Alves Tarrão, Julia De Caro Costa

**Abstract**

**Objetivos de promoción de la salud.** Se trata de un curso de autoaprendizaje (https://cursosextensao.usp.br/course/view.php?id=2293) sobre gestión intersectorial de políticas públicas para gestores públicos que surge en el contexto de una investigación sobre "Líneas de atención al sobrepeso y obesidad en la Región Metropolitana de São Paulo". con estos objetivos:

- Reconocer la necesidad de implementar una acción intersectorial en la ejecución de una política pública
- Identificar las particularidades de la gestión intersectorial.
- Identificar el alcance de las políticas públicas intersectoriales ya implementadas
- Comprender los desafíos de la intersectorialidad en sector de salud
• Indicar pautas generales para la implementación de la gestión intersectorial de una política pública de interés
• Desarrollar un proyecto de gestión intersectorial para una política pública de interés
• Pretendemos abrir una discusión con los participantes de la sesión sobre sus experiencias de formación para gestores de políticas públicas; qué modalidades se utilizan, qué contenidos, qué estrategias metodológicas, qué resultados, etc.

**Sinopsis de una situación en la que se aplicó.** El Curso se lanzó en un evento público el 14 de septiembre de 2021 y hasta la fecha, 2 de octubre, 82 personas se han inscrito para el Curso. Aún no tenemos participantes que hayan completado el Curso, pero en mayo de 2022 ya podremos presentar resultados sobre los temas presentados para los proyectos intersectoriales y la percepción de los participantes sobre la calidad del curso y su utilidad para el día a día de sus vidas como gestor de políticas públicas.

**Público al que se dirige.** Gestores de políticas públicas y estudiantes de salud pública y otras profesiones de salud

**Duración y utilidad.** 20 horas (5 semanas) – Desarrollo de Capacidades Y competencias de Gestión / Educación Permanente

**Más vale prevenir que curar en tiempos de pandemia: las artes como vehículo de transferencia e intercambio de conocimientos con comunidades rurales indígenas altoandinas en Perú**

**Speakers**
Dave Bergeron, Presenting Author from Université du Québec à Rimouski, Canada
Fernando Murillo Salazar, Presenting Author from Universidad Nacional San Antonio Abad del Cusco, Peru
Felipe Ccaniahuire Laura, Presenting Author from Comunidad de Ccalliatiaq, Peru

**Co-authors**
Lynda Rey, Anne Marie Michaud

**Abstract**

**Escenario / problema.** La crisis del COVID-19 ha llevado a todos los países a adoptar medidas preventivas estrictas y coercitivas. En este contexto de emergencia, estas medidas se desplegaron frecuentemente con un enfoque descendente, sin una verdadera consulta intersectorial ni adaptación a las realidades locales. La aplicación de estas medidas ha tenido un impacto negativo en varias comunidades, incluyendo comunidades indígenas. Además, el uso de acciones coercitivas para imponer el cumplimiento de las medidas puede haber contribuido a mantener la desconfianza de las comunidades indígenas hacia las autoridades públicas. Ante esto, es necesario reconocer la contribución del conocimiento experiencial de las comunidades y aplicar enfoques innovadores que valoren el conocimiento, el compromiso y la movilización de la comunidad.
Intervención. Este proyecto tiene por objetivo diseñar e implementar una intervención preventiva fomentando las medidas de barrera y la vacunación para limitar la transmisión del COVID-19 en dos comunidades indígenas altoandinas de la región de Cusco, Perú a partir de un modelo de intercambio y transferencia de conocimientos basado en las artes y arraigado en las comunidades (ITCAC). El modelo de ITCAC fue inspirado por los marcos conceptuales de Kontos y Poland sobre el uso de las artes en la transferencia de conocimientos y de Jenkins y colaboradores en intercambio y transferencia de conocimientos arraigado en la comunidad. Se trata de un modelo integrado de uso de las artes en distintas etapas del proceso de intercambio y transferencia de conocimientos.

Resultados. El uso del modelo ITCAC permite valorar e incorporar los conocimientos indígenas en las intervenciones destinadas a prevenir el COVID-19. El modelo ITCAC también facilita la participación de comunidades indígenas en el desarrollo de intervenciones de salud pública y reduce los desequilibrios de poder contra la población indígena.

Implicaciones. El carácter innovador del modelo ITCAC ofrece un marco para la aplicación de un enfoque participativo e interdisciplinario que favorece una problematización común, una cocreación de las intervenciones, al tiempo que preserva el equilibrio y fomenta la complementariedad entre las ciencias, las artes y los conocimientos locales. Desde un punto de vista práctico, este enfoque podría reproducirse para la resolución de problemas complejos que afectan a las comunidades indígenas, creando un entorno propicio para el intercambio y el diálogo.

Promoting the health benefits of arts engagement to children by developing a midwestern curriculum’s popular fruit, vegetable, and activity-loving animal characters as artists

Speaker
Ladona Tornabene, Presenting Author from University of Minnesota Duluth, United States

Co-authors
Donna Anderson, Jessica Barnes, Bailey Soma, Mary Pelletier

Abstract
Health promoting objectives.

1. To create a partnership between the University of Minnesota Duluth’s (UMD) students enrolled in an ‘Arts in Public Health’ course and the University of Minnesota Extension for the purpose of conceptualizing the popular animal characters from their ‘Go Wild with Fruits & Veggies!’ curriculum as artists to promote arts engagement among children.
2. To promote the brand recognition of the Go Wild animal characters as artists through the creation of indoor and outdoor signage displayed in school and community settings that encourages arts engagement as a means of health promotion in children.

Description of the artwork. A total of twelve posters were created, two for each ‘Go Wild’ animal character. Becky Bear, Derek Deer, Marty Moose, Riley Raccoon, Rosey Rabbit, and Tommy Turkey, which all have
distinct preferences for produce consumption and physical activity. University of Minnesota Duluth students studied the characters and related an aspect of such to the arts. For example, Marty Moose enjoys being outdoors, so his poster depicts him saying, “Marty loves the planet and making art projects too! He turns old trash into treasure and so can you!” On each poster, a QR code links to a created electronic resource that provides the following: A website with instructions for engaging in said art (e.g., crafting art from recyclable products); a professional source that attests to the health benefits of that arts engagement; a link to the University of Minnesota Extension’s site; a link to the University of Minnesota Duluth’s site as well as information on arts in health.

**Intended audience.** Children in grades 3-5 are the primary audience for the artwork. However, since the QR code leads to additional reputable resources pertaining to the health benefits of arts engagement, it is applicable to parents and educators who are interested in expanding their knowledge on the topic.

**Duration and intended use.** These posters are displayed in indoor and outdoor environments throughout selected regions of Minnesota, USA, where children are most familiar with the Go Wild curriculum. Permanent metal signage depicting the artwork will be placed in parks. Indoor posters will be hung at locations such as seasonal farmer’s markets, school cafeterias, and libraries.

**Understanding heart health and how cardiovascular unfriendly settings are created: Photos that speak**

**Speaker**
Nchafack Almighty Nkengateh, Presenting Author from Nottingham Trent University, United Kingdom

**Abstract**

**Background/Objectives.** Empowerment is one of the core principles of the Ottawa Charter, yet in its enactment, it is difficult to sustain. This empowerment is sustainable when the structures and settings that shape health are thoroughly understood. In this light, cardiovascular (CVD) health promotion is most effective when perceptions of health and illness that are usually influenced by cultural beliefs, social contexts and past experiences are understood. This research used photos to explore the meaning of having a healthy heart and how the social conditions of the places in which people live and work in Nottingham are perceived in relation to promoting and sustaining low cardiovascular risk.

**Methods.** The study started with a critical review of literature. Data was collected using online photovoice consisting of 20 participants resident in 05 neighbourhoods of multiple deprivation in Nottingham and 05 community leaders who took pictures and built narratives around their understanding of healthy hearts. Due to COVID-19 restrictions, the study was conducted remotely using Microsoft Teams recorded video calls. The initial sessions included guidance on ethical and practical picture taking tips. The photovoice sessions were recorded and transcribed through Otter ai. Data was then analysed using Nvivo 12 Pro.

**Results.** Both lay community members and community leaders took pictures that illustrated that having a healthy heart is the ability to balance a good diet, do physical activity and maintain low levels of stress and alcohol. Many participants mentioned the presence of health promoting schemes at work such as cycle to
work and colleague-led physical activities, however, these did not specifically target CVDs. In
neighbourhoods, pictures demonstrated that the accessibility of takeaways and fly tipping were
unfavourable for CVD health promotion. Furthermore, COVID-19 has shifted work settings which has, in
turn, put more responsibility on workers to look after their cardiovascular health at home.

Discussion. Activities specific to cardiovascular health promotion within work settings and neighbourhoods
are almost non-existent, however, various stakeholders continue to make efforts to improve the general
health of people through improved lifestyle. There is a need for continuous multidisciplinary and
multisectoral collaboration to improve holistic health promotion.

Uptake of Smoking cessation support during the COVID-19 pandemic: the case of the
portal www.parar.net to fill the gap of cessation of health services and the role of
the salutogenesis perspective

Speaker
Luis Saboga-Nunes, Presenting Author from Institute of Sociology University of Education Freiburg,
Germany

Abstract
Health promoting objectives. The COVID-19 pandemic plunged the world into a crisis that is touching all
sectors of society. In a desperate attempt to contain the further spread of the disease, health services
needed to focus on the consequences of the disease, discontinuing many services, like smoking cessation
support. Travel and economic activity become limited, and severe restrictions were imposed on physical
contacts, limiting them to the very essential, compromising displacements of smokers who would like to
stop smoking, to travel to their usual supporting services in hospitals or community health centres.
Moreover, in the traditional pathogenic approach to help smokers quit, varenicline is a usual ingredient to
help smokers. Nevertheless during 2021 some lots of these pills were found to have levels of the carcinogen
N-nitrosodimethylamine (NDMA). Consequently its distribution was suspended and no longer accessible to
smokers in pharmacies around the world.

In the context of these conditions, distant support offered by the means of the portal www.parar.net and
based in health promotion instead of disease control or eradication, become more relevant than ever to
help smokers quit. In this alternative showing www.parar.net is dissected in order to provide participants
an overview of its theoretical foundation.

Synopsis of the scenario. Renasceres: 10 step program to help smokers quit

Intended audience. Researchers, Doctors, Nurses, Health Promotion practitioners, Policy makers

Duration and intended use. This program (www.parar.net) is active and intended to be used by adults who
are planning to stop smoking. It has received the seal of HonCode for its conformity to good and best
practices in digital health
Art for health promotion

The Vaccination Calendar Baby-Wrap: A human-centered textile design to engage mothers in timely completion of childhood vaccines

Speakers
Eliza Squibb, Presenting Author from Massachusetts Institute of Technology, United States

Co-authors
Mika Kondo Kunieda, Julia Shivers

Abstract

Background/Objectives. The aim of the research was to assess the effect of a baby-wrap designed with information on where and when to vaccinate children with routine vaccines. The baby-wrap, commonly used by mothers in West Africa, was chosen as the medium of health promotion.

Methods. After ethics review approvals, health worker communication training was conducted. The questionnaire survey was administered (n=1692), first when the baby-wrap was being distributed in December 2020. The second questionnaire survey took place just before Ramadan in April 2021. The last and third questionnaire survey is taking place September-October 2021. The mothers who agreed to being recruited for the study were surveyed in the second and third surveys. Vaccination coverage and drop-out rates were to be calculated and compared between the paired 10 intervention and 10 control health centers to assess the effect of the vaccination calendar baby-wrap. Questions were based on the Fogg Behavioral Model of motivation, ability and prompt to vaccinate.

Results. Results of this study evaluating the effect of the vaccination calendar baby-wrap will be analysed, written up and published before the conference. Preliminary results show that the baby-wrap itself is being used but that the message has not been fully understood nor was it being discussed amongst mothers. Results of the second survey indicated a slight improvement from the first survey, for motivation as well as ability to vaccinate.

Discussion. The intervention focused on improving vaccination calendar knowledge at the individual mother level but could have benefited from supplementary activities such as getting medical students to explain the baby-wrap vaccination calendar while mothers waited for their child’s turn at health center waiting rooms. This might have solicited conversation over the vaccination schedule as well as peer support or play groups amongst mothers of children who are around the same age and developmental stage. Creating a child care peer support group and other textiles which promote health and literacy could be a way forward for this project.
Transformative Compassion: Using comics to explore the meanings of compassion in health for 2SLGBTQ+ individuals

Speakers
Phillip Joy, Presenting Author from Mount Saint Vincent University, Canada
Andrew Thomas, Presenting Author from Mount Saint Vincent University, Canada

Co-authors
Megan Aston

Abstract
**Health promoting objectives.** Many people are increasingly feeling isolated which is detrimental to individual and societal well-being. People are experiencing disconnectedness from each other and within their communities. For LGBTQI2S people, negative attitudes, beliefs, stigma, resulting from heteronormativity in Canada creates such disconnectedness. Research on the experiences of compassion is needed and may help overcome such global challenges.

Our objectives are to express through art our research that explored the experiences of compassion within health care for LGBTQI2S peoples. We aim to express the ways compassionate healthcare may be a way for societal change. With the artwork, we aim to create discussions about equity and the cis-heteronormative discourses that create barriers to accessing safe health care and that influence the health and well-being of LGBTQI2S people. We aim to show how compassion in health can be transformative for people.

**Description of the artwork.** The artwork will be a collection of graphic comics by various artists that represent the meanings and experiences of compassion within health care for LGBTQI2S people. The artwork will full-colour illustrations that tell the stories of research participants regarding compassion in health.

Respect Is... Promoting respect though young people’s voices

Speaker
Emma Heard, Presenting Author from University of Queensland, Australia

Abstract
**Health promoting objectives.** Respect Is... works to promote respect with the aim of shifting cultural norms that support and condone sexual violence. Sexual violence is a key public health concern with significant health and wellbeing implications for young people around the world. In particular, women experience significantly higher rates of sexual violence than men and there are a range of other key groups who experience both disproportionate rates and exacerbated consequences of sexual violence, including gender and sexually diverse people, people with a disability, and people from culturally and linguistically diverse backgrounds. University students are an important target audience for primary prevention of sexual violence who report high rates. Further, universities are building our society’s future leaders and cultural shifts made within university contexts will ripple through the community. Primary prevention of sexual
violence requires cultural change including shifting understandings of respectful intimate relationships in relation to consent, power, and gender. This artwork draws on core values of health promotion including equity and justice to promote respect, contributing to the important public health goal of halting violence before it occurs. This artwork foregrounds the voices of the people it aims to speak to – young people.

Description of the artwork. Respect Is... is a collaborative piece designed by a local artist with a group of young people. The artwork uses the artist’s a unique cartoon style to depict ten diverse young people with verbatim quotes from university students about what respect means to them. The artwork is vibrant and eye catching, drawing in the viewer and the quotes both educate the viewer about respect and challenge the viewer to reflect on their own personal understanding and behaviours around consent, gender, power, and respect. The artwork is designed as a multimedia piece, which includes a large print installation, a digital installation (including an animation), and an interactive aspect that allows the viewer to contribute their own ideas about what Respect Is...

Intended audience. This piece was designed for university students at a large university in Brisbane Australia.

Duration and intended use. The initial installation was part of a two week cultural and innovation festival. Different aspects of the piece continue to be used across the campuses including at orientation weeks and online via social media.

Coping with trauma and stress: Different world views

COVID-19 pandemic and adolescent’s coping skill: A large scale online survey in Hanoi, Vietnam in 2021

Speakers
Duy Pham, Presenting Author from Hanoi Amsterdam Highschool for the Gifted, Vietnam

Abstract

Background/Objectives. The Covid-19 pandemic has left many young individuals suffering mentally, as they faced negative feelings like loneliness and anxiety. Hence, coping skills become more valuable for adolescents to contend with stress and negativity. This study aims at evaluating children’s coping skills during the pandemic and how COVID-19 negatively affected this skill.

Methods. A sample of 5315 high school students aged 11-17 from rural/urban areas of Hanoi was collected using respondent-driven sampling and Google online survey form. The Kids Coping Scale was applied to examine participants’ coping mechanisms. Results were compared among those who suffered from the impact of Covid-19, such as family violence and online classes attendance.
Results. The percentage of adolescents experiencing issues with emotion-focused, problem-focused coping, and seeking social support were 32.9%, 25.0%, and 32.8%, respectively. In terms of scores, individuals experiencing family violence’s during the COVID-19 pandemic were at a disadvantage compared to those not. Females had lower scores compared to their male counterparts regarding the ability to cope. Internet usage time showed a reverse dose-response relationship with the coping score, while family bonding time and the coping score had a positive correlation.

Discussion. The prevalence of Hanoi adolescents with low coping skills was overall high. Groups vulnerable to negative emotions were students living in rural areas, those experiencing domestic violence, and children at liberty to use the Internet. Families and society are obligated to offer help and support to those experiencing difficulties in coping with stress and feelings.

Family health

Empowering evaluation of the project “Io sto bene qui... in montagna” to reduce child poverty in a mountain area.

Speaker
Claudio Tortone, Presenting Author from DoRS Piedmont Region - Regional Health Promotion Documentation Center, Italy

Co-authors
Mara Grasso, Giovanni Borgarello, Alda Cosola, Francesco D'Angella, Monica De Luca, Alessandro Migliardi, Giorgio Salza

Abstract
Background/Objectives. “Io sto bene qui in...montagna” is a project aimed to reduce child poverty (0-6 age) in a disadvantaged mountain area. The leader is Torre Pellice Municipality and other partners are valley municipalities, institutions and health, social and education services. As the services’ users are few, the project’s main objectives are: creating equity oriented educational policies and reaching more vulnerable children and families, through the strengthening of intersectorial collaboration, and activating community development to reinforce social support and networks.

Methods. The action research, with the empowering evaluation approach, includes both quantitative and qualitative methods. In the first phase we did focus groups and in-depth interviews with professionals and laboratories with families and community, applying Laverack domains approach, to respond families’ needs and to initiate community empowerment programmes. In the second phase, with a pre-questionnaire (that will be followed by post questionnaire in the autumn of 2022), we asked families to evaluate the accessibility and the quality of 3 services and 3 wellbeing promotion activities. We involved pediatricians, nurseries, schools and other services to disseminate the questionnaire among the families. Due to the pandemic, we made both face-to-face and telephonic questionnaires. The families with 0-6 age children are 1400 and, for
the sample, we should have included 300. At the end, we reached 400 families but only 203 responded to
the questionnaire (response rate of 50%).

Results. The services are known and used but some activities are less known and used from people with a
low rate of education and so they should be better promoted among these persons. The services’ valuation
is good but relations between families and organisational aspects are valuated more negatively than others.
These results will be discussed in October 2021 with the partners and later with the families to identify
problems and improvements.

Discussion. Also previously it was difficult contacting the families, in particular disadvantaged ones, but the
COVID-19 pandemic has worsened the situation. We used different strategies to contact the families and
to engage the partners but the main problem was really to reach the families. We will present the employed
strategies at the conference to discuss them with the participants.

Exploring the needs of people affected by endometriosis using design thinking

Speaker
Dr Diksha Sirohi, Presenting Author from Robinson Research Institute, Adelaide Medical School, University
of Adelaide, Australia

Co-authors
Dr Rebecca O'Hara, Dr Cecilia H. M. Ng, Louise Hull

Abstract

Background/Objectives. Endometriosis, a chronic and painful condition affecting 1 in 10 women globally.
More exploration of the perspective of the endometriosis community using systematic needs assessments
is the first step to better care delivery. We propose using design thinking systematic methods to accurately
define the needs of people with endometriosis.

Methods. Eight semi-structured focus group discussions (n=36) were conducted across Australia. The first
two stages of the design thinking framework (empathise and define) were used to elicit the needs of those
affected by endometriosis. Braun and Clarke’s approach to thematic analysis was used for data analysis.
Bradshaw’s taxonomy was used to identify the type of need. In this study, felt needs described the wants
of the community, while expressed needs were services used by the community and/or actions taken.

Results. Five main themes (needs, symptoms, challenges, experiences and resources) were identified from
the focus group data. 90 needs were identified of which 49 were felt needs and 41 were expressed needs.
The top three felt needs were (i) a central, credible source of information on endometriosis (ii) self-
management strategies for endometriosis, and (iii) local information on health care providers to assist
people with endometriosis to build their health team. The top three expressed needs were the use of (i)
allied health therapies (physiotherapy, psychotherapy, dietetics), (ii) complementary therapies
(acupuncture, massage, traditional Chinese medicine), and (iii) social and lifestyle factors (socialising with
friends and family, exercise, mindfulness and meditation).
Discussion. Through design thinking, researchers were able to clearly identify the needs of the endometriosis community, by developing rapport. These well conceptualised needs will help to design successful health promotion interventions for endometriosis. The empathise stage allowed observation, engagement and immersion with the experiences of the endometriosis community. The define stage assisted the team to understand the needs from the endometriosis community’s point of view. The design thinking framework is a useful tool in conducting a needs assessment for the endometriosis community.

Setting the path from innovation to evidence-based intervention: A theory-based evaluation of the “A Family Affair” programme.

Speaker
Elodie David, Presenting Author from EHESP School of Public Health, France

Co-authors
Clotilde Couderc, Guillaume Quercy, Franck Lecas, Mireille Carpentier, Odile Lecocq, Antoinette Fouilleul, Line Caron, Eric Breton

Abstract

Background/Objectives. Health promotion practitioners need evidence-based programmes that can significantly alter people’s life course. Here we report on the results of PATTERN, a theory-based evaluation project of “A family Affair”; a programme addressing harms such as addictions and family violence in a systemic and intergenerational perspective. We show the challenges of identifying the theories of change it underpins and of casting them into a logic model. We provide an account on how this researcher-practitioner partnership will set the ground for a large-scale randomised controlled trial.

Methods. Ours is a qualitative study. Our dataset included documents describing the programme and its implementation and 28 semi-structured interviews conducted with its designer, the programme facilitators (N=14), and participants (N=14) from 2 French regions (Normandie and La Reunion). The 2 regions were analysed separately to capture differences/adaptations brought to the 6-month 8-session programme. An initial logic model template guided data collection and analyses. Results were validated through a set of focus groups with programme facilitators and former participants.

Results. The programme’s outcomes were stated by facilitators and participants as being set free from one’s sufferings rooted in childhood and a way to prevent family dysfunctions spreading to the next generation. Besides the in-session activities, others were documented in-between, along with supporting activities (recruitment, promotion of the programme, training of the professionals). Three domains of changes were identified (individual, interpersonal, and systemic). Changes within the family system suggest that support delivered to a group of unrelated participants can be reverberated over the members of their families. Discussions with participants and professionals on the first draft of the logic model yielded new activities, change processes and helped in identifying change indicators that can be collected without impacting much on the delivery of the programme.
Discussion. Programme descriptions in user’s manual say little on the change mechanisms, and supporting activities that make or break a programme. Carrying out an in-depth investigation of a programme’s theories of change is a crucial step prior to its evaluation. Researcher-practitioner partnership coupled with the insights of its beneficiaries appears an efficient way to access the knowledge needed prior to an evaluation process.

Health equity / Équité en santé
Experiencing the process of reaching a consensus on a defined set of national health equity indicators

Speakers
Rachel Wilf-Miron, Presenting Author from Gertern Institute of Epidemiology, Israel
Paula Feder-Bubus, Presenting Author from Department of Health Policy and management, Faculty of Health & Science and Faculty of Business and management, Ben Gurion University of the Negev, Israel

Abstract
Objectives
• To present the process of developing a national set of health equity indicators;
• To allow participants to experience the Delphi technique utilized to reach a consensus
• To discuss the challenges concerning participant's diversity and compliance
• To discuss the challenges of translating the process' products into decision-making and inter-sectoral strategies that would increase health equity.

Format. The session will provide delegates the experience of participation in a process for reaching consensus on a set of indicators, reflecting equity in health services provision and outcomes. It will simulate an on-line Delphi process that took place in Israel during 2020, using a digital platform. Participants will assess the relative importance of criteria used to rate the indicators: public health importance, public interest, magnitude of the disparity and potential for change. We will discuss ways to improve participants' engagement with the process. Finally, we will share the products and lessons learnt from the Delphi process and its potential influence on equity policy-making.

Learning goals. After this session, participants will be able to:
1. Know basic concepts relevant to the field of health inequities measurement
2. Implement an evidence-based consensus development process
3. Identify barriers in consultation processes and learn how to tackle them.

Réponse à l’épidémie de Covid et renforcement de la prévention et promotion de la santé auprès des publics migrants et réfugiés en Bourgogne-Franche-Comté

Speaker
Marion Defaut, Presenting Author from Ireps Bourgogne-Franche-Comté, France
Co-authors
Emmanuelle Verdant, Salomon Awesso

Abstract


Intervention. L’objectif était de renforcer le dispositif de médiation en santé auprès des personnes en situation de migration : identifier les freins et leviers à l’applicabilité et l’acceptabilité des mesures, puis soutenir les intervenants pour une approche affinée et effective.
Une recherche documentaire a été menée pour repérer les ressources en promotion de la santé adaptées (Covid ou santé globale). Huit professionnels du secteur social intervenant auprès de ce public et quatre demandeurs d’asile ont été consultés, pour aborder leur rapport au dépistage ou à la vaccination, leur vision de l’accès à la prévention, leurs préconisations.

Résultats. Des recommandations appropriées ont été émises, qui portent sur la posture à adopter, l’accès au droit à la santé en France, la simplification du parcours vaccinal, l’outillage des professionnels ainsi que la formation des médiateurs en santé. Sur la base de ces résultats, cinq webinaires de sensibilisation ont été organisés, auprès des médiateurs de Lutte anti-Covid, et de possibles Ambassadeurs référents, dans une visée d’ouverture contextuelle (Quartier prioritaire de la politique de la ville), thématique (précarité, inégalités sociales de santé) et géographique (région entière, à venir).

Implications. L’organisation des entretiens dans les structures s’est heurtée au contexte (langue, timidité, masque, etc.). Le moment de l’action a pu également apparaître en décalage vis-à-vis des besoins d’accompagnement, au plus vif en tout début de crise.
En revanche, l’intervention a eu un impact extrêmement positif sur le maillage partenarial avec les acteurs régionaux du social. La qualité du lien s’est renforcée, une dynamique de réseau a été impulsée. Par ailleurs, la place de la médiation en santé semble s’être confortée, notamment par les pairs au sein des communautés : de belles perspectives post-Covid !

The Impact of COVID-19 on adolescent girls’ sexual and reproductive health and rights: A mixed method study

Speaker
Ebenezer Owusu-Addo, Presenting Author from Kwame Nkrumah University of Science and Technology, Ghana
Abstract

**Background/Objectives.** It has been argued that COVID-19 school closures and lockdowns are likely to increase the sexual and reproductive health and rights (SRHRs) risks of adolescent girls. This paper presents findings from a study on the impact of COVID-19 induced school closures on adolescent girls’ SRHRs in Ghana, and draws implications for adolescent sexual health promotion.

**Methods.** A concurrent mixed-method design was used in this study. The quantitative component was an epidemiological survey conducted on a random sample of 853 adolescent girls aged 13-19. Self-reported computer-assisted questionnaires were administered between May 2021 and August 2021. The qualitative component entailed in-depth interviews and focus groups with adolescent girls, and key informant interviews with healthcare providers, parents and community leaders.

**Results.** Overall, 81.7% of the girls reported ever discussing sexual and reproductive health (SRH) matters with someone during the COVID-19 lockdown and school closures. The prevalence of sexual violence (CSA) during the COVID-19 lockdown and school closures was 20.3%. Adolescent girls’ vulnerability to CSA increased by 12% during the COVID-19 pandemic. The prevalence of teenage pregnancy during the COVID-19 lockdown and school closures was 7%. The prevalence of child marriage discussion was 20.8%. The findings show that adolescent girls have a high unmet need for contraception during the COVID-19 lockdown. Evidence from the interviews and focus groups indicate that school closures, poverty, parental neglect and economic insecurity were the key drivers of CSA, teenage pregnancy and child marriage.

**Discussion.** The findings support the hypothesis claiming that the COVID-19 pandemic and its attendant lockdown and school closures have had significant negative effects on adolescent girls’ SRHRs. Both the quantitative and qualitative evidence point to increased adolescent pregnancies, reduced access to sexual and reproductive health services, increased incidence of CSA, and increased exposure of adolescent girls to child marriage during the COVID-19 lockdown and school closures. Health promotion strategies identified for mitigating the effects of COVID-19 on adolescent girls’ SRHRs are parent-girl-child interventions, community-based interventions, internet/social media public health campaigns and maintaining learning and links to schools during closures.

**Health equity / Équité en santé**

*We need to stop pulling people out of the river*

**Speaker**

Sean Slade, Presenting Author from BTS Spark, United States

**Abstract**

“We need to stop pulling people out of the river, we must go upstream and find out why they’re falling in” – Desmond Tutu.
Schools need a culture of health and wellbeing more than ever. Everyone from bus drivers to teachers, to central office staff, to students and their families, are exhausted, disillusioned, and in some cases burnt out. A RAND study stated that nearly 1/4 teachers said that they were likely to leave their jobs by the end of the 2020–21, compared to 1/6 prior to the pandemic. And a joint report from the National Association of Secondary School Principals and the Learning Policy Institute from earlier this year reported that 42% of surveyed principals were considering leaving their position—a 110% increase.

A school culture that emphasizes and operationalizes health, wellbeing, and care is becoming more of a necessity. The culture of a school can be supportive and boost wellbeing, or it can be unsupportive and raise stress levels. The current solution to stress in US schools however is sporadic, temporary, and downstream. ‘Self care’ places responsibility directly back onto the recipients of stress to help themselves. We must stop expecting educators to save themselves and instead start to address the group climate and culture of our schools. We must improve the environments that educators find themselves in everyday and at a minimum decrease the stress and increase the supports available in that setting. We do this by enhancing and improving the ways we interact and the ways we react to one another. And we start with our school leaders.

Environments that focus on the health, wellbeing and culture of the school itself, trust and psychological safety develop, giving people the confidence to take risks, challenge current thinking, and innovate. When schools are driven by the needs of their people, not just the curriculum or school improvement plan, wellbeing increases, and student engagement and learning surges.

**Learning objectives.** Participants will,

- Understand the crisis facing schools regarding mental health, stress and Covid
- Learn how group interactions form the basis of a school culture
- Appreciate the influential role of school leaders in developing a health-promoting and health-actualizing culture
- Identify action steps to start the process of improving the healthy culture of their school community.

**Crise COVID et prise en en compte des inégalités sociales de santé en Ile-de-France : acquis, limites, et leçons de l’intervention de l’Agence Régionale de Santé (ARS)**

**Speaker**

Luc Ginot, Presenting Author from Agence régionale de Santé d’Ile-de-France, France

**Abstract**

**Problématique.** L’Ile-de-France (IdF) est une région fortement touchée par la première vague de COVID. Elle est caractérisée à la fois par l’ampleur du gradient social et par la présence de groupes spécifiques très défavorisés (personnes migrantes, sans abri, hébergées). Il est nécessaire d’interroger la prise en compte, au sein de l’intervention de santé publique face à l’épidémie, de ces inégalités sociales de santé (ISS) et des spécificités de ces groupes.

**Intervention.** On étudie les mesures mises en œuvre par l’ARS IdF durant 4 phases:
• La 1° vague et le premier confinement, avec la stratégie de dépistage, prévention, et isolement
• Le premier déconfinement
• Les 2° et 3° vagues et les mesures de gestion associées
• La mise en place de la vaccination.

On décrit deux types d’approches : les actions qui visent le gradient social, et celles qui concernent les groupes sociaux les plus éloignés. Les informations recueillies sont issues de documents publics ou traçables, complétées d’éléments de discours de l’Agence relatifs à ces deux approches. Elles ne visent pas à décrire exhaustivement les résultats des actions, mais à confronter les choix aux principes de la réduction des ISS.

Résultats. Face à la première vague, l’intervention de l’ARS s’est d’abord structurée vers les personnes à la rue ou hébergées (équipes mobiles, centres d’accueils spécialisés, etc.). La phase du déconfinement a révélé l’ampleur du gradient de mortalité, conduisant à une approche territoriale (villes en difficultés sociales) et centrée sur l’action publique (moyens renforcés, stratégies d’aller-vers). La participation des communautés a été recherchée en vagues 2 et 3, mais les partenariats sont restés limités, notamment dans l’approche par les déterminants (logement, emploi précaire, ségrégations). Lors de la mise en œuvre de la vaccination, les deux stratégies (gradient social et grande précarité) ont été engagées, dans un contexte de contrainte forte de gestion des doses et des rendez-vous. Trois grands axes ont été mobilisés: régulation, aller-vers, coalition.

Implications. Face aux ISS liées à l’épidémie, l’ARS IdF a développé des réponses adaptées aux situations de grande précarité, mais s’est heurtée à des difficultés dans la prise en compte du gradient social d’exposition et de risque, malgré une volonté politique précoce. L’extension de démarches ayant fait leurs preuves pendant l’épidémie (aller-vers) et des approches de coalitions sont les conséquences de cette expérience.

Health literacy
HLS19-21-CH: Latest data on health literacy among the Swiss population: Results of a representative study

Speaker
Saskia Maria De Gani, Presenting Author from Careum Foundation, Switzerland

Co-authors
Rebecca Jaks, Urs Bieri, Jonas Ph. Kocher

Abstract

Background/Objectives. Health literacy (HL) comprises the ability of individuals to access, understand, appraise, and apply health information to take appropriate health decisions. The present study, the so-called “Health Literacy Survey Switzerland 2019-2021” (HLS19-21-CH), aimed at investigating HL of the Swiss population. Along with identifying the difficulties Swiss people are faced with when dealing with health
information, also possible causes and consequences of HL as well as challenges associated with the digital transformation, the increasingly complex health system and the COVID-19 pandemic were examined.

**Methods.** Data was collected in March and April 2020 mainly by online interviews. A representative sample of 2,502 adults (age ≥ 18 y) living in Switzerland was surveyed. The questionnaire included the short version of the HLS European Questionnaire (HLS-ER-Q12) as well as questions on digital and navigation HL. Based on these questions, several indices and categories on HL were built and related to sociodemographic and other aspects.

**Results.** Nearly half (49 %) of the Swiss population report frequent difficulties in dealing with health information and thus low HL level. Furthermore, 72 % of the Swiss population show a low level of digital HL and 74 % low navigation HL. It is generally easier for respondents to access and understand health information, whereas difficulties in appraising and applying information are more pronounced. Aspects related to disease prevention are more difficult than those related to disease management or health promotion. The results confirm that low HL is closely linked to financial deprivation and lack of social support as well as difficulties in understanding the local language. Finally, the results show that a high HL level is often associated with a healthier lifestyle, better health and potential cost savings.

**Discussion.** The results show a clear need for action. Future efforts should especially focus on strengthening digital HL, navigation HL and on certain population groups. In particular, more attention should be paid to socially and health disadvantaged population groups in order to increase health equity. Therefore, measures and approaches that address both the individual level and the level of organisations and systems are needed. A coordinated and systematic approach across all sectors of society is required.

### Innovations and techniques in citizen science

**A case study evaluation of policy- and practice-led citizen science in health promotion**

**Speaker**

Yvonne Laird, Presenting Author from University of Sydney, Australia

**Co-authors**

Samantha Rowbotham, Leah Marks, Benjamin Smith

**Abstract**

**Background/Objectives.** While citizen science approaches are gaining traction in public health for their potential to engage the public and research and decision-making, the use of these approaches has predominantly been researcher-led, with little attention to the potential for policy- and practice-led citizen science approaches. This study aimed to explore health promotion stakeholders’ experiences of applying citizen science approaches within their work.
Methods. As part of an ongoing case-study evaluation of four stakeholder-led citizen science projects, in-depth semi-structured interviews were conducted with stakeholders (n=7) from Australian health promotion agencies who are leading the citizen science projects, and their implementation partners (e.g. academic researchers, local council officers, n=11). Interviews explored motivations for using citizen science approaches, experiences of developing and implementing the projects and perceived impacts. Interviews were audio-recorded, and transcripts were analysed inductively using thematic analysis.

Results. Citizen science approaches were perceived by stakeholders to offer a framework for meaningfully engaging the public in research, policy and practice to address key public health challenges. Main motivations to use citizen science within their work included to engage with diverse communities, generate new evidence and advocacy to support policy and practice change, and to test the feasibility and utility of citizen science approaches to address the needs of their organisations. Factors identified as supporting the implementation of these approaches in practice included organisational readiness, high-level support, capacity and expertise, while identified implementation challenges related to recruitment of citizen scientists, COVID-19 and ethical issues such as renumeration of citizen scientists. Reflections on the early impacts of these projects were also discussed.

Discussion. Citizen science approaches are perceived by stakeholders as a valuable means of engaging community members in addressing public health challenges. Learnings from this study are being fed back to project stakeholders on an ongoing basis and will guide capacity building activities and development of resources to support policymakers and practitioners to apply citizen science approaches.

Building capacity for citizen science amongst stakeholders in health promotion

Speaker
Yvonne Laird, Presenting Author from University of Sydney, Australia

Co-authors
Samantha Rowbotham, Pippy Walker, Leah Marks, Ben Smith

Abstract
Setting/problem. The value of engaging communities in the design, implementation and evaluation of public health initiatives is widely recognised but difficult to achieve. Citizen science is an innovative approach to engaging the public in research and decision making to promote health. Interest in citizen science is growing amongst health promotion stakeholders, but there is an identified need to understand and address the resourcing and capacity needs of stakeholders to support the use of citizen science in policy and practice settings.

Intervention. The Citizen Science in Prevention project is co-produced with four Australian health promotion agencies to build capacity in citizen science approaches in health promotion. Our innovative program of work is informed by the principles of knowledge mobilisation and involves 1) supporting the development and implementation of health promotion stakeholder-led citizen science projects, 2) developmental
evaluation of each citizen science project to enable ongoing adaptation, 3) exploring the perceptions and resourcing needs of stakeholders to utilise citizen science, and 4) providing tailored capacity building activities and resources, including a community of practice for stakeholders.

Outcomes. The four citizen science projects are in various stages of implementation, with two completed, and two underway. Ongoing evaluation of these projects has provided theoretical and practical insights into the design, management, and impact of citizen science approaches in health promotion settings, as well as insights into the barriers and facilitators of citizen science approaches and the needs of stakeholders. We have also built and supported a network of stakeholders interested in applying citizen science approaches in their own contexts, resulting in additional collaborative projects and funding applications and discussions of how to incorporate citizen science into strategic plans.

Implications. Engaging members of the public as citizen scientists in research, policy and practice in health promotion has the potential to strengthen public awareness of, trust in, and demand for actions to improve health, as well providing benefits in terms of the amount and type of data that stakeholders can access to make decisions. Insights from this program of work will guide efforts to embed citizen science approaches in policy and practice settings more widely.

Citizen engagement in a rapid evidence review process

Speaker
Susan Snelling, Presenting Author from National Collaborating Centre for Methods and Tools, Canada

Co-author
Maureen Dobbins

Abstract

Setting/problem. Rapid evidence reviews seek to answer pressing policy and practice questions within a limited timeframe. The reviews are intended to provide syntheses of the best available evidence as a basis for decision making. Although rapid reviews are effective at bringing together research evidence, the perspectives of people who may be most affected by the subsequent decisions are often absent.

Intervention. As an approach to improving the relevance of rapid reviews, citizens were invited to be engaged in the development of COVID-19-focused rapid evidence reviews conducted by the National Collaborating Centre for Methods and Tools (Canada). Citizens were identified through a pool of interested individuals. Their involvement was compensated. The process began with an initial call to orient them to the review question and hear their perspectives on the topic. Their input provided nuance to the understanding of the review question. Following the evidence search, quality appraisal, and synthesis conducted by the NCCMT team, a draft review was circulated to participants and a second call was held to receive feedback. Citizens provided meaningful insights into gaps in the existing research and the implications of the findings for policy and practice, and their comments were incorporated into the summary. Based on participant feedback, a final opportunity for review was offered before publication.
Outcomes. Citizens were successfully engaged in a rapid evidence review process, bringing insights from their perspectives that improved the relevance of the reviews. A citizen engagement process has now been incorporated into the rapid review protocol. We considered options for ways to present the citizen input in the review document, whether pulled out separately from the research summary or incorporated along with the summary of findings.

Implications. Evidence reviews benefit from involvement of citizens throughout the process, from question conceptualization through to development of implications and identification of gaps.

How does participatory action research work to tackle the drivers of the worst forms of child labour in Nepal and Bangladesh: a realist evaluation

Speakers
Mieke Snijder, Presenting Author from Institute of Development Studies, United Kingdom

Abstract
How, for whom and under what circumstances does participatory action research generate innovative action to tackle the drivers of worst form of child labour (WFCL)? This one of the key questions we are aiming to answer with the Child Labour Action Research and Innovation in South and South-East Asia (CLARISSA) programme. The programme undertakes participatory research with children engaging in the worst forms of child labour, their families and the business owners to generate evidence and innovations to tackle the factors that led children into WFCL and sustains their involvement in it. Participatory action research has a long history in global health, but there is a lack of a strong evidence base of how and for whom it works. This presentation will share a realist evaluation of participatory action research in the context of WFCL in Bangladesh and Nepal.

Intervention. As a first step we used a participatory research method of life story collection and analysis through which 800 stories were collected and analysed from and by children to develop system maps of WFCL in their neighbourhood or in the supply chain. Using these system maps children identified core issues to address in subsequent action research groups.

Methods. The realist evaluation design was developed based on a rapid realist review. This review identified three initial programme that can explain how, for whom and under what circumstances PAR generates innovations to tackle complex problems. Data collection to evidence these theories was completed through interviews with children, observations, reflection workshops with facilitators and facilitator diaries. Data was analysed retroductively in collective analysis workshops with the CLARISSA programme staff.

Results. Three programme theories about how participatory action research works for whom and under what circumstances were developed based on the realist review. This presentation will discuss how participating in participatory research for children in WFCL raises their conscientization and results in them planning for collective action.
Piloting a novel citizen science approach for auditing rural walkability in Australia

Speaker
Kim Jose, Presenting Author from Menzies Institute for Medical Research, University of Tasmania, Australia

Co-authors
Samantha Rowbotham, Yvonne Laird, Oliver Stanesby, Kate Garvey, Lynden Leppard, Verity Cleland

Abstract

**Background.** People living in ‘walkable’ areas are more physically active, but current approaches to assessing and improving walkability focus on urban environments. This project, delivered in partnership with local and state governments, explored the feasibility and acceptability of using a citizen science approach to engage rural community members in auditing their towns’ walkability.

**Methods.** Phase 1 involved citizen scientists (i.e., community members) in three rural towns conducting an active living audit and taking photos of town features. Audit and photo data were collated, and researchers facilitated workshops with community members to enable sense-making and identification of priorities for action. Phase 2 involved evaluation of the feasibility and acceptability of the citizen science approach using surveys and interviews with citizen scientists and a reflective session with project team members.

**Results.** Phase 1: Three rural Australian towns (population 300; 850; 2,890) were involved with 10 citizen scientists completing audits and 11 attending workshops. Town-wide assessment scores for amenities and physical features varied (26-74%) while program and policy scores were consistently low (21-26%). The two smaller towns were bisected by a highway creating traffic safety concerns. In all towns the condition and/or lack of footpaths, lack of road shoulders, traffic speed and inadequate signage were key barriers to walkability. Improved connectivity between existing town features was identified as the highest priority for enhancing walkability and social cohesion. Phase 2: Citizen scientists were motivated by a desire to improve their local community and were highly satisfied with the project. Local and state government partners valued the insights generated, community driven priority setting, and community capacity activated through a citizen science approach. Early community level impacts included project reports tabled at local council meetings and community members actively seeking funding to implement priority actions. Lack of diversity among citizen scientists, considerations of personal safety and challenges of recruiting citizen scientists were raised as limitations.

**Discussion.** Citizen science was a feasible and acceptable approach for auditing rural walkability in this project. Researchers, policy makers and community members working together to generate data and establish priorities was identified as a key strength of this approach.
Innovations for people living with disabilities

Nisidotam: Understanding disability in First Nations communities together

Speaker
Shannah Mcinnis, Presenting Author from Centre de recherche pour l’inclusion des personnes en situation de handicap, Canada

Abstract

**Background/Objectives.** Disability in First Nations is an area of policy and practice in need of development. Statistics suggest First Nations people with disabilities (FNPWD) rank highest on levels of poverty, unemployment, chronic health problems, low access to higher education and isolation. They also experience greater disadvantage on all measures of quality of life than Canadians with disabilities who are not from First Nations, implicating the inter-sectional disadvantage of systemic discrimination, as well as the deleterious inter-generational effect on health and well-being stemming from colonization. Currently missing from the data are voices from FNPWD to provide adequate context and direction for policy and practice development. To begin to address this gap, we conducted Community Based Participatory Research in eleven different communities, representing six Nations across Quebec.

**Methods.** Semi-structured interviews were conducted with twenty-nine FNPWD, ninety support professionals and fourteen Elders. The interviews were analyzed using Multiperspectival Interperative Phenomenological Analysis, and findings were translated directly into accessible education, awareness and training tools hosted on a public website: nisidotam.ca

**Results.** Ableism, lack of access to disability specific support services and knowledge, disconnection from advocacy, and systemic racism, are all creating barriers to full inclusion for FNPWD. Facilitators such as strong family integration, inclusive communities, and access to disability specific information emerged as sources of resilience. In addition to this, traditional knowledge relevant to defining disability in the form of wellness, balance, health, and inclusion emerged.

**Discussion.** For some FNPWD, having a disability status does not ensure access to one or more of the following: assessments, various supports, information, or inclusion. Conversely, the term can carry heavy stigma and is often avoided. Being categorized as “disabled” can threaten perception of the person’s ability to live independently and can be seen by families as increasing risk for being involved in the foster care system. The resources developed on nisidotam.ca present a first step toward building a safe, positive, and empowered use of the term disability in First Nations communities. As seen on nisidotam.ca, traditional knowledge has an abundance of perspective from which to frame a contemporary Indigenized ecological model of disability.
Sexual rights of people living with disabilities: Promoting equity through promising policies and practices

Speaker
Andrea Mellor, Presenting Author from University of Victoria - Victoria, BC, Canada

Co-author
Cecilia Benoit

Abstract

**Background/Objectives.** Stigma is recognized as a fundamental cause of social inequality that influences health outcomes and access to social, economic, and environmental resources for stigmatized groups, including people living with disabilities (PLWD). This is no more apparent than in discourses surrounding their sexuality and sexual rights. We conducted a knowledge synthesis (KS) to identify the empirical evidence available on this topic and its alignment with ethical debates and policies and practices surrounding sexual assistance and PLWD.

**Methods.** A scoping review identified 106 unique studies, of which 31 were included and nine later added to the KS. We categorized articles into two broad categories, those that frame sexuality and disability as risky and adversarial (sex negative), and those that support diversity, empowerment and individual capabilities (sex positive). We use the theory of sexual scripts to highlight how societal discourses influence the ability for PLWD to exercise their sexual rights.

**Results.** Sex positive perspectives support sexual capabilities of PLWD by establishing sexual scripts including decriminalizing commercial sex services, supporting autonomous decision making for PLWD and sexual assistants, co-advocacy between disability rights organizations and sex worker alliances, and a multifaced policy perspective acknowledging context, safe work practices, and strategies to avoid exploitation. Conversely, sex negative perspectives diminish the sexual capabilities of PLWD by establishing sexual scripts that suggest that their sexuality itself is ‘disabled’ --they are either asexual or hypersexual and/or that they are vulnerable and need containment and protection by medical professionals, charities, or family/guardians.

**Discussion.** The limited number of studies available presents a challenge in conducting research on this topic and results in a lack of evidence centering the voice of PLWD to inform policies and practices. This KS helped identify gaps in understanding and possible solutions to address structural barriers that prevent PLWD from exercising their sexual rights to the extent of their own unique capabilities.
**Innovations on policy and practices in organizational change**

“Just emergency care”: Medicare ineligible asylum seekers’ access to health care in Australia

Speaker
Zelalem Mengesha, Presenting Author from UNSW, Australia

Co-authors
Danielle Weber, Patrick Harris, Evelyne de Leeuw, Mitchell Smith

Abstract

**Background/Objectives.** Medicare is central to accessing healthcare in Australia and most asylum seekers are ineligible for this scheme. This results in differential healthcare access, service utilisation and ultimately health care outcomes. To address this challenge, NSW Health, in a recently updated policy (Medicare Ineligible Asylum Seekers - Provision of Specified Public Health Services) lists health services where costs are to be waived for Medicare ineligible asylum seekers. This study examined the healthcare needs and experiences of Medicare ineligible asylum seekers residing in NSW.

**Methods.** Employing qualitative methods, fifteen semi-structured interviews were conducted with asylum seekers not having a Medicare card, health care providers and social workers from Western Sydney. The interviews were analysed using thematic analysis.

**Results.** The complexities of accessing health care by asylum seekers were identified in three major themes: “Just emergency care”: limited health care options; Being an asylum seeker: “health care is not a priority”; and Health literacy: “I do not know my health care rights in Australia.” Participants identified that available health care options for asylum seekers are limited with the health policy allowing only hospital-based emergency care. Asylum seekers also discussed that the demands of resettlement and life are prioritised over accessing health care, with focus given to fulfilling practical life and social needs such as food, income, housing, employment, and asylum application. Lack of health literacy including a lack of awareness about their health rights in Australia was the other barrier asylum seekers face when accessing health care. This was further complicated by service providers’ lack of awareness about the asylum seeker health policy and specific services they are entitled to access.

**Discussion.** The results imply that asylum seekers in NSW do not have optimal access to health care which may worsen the existing health disparities between this group and the broader Australian population. Improving asylum seekers’ access to health care requires a more inclusive health policy that grants unrestricted health care access regardless of legal or visa status.
Encouraging a wellbeing culture in the prison setting: learning from female residents and Custody Officers. Findings from a health promotion programme with recommendations for advancing health.

Speaker
Victoria Sullivan, Presenting Author from Primary Care in England, United Kingdom

Abstract

Background/Objectives. It is well established that women in prison experience poorer mental & physical health at disproportionately higher rates than women in the general population. Yet the prison setting has the potential to reduce health inequalities by adopting health practices & policies which seek to support & promote healthy behaviours & environments. A Wellbeing Champions program based on principles of empowerment, participation & peer support has been delivered at 2 female prisons in England. It sought to address both resident & staff wellbeing needs, with the aim to embed health & wellbeing within the culture of the prisons. A study of participants’ experiences had the following aims: to inform our understanding of how programs focused on resident and staff wellbeing relate to how well health & wellbeing are integrated within the culture of the prison; how the values of health promotion might influence healthy behaviour change for residents & staff in a challenging setting; and whether/how participation & peer support influence whether Wellbeing Champions identify & overcome some of the wider determinants of prison health.

Methods. A purposively qualitative approach was adopted whereby Wellbeing Champions attended focus groups/1:1 interviews of residents/officers. Qualitative content analysis was used to analyse the data. Taking a deductive approach, categories were determined in the context of the research questions which related to health promotion theory.

Findings. Integrating health and wellbeing: involving staff & residents together brought tangible benefits including improved relationships which led to a deeper understanding, respect & appreciation of each other’s needs. Supporting through empowerment: resident Wellbeing Champions described working with staff members in a way which valued their contributions increased their feelings of self-worth & visibility. Others described how developing a wider knowledge of wellbeing contributed to a more nuanced understanding of the range of needs of women in prison.

Participation & peer support. the participatory nature of the program provided opportunities for residents to advocate on behalf of their peers & work towards solutions with staff.

Discussion. This research further illustrates the importance of giving a voice to women in prison, & the transformative value of empowerment, peer support & education in this setting.
Entramando miradas/saberes: Mesa transdisciplinaria de abordajes comunicacionales y educativos en Chagas. Experiencia argentina de trabajo colectivo entre Estado y organizaciones de la sociedad civil

Speaker
Mariana Sanmartino, Presenting Author from Grupo de Didáctica de las Ciencias (IFLYSIB, CONICET) / Grupo ¿De qué hablamos cuando hablamos de Chagas?, Argentina

Co-authors
Malena Basilio, Ana Beltramone, Agostina Gieco, Susana Lloveras, Analí López Almeyda, Ruth Oño, Pamela Peyran

Abstract

Escenario / problema. Aunque históricamente se consideró a la temática de Chagas casi exclusivamente desde los aspectos biomédicos y epidemiológicos, es una problemática compleja que involucra múltiples dimensiones, campos del conocimiento y saberes que deben ser abordados con una mirada integral, y de manera articulada y complementaria. Consideramos entonces que el Chagas es mucho más que una enfermedad y reconocemos como fundamentales y transversales las perspectivas de género, interculturalidad y de derechos.

Intervención. La “Mesa transdisciplinaria de abordajes comunicacionales y educativos en Chagas” se conformó al calor de la organización del Mes de sensibilización sobre Chagas del año 2020, en el marco del Día Nacional por una Argentina sin Chagas (establecido como último viernes de agosto, según Ley 26.945). Aunque se propuso a mediano y largo plazo abordar otros aspectos que conforman la trama compleja de las dimensiones histórico-social y cultural de la problemática, como géneros y Chagas; Chagas en ámbito urbano y rural, procesos de acompañamiento a las personas que reciben un diagnóstico positivo, entre otros. La Mesa está conformada por los grupos ¿De qué hablamos cuando hablamos de Chagas? y Viviendo con Chagas, el Instituto Nacional de Parasitología “Dr. Mario Fatala Chabén”, y la Dirección de Control de Enfermedades Transmitidas por Vectores y el área de comunicación de la Dirección de Epidemiología del Ministerio de Salud de la Nación.

Resultados. Desde su conformación, la Mesa ha producido recursos educativos y comunicacionales tanto para la comunidad como para los equipos de salud. También ha actualizado antiguos materiales producidos por el Ministerio de Salud de la Nación, aportando una mirada de derechos, géneros e interculturalidad. Asimismo, colaboró en la producción de un guión para un programa educativo destinado a estudiantes de escuela secundaria, emitido por la televisión pública para todo el país. En el transcurso de un año y medio de trabajo, se han elaborado distintos recursos comunicacionales para disponer para su impresión y futura distribución a todo el país, así como instancias de capacitación y comunicación.

Implicaciones. La “Mesa” se constituyó como un espacio de trabajo colectivo que pretende delinear recomendaciones y estrategias para el abordaje de la temática; colaborar para identificar y achicar las
Implementation evaluation of a self-assessment tool to promote organizational health literacy in primary care settings in Switzerland

Speaker
Natascha Stürmer, Presenting Author from UZH, Switzerland

Co-authors
Dunja Nicca, Saskia Maria De Gani, Rebecca Jaks, Elena Guggiari

Abstract
Background/Objectives. The improvement of organizational health literacy (OHL) can impact individual and public health. In Switzerland, a self-assessment tool to assess and improve OHL of primary care settings called “Organizational Health Literacy Self-Assessment-Tool for Primary Care” (OHL Self-AsseT) was developed and tested in such organizations. The aim of this study was to explore how the OHL Self-AsseT was implemented, used, and understood by primary care professionals.

Methods. A mixed method study design was used, following principles of implementation science. The Normalisation Process Theory (NPT) served as a framework to combine qualitative and quantitative data. NPT supports the understanding of the implementation of complex interventions. Health professionals from six teams of a home care organisation and four general practices participated in qualitative interviews and quantitative surveys pre-/post-intervention. Data analysis was conducted with reflexive thematic analysis and descriptive statistics.

Results. Following NPT, results are presented within four constructs: 1) Coherence describes why organisations participated: “Primary care providers predestined for OHL” illustrates a high commitment and feeling in charge of promoting OHL. 2) Cognitive participation describes how teams organize and interact for implementation: “Working around the organizational structure” describes how teams adapted the process to maintain roles and structures. 3) Collective action describes what has been implemented: All participants finished the OHL Self-AsseT, the highest need for action was identified in strengthening employees in dealing with health literacy. 4) Reflexive monitoring describes sense-making with the intervention by three themes: 1) “Supporting action”: the intervention helped to tackle important tasks that had not been taken up so far; 2) “Strengthening the team”: the intervention supported teams in their self-efficacy; and 3) “Connecting tasks to the concept”: it helped to start thinking about health literacy in a conceptual way (reflexive monitoring). Positive changes in knowledge and attitude were also reported.

Discussion. The OHL Self-AsseT helps to improve OHL in primary care organizations and shows positive impact on team-culture. As a next step, scaling of its implementation and effectiveness evaluation is needed.
Initiation of community pharmacies' formal roles in health promotion in Taiwan: The pilot project supported by the government

Speaker
Pei-Wen Yu, Presenting Author from National Chung Cheng University, Department of Adult and Continuing Education, Taiwan

Co-authors
Chia-Lun Chang, Jen-Chieh Wang, Wan-Yi Chang, Hsiang-Wen Lin

Abstract
Setting/problem. Although some community pharmacies in Taiwan have played some roles in health promotion, their contribution were not well recognized by the public yet. Given that no comprehensive guidance about pharmacists' roles in providing health promotion services is available in Taiwan, this research aimed to report the current status of pharmacists' formal roles in health promotion in the community pharmacies in Taiwan.

Intervention. Under the supervision and sponsorship of the Health Promotion Administration, Ministry of Health and Welfare in Taiwan, the pilot project, entitled "Facilitating Health Promotion in Community Pharmacy Initiative", was implemented nationally since March 2021 during COVID-19 pandemic. The criteria and guidance, including self-assessment definitions/achievements to be recognized as role models of health promotion pharmacy, were developed upon compiling the literature evidence and expert opinions. The current status of pharmacists' formal roles in health promotion in the community pharmacies for the self-assessment achievement was collected to provide insights to facilitate better strategies to enhance health promotion pharmacies' functions, and to establish its initiative cooperative platform in Taiwan.

Outcomes. Up to June 30, the self-assessment criteria were set up into two classes: provisions of (1) information propagation, e.g., basic health check, cancer screening, vaccination, and (2) substantial health promotion services, e.g., self-care examination for weight, blood pressure, blood sugar, professional referral, services related to Integrated Care for Older People (ICOPE), medication counseling, barrier-free environment. Of 31 pharmacies voluntarily participated in this initiative program across cities, 28 pharmacies shared their current status for the self-assessment criteria. While almost all pharmacies provided relevant information propagation and certain health promotion services (medication counselling, professional referrals), their provisions of aging-related services were relative less (e.g., 71% for ICOPE and 64% provided barrier-free environment).

Implications. Those enrolled community pharmacies in this initiative project did play certain roles in health promotion already. However, further training and promotion on aging-related health promotion services is needed once this pilot project is turned into a formal and nationwide health promotion project in Taiwan afterward.

Resources for refocusing your organizations health equity lens: Methods and tools for organizational change

Speaker
Maureen Dobbins, Presenting Author from McMaster University, Canada
Co-authors
Kristin Read, Taylor Colangeli

Abstract
Background/Objectives. As health crises continue to magnify health inequities and as population health priorities continue to evolve, it is critical for organizations to renew their health equity approach when developing new interventions and policies to reduce health disparities. For organizations to enhance their focus on health equity, organizational change is often required. The National Collaborating Centre for Methods and Tools (NCCMT) has developed a health sector-specific model by synthesizing existing models and frameworks, and has identified practical resources, providing practitioners with guidance and support when working through the change process.

Methods. Existing change process models were identified through a scoping review of reviews published from 2000-2015 and in 2018 supplemental searches were conducted using a snowball method, including contact with key informants. A thematic analysis identified themes and activities relevant to the change process and an organizational change model was created from this synthesis. To support the use of the model, an academic literature search, augmented by grey literature searches, was conducted to identify practical organizational change tools that were applicable to health service organizations, supported a stage in the change process, and provided guidance on how to use the tool. Resources were tagged with specific stages identified in the model and indexed to clearly identify if the tool was Canadian, available in French, included a template and/or example, was available in an alternate format, or had been evaluated.

Results. A total of 23 organizational change process models were identified and synthesized to create a new five-stage model: assessing the NEED for change; PLANning for change; IMPLEMENTing change initiatives; SUSTAINing change within the organization; and EVOLVing to continuously meet drivers for change. Over 98 different organizational change resources linked to over 190 practical tools have been identified to support organizational change, and are included in the NCCMT's Registry of Methods and Tools for Organizational Change (https://www.nccmt.ca/organizational-change).

Discussion. The Registry of Organizational Change Methods and Tools can support health organizations in each step of the organizational change process and help to strengthen their capacity to refocus their health equity approach as they strive to meet the evolving needs of diverse populations.

Synergy: Beyond diversity, equity & inclusion

Speaker
Gillian Berry, Presenting Author from Stepped Care Solutions, Inc, Canada

Abstract
With growing recognition that mental health systems of care are long overdue for a comprehensive and ambitious overhaul, new and innovative approaches are stepping up to accept the challenge. However, the question of how to incorporate diversity, equity and inclusion to provide effective and equitable care for
all, seems to be a challenge that many struggle to authentically address. For despite creative approaches to transform antiquated mental health systems, an often-overlooked area is the ‘human’ factor that can unknowingly derail well-intentioned restructuring efforts. A lack of understanding of personal bias, perceptions, emotional intelligence or even a willingness to have crucial conversations are just a few such examples. This presentation explores the intentional efforts of Stepped Care 2.0 (SC2.0), to infuse social justice into the fabric of its client-centric model of practice. By being bold in its approach, SC2.0 uses a synergistic philosophy as its foundation on which to build a system of care. Rooted in an indigenous or traditional worldview, synergy is globally defined as interconnectedness, interdependence or cooperation or simply put - the whole is greater than the sum of the parts. From this vantage point, the use of the term synergy aims to go beyond the boundaries of diversity, equity and inclusion and be a constant reminder of humanity’s connectedness. Synergy requires seeing the whole person – their uniqueness, strengths and various cultural contexts as well as their connection to others. It means seeing all aspects of a system – the parts we welcome and those we may struggle to acknowledge or accept. Therefore, SC2.0 requires a commitment from all aspects of a mental health system to work together for solutions that look, behave and feel very different.

**Objectives.**
1. To recognize the challenges/barriers that impact diversity, equity and inclusion and offers strategies to move beyond them
2. To reframe and action diversity, equity and inclusion by the introduction of synergy
3. To apply synergy to Stepped Care 2.0 to reimagine how mental health systems can work to provide effective and equitable care

**Format.** In Person PowerPoint presentation (Lecture 35%, Audiovisual 35%) and Group Discussion/Activities 30%

**Learning goals.**
1. To define the term synergy and its relevance to mental health systems of care.
2. To increase participants knowledge and understanding of synergy and its application to mental health systems of care
3. To increase awareness of personal and structural barriers and offer strategies to address them.

**Mental Health Promotion: Building capacity and innovations**

**Agenda Gap: Outcomes from a youth-led policy advocacy intervention to promote adolescent mental health**

**Speaker**
Emily Jenkins, Presenting Author from University of British Columbia, Canada

**Co-authors**
Liza McGuinness, Rebecca Haines-Saah, Tyesa Kruz, Joan Wandolo, Julia Guo
Abstract

Background/Objectives. Globally, there is acknowledgement of the importance of engaging youth in policy processes to ensure their lived experiences contribute to public policy. Yet, there is a paucity of evidence on how to do this effectively. We report on initial results from an innovative intervention, the Agenda Gap. This intervention, built on developmental relationships and social and emotional learning, equips youth from equity deserving groups for policy advocacy to promote mental health at the individual, family, community and societal levels.

Methods. A mixed methods realist evaluation was conducted to examine how the intervention works, for whom and in what contexts. Data collection included pre/post intervention surveys with youth and qualitative interviews with youth and adult allies from two intervention sites. Surveys included knowledge assessment questions and standardized measures to examine changes to indicators of mental health (e.g., self-efficacy, resilience, critical consciousness). Interviews focused on testing key program theories to understand the causal pathways of intervention impact.

Results. From October 2020-May 2021, the intervention engaged youth aged 15-25 (n=18) with adult allies, policy and other decision makers to support youth-led policy advocacy. Pre/post-surveys and interviews were completed with 18 youth collaborators. Five adult allies were interviewed. Overall, 92% of youth participants rated the intervention as excellent/good. A variety of mental health promoting outcomes were reported, including increased knowledge and skills, positive changes in behaviour and coping, increased protective factors for mental health (e.g., connectedness) and benefits associated with the youth-led design. Participants also identified ‘ripple effects’ from their policy advocacy that hold the potential to address the determinants of mental health across socioecological domains.

Discussion. Results indicate that Agenda Gap enhances mental health promoting factors for youth participants and contributes to positive changes at the broader community level. Youth directly benefit from the development of supportive relationships and acquisition of new skills and knowledge. Policy and decision makers were impacted through the collaborative policymaking process, and communities where policy advocacy was targeted also benefitted.

Keeping the future in mind: Climate change and young people's mental health promotion

Speakers
Claire Henderson-Wilson, Presenting Author from Deakin University, Australia

Co-authors
Rebecca Patrick, Sue Noy, Teresa Capetola

Abstract

Background/Objectives. While climate change presents as the most significant health challenge, and opportunity, for the 21st century, research is needed on the impact for mental health wellbeing and
resilience. As a priority population group, young people are particularly vulnerable to current, future, and existential concerns of climate change. Current findings locate young people’s mental health as susceptible to the direct impact of climate-induced disasters such as floods, drought, bushfires, and extreme weather events. Moreover, climate-mediated impacts on determinants of mental health wellbeing, such as family cohesion, housing, education, employment, contact with nature, infrastructure, and social connectedness, also disproportionally impact young people. Research in this emerging field points to the ameliorating affect on young people’s mental through acting on climate change. This project aims to obtain consensus amongst experts on the climate change related mental health and wellbeing priorities for Australian young people (aged 18-24 years).

Methods. The project methodology utilises a Group Model Building (GMB) approach to build consensus on mental wellbeing priorities for young people. It will establish expert panels of people working with and for young people and climate change action. These include climate activists, youth workers, mental health clinicians, health promoters and researchers, educators; and representatives from peak bodies (e.g. Australian Youth Climate Coalition, Climate and Health Alliance (CAHA), Doctors for the Environment Australia (DEA), and Psychologists for a Safe Climate (PSC)). The proposed method includes three facilitated workshops with up to 60 participants Australia-wide, to develop a ‘map’ of the drivers of mental health and wellbeing for young people and consensus on the potential and priorities for action to support positive health outcomes in this area

Results. Research will be conducted throughout October and November 2021 and findings provided to this forum. We anticipate that the findings will inform health promotion policy development and healthcare service delivery.

Mesurer le risque lié à l’exposition aux jeux de hasard et d’argent dans les environments : un outil cartographique pour soutenir la réduction des inégalités de santé

Speaker
Elisabeth Papineau, Presenting Author from Institut national de santé publique du Québec, Canada

Co-authors
Éric Robitaille, Charles Prisca-Samba, Fanny Lemétayer, Yan Kestens, Marie-France Raynault

Abstract
Contexte/Objectifs. En 2018-19, 67% des adultes Québécois ont dépensé 1,4 milliards dans des jeux de hasard et d’argent (JHA), sur Internet ou dans les 10 314 établissements répartis sur le territoire québécois. Mais de nombreuses études ont montré que les personnes vivant dans les secteurs les plus défavorisées au Québec sont davantage exposées aux risques des JHA et plus touchées par leurs répercussions. Notre recherche vise à cartographier ces environnements de jeu pour identifier les inégalités d’exposition et de vulnérabilité aux JHA, et à proposer un outil d’aide à la prise de décision pour minimiser les inégalités de santé liées aux JHA.
Méthodes. Un indice écologique d’exposition au jeu (IEJ) a été créé, intégrant trois dimensions: l’accessibilité spatiale aux sites de jeu, la densité des positions de jeu et le risque relatif associé à chaque type de jeux. Ces trois dimensions ont été combinées en un indice global, imputé à chaque aire de diffusion (AD). Un indice de vulnérabilité au jeu (IVJ) a ensuite été produit à partir de 6 indicateurs socioéconomiques associés au jeu problématique. Finalement, des analyses statistiques spatiales et descriptives ont permis d’explorer la relation entre l’IEJ et l’IVJ, transposer cette relation en quintiles d’exposition et de vulnérabilité, et identifier sur une plateforme cartographique les secteurs où convergent une exposition et une vulnérabilité élevées aux risques des jeux.

Résultats. Les résultats révèlent une relation linéaire positive significative entre l’IEJ et l’IVJ. Dix-sept pourcent des Québécois, soit 1,394,042 personnes, vivent dans des zones susceptibles de favoriser les préjudices liés au jeu : une grande partie des personnes vulnérables aux problèmes de jeu habitent donc dans des environnements qui les exposent aux risques des jeux, soulevant des enjeux d’éthique et d’équité.

Discussion. Au sortir de la pandémie, qui aura fragilisé les plus vulnérables sur le plan psychosocial et financier, une réflexion sur les inégalités en matière d’exposition aux JHA s’impose. Le potentiel de l’outil cartographique, de l’IEJ et de l’IVJ pour la répartition territoriale des jeux, la mobilisation communautaire, l’intervention et la prévention sera abordé.

Suicidality in rural and remote communities in Canada: A scoping literature review and stakeholder consultations

Speaker
Kyrra Rauch, Presenting Author from Brandon University, Canada

Co-authors

Abstract
Background/Objectives. The aim of the research was to explore risk and protective factors for suicide in rural and remote populations; the interplay between biological, psychological, environmental, and cultural factors; intervention and postvention strategies; and how people with lived experience are included in suicidality research in Canada.

Methods. All relevant Canadian articles with remote or rural target populations were included in this review, including systematic and scoping reviews, peer reviewed journal articles, and editorials/commentaries. A total of 63 Canadian articles, 39 non-Indigenous, were included in the final analysis. Six focus groups with 47 participants from across Canada were held online to gather perspectives on the research, identify gaps in research, and generate suggestions for knowledge translation.
### Results

The research reaffirmed risk factors related to rural residence, masculinity, access to means, mental illness, stigma, vocation, youth, risk behaviours (such as alcohol and drug use), and lack of access to resources. Protective factors included female gender, social support, positive self-esteem, and engagement in activities (for youth specifically). Stakeholders identified rural research, and in particular postvention research, as key to future development of appropriate accessible resources to address this issue.

### Discussion

This project combines current research with stakeholders’ views of suicide in rural communities. Stakeholders include community activists, service providers, and those with lived experience related to suicide in a rural community. A key conclusion is that more research is needed to examine the perspectives of those who have experienced suicidal ideation or lost someone to suicide to verify current interpretations and explore diverse perspectives.

### The impact of COVID-19 on mental health and substance use workforce capacity: Capacity to equitably meet rising population needs requires a health workforce lens

**Speaker**

Christine Tulk, Presenting Author from Carleton University, Canada

**Co-authors**

Jelena Atanackovic, Mary Bartram, Caroline Chamberland-Rowe, Kathleen Leslie, Raha Mirshahi, Danielle Rice, Ivy Bourgeault

**Abstract**

**Background/Objectives.** The COVID-19 pandemic has exacerbated inequities in mental health and substance use (MHSU) services, highlighting the need to understand the impact of the pandemic on the capacity of the MHSU workforce to meet emerging population needs. In this presentation, we report on results of a survey conducted as part of a mixed methods study of stakeholder and worker views of the factors and forces impacting capacity to equitably deliver MHSU services during the various waves of the pandemic across Canada.

**Methods.** In May 2021, we conducted a pan-Canadian survey of 2,177 individuals providing MHSU services in 23 different occupations. Participants responded to questions on how providing specific MHSU services had changed since the start of the pandemic, the overall impact of the pandemic on their availability and ability to provide services, and barriers and facilitators to providing services. They also responded to questions about their practice (e.g., sources of funding, service delivery setting), how their practice had changed since the start of the pandemic (e.g., work hours, number of clients, face-to-face vs virtual service delivery), and demographics.

**Results.** Results of logistic regression revealed notable inequitable impacts of the COVID-19 pandemic on MHSU services that are publicly funded as opposed to privately funded. Analyses of the survey data also indicated a disproportionate impact of the pandemic on clients who do not have access to virtual care or rely on services requiring face-to-face delivery. Findings align with results from stakeholder interviews,
which strongly suggested that services provided by the peer support and substance use sector were particularly hard hit by trends toward private and online provision.

**Discussion.** Combined with findings from a rapid synthesis of the academic and grey literature and a qualitative analysis of stakeholder interviews, results indicate that the COVID-19 pandemic has had a substantial impact on the ability and availability of the MHSU workforce to provide services, particularly to vulnerable and at-risk populations. This has implications for policy including the need to 1) prioritize equity across the spectrum of MHSU services, 2) increase and harmonize funding for MHSU services across the public and private sectors, and 3) develop standardized datasets describing the MHSU workforce.

**Transformative social and emotional learning - universal skills development for wellbeing**

**Speakers**
Amy McConnell Franklin, Presenting Author from SEL4NM.org, United States
Qamaruzzaman Amir, Workshop Trainer from Payap University, Thailand
Magdalena Sona Alariz Saiz, Workshop Trainer from Las Cruces Public School District, United States
Anpaoduta Flying Earth, Workshop Trainer from Native American Community Academy (NACA) Inspired Schools Network, United States

**Abstract**
This workshop will introduce core concepts and research in the field of transformative social and emotional learning (SEL) and engage participants in three exercises to practice foundational social and emotional skills. SEL is defined as the processes through which adults and children learn the skills to become self and socially aware, self navigating, to make responsible decisions and create and sustain mutually respectful relationships. (Collaborative for Social and Emotional Learning- CASEL).

Join Magdalena Sona Saiz, Qamaruzzaman Amir, Anpaoduta Flying Earth and Amy McConnell Franklin for an experiential, interactive, reflective workshop exploring the promise and potential of systematically developing culturally responsive, equity focused social and emotional skills from ‘womb to tomb’. We will discuss how the universal development of these skills across sectors positively impacts the development and wellbeing of families, children and communities so that all can thrive emotionally and socially, as well as academically, in the workforce and in community.

The workshop presenters bring an array of experiences with SEL integration in K-12th in diverse educational communities, formal and informal, in the US and in SouthEast Asia, in peace studies in secondary and University settings globally and across communities working with home visiting programs with families with newborns through tertiary and adult education, professional development of educators pre-service, and in institutions and corporations in the southwestern US and in southeast Asia.

The workshop will examine the research that supports the role social and emotional skills development plays in creating an equitable, responsive foundation for mental health and wellbeing and preventing
mental illness in individuals and in families, across generations. The workshop will also consider the contribution of social and emotional skills in the OECD Learning Compass 2030 and progress towards the Sustainable Development Goals.

Social-emotional skills are perhaps the single most important tools to leverage the changes we seek across economic, social, and educational sectors. Robust research indicates these skill sets are learnable, teachable capacities that become more permanent, applicable and agile with intentional practice.

**Participatory governance**

A participatory systems approach to governance of urban food gardening

Speakers
Kristina Ulm, Presenting Author from University of New South Wales, Australia

Abstract

**Background/Objectives.** Public food gardening is a bottom-up social innovation: urban gardeners growing edible plants in underutilised public spaces, commonly along the roadside. The contribution of urban food gardening to human and ecological health has been widely recognised in scholarship and practice. However, in many cities these phenomena occur in a grey legal zone. Thus, recent research is focussing on understanding their governance, the complex, fuzzy processes at the interface of policy and what happens on the street level. In a first step of this study, the different analytical approaches to governance of urban food gardens are critically interrogated. Subsequently, acknowledging the complexity of governance, this research study conceptualises it through a systems thinking approach. The aim is to develop and test a governance systems framework and methods.

**Methods.** A narrative literature review of governance studies in urban food gardening research as well as systems thinking literature is conducted and combined to develop a conceptual framework and methods that are participatory and empower people to co-create knowledge.

**Results.** The developed conceptual governance framework accounts for the interaction between different layers and dimensions of governance, like the actors, their relationships and underlying attitudes and values. Within the in-depth case study research, soft systems methods enable the participants to co-analyse and visualise the patterns of their perception of governance systems.

**Discussion.** This research contributes to the ongoing academic quest on how to tackle the inherent complexity in governance processes. It further challenges the dominance of the researcher in creating knowledge through employing an epistemologically constructivist systems approach to governance. Beyond urban food gardening research, the developed governance systems framework and methods could be adapted to study other phenomena at the interface between policy and bottom-up social innovation, like pop-up cycle paths or self-organised community events.
Co-designing healthy public policy: How legislation can facilitate collaborative action and guide decision-making in ways that are good for health

Speaker
Amy Porcelli, Presenting Author from Wellbeing SA, Australia

Co-author
Claudia Galicki

Abstract

Setting/problem. Public policy decisions have the power to shape population health outcomes. This recognises that health and wellbeing are grounded in complex systems. To generate effective policies that are good for health, partnerships across sectors are essential. Using co-design strategies, public health professionals can facilitate and support systems to be designed and reshaped for health and wellbeing. Public health legislation in South Australia embeds a valuable mechanism for collaborative and sustainable approaches to advance public health policy, which utilises the principles and lessons of implementing Health in All Policies in the state.

Intervention. Public Health Partner Authorities are designated under the South Australian Public Health Act 2011 and aim to achieve mutually beneficial outcomes and protect and promote public health. Their development and formalisation through dedicated agreements outline common goals to work together and provide the impetus for collaborative action between the health sector and other agencies. The co-design process explores policy issues of interest, where the role of the health sector is focussed on facilitating and enabling the process, rather than leading, which has supported an enriched dynamic and understanding of the policy problems and joined-up policy responses.

Outcomes. There are over 20 Public Health Partner Authorities in South Australia spanning across government and non-government sectors. The diversity of collaborative action is reflected in a range of policy areas, such as addressing food security, improving and protecting urban green spaces, strengthening the early years system, and supporting the cultural determinants of health for First Nations peoples. Critical to the success of the partnerships have been the soft skills required to build a supportive culture, develop and maintain respectful relationships and show flexibility to changing needs and policy imperatives. Sharing knowledge, skills and resources between sectors has contributed to joint ownership, underpinning the foundation for supporting collaborative partnerships.

Implications. The implementation of Public Health Partner Authorities reflects health as a shared goal of governments and society. These formalised public health partnerships ultimately provide a solid and sustainable foundation to work towards shared goals and create the physical, social and cultural environments necessary to support health and wellbeing.
Giving voice to Indigenous youth in India to advocate for Communities’ Health

Speaker
Nitya Rao, Presenting Author from University of East Anglia, United Kingdom

Co-authors
Nivedita Narain, Ghezaly Sabir

Abstract

Background/Objectives. The Indian state of Bihar is amongst the worst-off in meeting the SDG goals of reducing hunger and malnutrition. Despite forest food access, with high nutritive value, indigenous communities, mostly Santhals, in Chakai block, constituting 17% of the population, are more vulnerable to malnutrition than their rural counterparts. Dietary practices have transitioned from foraging for wild edible food to purchasing processed poor nutritive value food from the market. Deforestation further constricts access to wild food. Given the foundational role of youth in promoting sustainable food systems (HLPE, 2021), a project was undertaken to build the capacity of Santhal youth as agents of food system transformation.

Methods. Youth from the Lahanti Club were recruited for training in participatory film-making with the purpose of promoting sustainable food systems in their communities. Films produced were posted on a public Youtube channel and public screenings were held in community events. All short films produced and in-depth interviews with filmmakers and audience were analyzed using thematic content analysis.

Results. Two rounds of trainings to 16 Santhal youth led to the production of over 40 short videos’ and 23 public screenings. Youth went beyond producing videos on sustainable food systems to those addressing community needs such as videos pertaining to using local plants for hand washing, or local herbs with antimicrobial properties for fighting colds during the Covid19 pandemic. The showcasing of Santhal community identities helped gain audience’s trust while reviving traditional practices instilled pride in traditional dietary and hygiene practices. Culture in the making appeared in videos where the filmmakers critiqued social norms that created gender inequities in health and food consumption practices. Several videos were also outward facing, pointing to the links between malnutrition, deforestation and the gradual erosion of community traditions. The project has attracted media attention with coverage in local newspapers, a tweet from the Chief Minister and presentation at the UN Food System’s Summit’s Youth Alliance for Zero Hunger video challenge (2021).

Discussion. Participatory filmmaking can be an effective tool in strengthening youth agency and voice and engaging them in advocating for health promoting behaviour and environmental and social enablers within and beyond their communities.

Health in all policies in the Australian local policymaking environment

Speaker
Kara Lilly, Presenting Author from University of the Sunshine Coast, Australia
Co-authors
Suzanne Robinson, Jonathan Hallett, Linda Selvey

Abstract

**Background/Objectives.** Health in All Policies is an evidence-informed approach to address population health inequities. There is limited empirical research demonstrating the role of local government in adopting a Health in All Policies approach.

**Methods.** This study employed an explanatory, sequential mixed method to explore the policymaking environment of Australian local governments in relation to adopting a Health in All Policies approach. An online, national survey was followed by multiple case studies. Four theories of the policy process were explicitly embedded within the research design to deconstruct and describe the otherwise ‘messy’ policy process. Survey data were analysed using descriptive statistics and factor analysis to identify enabling and challenging factors influencing the local policy environment. Non-parametric testing was undertaken to compare local government across states/territories and geographical remoteness. Case study data were themed using template analysis and triangulated with the survey data.

**Results.** Enablers to local government adopting Health in All Policies included personal and organisational obligations to act, a broad understanding of HWB and a strong policy subsystem within local government that includes local leadership and support. Challenging factors included a perceived lack of coordination or support from higher tiers of government, limited staff and financial capacity and lack of external lobbying putting pressure on the local policy agenda. City councils reported a more favourable policy environment than their rural and regional counterparts, across nearly all factors in the policy process.

**Discussion.** The enablers and challenges in adopting a Health in All Policies approach in Australian local governments are similar to findings internationally. This study contributes to the otherwise limited discourse regarding the role of policy actor values and beliefs, the role of media, events and lack of lobbying action in the local policy process. City councils are in a more favourable position to adopt a Health in All Policies approach than regional and remote counterparts, which raises the impact of legislative environments and adequate resources to address health equity. Finally, the application of political science frameworks provides a theoretical lens to describe key factors of the policy process that must be considered for local government to successfully adopt a Health in All Policies approach.

**Insights from the evaluation of a policy-initiated but community-led health and wellbeing system strengthening initiative in 10 New Zealand localities**

**Speaker**
Anna Matheson, Presenting Author from School of Health, Te Herenga Waka, Victoria University of Wellington, New Zealand

**Co-authors**
Rebecca Gray, Mat Walton, Tali Uia, Lis Ellison-Loschmann, Riz Firestone
Abstract

Setting/problem. In Aotearoa NZ, health inequities patterned by socioeconomic circumstance and ethnicity have persisted for decades. We also have rising non-communicable diseases which cause 86% (15,480 pa) of deaths due to preventable conditions. The vulnerabilities inherent in both chronic conditions and systemic inequality have been shown clearly in who has borne the worst consequences of the pandemic. Despite knowing the evidence that most health is created in the places in which we are born, live, play, work and age, in NZ we have made little progress on improving the precedent determinants of health. Healthy Families NZ (HF) is a multi-community initiative trying to disrupt and change the system to strengthen prevention and create tangible impact on health, equity and wellbeing.

Intervention. HF is a national policy initiative aiming to respond to the unique context of different localities. There are 11 teams across 10 localities embedded in lead providers including Iwi, Whānau Ora, local government, Regional Sports Trusts and Pacific-led social change organisations. In each locality is a system thinking and acting workforce guided by principles of equity, collective impact and methods to gather local insight and garner local ownership. The initiative focuses on improving local collaboration and fostering adaptive and distributed health leadership.

Outcomes. Outcomes include improved local kai/food and wai/water systems, healthier environments and settings, and more collaborative, reciprocal local relationships. A change in mindset has spread to prioritising equity and systems thinking within lead providers, as well as more widely. Also enabled has been Māori and Pasifika ownership; indigenous knowledge systems; methods to strengthen community voice and agency; sophisticated local use of evidence; and high-trust relationships with stakeholders.

Implications. The initiative has maintained integrity to its initial intention, while continuing to evolve over 7 years. This evolution has highlighted a ‘policy/action’ gap sitting close to communities, with HF showing a way to address this gap through clear systems methodology and rigorous participatory methods. As well as acting as facilitators and boosting local capability, the HF teams have shown how breaking through social boundaries by letting go of formality and power, in relationships enables better leadership, engagement and practice. Spreading the approach more widely will be key to making impact at scale.

Planetary health promotion

A multi-criteria decision support tool to enable French municipalities to address public health impacts of climate change

Speaker

Hiago Barbosa, Presenting Author from Ecole des hautes études en santé publique (EHESP), France

Co-authors

Anne Roué-Le Gall, Marie-Florence Thomas
Abstract

Background/Objectives. An increasing number of public health authorities around the world are conducting vulnerability assessments related to the health impacts of climate change. Its impacts exacerbate existing vulnerabilities and, without significant policy intervention, they will continue to worsen. To help municipalities better understand and address their current/future vulnerability to the health impacts of climate change, it is imperative to develop appropriate evidence-based decision support tools. These tools can inform the design of short/long-term policy responses. This study aims to provide an overview of a multi-criteria decision support tool composed of two sub-tools, one to estimate the current vulnerability of French municipalities and the other to estimate their adaptive capacity.

Methods. The study site includes 59 French municipalities located in Brittany. We conducted a literature review and consulted an expert committee to discuss and validate a list of indicators to assess the vulnerability of municipalities and to estimate their adaptive capacity. Based on these indicators, we developed two sub-tools composed of two multi-criteria matrices and used the preference modeling methodology to generate two rankings of municipalities according to their level of vulnerability and adaptive capacity.

Results. Vulnerability indicators were organized into three groups of health determinants: climatic (heat stress, heavy rainfall, etc.), environmental (air/water quality, etc.), and socio-economic (health system, income, etc.). Adaptive capacity indicators were organized into a group of health determinants: political (local adaptation and mitigation measures).

Discussion. These sub-tools allow us to compare the two rankings of vulnerability and adaptive capacity of municipalities. This allows municipalities to highlight the factors explaining the rankings meanings, identify their strengths and weaknesses, and become aware of their capacity to address the public health impacts of climate change. Some challenges encountered are in defining preference thresholds for the selected indicators constituting the multi-criteria matrices, and in choosing the smallest number of indicators while ensuring that they are the most representative.

Climate change policy and Indigenous health equity: Development and application of a climate justice policy analysis tool

Speaker
Rhys Jones, Presenting Author from University of Auckland, New Zealand

Co-authors
Papaarangi Reid, Alex Macmillan

Abstract

Background/Objectives. Climate change mitigation policies can either facilitate or hinder progress towards health equity, with important implications for Indigenous health. The balance and distribution of co-benefits and co-harms is strongly dependent on individual policy characteristics and contextual factors. This research
sought to: (i) develop and refine a climate justice policy analysis tool, and (ii) use the tool to examine climate policy in Aotearoa with respect to its implications for Māori health and equity.

**Methods.** The research was guided by Kaupapa Māori research principles, centralising Māori ways of knowing and being, values and conceptions of health while maintaining a critical lens on dominant Western theoretical and policy approaches. We reviewed relevant frameworks and tools to identify elements that aligned with this decolonial, relational orientation. Based on these key elements we developed a draft policy analysis tool, which was reviewed by a panel of expert advisors and subsequently refined. We then piloted the tool by using it to assess the NZ Climate Change Commission’s (NZCCC) 2021 advice to the New Zealand government on climate change mitigation.

**Results.** The policy analysis tool was organised around five dimensions of justice: relational, procedural, cognitive, restorative and distributive justice. Each of these domains included specific areas of focus with criteria for different levels of achievement. The levels were designed to encompass what could be achieved within existing political systems as well as imagining a truly decolonised vision of climate justice. Applying the tool to the NZCCC advice identified areas where the policy advice was inadequate and some areas where it met the lower-level criteria. However, there was a large gap between current practice and the 'ideal' vision of climate justice.

**Discussion.** Our policy analysis tool seeks to extend analyses of the health equity impacts of climate policy beyond the distributive aspects. It incorporates a vision of climate justice centred on decolonisation and restoration of essential relationships, while also identifying aspects that can be addressed within the current political system. The tool was used to assess climate policy advice in Aotearoa and can be used to inform future climate policy with respect to impacts on Indigenous health equity.

**FEHNCY Community Engagement & Mobilization study design: Supporting cultural safety and knowledge translation in a representative survey of First Nations' children and youth health**

**Speaker**
Brittany Jock, Presenting Author from McGill University, Canada

**Co-author**
Treena Delormier

**Abstract**

**Background/Objectives.** Community-based participatory research is recognized as a rigorous and respectful way to conduct research with minority and Indigenous populations. Cultural safety and Indigenous knowledge translation research also emphasizes the need for working in partnership with communities, yet there is limited description of designs for supporting community engagement with First Nations (FN) communities.
Methods. Food, Environment, Health, and Nutrition of First Nations Children and Youth (FEHNCY) is a national study that will assess the relationships between environment, food access, nutrition, and health status of FN youth aged 3-19 years from 60 randomly-selected reserves. We developed the Community Engagement and Mobilization (CEM) Component based on Haudenosaunee protocols and based on the vision of community engagement as relationship building for change.

Results. We worked in partnership with FN in the pilot phase to develop community engagement standards and developed the following strategies for promoting CEM. First, activities to support strong relationships with community partners include biweekly meetings with community partners and establishing Community Advisory Circles that guide activities. Second, activities to support valuing Indigenous knowledge systems include use of traditional artwork to share community vision of children and youth wellness and ceremonies to open and close data collection and reaffirm researcher responsibilities. Third, culturally-grounded community and youth engagement activities will increase awareness of FEHNCY and include Indigenous-based music, art, and expression. Fourth, community-wide information sessions will be held to increase awareness of FEHNCY and provide updates on study progress. Lastly, we will support critical reflection within the FEHNCY team, through regular trainings and debriefs that support reflexivity for cultural safety.

Discussion. We see community engagement as relationship building for change, which is perhaps even more needed in the changing circumstances of the pandemic. The CEM Component provides a clear framework for implementation and evaluation that will assist in continuing evaluation and refinement of CEM design and activities and support culturally safe research and improved conditions for knowledge translation.

Navigating complexity in the commissioning of Indigenous health and wellbeing program evaluations in Australia: Results from a scoping review and interview study

Speaker
Summer Finlay, Presenting Author from University of Wollongong, Australia

Co-authors
Amohia Boulton, Bronwyn Fredericks, Yvette Roe, James Smith, Jenni Judd, Margaret Cargo, Helen Simpson

Abstract
Background/Objectives. Less than 5% of Aboriginal and Torres Strait Islander health and wellbeing programs in Australia are evaluated, limiting evidence informed policy and practice. Indigenous leaders have been calling for a stronger role in the commissioning of Indigenous program evaluations by government and non-government agencies. To gain a better understanding of how programs impact health outcomes for Indigenous people, a scoping review and interview study were conducted to identify commissioning models and the impact of associated levels of Indigenous engagement.

Methods. A scoping review guided by Indigenous best practice evaluation principles (coding framework) was used to identify the spectrum of commissioning models. Databases and the worldwide web were searched to retrieve documents from Australia, New Zealand, the US, and Canada. Building on the scoping
review findings, 23 semi-structured interviews were conducted with Australian-based commissioners, service providers, and evaluators to gain insight into the different aspects of the commissioning process. Guided by Indigenous Standpoint Theory, interviews were coded by pairs of Indigenous and non-Indigenous researchers.

**Results.** An analysis of the 43 documents in the scoping review identified 5 commissioning models: (1) top-down, (2) participatory, (3) co-design, (4) delegative and, (5) Indigenous led. These models were corroborated and elaborated on in the interviews. In the top-down model, evaluation questions were identified by the commissioner, Indigenous engagement was absent or characterised as ‘tokenistic’ and evaluations were culturally unsafe. There was greater Indigenous engagement in the remaining commissioning models, with Indigenous stakeholders having the most autonomy in directing/ leading decision-making in the delegative and Indigenous-led models. The latter models were marked by a high degree of accountability between the funder and Indigenous community. Time emerged as a major theme, with varied expression across the models.

**Discussion.** Co-design, delegative and Indigenous-led models were identified as best practice for use in an Australian policy context. These commissioning processes support Indigenous engagement and leadership in framing the request for tender, evaluator selection and evaluation management – processes associated with culturally safe evaluations that show reciprocity in ways which align with Indigenous best practice principles.

**Policies and practices promoting healthy living**

**Applying design thinking to promote nutrition services for community elderly**

**Speaker**
Tse-Chyang Wang, Presenting Author from National Taiwan Normal University, Taiwan

**Co-authors**
Fong-Ching Chang, Kuei-Chia Liang, Chao-Chun Wu, Chia-Jung Lee, Hsin-Yu Pan

**Abstract**

**Background/Objectives.** Since 2018, Taiwan has launched preventing frailty program and funded all counties and cities to establish “Community Nutrition Promotion Center” to provide community-based nutrition services for elderly people. In 2020, Taiwan Health Promotion Administration provided design thinking training courses for community nutritionists. This study aims to explore nutritionists’ experiences with applying design thinking and identify problems and opportunities for community nutrition services.

**Methods.** In 2021, thirteen nutritionists from county/city Community Nutrition Promotion Centers were invited to join semi-structured interviews. These interviews were recorded, transcribed, and analyzed using qualitative methods.
**Results.** Participant nutritionists had positive attitudes towards incorporating design thinking approach in community nutrition services and developed innovative interventions focused on elderly’s needs. The nutritionists reported that the challenges to implement efficient nutrition education for community elderly included lack of culture sensitivity, teaching skills, elderly’s understanding, and food instability in rural areas, while the barriers to use design thinking approach included limited time, unfamiliarity with the tools, and lack of intersectoral cooperation mechanism. The nutritionists suggested to provide empirical practices and cases in design thinking training courses and extend training for more health professionals to facilitate design thinking applying.

**Discussion.** The findings provided insight opportunities including to provide training for more community health professionals to conduct nutrition risks assessment and communication with elderly and to build intersectoral cooperation between community members, community care stations, nutrition organizations, agricultural, health and social welfare administrations, and service design support teams to develop solutions and co-design locally-appropriate nutrition education and services for elderly.

**Development of a monitoring, evaluation and learning framework to capture signals of systems change in public health initiatives for obesity prevention**

Speaker
Li Kheng Chai, Presenting Author from Health and Wellbeing Queensland, Australia

Co-authors
Mark Robinson, Dru Armstrong, Peter Abernethy, Sara Mayfield, Anne Cleary, Caroline Salom, Lisa McDaid

Abstract
**Setting/problem.** Obesity prevalence has increased substantially across Australia since the early 2000s and remained one of the most significant public health challenges internationally. The impacts of high obesity rates are a significant health and financial burden, accounting for 9.1% of premature deaths in Australia. Sustained and multifaceted approaches are required to achieve a significant population impact for obesity prevention. Health and Wellbeing Queensland (HWQld) is a prevention agency of the Queensland Government seeking to influence the underlying structures and conditions related to obesity, poor diet, physical inactivity and health inequities via a systems-based approach. However, there are currently limited evaluation frameworks designed for capturing signals of systems change in obesity prevention.

**Intervention.** A cross-sector partnership was established between HWQld and Institute for Social Science Research at The University of Queensland. Collaboration involved the co-creation of a comprehensive Monitoring, Evaluation and Learning (MEL) Framework to capture systems dynamics contributing to population health outcomes related to obesity. The systems-based approach underpinning the MEL Framework is informed by relevant literature and developed by researchers, public health practitioners and policy makers.
Outcomes. The MEL Framework consists of a high-level Theory of Change that highlights four key systems components: Policies, Practices, Networks, Mindsets. These components aim to capture signals of change that are associated with population obesity and health inequities, demonstrated through instances of impact and stories of most significant change. A ‘Ceiling of Accountability’ was introduced to distinguish between ‘performance accountability’ and ‘population accountability’ to recognise an organisation’s contribution towards systems change within the context of long-term population impact.

Implications. The MEL Framework provides a pragmatic method for capturing multipurpose insights, including 1) strategic learning to continuously improve organisational outputs, 2) demonstration of collective impact across a broad range of programs and initiatives and 3) contribution to a strong evidence base of systems change and promote equitable policies across health and wellbeing for obesity prevention.

Improving driving behaviour of young people through a university based peer education program: Development of a Training the Trainer program in road safety for university students in Cambodia.

Speaker
Kerry Montero, Presenting Author from GSC Partners, Australia

Co-author
Graham Spencer

Abstract
Setting/problem. Road trauma continues to be a critical public health issue globally, particularly impacting on countries where motorisation is rapidly increasing alongside growing prosperity. Young people are particularly impacted by road trauma and tertiary students are often overlooked with respect to targeted educational strategies. There is thus a need for the development of effective road safety strategies to engage and educate university students. Universities are both a key resource in road safety research, learning and social engagement, and in the development and promotion of effective youth engagement strategies.

Intervention. This presentation describes the design, delivery, and outcomes of a university based Training the Trainer (ToT) road safety program developed on behalf of, and in collaboration with, AIP Foundation, Cambodia. The ‘Safety Delivered - Improving Driving Behaviour of Young People’ university based (ToT) program was undertaken in Phnom Penh, Cambodia, between October 2019 and December 2020. The program aims were to develop a peer education model and program to train young people to “positively influence university students at targeted universities and among the community, through education and awareness activities, to be better skilled and safer road users”. The first step was to train university and other community representatives to be “facilitators who influence behaviour change by utilising innovative, creative and engaging approaches to educate the target youth/student populations”. The program that was developed focussed on personal road safety and responsibility, building resilience, and providing strategies
for young people to become safer on the roads. The intention was to train the group of young people to role model safe behaviours and motivate others - family, friends, and community - to be safer travellers.

**Outcomes.** After extensive consultation with relevant stakeholders, including Police, the Rectors of Higher Education Institutes (PPIU, AEU), NGO Partnership for Education, the National Road Safety Council, the Ministry of Education, Youth and Sport and student Road Safety Volunteers, a program was developed that was designed to be able to be delivered by peer educators in diverse university settings, according to the needs and conditions of respective universities. The program incorporated an innovative and flexible suite of modules incorporating a range of road safety learning activities and resources. The program was delivered as a training program to university - nominated peer representatives. This consisted of a two day training and one day ‘real world’ practice with university students from a major Phnom Penh university.

**Implications.** The model developed provides an effective, flexible, adaptable and sustainable means to engage young people in the promotion and development of strategies to influence their peers to improve knowledge, attitudes and behaviours to keep them and their communities safe on the roads.

**Interprovincial differences in the consumption of foods attributed to death and disability among Canadian adults**

**Speaker**
Gabriella Luongo, Presenting Author from Dalhousie University, Canada

**Co-authors**
Emily Jago, Catherine Mah

**Abstract**

**Background/Objectives.** In Canada, high intakes of red meat and low intakes of legumes and whole grains are the top contributors to death and years of healthy life lost due to disability from diet-related non-communicable diseases (NCDs). NCD prevalence varies regionally, with the Atlantic provinces bearing among the largest burdens of diabetes, cardiovascular disease, and some cancers. Our objective was to describe interprovincial differences in red meat, legume, and whole grain intake among Canadian adults.

**Methods.** We used nationally representative 24-hour dietary recall data from the 2015 Canadian Community Health Survey-Nutrition for Canadian adults 19 years and older (n=13,919). Results were weighted to represent over 27 million Canadian adults residing in the 10 Canadian provinces. We computed the mean daily intakes (grams/day) of red meat, legumes, and whole grain products. We then used an ANOVA (alpha=0.05) followed by pairwise comparisons with Bonferroni correction (alpha=0.001) to identify differences in intakes between provinces.

**Results.** Dietary intakes of legumes (p=0.0148) and whole grains (p<0.0001) significantly differed between provinces. Mean intakes of legumes ranged from 5.0grams/day [95%CI:2.2,7.7] in Saskatchewan to 12.6grams/day [95%CI:8.5,16.7] in Alberta. Mean intakes of whole grains ranged from 33.3grams/day
[95%CI:25.4,35.1] in Quebec to 53.6 grams/day [95%CI:45.4, 61.8] in British Columbia. There were no significant differences in red meat intake between provinces.

**Discussion.** Intakes of legumes and whole grains significantly differed between provinces. An examination of provincial differences in the nutrition environment including the accessibility, price, and promotion of whole grains and legumes may inform policy efforts to reduce NCD risk. Future research which assesses interprovincial differences in the intakes of other dietary risk factors such as sodium, sugar, fruits, and vegetables may help elucidate the primary dietary drivers of excess burden of disease in Atlantic Canada.

**Pivoting to stay active in a pandemic: Success of online personal walking plans**

**Speakers**
Trevor Shilton, Presenting Author from National Heart Foundation of Australia, Australia

**Abstract**

**Setting/problem.** During the COVID-19 pandemic in Australia formal physical activity such as sport and fitness centres were curtailed. Working from home or lock-downs encouraged increased screen time and sedentariness. These combined with mental health challenges set the scene for pivoting to innovative large-scale online approaches to keeping people moving.

**Intervention.** We developed online 6-week personal walking plans, and promoted these through targeted, innovative and motivational social media advertising. Participants completed a 5-7 minute survey providing pre-test data by which they could be assigned a personalised plan. Over six-week period participants received their plans online accompanied by motivational and personalised text messages and e-mails and videos relating to walking, health, strength, flexibility.

**Outcomes.** From launch in late March 2021 over 100,000 participants were recruited (700 per day) to September 2021. Pre-test and post-test data were analysed from a sub-sample of 3,300 participants. Walkers set a range of different personalised goals for the 6-week walking plan duration. The goals set were related to losing weight, increasing fitness or general health. Positively, 86% of walkers felt that they met their goal at least somewhat, with 31% of these people feeling they met their goal completely. 92% of participants felt their walking plan had helped improve your overall health, and 90% said their plan was important to the mental wellbeing. Overall, in terms of physical activity of 30 minutes or more, prior to the 6-week walking plan, walkers were doing this for an average of 2.7 days per week (with the physical activity guidelines suggesting 5+ days per week). After the 6-week plan, this increased to an average of 4.4 days per week, a significant increase in activity. Prior to the walking plans, participants were on average doing strength training on 0.9 days (not enough to meet the physical activity guidelines of 2 days per week). After the 6-week plan, the average number of days walkers did strength training increased to 2.4 days.

**Implications.** Social media platforms proved to be both effective and cost-effective in recruiting large numbers of participants and effective in increasing physical activity. This adds to evidence regarding the use of new media for health promotion. The additional advantage of this form of media and online recruiting is
that measures of effectiveness are available rapidly, and the campaign, its targeting and messaging can be adjusted as the campaign progresses. Based on this evaluation, the Australian Heart Foundation will continue this program into 2022, refreshing the creative and online collateral in response to the findings.

**Teaching health promotion**

**Developing Māori public health competencies for use by all teachers in health promotion, teaching policies, curricula, and practice**

**Speaker**
Francis Kewene, Presenting Author from Te Herenga Waka Victoria University Wellington NZ, New Zealand

**Co-authors**
Sue Crengle, Kate Morgaine

**Abstract**

**Background/Objectives.** Significant health inequities between Māori and non-Māori persist. Reducing inequities is a component of equity and social justice within public health (hauora ā iwi) teaching and practice. A stocktake found that very little hauora Māori content was taught in non-Māori public health courses. It became clear that there were no agreed core Māori hauora ā iwi competencies that could be used to inform the development of course curricula in Aotearoa New Zealand. This research aimed to develop a set of core Māori hauora ā iwi competencies for use by teachers of health promotion and public health in tertiary institutions.

**Methods.** The project used a Kaupapa Māori research methodology that prioritises and normalises Māori knowledge and ways of being. Eight potential competency groupings were identified from a literature review of Māori and other Indigenous competency frameworks. Māori public health experts, academics and community-based practitioners participated in three consultation hui (meetings). A World Café model for discussion was used to reach consensus about the appropriateness and content of each of the eight potential competencies. The facility to add or remove competencies was included. Content and feedback from the hui was incorporated into the competencies. Further refinement of wording was undertaken by the research team and checked for consistency with the hui input.

**Results.** A set of eight Māori hauora ā iwi (Māori public health) competencies were established. They were: Te Tiriti o Waitangi (Treaty of Waitangi); te Reo Māori and tikanga (language and customs); socio-political determinants of health (including colonisation and racism); effective communications and engagement; research; programme planning, evaluation and policy; Māori public health advocacy and allyship; and reflective public health practice.

**Discussion.** To the best of our knowledge, the Māori hauora ā iwi competencies are the first of their kind for universities in Aotearoa-New Zealand. We set them within the international context of educating for indigenous health equity, and the public health and health promotion competencies in Aotearoa-New
Zealand. Our intention is that they will be implemented by all teachers of hauora ā iwi in tertiary institutions, resulting in graduates and a workforce better equipped to improve hauora Māori.

Innovative practices in vaccination education competence. EDUVAC Erasmus+project

Speaker

Dimitra Perifanou, Presenting Author from Department of Public and Community Health, Laboratory of Hygiene and Epidemiology, School of Public Health, University of West Attica, Greece

Co-authors

Eleni Konstantinou, Aija Ahokas, Xavier Palomar Aumatell, Joan Carles Casas Baroy, Daniela Cavani, Paola Galbany Estragues, Paola Ferri, Cinzia Grandellini, Kristina Grendova, Michaela Machajova, Montserrat Romero Mas, Daniela Megugni, Anne Nikula, Sari Nyman, Janka Pronva, Carme Roure Pujol, Heli Thomander, Evanthia Sakellari

Abstract

Setting/problem. Immunization is one of the greatest achievements of public health by preventing deaths and disabilities caused by preventable diseases. The immunization agenda 2030 of the W.H.O. global strategy urges all stakeholders and governments to enhance the activities for vaccination in communities. Health professionals have an important role in achieving this goal. However, vaccination requires special training and future health professionals need to have theoretical knowledge, practical skills and positive views towards vaccination in order to influence positively their community groups and promote vaccinations. In order to address the need of education vaccination competence, a three years Erasmus+ funded project “Educating Vaccination Competence” (EDUVAC) was developed. Five European universities with the lead of the University of West Attica (Greece) collaborated in order to design, implement and evaluate different pedagogical approaches for vaccination competence with the ultimate goal of promoting vaccinations and the population vaccination coverage.

Intervention. A web-based course (3 ECTS) and an Intensive Course (2 ECTS) have been developed and piloted among the five university partners, with different pedagogical approaches: online learning (digital self-study material, self-tests, quizzes, videos), intensive course (face-to-face teaching, group-work) and simulations (different clinical cases).

Outcomes. More than 380 students participated in the projects’ learning activities. Overall, up to 92% of the students believe that their future career has benefited by their participation in EDUVAC and approximately 95% would encourage other students to attend these courses. On a scale 0-10, students rated at an average of 8 that their knowledge was up-to-date after completing the learning process.

Implications. EDUVAC offers different pedagogical approaches and learning material that can be utilised in face-to-face, online and blended learning depending on the needs and the resources. EDUVAC courses can be integrated in the health sciences curricula of higher educational institutions. They are available open
access, creative commons-licensed. In addition, as the current pandemic situation has raised the need, continuing education programmes for health professionals can also be benefitted by the EDUVAC courses. More information can be found at http://www.eduvac.eu/.

**Place of the health service conducted by health students in French school’s health promotion**

**Speaker**
Cynthia Hurel, Presenting Author from Ecole des Hautes Etudes en Santé publique (EHESP), France

**Co-authors**
Emmanuelle Godeau, Anthony Chapron

**Abstract**

**Background/Objectives.** Created in 2018, the French health students service (HSS or “service sanitaire” in French) is a national measure which aims to reinforce health students’ training regarding health promotion. It is mandatory for all health students (medicine, nursing, midwifery, etc.). Primary prevention interventions are conducted about thematic priorities (addictions, sexual health, use of screens, etc.) and mostly implemented in schools (primary and high schools, for pupils between 3 and 18 years old). There is an important issue of coordination between these new interventions and the existing policies and practices of health promotion in schools. Our study aimed to analyse for the last 3 years the articulation of the HSS set up by the Medicine Faculty of Rennes with existing health promotion policies among schools, using the perspective of school professionals.

**Methods.** A mixed method with a sequential explanatory approach was used. An online questionnaire was sent to each point of contact in all 70 schools which had hosted health students in one French department. Then, semi-structured interviews were conducted with a purposive sampling of school professionals who had guided health students. A manual thematic analysis was conducted in a grounded theory approach.

**Results.** Professionals of 42 (60%) schools answered. For 76.2% the added value of the HSS for the school was evaluated greater than or equal to 8 on a 0 to 10 scale. All the establishments already had health education activities built on the identified needs of school professionals (66.7%) or parents of pupils (28.6%). Then, 16 semi-directed interviews were conducted. Several characteristics of the HSS were found interesting, including age proximity between health students and pupils. There were strategies to enable the integration of the health students’ actions in existing schools’ projects. The HSS could represent an opportunity for students’ training as well as professionals’ training and questioning on health promoting practices. Health students were found to be in an ambiguous position: they could be seen as students, peers to the pupils or peers to the professionals.

**Discussion.** Schools have integrated HSS in a variety of ways depending on their previous involvement in health promotion projects. Alongside collective reflexions on the role of health students and on the contexts
of implementation, the HSS could join the health promoting school dynamic enabling a strong national policy.

The WSCC Model as a framework for health in schools: Strengthening your school health education teacher curriculum

Speaker
Jordan Fuhrmeister, Presenting Author from Society for Public Health Education (SOPHE), United States

Co-authors
Rachael Dombrowski, James Mallare, Elaine Auld

Abstract

Setting/problem. The COVID-19 pandemic has highlighted the need for significant changes in U.S. K-12 health teacher preparation programs so that teacher candidates are successful in addressing social and emotional learning, health equity, hybrid and online teaching, healthy school environments, and other issues. Unfortunately, many faculty have limited opportunities to participate in reflective curriculum planning due to financial, travel and time constraints in higher education. To address this need, SOPHE hosted a Digital Institute for Higher Education Academy (“Academy”) in May 2021 with funding support from the U.S. Centers for Disease Control and Prevention (CDC) Healthy Schools Branch within the context of the Whole School, Whole Community, Whole Child (WSCC) framework.

Intervention. The goal of the Academy was to enhance faculty participants’ awareness and use of the latest and most relevant CDC tools/resources that reflect high-quality curriculum for the preparation of health and physical educators in K-12 schools. An application process for the free training opportunity encouraged faculty teams (two members) from the following categories: health education and physical education higher education faculty working in teacher preparation; other faculty in general teacher preparation or similar disciplines (e.g., family and consumer health, community health, public health).

Outcomes. Faculty teams were expected to develop an action plan that included an assessment of their curriculum and steps to be taken to enhance their program in future years. The digital training was highly rated by all participants.

Implications. Faculty teams were given the opportunity to participate in follow-up technical assistance sessions, evaluation surveys (that built on a pre-assessment survey; disseminated one month prior), and interviews on the implementation of their action plans after the Academy.

Preferred presentation format.
This session will describe three segments of the Academy: 1) Characteristics of High-Quality Pre-Service Health Teacher Education Curriculum; 2) Overview of the School Health Education Teacher Preparation Model Guidance; and 3) Overview of the Model Toolkit for K-12 School Health Educators. Participants will
discuss challenges and opportunities for health education teacher preparation programs to meet post-COVID demands of the K-12 school environment.

**Tips for writing and reviewing**

**Tips for writing and reviewing for peer-reviewed health promotion journals: A practical guide**

**Speakers**

James Smith, Presenting Author from Menzies School of Health Research from Australia  
Kalinda Griffiths, Presenting Author from Editorial Team, Health Promotion Journal of Australia, Australia

**Co-authors**

Cassandra Wright, Jenni Judd

**Abstract**

**Objectives.** The Health Promotion Journal of Australia (HPJA) is a flagship peer-reviewed publication of the Australian Health Promotion Association and has been in production for 30 years. The Editorial Team publishes cutting-edge, innovative, and evidence-based contributions aimed at promoting health equity through action on the social, cultural, and ecological determinants of health. The success of the HPJA relies on receiving high quality scholarly submissions that help to build an evidence-base about contemporary health promotion issues. It also relies on the goodwill of expert peer reviewers who volunteer their time to provide fair, honest and informed critiques of these submissions. This workshop aims to provide practical insights and editorial tips to build confidence among health promotion researchers, practitioners, and policy-makers, to prepare quality submissions and/or undertake quality reviews for contemporary peer-reviewed health promotion journals.

Workshop objectives include:

- To debunk commonly held myths associated with writing for publication and/or undertaking peer reviews
- To raise awareness about the aim and scope of the HPJA, including the different types of submission options
- To raise awareness about the different incentives associated with writing and reviewing for peer-reviewed health publications
- To encourage practitioners and policy-makers with an interest in health promotion to make submissions to peer-reviewed health promotion journals
- To promote increased submissions from first-time authors and Early Career Researchers
- To promote increased submissions from policy-makers and practitioners
- To discuss Indigenous Data Sovereignty considerations within the context of academic writing and publishing focused on Indigenous peoples

**Format.** This workshop will involve:

- A brief introduction about the HPJA
• A description of the peer review process as both an author and reviewer
• An opportunity to ask questions about publishing in, and reviewing for, a reputable peer-reviewed health promotion journal
• Discussion about publishing on topics relating to health equity of relevance to the Australasian region

Learning goals.
• To increase knowledge and understanding of the peer-review process
• To build confidence in writing and reviewing for a contemporary peer-reviewed health promotion journal in the Australasian region
• To increase the potential for manuscript submissions relating to social, cultural, and ecological determinants of health
‘Where I want to be’: Exploring salutogenic discourse in disadvantaged young women’s talk

Speaker
Ruth Cross, Presenting Author from Leeds Beckett University, United Kingdom

Co-author
Louise Warwick-Booth

Abstract

Background/Objectives. The purpose of the paper is to explore disadvantaged young women’s talk about their experiences of trauma, struggle, structural disadvantage and behavioural risk using a salutogenic lens. Such young women are typically labelled in neoliberal policy and practice as being ‘vulnerable’ however, they often resist this label in their talk about their experiences drawing on what Antonovsky describes as a ‘Sense of Coherence’. In doing so the young women develop comprehensibility, meaningfulness and manageability and exhibiting agency and resilience. Gendered interventions provide the means to empower disadvantaged young women and it is through evaluations of such interventions that we can better understand their experiences.

Methods. This paper draws on evidence from several evaluations of gendered interventions designed to support ‘vulnerable’ young women. The evaluations used a range of participatory methods using multiple creative means to explore disadvantaged young women’s lived experiences. Such methods, for example, include the use of storyboards. Data from the evaluations were analysed using thematic analysis.

Results. Data across several evaluations reveal themes of comprehensibility, meaningfulness and manageability in the young women’s talk. Resilience and agency are also evident.

Discussion. Contrary to the singular portrayal in public health policy of disadvantaged young women as ‘vulnerable’, the data from the evaluations show that they construct themselves and their experiences in more agentic, salutogenic ways. This evidence shows that appropriately designed gendered interventions can have a positive impact on such young women and promoting empowering ways of being, enabling the attainment of improved health and wellbeing.

“It takes a village”: Structural or cognitive social capital to improve childcare practices in rural Malawi?

Speaker
Suhyoon Choi, Presenting Author from The University of Tokyo, Japan

Co-authors
Junko Kiriya, Akira Shibanuma, Masamine Jimba
Abstract

**Background/Objectives.** Childcare practices determine the child nutritional outcomes, but resources for good practices are unequally distributed across socioeconomic status (SES). This study first examined the associations between social capital and childcare practices separately across SES groups in rural Malawi. It then investigated the mediation effect of social capital between SES and childcare practices.

**Methods.** This cross-sectional study surveyed 320 mothers from rural district in Malawi. The Short version of the Adapted Social Capital Assessment Tool was used to measure structural social capital (group membership, social support, and citizenship activities) and cognitive social capital of mothers. Childcare practice outcomes included were minimum dietary diversity, handwashing, and complete vaccination. Data were analysed using multivariable logistic regression and mediation modelling.

**Results.** Among structural social capital dimensions, social support was found to be positively associated with minimum dietary diversity (AOR = 1.38; 95% CI 1.17, 1.63; p<0.0001) and handwashing for all mothers (AOR = 1.41; 95% CI 1.19, 1.66; p<0.0001). In sub-group analysis, the higher SES group had higher odds of meeting the minimum dietary diversity (AOR = 1.54; 95% CI 1.18, 2.00; p=0.002) and handwashing with increased social support (AOR = 1.44; 95% CI 1.11, 1.85; p=0.005) than the lower SES. The mediation effect of social support accounted for 26.4% of the total effect between SES and minimum dietary diversity. Cognitive social capital was negatively associated with vaccination for the lower SES group (AOR = 0.07; 95% CI 0.01, 0.42; p=0.004).

**Discussion.** This study suggests that not all dimensions of social capital are useful to improve childcare practices in rural Malawi. Among structural social capital, only social support was associated with better feeding and handwashing practices in both SES groups. However, the higher SES group was estimated to have higher odds of better feeding and handwashing with increased social supports than the lower SES group. Social support then was found to partially mediate the relationship between SES and feeding practice, explaining health inequalities. Thus, social support improves feeding practice but does not seem to reduce health inequalities in rural Malawi.

“You drink at home so they can go to work safely”: A case study exploring beverage alcohol marketing during the COVID-19 pandemic

**Speaker**
Dan Steeves, Presenting Author from NSHA Mental Health & Addictions, Canada

**Co-authors**
Laura Kennedy, Liane Khoury, Samantha Cukier

**Abstract**

**Setting/problem.** Alcohol marketing is linked to heavy drinking which is a leading cause of death and disability globally. In Canada, Nova Scotia’s culture of heavy drinking is a cause for concern. Researchers are now examining how the alcohol industry has adapted its marketing practices during COVID-19 to investigate
the potential for harm. This case study examines how one alcohol company in Nova Scotia co-opted the facilities, staff, logos and fundraising efforts of a local health charity to market the sale and home delivery of Frontliner, a 6% ABV beverage whose branding was dedicated to frontline healthcare workers, during COVID-19.

**Intervention.** Authors collected data from social media posts about Frontliner on Instagram, Twitter, Facebook and documented media type, content and likes. Mental Health and Addictions Health Promoters from the Nova Scotia Health Authority engaged with healthcare and health charity leaders and staff, regarding the appropriateness of the partnership between a hospital charity and a brewery, inquiring about the policies that would guide such a partnership.

**Outcomes.** Posts were shared numerous times and received 1,200+ likes on Instagram, without mentioning Canada’s Low-Risk Drinking Guidelines or the impacts of alcohol on COVID-19. Health Promoters used the lessons learned from work on the control of other harmful substances (e.g. tobacco) to emphasize the role that institutional health policy has on influencing health behaviours of communities. In response, on May 19th, the healthcare organization sent a companywide message reminding staff that promoting commercial products, specifically alcohol, while on duty is not appropriate. Photos of the beverage were removed from social media platforms.

**Implications.** COVID-19 presents an opportunity to craft policies that address alcohol marketing. Health Promoters can continue to engage in conversations with governments and health authorities to share evidence, ask questions and provide policy suggestions to reduce harms from heavy drinking.

“Your consent matters”: A thematic analysis of what adolescents and young adults in Canada wish they had learned in their school-based sexual health education.

Speakers
Shireen Noble, Presenting Author from Canadian Public Health Association, Canada
Alicia Hayes, Presenting Author from Canadian Public Health Association, Canada

Abstract

**Background/Objectives.** Canada does not have a national sexual health education curriculum (Action Canada, 2020) and, as a result, students across the country often have very different experiences learning about sexual health in schools. This may depend on factors such as the comfort of the educator, school cultures and policies, or having access to external sexual health educators. Moreover, very little is known about the perceptions of the students who receive the education. As part of a larger project, youth 16-25 were asked about their sexual health education experiences via an online survey, with an open-ended question on the topic of what they wish they knew about sex, sexuality, and relationships when they were younger.

**Methods.** Participants were recruited to participate in this online survey through paid Facebook and Instagram ads, as well as advertisements on partner organizations’ social media accounts in Summer/Fall.
Participants were asked to reflect on “What would you say if you could give sex, sexuality and/or relationship advice to your younger self?” Responses were compiled and analysed by two project staff using Braun and Clarke’s six-step framework for thematic analysis.

Results. Of the 1507 completed surveys, 1103 participants provided 2741 responses or pieces of advice for their younger selves. The most commonly occurring themes included consent, abuse, pleasure, and the normalization of sexual activity (or lack thereof) and feeling comfortable in one’s own skin.

Discussion. Based on our findings and those of other research studies, it is evident that current sexual health education classes in Canada are missing the mark when it comes to discussing (un)healthy relationships and normalizing sexual health and pleasure. (Un)healthy relationships and consent are topics that require additional focus within school-based sexual health education classes in Canada to ensure that all youth have the knowledge and skills to participate in healthy, consensual sexual and/or romantic relationships, if they choose to do so.

« 3min Pacific Break » : un projet pour promouvoir l’activité physique en milieu professionnel dans les îles du Pacifique

Speaker
Solene Protat, Presenting Author from Communauté du Pacifique, New Caledonia

Co-author
Maiwenn Moreau

Abstract

Milieu/problématique. La sédentarité au travail est reconnue par l’OMS comme étant un facteur de risque contribuant à l’apparition de maladies non transmissibles telles que le diabète, maladies cardiovasculaires, cancer, etc. On distingue plusieurs facteurs favorisant la sédentarité en milieu professionnel : travail quotidien en position assise (type emploi de bureau), multiplication des réunions (conférences, séminaires) et enfin, dans le contexte sanitaire actuel, télétravail et échanges par visioconférence qui renforcent encore l’inactivité des individus. Aussi, la Communauté du Pacifique, organisation intergouvernementale qui œuvre pour le développement des îles du Pacifique, soucieuse du bien-être de ses employés et des populations qu’elle soutient, a développé le projet intitulé « 3 min Pacific Break » afin de favoriser l’activité physique en milieu professionnel tout en valorisant la culture océanienne.

Intervention. Le programme « 3 min Pacific Break » vise à encourager la pratique de l’activité physique sur le lieu de travail à travers la diffusion de courtes vidéos de danses traditionnelles du Pacifique, permettant ainsi de mettre en place des « pauses actives ». Les vidéos peuvent être utilisées lors de réunions longues, événements en ligne ou tout simplement mises à disposition des employés pour une utilisation libre au quotidien. Ces vidéos ont été tournées dans les 22 pays et territoires insulaires de la région océanienne et, via des chorégraphies courtes et faciles à reproduire, invitent les individus à bouger et découvrir les danses traditionnelles propres à chaque île.
Résultats. Les vidéos sont consultables sur le lien suivant : https://www.youtube.com/playlist?list=PLCq-WnF3Hdhrqz3A_sRi2LEeZe6pYAd et certaines sont encore en cours de réalisation. Le programme sera lancé lors de la réunion annuelle de tous les pays membres de la Communauté du Pacifique (novembre 2021) et fera l’objet d’une enquête de satisfaction auprès des participants. A l’issue de cette réunion, les vidéos seront rendues publiques et mises à disposition de l’ensemble des entreprises, institutions et organisations de la région Pacifique pour une utilisation libre et gratuite.

« J’pouvais pas ne pas te faire confiance » : la place du kinésiologue dans la pratique d’activité physique chez les personnes ayant une dépendance

Speaker
Florence Piché, Presenting Author from Université de Montréal, Canada

Co-authors
Ahmed Jérôme Romain, Chantal Plourde

Abstract

Contexte/Objectifs. Le rétablissement des personnes ayant une dépendance est difficile, plus de 30 % des gens ne terminent pas leur traitement et plus de 60 % recommencent leur consommation suite à celle-ci. La dépendance a plusieurs effets sur la santé d’une personne en particulier au niveau physique et mental. L’activité physique est un traitement novateur dans la prise en charge de la dépendance. Elle permet d’avoir des effets sur les symptômes de dépendance et sur la condition physique. Par contre, implanter une telle intervention est complexe et peu discutée dans la littérature. Notre objectif est de comprendre comment les usagers d’une maison de thérapie en dépendance perçoivent une intervention en activité physique donnée par un professionnel de l’activité physique soit un kinésiologue.

Méthodes. Pour récolter les réponses, des entrevues semi-dirigées ont été menées suite à une intervention en activité physique ainsi que des questionnaires de satisfaction.

Résultats/discussion. Treize personnes (4 femmes et 9 hommes) en traitement dans une ressource d’hébergement en dépendance ont participé à l’entrevue. Les résultats mettent en évidence que le kinésiologue était vu comme un élément favorable à la mise en place de la pratique d’activité physique. Notamment, par le fait qu’il amenait un sentiment de sécurité vis-à-vis la pratique de l’activité physique, de par ces connaissances et ces techniques en entrainement. Le kinésiologue amenait également un sentiment de confiance pour les usagers surtout pour la prévention des blessures et la prise en charge de celles-ci.

A community-driven vision: M’Wikwedong’s future as a land stewardship leader

Speaker
Erica Shardlow, Presenting Author from Queen’s University, Canada
Co-authors
Karen Houle, Paul Nadjiwan, Diane Giroux, Renee Abram, Carlos Sanchez-Pimienta, Jeffrey Masuda

Abstract

**Background.** The global climate crisis calls for immediate action to transition to sustainable energy systems that better foster healthy environments for all. In Canada, these transitions must dismantle the extractive settler-colonial energy system that has perpetuated violence against Indigenous peoples and their lands. In cities, Indigenous-driven climate initiatives have been challenging due to limited resources and systemic legacies of racist urbanization, yet urban Indigenous Friendship Centres have proven their potential for mobilizing innovative climate action to promote healthier, more sustainable environments.

**Purpose/Objectives.** Our project highlights one such centre, M’Wikwedong Indigenous Friendship Centre, from the Saugeen Ojibway Nation (SON), which has undertaken a sustained community-based action research partnership with a national research program called A SHARED Future, to affirm M’Wikwedong as a physical and symbolic “teaching lodge” (Gikinoo’amaagewin Wiigwaam, ‘GW’) for land stewardship and climate action within traditional SON territory. Phase 1 of GW sought to gather qualitative perspectives from M’Wikwedong community members across the lifecourse in order to establish a community-informed vision of GW’s next steps.

**Methods.** Between Spring 2021 and Winter 2022, a series of sharing circles, art workshops, self-report surveys and semi-structured interviews were conducted to provide opportunities for M’Wikwedong staff, program participants and community members to express personal views on land, culture, wellbeing and sustainability using a variety of creative mediums.

**Results.** Responses suggest that reconciliation between humans and the land, cultural and gender accountability, reconciliation between Indigenous and Western knowledge systems, and community-driven research processes were prominent community concerns and important determining factors for intergenerational health and sustainability.

**Discussion.** Prioritizing community involvement at GW’s earliest stages has allowed M’Wikwedong to assure the goals of GW remain culturally-relevant and aligned with the community’s current and future needs. Our project contributes to a broader unsettling of settler-colonial approaches to knowledge production by asserting Indigenous leadership and community decision-making at the forefront of decolonizing research on sustainability, health, and human flourishing.

A comparative analysis of COVID-19 health literacy information for Canadian young adults: A systematic assessment of grey literature and relevant information sources

**Speaker**
Sana Mahmood, Presenting Author from University of Toronto Faculty of Arts and Science, Canada
Abstract

Background/Objectives. The emergence of COVID-19 was accompanied with a rapid spread of online health information about the novel virus, emphasizing the importance of communicating reliable information to prevent misinformation. However, there is limited research regarding the accessibility and comprehension of COVID-19 related health information, i.e. the “health literacy” levels of post-secondary students, particularly in Canada. The objective of this study is to assess COVID-19 health literacy information sources aimed at young adults by Canadian post-secondary institutions and by the provincial and federal governments in Canada, and their impact on student health literacy.

Methods. We conducted a systematic scan of publicly available webpages published by Canadian universities and by Canadian provincial and federal governments to assess how health information is being presented to post-secondary students. We also implemented an online survey with Canadian post-secondary students, which included questions about their access to COVID-19 related health information. The health literacy survey was used to select the academic institutions for our scan. We included institutions from which ≥20 students had responded, resulting in 27 Canadian universities and assessed their COVID-19 webpages.

Results. Our systematic analysis of 27 post-secondary institutions confirms that Canadian university websites relied on information from public sector agencies as a main source for COVID-19 related health information. These results align with our findings from our Canadian COVID-19 Health Literacy survey, as post-secondary students frequently selected public sector agencies (e.g. Public Health Agency of Canada) when searching for online health information related to COVID-19.

Discussion. Overall, the Canadian post-secondary institutions assessed in this study outlined similar policies and recommendations for their students that aligned with Canadian federal and provincial government guidelines. Maintaining accurate sources of information is important to ensure health literacy of the public, especially as vaccination campaigns are being rolled out across Canada.

A cross-sectional study to assess health literacy levels among Canadian post-secondary students during the COVID-19 pandemic

Speakers
Simran Purewal, Presenting Author from Simon Fraser University Faculty of Health Sciences, Canada

Co-authors
Hussein Elhagehassan, Paola Ardiles, Erica Di Ruggiero, John Vincent Lobendino Flores, Sana Mahmood
Abstract

**Background/Objectives.** To assess the online information-seeking behaviors and health literacy levels of Canadian post-secondary students, a cross-sectional online bilingual survey was initiated during the first wave of COVID-19 in Canada. The study was co-led by the Faculty of Health Sciences at Simon Fraser University and the Dalla Lana School of Public Health at the University of Toronto, in collaboration with the Interdisciplinary Centre for Health Literacy Research at Bielefeld University.

**Methods.** The survey was administered to Canadian post-secondary students from July 1, 2020, to September 30, 2020, through email invitations and social media platforms. The online survey was developed using standardized tools, including the Digital Health Literacy Instrument, and newly developed measures of sociodemographic indicators and the information satisfaction scale.

**Results.** A total of 2,679 students participated in the survey. Sociodemographic factors and health literacy levels were analyzed using descriptive statistics. Most participants reported high levels of health literacy and could easily access online information related to COVID-19 to make health decisions. Only 54% of participants reported that they were “satisfied” with the information they found online about COVID-19. The most frequently used sources to obtain information about the coronavirus were search engines, websites of public sector agencies, health portals, and social media. In addition, respondents valued information that was up-to-date and verified.

**Discussion.** While the majority of respondents had high levels of health literacy and found it easy to access and utilize online health information, continued development of these online resources is vital to addressing misinformation about COVID-19 and vaccines. Accurate and well-maintained online resources are key preventative health measures for educating the public and ultimately lessening the burden on our healthcare system. Moving forward, health authorities should ensure the continuation of easy-to-access, reliable information pertaining to COVID-19 and recommendations in order to reduce the spread of COVID-19.

**A framework to help identify risk factors for social isolation and loneliness among older adults**

**Speaker**
Alayne Adams, Presenting Author from McGill University, Canada

**Co-authors**
Adam Alias, Catherine Paquet

**Abstract**

**Background/Objectives.** Social isolation and loneliness (SIL) represent important social determinants of health in older adults, increasing the risk of a range of adverse health outcomes, including depression, cognitive and functional decline, cardiovascular disease, and mortality. COVID-19 mitigation measures have amplified these adverse effects, disconnecting older persons from the people, places, and services they rely
on for social support in Canada and globally. The purpose of this review was to develop an evidence-based framework that depicts factors influencing the risk of SIL, which may help in screening for at-risk older individuals before negative symptomatology develops or worsens. The framework may also indicate areas in which protective factors might be strengthened to decrease the risk of SIL among older adults.

Methods. For this review, a series of literature searches were conducted via the Embase, Medline and PsycINFO databases, using the keywords social isolation, loneliness, personality type, genetics, pain, and chronic conditions. These keywords covered some important biopsychosocial factors linked with SIL. Using deductive reasoning, a concept map was constructed in line with the variables that emerged most significantly.

Results. A total of 70 papers were considered in constructing the framework. From the collected articles, 29 discussed about the bidirectionality of chronic conditions and SIL, 11 discussed of genetic predispositions to SIL, and 5 discussed about personality types and their relationship with SIL. The populations studied in these articles were vastly different; 13 papers focused on patient populations, 3 on students, 2 on healthcare workers and 1 on prison inmates. Moreover, 7 papers addressed the COVID-19 pandemic and its global impact on individuals.

Discussion. Results show that there is an abundance of evidence demonstrating numerous potential protective and risk factors related to SIL. A concept map was created to summarize and illustrate the findings by classifying them into three overarching themes: Social, Biological, and Psychological factors. This health promotion framework may help key stakeholders, including clinicians, governmental agencies and NPOs in optimizing services for vulnerable populations and providing them with targeted interventions to reduce the morbidities of SIL. A systematic review of the literature should be conducted to confirm its validity, and further research is required to empirically test the efficacy of the concept map.

A longitudinal qualitative study aimed at understanding older adults’ adoption of technology, and experiences with virtual care, during the COVID-19 pandemic

Speaker
Hana Hadley, Presenting Author from the University of Waterloo, Canada

Co-authors
Lama Abdallah, Jennifer Boger, Kimberley Lopez, Catherine Tong

Abstract
Background/Objectives. The COVID-19 pandemic has profoundly changed the ways in which older adults live, work, volunteer, socialize, and receive healthcare. The objective of this study was to understand how older Canadians have, or have not, use technology to support their health and wellbeing, including the use of virtual care.
Methods. Employing a longitudinal qualitative approach, three waves of semi-structured interviews were conducted in English with participants aged 65 and older. Twenty older adults were interviewed at baseline, in summer 2020, and thirteen were re-interviewed in early 2021. We have opted to recruit and interview an additional ~ 6-8 participants in early 2022, specifically to better understand the experiences of older adults who are less engaged in technology. Interviews were anonymised and entered into NVivo 12 for team-based thematic analysis.

Results. In the first two waves of data collection, which were largely collected with older adults who were somewhat comfortable with technology, participants were generally satisfied with the virtual care they had received during the pandemic. Participants described the benefits to virtual care (increased convenience and efficiency, time-savings), the limitations of virtual care (need for physical examination and touch, lack of non-verbal communication), and their perceptions on the future of virtual care. Recruitment for wave 3 is ongoing and focused on older adults who are less comfortable with technology. Preliminary results from wave 3 will be ready for this conference in Spring 2022.

Discussion. Examining older adults' experiences with technology provides insights into the types of technology these participants had access to, their comfort with said technology, and how this may have impacted their receipt of care during the pandemic. To support older adults engaging in virtual care, it is vital that we understand their patient experiences and perspectives, how their perspectives have evolved over the course of the pandemic, and what additional supports those who are less digitally literate may need to have equitable access to healthcare.

A one health approach to strengthening antimicrobial stewardship in Wakiso District, Uganda

Speakers
Linda Gibson, Presenting Author from Institute of Health and Allied Professions, School of Social Sciences, Nottingham Trent University, United Kingdom
David Musoke, Presenting Author from Department of Disease Control and Environmental Health, School of Public Health, Makerere University, Uganda

Co-authors
Grace Lubega, Filimin Niyongabo, Freddy Eric Kitutu, Lawrence Mugisha, Saba Amir, Claire Brandish, Henry Kajumbula, Ismail Musoke Kizito, Bee Yean Ng, Jean O'Driscoll, Kate Russell-Hobbs, Jody Winter, Deborah Ikhile

Abstract
Background/Objectives. Developing strategies to combat antimicrobial resistance (AMR) ought to take on a one health approach to effectively control the misuse and overuse of antimicrobials. Our project provides a baseline for implementing antimicrobial stewardship interventions using a One Health approach at the health facility and community levels.
Methods. This project used the following methods for implementation of AMS: use of project team meetings; reciprocal visits between Uganda and UK for bi-directional learning and AMR/AMS knowledge transfer; project planning and stakeholder engagement; pairing up UK and Uganda training moderators; presentation of expertise from each of the one health fields; and training of trainers with Ugandan technical knowledge taking the lead of training programs.

Results. A total of 86 health practitioners (HPs), including animal health workers, and 227 community health workers (CHWs) participated in training workshops, and over 300 pupils from primary schools were sensitized on AMR, AMS, and infection prevention and control (IPC). We further established two multidisciplinary online communities of practice (CoPs) for health professionals and students, with a current membership of 421 and 162, respectively. In addition, a Medicine and Therapeutics Committee (MTC) was set up at Entebbe Regional Referral Hospital. The project evaluation, conducted three months after training, revealed that 92% of the HPs and 90% of the CHWs reported enhanced practices, including improved hand washing (57.3% and 81.0%, respectively). In addition, half of the HPs reported a reduction in the quantity of unnecessary antibiotics given per patient.

Discussion. Most of the activities in this project were based on health promotion and health literacy interventions which can inform future activities. The achievements of this project can inform the design of large-scale AMS interventions in support of implementation of the Uganda AMR National Action Plan. Training health practitioners using the “train the trainer approach” has been a successful primary intervention strategy as evident from the results of this project. To tackle AMR collaboration between different sectors, stakeholders and communities is key and requires a multidisciplinary approach. One Health provides a lens through which to tackle this complex issue.

A review of international competency sets for graduate public health education planning

Speaker
Joan Lee Tin-Suet, Presenting Author from McMaster University, Canada

Co-authors
Christopher Lee, Sarah Neil-Sztramko, Clemence Ongolo Zogo, Sheila Boamah, Laura N. Anderson, Elizabeth Alvarez, Emma Apatu

Abstract
Background/Objectives. The recent COVID-19 pandemic has highlighted the importance of the public health workforce. Given the ongoing change in required public health practice, there is a need to continuously reflect on and identify possible areas for improvement in public health training. The purpose of this mapping exercise was to identify, compare and contrast international public health competency sets that exist to help guide public health workforce.
Methods. To identify existing competency sets, we used a combination of grey literature searching (scanning website of key identified organizations) and a search of the scientific literature using OVID. Two authors reviewed and discussed the competency statements line-by-line using inductive and deductive coding. With a third member, an overarching list of competency themes were generated for comparison.

Results. A total of six competency set documents from 5 countries/regions were identified. Publication years ranged from 2007 – 2020. A final summary of competency themes was compiled that included 6 common categories: the science of public health, the social science of public health, evidence-based public health, public health practice, interpersonal competencies, public health economics, technology and current trends. There was particular consistency across the science of public health domain with emphasis on epidemiology with heterogeneity across other domains.

Discussion. This mapping exercise identified and compared competency sets from a wide range of geographical locations, and final competency themes. These themes can help administrators identify ways to adapt curricula for workforce training. Future research can extend this research by gathering feedback from public health managers and staff to understand if there are competency gaps that should be addressed.

A review on deep cultural targeting strategies and use of spiritual activities in health interventions with native Hawaiian populations

Speaker
Emily Makahi, Presenting Author from Waianae Coast Comprehensive Health Center, United States

Abstract
Background/Objectives. Despite historical efforts to undermine Hawaiian culture, Native Hawaiians are honoring, and revitalizing Hawaiian cultural values and practices. Deep cultural values and traditions can provide building blocks for cultural approaches to health interventions to improve Indigenous health and wellbeing. From a Hawaiian perspective, spiritual health encompasses all the other areas of health including physical, mental, and emotional health and therefore is the most important aspect of health and wellbeing. Despite the importance of spirituality among Native Hawaiians and the potential of spiritual interventions to improve wellbeing, no study has been done to assess how and the extent to which spirituality is expressed in interventions developed or tailored for Native Hawaiians. Thus, the purpose of this literature systematic review is to: (a) review articles describing health interventions tailored to Native Hawaiians; (b) to understand how the spiritual dimension is attended to, expressed in, or incorporated by the intervention; and (c) discuss the impact of spiritual activities on physical and mental health outcomes.

Methods. A systematic review using PRISMA Guidelines was conducted from December 2017 to June 2019 using PubMed, PsychInfo, and Native Health Database. A quality of study design was assessed using the quality of scientific rigor tool adapted by Sackett (1981) and Megens and Harris (1998). Cultural strategies were assessed using Kreuter et al. (2003) and the spirituality dimension was categorized based on activity type.
Results. There are four main findings from this review. Interventions described in this review yielded successful health or health-related outcomes. Second, all ten interventions used at least three of Kreuter’s cultural targeting adaptation strategies, and eight of ten included a socio-cultural strategy. Third, the spiritual construct was not included in all culturally tailored interventions. And lastly, culturally tailored interventions did not yield high study quality.

Discussion. Future reviews of Native Hawaiian adapted interventions and practices will inform more Native Hawaiian measurement tools, standards, and quality of care from a community perspective and support arguments that cultural health strategies are most competent for Native Hawaiian communities.

A systematic review on the use of social network analysis to study health behaviours in adolescent populations

Speaker
Magali Collonnaz, Presenting Author from Université de Lorraine, France

Co-authors
Teodora RIGLEA, Jodi Kalubi, Jennifer O’Loughlin, Alexandre Naud, Yan Kestens, Nelly Agrinier, Laetitia Minary

Abstract

Background/Objectives. The social network influences adolescent health behaviours. Social network analysis (SNA) is used to study the structure, composition and dynamics of social networks. It is a valuable tool for deepening our understanding of the social processes that shape health behaviours and thus could shed new light on the mechanisms underpinning social health inequalities. The objective of this review was to explore the ways in which SNA is used to explore adolescent health behaviours.

Methods. A systematic literature review was conducted to identify articles published in English or in French between 1990 and 2021 that use SNA to study health behaviours in adolescents age 10-19. The search was performed in 5 databases (Pubmed, CINAHL, Psychinfo, Web of science, SCOPUS) using keywords related to "social network analysis" and "adolescents". Research protocols, theses and systematic reviews were excluded. Each reference was assessed for inclusion by two authors, and quality was assessed using Sirriyeh et al.’s checklist for studies with diverse designs. We extracted methodological data on SNA such as network boundary, type of friendship ties, number of nominations, indicators used (e.g. popularity, homophily, centrality), and measurement methods for these indicators.

Results. Of 6,686 unique references identified, 168 papers were retained. 25 additional papers were identified by hand-searching reference lists. To date, data have been extracted for 136 papers. Based on this subset, most studies were conducted in the US (n=84, 62%), and sample size ranged from 8 to 70,841 adolescents. Study designs were primarily observational (85 studies (63%) were longitudinal; 41 (30%) were cross-sectional) and 10 studies (7%) were trials. Papers investigated substance use (tobacco, alcohol, drugs, e-cigarettes), weight-related behaviours (diet, eating disorders, physical activity), self-injury, sexual behaviours, and vaccination. Many studies focused on the role of best friends (n=63, 46%), and examined
processes related to peer selection or influence (n=65, 48%). Networks were often limited to same-grade peers (n=46, 34%) or same-school peers (n=43, 32%).

Discussion. This systematic review provides insights on methodological considerations in using SNA to explore adolescent health behaviours. Results will contribute to the production of knowledge needed to develop tailored preventive strategies aimed at reducing social inequalities related to adolescent health behaviours.

Acceptability of trained teacher led relationships, sex and health education to secondary school students in England.

Speaker
Hartley Dutczak, Presenting Author from London School of Hygiene and Tropical Medicine, United Kingdom

Co-authors
Chris Bonell, Ruth Ponsford

Abstract
Background/Objectives. In England (UK), teachers are the preferred providers of relationships, sex and health education (RSHE) because they can sustain delivery over time. Most research suggests students prefer external educators over familiar teachers to deliver RSHE. However, existing research focuses on students’ accounts of delivery by untrained teachers. Teacher training may overcome students’ objections to teacher led RSHE. Our aim was to understand secondary school students’ accounts of their experience with RSHE lessons taught by trained teachers.

Methods. This study was nested in the Positive Choices pilot trial of a whole-school intervention to promote sexual health in England. Teachers in five schools across south-east England were trained by experts from a specialised RSHE organisation. Six focus groups were carried out with year nine students (12-13 years). Thematic content analysis was used to analyse student accounts. Markham and Aveyard’s (2003) theory of health promoting schools was applied to interpret findings.

Results. Students described “comfortable” as well as “awkward” experiences in RSHE lessons led by trained teachers. Students reported that comfortable RSHE lessons were fun and provided a positive space for learning and engaging in group discussion. Students reported teacher identities and qualities that were important to their comfort in lessons. These included teachers’ age, familiarity with students, credibility and commitment to teaching RSHE. We identified various practices teachers used to erode boundaries between students and teachers, and recentre learning around the student which ultimately enabled a more comfortable RSHE environment.

Discussion. The current study provides new insight into the acceptability of trained teachers in delivering RSHE. Our broad conclusion is that trained teachers can be an acceptable provider of RSHE lessons to students. Despite training, some teachers were not able to break the awkwardness of the RSHE classroom.
Careful selection of teachers who are familiar, have more open relationships with students, and with interest and commitment to teaching RSHE may be useful to achieving acceptance by students. If well trained in appropriate pedagogic practices and carefully selected, teachers may be able to deliver effective RSHE which meets the needs of younger secondary school students.

**Actual conditions of outdoor play outside and inside kindergartens for Japanese preschool children**

**Speaker**
Natsuko Enomoto, Presenting Author from Nippon Sport Science University, Japan

**Co-authors**
Akiko Shikano, Ryo Tanaka, Shingo Noi

**Abstract**

**Background/Objectives.** In Japan, there is growing concern about the decrease in opportunities for outdoor play for preschool children. This is due to the increase in indoor play and the decrease in playmates caused by the increase in the use of electronic media, as well as changes in their family environment, that includes the increase in the number of working families. In addition, with the spread of COVID-19, restrictions on restrictions on normal outdoor activities of daily life have been imposed and as a result, children have fewer opportunities to engage in them. It has been reported that a decrease in opportunities for outdoor play has a negative impact on children's physical, mental, and social health. Therefore, in addition to ensuring that children have free time to play, it is crucial to encourage outdoor play. In this study, we conducted a comprehensive survey and observation of free play and outdoor play in kindergartens to determine the actual state of children's play in Japan.

**Methods.** The subjects were 51 older children attending public kindergarten in Setagaya-ku, Tokyo. The survey was conducted in October 2020. The number of children and both types of play were calculated by observing free play scenes at the school. In addition, we asked the parents about the time and number of children playing outdoors.

**Results.** The results showed that the preschoolers in this study had two to three hours of free play per day. It was observed that the boys played tag and the girls played on the playground equipment most frequently. Furthermore, when asked by their parents about the duration of outdoor play, most of the boys answered 1–2 hours, and most of the girls answered 30 minutes to 1 hour. In addition, the average number of friends that the target children played with outside of the preschool was 2.3.

**Discussion.** From the above results, it was confirmed that Japanese pre-school children have enough time for outdoor play in preschool, but less time for outdoor play outside preschool, and fewer friends to play with. These results suggest that the enhancement of outdoor play outside preschool is an urgent issue that requires the support of parents and the efforts of the local community. Therefore, we conclude that society must work together to ensure that children can outdoor play.
Addressing food insecurity: a systematic review of food assistance programs and their effect on poverty and wealth inequality in high income countries

Speaker
Michaela Bunakova, Presenting Author from McGill University, Canada

Co-authors
Jaunathan Bilodeau, Amélie Quesnel-Vallée

Abstract
**Background/Objectives.** Over the last decade, food insecurity in Canada has been on the rise. According to a recent study, 1 in 8 Canadian households struggled to put food on the table in 2020. Addressing the problem is both important from an inherent human right and an equity standpoint. The aim of our paper was to systematically review studies that evaluate the effectiveness of food security policies in reducing poverty from a causal perspective. In so doing, we wish to provide a robust, yet concise overview of evidence to policy makers interested in curbing broader social inequalities in Canada.

**Methods.** Fifteen databases were searched for published, peer-reviewed studies reporting on effectiveness of food security programs on poverty and inequality in rich OECD countries. The research protocol was registered in PROSPERO prior to conducting the review. The data was double extracted at both title/abstract and full-text level using a standardized data extraction form. Findings were synthesized narratively.

**Results.** We reviewed 13187 studies, and included 35 studies, 31 of which looked at the effect of food policies, inclusive of either food stamp programs or Supplemental Nutrition Assistance Programs (SNAP) on food insufficiency levels, and 4 looked at employment or labour supply outcomes. Of the studies, 34 were based in the United States and one came from Canada. We found mixed evidence of effectiveness for SNAP and predominantly positive evidence of effectiveness of the food stamp program in alleviating food insecurity. Two studies reported that participation in food stamp programs was associated with lower levels of employment and hours worked. Additional two studies also noted that food insecurity increased following enrolment in SNAP.

**Discussion.** Our findings suggest that overall, individuals who participate in food stamp programs appear to experience lower levels of food hardship in adulthood. Given the predominantly positive effects of food security policies in reducing food hardship, policy makers in Canada interested in alleviating poverty and reducing inequities in access to sufficient nutrition should consider implementing evidence-based food policies. Our study also reveals a lack of experimental programs in Canada and the need for more food policy evaluation studies.
Adhesión al tratamiento de la Tuberculosis: Estrategias biopolíticas para la promoción de la salud

Speaker
Fernanda Carlise Mattioni, Presenting Author from Grupo Hospitalar Conceição e Escola de Saúde Pública do Rio Grande do Sul, Brazil

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Abstract

Antecedentes/Objetivos. El fuerte crecimiento de la pobreza se identifica como un factor asociado a la aparición de casos de tuberculosis (una enfermedad infecciosa difícil de controlar) en poblaciones vulnerables. Las condiciones socioeconómicas desfavorables de estas poblaciones son una barrera que impide la Adhesión al tratamiento. Con el fin de elaborar directrices para los profesionales en el cuidado a los enfermos de esta enfermedad, en Brasil y en el mundo, se publican recomendaciones al tratamiento en Manuales, sobre todo por la Organización Mundial de la Salud (OMS). El objetivo de esta investigación fue investigar cómo las recomendaciones de estos Manuales constituyen estrategias biopolíticas de Promoción de la Salud.

Métodos. Se trata de una investigación documental y cualitativa que analizó cinco Manuales publicados en Brasil, entre 2002 y 2019, como prácticas discursivas, en el referencial de Michel Foucault.

Resultados. A partir de los resultados, es posible identificar cinco estrategias biopolíticas utilizadas: “hacer vivir” ciertas vidas, mantener la seguridad de la población sana, la caracterización de la “población vulnerable”, la superación de la pobreza como ordenamiento del discurso de fortalecimiento de la Adhesión, y el emprendimiento del yo como acción colaborativa en la Adhesión.

Discusión. Las recomendaciones analizadas normalizan una forma propia de controlar la enfermedad desde la exaltación de los aspectos individuales de la Promoción de la Salud en su vertiente neoliberal. Esta normalización no considera que la Adhesión necesita de la adopción de una conducta de colaboración por parte de la persona enferma, lo que no es fácil de conseguir con las poblaciones vulnerable. Esta investigación nos permitió comprender que es necesario considerar otras verdades acerca de la Adhesión Terapéutica para el tratamiento de la tuberculosis, además de las ya naturalizadas en los Manuales publicados y adoptadas por muchos profesionales de salud, en Brasil y en el mundo.
Adolescents’ dating apps use and online risks: The role of digital marketing exposure and literacy

Speaker
Fong-Ching Chang, Presenting Author from National Taiwan Normal University, Taiwan

Co-author
Tzu-Fu Huang from National Taiwan Normal University, Taiwan

Abstract
Background/Objectives. Internet marketing has increased rapidly. As adolescents spend more time on the internet, they could encounter more digital marketing. This study aims to explore adolescents’ exposure to dating apps marketing and examine the relationships between dating apps marketing exposure, literacy, dating apps use, and online risks.

Methods. In 2020, the Probability Proportionate to Size Sampling method was used to select 30 junior high schools from Northern Taiwan. A total of 2,611 seventh grade students completed self-administered questionnaires. A series of logistic regression models was conducted to examine the relationships between dating apps marketing exposure, literacy, advertising effect, outcome expectation, dating apps use and online risks.

Results. Of the participants, 15% of adolescents reported using dating apps in the past year. Adolescents living in rural area reported higher dating apps use rate (16.8%) compared with adolescents living in urban areas (13.7%). Multiple logistic regression results indicated that students who had higher levels of dating apps marketing exposure, outcome expectation, and lower cognitive digital marketing literacy were more likely to use dating apps. In addition, adolescents who used dating apps were more likely to encounter online risks including privacy, cyberbullying, and online sexual harassment.

Discussion. The findings indicated that adolescents’ dating apps use was associated with cyberbullying and online sexual harassment. Dating apps marketing exposure was a risk factor, while digital marketing was a protective factor. Government should regulate dating apps use and marketing to reduce children’s and adolescents’ online risks. Schools should educate children and adolescents to enhance students’ digital marketing literacy and cope with complex digital marketing.

Adults’ health behaviours, mental health, and overall well-being during the COVID-19 pandemic in Ontario, Canada

Speaker
Katie Shillington, Presenting Author from Western University, Canada

Co-authors
Leigh Vanderloo, Shauna Burke, Victor Ng, Patricia Tucker, Jennifer Irwin
Abstract

**Background/Objectives.** Public health measures have been implemented to slow the spread of COVID-19. These measures may also be associated with unhealthy lifestyle behaviours, which could be particularly problematic for those already at highest risk for losing years of healthy life due to chronic disease (i.e., 30-59-year-olds). The purpose of this paper was two-fold: 1) to provide an overview of Ontario adults’ health behaviors, mental health, and well-being during the first few months of the COVID-19 pandemic (April - July 2020) in Ontario, Canada; and 2) to explore potential differences between physical activity and health behaviours (i.e., well-being, mental health, and dietary intake).

**Methods.** As a part of a larger, longitudinal study, participants completed an online survey that included demographic information, the Global Physical Activity Questionnaire, Starting the Conversation questionnaire, the Mental Health Inventory, and the Personal Wellbeing Index-Adult. Data analyses involved computing measures of central tendency and dispersion followed by descriptive statistics. Separate independent t-tests were conducted to investigate the difference between physical activity status and well-being, mental health, and dietary intake.

**Results.** A total of 2,157 participants (M age = 43.2; 89.4% female) completed an online survey. Descriptive statistics indicated that respondents met physical activity (M = 199.4 mins moderate physical activity, M = 97.3 mins vigorous physical activity; recommended = 150 mins moderate-vigorous physical activity) and sedentary behaviour (M = 7.1 hrs; recommended = 8 hrs or less) guidelines, reported double the amount of recommended recreational screen time (6.0 hrs), practiced moderately healthy dietary behaviours (M = 7.12, range = 0-15; low scores indicate healthier diet), experienced mental health problems (M = 60.30, range = 0-100; scores below 70 indicate mental health problems) and scored below “normal” in some well-being domains (e.g., satisfaction with physical and mental health, feeling part of their communities).

**Discussion.** Our findings provide insight for the development of timely and evidence-informed health promotion and disease prevention strategies to support adults’ health behaviours, mental health, and well-being during the COVID-19 pandemic and future pandemics.

Advancing health promotion: Knowledge mobilization in support of the Circle of Health

**Speaker**
Claire Chilton, Presenting Author from The Quaich Inc, Canada

**Abstract**

**Setting/problem.** Health promotion is proven to be a cost effective and sustainable upstream strategy for addressing population health. Yet, in the Canadian context, downstream healthcare spending remains the priority, rather than addressing the root causes of health and health inequities. The pandemic has shed a harsh light on the importance of action to address the social determinants of health. If health promotion is effective in improving population health, why have we not invested in health promotion initiatives? Are...
there tools that can guide planning for intersectoral policy, action and system change to “build back better” post pandemic?

**Intervention.** The Circle of Health (COH) is an internationally tested, interactive framework designed and refined over 25 years as a values-based planning tool for use by health promotion educators, policy makers, decision makers and practitioners. The COH takes the complex concepts of health promotion, determinants of health, and population health and demonstrates how they are interwoven. We are currently undertaking a knowledge mobilization campaign to promote the COH’s benefits and potential uses. This includes developing and testing new audio-visual tools and formats with diverse audiences. While the COH by itself remains a relevant health promotion resource, these new tools expand the reach of this health promotion tool.

**Outcomes.** The goal of our knowledge mobilization campaign, in partnership with the National Collaborating Centre for Determinants of Health, is to advance the use of the COH through many mediums, and to extend the reach of the COH to new audiences across sectors and disciplines. Though the value of the COH has already been proven, the outcomes of this knowledge mobilization will act as resources for widespread scale-up that can facilitate systems adopting health promotion in response to COVID-19.

**Implications.** The various applications of the COH show that it can be understood and implemented across cultures, geographical contexts, and languages. Our focus on knowledge mobilization has created new avenues for sharing the knowledge of the COH, demonstrating that its value can be translated across platforms for more widespread use, validating the universal value of health promotion. The lessons learned from our knowledge mobilization campaign are useful for others hoping to increase the reach of their health promotion initiatives.

**Advancing immunization coverage and equity: A structured synthesis of pro-equity strategies in 61 Gavi-supported countries**

**Speaker**
Vesela Ivanova, Presenting Author from University of Montreal School of Public Health, Canada

**Co-authors**
Asm Shahabuddin, Alyssa Sharkey, Mira Johri

**Abstract**
**Background/Objectives.** Despite progress in child immunization in recent decades, inequities persist in low- and middle-income countries, contributing to 17.1 million zero-dose children. To address country-level equity & coverage challenges, we undertook a structured synthesis of pro-equity strategies for immunization across 61 Gavi-supported countries. The synthesis aimed to identify current practices and promising opportunities to reach unimmunized children, many of which are found in remote rural, urban and conflict settings.
Methods. A conceptual framework was developed in a stepwise manner from the determinants of immunization equity & coverage and the priority settings. 174 Gavi Annual Country Joint Appraisals and Multi-Stakeholder Dialogue reports (2016-2020) were selected for extraction. We identified strategies via a targeted keyword search in QDA Miner Lite. Pro-equity strategies were organized by country, determinants of coverage (social norms, human resources, management & coordination, utilization, commodities, budget & expenditures), gender lens, and their relevance to UNICEF Journey to Health & Immunization framework steps (Knowledge, Awareness & Belief; Intent; Preparation, Cost & Effort; Point of Service; Experience of Care; After Service).

Results. Pro-equity strategies relevant to Point of Service (n=327) were most often reported and targeted the determinants Utilization (n=115), Management & Coordination (n=80), Human Resources (n=53), Commodities (n=49) and Budget & Expenditures (n=30). Further, strategies relevant to Knowledge, Awareness & Belief (n=180) targeted Social Norms (n=159) and Human Resources (n=21). Lastly, countries less often reported strategies targeting Preparation, Cost & Effort (n=98), Experience of care (n=57), Intent, (n=54) and After service (n=20).

Discussion. Countries are using various strategies to tackle immunization challenges at all steps of the Journey framework. Gaps exist in addressing immunization intent, preparation, experience of care and after service. Awareness of current strategies and gaps can inform immunization programs, policies, and decision-making targeting zero-dose communities in Gavi-supported countries.

Advancing trans-affirming practice to improve the response to transgender sexual assault survivors

Speaker
Joseph Friedman Burley, Presenting Author from Ontario Network of Sexual Assault/Domestic Violence Treatment Centres, Canada

Co-authors
Janice Du Mont, Robyn Hodgson, Rachel Cheung, Sheila Macdonald

Abstract
Setting/problem. Transgender (trans) persons are sexually assaulted at high rates and often encounter barriers to equitable services and supports. The receipt of timely and appropriate postassault care, provided increasingly by specialized forensic nurses around the world, is critical in ameliorating the harms that accompany sexual assault. In order to adequately respond to the acute health care needs of trans clients and attend to longer term psychosocial difficulties that some experience, forensic nurses not only require specialized training but must also work closely with trans-positive health and social services in their communities.

Intervention. In this context, we describe our strategy to advance trans-affirming practice among health and social service providers in Ontario, Canada. We outline the design and evaluation of a trans-affirming
care curriculum for forensic nurses. We also discuss the planning, formation, and maturation of our trans-LINK Network designed to foster intersectoral collaboration.

**Outcomes.** Our curriculum has been successfully evaluated with a sample of 47 forensic nurses across Ontario. A pre- to post-training evaluation documented improvements in perceived level of expertise and competence across all key content domains, including initial assessment, medical care, forensic examination, and discharge and referral. Following successful transition from the planning to maturation stage of our Network, it comprises approximately 130 health and community organizations collaborating to improve the response to sexual assault. Our associated trans-LINK WebPortal, a freely available resource repository, contains an interactive membership directory and our trans-affirming care curriculum, among many other materials.

**Implications.** Our publicly available curriculum could be implemented in approximately 1,000 sexual assault nurse examiner programs worldwide and adapted to enhance relevance for other healthcare and social service professionals. Our ever-growing intersectoral Network and associated WebPortal provide an opportunity for collective advocacy against the systemic discrimination and barriers experienced by trans survivors. Our approach to advancing trans-affirming practice therefore holds the potential to promote health equity for this group and transform the response to sexual assault across other sectors and jurisdictions.

**An assessment of current structural inequities faced by black, and minority ethnic (BME) college students related to mental health access.**

**Speakers**
Marzell Gray, Presenting Author from University of Minnesota Duluth, United States
Bailey Soma, Presenting Author from University of Minnesota Duluth, United States
Mary Pelletier, Presenting Author from University of Minnesota Duluth, United States

**Abstract**

**Background/Objectives.** Mental health services are meant to be accessible for all, but black and minority ethnic undergraduate students are less likely to use these services due to financial strain, perceptions of treatments, and cultural beliefs. Minority students tend to have unique causes for mental health problems including racial and structural inequity and socioeconomic status. The central hypothesis is that access perception contributes to structural inequities to the access of mental health services for black and minority ethnic students. Structural racism exists in systems and policies; inequities need to be addressed on a systems level, not merely an individual level. Thus, this project primarily aims to identify, understand, and target structural inequalities that inhibit access to mental health sources for students who identify as black and minority ethnic. The two specific aims are to examine the access perception and cultural beliefs of black and minority ethnic undergraduate students for mental health services; To determine physical access and cost barriers to access mental health care for undergraduate students.
Methods. To test the hypothesis, the Barriers to Seeking Mental Health Counselling scale by Shea, 2019, and several demographic variables are used to assess access and perceived help-seeking barriers among students aged 18-24.

Results. The primary outcome shows that access perception and barriers play a role as a mechanism and contribute to structural inequities and inequalities to the access of mental health services for black and minority ethnic students on the University of Minnesota of Duluth campus.

Discussion. Thoroughly learning and understanding the advantages and disadvantages associated with health care and health promotion services such as mental health access for black and minority ethnic undergraduate students will raise awareness and inform college administrators' and legislators' decisions regarding mental health services, support, and policies. Change begins at the intersection of understanding structural inequities for all students, college students who identify as black and minority ethnic, and discerning the barriers to accessing mental health, health promotional services, and social factors. Ultimately, this study provides information for administrators and policymakers when making decisions about mental health services.

An exploration of challenges and opportunities for health promotion among internally displaced people during COVID-19 pandemic in Zimbabwe

Speaker
Mathew Nyashanu, Presenting Author from Nottingham Trent University, British Sovereign Base Areas

Abstract
Background/Objectives. Many people are displaced due to conflicts and environmental disasters. A lot of them end up living in camps where health conditions are inadequate. This study explored the challenges and opportunities for health promotion among internally displaced people during COVID-19 pandemic.

Methods. The study employed an explorative qualitative approach. Twenty-five (25) participants took part in the study. Semi-structured interviews were utilised to collect data. Data was analysed using the 4 phases of data analysis in The Silence Framework (TSF).

Results. The study found that the challenges to health promotion among internally displaced people included fear of COVID-19, Lack of funding, Low literacy levels, Competing interests, Lack of volunteers and Lockdown. The study also found that the opportunities for health promotion included Food pick up points, social media platform, News slots on radio or television and Community blogs.

Discussion. Fear of COVID-19 pandemic led to many people to disengage from interaction with other people and preventing door to door health promotion strategy normally used in refugee camps. Low literacy among displaced people living in camps, makes it difficult for them to read and understand health messages on leaflets and posters. Lack of funding to pay for people who wanted to carry out health promotion among displaced people was also a barrier. Displaced people were pre-occupied by where to get food and survive
During the pandemic, this notion negated all the importance of attending and listening to health promotion messages making them vulnerable to infections during COVID-19. Following the pandemic, lockdown was instituted to arrest the pandemic. This made it harder for displaced people to have current health updates or visit important information and medical facilities. However, COVID-19 pandemic also came with opportunities for health promotion for example people displaced could get more information about their health at food pick up points. People formed various groups on WhatsApp, twitter Facebook and U-tube to share health information during lockdown. Blogs were also key to health promotion.

An exploratory study to understand the impact of the National health policy on Patient Safety (PS) in Nigeria.

Speaker
Pauline Odeyemi, Presenting Author from Nottingham Trent University, United Kingdom

Abstract

Background/Objectives. Iatrogenic harm in hospitals is identified as a global issue affecting countries at all levels of development, which is described as the absence of preventable harm to a patient during healthcare. The burden of unsafe care explains the magnitude and scale of this problem, especially that the majority of the adverse events happen in low- and middle-income countries. Patient safety research (PSR) in the last two decades has produced significant knowledge appreciated in the layers of interventions that emerged to understand the causes of clinical errors and what can be done to minimize or eliminate them. This research engages the methodological process of Actor-Network Theory (ANT) in the exploratory study of the impact of Health Policies on patients’ outcomes in the Nigerian acute health institutions. This research is motivated given the hope that Patient Safety (PS) could have better and measurable results when it is a significant part of the national health policy.

Research Objectives. Research findings will illustrate the lessons that can be learnt from historical and contemporary challenges in applying policy to clinical practice in Nigeria.

Methods. Participant and non-participant observations, interviews, and a policy document analysis

Results. The emerging possibility is that patient safety as the principal actor appears not stable in the network. Because, to a large extent, the Nigerian National Health Policy remains an “actor” (mainly part of a group) rather than being an “actant” (that which accomplishes an act) in that it seems not to have “agency” (Agency is, an actor who has the power to change other actors) where patient safety clinical priorities are concerned.

Discussion. When the intermediaries and the mediators in the networks were unpacked, the key findings show that, although there is an existing National Health Policy document in Nigeria, there is a distinct disconnect between policy and practice; there are unquantified PS occurrences and limited knowledge of the concepts of health policy and patient safety science amongst administrators and clinical practitioners.
Análisis de la situación en Argentina de las políticas públicas en discapacidad. Enfoque bioético y disciplinar

Speaker
Martín Zemel, Presenting Author from Instituto de Investigaciones en Educación Superior, Facultad de Odontología, Universidad Nacional de de La Plata, Argentina

Co-authors
Silvina Di Bastiano, Sebastián Bosi García, Verónica Vanoni

Abstract

Antecedentes / Objetivos. La población argentina con algún tipo de dificultad ascendió a 3.571.983 representando el 10,2% del total (INDEC, 2018). En la última década se implementaron medidas y políticas dirigidas al colectivo de personas con discapacidad que, en muchos casos, obstaculizaron el acceso a derechos fundamentales. El estudio se propuso analizar, desde un enfoque bioético, las políticas públicas actuales en discapacidad, y su correlación con principios éticos que fundamenten su construcción desde una perspectiva emancipadora.

Métodos. Se realizó un estudio documental, mediante el análisis de textos digitales sobre el estado actual en la Argentina de las políticas públicas en discapacidad y su relación con el principio bioético personalista de subsidiariedad y solidaridad, como también en el principio ético de la equidad en salud. Se revisaron documentos públicos y publicaciones científicas. Se incluyeron publicaciones argentinas, del período 2017-2020, en idioma español, y que contuvieron todos los siguientes términos: “ética”; “discapacidad”; “derecho”; “política pública”.

Resultados. Durante el periodo analizado, se implementó el Plan Nacional de Discapacidad 2017-2022 y la conformación de la Agencia Nacional de Discapacidad en la órbita de la Secretaría General de la Presidencia de la Nación, a través del decreto 698/2017. Sin embargo, del total de la población con discapacidad sólo el 33% obtuvo el Certificado Único de Discapacidad, el cual constituyó un requisito excluyente para el acceso a sus derechos reconocidos en la República Argentina. Asimismo, se evidenció que una gran proporción de esta población no se encontró alcanzada por políticas públicas específicas para el colectivo. La identificación de los principios bioéticos contenidos la documentación estudiada, demostraron que la discapacidad, requiere de un abordaje político integral que priorice la no discriminación en el ejercicio de cualquiera de sus derechos fundamentales.

Discusión. La bioética como metodología de análisis, contribuye a la fundamentación de políticas públicas en discapacidad. En este sentido, sus ejes vertebradores deben prioritariamente custodiar los derechos humanos fundamentales de todas las personas. Esto conlleva a repensar cómo el Estado debe afrontar las
políticas en esta materia, incluyendo la certificación en discapacidad, la cobertura universal en salud como también acceso a la educación, trabajo, participación social, entre otros.

**Analyse de seize ans d'expérience dans l'enseignement de la promotion de la santé dans une université brésilienne**

**Speaker**
Jacqueline Rodrigues de Lima, Presenting Author from Universidade Federal de Goiás, Brazil

**Co-author**
Bárbara Souza Rocha

**Abstract**

*Milieu/problématique.* Les directives curriculaires de 2001 pour la formation infirmière au Brésil ont indiqué la nécessité de renforcer, entre autres, le système de santé et la promotion de la santé en tant qu’axe transversal durant la formation. Le cours obligatoire Promotion de la Santé a été créé en 2005 à la Faculté des Sciences Infirmières de l'Université Fédérale de Goiás. L'objectif de ce rapport est de présenter une description de seize ans d'offre de ce cours du point de vue des cadres théoriques, des stratégies d'enseignement et de la pratique dans la communauté.

**Intervention.** Dans ce cours de 64 heures, la méthode Paulo Freire a été adoptée comme référence pédagogique et les contenus théoriques et pratiques sont travaillés de manière critique, dialogique et participative. Les aspects historiques et conceptuels, et les politiques nationales de promotion de la santé et d'éducation populaire font partie du contenu du cours. Les déterminants sociaux de la Santé (DSS) et l'intersectionnalité sont soulignés afin de mieux comprendre les inégalités et l'injustice sociale existants dans le pays. Le choix des milieux de pratique dépend du contexte politique, économique et social.

**Résultats.** Le cours est offert une fois par l’année aux étudiants de première année. D’entre les stratégies d’enseignement la roue de dialogue avec la participation des invités issus des mouvements sociaux, travailleurs de la santé, entre autres. La réalisation des audiences publiques, l’organisation des manifestations avec groupes communautaires et l’éducation pour la santé dans les écoles publiques, sont des exemples des pratiques déjà réalisées. Une des stratégies d’évaluation est faite par moyen de l’appréciation des expériences des groupes d’étudiants lors d’événements scientifiques. La majorité entre eux démontre leur compréhension par rapport à l’application du contenu théorique dans la pratique. Le plaidoyer, l’intersectorialité, la participation, l’équité, la justice sociale, les DSS et le renforcement de l’action communautaire sont les principaux concepts-clé ou directives de la promotion de la santé utilisés dans le cours.

**Implications.** Le cours a permis, au-delà de la formation académique, la formation politique des étudiantes. Cependant, la promotion de la santé reste encore limitée à l’offre de ce cours, et non de manière transversale comme prévue à l’époque de la construction du projet pédagogique.
Analyse des inégalités socio-spatiales d’accessibilité aux espaces verts des jeunes adultes de 16 à 30 ans de Sherbrooke, Québec

Speaker
Aristide Tchangou Wepandjoue, Presenting Author from Université de Sherbrooke, Canada

Co-authors
Eliana Aube, Martine Shareck, Christine Loignon

Abstract
Contexte/Objectifs. On considère que chaque citoyen devrait avoir accès à un espace vert d’au moins 5000 à 10000 m² à une distance de moins de 300 mètres de son habitation. L’exposition aux espaces verts naturels peut favoriser la santé et le bien-être et contribuer à réduire les inégalités sociales de santé. Cependant, très peu d’études sur l’aménagement urbain ont jusqu’à ce jour concerné les jeunes adultes de 16 à 30 ans. L’objectif de cette présentation est de documenter la présence et l’ampleur d’inégalités socio-spatiales dans l’accessibilité des espaces verts dans la ville Sherbrooke et chez les jeunes de 16 à 30 ans.

Méthodes. Les données de localisation et les caractéristiques (p. ex., taille) des espaces verts seront issues des bases de données de la ville de Sherbrooke. Elles seront mises en relation avec (1) le niveau de défavorisation socio-économique à l’échelle de la communauté et (2) les caractéristiques socio-démographiques (p. ex., niveau d’éducation, genre, ethnicité) des 1 400 jeunes de 16 à 30 ans ayant participé à l’étude Centre-Ville Équitable et en Santé (CentreVS).

Résultats. Des études préliminaires révèlent qu’il existe à Sherbrooke près de 1,29 espaces verts pour 1000 habitants. La distance moyenne entre la résidence et l’espace vert le plus près est de 1,7 kilomètre. Ainsi, la plupart des habitants (56 %) serait situés à plus de 1000 mètres d’un espace vert, comparativement à 65 % pour l’ensemble du Québec. Dans la présentation, nous bonifierons ces informations en décrivant les inégalités socio-spatiales dans la distribution et l’accès des espaces verts à l’échelle des communautés et chez différents groupes sociaux de jeunes adultes.

Discussion. Nous discuterons des résultats à la lumière des cadres théoriques sur la distribution des ressources de santé à travers les quartiers et sur la mobilité quotidienne, et au regard des directives internationales de l’OMS. Dans des études futures nous évaluerons l’association entre l’accessibilité aux espaces verts et le bien-être chez les jeunes, ainsi que les inégalités sociales de bien-être chez ce groupe d’âge.

Applying the Ottawa Charter to drowning prevention in Australia

Speaker
Stacey Willcox-Pidgeon, Presenting Author from Royal Life Saving Australia, Australia
Co-authors
Richard Franklin, Sue Devine, Peter Leggat

Abstract

Background. Migrants account for 29% of fatal drowning in Australia and are a priority population for drowning prevention. However, there is an access inequity to swimming and water safety programs. This paper presents an appraisal of drowning prevention programs aimed at migrant adults in Australia, utilizing the five action areas of the Ottawa Charter. The Ottawa Charter has not been applied in a drowning prevention context in Australia.

Methods. An environmental scan of drowning prevention programs that targeted migrants was undertaken. Six programs were purposively selected for deeper analysis using a qualitative multiple case study approach. Interviews were conducted with program coordinators, teachers, and participants. Interviews were recorded, transcribed and thematically analysed against the Ottawa Charter action areas.

Results. All six case studies addressed the action areas of creating supportive environments and developing personal skills. No program addressed all five action areas. Interview participants from all programs identified similar issues: the need for specific swimming programs for migrants, sustainability of programs, barriers and enablers to participation, and importance of addressing migrant’s social determinants.

Discussion. Health promotion programs aimed at migrants are complex and require multi-faceted approaches for maximum impact. The Ottawa Charter provides a framework to design and review drowning prevention programs from the up-stream policy level to the down-stream individual level. While this study identified that programs strongly align to the Ottawa Charter action areas of creating supportive environments and developing personal skills, more could be done to build healthy public policy; strengthen community action and re-orient health services to address gaps in service provision, equity, and access to programs. Additionally, health promotion drowning prevention strategies can be effective beyond immediate health outcomes, addressing social determinants, assisting in settlement, reducing isolation and connecting with communities. Despite the high number of swim schools in Australia, only a fraction were found to offer specific programs for adult migrants. Drowning prevention programs dedicated to migrant communities can play an important role in providing a health promoting setting that can reduce drowning risk and empower migrants to safely settle in their new home.

Approches communautaires en contexte humanitaire : bilan de 10 années de lutte contre le choléra en Haïti

Speaker
Gabriel Larivière, Presenting Author from Médecins du Monde Canada, Canada

Co-authors
Yayouline Filippi, Martine Bernier
Abstract

Contexte/Objectifs. L’éclosion de la première épidémie de choléra en Haïti s’est produite quelques mois après le séisme de janvier 2010. La propagation rapide de la maladie posait alors d’importants défis pour les autorités sanitaires et les ONG présentes sur les lieux. La situation endémique du choléra et sa répartition dans l’ensemble des départements d’Haïti a, par la suite, forcé les acteurs santé à mettre en place de nouvelles approches pour la lutte au choléra, notamment aux niveaux de la prévention et de la prise en charge des cas. Ce besoin d’approches innovantes était particulièrement important vu la nécessité d’offrir des soins, des services et des activités de prévention aux populations les plus vulnérables.

Méthodes. Médecins du Monde (MdM) a participé aux dix années de lutte contre le choléra en Haïti. L’un des caractères distinctifs de cette expérience a été d’avoir été présent dans des zones où les besoins étaient nombreux et où la présence des autorités sanitaires et des autres partenaires était limitée. Afin d’intervenir efficacement en matière de prévention et de prise en charge des cas, MdM a déployé différentes approches communautaires tout au long des dix années de l’épidémie, de manière directe ou en appui aux autorités sanitaires locales. Ces approches communautaires ont placé les membres des communautés locales au cœur des interventions, non pas seulement en tant que patient.e.s, mais aussi en tant qu’acteurs et actrices positifs en matière de prévention et de prise en charge.

Résultats. Une recherche de capitalisation des dix années d’engagement de MdM dans la lutte contre le choléra en Haïti est à la base de cette présentation. Cette recherche a notamment identifié les différentes approches de MdM en matière de prévention et de prise en charge au niveau communautaire. Une analyse qualitative de documents internes et d’entrevues avec des membres du personnel met en lumière plusieurs bénéfices des approches communautaires comme outils pertinents pour lutter contre une épidémie dans un contexte d’intervention au sein de populations vulnérables.

Discussion. La mobilisation communautaire peut contribuer de manière positive à la prévention et la prise en charge de patient.e.s au sein de populations vulnérables lors d’épidémies. Elle permet notamment d’impliquer les communautés locales dans une stratégie plus globale de santé publique et de bâtir des ponts entre les institutions de santé et les populations plus vulnérables.

Are dentists ready to take upstream actions? A qualitative descriptive study

Speaker
Homa Fathi, Presenting Author from McGill University, Canada

Abstract

Background/Objectives. This study aimed to understand the perspectives of dentists towards the Montreal-Toulouse model, an innovative approach that encompasses person-centeredness and social dentistry. This model invites dentists to take three types of actions (understanding, decision-making, intervening) on three overlapping levels (individual, community, societal). More specifically, we wanted to know a) how dentists perceive the Montreal-Toulouse model; and b) how ready they are to adopt it.
Methods. We conducted a qualitative descriptive study based on semi-structured interviews with a sample of dentists in the Province of Quebec, Canada. We employed a snowball sampling strategy and recruited 8 information-rich participants. The interviews were conducted and audio-recorded through zoom and lasted approximately 90 minutes. After transcribing the interviews verbatim, we performed a thematic analysis with a combination of inductive and deductive coding.

Results. The participants explained they valued person-centred care and tried to put the individual level of the Montreal-Toulouse model into practice. They thought that it improved their relationship with patients and led to good clinical outcomes. However, they expressed little interest in the social dentistry aspects of the model (i.e., the community and societal levels); they acknowledged not knowing how to organize and conduct upstream interventions and were not comfortable with political activism. According to them, advocating for better health-related policies, while a noble act, “was not their job”. They also mentioned that the current fee-for-service system in Canada did not favour the implementation of the upstream actions suggested by the model.

Discussion. To promote the Montreal-Toulouse model and social dentistry in particular, we must challenge dentists’ professional identity and discuss their role and duties in society; we also need to sensitize clinicians to the social determinants of health and enable them to address them. We invite governments, governing bodies of dentistry and dental schools to be part of this reflection.

Assessing the progress on implementation of the Pacific Non-Communicable Diseases Roadmap in the Pacific region

Speaker
Solene Protat, Presenting Author from Communauté du Pacifique, New Caledonia

Co-authors
Si Thu Win Tin, Ilisapeki Kibuabola, Wendy Snowdon, Haley Cash, Elisiva Na'ati, Gade Waqa, Ada Moadsiri, Amerita Ravuvu

Abstract
Background/Objectives. Non-Communicable Diseases (NCD) remain the leading cause of death in the Pacific Island Countries and Territories (PICTs) accounting for approximately 75% of mortalities. The Pacific region will only be able to cope with the growing burden of NCD and its challenges on development, if the countries strengthen actions on the Pacific NCD Roadmap endorsed by the Pacific leaders. The Pacific Monitoring Alliance for NCD Action (MANA) Dashboard, has been used to monitor the progress on the implementation of the Roadmap. This study reports the progress made in 2019-2020 against the baseline status reported in 2018.

Methods. The MANA Dashboard was used to assess the progress on NCD implementation across the domains of leadership and governance, preventive policies, health system response and monitoring processes, using a standardised indicators criteria and traffic light rating. This progress assessment was
conducted for all 21 PICTs. The data were analysed, and the progress was presented within each domain of the MANA Dashboard.

**Results.** Overall, PICTs have made advancements in the establishment of a national multi-sectoral NCD taskforce; development of a national NCD strategic plan; implementation of policies on tobacco, less healthy foods and drinks; and implementation of taxation measures on unhealthy products. However, the strengths of actions are still low. Policy and legislation which had the most limited progress in implementation include alcohol advertising; tobacco industry interference; marketing of foods and non-alcoholic beverages to children; and establishing baby friendly hospitals.

**Discussion.** This study further highlights that while PICTs continue to make progress, NCD policy gaps still exist. These require urgent actions at the regional and national level. Investing additional resources and scaling up actions on NCD will ensure to prevent and control NCD, minimise the impact of co-morbidity due to COVID-19, promote well-being, and contribute to meet the global NCD targets and SDGs particularly to reduce premature mortality from NCD by one third by 2030.

**Association between contextual factors and adverse sexual and reproductive health outcomes amongst young women in Durban’s informal settlements, South Africa**

**Speaker**
Obasanjo Bolarinwa, Presenting Author from University of KwaZulu-Natal, South Africa

**Abstract**

**Background/Objectives.** Since the implementation of the sexual and reproductive health and rights of all women at the 1994 International Conference on Population and Development (ICPD) in Cairo, several factors have been linked to adverse sexual and reproductive health outcomes globally. However, few direct factors have been associated with marginalized young women in South Africa. Thus, this study examined the association between contextual factors (gender-based violence and healthcare proximity) and adverse sexual and reproductive health outcomes amongst young women in Durban’s informal settlements in South Africa.

**Methods.** Primary quantitative data collection was carried out between April–July 2021 amongst 547 eligible young women aged 18-24 who reside in the Banana City, Umgudulu, New Germany and Quarry Road informal settlements in Durban, South Africa, using the Android version of the open data kit (ODK) mobile application. The study outcome variable was adverse sexual and reproductive health outcomes, including HIV, STIs and unintended pregnancy. The key independent variable was contextual factors, including gender-based violence (GBV) and proximity to a healthcare facility. Socio-demographic characteristics of the respondents were considered as covariates. Binary and multivariate logistic regression models were applied to determine the association.

**Results.** Results showed a prevalence rate of 17.55%, 9.14% and 18.10% for STIs, HIV and unintended pregnancy, respectively, amongst young women in four Durban informal settlements. Young women who
had ever experienced GBV were more likely to have ever had STIs \([aOR=4.32; 95\%(CI=2.10-8.88)]\), HIV \([aOR=2.44; 95\%(CI=0.97-6.15)]\), or ever had unintended pregnancy \([aOR=4.19; 95\%(CI=2.00-8.77)]\) compared to those who had never experienced GBV. The results further showed that young women residing in an informal settlement with a healthcare facility proximity between 5km to 9km \([aOR=10.86; 95\%(CI=1.66-71.01)]\) were more likely to report HIV compared to young women residing in an informal settlement with the proximity of less than 5km.

**Discussion.** Gender-based violence and proximity to healthcare facilities were significantly related to adverse sexual and reproductive health outcomes amongst young women in Durban’s informal settlements. There is a need to develop an intervention that will consider these contextual factors as reported in this study in order to curb the continuous adverse sexual and reproductive health outcomes amongst this group.

**Association between food security status and dietary patterns among new food aid users in Quebec, Canada**

**Speaker**
Emma Teasdale, Presenting Author from Université de Montréal, Canada

**Co-authors**
Geneviève Mercille, Sarah Bonin, Mylène Riva, Marie-Pierre Sylvestre, Jennifer O'Loughlin, Federico Roncarolo, Louise Potvin

**Abstract**

**Context / Objectives.** Household food insecurity refers to insufficient or uncertain access to food due to financial constraints, and many food-insecure households request food aid from community food security organizations. Studies demonstrate negative associations between food insecurity and diet quality in the general population, but this association has yet to be established in food aid users. This study aims to estimate the associations between food security status and dietary patterns among new food aid users in Quebec.

**Methods.** Our objectives were addressed using baseline data from the longitudinal Pathway study; 1001 new food aid users age 18-63 years from 106 community food security organizations in Quebec were interviewed in 2018-20. Three dietary patterns were identified based on food frequency questionnaire data: prudent (i.e., significant consumption of fruits, vegetables, fish, whole grain products, beans and plant-based milk), western (i.e., important intake of red meat, potatoes, fries, rice and pasta) and snack food (i.e., consumption of salty snacks, salad dressing, processed meat, sweets and dairy products). Multivariable linear regression was used to estimate associations between food security status (food-secure, moderate food insecurity and severe food insecurity) and each of the dietary pattern scores in 887 participants with complete data. Models were adjusted for sociodemographic variables including living setting (urban, peri-urban, rural).
Results. Seventeen percent of participants lived in food-secure households; 37% and 46% lived in moderately or severely food insecure households, respectively. Moderate and severe food insecurity were negatively associated with the prudent diet score (Beta coefficient [95% CI] = -0.488 [-0.66; -0.31] and -0.285 [-0.46; -0.11] respectively). No association was detected between food security status and either the western or snack food diet score.

Discussion. Dietary patterns are heterogeneous, even in a highly vulnerable population of new food aid users. Participants in households with moderate or severe food insecurity have poorer diet quality than food-secure households, as reflected by their lower prudent diet scores. Eating healthy food represents a challenge for most food aid users. Future research should examine whether there are social inequalities in diet, even among the most vulnerable.

Association between pet ownership and mental health and well-being of Canadians assessed in a cross-sectional study during the COVID-19 pandemic

Speaker
Cécile Aenishaenslin, Presenting Author from Université de Montréal (Faculté de médecine vétérinaire), Canada

Co-authors
José Denis-Robichaud, Lucie Richard, Marion Desmarchelier, Hélène Carabin

Abstract
Background/Objectives. Public health measures implemented since the beginning of the COVID-19 pandemic have been linked to increased social isolation, loneliness, and anxiety. With a One Health perspective, our objective was to assess the association between pet ownership and quality of life (QoL), loneliness, stress, and mental health of Canadians during the pandemic.

Methods. A cross-sectional online bilingual survey was sent to a sample of Canadians in April-May 2021. Information regarding socio-demographics, health, QoL, stress and anxiety, loneliness, social support, and pet ownership and attitude towards pets was collected. Crude and adjusted (minimal sufficient adjustment set identified using a directed acyclic graph; DAG) associations between pet ownership and QoL, loneliness, stress, and mental health were estimated.

Results. The 1,500 participants were from all provinces and territories, half were women, and half were pet owners by design. Among pet owners, 13% acquired an animal during the pandemic. A little more than a quarter of the participants (29%) reported their mental health was poor or fair since the pandemic began, and 44% reported a worsening of their mental health compared to before the pandemic. Indicators for QoL, stress, and loneliness varied in the surveyed population. For example, the self-reported level of stress varied from not at all (12%) to extreme (3%), with most participants reporting a bit of stress in their life (38%), and the loneliness score ranged from 3 (minimal possible value) to 9 (maximal possible value; median = 5). Univariable analyses showed that pet owners had poorer mental health and QoL, and were
lonelier and more stressed than non-pet owners. Adjusted models showed that this association was mitigated by the inclusion of the confounders identified in the DAG (socio-economic, demographic, health, and pet related variables).

**Discussion.** This study found that pet owners had poorer mental health and well-being than non-pet owners, but that this was mainly due to other characteristics. Research groups from Spain, the UK, and Australia also found pet owners had poorer mental health, and QoL, with some mitigation effect of confounders, when included. Due to the study design of the present study, the temporality of the association is unclear, but it is possible that people with poorer mental health are more inclined to adopt a pet.

**Association between WASH practices and nutritional status of adolescent girls (15-19 years) in India**

**Speaker**
Tejal Lakhan, Presenting Author from International Institute for Population Sciences (IIPS), India

**Co-authors**
Somila Surabhi, Sayeed Unisa

**Abstract**

**Background/Objectives.** India is home to 253 million adolescents (one quarter of total population). Adolescence is marked by many physiological changes and is vulnerable to health and nutritional problems. Access to safe drinking-water, sanitation and hygiene (WASH) services has an important positive impact on nutrition. Therefore this paper assess the WASH practices and its impact on nutritional status of adolescent girls (15-19 years).

**Methods.** The study is based on population-based and nationally representative data from the National Family Health Survey-4 (2015-16), consisting of a sample of adolescent girls aged 15-19 years. In the present study, bivariate and multinomial logistic regression analyses were performed to determine the correlates of WASH indicators, and nutritional status. Data was statistically analysed by using SPSS software Version20.

**Results.** The result showed that majority of the adolescents girls were hindus(78.5%) with 81.5% having secondary education. The prevalence of thinness (42.9%) and anemia (53.6%) indicate a public health emergency amongst them with 4.2% being overweight and obese. More than half(54.3%) of the girl’s households had improved sanitation facility, still a large percentage(40.8%) of adolescent girls practiced open defecation which was more in rural areas (55.2%). Majority(58.0%) of the girls used sanitary napkins, however, it being low in rural areas(48.6%) than in urban(77.4%). Adolescent girls belonging to OBC(OR=1.898), poor(OR=38.782) wealth quintile and having no education(OR=1.995) had higher propensity of open defecation. Whereas, urban region was one of the strong determinant(OR=1.473) of use of sanitary napkins amongst the adolescent girls. The thinness significantly increased among adolescent girls not having toilet facility(OR=1.252) and who did not used sanitary napkins(OR=1.234).
Discussion. Programs to enhance awareness regarding WASH practices are warranted. Ensuring that adolescent girls have access to hygienic means to manage their periods is critical from a public health perspective and in enabling them to realize their full potential. Facilitating girls’ access to education may also produce impactful results.

Associations between health literacy, lifestyle, and visceral fat obesity among patients who underwent health screening at a university hospital in Tokyo

Speaker
Hana Tokuda, Presenting Author from Juntendo University Hospital, Japan

Co-authors
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Abstract

Background/Objectives. With the westernization of dietary habits and an aging population, prevention of lifestyle-related diseases has become a serious issue in Japan. As a countermeasure against these diseases, specific health checkups, health guidance, and health management initiatives have focused on improving health literacy (HL); however, there are few reports on the relationship between HL and visceral fat obesity. This study examined the associations between HL, lifestyle, and visceral fat area among patients who underwent health screening at Juntendo University Hospital.

Methods. Data were collected from 1242 participants who underwent health screening at the hospital between January and December 2017 using the Communicative and Critical Health Literacy scale for HL, modified Breslow’s seven health habits for lifestyle, and Canon Aquilion ONE 320-row CT for visceral fat area. The visceral fat area was classified into visceral and non-visceral fat obesities, with 100 cm² as the cutoff. Data were analyzed using JMP Pro 15 to perform a logistic regression analysis.

Results. Of the 1242 participants, 673 were males and 569 were females (mean age 60.2 ± 12.9 years). Almost one-third 30% of the males and 38% of the females had high HL. Significant associations were found between HL and smoking, breakfast, and dietary balance in males and walking speed in females. Of the male and female participants, 42% and 10% had visceral fat obesity, respectively, and there was a significant association between HL and visceral fat obesity in males but not in females. Significant associations were found between visceral fat obesity and smoking, number of steps per day, walking speed, dietary balance, and eating speed, in males but not in females.

Discussion. Our results suggest that HL may significantly affect visceral fat obesity in males, but not females, due to their lifestyle. The number of women with visceral fat obesity was low, and factors such as estrogen loss during menopause may have had an effect. A more detailed analysis, including longitudinal surveys, should be conducted, and the results should be used for providing feedback to the examinees and health education.
Associations non-linéaires entre le niveau d'activité physique quotidien et de protéine C-réactive chez des adultes aux prises avec de l'arthrite ou de la fibromyalgie

Speaker
Célia Kingsbury, Presenting Author from Université de Montréal, Canada

Abstract

Contexte/Objectifs. Les adultes aux prises de l’arthrite ou de la fibromyalgie présentent des niveaux de biomarqueurs d’inflammation élevés, souvent associés avec la douleur et la fatigue, entraînant ainsi une diminution du niveau de qualité et des limitations physiques. Parmi ces biomarqueurs, la protéine C-Réactive sensibilité élevée (PCRse) est utilisée comme outil complémentaire pour mesurer l’inflammation systémique et contribue à établir le diagnostic de ces deux troubles de santé. L’activité physique (AP) est un facteur modifiable qui semble jouer un rôle dans la diminution des niveaux de PCRse. Toutefois, aucune étude ne s’est intéressée à la dose d’AP optimale associée avec un niveau de PCRse sous le seuil clinique. L’objectif de cette étude observationnelle est d’examiner l’association entre le niveau d’AP et de PCRse chez des adultes avec de l’arthrite ou de la fibromyalgie et d’investiguer la dose d’AP associée avec des niveaux de PCRse sous le seuil clinique.


Résultats. Les résultats ont montré que les niveaux quotidiens d’AP d’intensité modérée à vigoureuse et le nombre de pas étaient associés avec des niveaux de PCRse plus faibles, mais que les niveaux quotidiens d’AP d’intensité légère n’étaient pas associés avec le PCRse, même en contrôlant pour l’âge, le sexe, le revenu, le niveau d’éducation, l’indice de masse corporel et l’état civil. Chez les personnes avec de l’arthrite, des niveaux de PCRse sous le seuil clinique étaient associés avec entre 1 à 150 minutes d’AP d’intensité modérée à vigoureuse et avec 4000 pas par jour. Chez les personnes avec de la fibromyalgie, des niveaux de PCRse plus faibles étaient observés lors qu’elles atteignaient entre 10 à 35 minutes d’AP d’intensité modérée à vigoureuse et entre 5000 et 9000 pas par jour. L’AP d’intensité modérée à vigoureuse et le nombre de pas quotidien étaient associés avec la PCRse sous le seuil clinique.

Discussion. Étant donné les effets positifs de l’AP sur la santé, les adultes aux prises avec l’arthrite ou de la fibromyalgie pourraient bénéficier de ces recommandations.

Asymptomatic course of Alzheimer disease and public policies: An ecological study using systematic review and meta-analysis

Speaker
Yuliya Bodrzylova, Presenting Author from École de santé publique de l'Université de Montréal, Canada
Co-authors
Fereshteh Mehrabi, Anthony Bosson, Christophe Maïano, Emmanuelle Bélanger, Grégory Moullec

Abstract
Background/Objectives. A longer Asymptomatic stage of Alzheimer disease (AAD) – characterized by preserved cognitive health in presence of clinically significant brain pathology – could be an objective of health promotion interventions. Life-long cognitive stimulation, cardiovascular health and low level of everyday stress are recognized contributors to AAD. However, the role of political factors, associated with the distribution of these contributors, has not been yet assessed. This study aimed to explore the associations between social policy indicators of social security, access to healthcare, gender inequality, and the AAD prevalence.

Methods. We conducted an ecological study with meta-analysis. Systematic search was conducted in PubMed, PsychInfo, Web of Science, and Embase databases between 01.01.1991 and 06.06 2021. We extracted the information on the percentage of clinically significant brain changes in non-demented brain donors, traced its association with the indicators of health policies in the country and the first year of brain donation, taken from the Organization for Economic Collaboration and Development database. The pooled prevalence of AAD was calculated in a three-level meta-analytic model, measuring both between-country and between-study variances. The modifying effect of policy indicators was assessed in the same model, adjusted for age at death, percentage of women, and the first year of brain donation. This abstract reports the results for the donors with moderate AD brain changes.

Results. We screened 1933 abstracts; 557 full texts were retained, and 18 articles were included in the analysis. The pooled prevalence of AAD was 39% (25 – 53%). We found that 77% of total variance was attributable to between-country heterogeneity. In adjusted model, prevalence of AAD was significantly associated with Gini coefficient for disposable income for total population (OR = 0.95 for 0.05 increase, p = .042), Gini coefficient for disposable income in people ≥ 65 years old (OR = 0.94 for 0.05 increase, p = .001), poverty rate after taxes and transfers, (OR = .99, each percentage point (PP), p = .004); expenditures for outpatient care (Gross Domestic product GDP)% (OR = 0.93, PP, p < .001) and for long-term care, (OR = 1.15, PP, p < .001).

Discussion. Cognitive health of older people is determined not only by individual factors but also by their complex interplay with environments, where public policies factors seem to play an important role.

Attitudes, behaviours, and perceptions of drowning risk among Australian migrants
Speaker
Stacey Willcox-Pidgeon, Presenting Author from Royal Life Saving Australia, Australia

Co-authors
Richard Franklin, Peter Leggat, Sue Devine
Abstract

Background. Around a third of all drowning deaths in Australia are of migrants. Key risk factors include age, sex, time in Australia, alcohol, swimming skills and perception of drowning risk. How migrant populations in Australia interact in and around water, and their levels of safety knowledge is largely unknown. This study aimed to increase understanding of the knowledge, behaviour and attitudes towards water safety and drowning risk among migrants to Australia, and explore the social determinants that influence participation, to inform effective drowning prevention strategies.

Methods. An exploratory qualitative study using semi-structured focus groups and interviews was conducted with 105 adult migrants (>18 years) in May-September 2021. Purposive sampling was utilized to reflect migrant groups represented in drowning data. The domains of enquiry were guided by the health belief model and theory of planned behaviour. Focus groups and interviews were recorded, transcribed and thematically analysed.

Results. Participants ranged from new arrivals (<5 years in Australia), to long-time residents (≥20 years). Two key groups were identified, non-swimmers, and those who learnt to swim as an adult. Consistent themes across both groups were: awareness of drowning risk, safety concerns for children, barriers and enablers to participation in water activities, such as cost, peer support, social and cultural determinants. Differences in attitudes and risk perception were evident when stratified by sex, age, parents/non-parents, time in Australia.

Discussion. Drowning prevention is a complex issue where a one size fits all approach is ineffective in changing behaviour. Qualitative research provides insights into this issue that can be used to inform targeted drowning prevention strategies for migrants. Migrant adults were aware of drowning risk (perceived threat), especially for children. However, obtaining skills was not a priority for themselves, there were perceived barriers (subjective norms) to accessing programs/resources that specifically meet their needs. The challenge for drowning prevention practitioners is establishing supportive environments where migrants are empowered to make informed decisions (cues to action) for the safety of themselves and their families, creating generational change. Using co-designed approaches, effective drowning prevention strategies can be developed that are directly informed by the target audience.

Avoiding professional burnout among health promotion research and evaluation professionals

Speaker
Elizabeth Cooper, Presenting Author from University of Regina, Canada

Co-authors
Rosanne Blanchet, Crystal Watson
Abstract

Background/Objectives. When working within community-driven research and practice, we are often asked to enter into emotionally challenging spaces, to support people and communities first and foremost, and to place researcher needs as secondary. This can lead to undue levels of stress and burnout among people who have dedicated their careers to addressing sensitive topics, such as mental wellness (including suicide, violence, and the impacts of overdoses), infectious diseases, chronic diseases, and other issues that impact wellness across the life-course.

Methods. Participants were identified based on their expertise conducting strengths-based health promotion research/evaluations with a determinants of health focus and recruited via email. Interviews spanned 45-75 minutes. Interviews were transcribed verbatim and analyzed for key themes. Participants who had spoken to a theme in a concrete way were invited to participate in subsequent analysis and dissemination activities.

Results. We conducted 17 interviews in English with academics (most of whom work in academic as well as non-profit/government capacities). Participants lived in Canada, Australia, New Zealand and Kenya. Half of our participants identified as part of communities who have historically experienced systemically discrimination based on ethnicity, culture, and/or gender. Participants discussed challenges related to: 1) workplace culture, 2) self-care, 3) a lack of support and flexibility within their jobs, 4) ability to affect meaningful change, and 5) balance competing demands, while working to act simultaneously as advocates and academics.

Discussion. We discuss trans-national shared best-practices around the need to mobilize shifts in academic culture, while ensuring that research activities do not compromise researchers’ self-care through relationship building, reflexivity, and intersectional, cross-functional teams.

Barriers and enablers to creating smoke free homes in pregnancy—Qualitative interviews with pregnant women and partners

Speaker
Yael Bar-Zeev, Presenting Author from The Hebrew University, Israel

Co-authors
Anne-Laure Yeudit Guri-Scherman, Maya Rodnay

Abstract

Background/Objectives. Second hand smoke (SHS) exposure is a significant preventable cause of negative health effects during pregnancy. An important source of SHS exposure during pregnancy is due to partners smoking near the pregnant women. Reducing SHS exposure during pregnancy could have a significant impact on both maternal and infant morbidity and mortality, contributing also to reduced health inequalities. This study aimed to explore in-depth the barriers and enablers to creating smoke-free-homes (SFH) from the viewpoint of both the pregnant women and partners of pregnant women who smoke.
Methods. Qualitative semi-structured interviews were conducted with: 1) women who are pregnant or have recently given birth and have a partner who smokes; and 2) partners (who smoke) of pregnant women (not from the same couple). Participants were recruited through promoted social media advertisement and offered 50 NIS as reimbursement. Interviews were audio-recorded, transcribed and analysed according to a general thematic approach, guided by the COMB behaviour change theory.

Results. Nightly interviews were conducted: 54 Jewish women, 12 Arab women, and 24 Jewish men. For both women and men general knowledge regarding SHS being harmful was high; However, most described low knowledge on SHS specific harms in pregnancy. For women the cigarette smoke smell was perceived as intrusive; and a strong motivator for change; while men mentioned the smell as a source for recurring couple debate, and as a way to assess the woman’s exposure. Women talked about an inability to confront partners, feeling it is their responsibility and reporting using personal means of reducing exposure such as covering their face or moving away; while men reported feeling a strong responsibility for their pregnant partners’ comfort and health; stated that they are "doing the best they can" to reduce their partners SHS exposure, but emphasized that any changes to their behaviour has to be their own decision. Physical barriers to reducing SHS exposure such as not having balconies and living in a high floor apartment with no elevator were mentioned.

Discussion. Both women and men are motivated to reduce SHS exposure during pregnancy, but various barriers impede adopting an SFH environment. Findings from this study will inform the development of a digital behavioural intervention that aims to reduce SHS exposure during pregnancy, targeting both the pregnant women and her partner.

Best practices for Facebook use to promote online citizen participation and engagement by municipalities: A review of the literature

Speaker
Laurence Guillaumie, Presenting Author from Faculté des sciences infirmières, Université Laval, Canada

Co-authors
Lydi-Anne Vézina-Im, Laurence Bourque, Olivier Boiral, David Talbot

Abstract
Context. Facebook is one of the most widely used social networking sites in the world in 2021, with more than two billion active users. Over the past decade, an increasing number of public administrations, including municipalities, have reported using Facebook to communicate directly with their citizens. This opportunity for discussion with citizens has many benefits for municipalities, such as making it easier to obtain citizens’ reactions, ideas and opinions, and could be used to reach people living in rural areas. The COVID-19 pandemic also brought to light the usefulness of Facebook in health promotion and as tool to inform and mobilize citizens. However, many municipalities are reluctant to use this type of social media mainly due to lack of human and financial resources or insufficient knowledge. To our knowledge, rural municipalities’ use of Facebook has not been studied. The objective of this literature review is to identify
the best practices municipalities use on Facebook, especially in rural areas, to communicate and interact with their citizens. More specifically, it summarizes the strengths, challenges and best practices to promote online citizen participation and engagement on Facebook.

**Methods.** The review had two parts. The first part aimed to identify the literature published on scientific databases, while the second part aimed to identify grey literature on Google. A search was conducted using keywords such as “Facebook,” “social network,” and “municipalities.” A data extraction form was developed and used to extract the most relevant information from the documents.

**Results.** A total of 35 documents were included. Our results highlighted many benefits of Facebook use for municipalities and elected officials such as communicating efficiently with citizens, promoting citizen and stakeholder participation and engagement, informing citizens of political and social debates, and giving them a sense of belonging. The main challenge identified is that municipalities have difficulty developing an effective communication strategy on Facebook.

**Discussion.** This literature review will be useful in helping municipalities develop effective communication strategies on Facebook in order to improve online citizen participation and inclusive engagement in rural areas and to contribute to health promotion.

**Beyond disease causing agents, the social determinants of health amidst measures of COVID-19 in Cameroon: A community’s perspective**

**Speaker**
Odette Dzemo Kibu, Presenting Author from Health Promotion Alliance Cameroon, Cameroon

**Co-authors**
Charlotte Bongfen Mbuwir, Fleur Pembe Atabong, Constantine Asahngwa, Franck Wanda, Miriam Nkangu

**Abstract**

**Background/Objectives.** COVID-19 has underscored multiple impacts of inequalities and social determinants of health (SDH) on the broader health of individuals and communities. The COVID-19 preventive measures have had immediate and long-term effect on equity because of the adverse impact on key SDH which are prominent in most sub-Sahara African countries like Cameroon. This study explored communities understanding of SDH and copping strategies in the midst of the COVID-19 using a SWOT approach and further discussed it using an equity lens PROGRESS (place, religion, occupation, gender, race, education, socio-economic status, social capital).

**Methods.** The study employed a community-based descriptive qualitative design through the use of workshop and follow-up interviews. A purposive sampling technique was used to recruit the participants from 5 districts in Cameroon namely; Tiko, Bamenda, Bangem, Yaoundé and Akonolinga. Data was collected through small group discussions and thematic analysis was used to summarise the findings. Ethical approval was obtained from the Cameroon Bioethics Initiative (CAMBIN).
**Results.** A total of 78 participants (47 females and 31 males) with age range between 23-35 years attended the workshop. The SDH were categorised into the social, economic, cultural, environmental, physical, and political and further discussed using an equity lens. Preliminary SWOT analysis results identified place of residence and socio-economic status as main driving SDH challenges in the context of the lockdown and social distancing while cultural and social attributes related to myth, stigma, in addition to limited support, were identified Weaknesses. Threats identified were mis information, poor communication while effective sensitization campaign via channels like social media was an Opportunity. Majority of the participants were of the view that emphasis on health promotion should not only be laid on the direct causes of diseases like viruses. Final results of the interviews will be available at the time of the conference. Participants identified the need for additional training to understand some of the underlying SDH factors and the impact on their health.

**Discussion.** Beyond the direct causes of diseases, the SDH requires a holistic approach and, the workshop identified the dire need to engage communities at all levels and empower households in understanding some of the underlying risk factors.

**Beyond the breaking point: Nurses’ mental health experiences before and during the COVID-19 pandemic**

**Speaker**
Kenchera Ingraham, Presenting Author from University of Alberta, Canada

**Co-authors**
Kim McMillan, Sheri Price, Mélanie Lavoie-Tremblay, Kelly Lackie, Abby Ayoub, Shamal Rolle, Mylène Shankland, Chaman Akoo, Ivy Bourgeault

**Abstract**

**Background/Objectives.** The Healthy Professional Worker Partnership is a Pan-Canadian study examining the gendered nature of mental health issues, leaves of absence & return to work experiences of seven cohorts of professional workers. This paper presents preliminary qualitative findings from the nursing profession, from the perspectives of nurses and key stakeholders, prior to and during the COVID-19 pandemic.

**Methods.** 54 nurses and 17 stakeholders participated in individual interviews between January 2020 and July 2021. Data was analysed thematically and iteratively, informed by pertinent literature and our pilot research.

**Results.** Preliminary findings suggest that nurses experienced a “breaking point” where they felt they could no longer successfully manage their mental health due to issues in the workplace including stigma and judgment experienced from managers and nursing colleagues. Nurses experienced guilt when taking a mental health leave due to chronic staffing shortages and heavy workloads and described not wanting to abandon co-workers. In light of these factors, nurses often chose presenteeism over absenteeism.
Stakeholders acknowledged the multitude of mental health issues nurses experience, and subsequent impacts on the workforce. However, many were unsure of how best to support nurses’ mental health at provincial and national levels. There was evidence of some innovative practices to support nurses’ mental health in response to the COVID-19 pandemic, however stakeholders acknowledged these needed to be expanded/enhanced. Stakeholders also acknowledge they play but one of many parts in supporting nurses’ mental health and called on work environments to address the ongoing issues that directly impact nurses’ mental health.

**Discussion.** Nurse work environments need to attend to nurses’ mental health. Programs to specifically address nursing burnout are needed, including time off from work for mental health recovery and healthy return to work, which must include addressing the workplace issues that contribute to poor mental health outcomes for nurses, notably chronic staffing shortages, heavy workloads and stigma surrounding mental health. In addition, nurses need debriefing opportunities, support networks and access to formal mental health resources including trained counsellors, facilitated and supported by their employers.

**Bill 21: Québec’s secularism law threatens Muslim rights**

**Speaker**
Shameemah Khan, Presenting Author from Health Canada, Canada

**Abstract**

**Setting/problem.** On June 16, 2019, Bill 21 was passed by Québec’s National Assembly, prohibiting the display of religious symbols by public servants in a position of authority. This initiated that religious symbols are a threat to the secularity of Québec. The secularism bill is based on principles intended to create religious neutrality by separating religion and state. However, framing and targeting religious symbols has become a provincial problem from the continuous prevention of basic rights to education and employment for individuals that observe the headscarf within the Muslim faith.

**Intervention.** Bill 21 is the intervention that was enacted to preserve the laicity of the state and address the problem surrounding religious symbols. The 3-I framework (i.e., interests, ideas, and institutions) will explain why Bill 21 was passed. For Bill 21, the interests of stakeholders are guided by their defined problem (e.g., non-neutral state) and used to influence policy outcomes for their own self-interest (e.g., barring Muslims from society). The dominant idea is that religious people in power could promote the interests of their faith and lead to political unrest and division. The intended policy solution has been implemented with the help of institutions (e.g., the government) that constrained policy development.

**Outcomes.** The outcome of the intervention (i.e., Bill 21) is the exclusion of headscarf-wearing individuals in positions within the public sector, including as judges, police officers, teachers, and public servants. This directly impedes the basic right to education and employment for the Muslim population. In addition, this intervention leads headscarf-wearing students to feel alienated and restrained in the classroom from the lack of representation from headscarf-wearing teachers, the negative media attention, and Islamophobic rhetoric that is received from classmates.
Implications. Bill 21 enforces harassment and hate against those that wear the headscarf, but also intensifies the broader struggle against structural racism by neglecting the social determinants of health. The lack of education affects the social wellbeing of Muslim women, which increases socioeconomic and health inequities from the uneven distribution of literacy and wealth. The consequences of poor integration into the public system as leaders in power lead to low economic and civic engagement, which is detrimental to the Canadian economy given that Islam is the fastest growing religion in the world.

Brazilian PANC experience: Non-conventional food plants for a healthier food system

Speaker
Larissa Harumi Ishigai, Presenting Author from University of São Paulo/Sustentarea, Portugal

Co-authors
Nadine Marques Nunes-Galbes, Ana Maria Bertolini, Gabriela Rigote, Larissa Melina de Lázari

Abstract

Background/Objectives. Non-Conventional Food Plants (Brazilian acronym “PANC”) are highly biodiverse, spontaneously growing edible species very resilient even in extreme climate and poor soil scenarios. Thus, they are able to meet human demands for high nutrient density foods in the current global syndemic scenario. Yet, PANC are not widely known or recognized in the prevailing food system marked by food globalization. This work came from Sustentarea, a university extension project from the University of São Paulo (USP), which disseminates healthy and sustainable eating. It aimed to contribute to the strengthening and maintenance of a more sustainable, nutritious, and biodiverse food system by promoting the discovery, deepening knowledge, and expanding the possibilities of using PANC in the daily diet of individuals and populations.

Methods. Idealization, production and dissemination of educational materials about PANC. The dissemination was carried out in three ways: outreach to the usual audience of the Sustentarea through its virtual networks; institutional outreach within USP, and media outreach from interviews for television, radio, online journals and podcasts.

Results. One article published in Sustentarea’s magazine, inaugurating the PANC experience aiming to present, define, characterize and promote the appreciation and consumption of PANC; 59 posts on the Project’s social networks unveiling, clarifying and giving visibility to the theme through the combination of images and text, which help in identification and recognition; two podcast episodes about PANC; and one ebook with information and recipes with PANC.

Discussion. The experience proved to be significant for converging popular and scientific knowledge. Using accessible language and varied audiovisual tools, it was possible to reach populations of different ages and realities. The perspectives of application of the developed materials are diverse and suitable for different contexts, which enhances their use in food, nutrition and environmental education actions in communities, from the integration with urban and peri-urban agriculture activities. Considering that PANC vary according
to the local biodiversity, it is expected that the experience will inspire the development of materials in other locations, using different types of adapted species, food culture and local experiences, expanding knowledge about PANC.

**Breaking through to critical reflection and action in health promotion education**

**Speakers**

Amy Hickman, Workshop Coordinator from The University of Queensland, Australia
Karen Shelley, Workshop Trainer from The University of Queensland, Australia
Sheleigh Lawler, Workshop Trainer from The University of Queensland, Australia
Linda Selvey, Workshop Trainer from The University of Queensland, Australia
Condy Canuto, Workshop Trainer from The University of Queensland, Australia
Lisa Fitzgerald, Workshop Trainer from The University of Queensland, Australia
Allyson Mutch, Workshop Trainer from The University of Queensland, Australia
Rebecca Johnson, Workshop Trainer from The University of Queensland, Australia

**Abstract**

**Objectives.** Reflexivity is an intentional process that interrogates not only the self in practice but questions underlying assumptions and how these ultimately influence actions. Reflexivity is crucial to developing public health graduates who are not only aware of, and sympathetic to inequities and inequalities in health, but who will also take action in their professional roles to address these injustices. We propose that reflexivity is a threshold skill for public health and health promotion practitioners, that results in transformational change as critical insight developed in the classroom can be applied to practice.

Reflexivity is commonly used in higher education to create meaningful learning experiences and assessment, yet reflexivity is not an intuitive skill. Without careful scaffolding, reflexive assessments are often superficial descriptions where students show “virtually no impact on learning or future practice”. Current evidence supports the use of models that students can apply to their learning contexts to develop reflexivity in their practice. However, evidence is scarce regarding the application of specific models to teach reflexivity in public health education. The aim of this workshop is to demonstrate, discuss and evaluate the evolving use of reflexive frameworks to support student growth in reflexive practice. Participants can adapt these strategies to their teaching environments. Overall, the objectives of this workshop include:

- Demonstrate the value of reflexivity in teaching and learning in public health curriculum
- Demonstrate strategies to explicitly teach the practice and process of reflexivity in health promotion
- Demonstrate impact through sharing student voice and experience

**Format.**

- 0-5 minutes: Introduction
- 20 minutes: Presentation of different frameworks for developing reflexivity in teaching and learning and the pedagogical strategies used to support learning in public health
- 15 minutes: Impact - Presentation of findings from the student experience
• 30 minutes: Roundtable discussion/break out rooms:
  o Strengths and weakness of the frameworks in encouraging deep and critical reflection?
  o Utility of the frameworks in preparing students for employability and practice?

Learning goals.
• Apply a reflexive framework to an authentic learning context
• Synthesise engagement with frameworks to highlight strengths, weaknesses, and utility in various teaching contexts

Bringing the power of AI to improve real time mental health surveillance: A deep learning model for suicide ideation prevention.

Speaker
Jian-Yun Nie, Presenting Author from Université Montréal, Canada

Co-authors
Jorge Armony, Jocelyne Whitehead, Andre Portella, Laurette Dubé

Abstract
Background/Objectives. Currently the Public Health Agency uses health surveillance strategies reliant on primarily, historical sources (e.g., Hospital records, Community Health Surveys), where timeliness can be problematic for policy development. The potential for a social media platform as a digital complement could provide rich, real-time data to be leveraged for timely surveillance and behavioural understanding of suicide ideation. Machine learning (ML) techniques were implemented to classify suicide ideation from de-identified Twitter data, given the tools potential to assist public health in providing accurate and timely policy and program creation.

Methods. De-identified Twitter data was collected over a one-year period (January 2018 to January 2019), filtered using defined search terms, and annotated based on an extensive review of the suicide ideation literature. Data was grouped into four “suicide” classes across eight potential risk factors. A total of 549,811 English tweets were submitted to a series of ML experiments using traditional ML models (Naive Bayes, Random Forest) or a neural network model (BERT-MLP). BERT is a state-of-the-art deep learning model for creating contextualized representations for sentences. Under supervised training, important features for suicide detection are automatically generated from tweets.

Results. BERT (with fine-tuning) demonstrated the best classification accuracy, consistent with the literature on NLP and ML. The algorithm achieved an accuracy of 84% (AUC of 72%) for the most important class of suicide ideation. All ML results showed that the risk factor, depression, had the greatest influence on model performance for “suicide ideation” (40%) and “suicide related” (60%) classes of tweets. Loneliness was mentioned in 11% of suicide ideation tweets and 23% related to suicide without specific ideation, while fear/anxiety related tweets were less frequent, mentioned in 7% suicide ideation and 9% suicide related tweets.
Discussion. Based on these numbers, it is deemed feasible to design and implement an automatic suicide detection tool using social media data to provide real time, or near real time, surveillance information. This automation could increase understanding and knowledge about expressions of suicide and suicide-ideation, to in turn inform public health responses, for example, aiding the design and development of improved evidence-based communication campaigns to promote help seeking behaviours.

Building capacities and legitimacy in community health practice and policies: Account from the first edition of the UNESCO Chair - EHESP Global Community Health Annual Workshop

Speaker
Goof Buijs, Presenting Author from UNESCO Chair Global Health & Education, France

Co-authors
Silvia de Ruiter, Eric Breton, Didier Jourdan, Ashfaaque Bhunnoo

Abstract

Background/Objectives. Community health programmes and policies are key components of a sound and equitable public health system. It is at local level that population engagement in improving daily living conditions can be best achieved through support of community health workers. However, in many countries, community health suffers from a lack of visibility, legitimacy and is poorly informed by research. The UNESCO Chair Global Health & Education and EHESP School of Public Health partnered to develop a strategy to address this problem by holding in 2021 the 1st edition of the Global Community Health Annual Workshop. In this session, we outline the rational underpinning it and present key lessons drawn from the 1st edition.

Methods. We reviewed documents describing the programme, its goals and principles and the participants’ individual contributions and evaluation forms.

Results. The workshop is an international 3-day online training programme aiming to improve professional skills and to enhance visibility and legitimacy of the field by building bridges between research and practice. It also aims to decolonise the public health field by giving a voice to community health people from the global South and North and by creating room for emerging research paradigms. Access is also reflected in the core features of the programme namely: a schedule amenable to people from different time zones, running small working groups in 4 different languages and the option for participants to submit a final assignment in the language of their choice. For its 1st edition, the workshop had over 200 people registered from 57 countries and regions, with around 100 people who attended each day and 53 final contributions submitted. Participants’ evaluations were largely positive and contributors expressed interest in being more involved for the next edition.

Discussion. The workshop is a promising instrument for enhancing the role of community health practice in improving population health. Delivering it online proved a powerful means to reach practitioners cut off...
Building engagement to support adoption of community-based substance use prevention innovations

Speaker
Tanya Halsall, Presenting Author from University of Ottawa Institute of Mental Health Research at the Royal, Canada

Co-author
Kianna Mahmoud

Abstract

Background/Objectives. System-level innovations that target social determinants of health are promising strategies to support holistic youth development. Yet, the youth services system is largely based on individual-focused programs that blame the victim. There is a need to understand how to enhance adoption of complex system-level approaches that support comprehensive health promotion. The Icelandic Prevention Model (IPM) represents a collaborative initiative that takes an ecological, system-level approach to prevent substance use in youth. The objective of this research is to examine the early stages of developing community engagement to support uptake of the IPM in a rural Canadian community.

Methods. This research is part of a larger evaluation that applies a mixed methods case study to examine the implementation and impact of the IPM. In this paper, we describe a component of this research that includes participant observation and qualitative interviews to explore strategies that support uptake in the early stages of IPM implementation. Participant observation involved attendance at IPM Steering Committee meetings, key community events and relevant working group meetings over the last two years. Interviews were conducted with IPM Steering Committee members and included questions that examined experiences and lessons learned through the implementation of the IPM. A thematic analysis was applied using QSR NVivo.

Results. Nine interviews were conducted during the fall and winter 2020/2021. Three over-arching themes emerged from the data: strategies to develop buy-in, resistance to the adoption of the IPM and motivating influences. Key findings include new insight that highlights the importance of the inclusion of prevention strategies within a framework that integrates treatment and harm reduction. We also describe the tension between ecological models and youth empowerment principles and highlight opportunities to enhance collaboration among partners. Finally, we draw attention to key methods that supported community acceptance of the model.
**Discussion.** The findings from this research describe critical insight derived from implementing community-driven initiatives that are designed to support health promotion. It contributes new scientific knowledge related to implementation of complex system-level innovations and practical information that is useful for communities interested in implementing the IPM or following similar approaches to prevent substance use.

**Capitaliser les pratiques et les savoirs pour améliorer la participation au dépistage organisé des cancers du sein et du col de l’utérus en France : démarche et enseignements**

**Speaker**
Benjamin Soudier, Presenting Author from Société Française de Santé Publique, France

**Co-authors**
Frédéric Bouhier, Samuel Gaspard, Béatrice Georgelin, Sandrine Halfen, François Berdougo, Emmanuel Rush

**Abstract**

**Contexte.** L’amélioration de la participation de populations cibles au dépistage des cancers du sein et du col de l’utérus reste une priorité de santé publique en France, qui figure parmi les axes de la nouvelle stratégie de lutte contre les cancers (2021-2030). Aujourd’hui, de nombreuses interventions visant cet objectif sont portées par des professionnels de santé ou d’autres champs (social, éducatif, etc.), mais restent peu connues alors qu’elles forment un riche corpus d’expériences dont s’inspirer. Lancé en 2020, le projet CAPS-Dépistage vise à capitaliser des interventions de promotion des dépistages, c’est-à-dire collecter, documenter et partager les savoirs expérientiels de ces professionnels.


**Résultats.** 20 projets ont été retenus parmi une trentaine de contributions reçues, relevant d’une diversité de contextes ou de territoires (ruraux, isolés, prisons, quartiers défavorisés, etc.). Tous veillent au choix éclairé des femmes vis-à-vis des dépistages. Différentes stratégies d’intervention ont été documentées : aller-vers (15 projets), prévention par les pairs (4), ateliers de formation (4), ateliers de sensibilisation (4). Une analyse transversale des capitalisations a complété les capitalisations et permis d’identifier des enjeux récurrents, ainsi que des stratégies et leviers mobilisés pour y répondre. Par exemple :

- Adapter les outils des programmes nationaux pour permettre leur appropriation (courriers)
- Co-construire les interventions en créant des alliances entre professionnels experts du dépistage et acteurs proches des publics (champs social, handicap, migration, etc.)
Discussion.

Les démarches de capitalisation sont novatrices en France. Les travaux menés mettent en lumière l’apport des savoirs expérientiels pour améliorer les pratiques, décliner les objectifs stratégiques des politiques et encourager de nouveaux travaux de recherche.

**Capitaliser savoirs et pratiques pour mieux prévenir le tabagisme et accompagner l’arrêt du tabac chez les jeunes et les publics vulnérables : enseignements du projet D-CAP en France**

**Speaker**

Benjamin Soudier, Presenting Author from Société Française de Santé Publique, France

**Co-authors**

Eric Le Grand, Béatrice Georgelin, Samuel Gaspard, Frédéric Bouhier, Anne Laurent, Pierre Lombrail, Francois Berdougo, Emmanuel Rush

**Abstract**

**Contexte.** Agir de façon efficace et équitable en prévention du tabagisme reste une priorité de santé publique en France, réaffirmée dans la stratégie nationale de santé 2018-2022. Toutefois, peu de travaux, scientifiques ou issus du terrain, décrivent précisément comment mettre en œuvre des interventions, notamment pour les publics vulnérables ou les jeunes alors qu’il s’agit de cibles prioritaires. Le projet D-CAP vise à capitaliser, c’est-à-dire collecter, documenter et partager l’expérience de professionnels de terrain de la prévention tabac, afin de contribuer à l’amélioration des actions de prévention, des pratiques des professionnels et des politiques publiques.


**Résultats.** Les 40 capitalisations produites décrivent des interventions variées :

- Allant de la prévention primaire à l’aide au sevrage,
- Portées par des professionnels de santé ou d’autres champs (social, éducatif, etc.),
- Dans des contextes variés (lycées, prison, structures d’hébergement, etc.),
- Incluant des actions de petite ampleur comme des programmes probants.

Ainsi de multiples stratégies innovantes sont documentées : notamment d’aller-vers de prévention par les pairs, création d’outils numériques, ...

Une analyse transversale des capitalisations, mettant en lien savoirs expérientiels et littérature scientifique, permettra d’aborder des enjeux communs aux actions de prévention tabac en France : co-construction partenariale de long-terme, adaptation des interventions au public et au contexte, effet levier du Moi(s) sans tabac, place de la vape, etc. Des enseignements spécifiques au public jeune complètent ces constats.
Discussion. Les démarches de capitalisation sont novatrices en France. Un projet comme DCAP permet d’identifier des leviers pour renforcer les pratiques et innover en matière de lutte contre le tabagisme. Les données issues de l’expérience peuvent contribuer à l’amélioration des politiques publiques et au renforcement de la recherche.

Changes in smoking and alcohol use patterns during COVID-19 pandemic: Results of the Russian on-line survey

Speaker
Aleksandra Antsiferova, Presenting Author from National Medical Research Center for Therapy and Preventive Medicine of the Ministry of Health of the Russian Federation, Russia

Co-authors
Anna Kontsevaya, Dinara Mukaneeva, Mihail Khudyakov, Oxana Drapkina

Abstract

Background/Objectives. As the Russian Federation reported one of the largest number of COVID-19 cases, restrictive measures were introduced to reduce social contact and viral spread. Major restrictions (social distancing, travel bans, event cancellation, transfer to remote work and study) have dramatically affected daily life throughout the country. The pandemic, the introduced restrictive measures, changes in the usual lifestyle, stress have changed the adherence to harmful addictions among the population. The Purpose of this study is to estimate changes in smoking and alcohol use pattern among adults in Russia before and during COVID-19 pandemic periods.

Methods. The NMRC TPM conducted a national online-survey «Examining the impact of COVID-19 restrictions on population lifestyles». Data were collected from November 2020 to February 2021. A link on the online survey was distributed through the regional centers of public health. Eligible participants included all Russian adults aged 18 years and over. Participants reported changes in smoking and alcohol consumption before and during COVID-19 pandemic periods.

Results. In total, 5537 completed questionnaires from 62 regions of Russia were received. There was a predominance of female respondents (n=4827, 87.2%), the average age was 39.4±13.4 years and 40.9±12.0 years for men and women, respectively. Among all respondents, 16.1% (n=890) are current smokers (239 men (33.7%) and 651 women (13.5%)). Comparing period before and during COVID-19 pandemic periods smokers reported 28.6% (n=250) increasing and 11.7% (n=102) decreasing smoking frequency. All respondent report 8% (n=445) increasing and 5.8% (n=320) decreasing alcohol consumption frequency during these periods. Results shown that smoking and alcohol consumption frequency didn’t change in half of the cases comparing period before and during COVID-19 pandemic periods (54.4% (n=476) and 45.9 (n=2540)). The greatest increasing in the frequency of smoking and alcohol consumption were observed in persons with a primary level of education – (50% and 27,3% respectively).
Discussion. Effective health promotion strategies directed at adopting or maintain positive health related behaviors such as targeted social media messaging and balanced media reporting, should be used to reduce smoking frequency (or even the number of smokers) and reduce alcohol consumption.

**Chronic disease self-management practices using health education specialists**

**Speaker**
Nicolette Powe, Presenting Author from Youngstown State University, United States

**Abstract**

**Background/Objectives.** Heart disease and diabetes are among the top ten leading causes of death. There is a strong correlation between heart disease, diabetes, and obesity. Adults who are obese and have diabetes are at a greater risk for heart disease. Thus, self-management practices are critical to managing both diabetes and heart diseases to delay serious complications and reduce associated risk factors. The goal of the proposal is to conduct quantitative and qualitative methods to identify the role and responsibilities of health education specialists in chronic disease self-management practices focused on heart disease, diabetes, and obesity.

**Methods.** This study used triangulation design to identify the role of health education specialists in chronic disease self-management practices focused on heart disease, diabetes, and obesity. The purpose of this study is to conduct quantitative and qualitative methods to identify the role and responsibilities of health education specialists in chronic disease self-management practices focused on heart disease, diabetes, and obesity.

**Results.** The success of the project is publications that showcase of the roles and responsibilities of health education specialist in chronic disease self-management practices and the revision of the Society for Public Health Education (SOPHE) Recognizing Health Education Specialists Roles in Diabetes Prevention and Management: A Toolkit for Diabetes Self-Management Education document that expands the focus to chronic disease self-management practices emphasizing heart disease, diabetes, and obesity. Dissemination of evidence-based chronic disease self-management practices focused on heart disease, diabetes, and obesity strategies and tools to eliminate health disparities and improve health outcomes (publication of findings (webinar, infographic, manuscript, social media).

**Discussion.** Dissemination activities of publication findings such as 2-3 webinars, 1-2 infographics, 1-2 manuscripts, and increase social media engagement promotion produced communication messages to update existing microsites with information that highlights the success stories of the overall project and makes readily available tools that health education specialists can use with their communities. These efforts expanded the focus to chronic disease self-management practices emphasizing heart disease, diabetes, and obesity by showcasing the role of health education specialists.
Cigarette advertisements and smoking to comfort them in the social gathering among boys: Learning from Indonesia GYTS 2019

Speaker
Nurul Kodriati, Presenting Author from University of Ahmad Dahlan, Indonesia

Abstract
Background/Objectives. Despite good knowledge on how tobacco harms their health, smoking prevalence among Indonesian boys remained high. Some even believed that smoking has some social advantages. This study investigates the association between cigarette advertisements in various media with their subjective perception of smoking as making them feel at ease during social gatherings.

Methods. A nationally representative sample of male students aged 13-15 years was drawn from the Global Youth Tobacco Survey Indonesia 2019. The dependent variables were smoking to make people feel more comfortable, while the independent variables were cigarette ads in various media.

Results. Among boys, cigarette advertisements were seen from music concerts, sales centres, and the internet by 20.4%, 56.6% and 38.6%, respectively. Smoking to help boys feel comfortable in the social events was positively associated with seeing tobacco ads on the internet (OR=1.2; 95% CI: 1.0 – 1.4) and sale centres (OR=1.2; 95% CI: 1.0-1.4). On the contrary, seeing tobacco advertisements at music concerts was negatively associated with smoking to feel at ease (or=0.8; 95% CI: 0.7-0.9).

Discussion. Smoking among Indonesian boys required special attention due to the high burden of smoking among this population and widespread cigarette advertising in various media such as music concerts, sale centres, and the internet. These three media were required special attention when an attempt to control smoking behaviour among Indonesian boys.

Climat psychologique au travail et pratique professionnelle : enquête internationale auprès d’infirmières soignantes.

Speaker
Johanne Déry, Presenting Author from Université de Montréal, Canada

Co-authors
Maxime Paquet, Louise Boyer, Geneviève Lavigne, Mélanie Lavoie-Tremblay

Abstract
Contexte/Objectifs. Une meilleure utilisation des ressources infirmières est essentielle à l’efficacité et à l’efficience des systèmes de santé (Fealy et al., 2015), tout particulièrement en contexte de pandémie. Cependant, des études récentes révèlent que les infirmières ne mettent en œuvre que la moitié des activités qui font partie de leur étendue de pratique (Déry et al., 2015, 2017, 2018). Le déploiement non optimal de l’ÉEPI (étendue effective de la pratique infirmière) serait notamment influencé par le contexte
de travail (p. ex. Birks et al., 2016, 2019) et impacté négativement la satisfaction professionnelle des infirmières (Déry et al., 2015, 2018) ainsi que la qualité des soins qu’elles dispensent (Harvey et al., 2018). Ainsi, les objectifs de cette étude étaient de mesurer l’ÉEPI des infirmières ainsi que déterminer l’influence des caractéristiques individuelles et du climat psychologique au travail sur l’ÉEPI en contexte de pandémie.

**Méthodes.** Un devis corrélationnel descriptif multicentrique a été retenu. 290 infirmières (un centre suisse et un centre canadien) ont complété un questionnaire autoadministré contenant plusieurs mesures à qualités psychométriques démontrées, telles que le questionnaire de climat psychologique (Gagnon et al., 2009), le questionnaire de reconnaissance au travail (Paquet et al., 2011), le questionnaire de l’ÉEPI (D’Amour et al., 2012) et le questionnaire de satisfaction professionnelle des infirmières (Hinshaw & Atwood, 1985).

**Résultats.** Les résultats suggèrent un déploiement non optimal de l’ÉEPI, une perception négative de seulement 2 des 15 indicateurs du climat de travail (charge de travail et soutien), une perception relativement positive de la reconnaissance au travail, une perception très négative du temps pouvant être accordé aux soins, une faible satisfaction professionnelle et un niveau moyen/faible d’intention de quitter. Les liens entre les variables à l’étude, ainsi que la valeur prédictive du climat psychologique au travail sur l’ÉEPI seront également discutés.

**Discussion.** Étant donné l’influence déterminante du déploiement de l’ÉEPI sur de nombreux enjeux auxquels le système de santé est actuellement confronté, les présents résultats sont incontournables dans notre compréhension des liens existants entre les tenants (p. ex. climat psychologique au travail) et les aboutissants (p. ex. satisfaction, qualité des soins), du déploiement optimal de l’ÉEPI.

Clinical impact of a health literacy intervention targeting chronic kidney disease patients and health care professionals in primary and secondary care: a quasi-experimental (cost) effectiveness study

**Speaker**
Matheus Gurgel do Amaral, Presenting Author from University Medical Center Groningen, Netherlands

**Co-authors**
Marco Boonstra, Simon van der Pol, Marten Postma, Josue Almansa, Gerjan Navis, Sijmen Reijneveld, Andrea de Winter

**Abstract**

**Background/Objectives.** Multi-component interventions are recommended to enhance self-management among patients with limited health literacy (LHL) and chronic diseases, but evidence on their effectiveness lacks. Therefore, this study aims to test the effectiveness and cost-effectiveness of a multi-component intervention targeted at patients with chronic kidney disease (CKD) and their healthcare professionals on patients’ health outcomes and professionals’ competences.
Methods. We performed a quasi-experimental study in four general practices (primary care) and five nephrology clinics (secondary care) in the Netherlands, comparing a multicomponent intervention with care as usual. We recruited patients with CKD stages 1-4 (n=167) and their healthcare professionals (n=55). The intervention consists of materials to improve CKD knowledge, health education, and stimulate active participation of patients in the consultations and an online training to improve the patient-centered communication of healthcare professionals. Primary outcomes include patients’ activation, quality of life and health behaviors, and professional’s use of patient-centered communication skills. Secondary outcomes include patients’ renal function, albuminuria, glycaemia, BMI and blood pressure. Outcomes are assessed at baseline and after three and nine months, and compared using multilevel linear and logistic regression. Cost-effectiveness is determined with Markov models extrapolated to a life horizon.

Results. At baseline, patients (mean age=70, 36% females) presented moderate activation, and moderate quality of life. Ten percent of the patients smoked, 52.8% drank alcohol (mean=6.7 doses/week), 35.4% added salt to their meals, and 61.9% did not exercise at least five times a week. Professionals’ use of patient-centered communication skills was moderate. Findings after three and nine months are currently being analyzed and will be presented at the conference.

Discussion. The promotion of active participation of patients in the management of their diseases and the improvement of the communication between them and their healthcare professionals might be a critical strategy to enhance the health outcomes of CKD patients with LHL. We expect our intervention to positively affect both patients and professionals, leading to improvements in CKD care.

Co-création d’une vision commune du programme de doctorat en santé communautaire de l’Université Laval : un « Concept Mapping »

Speaker
Anne Guichard, Presenting Author from Université Laval, Canada

Co-authors
Marianne Beaulieu, Catherine Côté, Sophie Dupéré, Laurence Guillaumie, Marie-Pierre Gagnon, Christopher Fletcher, Manh Hung Nguyen

Abstract
Contexte/Objectifs. Considérant l’évolution des profils des étudiant.es aux cycles supérieurs et les nouveaux besoins des milieux de pratique, le programme de doctorat en santé communautaire de l’Université Laval (Québec, Canada) a entamé une démarche de révision après plus de 20 ans d’existence. Riche d’une équipe de professeur.es et d’un effectif d’étudiant.es issus d’une pluralité de disciplines et dotés d’expertises diversifiées, le comité d’évaluation institutionnelle du programme voulait clarifier son positionnement dans le paysage contemporain de la santé communautaire/publique/des populations, son arrimage avec les besoins de la société et des milieux partenaires de la grande région de Québec. Dans ce contexte, une démarche de co-création d’une vision commune du programme de doctorat a été menée à l’aide d’un outil de cartographie conceptuelle.
Méthodes. Le contexte de pandémie étant peu propice aux rassemblements, la méthodologie du Concept Mapping (Trochim, 1989) en ligne a été retenue. Le processus en 5 étapes (préparation, formulation, regroupement/cotation, représentation, interprétation) s’est déroulé de juin à septembre 2021. Les professeur.es du programme ainsi que les étudiants inscrits et récemment diplômés ont été invités à répondre à la question suivante : « Quelles grandes caractéristiques devraient présenter le programme de doctorat en santé communautaire pour lui assurer un déploiement pérenne et distinctif ? ».

Résultats. Au total, 24 participants (15 professeur.es et 9 étudiant.es) ont complété toutes les étapes requises. Les analyses préliminaires ont dégagé certaines caractéristiques émergentes : la renommée du programme, la vision du champ de la santé communautaire, la gouvernance, la préparation pour la carrière, les partenariats avec les milieux de pratique et la diversité du corps professoral.

Discussion. L’exercice a permis de clarifier des balises conceptuelles partagées pour assurer le développement du programme dans les années à venir, de manière à répondre plus adéquatement aux besoins identifiés par l’ensemble des acteurs impliqués au sein du programme. Ces balises conceptuelles serviront à guider les actions à entreprendre (plan d’action) dans le cadre de la révision du programme de façon à assurer sa pérennité, son caractère distinctif et son attractivité dans l’écosystème des spécialités en santé au Québec et dans la francophonie.

**Co-développement d’indicateurs empiriques pour développer une santé numérique inclusive.**

**Speaker**
Karine Latulippe, Presenting Author from Université McGill, Canada

**Co-author**
Philippe Archambault

**Abstract**

*Mise en contexte.* Les outils numériques pour prendre soin de notre santé font aujourd’hui partie intégrante de nos vies, et ce, de façon exponentielle depuis la pandémie de la COVID-19. Cependant, plusieurs personnes rencontrent des barrières à l’utilisation de dispositifs numériques. La cybersanté peut conséquemment exacerber les inégalités de santé (IS). Dans une étude antérieure, six facteurs ont été identifiés pouvant réduire les IS en cybersanté, soit 1) fournir un accès physique, technique et financier à la cybersanté; 2) permettre l’intégration des personnes à risque d’IS dans le développement de projets numériques les concernant (codesign ou recherche participative); 3) favoriser le respect du niveau de littératie numérique, incluant les compétences technologiques des futurs utilisateurs (FU); 4) veiller à ce que le projet de recherche respecte le processus de recherche d’aide des FU; 5) respecter les capacités d’apprentissage des FU et 6) être sensible au contexte culturel des FU. Cependant, il n’existe actuellement aucun moyen pour les développeurs d’outil de cybersanté de vérifier efficacement si l’ensemble de ces facteurs sont bien intégrés dans le développement de leur outil. Pour une santé numérique inclusive, il est essentiel d’identifier des indicateurs empiriques permettant de mesurer ces facteurs pendant et après le
développement d'un outil de cybersanté afin de guider les développeurs dans le développement d'outils de cybersanté inclusifs.

Objectifs de l'atelier.
1. Passer en revue les résultats d’une analyse de concept (incluant les indicateurs empiriques) des six facteurs nommés ci-haut;
2. Identifier les indicateurs empiriques les plus pertinents et en générer de nouveaux, le cas échéant.
3. Réfléchir sur le meilleur format pour soutenir les développeurs d’outils de cybersanté dans l’intégration de ces facteurs.

Format.
Groupe de discussion (10 à 15 participants) animé par la chercheure principale du projet en mode virtuel basé sur la technique du groupe nominal.

Buts d’apprentissage.
Les participants approfondiront leur connaissance sur les facteurs pouvant réduire les IS dans les projets de cybersanté, échangeront avec les pairs sur les façons de reconnaitre ces facteurs (indicateurs empiriques) et contribueront à la réflexion sur le format pertinent à offrir aux développeurs pour une cybersanté inclusive.

Comment et pourquoi fonctionne le programme Remodeler sa vie : une recension réaliste

Speaker
Marie-Hélène Lévesque, Presenting Author from Université de Sherbrooke, Canada

Co-author
Mélanie Levasseur

Abstract
Contexte. Le vieillissement de la population et le rétablissement postpandémie occasionnent d’importants défis requérant la mise en place d’approches préventives efficaces. Développé en Californie, le Lifestyle Redesign est un programme d’ergothérapie préventive novateur et efficace visant le développement de modes de vie sains et signifiants chez les aînés. Récemment traduit et adapté au Québec sous l’appellation Remodeler sa vie, on connaît cependant peu comment et pourquoi il fonctionne.

Objectifs. Cette étude vise à : 1) identifier la littérature pertinente au sujet du Remodeler sa vie et 2) développer et valider une théorie initiale incluant une cartographie des facteurs contextuels (C) et des mécanismes (M) potentiels aux effets (E) du programme (configurations C-M-E).

Méthodes. Soutenue par le cadre ‘Vivez bien votre vie’, une recension des écrits a été réalisée selon une approche réaliste, et ce, afin de dégager les configurations C-M-E. Ces configurations sont en cours de
validation auprès d'informateurs clés rencontrés lors de deux entretiens individuels animés à l'aide d’un guide d’entretien semi-structuré.

**Résultats.** Vingt-deux (22) articles ont été retenus pour analyser. Les facteurs contextuels (C) favorables à la participation des aînés au programme et à ses effets (E) concernent principalement l’environnement social (ex. climat positif du groupe) ainsi que les caractéristiques personnelles des aînés (ex. prédisposition au changement) et des ergothérapeutes (ex. compétence culturelle). Créer des liens avec les autres (ex. amitiés), vivre du plaisir et de la joie (ex. rire avec le groupe) ainsi que développer son identité (ex. nouvelle vision de soi) sont, pour leur part, d’importants mécanismes (M) générateurs d’effets.

**Discussion.** Cette étude a permis de développer une théorie initiale qui soutiendra la réalisation d’une évaluation réaliste à venir. En s’intéressant aux contextes et aux mécanismes sous-jacents aux effets, ces connaissances permettront de mieux comprendre comment et pourquoi le programme Remodeler sa vie fonctionne pour certaines personnes et dans différentes situations d’implantation. Ultimement, ces connaissances soutiendront la mise en œuvre d’innovations permettant de mieux composer avec les défis et les opportunités du vieillissement démographique et de la présente crise sanitaire.

**Comment promouvoir la consommation de protéines végétales : une revue de la littérature de presse**

**Speakers**
Laurence Guillaumie, Presenting Author from Faculté des sciences infirmières, Université Laval, Canada
Coralie Gaudreau, Presenting Author from Canada

**Co-authors**
Emmanuelle Simon, Lydi-Anne Vézina-Im, Olivier Boiral

**Abstract**

**Contexte/Objectifs.** L’alimentation durable désigne un ensemble de pratiques alimentaires fondées sur les principes de respect de la biodiversité et des écosystèmes, de sécurité alimentaire, de qualité nutritionnelle, de rémunération adéquate des travailleurs et de respect de la diversité culturelle. L’une des principales recommandations consiste à diminuer la consommation de protéines animales et à augmenter la consommation de protéines végétales. On estime que l’adoption d’une alimentation comprenant davantage de protéines végétales permettrait de réduire de 80 % les émissions de gaz à effet de serre liées à l’agriculture d’ici 2050. Bien que quelques études aient documenté les interventions les plus efficaces pour promouvoir la consommation de protéines végétales, celles effectivement mises en œuvre dans les organisations restent méconnues. L’objectif de cette revue de la littérature de presse était de répertorier les interventions et politiques de promotion de la consommation de protéines végétales et/ou de la réduction de la consommation de viande mises en place au sein des organisations privées ou publiques et qui ont été rapportées dans des journaux quotidiens francophones du Canada et d’Europe.
Méthodes. La revue de littérature a été effectuée en utilisant l’approche de type « scoping review ». L’identification des documents a été réalisée à partir des sources de données Eureka et Google Actualités. Les articles retenus devaient être publiés en français entre 2015 et 2020 et devaient offrir une description détaillée des interventions et de leurs forces et/ou limites.

Résultats. Au total, 49 articles répondaient à l’ensemble des critères d’inclusion et six types d’intervention ont été recensés: 1) les actions de sensibilisation, 2) les conférences, 3) la législation, 4) les stages ou formations, 5) les partenariats et programmes de reconnaissance, et 6) la mise en place d’un repas végétarien en restauration collective.

Discussion. La recherche montre que le type d’intervention le plus largement favorisé est l’offre de repas végétariens en restauration collective et que les écoles représentent un milieu privilégié pour la mise en place d’initiatives. Les résultats de cette étude contribuent à orienter les acteurs afin de favoriser la mise en place d’actions visant la promotion de la consommation de protéines végétales dans les régions couvertes par l’étude.

Community exercise practice promotion in daily life: Genki-Zukuri (health promoting) walking in Shima City

Speaker
Ken Egawa, Presenting Author from Exercise Ecology Studio, Tokyo Kasei Gakuin University, Japan

Co-author
Masako Tanaka

Abstract

Background/Objectives. According to the Shima City Health Awareness Survey in FY2018, the percentage of people who exercise regularly decreased compared to the FY2011 survey. In this study, we examine a method of incorporating exercise into daily life in this city.

Methods. To increase awareness of the positive effects of walking as a form of exercise, we created an event called Genki-Zukuri Walking. This 90-minute group activity was held eleven times from April 2019 to February 2020. Citizens under 74 years who had participated in health programs held in the previous year were invited to attend, and the program was advertised to the general population via the city’s health program. At each event, participants underwent a brief health checkup, did some preparatory exercises, and were introduced to exercises that can be done at home. They then walked for 40 minutes and did some group exercises. The details of the walking activities were written in each participant’s personal medical record. Measurements of physical fitness were used to encourage continued participation in the program.

Results. A total of 34 people participated (ages 58–74 years) with an average age of 68 years. Each session included 11–19 people, involving 171 people in total. In addition to documentation of exercise during the group sessions, participants recorded the exercise they did at home, confirmed by public health nurses. We
found that the participants continued to walk independently outside of the program sessions, and that they implemented other exercise activities at home, including squatting and shortening periods of time spent sitting down.

**Discussion.** In order to promote the establishment of exercise in daily life, it is helpful to propose various types of exercise including walking, and to create a system that includes efforts at home. Programs like Genki-Zukuri Walking not only promote each participant’s individual health but also serve as an opportunity to raise awareness of the benefits of exercise in their communities.

**Community perceptions relating to the COVID-19 pandemic in Cameroon. Implications for effective interventions**

**Speaker**
Asahngwa Constantine, Presenting Author from Health Promotion Alliance Cameroon, Cameroon

**Co-authors**
Charlotte Bongfen, Odette Kibu, Ronald Gobina, Nkengafack Fobellah, Fleur Pembe, Frank Wanda, Miriam Nkangu

**Abstract**

**Background/Objectives.** In Cameroon, the battle against COVID-19 is far from over with new infections and deaths occurring. Although government has been implementing control measures, this has been going on with very limited understanding of community perceptions about the disease. This knowledge gap may hinder effective community uptake of preventive measures as decision-makers are likely to have overlooked this component. Understanding these perceptions are critical in enhancing the effectiveness of community targeted interventions. This study seeks to explore community perceptions about COVID-19 in Cameroon.

**Methods.** Focus group discussions were organized with purposefully selected community members on their perceptions about COVID-19 in Yaounde, Bamenda, Akonolinga, Buea and Bangem. Data was analyzed thematically. The Cameroon Bioethics Initiative provided ethical approval while each participant provided consent.

**Results.** While most participants believed that COVID-19 was created in a Chinese laboratory to destroy the human population others highlighted demonic and occultic groups as agents. Regarding testing, some people believed that COVID-19 patients are faked by health personnel for financial gains, while others held that testing was a strategy to infect people with the virus. Some people acknowledged that the virus can be treated with Chloroquine and traditional medicine (herbs, roots and bark of trees). The disease can be prevented through frequent hand-washing with soap, wearing of face masks and avoiding large crowds. Almost all the participants were of the view that vaccines for COVID-19 are harmful and are being rolled out for political, economic and occultic gains. Their sources of information were from social and private media since they considered government media as deceptive.
Discussion. The results suggest that most community members have a negative perception about COVID-19 and existing interventions. Their perceptions are shaped by socio-cultural and religious beliefs, local and biomedical knowledge. Decision-makers in policy and practice need to consider community perceptions in designing interventions to combat COVID-19 in Cameroon.

Community-based primary health care interventions addressing social isolation and loneliness in older people

Speaker
Pablo Galvez Hernandez, Presenting Author from University of Toronto, Canada

Co-authors
Luis Gonzalez de Paz, Carles Muntaner

Abstract

Background. Loneliness and social isolation are public health issues that gained global attention during the COVID-19 pandemic due to their impact on health outcomes. Primary care professionals are well-positioned to identify lonely and isolated older adults in their assigned population. Once detected, intersectoral collaborations between primary care and social sectors allow professionals to complement medical treatment with resources to enhance social networks. We aimed to identify and characterize loneliness and social isolation intersectoral interventions in primary care and detect factors influencing implementation.

Methods. We conducted a scoping review in four databases and grey literature sites following Arksey and O’Malley method and included records reporting interventions addressing social isolation and loneliness in older adults in primary care. We extracted data on loneliness and social isolation identification strategies, networks and characteristics of the intervention and barriers/facilitators for implementation.

Results. The search strategy yielded 7484 records. After screening, 32 documents were included. Only seven articles (22%) reported primary care professionals identifying older adults’ loneliness or social isolation, mainly through questionnaires. Several interventions showed networks between primary care, health and non-healthcare sectors, with a dominance of referral pathways (n=17). However, 66% of the reports did not provide clear theoretical frameworks. One-third described lengths <6 months. Workload, lack of interest and ageing-related barriers affected implementation outcomes. In contrast, well-defined pathways, collaborative designs, long-lasting and accessible interventions acted as facilitators.

Discussion. There is a lack of consistency in identifying lonely and socially isolated older adults which might lead to conflicts between intervention content and participant needs. We also identified high variability in schemes linking primary care and non-healthcare sectors. Long-lasting interventions are scarce despite professionals and participants reported needs for time to create meaningful social networks. Sustainability should be a core outcome when implementing intersectoral loneliness and social isolation interventions in primary care.
Comparison of nutritional quality between Canadian chain restaurants with and without the Ontario menu labelling regulations

Speaker
Yahan Yang, Presenting Author from University of Toronto, Canada

Co-authors
Madyson Weippert, Marva Ahmed, Mary L'Abbé

Abstract

Background/Objectives. Although restaurant foods are associated with excess energy intake and poor nutritional quality, over 50% of Canadians eat out regularly. Menu labelling in the U.S. has shown reduction in caloric content of foods and among consumer food selections. In 2017, the Healthy Menu Choices Act 2015 mandated food service establishments with ≥20 outlets in Ontario to display the energy content on menu items, but early assessment 1 year post implementation showed no improvement. It is unknown if the menu labelling had an impact 4 years after the implementation.

Methods. Nutritional information for menu items (n=18,760) were collected from Canadian restaurants (n=141) with ≥20 outlets nationally in 2020. Restaurants were categorized as regulated (n=87) or unregulated (n=64) depending on if they were subjected to the menu labelling regulation. Menu items were categorized into beverages, desserts, entrées, sides and starters. Descriptive statistics (median, 95% CI) were calculated for energy (kcal) and nutrients of concern (i.e. saturated fat, sodium and sugar). Mann-Whitney U-test was used to compare between regulated and unregulated restaurants.

Results. Overall, calories of menu items from regulated restaurants (data presented in median [95% CI]: 316kcal [310,320]) were significantly lower than those from unregulated restaurants (475kcal [460,490], p<0.001), with 240kcal, 210kcal and 90kcal difference in median for entrées, starters and desserts, respectively. Saturated fat, sodium and sugar were significantly lower in regulated restaurants (4g [4,4], 480mg [470,490] and 7g [6,7], respectively) than in unregulated restaurants (median: 6g [6,6], 830mg [797,862] and 8g [8,9], respectively, p<0.001).

Discussion. This cross-sectional study showed that menu items from regulated restaurants had lower energy and nutrients of concern compared to the unregulated restaurants, suggesting potential downstream beneficial effects of menu labelling in lowering caloric content and nutrients of concern in foods. Future research examining longitudinal changes in nutritional quality of restaurant foods and consumer purchasing behaviours in response to menu labelling is needed for more effective initiatives to promote better diet quality among Canadians.
Competencies on the Korean National Certified Health Education Specialist (KCHES) through an additional job analysis project

Speaker
Young-Bok Kim, Presenting Author from Daegu University, South Korea

Abstract
Background/Objectives. The Korean National Certified Health Education Specialist (KCHES) system was established in 2003 by the National Health Promotion Law, and the National Examination for the KCHES started in March 2010. This study proved to be specializing competencies for activating community health programs and enhancing the professionalism of the KCHES through additional job analysis projects.

Methods. Six hundred seven health educators who had the KCHES participated in the survey for needs on health education and promotion competencies from August 23 to September 25, 2018. The difference of competencies by level 1,2,3 (advanced, intermediate, entry) in the KCHES job description were examined with importance and implementation degree.

Results. The health needs assessment was the highest in the job performance of health educators with the KCHES. The next were health communication, health information management, health planning, health program implementation, developing method and material, health program management, evaluation, building health promotion environment, and research. The core competencies demanded in the health promotion field were needs assessment, health communication, and health program implementation. While the entry-level emphasized health communication and needs assessment, the intermediate and advanced levels highlighted needs assessment, health planning, and health program implementation.

Discussion. Enhancing the competency by levels, the responsibility of entry, intermediate, and advanced levels should be identified remarkably. Considering increasing contact-free service in health care, health educators in the KCHES need to empower the competencies to apply digital health care and improve e-health literacy.

Complex changes in dietary behaviours among international higher education students in Australia

Speaker
Yumeng Shi, Presenting Author from The University of Sydney, Australia

Co-author
Margaret Allman-Farinelli

Abstract
Background/Objectives. Many countries host a high proportion of international students in their university cohorts. In Australia, a majority of international students come from China and India accounting for almost
60% of the entire international student population. Among many challenges faced by the students are dietary acculturation and poor diet quality issues. This qualitative research aimed to provide an in-depth understanding of the changes in international students’ diet after their arrival in Australia and the factors influencing their food decisions in both Australia and their home country.

**Methods.** Semi-structured interviews with international students from China and India who were studying in an urban Australian university. A preliminary thematic analysis has been completed. An approach of interpretative phenomenological analysis was employed for coding and data analysis.

**Results.** These results include 10 students with data collection resuming post-Covid. Most students reported vegetable intakes decreased mainly due to less variety and higher prices in Australia than their home countries. Conversely dairy product consumption increased because of the perceived high quality and low cost. Chinese and Indian students ate more fresh foods at home but purchased more frozen options in Australia because frozen cost less than the fresh choice and were more readily available than in their home country. Many students had to change the types of grain foods and breakfast due to limited availability of traditional types in Australia. Reduced meal regularity was not uncommon and resulted in increased snacking occasions, but many students ate fruits as snacks or intended to choose healthy snacks. Generally, the food on campus was judged to be less tasty, offering little variety and was more expensive than that in their home country. Weight fluctuations were reported after arrival in Australia and craving for traditional foods no longer accessible impacted negatively on some.

**Discussion.** International students adapted to the Australian food environment, but some students were unable to access their preferred food. Offering a variety of discounted authentic traditional foods on campus would significantly improve students dietary experience in Australia. Universities could also collaborate with traditional grocery stores to provide more affordable ingredients for international students.

**Connectedness in the time of COVID-19: Reddit as a source of mental health promotion and support for people with suicidal thinking**

**Speaker**
Trevor Goodyear, Presenting Author from University of British Columbia, Canada

**Co-authors**
Corey McAuliffe, Allie Siemon, Liza McGuiness, Elizabeth Shaffer, Emily Jenkins

**Abstract**
**Background/Objectives.** The COVID-19 pandemic and associated public health restrictions are adversely impacting population-level mental health, with disruptions to social support networks and sources of connectedness contributing to increases in suicidal thinking. There is limited research examining how people are coping with poor mental health and suicidality related to COVID-19, though online social media platforms have been identified as one avenue for health promotion and support. Here, we explore how the
online Reddit r/COVID19_support community fosters a sense of connectedness among individuals experiencing suicidal thinking.

**Methods.** This qualitative case study collected data from online posts and associated comments in the r/COVID19_support subreddit, contributed between February-December 2020. Analysis of these data was guided by Klonsky & May’s Three-Step Theory of suicide, which posits that connectedness – and its four theorized tenets Purpose and Meaning, Relationships, Religiosity, Employment – is a key protective factor against suicide.

**Results.** A total of 83 posts from 57 r/COVID19_support original posters were included in this analysis. Within the subreddit, moderators and Redditors created and maintained an environment conducive to meaningful connection, respect, and support. This was evidenced by rich and interactive dialogue between users supporting one another through experiences of poor mental health and suicidal thinking. In relation to the Three-Step Theory of suicide and its tenets of connectedness, both Relationships and Purpose and Meaning featured as salient sources of support. Meanwhile, Religiosity was rarely discussed, and Employment was often referred to as a stressor. Contributors’ responses offered various opportunities for connectedness both on- and offline, establishing this subreddit as a key source of mental health promotion and support.

**Discussion.** Findings suggest that safe online spaces such as r/COVID19_support can foster connectedness, a key mental health promoting factor known to be protective against suicide; helping to curtail suicidal thoughts from advancing to actions. Online community supports may be especially helpful for individuals who find it challenging to access mental health services or who wish to remain anonymous.

**Construcción de proyectos innovadores: una forma de enseñar y aprender en la promoción de la salud**

**Speaker**
Elisabete Agrela de Andrade, Presenting Author from UNASP e CEPEDOC, Brazil

**Co-author**
Cristina Zukowsky-Tavares Tavares

**Abstract**
**Escenario / problema.** Este trabajo se basa en los pilares: el compromiso de la universidad con los intereses colectivos y la propuesta Competencies Health Promotion (CompHP), con objeto formar posgraduados capaces de transformar la realidad a partir de la crítica, la investigación, y la ética. El objetivo es presentar una experiencia de enseñanza-aprendizaje, realizada en el módulo "Interdisciplinariedad en Promoción de la Salud" del Máster Profesional en Promoción de la Salud. Basado en el aprendizaje por proyectos, busca contribuir a la coordinación entre la Universidad y la Comunidad para enfrentar los desafíos del territorio, desde una perspectiva interdisciplinaria e interprofesional.
Intervención. Utilizando metodologías activas, se invita a los estudiantes a desarrollar propuestas de intervención basadas en problemas locales que surgen de sus experiencias profesionales. Colaboran estudiantes de Enfermería, Medicina, Nutrición, Psicología, Educación Física, Comunicación, entre otros, de diferentes partes del país. Los estudiantes se organizan en equipos con diferentes perfiles profesionales. Analizan situaciones problemáticas en su entorno profesional, elaboran un diagnóstico y una de las situaciones es elegida como objeto de un proyecto interdisciplinar. Delimitan la situación y la justificación; los participantes; la metodología; los mecanismos de evaluación; los medios de difusión y los resultados.

Resultados. Los ensayos de los proyectos se discutieron con los profesores y mediante la revisión por parte de los compañeros, que perfeccionaron la construcción de los proyectos durante el proceso. Cada acción realizada tuvo un enfoque formativo de reorientación del aprendizaje. Se crearon proyectos de promoción de la salud en todo Brasil.

Implicaciones. El trabajo a través de proyectos de intervención puede considerarse una innovación en la forma de enseñar y aprender la promoción de la salud. Al asumir el ComHP como guía para la construcción de competencias y habilidades, los resultados muestran que los estudiantes lograron realizar diagnósticos; proponer cambios; desarrollar liderazgo, trabajar colaborativamente y plantear los determinantes que promueven o comprometen la salud. Esperamos contribuir a la ampliación y comprensión del papel social y político de los posgrados en los procesos de investigación, educación y formación.

Consumer-centered digital convergence to support adaptive food purchases and promote individual and organisational resilience

Speakers
Fares Belkhiria, Presenting Author from McGill Centre for the Convergence of Health and Economics, McGill University, Canada
Matthew Martinez, Presenting Author from McGill Centre for the Convergence of Health and Economics, McGill University, Canada

Co-authors
Laurette Dubé, Sandra Schillo

Abstract
Background/Objectives. Food is an essential part of a healthy and productive life. It is also a sector where COVID-19 has deeply disrupted digital and physical operations from farm-to-fork, while also taking a toll on our diet-related behaviors. Recent measures of food security have improved, yet there still exist many pressing unsolved challenges related to food across dimensions of health (e.g. rising obesity rates) and social equity (e.g., undernourishment). Building upon decision neuroscience models, the aim of this research endeavor is to elucidate some of the complex dynamics involved in food purchase decision and trace and characterize individual behavior patterns in terms of food basket composition to distinguish pathways of adaptive vs maladaptive food purchase decision making and investigate how these patterns potentially affect health outcomes.
**Methods.** We use geo-referenced datasets from loyalty card members of two Canadian retailers. The first one is a 32-month geo-referenced database of purchases from loyalty members large Canadian grocery retailer (1 million members). The second one has been obtained from a local e-commerce platform. These complementary datasets provide novel levels of granularity of food purchase histories capturing longitudinal variations of food shopping and allow us to understand how changes in consumption patterns aggregate to affect outcomes.

**Results.** The basis of this project relies on using loyalty card datasets to characterize individual and household behavioral patterns when shopping for food over time. We also link the product data to third-party data that contain environmental and nutritional indicators. We propose to conduct descriptive, structured, and machine-learning-based analyses of the changes of grocery purchase and dietary patterns over time and across regions.

**Discussion.** With the goal of driving healthier consumer habits, understanding neuroscience-based decision models is quintessential for the development of these support models. Narrowing consumer behavior to the individual allows for more precise and accurate nudging towards healthier food choices. Combining the complexity of the brain's decision-making processes along with retail data methods can guide precise response for individuals who aim to improve health choices. Our findings provide the foundation for development of decision support models, tools and interventions that support individual and organizational resilience by guiding consumer choice.

**Consumers’ attitude towards natural food products; A keywords-based social media analysis and insights for innovation, marketing and public policy**

**Speaker**
Sandra Schillo, Presenting Author from University of Ottawa, Canada

**Co-authors**
Laurette Dube, Erica Kao, Hajar Fatemi, Pan Du, Jian-Yun Nie, Faith Li

**Abstract**

**Background/Objectives.** Despite the highlighted role of natural claims in the market, studies rarely look at the role of the natural characteristic of food in consumer preference and choice. These studies have limited their scope to the nutritional role of food, i.e., food as health and have not explored the role of natural food in consumer attitudes from a holistic view, i.e., food as well-being. Our study is the first to merge food as well-being and food as health approaches and holistically analyse the role of natural food in consumer believes and attitudes across different food categories.

**Methods.** We applied a keyword-based approach and used both food as well-being and food as health frameworks. We collected 2.3 million of consumer-generated tweets using seeded keywords related to nature and man-made food. We also designed three seeded keyword categories to advance our
understanding of consumer’s thinking: the “food well-being” seeded keyword list, the “food (as health) nutrition” seeded keyword list and the “naturalness” seeded keyword list.

**Results.** The analysis of consumers tweets revealed that they significantly more frequently think and talk about the topics related to naturalness compared to the topics related to man-made technologies and advancements. Our results showed that the tweets on naturalness related topics were significantly less frequent in the food categories that naturalness is an integral part of these categories, e.g., fruits & vegetables, compared to the food categories in which technologies, processing and man-made advancements have a highlighted role, e.g., proteins, and snacks. We found the highest ratio of natural to man-made tweets in the tweets that were related to food innovation, i.e., enhanced nutrition profiles, food additives, replacement ingredients and functional foods, sustainability, i.e., job creation, food supply, and ethical sourcing.

**Discussion.** Our results contribute to the literature on natural food, food as well-being literature and food as health literature. Our framework helps marketers and policy makers to gain deeper understanding about emerging trends in consumers mindset, which would help them to create effective interventions, programs, and regulations that truly caters to the consumers’ needs. Our exploratory findings can be used to guide food system stakeholders, farmers, and food processors to obtain insights on individual's mindset on food products, concepts, systems, and diets through social media analytics.

**Contribuciones de las políticas públicas a la seguridad en la entrega y puerperio en la maternidad pública**

**Speaker**
Waleska Benicio de Oliveira Carvalho, Presenting Author from Universidade de Fortaleza (UNIFOR), Brazil

**Co-authors**
Raimunda Magalhães da Silva, Vanderlânia Macêdo Coêlho Marques, Christina Cesar Praça Brasil, Lara Borges de Vasconcelos

**Abstract**
**Antecedentes / Objetivos.** La implementación de políticas públicas tiene como objetivo la atención segura en todas las etapas del parto y puerperio, ofreciendo atención, atención adecuada y segura para parturientas y recién nacidos. El objetivo del estudio es conocer los aportes de las políticas públicas de salud para la seguridad en el parto y puerperio en hospitales públicos de maternidad.

**Métodos.** Se trata de un estudio cualitativo, desarrollado en un Hospital General y Maternidad de referencia, ubicado en el estado de Ceará, de junio a julio de 2021. Treinta y dos (32) enfermeras que laboran en la clasificación de riesgo, sala de partos y alojamiento conjunto. Los criterios de inclusión cumplieron con el hecho de ser enfermeras y trabajar en estos sectores durante al menos seis meses. Se excluyó a los profesionales que estuvieran de baja por vacaciones, baja por enfermedad u otra situación en el momento de la recogida. Para la recolección de datos se aplicó una entrevista semiestructurada. Para el
análisis de datos se eligió el análisis temático. La investigación fue aprobada por el Comité de Ética en Investigación de la Universidad de Fortaleza, bajo el dictamen No. 4.607.838, respetando todos los preceptos éticos y legales de la investigación con seres humanos.

Resultados. La implementación y seguimiento de las políticas públicas está asociada a las necesidades y recursos que tiene la institución de salud entre los programas establecidos y la práctica asistencial.

Discusión. Las políticas de salud pública son importantes para la seguridad de la parturienta y del recién nacido. Se implementan en la institución, según los modelos de Rede Cegonha, como Clasificación de Riesgo y Proyecto por Nacer. La asistencia y atención desarrollada son las adecuadas de acuerdo a las necesidades y demanda del servicio, se puede entender que existe resistencia por parte de algunos profesionales a adherirse a políticas y programas de salud.

Cooking up "transformations": The meanings of the act of cooking in an urban agriculture group formed by women in the east side of the city of São Paulo.

Speaker
Gabriela Rigote, Presenting Author from University of São Paulo - Public Health School, Brazil

Co-author
Marco Akerman

Abstract

Background/Objectives. Cooking involves several symbols and meanings, being a legitimate social practice, which can be seen as a creative space of everyday life. Cooking is a form of expression of practices, customs and beliefs that can manifest the social history of a group. The ways to prepare and consume food work as a field of knowledge production, verbalizing knowledge and flavors. The study aimed to understand the meanings of the act of cooking for women from an urban agriculture group and to understand the relationship they establish between the act of cooking and their practices related to agriculture.

Methods. The method used was Body-map storytelling. Which gives participants ways for them to express their feelings, experiences and meanings. The application of this method makes use of drawing, painting and other art-based techniques to visually represent aspects of people's lives and also of the world in which they live. For the construction of the maps, a script with guiding points was carried out. The maps were built through 3 weekly individual meetings, with an average duration of 1 hour each. The audios of the map construction process were recorded and later analyzed, along with the map drawings, through thematic analysis.

Results. In total 7 maps were built and the results were grouped into 3 themes, each composed of 2 categories. (I) The ingredients of collective work, comprising the categories "Faith and Affection" and "Ancestry"; (II) The preparation of plentiful tables, which included the categories "knowledge" and
transformations”; (III) Serving and sharing food, including the categories “connections with the environment” and “think globally, cook locally”.

Discussion. From the analyzed results, it is understood that cooking is an activity that encompasses more than techniques and skills, rescuing through its practice the ancestry and culture of those involved. The practices related to it are connected with multiple dimensions (social, political, economic, cultural and environmental). Cooking provided changes in different areas of their lives, such as in relation to eating habits and financial situation. It also established connections with their agricultural practices, strengthening agriculture in the region in question and being a way of transforming the food they grow into food to share among themselves and also with the community.

Correlates of hookah smoking among Arab adults in Israel identified by a machine learning algorithm

Speaker
Mohammad Khatib, Presenting Author from Zefat Academic College, Israel

Co-authors
Ahmad Sheikh Muhammad, Salam Hadid, Izhar Ben Shlomo, Malik Yousef

Abstract
Background/Objectives. Hookah smoking is a common occurrence around the world and become recently a trend among youth. Studies indicate a relation between hookah smoking and a high prevalence of chronic diseases, cancer, cardiovascular and infectious diseases. In Israel, most studies have focused mainly on hookah smoking among young people and there has been a sharp increase in hookah smoking among the Arabs. The aim of this study is to examine the association between hookah smoking and socioeconomic characteristics, health status and behaviors, and knowledge in the adult Arab population and to build a prediction model using Machine Learning (ML) methods.

Methods. This quantitative study based on data from the Health and Environment Survey conducted in the Galilee Society 2015-16. The data was collected through face-to-face interviews with 2046 adults aged 18 years and above.

Results. 13.0% of all participants smoke hookah. The 18-34 age group is the main group of hookah smokers (19.5%). Men, people with lower level of health knowledge, heavy consumers of energy drinks and alcohol, and unemployed people are more likely to smoke hookah. Young and more educated people are those more likely to smoke hookah. Using (ML), a prediction model was built based on eight features.

Discussion. Hookah smoking is a widespread behavior among adult Arab Israel. The model generated by our study would serve health organizations to reach people with risk of smoking hookah and try to suggest different approaches to eliminate these phenomena.
Cost-effectiveness calculators for health, well-being and safety promotion interventions

Speaker
Marja Hult, Presenting Author from University of Eastern Finland, Finland

Co-authors
Olli Halminen, Hanna Kallio, Miika Linna, Sakari Suominen, Mari Kangasniemi

Abstract

**Background.** Economic ex-ante evaluation of health and well-being promotion interventions is needed to compare cost-effectiveness and to gain sustainable and equitable outcomes. This research project aimed to 1) identify and describe the cost-effectiveness calculators that analyse interventions that promote health, well-being and safety, and 2) explore their development and implementation needs.

**Methods.** The research project was carried out in Finland in 2020–2021 and included three phases. The first phase comprised a systematic review and a document analysis to identify and describe cost-effectiveness calculators. In the second phase, small group interviews for experts (n=14) in health care and health economics were organised. The third phase explored in detail the development stages and implementation of one cost-effectiveness calculator.

**Results.** Cost-effectiveness calculators (n=20) for well-being, health and safety promotion at local, regional and national levels focused on public health and health behaviour, social and regional well-being and safety, and health and safety at work. However, the calculators mainly focused on changes on an individual level. Based on previous research, calculators have limited availability, and their introduction requires adaptation to the national needs. Calculators can be used to assess the economic impact and as a means of knowledge management to assess the need and purpose of interventions and make preventive work visible. To be reliable and usable, calculators need to be based on scientific evidence. The data applied by calculators need to be available from regional or national registers and databases and collected as part of day-to-day work.

**Discussion.** Need for the cost-effectiveness calculators to promote well-being, health, and safety in short- and long-term planning and decision-making is obvious. Calculators demonstrate the value base of activities in terms of their selection, goals, and evidence-based decision-making. To strengthen the use of cost-effectiveness calculators in promoting well-being, health and safety, precise and comprehensive planning of targets, timing and evaluation of interventions is important. National evaluation, guidance, and coordination are essential to use and develop calculators in multidisciplinary cooperation in the long term. More research is needed on the functionality and accuracy of calculators and the choice of the financial perspective.
COVID-19 and changes in physical activity and lifestyle during FitSpirit participation among adolescent girls

Speaker
Ange Gianny Elaheebaccus, Presenting Author from Université de Montréal, Canada

Abstract
Background/Objectives. Few studies have investigated the effects of interventions promoting physical activity (PA) during COVID-19 on adolescents’ PA levels and lifestyle habits. FitSpirit continued helping high schools across Quebec promoting an active lifestyle among adolescent girls during this period. This study investigates the PA levels and lifestyle of FitSpirit participants, measured twice per school year (winter and spring), both before (2018-2019) and during (2020-2021) the COVID-19 pandemic.

Methods. Participants completed online surveys. A mixed linear model was used to analyze the effect of Year and Intervention on active commuting, leisure-time PA, total PA as well as total screen time and sleep duration. Independent t-tests were used to analyse interactions in details.

Results. An interaction Year × Intervention was observed for leisure-time PA (p=0.030). The difference in winter between 2018-2019 (336 ± 385 min) and 2020-2021 (245 ± 235 min) was significant (p=0.003). In spring, leisure-time PA decreased in 2018-2019 (336 ± 385 to 286 ± 268 min) while it increased in 2020-2021 (245 ± 235 to 277 ± 289 min) (p=0.721). An independent effect of the Year was observed for all other variables (all p <0.05), with more detrimental lifestyle habits in 2020-21. For example, screen time was higher in 2020-2021 (368±166 min in winter and 369±181 min in spring) compared to 2018-2019 (224±172 min in winter and 206±146 min in spring). Total PA was lower in 2020-2021 (387±314 min in winter and 466±423 min in spring) than 2018-2019 (535±598 min in winter and 512±500 min in spring). No independent effect of season was measured (all p values > 0.05).

Discussion. These preliminary results indicate 1) that the COVID-19 period was detrimental to lifestyle habits of female teenagers and 2) that the level of leisure PA improved during the participation in FitSpirit in 2020-21 highlighting a catch-up effect to reach Spring 2019 levels, possibly demonstrating certain benefits of FitSpirit in alleviating the collateral effects of COVID-19 on the level of PA.

COVID-19 and the mental health of older adults in Canada: Key lessons for policy making

Speaker
Lucksini Raveendran, Presenting Author from Mental Health Commission of Canada, Canada

Abstract
Background/Objectives. The COVID-19 pandemic and the public health measures deemed necessary for infection control have highlighted the disproportionate effects on the mental wellbeing of older adults. A series of rapid environmental scans was undertaken by the Mental Health Commission of Canada (MHCC)
to identify policy considerations and emerging issues related to the mental health impacts of COVID-19, with a particular emphasis on inequities, and systemic barriers faced by diverse older adult subpopulations.

Methods. A policy brief was prepared to outline key issues and recommendations based on a rapid review (September 2020 to September 2021) of published and grey literature on the mental health needs of older adults in Canada and internationally. The data incorporated prior epidemics and natural disasters, an assessment of policy measures taken by governments, as well as the results of a series of polls conducted by MHCC in collaboration with Leger and the Canadian Centre on Substance Use. The population health pyramid framed the policy analysis.

Results. As the pandemic progressed, studies consistently found that older adults appeared to cope with isolation relatively better than younger age groups. However, the general population data may mask differences among diverse subpopulations of seniors, including people with dementia, long-term care residents, racialized older adults, adults with pre-existing mental illnesses, and that the existence of social supports play a key role in maintaining resilience.

Discussion. Future policy responses aimed at promoting and protecting mental health during a public health crisis need to urgently address the diversity of Canada’s older adult population. This includes identifying how isolation measures can impact diverse groups of older adults differently, both within the community and long-term care settings. Lastly, it is important to apply the population health pyramid in analysing the impact of the pandemic on the mental health of older adults in Canada.

COVID-19 Knowledge, Attitude & Perception (KAP) survey among the general population

Speaker
Geoffrey Acaye, Presenting Author from UNICEF, Eritrea

Co-authors
Habtom Kifle, Ghebremicheal Tesfazghi, Mulugeta Russom, Awet Araya

Abstract
Background/Objectives. COVID-19 is a contagious viral infection that was declared a global pandemic by the WHO on 11 March 2020. The knowledge, attitudes & perceptions (KAP) people hold towards a pandemic play a significant role in determining a society’s readiness to adopt preventive measures.

Methods. The cross-sectional KAP survey for COVID-19 in Eritrea was conducted 24 June to 13 August 2020. The survey assessed KAP of the general population towards COVID-19. 5,613 respondents nationwide were interviewed using face-to-face & telephone interview. A structured questionnaire was used to collect the data & entered and analyzed using CSPro V.7.4 & SPSS V.23 respectively.
Results.

• Sources of information on COVID-19: Knowledge about COVID-19 was universal 99.9%. 77% of the respondents had heard about the disease from mass media, followed by community-based platforms 38%, health workers 35% and the EriTel 600/601 mobile phone platform 34%.

• Knowledge of COVID-19 prevention: 93% of the respondents reported that one can avoid infection from the disease by washing hands with soap & water frequently or after coughing or sneezing. The next cited methods were avoiding close contact with others if experiencing a cough, cold or fever 67%, & covering the mouth/nose with a cloth/tissue or with forearms when coughing or sneezing 55%. 55% of the respondents knew of at least three COVID-19 protection measures.

• COVID-19 risk perception: Eight in ten of the respondents thought that they were at risk of contracting COVID-19, with 53% & 28% identifying themselves as high & low risk, respectively. Nearly nine tenths of the respondents were confident they could prevent COVID-19 infection.

• Seeking medical care: Respondents were asked how they would seek medical care during the COVID-19 period & half responded that they would call health facilities, the 24/7 call centre & any other responsible entity to obtain medical assistance, while 44% opted to go directly to health facilities.

Discussion. An individual is likely to change his/her attitude towards a behaviour if exposed to repeated messaging via multiple trusted sources of information & channels. More so, if backed by interpersonal engagement which was sparingly used due to the infection prevention measures put in place to contain the pandemic. Furthermore, the confidence of an individual to access essential health services is directly linked to self-efficacy in preventing oneself from the pandemic.

Creating context for corridors of consumption: Unpacking the case of Ireland

Speaker
Mary Jo Lavelle, Presenting Author from National University of Ireland Galway, Ireland

Co-author
Frances Fahy

Abstract

Background/Objectives. Global consumption levels are significant contributors to detrimental environmental change. Across Ireland, domestic consumption levels have increased dramatically during the past three decades. The current scale of consumption may not only be environmentally damaging, but also psychologically harmful to individuals. Public discourse has primarily focused on minimum levels of consumption with media outlets frequently reporting on minimum wages and acceptable minimum levels of food, shelter, and healthcare. A dearth of dialogue exists on the concept of maximum levels of consumption. Consumption corridors provide a lens to implement the concept of the “double dividend”, making it possible for individuals to live better by consuming less and reducing their impact on the environment. The paper reports on participants’ perceptions of material items as needs and satisfiers and aims to advance methodological applications of the consumption-corridors concept.
Methods. Drawing on analyses of an extensive database of 1,500 households across two policy regions – Northern Ireland and the Republic of Ireland, this paper addresses this dearth of research through the exploration of what individuals consider to be important in terms of satisfiers and needs.

Results. Results demonstrated that the majority of items (in particular, recent digital innovations and technologies such as laptops, televisions, and mobile phones) were considered necessity items, rather than luxury items by respondents. We found significant differences across gender and generational lines for children and adults and what they perceived as luxury items and necessity items.

Discussion. This paper proffers that the concept of consumption corridors provides a timely lens to initiate discussion and to consider the potential of ascertaining maximum levels of consumption across Ireland. Consumption corridors have potential to operationalize and implement strong consumption governance. We argue that there is no single universally just and ecologically sustainable way of setting limits to consumption. Numerous factors must be considered including scale, policy influences, cultural understandings, and varying expectations of standards of living and quality of life.

 Création et validation de l’échelle picturale de mesure du bien-être instantané (EMOWI, Ecological Momentary Well-Being Instrument) chez les adolescents

Speaker
Marie Buzzi, Presenting Author from Université de Lorraine, France

Co-authors
Laetitia Minary, Yan Kestens, Nelly Agrinier, Laetitia Ricci, Jonathan Epstein

Abstract
Contexte/Objectifs. Le développement récent des interventions écologiques instantanées permet d’offrir des actions de prévention individualisées et facilement accessibles en faveur de la santé mentale et du bien-être. A ce jour, il n’existe cependant aucun outil permettant de mesurer le bien-être de manière instantanée, et donc d’évaluer l’impact de telles interventions, en particulier chez les adolescents. L’objectif de ce travail était de combler ce gap en développant une échelle de mesure du bien-être chez les adolescents, adaptée à l’évaluation écologique instantanée, afin de mieux en saisir les variations journalières dans cette population.

Méthodes. Le développement et la validation de l’échelle de mesure du bien-être instantané chez les adolescents (échelle EMOWI) ont suivi une méthodologie mixte. Une revue de la littérature, la production d’icônes par des graphistes professionnels, et des entretiens qualitatifs avec des experts et 15 adolescents français et canadiens, ont permis d’élaborer l’instrument et d’évaluer sa validité apparente. Une évaluation quantitative des propriétés psychométriques de deux versions de l’échelle, picturale et verbale, a ensuite été conduite sur un échantillon de collégiens français âgés de 13 à 15 ans.
**Résultats.** La revue de la littérature a permis d’élaborer une première version de l’échelle EMOWI, progressivement enrichie par la production d’icônes et les entretiens qualitatifs itératifs auprès des adolescents et des experts, jusqu’à aboutir à un outil jugé à la fois pertinent, compréhensible, et exhaustif par l’ensemble des personnes interrogées. Sa passation numérique auprès de 387 collégiens a permis de montrer que l’échelle EMOWI offrait une mesure valide et fiable du bien-être instantané chez les adolescents dans ses deux versions à 8 items, picturale et verbale, avec cependant une forte préférence des adolescents pour la version picturale.

**Discussion.** L’échelle picturale EMOWI est un instrument court et innovant permettant de mesurer le bien-être instantané chez les adolescents de 12 à 17 ans. Ses excellentes propriétés psychométriques et son acceptabilité en font un instrument valide pour évaluer l’impact d’interventions écologiques en santé mentale dans cette population, et laisse envisager des perspectives plus larges en population francophone.

**CRIA Program complex intervention in primary healthcare to support breastfeeding women and their families: A pilot trial**

**Speaker**
Camila Lucchini-Raies, Presenting Author from School of Nursing, Pontificia Universidad Católica de Chile, Chile

**Co-authors**
Francisca Marquez-Doren, Olga Lopez-Dicastillo

**Abstract**

**Background/Objectives.** Reports suggest that the percentage of mothers exclusively breastfeeding is lower than the 50% expected. Monitoring and support should be adapted to the needs of each woman and her family, should address the multidimensional nature of breastfeeding, and include all actors involved in the process.

**Aim.** To pilot the implementation of a multicomponent intervention (CRIA Program) based on breastfeeding self-efficacy to support breastfeeding women and their families.

**Methods.** A complex intervention framework was used to design a pilot study, with control and intervention groups, to evaluate intervention feasibility and acceptability, and explore the intervention effects on self-efficacy as the main outcome. The study was conducted between August 2019 and November 2020 in two primary healthcare centres, with 44 childbearing women (20 control and 24 intervention groups) and their partners/relatives. Intervention group participants received the intervention: (a) in a prenatal breastfeeding workshop, and (b) via virtual breastfeeding support, for six months postpartum. Health professionals were trained to deliver the intervention. The effect of the training was measured after three months. The control group received standard care at the outpatient clinic. The feasibility and acceptability of the intervention were measured. Women’s self-efficacy and secondary outcomes were measured pre-intervention, at 10 days, 2, 4, and 6-months postpartum.
**Results.** The pilot study determined that intervention was feasible and acceptable according to the professionals’ and mothers’ perspectives. The intervention had a significant effect on professional breastfeeding support self-efficacy, resulting in a large effect size. Breastfeeding self-efficacy improved in both control and intervention groups, with a large effect size. In the intervention group, postpartum depression risk decreased significantly over time, and children with mixed feeding at two months recovered exclusive breastfeeding at four months.

**Discussion.** The CRIAA program is a feasible intervention to be implemented at the primary healthcare level. It was accepted by all the actors involved, fulfilling the progression criteria. Their results are promising not only for breastfeeding maintenance but also for preventing postpartum depression and recovering Exclusive breastfeeding over time.

**Critical rooting: Grounding health promoter’s positionality, and purpose for health justice through collaborative autoethnography**

**Speaker**
Sarah Dobrowolski, Presenting Author from Queen's University, Canada

**Abstract**

**Background/Objective.** Critical reflexivity is imperative for health promoters to engage in socially just praxis (Landy et al., 2016). Unfortunately, health professions education broadly speaking, and health promoter’s education specifically, rarely invoke critical reflexivity as an explicit pedagogical strategy (ibid). Further, given that critical reflexivity, and the critically-oriented work that might arise from it are emotionally charged processes, there is a need to foster support mechanisms that will enable health promoters to engage with such practices over time (Gorski & Chen, 2015).

**Methods.** This presentation responds to the above calls to action by offering a reflexive account of the critical reflexive methodology (and pedagogy) that I employed for my PhD dissertation. Specifically, I will describe how I developed a more nuanced and critical understanding of my own positionality, and the relations that make it so, through a form of collaborative analytic autoethnography (Anderson, 2006) that I denote as ‘critical rooting’. Briefly, I engaged in ‘memory evoking’ dialogues with friends, family, and colleagues, focused on my relationship with ‘health’ and related concepts. I then wrote short stories that represented epiphantic memories of my relationship with these concepts, and invited ongoing feedback from all involved.

**Results.** It was in and through the full arc, and recursive process of remembering, writing, telling, thinking and feeling with, and re/writing my stories that I developed more nuanced understandings of my positionality, the relations that make it so, and thus my relation with others. Consequently, I am now re/negotiating numerous relationships in both my personal and professional life, to re/imagine how I might become a more effective instrument for socially just change. Importantly, this process also fostered meaningful re/connection with my friends and family, thus enabling a strengthened support system for my
ongoing reflexive journey. Even more, such healing was mutual, evidenced by sentiments shared with me by the other participants.

Discussion. I posit that ‘critical rooting’ is a valuable method for health promoters to develop an orientation toward, and to foster sustainable support for, socially just praxis by way of first connecting in, with, and through our own stories; a relational reckoning, and a re-rooting, of sorts, together.

Defining social care in the context of integrated care: A narrative review

Speaker
Gabriela Uribe, Presenting Author from University of Sydney, Australia

Co-authors
Carmen Huckel-Schneider, James Gillispie, John Eastwood

Abstract

Background/Objectives. Initiatives focusing on integrated health and social care for vulnerable individuals and their families are increasing. Health and social care organisations are now partnering to improve health and social outcomes in disadvantaged groups. There is a growing global dialogue surrounding improving public services by shifting to an integrated health and social care approach.

Accordingly, there has been increase the in the number of published studies examining the effectiveness of integrated health and social care programs as well and the experiences of participants and care providers. However, while there is general consensus of what constitutes ‘health care’ in the context of integrated care, the ‘social care’ definition remains less explored and understood.

Our aims are to: 1) describe the current state of ‘social care’ within the current integrated care space; 2) determine the factors that have influenced which aspects of social care have become more commonly included in integrated care; and 3) identify trends, scope and gaps in how ‘social care’ is defined in integrated care policy learning and dialogue.

Methods. A search of the electronic databases of Medline, PsychINFO, CINAHL, PILOTS, Scopus, and Cochrane, and grey literature identifying studies reporting on the design, implementation, effectiveness and experiences of interventions and system models integrating health and social care will be conducted. Papers will be reviewed for intervention/model type; types of organisations involved and the nature of the social care aspect of the intervention or model. Narrative synthesis will be conducted to determine trends, divergence, and gaps in definitions of social care.

Results. Expected findings, which will be further discussed, will include a clear definition of social care, taking into account the design, implementation, effectiveness and experiences of interventions and system models in the context of integrating health and social care.
Discussion. This study will advance the understanding of, and familiarity with, ‘social care’ in the context of integrated care advancing the global dialogue which requires an awareness of emerging definitions of social care and a critical reflection of how ‘social care’ has been applied to ensure it remains focussed on meeting the needs of vulnerable groups.

Determinantes sociales y salud bucal durante la pandemia de Covid-19. Aspectos bioéticos de la atención clínica pública en el Hospital Odontológico de la Universidad Nacional de La Plata, Argentina

Speaker
Martín Zemel, Presenting Author from Instituto de Investigaciones en Educación Superior, Facultad de Odontología, Universidad Nacional de la Plata, Argentina

Co-authors
Sebastián Bosi García, Silvina Di Bastiano, Verónica Vanoni

Abstract
Antecedentes / Objetivos. El contexto signado por la pandemia por SARS-CoV-2 movilizó estructuralmente la dinámica de los sistemas sanitarios y las formas de brindar atención clínica en forma global. Incluso, la pandemia gestó efectos “sindémicos” (Horton, 2020) que se asociaron a los causados por los determinantes sociales, las enfermedades no transmisibles y las poblaciones afectadas inequitativamente. Esta disrupción alcanzó también a la prevalencia de patologías bucales, con distinta repercusión en los diferentes contextos. En este último aspecto, las acciones preventivas fueron suspendidas en la región durante los primeros meses de la pandemia en virtud que la práctica odontológica fue considerada de alto riesgo. Sin embargo, existió un consenso en continuar garantizando el ejercicio del derecho universal a la salud y la accesibilidad a la promoción y prevención de la salud bucal, especialmente en aquellos grupos en condiciones de riesgo y vulnerabilidad. El trabajo se propuso describir los alcances del contexto pandémico en la salud bucal de una población afectada por determinantes sociales.

Métodos. Se realizó un estudio observacional descriptivo de corte transversal en una muestra azarosa de 200 pacientes del Hospital Odontológico de la Facultad de Odontología de la Universidad Nacional de La Plata, Argentina.

Resultados. Inicialmente, se halló una correlación positiva entre los determinantes sociales -vinculados con el bajo nivel educativo y socioeconómico- con bajos niveles de autopercepción de salud bucal, mientras que se corroboraron la presencia de factores asociados a la exclusión social en la muestra estudiada. Mayoritariamente se registraron dificultades con la atención clínica. No obstante, la población admitió recibir prácticas preventivas que le posibilitaron evitar el surgimiento de nuevas patologías.

Discusión. La asociación entre el Covid-19 y los determinantes sociales de la salud produjo interferencias en los estados de salud-enfermedad de las personas. Por tanto, su abordaje constituye un imperativo ético y una oportunidad para los profesionales de la salud. Desde la perspectiva bioética, la consideración de los
Determinants for fruit & vegetable intake among Latin American students in Korea: A mixed-methods study using the Health Action Process Approach

Speaker
Norma Patricia Rodríguez Rocha, Presenting Author from Universidad de Guadalajara, Mexico

Co-author
Hyekyeong Kim

Abstract
Background/Objectives. Healthy eating habits are a factor that prevents many chronic diseases, particularly fruit & vegetable intake (FVI). Nonetheless, most of the population worldwide do not meet the daily recommendation. Specially, evidence shows that university students and migrants present changes in their daily lives that influence their eating habits. Moreover, it has been suggested that international students have negative changes in their FVI upon translocation to the new environment. However, less attention has been given to Latin American students in Asian countries. To identify the changes in fruit and vegetable consumption of Latin American students after temporal migration to Korea, as well as the perceived barriers, facilitators, and HAPA model determinants for FVI.

Methods. A mixed methods approach was used. Firstly, three focus groups (FG) were conducted to identify FVI change, and barriers & facilitators for FVI. Then, findings from the FG were used to modify the survey to the context of participants. Later, a 2 time-point survey measuring self-efficacy, outcome expectancies, risk perception, intention, planning, action control, FVI, and stage of change was carried out among 123 Latin American students. FG data was analyzed using thematic coding. Structural equation modeling (SEM) was conducted to identify predictors of FVI.

Results. Latin American students experienced negative changes in their FVI upon translocation to Korea, reporting a reduction in quantity, frequency, and variety. Most common barriers for FVI were price, taste, and accessibility, while facilitators identified were menu and grocery shopping planning, adaptation to Korean foods, and knowledge of the seasonal foods. In the tested model using SEM, self-efficacy and outcome expectancies predicted intention, and planning had a full mediation effect between intention and FVI.

Discussion. The HAPA is a useful socio-cognitive model to identify the mechanisms predicting FVI among Latin American students in Korea. Self-efficacy and planning should be particularly addressed in nutrition interventions aiming to improve FVI among this population.
Determinants of unhealthy sleep practices among Belgian university students: An application of the Theory of Planned Behavior

Speaker
Sarah Fakroune, Presenting Author from Université Laval, Canada

Co-author
Stephan Van den Broucke

Abstract

Background/Objectives. University students often show unhealthy sleep practices, including irregular sleep habits, daytime napping, alcohol use, or using phone before going to sleep. Poor sleep hygiene is related to a variety of ill-health effects, including metabolism dysregulation, cardiovascular problems, memory and attention problems and poor academic performance. However, research on sleep practices mostly focuses on the consequences of poor sleep behavior, and seldom addresses its determinants. The purpose of this study was to test if the constructs of the Theory of Planned Behavior (TPB) predicted unhealthy sleep behaviors of Belgian university students.

Methods. An online questionnaire was used to assess the frequency of irregular sleep times, daytime napping, alcohol use before sleep, and engaging in activities that keep awake such as being on the internet or video watching before bedtime, as well as the attitudes, perceived norms, perceived control and intentions towards these behaviors, amongst 1006 university students enrolled at a French-speaking university (70% females). Principal Component analysis (PCA) and internal consistency analysis (Cronbach alpha) was used to establish the validity and reliability of the scales representing the dimensions of the TCP for each behavior.

Results. Multiple regression analyses showed that perceived advantages and disadvantages, perceived norms and perceived control significantly predicted 21% of the intention to avoid irregular sleep patterns, 74% of the intention to take daytime naps, 27% of the intention to engage in activities that keep awake, and 45% of the intention to consume alcohol before bedtime. Intentions and perceived behavioral significantly predicted self-reported irregular sleeping times ($R^2=.15$), daytime napping ($R^2=.36$), performing activities keeping awake before bedtime ($R^2=.23$), and alcohol use before bedtime ($R^2=.51$). Multivariate analysis of variance revealed significant for the four sleep hygiene behaviors with regard to gender, study type and type of residence.

Discussion. The TPB dimensions provide a useful framework to predict healthy sleep intentions and behaviors of university students. Their role can be take into account when developing healthy sleep promotion campaigns for students. Moreover, results from the multivariate analysis providing alternative perspectives for new interventions.
Determining research priorities in gender-based violence against trans people: Initial findings from a multi-stakeholder survey

Speaker
Rachel Cheung, Presenting Author from Women's College Research Institute, Women's College Hospital, Canada

Co-authors
Joseph Friedman-Burley, Sheila Macdonald, Lee Cameron, Janice Du Mont

Abstract

Background/Objectives. Transgender (trans) people experience high rates of sexual assault (SA) and intimate partner violence (IPV) and barriers in service provision. Research on SA/IPV against trans people could improve responses and enhance health equity for survivors, but prevailing research has ignored the experiences of trans survivors. To address this gap, we undertook a study to identify research priorities for a novel research agenda on SA/IPV against trans people.

Methods. A systematic approach to research priority-setting (CHNRI) was applied to determine research priorities using a two-stage survey process. The initial survey, which collected sociodemographic characteristics, stakeholder group, and type of expertise, was launched to diverse stakeholders in March 2021. Respondents generated 512 research questions related to SA/IPV. Questions were cleaned, organized by content into 13 categories, and then collapsed into themes.

Results. 213 stakeholders completed the survey, including health (44%) and social service (39%) providers, SA/IPV survivors (36%), and members of trans communities (31.9%). 43% of respondents indicated that a combination of professional and lived experiences informed their expertise. Respondents lived in all provinces and territories except Nunavut. 20 final questions clustered within 7 themes: Defining the scope of the problem, Increasing understanding of contextual and contributing factors, Expanding knowledge of disclosure and reporting, Enhancing accessibility and appropriateness of supports, Improving quality and implementation of education and training, Developing alternative models of response, and Advancing multi-level interventions for prevention.

Discussion. The research questions generated encompass a comprehensive range of topics relevant to preventing and addressing SA/IPV against trans people. Additionally, these questions reflect the insights of stakeholder groups who have been historically excluded from research priority setting processes--including frontline service providers, government decision-makers, trans communities, and SA/IPV survivors--who may ultimately participate in the research and apply the findings in policy and practice. Next steps include evaluating the 20 questions using predetermined criteria: answerability, feasibility, impact, and equity. The evaluation findings will inform Canada’s first equity-oriented research agenda on SA/IPV against trans people.
Developing a sociology of global health promotion: A collaborative online International learning approach

Speakers
Marzell Gray, Presenting Author from University of Minnesota Duluth, United States
Linda Gibson, Presenting Author from Institute of Health and Allied Professions, School of Social Sciences, Nottingham Trent University, United Kingdom
David Musoke, Presenting Author from Department of Disease Control and Environmental Health, School of Public Health, Makerere University, Uganda
Nate Sawadogo, Presenting Author from Thomas Sankara University, Burkina Faso
Michael Brown, Presenting Author from Nottingham Trent University, United Kingdom

Co-authors
Mary Pelleteir, Sara Hildreth, Mary Parsatoon, Suzan Nakalawa, Denise Nabasirye

Abstract
Setting/problem. Our work in an international cross disciplinary partnership explores the value of reverse knowledge innovation ‘learning from each other’ to come together to work on global health issues from a range of perspectives across socio-geo-political and cultural boundaries. Traditionally, sociology of health and illness has, until recently, had little to say about global health issues and the production of health and health systems. Our approach was built on two concepts: knowledge production through the application of social theories to global health promotion and reverse knowledge innovation. It challenges traditional assumptions of what knowledge is produced, where it is produced, and where this resides within an emerging field of the Sociology of Global Health Promotion.

Intervention. This paper draws on an international, interdisciplinary collaboration between the UK, USA, East and West Africa through the development of a number of collaborative online international learning initiatives including a global summer school. The students are from a range of disciplines and practices in health (public health, microbiology, health promotion, civil society, medicine). They were asked to reflect on the ontology of knowledge and its implications for developing a sociology of global health promotion. The activities were guided by broad outlines and provided opportunity for groups from across the settings to consider global health issues of their choice, within a social determinants of health framework.

Outcomes. Students reported increased awareness of the value of partnership working and collaboration and the value of applying social theories to global health issues and policies. They applied this approach to discuss collaborative approaches to topics such as vaccination hesitancy and inequity during pandemics, the intersection of gender inequalities in health services during times of pandemic, and the use of partnerships to build food security across global settings. Course context is more culturally congruent, and authentically reflects diverse socio-geo-political and cultural contexts and knowledge.
Implications. From a process perspective, developing the application of sociology to global health promotion also reflects overall social transformation which, with the mediations of new opportunities given by technological development, lead to more culture-congruent forms of knowledge.

Developing a well-being framework: Applying visual elicitation to conceptualise wellbeing

Speaker
Jude Page, Presenting Author from University of New South Wales, Sydney, Australia

Co-author
Timothy Brody

Abstract

Background/Objectives. The term ‘well-being’ touches on issues of life satisfaction, social functioning and more practical aspects of quality of life. This study uses a visual tool (My Story Cards) to identify and understand how individuals conceptualise their needs and well-being. Visual stimuli are increasingly being used in health communication and as a qualitative research method, and are reported to generate a ‘different’ and ‘richer’ response than text or language alone. However, the process by which this occurs is underexplored.

Methods. Forty-five people participated in a sorting process and interview. Half the group were presented with text cards first and asked to select cards relating to their well-being. The process was repeated with image cards. The other half of the group were presented with image cards first followed by text cards. Participants were asked how their selection related to their life. Thematic analysis of the resulting data was guided by theories of human needs, social semiotics and visual cognitive theories.

Results. It was found that participants more easily selected visual themes and considered images more engaging and open to interpretation than text, and that images generated unique cognitive and emotive responses that differed to responses to text.

Discussion. The findings build on methods and knowledge of what people perceive as fundamental to their physical and social functioning and how individuals conceptualise their well-being. They are used to inform a framework of universal well-being, focused on safety and security, connection to others, health and agency, and the capacity to act independently and to make one’s own free choices.

Developing online interventions to address intimate partner violence: A comprehensive state-of-the-art Review

Speaker
Julie Descheneaux, Presenting Author from Université du Québec à Montréal, Canada
Abstract

Background/Objectives. Online interventions to be deployed to reach victims or women at risk of experiencing intimate partner violence (IPV) is not well documented, even they are showing promising results. The purpose of this study is to identify primary, secondary, and tertiary prevention online intervention programs for IPV and to document innovative practices.

Methods. A scoping study in 2 phases was conducted in 8 databases: 1) identification of literature reviews (keywords: ehealth, digital, technology, web, internet, ICT, mhealth, application, mobile, cybertherapy + violence); 2) identification of studies on the most promising online interventions (keywords: telecare, virtual community, portal, self-help, online intervention + violence). Inclusion criteria were: 2005 to 2021; English/French; describe or analyze VPI online interventions; OECD countries. Analyses were conducted using a) a closed thematic framework describing interventions (target population; country of origin; components of the intervention); and b) an open thematic framework documenting their effectiveness.

Results. Phase 1: Of the 968 articles, 9 were analysed for meeting the criteria (after removing duplicates). Phase 2: Of the 172 articles, 20 were analysed for meeting the criteria (after removing duplicates). Online primary prevention interventions (e.g., educational videos) are poorly studied. They must be developed using a theoretical approach to be effective. Online secondary prevention interventions (e.g., violence risk assessment, screening, decision support) are the most popular. They are often used to train workers to optimize their screening. Victims or women at risk of IPV appreciate the confidentiality and usefulness of these interventions. They are more likely to disclose violence online than face-to-face. Tertiary prevention interventions are very diverse: telepractice, self-management program with asynchronous online support, synchronous meeting and asynchronous virtual support, discussion on mobile applications (e.g. WhatsApp). Victims appreciate these online intervention tools. The most significant barrier is security of personal data in context of coercive control.

Discussion. Online interventions must intervene simultaneously in primary, secondary and tertiary prevention to maximize impacts of IPV programs. Workers should receive specialized training in online safety in order to be able to safely support victims or women at risk of IPV.

Development of a self-assessment tool for health promotion systems

Speakers
Madeleine Malone, Presenting Author from IUHPE, Canada
Liane Comeau, Presenting Author from IUHPE, Canada
Graham Robertson, Presenting Author from IUHPE, United Kingdom
Trevor Shilton, Presenting Author from IUHPE, Australia
Abstract

Setting/problem. A systems approach to health promotion can arguably impact the health of populations, and equitably so. The International Union for Health Promotion and Education (IUHPE) has proposed ten requirements for strong health promotion systems to support health and well-being (IUHPE, 2018). While this paper provides a framework, if operationalized, it could provide guidance on how to assess existing systems and prioritize areas for improvement. This is what we wish to address through the development of a self-assessment tool.

Intervention. IUHPE has mobilized an Advisory Committee to participate in the development of a Self-Assessment Tool and accompanying Technical Guidance to complement our position paper on strengthening health promotion systems. Members were recruited for their experience in developing similar competency-mapping tools and their experience in planning and implementing actions from within global organizations. Ad hoc participation from experts in tool development will be sought as well. The exercise will draw on previous work while providing a comprehensive and system perspective that will allow jurisdictions (e.g. country, city, municipality) to gain clarity on the current capacity, strengths, and weaknesses of their health promotion systems, taking account all requirements: political and policy; enabler; delivery and implementation). This, in turn, will support prioritizing and planning exercises.

Outcomes. The collaborative process for developing the Assessment Tool will be shared with the conference’s audience with the aim to engage partners in the piloting of the tool in a range of contexts, as this is a necessary second phase to the initial work. The initiative is timely, as the COVID-19 pandemic has shown important gaps in health promotion systems worldwide. Tools that can help increase the resilience of systems as well as their ability to respond to crises equitably and according to the needs of their populations can help jurisdictions better prepare for current and future needs.

Implications. Health Promotion actors have a good understanding of “why” it is important to gain such things as political will and engagement, financing of health promoting policies, dedicated institutions with the adequate expertise and expertise development capacity, and strong mechanisms for effective cross-sectoral collaboration. “How” to achieve this, however, remains a challenge and requires the kind of tool presented here.

Development of a set of national health equity indicators: A Delphi consensus building technique

Speaker
Rachel Wilf-Miron, Presenting Author from Gertern Institute of Epidemiology, Israel

Co-author
Paula Feder-Bubus
Abstract

Background/Objectives. Considerable health disparities have been consistently reported in Israel between communities, populations and regions, undermining the rights of all citizens to attain the best possible health. Social participation in decision-making is a key driver for the promotion of health equity. The first step towards health equity is to agree on a set of national indicators, reflecting equity in health services provision and health outcomes, and allowing monitoring of the impact of interventions on the reduction of disparities. We sought to describe the process using Delphi technique to reach a consensus on a defined set of national equity indicators.

Methods. The study was conducted between January 2019 and June 2020, in a multistage design: A) Identifying appropriate disparity measures. B) Agreement on the screening criteria and relative weighting. C) Constructing the consultation framework as an on-line 3-round Delphi technique.

Results. Thirty measures of disparity, presented to participants, represented the following domains: Health promotion (11 indicators); acute and chronic morbidity (11), life expectancy and mortality (2), health infrastructures and affordability of care (4); education and employment (2). Three scoring rounds took place between February-May 2020. Of the 77 individuals contacted, 75 (97%) expressed willingness to participate, and 55 (73%) completed all three rounds. The leading ten indicators selected were: Diabetes care, childhood obesity, adult obesity, distribution of healthcare personnel, fatal childhood injuries, smoking, infant mortality, inability to afford care, access to mental health services, and distribution of hospital beds. Agreement among raters, measured as intra-class correlation coefficient was 0.75.

Discussion. The Delphi technique provided a cost–effective, feasible and acceptable method for reaching a consensus with a variety of experts and public representatives. Equity indicators chosen by a broad range of people from different sectors are more likely to be accepted and ultimately implemented. The diverse set of clinical and system indicators should be used to guide governmental decision-making and intersectoral strategies, furthering the pursuit of a more equitable healthcare system.

Development of promotional strategies to increase milk and dairy intake applying the theory of planned behavior

Speaker
Saegyeol Choi, Presenting Author from Department of Health Convergence, Graduate School of Ewha Womans University, South Korea

Co-authors
Seung Hyun Ko, Hyekyeong Kim, Yuri Kim

Abstract

Background/Objectives. Eating habits during middle-age is important for maintaining health and reducing the risk of death. Previous studies have indicated that those who consume more milk and dairy (M&D) products had a lower risk of death from cardiovascular diseases than those who do not, yet Korean National
Health and Nutrition Survey reveal that middle-aged adults consume far less M&D products than is advised. Therefore, the purpose of this study is to develop promotional contents and message composition strategy to promote M&D intake.

**Methods.** By reviewing previous studies, the degree of knowledge, attitude, and practice of the middle-aged in was identified, and promotional methods for raising M&D consumption were designed based on the diverse information gathered. Using the idea of the theory of planned behavior, we designed a message construction to increase the likelihood of practicing M&D intake.

**Results.** The recognition rate of nutrition labels and the ratio of active health literacy among the middle-aged and elderly in Korea was 43.0% and 39.4. Furthermore, milk consumption among persons aged 30-49, 50-64, and 65&older was 89.3g, 83.4g, and 59.7g, respectively, which was significantly lower than that of those aged 19-29. Specific research results were presented that the consumption of sodium caseinate contained in M&D products can lead to prevention of cardiovascular disease so that a positive evaluation of M&D intake behavior can be made applying “attitudes toward behavior”. In addition, studies have shown that people who consume a lot of M&D products have a high rate of improvement in abdominal obesity, correcting the existing perception that M&D products can make them gain weight. “Subjective norms” were used to encourage the target group to believe family members -those who are thought to be particularly meaningful to the middle-aged- desired to drink M&D products and to decide to act on that belief. The message was built by highlighting that drinking M&D products is the easiest and most effective way to reduce risk factors for cardiovascular disease.

**Discussion.** Promotional contents and message based on the theory of planned behavior are projected to help middle-aged people improve their milk and dairy intake. It will be necessary to conduct an evaluation using intervention employing the produced promotional materials in the future to assess their effectiveness.

**Digital documentation in primary health care in Denmark - A document analysis of problematization in health strategies**

**Speaker**
Julie Duval Jensen, Presenting Author from Aarhus University, Denmark

**Co-authors**
Loni Ledderer, Kirsten Beedholm

**Abstract**

**Background/Objectives.** Worldwide, digital health is considered to be increasingly important. Research has shown that electronic medical records improve quality of care, safety, and interactions among primary care providers. Danish municipalities implemented a common standard for digital documentation in health information systems in primary healthcare (The Common Language Platform) in 2018 to secure an efficient public sector with high quality services. Documentation in electronic health records should support
Organizational workflow, create continuity of care and provide healthcare professionals with necessary knowledge. However, changes in healthcare documentation practices are driven by health policies and strategies, and the problems represented in these strategies indicate future solutions. Thus, the aim is to analyse what is represented as a problem in digital health documentation strategies and how these problems lead to particular solutions for health professionals in the municipal health service.

**Methods.** Carol Bacchi’s approach “What's the problem represented to be” was used to analyse deep-seated assumptions, genealogical features, and discursive effects in documents on public health strategies. Four documents published in 2018 and 2019 were selected for in-depth analysis: the Danish National strategy on digital health, guidelines to implement the strategy in municipalities, and two documents on quality indicators for governmental control in Home Care Services and Nursing Homes.

**Results.** The analysis revealed three distinct problem representations:
1. Lack of coherence in a complex healthcare system
2. Lack of assessable data for management and political prioritization
3. An inefficient healthcare system
Digital documentation is uncontested as a solution to these problems. It is constructed as a standardized practice on multiple levels.

**Discussion.** The construction of digital documentation as a standardized practice can act as a New Public Management tool and thereby support both political and organizational goals of efficiency in municipal services. In doing so, health professionals’ language and people-centred healthcare are downplayed. Generally, healthcare documentation is considered to be an important part of healthcare practice; however, digital documentation might favor the quantification and calculation of healthcare used for management and administration.

**Digital interventions for substance use-related disorders in youth: A rapid review**

**Speaker**
Marika Monarque, Presenting Author from McGill University, Canada

**Co-authors**
Judith Sabetti, Manuela Ferrari

**Abstract**
**Background/Objectives.** Youth are disproportionately more likely than people in other age groups to use substances. With the COVID-19 pandemic and the associated rise in substance use, harm and overdose, there is a considerable need for innovative, remote, and accessible interventions. Digital interventions (DI) are a tenable option and might be more engaging to youth as they are often perceived as less stigmatizing and more friendly. This knowledge synthesis project assesses which digital interventions are being used for substance use in youths (11 to 29 years old). The objectives were to identify (1) types of digital interventions (DI) used to engage youth, and (2) substances targeted by DI.
Methods. Using rapid review methodology, we conducted keyword searches to identify relevant articles published between 2015 and 2020, using MEDLINE and review databases (the Cochrane Database of Systematic Reviews, Database of reviews of effects (DARE), Health Technology Assessment Database (HTA) and PROSPERO). Of 134 articles yielded, 45 primary studies were retained for data extraction.

Results. Of the 45 studies, 38 DI were identified. The identified DI were web-based (n=12), game-based (n=9), computer-based (n=8), mobile-based (n=5), and virtual reality (n=4) technologies. The DI targeted alcohol use (n=18), tobacco/nicotine use (n=6), cannabis use (n=2), ketamine use (n=1), opioid use (n=1) and multiple substances (n=10). Most interventions were tested in university student samples.

Discussion. With the COVID-19 pandemic and the associated increase in substance use, harm and overdose, DI are a youth-friendly and acceptable manner to remotely deliver services to youth. Web-based interventions are the most common DI, and most often use a feedback component, providing knowledge on one’s substance use. However, studies have suggested that active, experiential, and interactive interventions may be well-suited and friendlier for engaging youth. Thus, emerging technologies such as virtual reality and game-based interventions for substance use should be explored more. Most attention in DI research for substance use in youth has been geared towards alcohol use. However, with an increase in cannabis, opioid and stimulant use during the pandemic, more DI should focus on these substances. Additionally, a harm reduction framework should be better incorporated into DI, specifically for interventions targeting illicit substances.

Disconnect in a hyperconnected world: Digital equity for mental health and addictions

Speakers
Dianne Oickle, Presenting Author from National Collaborating Centre for Determinants of Health NCCDH, Canada
Lori Wozney, Presenting Author from Nova Scotia Health (NSH), Canada

Abstract
Background/Objectives. With the increased demand for online service delivery, governments are expanding broadband and cellular coverage to support digital health services across public, community and primary health care. However, questions remain about who gains and who is unable to benefit from digital services. The objectives of this project were to:

- Explore digital equity as a catalyst to reduce health inequities
- Describe how core dimensions of digital equity intersect with social determinants of health
- Identify cross-sector partnerships for digital equity interventions
- Consider strategies to address barriers and identify opportunities for equity in digital health services

Methods. A situational assessment of Nova Scotia in early 2021 identified efforts, opportunities, barriers, and considerations in digital equity for mental health and addictions. Core dimensions of digital equity included access, affordability, digital literacy skills, relevance, and safety and security. A review of academic
and grey literature, key informant interviews, and focus groups with service providers at government and community levels were conducted to explore digital equity as a catalyst for change.

**Results.** The intersection of personal, contextual and technological factors determine uptake and use of digital health technologies. Even with low-cost and faster internet, communities that live with inequities due to socioeconomic and structural exclusion are less able to use and benefit from digital health services. A practice brief developed from the situational assessment further explored applications to health promotion, public health, and policy development.

**Discussion.** As communities find new ways to access services and learn to work and socialize remotely, health promotion must work to ensure the dramatic increase in digital services does not further entrench the digital divide. The results of this project support embedding equity into all aspects of policy and planning for digital mental health and addictions services. Reducing and eliminating historical, institutional and structural barriers to digital health technology must be a policy priority for health systems beyond COVID-19. Addressing digital equity in mental health and addictions services increases the understanding of what is possible in the delivery of digital health services broadly.

**Does a positive health promoting school culture differ between advantaged, moderately advantaged and disadvantaged elementary schools?**

**Speaker**
Jodi Kalubi, Presenting Author from École de santé publique de l'Université de Montréal, Canada

**Co-authors**
Teodora Rilea, Erin O’Loughlin, Louise Potvin, Jennifer O’Loughlin

**Abstract**

**Background/Objectives.** Regardless of socioeconomic background, most children attend schools where effective health-promoting interventions (HPIs) can reach them and influence adoption of healthy lifestyles. The WHO Health Promoting Schools (HPS) framework suggests that school culture may affect HPI delivery. However, current measures of school culture display insufficient psychometric properties, nor has school culture been investigated by school deprivation indices. Our objectives were to examine the reliability of a new measure of school culture aligning with the HPS, and to describe differences between the components of school culture by school deprivation in Québec elementary schools.

**Methods.** We used data from PromeSS (a cross-sectional study of social inequalities in school-based HPIs) to test the psychometric properties of four scales measuring components of school culture. Data were collected in structured telephone interviews with principals in a convenience sample of 171 elementary schools (2017-19). Construct validity was examined in exploratory factor analysis (EFA). Three scales emerged: i) teacher commitment to student health (4 items); ii) school physical environment (9 items); and iii) connection with parents/community (5 items). Seven additional items were used to create a measure of
principal leadership. Cronbach's alpha measured the internal consistency of the scales. ANOVA and Tukey's post-hoc analysis were used to compare the four components by three school deprivation levels.

**Results.** Item saturation by EFA matched the constructed scales and Cronbach's alpha ranged from 0.68 to 0.77. Mean score (standard deviation) for teachers (4.1 (0.5)) and principals (3.8 (0.5)) did not differ by level of school deprivation. Physical environment (3.5 (0.6)) differed but not significantly. Connection with parents/community (3.8 (0.6)) was higher in advantaged schools (4.1, CI 3.9-4.3) than moderately advantaged schools (3.7, CI 3.6-3.9) and disadvantaged schools (3.6, CI 3.4-3.8).

**Discussion.** The constructed school culture scales indicated psychometric reliability that align with the HPS theoretical framework. Our data indicate that school culture components related to teachers and principals are equivalent across schools regardless of deprivation level. Future research should identify interventions to improve physical environment and connection with parents/community in disadvantaged schools and the role of these components in HPI delivery.

**Does antenatal care counselling affect maternal health literacy on obstetric danger signs in low and lower-middle-income countries? A Systematic Review**

**Speaker**
Tebikew Yenebat Mengist, Presenting Author from University of Technology Sydney, Australia

**Abstract**
**Background/Objectives.** We examined how counselling on obstetric danger signs is delivered to pregnant women in low and lower-middle-income countries (LLMICs) and how this influences women's health literacy.

**Methods.** We searched databases for peer-reviewed research articles published in English from 1990. We appraised the studies using the Joanna Briggs Institute quality appraisal tool. We extracted data on ANC counselling and women's knowledge of danger signs and used content analysis to examine the findings.

**Results.** 36 eligible studies from 22 LLMICs were included. ANC counselling on obstetric danger signs included group ANC (GANC), individual face-to-face ANC counselling, and home visits by trained ANC providers. Women also received information on obstetric danger signs through phone calls, radio message interventions and health education for women in the waiting area at ANC clinics. The extent of ANC counselling across countries ranged from 13% to 85%. Counselling was positively associated with an increased number of ANC visits, higher educational levels of ANC providers, ANC interventions such as GANC and home visits that used well-structured ANC guidelines, but negatively associated with the lack of ANC providers’ refresher training. About 13% to 87% of women were unable to cite obstetric danger signs, nor could they demonstrate the skills needed to seek timely healthcare. ANC counselling that involved GANC increased maternal health literacy by to 20% to 30%, and home visits increased knowledge scores by 1.8 compared to 1.1 in the comparison group. Multigravida women had a better understanding of obstetric danger signs.
Discussion. ANC counselling approaches such as GANC and home visits by trained ANC providers supported by ANC guidelines and continuous staff development improves ANC counselling. The more obstetric danger signs are included in ANC counselling, the more the women can recognise them, thus improving health literacy. Ministries of health in LLMICs should strengthen ANC counselling on obstetric danger signs by consistently applying quality guidelines. There is a need to quantify the effect of ANC guidelines on providing counselling on obstetric danger signs in a standardised manner to design a country-specific intervention.

Dragons in the hills: Impacts of a community-based citizen science conservation programme in Northern Ireland on health, wellbeing, and nature connectedness

Speaker
Michelle Baybutt, Presenting Author from University of Central Lancashire, United Kingdom

Co-authors
Neil Wilson, Angela Julian, Ryan Montgomery

Abstract
Background/Objectives. ‘Dragons in the Hills’ is a programme of citizen science education, training and workshop events implemented by The Amphibian and Reptile Groups of the UK (ARG), in partnership with Newry, Mourne and Down District Council and the Herpetological Society of Ireland in communities living in Northern Ireland. The primary aim of the programme is to increase local awareness and understanding of two of Northern Ireland’s native priority amphibian and reptile species – common lizard and smooth newt. In doing so the project seeks to encourage diverse local communities to come together to reconnect with their local biodiversity and shared natural heritage, whilst improving the conservation status and ecological resilience of these animals and the landscape they inhabit. An increasing body of empirical research demonstrates that such connection to nature is linked to health and wellbeing outcomes and pro-environmental and sustainable behaviours. The Healthy and Sustainable Settings Unit at the University of Central Lancashire, England, is evaluating the Dragons in the Hills programme to assess the health, wellbeing, and nature connectedness impacts on a range of diverse community-based groups involved in the Dragons in the Hills conservation work.

Methods. This mixed-methods study involves an online survey, focus groups and interviews to elicit impacts on health, wellbeing and nature connection with a range of project stakeholders, across communities in Newry, Mourne and Down District. These include school children, community and conservation groups including volunteer groups with disabilities, landowners, and project volunteers. Surveys will use quantitative measures to monitor self-perceived changes in health, wellbeing, and nature connectedness before and after taking part in programme activities. Interviews and focus groups will explore experiences in more depth, and in relation to wellbeing and wider themes concerning attitudes towards nature and the environment.

Results. Findings are forthcoming.
Discussion. The presentation will discuss the findings and stimulate impactful debates in which learning can be adopted by delegates. This will include consideration of the strengths and weaknesses of the evaluation and programme, and the difference it has made to individual and community health, heritage, and local ecology, whilst reflecting on settings-based health promotions for people, place and planet.

Drawing as a salutogenic therapy aid for grieving adolescents

Speaker
Masego Katisi, Presenting Author from Western Norway University of Applied Sciences, Norway

Co-authors
Phillip Jeferries, Olemme Lekgoko

Abstract

Background/Objectives. The use of drawing in therapeutic contexts creates an empowering platform for young people to express traumatic experiences and serves as a basis for improving their psychosocial health. In the clinician’s repertoire, drawings can be used for the assessment of stressors and risks in order to determine appropriate treatment or to evaluate progress. While important, these clinical approaches may encourage pathologizing clients. A more holistic and positive approach uses drawing to explore children’s resilience resources, including their Sense of Coherence, despite the experience of stressors. This can contribute to health promotion-focused programming. This paper explores the health promotion qualities of the use of drawings by 15 adolescent orphans in a wilderness therapy program.

Methods. This is a qualitative study describing the case study of Botswana’s Balekane EARTH therapy program, involving 15 adolescents, two young adults, and four of their social workers. It analyses art through the narratives

Results. The findings resonate with Antonovsky’s theory of salutogenesis, demonstrating movement from disease to positive health.

Discussion. Using a salutogenic lens, we argue that drawing is a critical tool for helping children express and communicate complex emotional stressors and their impacts, for mapping different potential and existing supporting resources, and for helping children themselves to visualize adaptive coping strategies.

Educ@Pasifika : Développement d’une plateforme régionale bilingue de ressources pédagogiques pour les enseignants du premier degré dans le Pacifique

Speaker
Olivier Dinh, Presenting Author from Direction de l’éducation, New Caledonia

Co-authors
Solene Protat, Maiwenn Moreau
Abstract

Description. Cette plateforme vise à faciliter le partage du matériel pédagogique produit par différentes institutions/organisations du Pacifique, pour les enseignants des pays et territoires insulaires de la région. Ainsi, les enseignants pourront utiliser les ressources présentes, classées par thèmes (santé, culture, développement durable) pour enrichir leur contenu pédagogique. Parmi les supports pédagogiques présents sur le site, on retrouve des posters, brochures, fiches pédagogiques, vidéos, applications ou encore des jeux de société. La plateforme est bilingue (français/anglais) mais propose également du contenu en langues locales du Pacifique (Bishlama, Fidjien, ...).

La collecte des ressources pédagogiques se poursuit pour enrichir encore et toujours la plateforme. Dans un 2ème temps, il est prévu que des représentants du corps enseignant de plusieurs pays de la région se réunissent pour décider ensemble des outils qu’il manque au niveau régional et pour les développer. Cette dernière phase du projet a été reportée en raison de la pandémie de COVID-19 et la fermeture des frontières.

URL : Accès à la plateforme Educ@Pasifika : https://www.educapasifika.com/

Pertinence par rapport à la promotion de la santé ou aux politiques. La section santé de la plateforme Educ@Pasifika est composée des thèmes liés à la suivante : hygiène de vie, addictions, maladies infectieuses, éducation à la sexualité, santé mentale, sécurité, maladies non-transmissibles, etc. L’usage qu’en feront les enseignants pendant leurs séances pourra renforcer les connaissances des jeunes sur ces problématiques et leur donner les clés pour prendre de meilleures décisions pour leur santé.

Educação Popular en Salud: trazando caminos para la Promoción de la Salud

Speaker
Fernanda Carlise Mattioni, Presenting Author from Grupo Hospitalar Conceição e Escola de Saúde Pública do Rio Grande do Sul, Brazil

Co-authors
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Abstract

Antecedentes / Objetivos. La Educación Popular en Salud se ha construido en el horizonte de una propuesta pedagógica democrática, dialógica y liberadora, proponiendo un aprendizaje integral acorde a la realidad vivida. E este trabajo, el objetivo es analizar cómo la Educación Popular en Salud puede fortalecer las prácticas de la Promoción de la Salud con la ética del autocuidado.

**Resultados.** A partir de experiencias educación en comunidades, utilizando el referencial teórico metodológico de la Educación Popular en Salud, fue posible desarrollar acciones colectivas, en oposición a la lógica del individualismo y de la competencia liberal, que considera al individuo como único responsable por su salud. Las prácticas y los movimientos populares se convierten en protagonistas del proceso de colectividad y del respeto a los conocimientos populares y ancestrales, en una armonía que permite la resignificación del proceso de cuidado, de las relaciones y del modelo de sociedad. En este sentido, al cuidar del sí mismo a través de prácticas que nos lleven a una autoconstitución del uno mismo como sujeto ético, podemos crear territorios de solidaridad que contribuyan a la Promoción de la Salud. En convergencia con esta ética del cuidado solidario, la Educación Popular incentiva las personas, desde sus territorios, a reconstruir historias, fortaleciendo espacios de vida, estimulando la autonomía sobre sus cuerpos y su salud. Hace posible también fortalecer la Promoción de la Salud, así como la producción de conocimiento desde una dimensión solidaria, en el sentido de construir con otras personas la convivencia diaria, basada en el afecto con la capacidad de comprometerse cooperativa, comunitaria y socialmente.

**Discusión.** La ética del cuidado, puede presentar convergencias entre las prácticas de autocuidado y las de Educación Popular en Salud, como estrategia de Promoción de la Salud orientada a un cuidado ético, que se implica con la construcción y proyección de caminos inclusivos, afectivos y comprometidos con la colectividad.

**Education workers speak up - COVID 19 and mental health issues in the teaching profession**

**Speaker**
Melissa Corrente, Presenting Author from University of Ottawa, Canada

**Co-authors**
Kristen Ferguson, Ivy Bourgeault

**Abstract**

**Background/Objectives.** Teacher mental health continues to be a worrying issue in elementary and secondary schools. Teaching during a global pandemic has amplified the mental health issues that existed before COVID-19. Our study adds to the scant literature on teacher mental health by focusing on how COVID-19 has affected and continues to affect the teaching profession.

**Methods.** As part of a larger research study examining leaves of absence and return-to-work experiences of professional workers in Canada, for this mixed methods study, education workers across Canada were emailed invitations for a survey (using Qualtrics) or interview (via Zoom of by phone) between January 2020 and June 2021. Participants were recruited primarily through association contacts, a Canadian social media firm, and snowball sampling via social media.

**Results.** When asked whether they had suffered from a mental health issue during the course of their career, 53% indicated in the online survey they had. The most common mental health concerns among
teachers who were interviewed included anxiety, stress and depression. The mental health concerns were primarily caused by work related factors. Of the 603 participants who indicated they had a mental health issue prior to the pandemic, 39% took a leave of absence while 68% considered taking a leave. COVID 19 had a substantial impact on the mental health concerns of teachers with psychological safety at work being at the top of the list. Teachers felt isolated, worried about family members, and struggled to share space with significant others and children at home. Issues surrounding PPE and the lack of training for online teaching increased stress levels for teachers across Canada.

Discussion. This study provides insight into the experiences of teachers with mental ill-health. More needs to be done to mitigate the mental health challenges faced by educators and to support teachers who are struggling. Teachers require emotional support, mental health resources, and mental health supportive leadership. COVID 19 continues to further the daily stress teachers experience pushing some teachers to early retirement while forcing others to take a leave of absence. It is critical we don’t add just one more thing for teachers to do.

Effect of traditional versus communication technology-based health educational intervention focusing on diabetes in Bangladesh: A randomized controlled trial

Speakers
Bilkis Banu, Presenting Author from Northern University Bangladesh, Bangladesh

Co-authors
Mobarak Hossain Khan, Liaquat Ali, Rainer Sauerborn, Aurelia Souares

Abstract
Background/Objectives. Communication Technology based Health Education (CTHE) and Traditional Health Education (THE) both type of intervention played an effective role to foster long term improvements in adherence to diabetes self-management. But it is not yet identified that which one is more effective for peripheral patients of Bangladesh. This study was designed to compare the effectiveness of these two types of intervention.

Methods. This was a randomized controlled trial conducted in Thakurgaon district of Bangladesh with two types of intervention groups (CTHE and THE) and one control. CTHE received educational session with reminder and monitoring through mobile phone voice calling; THE group received educational session with home visit-based reminder and monitoring; the control received only educational session. Each group had 330 adult diabetics with 12 months intervention. Educational session was conducted in the 1st month by using a pictorial educational material including logbook; 11 reminders and monitoring were conducted on the rest 11 months.

Results. CTHE and THE groups showed significant (p<0.01) improvement in knowledge, adherence to self-management and health outcome compared to control. Bonferroni post hoc comparison between groups showed that in most components of knowledge (diet, mean difference: 6.04; physical exercise/ activities,
3.48; follow-up visit/ blood glucose test, 4.88; avoid tobacco intake, 3.09; basic knowledge, 1.49 and technical knowledge of diabetes, 2.65) and waist circumference (mean difference: 5.12) of CTHE group was significantly improved than the THE group. Likewise, adherence (percentage) to drug (CTHE vs. THE, 57% vs. 53%); physical exercise/activities (55% vs. 42%); follow-up visit/blood glucose test (69% vs. 50%); and avoid tobacco intake (26% vs. 25%) improved in the CTHE group compared to THE group. Furthermore, CTHE (mean±SD, 21.96±7.94) was revealed as the cost effective techniques in diabetes self-management among peripheral and disadvantaged patients compared to THE (mean±SD, 30.21±16.00).

**Discussion.** CTHE based intervention with reminder and monitoring seems to more effective compared to the THE based intervention in improving knowledge, management adherence and health outcomes of peripheral diabetic patients of Bangladesh.

**Effect of workplace physical activity interventions for white-collar employees to reduce sedentary behavior: A meta-analysis of randomized controlled trials**

**Speaker**
Jiye Kim, Presenting Author from Department of Health Convergence, Graduate school of Ewha Womans University, South Korea

**Co-authors**
Soo Kyoung Kim, Seo Hyeon Lee, Haram Jeong, Hyekyeong Kim

**Abstract**

**Background/Objectives.** Insufficient physical activity is one of the leading causes of mortality worldwide. Sedentary behavior also known as prolonged sitting or excessive sitting time, is a growing health concern, particularly among white-collar workers. Since people spend so much time at work in the same environment, the workplace has been regarded a valuable intervention site. Therefore, we aimed to provide the most recent evidence of the effect of workplace physical activity intervention on reducing sedentary behavior by conducting a meta-analysis.

**Methods.** Cochrane CENTRAL, PubMed, EMBase, KoreaMed, ScienceON, KMbase, KISS, and KISTi were searched for articles published from January 2011 up to December 2020. Randomized controlled studies for white-collar employees with workplace physical activity intervention to reduce sedentary behavior were included. We used CMA 3.0 to conduct a meta-analysis of the mean differences in pre–post changes in the workday sitting time between intervention and control groups from all eligible studies.

**Results.** A total of 18 results from 17 studies met the eligibility criteria and were included in the meta-analysis. Interventions of 17 studies used different various methods and strategies including health education, counselling, online prompts to stop sedentary behavior, standing desk or treadmill desk use, and breaking time. There was a significant reduction in workday sitting time (Standardized mean difference: −0.652, 95% CI: −0.847 to −0.456, p<0.001) favouring the intervention group of workplace physical
interventions with a focus on reducing sedentary behavior. Random effect analysis revealed low heterogeneity across studies ($I^2=31.592$).

**Discussion.** Workplace intervention for reducing sedentary behavior for white-collar employees had an effect of reducing the workday sitting time. The workplace is a suitable environment for promoting physical activity of employees. In order to improve employees’ sedentary behavior, workplace-level efforts across policies, systems, programs, and facilities for promoting physical activity are needed.

**Effective mHealth apps for stress prevention and management in times of sparse health care resources**

**Speaker**
Ursula Meidert, Presenting Author from zhaw, Switzerland

**Co-authors**
Selina Marita Egger, Verena Klamroth-Marganska

**Abstract**

**Background/Objectives.** The current and ongoing COVID pandemic caused much disruption to our work and family lives. For many, it added additional stress to an already stressful lifestyle that is prevalent in our society. Because stress can be detrimental to both physical and mental health, many people are seeking help and support from health practitioners. Due to pandemic restrictions, entire populations were prevented from seeking professional help and were left to deal with the situation on their own. Therefore, alternative ways to release stress and prevent stress-related symptoms are needed for times when professional help is scarce or unavailable. The aim of this study was to identify effective web- and app-based interventions to reduce mental and physical symptoms of stress and to explore their use in situations where traditional health care is not at hand.

**Methods.** A systematic literature review was conducted in the databases PubMed, PsycINFO, and CINAHL Complete Articles published between 2015 and 2020, focusing on otherwise healthy adults, and demonstrating efficacy in reducing stress or/and stress-related symptoms were included.

**Results.** A total of 28 articles were found with 20 effective products (13 web-based, 7 apps). Most products are course-like sessions on different topics and exercises using methods such as psychoeducation, education on stress, cognitive restructuring, emotional regulation, problem solving, goal setting, breathing, mindfulness techniques, meditation, and relaxation. Also, most products use more than one technique and mixed materials such as text messages, videos, text, and audio information. The products often use methods to keep the user engaged, such as integration into daily routines, future planning, or reminders.

**Discussion.** There are several products that have been shown to be effective in reducing perceived stress and stress-related symptoms. These are readily available and have a very low threshold. Therefore, they are
suitable for providing care to communities during times when traditional health care supply is not readily available or is overwhelmed.

Effectiveness of the dangerous decibels® program as an educational strategy for hearing health promotion in children and adolescents from southern Brazil

Speaker
Adriana Lacerda, Presenting Author from Université de Montréal, Canada

Co-authors
Lys Gondim, Cristiano Araújo, Débora Lüders

Abstract

**Background.** Children and adolescents are exposed to entertainment noise and the increase of hearing disorders has been described in that group. As noise-induced hearing loss (NIHL) is irreversible, although it can be prevented, hearing health education would be one of the approaches to the problem. Currently, among the most acknowledged programs of hearing health education and promotion for children and adolescents, the Dangerous Decibels® (DD) Program stands out. The DD Program is evidence-based, according to Bandura’s social cognitive theory, using participatory strategies to promote healthy behaviors and attitudes and to increase knowledge related to NIHL prevention, being recommended by the World Health Organization in its last world hearing report of 2021. Our hypothesis was that the DD program would be an effective strategy for promoting hearing health within the School Health Program (PSE), which is a cross-sectoral Health and Education policy of the Brazilian Federal Government.

**Objective.** To evaluate the effectiveness of the DD Program as a strategy for hearing health promotion in PSE.

**Methods.** A quantitative, quasi-experimental research was conducted among 6th graders of 32 Municipal Schools in Itajaí, Southern Brazil. The DD Program for classroom was held in all classes, following the nine steps of the program, 45 minutes each session. Validated questionnaires were applied (before, immediately after, and 3 months after the interventions). Sampling: consisted of 1,835 students, 838 (45.7%) females and 997 (54.3%) males, mean age of 11.53±0.8 years. Statistics: descriptive and comparative statistical analyses were used at significance level of 5%, as well as repeated and corrected measures analyses of variance for the main categories (knowledge, attitudes, and behavior).

**Results.** 96.9% of the group had never participated in any educational campaigns in the area. All questions assessed after the DD Program activities showed significant differences. In the analyses of variance between the categories, only behavior did not keep the improvement after three months from the intervention.

**Discussion.** The study showed effectiveness of the DD Program in the improvement of knowledge and preventive noise-related attitudes, suggesting the expansion of the interventions and their integration to the PSE.
Effects of Transcendental meditation on cardiovascular risk factors and psychological wellbeing

Speaker
Juliana Reinecken, Presenting Author from Unicesumar, Canada

Co-authors
Regiane Macuch, Andréa Marques, Otavio Mangili

Abstract
Background/Objectives. Metabolic syndrome is a group of conditions that are considered one of the main risk factors for heart disease. There is evidence that meditation may improve cardiovascular risk factors and psychological wellbeing. The objectives was to examine the effect of Transcendental Meditation (TM) on psychological wellbeing, and metabolic and inflammatory biomarkers in patients with metabolic syndrome.

Methods. Participants were recruited and allocated using a convenience sample method. The research was conducted between June and September 2018. Participants were divided into two groups: 1) TM- who practiced twice daily for 90 days (n=18); and 2) Control- who did not practice meditation (N=16). The following biomarkers were analyzed before and after the intervention: C-reactive protein (C-RP), blood glucose, insulin, HOMA-IR, lipid profile, blood pressure and waist circumference. The psychological wellbeing scale (PWBS) with its six subscales was employed.

Results. Participants’ age ranged between 35 and 58 years, with a higher proportion of females in both groups (Control: 56%; and TM: 61%). Significant C-RP improvement was observed among participants in the TM group (p=0.005). Moreover, significant psychological wellbeing improvement was observed in the TM group and in the following subscales: environmental mastery (p=0.001), self-acceptance (p=0.001), purpose in life (p=0.003), positive relationships (p=0.013), and overall well-being (p=0.001).

Discussion. In this pilot study, the practice of Transcendental Meditation was associated with lower C-RP, a biomarker protein related to inflammatory processes and improved psychological wellbeing. This data suggests that meditation could be an important complementary treatment for patients with metabolic syndrome. Additional studies with larger sample sizes are warranted to confirm these preliminary findings.

Empowering students in nursing clinical practice to manage stress and promote personal development

Speaker
Marcia Cruz, Presenting Author from Nursing School of Coimbra & UNIESEP, Portugal

Co-authors
Luis Carvalho, Irma Brito, Sergio Silva, Rui Pereira
Abstract

Background/Objectives. The demanding and multifaceted nature of nursing clinical practice (NCP) adds conditions to be considered threatening and stressful by students. There is evidence that students drop out of the course when they fail in NCP and many fall ill, compromising their personal and professional development. We designed an intervention model to promote resilience focus on personal and professional development based on a participatory research plan. We aimed to identify stress-inducing factors and situations that inhibit learning among students in NCP, and negotiate possible interventions that promote the personal and professional development of students.

Methods. Applying Grounded Theory to the data, we involved 4 groups of NCP students: 1) Stress management workshop (n1=11); 2) Study on coping strategies in stress management in NCP (n2=245); 3) Study on social skills and self-concept in stress management in NCP (n3=265); 4) Focus group for synthesis and proposal negotiation (n4=10).

Results. In group 1, we found that students with higher levels of stress had low self-concept, difficulties in interpersonal relationship skills, and the mobilized coping strategies did not contribute to reduce stress. In group 2 students with lower stress levels resorted mostly to strategies of seeking social support, planned problem resolution, and positive problem reappraisal. With group 3 we observed that students with better self-concept and more developed interpersonal skills had higher levels of satisfaction with the course and lower levels of stress. The focus group highlighted the importance of Healthy Lifestyles, Time Management, and Self-Esteem in stress management, as well as the relevance of the Supervisory Process and Relationship. A model was defined that would promote resilience, but would involve early detection policies and institutional investment in the creation of mutual help groups and train supervisors.

Discussion. This model could also be useful in the health care continuing education, a need revealed by the chaos generated by the pandemic. There is a need of invest at institutional policy processes of governance to advocate for better health education. Each academic campus must plan interventions to early detect student’s problems and improve resilience strategies with equity. Wellbeing dimensions are included at behavioural health must considered the vulnerability of some health care students to rise equity & solidarity.

Energy poverty: An overlooked risk factor for the health of Canadians?

Speaker
Sophie Kingunza Makasi, Presenting Author from Canada Research Chair in Housing Community and Health, Institute for Health and Social Policy and Department of Geography, McGill University, Canada

Co-author
Mylène Riva
Abstract

**Background/Objectives.** Energy poverty happens when households are unable to afford or access adequate energy at home to meet their needs and maintain healthy indoor temperatures. Depending on the measure, between 6% to 19% of Canadian households are living in energy poverty. While international studies have demonstrated an association between energy poverty and adverse health outcomes, to date no Canadian research has investigated the health and well-being impacts of exposure to energy poverty. This study assesses the potential risks associated with exposure to energy poverty for the health of Canadians.

**Methods.** Cross-sectional data are from the 2018 Canadian Housing Survey. Self-reported general and mental health are examined in relation to self-reported and expenditure-based measures of energy poverty. Participants reported on their satisfaction with the energy efficiency of their dwelling, and with their ability to maintain a comfortable indoor temperature during winter and summer. Expenditure-based measures categorized households as energy poor if they spent more than 10% of their income on energy costs, or if they spent more than twice the national median share of energy cost to household income. Data were analyzed using regressions models, adjusted for potential confounding variables.

**Results.** Our analyses revealed that Canadians who are dissatisfied with the thermal comfort of their dwelling are significantly more likely to report poor general and poorer mental health. Similarly, respondents from households classified as energy poor based on their energy expenditures are more likely to report poorer general and mental health. These associations are independent of respondents’ age, gender, financial hardship, and housing conditions.

**Discussion.** This study is the first to demonstrate that energy poverty has a significant association with Canadian’s self-rated general health and mental health, that is independent of other ‘material poverty’ indicators such as low-income and poor housing conditions. Future longitudinal studies should examine long-term health effects of energy poverty while qualitative studies are needed to explore the lived experience of Canadians dealing with energy poverty. Intervention research is required to identify strategies to mitigate energy poverty and its health impacts.

Estrategias de atención a distancia en el cuidado de ancianos institucionalizados

**Speaker**
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Abstract
Antecedentes / Objetivos. Desde que la Organización Mundial de la Salud (OMS) declaró la pandemia de covid-19, se han puesto en marcha medidas de prevención y control de las infecciones causadas por el coronavirus en hogares para ancianos. Una de estas medidas de prevención fue la suspensión temporal de las visitas, con el fin de garantizar un menor riesgo de mortalidad y morbilidad a los residentes de edad avanzada. Este estudio tuvo como objetivo describir y analizar algunas de las estrategias tecnológicas de atención a distancia utilizadas actualmente, en Brasil y en el mundo, por los equipos de salud para el cuidado de los ancianos.

Métodos. Revisión bibliográfica realizada en el 2021 mediante la búsqueda de publicaciones en revistas indexadas en la base de datos Medical Literature Analysis and Retrieval System Online, en español, inglés y portugués. Inicialmente se identificaron 210 estudios y fueron seleccionados, a partir de los criterios de inclusión y exclusión aplicados, 22 artículos publicados entre 2020 y 2021.

Resultados. Las tecnologías identificadas son del tipo videollamada a través de plataformas de comunicación como WhatsApp, FaceTime, Zoom, WeChat, telemedicina y Beam robot. En el escenario internacional, el uso de las tecnologías de teleasistencia si destacó desde la telemedicina, la gestión de las comorbididades con el objetivo de reducir el gasto sanitario y en la comunicación entre profesional y paciente para realizar y supervisar el tratamiento. En el escenario nacional, se encontró que el uso de las tecnologías de atención a distancia se centra en las áreas educativa, hospitalaria, ambulatoria y de atención primaria.

Discusión. La utilización de tecnologías digitales, a través de la televisión, Internet y telefonía móvil, han minimizado los efectos del aislamiento físico, conectando emocionalmente a los mayores institucionalizados con el mundo exterior. A partir de la situación pandémica, se pudo constatar que el uso de la tecnología digital podría potencializar el cuidado, así como fortalecer las relaciones entre profesionales, residentes y familiares y, de este modo, seguir siendo utilizado después de la pandemia, para aumentar la disponibilidad de cuidados integrales en salud.

Étude des composantes psychosociales du bien-être de l'étudiant en médecine à Marrakech : Quelles recommandations de promotion de la santé ?

Speaker
Majda Sebbani, Presenting Author from FMPM (Université Cadi Ayyad), Morocco

Co-authors
Sarah Michaud, Ouassim Mansoury, Latifa Adarmouch, Francis Guillemin, Mohamed Amine

Abstract
Contexte/Objectifs. Depuis la pandémie de COVID-19, des changements se sont produits dans la vie quotidienne des étudiants en médecine qui représentent une population vulnérable. L'objectif était d'estimer et de comprendre les barrières psychosociales au bien-être des étudiants en médecine à la
Faculté de Médecine et de Pharmacie de Marrakech en évaluant leurs stratégies d’adaptation, leurs difficultés et leurs besoins.

**Méthodes.** Nous avons mené une étude transversale à méthodologie mixte parmi des étudiants en médecine pré-gradués à l’aide d’un questionnaire auto-administré en ligne. Nous avons comparé des échelles de bien-être perçu avant et après le confinement imposé par la pandémie allant de 0 (état de bien-être très faible) à 10 (état de bien-être complet). Les stratégies d’adaptation ont été évaluées par le questionnaire Brief-COPE (version abrégée du Coping Orientation to Problems Experienced Inventory). L’étude comprenait une perspective qualitative phénoménologique avec un échantillonnage raisonné non probabiliste et des entretiens semi-structurés. Une analyse de triangulation a été effectuée.

**Résultats.** Nous avons eu 355 participants pour la partie quantitative. L’âge moyen était de 19,2 ± 1,6 ans. Le sexe ratio était de 1,9. Les étudiants du premier cycle (1er et 2ème année de formation initiale en médecine) représentaient 76%. Sur une échelle de 0 à 10, les participants avaient un meilleur état de bien-être avant la pandémie qu’après (7,8 vs 5,4 ; p<0,001). La principale stratégie d’adaptation adoptée était l’acceptation (5,8 ± 1,7). Les principaux éléments qui favoriseraient le bien-être étaient des cours sur les nouvelles technologies en éducation (89,3 %) et un meilleur accès aux psychologues (79, 5 %). Pour la partie qualitative nous avons interrogé 16 étudiants. Ils ont principalement adopté des stratégies d’adaptation engageantes. Trois avaient un meilleur état de bien-être un an après la pandémie. L’isolement et l’adaptation à l’enseignement à distance ont été les principales difficultés surtout pour les étudiants du premier cycle de formation.

**Discussion.** Le bien-être a diminué depuis la pandémie. Pour améliorer la résilience en période de changements majeurs, il semble essentiel de renforcer la capacité des étudiants en leur donnant suffisamment de ressources psychosociales. Il faudrait renforcer leur compétence d’adaptabilité à leur environnement pour un meilleur état de bien-être au quotidien.

**Étude quasi-expérimentale des effets d'un programme d'apprentissage plein air sur l'activité physique des élèves issus de l'immigration : l'étude PASE**

**Speaker**

Yannick Lacoste, Presenting Author from Université du Québec à Montréal, Canada

**Abstract**

**Contexte/Objectifs.** Malgré les bienfaits reconnus de l’activité physique (AP) sur la santé, la majorité des jeunes n’atteignent pas les directives en matière de mouvement, ce qui semble encore plus critique chez les jeunes issus de l’immigration, notamment pour les filles. Afin de contrer cette réalité, une variété d’interventions s’est déployée ces dernières années et l’apprentissage plein air en est une, s’intégrant aux pratiques scolaires quotidienne, qui semble prometteuse. L’objectif de cette étude quasi expérimentale était de mesurer les effets du programme d’apprentissage plein air PASE ("Plein air, Santé et Environnement ") sur l’AP des élèves issus de l’immigration par rapport à un groupe de contrôle présentant des caractéristiques socioculturelles similaires.
Méthodes. En octobre 2019, six classes de 6e année du primaire provenant de deux écoles montréalaises (n=91 participants; 47,3 % de filles, âge 11,61 ± 0,41) ont été sélectionnées pour porter un accéléromètre validé par la recherche pendant 7 jours consécutifs. Trois analyses comparatives ont été réalisées afin de mesurer l’activité physique modérée à élevée (APME) : semaine complète, journée scolaire et domaines d’activité. Le test U de Mann-Whitney pour échantillons indépendants a été utilisé pour comparer les différences de moyennes et le d de Cohen a été calculé pour obtenir leurs tailles d’effet.

Résultats. L’analyse de la semaine complète (24h/24h) n’a révélé aucune différence significative entre les groupes. L’analyse des journées scolaires a montré que les filles du groupe PASE qui avaient du PASE dans la journée montraient un plus grand pourcentage de temps en APME que celles du groupe témoin lorsqu’elles n’avaient pas de cours d’éducation physique dans la journée (+4,30%, IC 95% = 1,93 à 6,68 ; p<0,01) avec une taille d’effet forte (d=1,14). Dans l’analyse du domaine d’activité, les élèves ont passé plus de temps en APME dans le cadre de l’apprentissage plein air (PASE) que dans la salle de classe ordinaire (+11,15%, IC 95% = 9,70 à 12,61 ; p<0,01) avec une taille d’effet forte (d=3,63).


Évaluation d’une approche novatrice, écosystémique et ancrée pour favoriser la santé psychologique de la communauté étudiante des établissements d’enseignement supérieur de l’Estrie

Speakers
Félix Guay-Dufour, Presenting Author from Université de Sherbrooke, Canada
Sabrina Anissa El Mansali, Presenting Author from Université de Sherbrooke, Canada
Julie Lane, Presenting Author from Centre RBC d’expertise en santé mentale, Faculté d’éducation, Université de Sherbrooke, Canada

Abstract
Milieu/problématique. Au cours des dernières années, les données sur la santé psychologique des étudiants postsecondaires se sont additionnées et les résultats convergent : ils soulignent tous la présence d’une réelle problématique en matière de santé mentale au sein de cette population. Selon une récente enquête réalisée par l’Union étudiante du Québec (UEQ), 58% des membres de la communauté universitaire de la province seraient aux prises avec un niveau élevé de détresse psychologique (UEQ, 2019). En ce qui concerne la population étudiante collégiale, 35,1% des membres souffraient d’anxiété, souvent ou en tout temps (Gosselin, & Ducharme, 2017).

Intervention. Face à ces constats alarmants, le Centre RBC et les cinq établissements d’enseignement supérieur de l’Estrie ont décidé d’unir leurs forces et de collaborer pour favoriser la santé psychologique de leur communauté étudiante. Ils ont ainsi amorcé au printemps 2019 la mise sur pied d’un système de
gouvernance pour mobiliser les acteurs clés dans une démarche systémique de promotion de la santé psychologique. En s’inspirant d’une recension des initiatives prometteuses et d’une analyse des besoins de la communauté étudiante, plusieurs initiatives concrètes ont depuis été implantées, et certaines ont également pu être évaluées. Une évaluation de la démarche générale a été effectuée afin d’identifier les facteurs qui agissent comme facilitateurs et comme obstacles à cette démarche. Des entrevues semi-structurées ont ainsi été effectuées avec 13 personnes impliquées dans la démarche.

Résultats. Parmi les facilitateurs qui ont été relevés, la collaboration entre les établissements, le positionnement stratégique de la démarche et la participation étudiante sont des facteurs importants. Le manque de ressources et la complexité de la problématique agiraient quant à eux comme barrières à la démarche. Parmi les initiatives concrètes qui ont été implantées et/ou évaluées dans le cadre de cette démarche se trouvent des programmes de pairs aidants, des cours universitaires sur le bien-être et la santé mentale ainsi que des ateliers Zen-ith pour développer les compétences socio-émotionnelles.

Implications. Bien que la démarche et ses retombées soient encore à leurs balbutiements, celle-ci parvient tout de même déjà à mettre de l’avant la pertinence d’une approche systémique, collaborative et scientifique pour favoriser la santé psychologique de la communauté étudiante postsecondaire.

Evaluation of First Non-Communicable Diseases Control Program in Albania

Speaker
Alban Ylli, Presenting Author from Institute of Public Health, Tirana University of Medicine, Albania

Co-authors
Dorina Toci, Herion Muja, Genc Burazeri

Abstract

Background/Objectives. For the first time in 2016 Government of Albania developed a comprehensive program addressing NCDs as a major health priority. The strategic planning took place in a supportive political atmosphere and was not a mere product of technical analyses. The aim of the evaluation was to measure progress and draw lessons for the new strategic cycle.

Methods. A desk review of all studies and national statistics was used to assess progress towards health targets, while interviews with 21 key informants helped to measure processes and implementation of activities planned. For each of non completed interventions, impeding factors were identified. The analyses of implementation followed 4 strategic objectives: governance, prevention, health system and surveillance.

Results. The overall mortality rate among Albanian aged 30-69 years has stopped the increase observed during the first decade of 2000, and started to slightly decline, especially during the last 5 years. This was driven by a decrease in deaths from ischemic heart disease and strokes in males. Cancer mortality has also shown some signs of decrease during these years. Time trends based on population surveys showed a gradual decrease in smoking prevalence in men but a slight increase in women. Similarly there was a decline
in prevalence of drinking among adult men and among children while the prevalence of drinking among women remained stable. While total overweight prevalence has been on decrease, obesity has increased. Hypertension prevalence remained high (38.6% in 2019), despite improvements in hypertension awareness and treatment at primary health care. Over 75% of those who needed care did that in public sector and received the essential medicines when they were prescribed. The access to healthcare was lower among vulnerability groups and for Roma communities it fell under the NCD Program target of 50%. In total, out of 108 interventions, 61 were completed, 33 were only partially completed and 12 not applied at all.

**Recommendations.** The new NCD program should improve governance, include new measures about healthy nutrition and salt reduction, while focusing more on school age children.

**Evolution-in-the-Making: Restructuring Health Promotion from Health Education to Whole-Systems Approaches**

**Speaker**
Oliver Tacto, Presenting Author from University of Southern California

**Co-author**
Amanda Vanni

**Abstract**

**Setting/problem.** As the higher education landscape challenges related to the global pandemic continue to evolve, the health promotion practice must quickly adapt to such changes. Now we are asked to move beyond crisis intervention, leadership development, engagement and learning outcomes towards establishing foundational, proactive systems that have a holistic, integrated, and strategic approach to well-being at the institutional level for the whole campus community.

**Intervention.** To accomplish meeting the capacity of fostering student safety, health and wellbeing, health promotion departments must enlist the coordinated efforts of multiple cross-campus departments from focusing on independent action as the primary vehicle for prevention, and instead, adjust their functions/processes towards handling the myriad logistical and administrative details needed (e.g. data collection, capacity building, community/student engagement, communication of information, etc.) (Kania & Kramer, 2011).

**Outcomes.**

- Recognize the history of health promotion roles in higher education and acknowledge social and public health challenges
- Compare data from the 2011 and 2016 Wellness and Health Promotion Benchmark Surveys
- Construct the future of health promotion roles, processes and practices by distinguishing Collective Impact framework
- Recognize the implications of this approach for health promotion professionals
Implications. In a post-pandemic society, the health promotion process must adapt by applying systemic interventions to address major public health issues on college and university settings. Health promotion professionals have a communal responsibility to do more to address the historical concerns around mental health, physical inactivity, food insecurity, substance abuse, inequality, and environmental degradation. These major crises bring a renewed imperative and more recognition of the role and capacities of health promotion departments among and beyond these areas.

Expectations and concerns about AI in health care from a patient and public involvement panel in Osaka, Japan

Speakers
Amelia Katirai, Presenting Author from Osaka University, Japan
Beverley Yamamoto, Presenting Author from Osaka University, Japan

Abstract
Background/Objectives. Artificial intelligence (AI) is expected to have a disruptive effect on health promotion, and to enable individuals to monitor their health and to assist with the personalization of preventive care. Given the ethical and social issues around AI, influential reports emphasize the need to involve stakeholders at every stage of development, yet our research suggests that these movements to date have been limited. Through the AIDE Project, a collaboration between Osaka University and the University of Oxford, we are co-designing a sustainable platform for stakeholder engagement, with Patient and Public Involvement Panels (PPIPs) in Osaka and Oxford. In this paper, we report the results of two workshops with the Osaka PPIP in which we elicited their expectations and concerns about AI in health care.

Methods. We conducted two workshops in Spring 2021 in which 11 PPIP members worked in small groups to identify their expectations and concerns about the application of AI in health care, and then grouped and titled these items. The results were translated into English and the titles were coded through a qualitative, open coding framework using thematic content analysis to identify emergent areas of expectation and concern.

Results. PPIP members identified 108 expectations and concerns. Of these, 51 (47%) were expectations, while 57 (53%) were concerns. Prominent themes were expectations for improved hospital administration and quality of care, and concerns about changes to health care itself and a loss of autonomy. PPIP members expected that AI would help offset a lack of resources in health care and lead to improvements in both diagnostic and treatment processes. They also expressed concerns that health care professionals (HCPs) would become over-reliant on AI, that diagnostic processes would become black-boxed, and that AI would have a detrimental impact on patient and HCP autonomy.

Discussion. Stakeholders must be meaningfully involved in the design and implementation of AI for health care. Patients and citizens in the Japanese context expressed a balanced view of AI, with a focus on the potential impact on the experience of health care—an area into which patients and citizens are well-
positioned to provide insights. We highlight the importance of spaces for patient and citizen involvement on AI.

Exploration des facteurs contextuels et individuels qui façonnent les besoins de santé des migrants mineurs non accompagnés à Montréal

Speaker

Geneviève Groulx, Presenting Author from École de santé publique de l'Université de Montréal (ESPUM) et Programme d’accueil et d’intégration, Canada

Abstract

Contexte. Les mineurs non accompagnés (MNA) sont des jeunes de moins de 18 ans qui migrent dans un pays d’accueil sans présence d’un tuteur légal. Depuis quelques années, le flux migratoire mondial des MNA tend à augmenter. Au Canada – pays qui en accueille des centaines annuellement – les MNA obtiennent le statut de demandeur d’asile qui implique une prise en charge gouvernementale. Les MNA représentent une population vulnérable susceptible d’être confrontée à des obstacles pour répondre à leurs besoins. Cette étude de cas vise à mieux comprendre comment la prise en charge affectent les conditions de vie et, conséquemment, les besoins de santé globale des MNA.

Méthodes. Des entretiens semi-dirigés ont été réalisés à Montréal auprès de MNA (n=16) pris en charge par le Programme régional d’accueil et d’intégration des demandeurs d’asile (PRAIDA). Les MNA de 14 ans et plus ont été recrutés via le PRAIDA. L’extraction de données cliniques des dossiers permettra d’estimer l’état de santé des MNA et faire des liens avec les données qualitatives. Une analyse thématique déductive-inductive, inspirée du cadre d’Andersen, sera complétée avec les données transcrites.

Résultats. Les résultats préliminaires montrent que la prise en charge des MNA repose essentiellement sur des structures gouvernementales. Plusieurs MNA soulignent que leur seule personne ressource adulte est leur intervenante sociale du PRAIDA. Plusieurs ont exprimé connaitre peu de MNA et le besoin d’en rencontrer dans un cadre social. Certains ont également partagé l’impact de la COVID-19 sur l’accès aux soins de santé et à des activités de socialisation. La langue est pour plusieurs un obstacle à leur intégration.

Explorer les expériences des personnes utilisatrices de drogues injectables avec les services de navigation liés à la prophylaxie préexposition au VIH et aux soins de l'hépatite C

Speaker
Monge Ntizobakundira, Presenting Author from Université de Sherbrooke/ Direction de Santé Publique Montérégie (Québec), Canada

Co-authors
Christine Loignon, Eva Monson, Laurence Fortin, Nelson Arruda

Abstract
Contexte/Objectifs. La prophylaxie préexposition (PrEP) contre le VIH et de nouveaux traitements contre le virus d’hépatite C (VHC) peuvent prévenir ces infections chez les personnes utilisatrices de drogues injectables (PUDI). Cependant, leur utilisation demeure faible chez ces populations vivant de la stigmatisation et la discrimination ainsi que des relations difficiles avec les professionnels dans le système de soins. Les services de navigation constituent des opportunités pour soutenir les PUDI dans l’accès à ces soins. Il existe peu de connaissances sur les expériences des PUDI avec ces services. Ainsi, notre but est d’explorer les facteurs facilitants et limitants chez les PUDI avec les services de navigation liés à la PrEP et aux soins de l’HC.

Méthodes. Nous avons mené des entrevues semi-dirigées auprès des PUDI recevant du soutien à la navigation et des professionnels impliqués dans le déploiement de ces services. Notre projet de recherche porte sur deux modèles de navigation liés à la PrEP et aux soins de l’HC dans deux sites de réduction de méfaits à Montréal, Québec : un modèle d’offre des soins intégrés on-site et un modèle de référence off-site des sites vers les services de soins existants. Les analyses sont effectuées à partir des retranscriptions et comprennent trois grandes phases: réduction des données; présentation des résultats; développement des interprétations.

Résultats. La perception des bénéfices des services de navigation est unanime chez les participants, peu importe le modèle. Le modèle on-site semble optimal pour les participants, car il offre un environnement sécuritaire et familier ainsi qu’un accès facile et rapide aux soins. Les PUDI ont souligné la confiance établie avec les professionnels ainsi que leur attitude empathique, respectueuse et sans jugement. Cependant certains participants ont partagé des avis défavorables envers l’espace physique des lieux de soins, ne respectant pas la confidentialité, et ont soulevés que les horaires étaient inappropriés.

Discussion. Nos résultats préliminaires suggèrent que les PUDI ont des expériences positives avec le modèle de soins offrant plusieurs services sur un même lieu ainsi que de bonnes relations avec les professionnels. La confidentialité, un espace confortable et des horaires flexibles devraient être considérés dans l’implantation des services de navigation.
Exploring context, resources and risks that contribute to resilience in relation to alcohol abuse in Botswana

Speaker
Refilwe Precious Jeremiah, Presenting Author from Norway

Abstract
Background/Objectives. Alcoholism is a major global health issue that affects many countries in Sub Saharan Africa including Botswana. Health practitioners in Botswana deal with adult children who have been through challenges growing up with their alcoholic parents. The objective of this study is to explore and develop a culturally and contextually relevant understanding of resilience in the context of alcoholism in a rural community in Botswana, and map possible cultural, familial, and community resources and risks associated with alcoholism using socioecological theory of resilience.

Methods. To achieve the objective of the study, initial community mapping interviews and focus group discussions were conducted among stakeholders in one rural community. Data collection also included informal conversations about alcohol with community members, pictures were taken and descriptions of types of alcohol brewed in the village. Thematic Network Analysis was used to analyse the data and create major themes.

Results. Context exploration and community’s experience of a phenomenon is crucial to understand local challenges from the community perspective. The study found that there is high level of alcohol abuse because it is embedded in the culture, leading to intergenerational abuse of alcohol within families. The community experiences criminal activities and behavioural challenges from people of all ages. Traditionally brewed alcoholic drinks are perceived to have high alcohol content yet are not measured. Structural resources described showed that practitioners and policy makers mobilise resources but work in a fragmented and uncoordinated way to address alcoholism.

Discussion. This study shows that it is crucial to understand the phenomenon of resilience and alcoholism within context. Words like to ‘separate self from bad’ ‘to be anchored against all odds’ ‘to be tough’ may not necessarily be what describes resilience in other settings. The study shows that there are resources even in places that seem to have no resources like this rural community. It seems the extent of risks mentioned may be a challenge to the mentioned resources. The study is on-going, and the next phase will explore how the mentioned resources and risks work together to influence adult children of the alcoholics towards resilience or resemblance.

Exploring enablers to cervical cancer screening among women living in a rural set up: Experiences of women accessing cervical cancer screening in Malawi.

Speaker
Eliteck Kumwenda, Presenting Author from Nottingham Trent University, United Kingdom
Abstract
Cancer of the cervix is one of the diseases that cause a lot of death among women of reproductive age group after lung and breast cancer, with a mortality rate of about nine deaths per 100,000 women. Worldwide, Cervical cancer is one of the most common cancers in women, with approximately 440,000 new cases every year. In Malawi, Cervical Cancer is the most common reproductive health cancer. In this study, the researchers explored barriers and enablers to cervical cancer screening among women living in a rural setup.

Methods. The research utilised an explorative qualitative approach. The researchers conducted in-depth semi-structured phone interviews with 15 women aged between 15-49, who were presented at Child Legacy International Hospital to seek for non-medical health services. A thematic approach was undertaken to analyse data.

Results.
ENABLERS: Community meetings, Religious gathering, Food relief meetings, Cultural gatherings, Rural health briefings

Discussion.
COMMUNITY MEETINGS: To attend community meeting is one of the requirements to be a member of that community. Village Headman arranges the meeting to sensitize people on different matters such as Health promotion, Disease prevention and community Development.

RELIGIOUS GATHERING: There are several religious beliefs such Christianity, Muslim and Hindu. The member of these beliefs gathers together according to their agreement and schedule.

FOOD RELIEF MEETINGS: Malawi as a developing country, they receive support from different organisations such as World relief. This encourages people to gather together in times of receiving food, clothes, fertilizer and other support.

CULTURAL GATHERINGS: Traditionally, Each and every year in Malawi member of the community gather together to attend tradition ceremony such as chinamwali.

RULAR HEALTH BELIEFING: Malawi Health Services and non-governmental organisation performs different health activities to promote health such as vaccination awareness meeting. This brings together people in the community.

CONCLUSION: There is need to create more opportunities for robust health promotion to counter cervical cancer among rural women.
Exploring the impact of state certification policies on the availability of effective health education teacher preparation programs

Speaker
James Mallare, Presenting Author from Wayne State University, United States

Co-authors
Rachael Dombrowski, Jordan Fuhrmeister, Elaine Auld

Abstract

Background/Objectives. Variability in the structure of health education (HE) teacher preparation programs have diversely impacted the health and wellbeing of school children across the United States. Preliminary findings from an environmental scan of HE teacher preparation programs (50 states & DC, 386 programs), revealed program strength and availability was often reflective of the teacher licensure policies for certification and endorsement of health education set at the state level and implemented by professional preparation programs.

Methods. A content analysis of HE teacher preparation programs throughout the 50 states was conducted to review available curriculum within the HE teacher preparation programs as well as its alignment to state department of education policies regarding certification and endorsement. Codes were created to denote single (HE) or joint endorsement (in combination with physical education).

Results. Findings indicate that 31 states have policies requiring separate certification/endorsement. Often this would include the completion of a BS/BA degree from an accredited program with a major/concentration in health or completing course work specific to HE. Additionally, the completion of a content exam should be passed with a minimum score. Certification via completion and passing of the content exam alone regardless of major or HE related course work, is also a common route found through the scan. Two states (NY and RI) went beyond requirements by requiring a minimum GPA in HE course work and teaching/experience hours.

Discussion. Integrating best practices from outstanding states and recommending the standardization of certification requirements can improve the impact of health education for children nation-wide.

Exploring the planning, implementation, and sustainability of a school street initiative in Canada: A pilot study in Kingston, Ontario

Speaker
Laura Smith, Presenting Author from Queen’s University, Canada

Abstract

Background/Objectives. In Canada, childhood obesity rates are increasing simultaneously with the increasing use of private automobiles for the transportation of children. Specifically, children are being
driven to school at much higher rates than seen in previous generations. To address the decline in children's active travel to school, Kingston Coalition for Active Transportation (KCAT) along with Kingston Gets Active (KGA) partnered with Queen's University to implement a year-long School Street initiative in Kingston, Ontario. School Streets involve closing streets adjacent to an elementary school to through traffic to allow children to safely travel to school. By providing a calm, car-free environment outside of schools, School Streets offer opportunities for children to build capacity for independent mobility, which can lead to increased engagement in outdoor free play and active transportation. The purpose of this research is to fill a knowledge gap in the literature by specifically focusing on the process of planning and implementing a School Street initiative and to assess their long-term sustainability in a Canadian context, to ultimately help inform future school-based active transportation interventions. Further, the research will attempt to answer the following questions; first, what processes and procedures were involved in planning the launch of the School Street initiative? Second, what opportunities and challenges were presented in the planning and implementation phases. Third, how have parents, school staff and volunteers engaged with the initiative? The objective of the research is to fill a gap in the literature on the implementation of School Street initiatives and in turn, inform the implementation of future initiatives.

**Methods.** This pilot study uses a qualitative case study approach using a pilot School Street initiative in Kingston, Ontario. The study will draw on 3 types of qualitative data to answer the research questions including: direct observations of the School Street in-session, autobiographical memos written by the primary investigator who also acted as the project coordinator, and key informant interviews with parents, volunteers and school staff. The data will be collected within the first 4 months of the School Street initiative from September to December 2021.

**Face-to-face approach to social distancing: An educational campaign to promote the reduction of exposure to environmental substances in pregnant women in times of COVID-19.**

**Speaker**
Chrystal Galan Rivera, Presenting Author from Puerto Rico Testsite for Exploring Contamination Threats (PROTECT), Puerto Rico

**Co-authors**
Amailie Santos Rivera, Nobel Hernandez Otero, Hector Torres Zayas, Nancy Cardona Cordero, Zulmarie Diaz Reguero, Carmen Velez Vega, Jose Cordero, Zaira Rosario Pabon

**Abstract**
**Setting/problem.** The Puerto Rico Testsite for Exploring Contamination Threats (PROTECT) is a research program that studies the relationship between environmental contaminants exposures and preterm births during the prenatal and postnatal period among women living in Puerto Rico's Northern Karst Region. Our traditional engagement strategies with PROTECT participants faced challenges and social distancing measures during the COVID-19 pandemic. As a result, the PROTECT Community Engagement Core (CEC) developed an Educational Campaign with new health promotion strategies.
Intervention. The implementation of our Health Promotion campaign “PROTECT Responde” was divided into three phases. As the first phase, our public health and translational sciences specialists designed and created bilingual (English and Spanish) infographics, radio segments and interviews, and educational videos based on our research findings related to pregnant women’s exposure to harmful chemicals. These materials were evaluated and revised before dissemination by a community advisory committee to ensure the integration of health promotion, education, and cultural awareness. In the second phase, the CEC started disseminating all educational efforts, materials, and videos through the project’s social media platforms and radio segments from July to September 2021. Finally, the PROTECT’s CEC presented the educational campaign to the PROTECT center’s recruitment health clinics to establish agreements and incorporate these educational efforts in their health promotion strategies.

Outcomes. This campaign generated accessible and immediate communication with the cohort community to educate on public health prevention and reduce environmental substance exposure during pregnancy. As a result, the connection between participants and the report-back process of the research study was transformed and sustained during the vulnerable period.

Implications. This initiative responds to the commitment of the PROTECT Consortium with research, health education, cultural consciousness, and community engagement among participants, clinical partners, and community members in Puerto Rico and the United States.

Facteurs contribuant aux écarts entre les couvertures vaccinales contre la COVID-19 dans les écoles secondaires : apports de la vaccination en milieu scolaire.

Speaker
Alice Morissette, Presenting Author from Direction de santé publique du CIUSSSCN / COMPASS Québec, Canada

Co-authors
Gabrielle Lefebvre, Claude Bacque-Dion, Richard Bélanger, Frédérik Cazelais-Asselin, Benoît Lalonde, André Dontigny, Scott T. Leatherdale, Slim Haddad

Abstract
Contexte/Objectifs. Un programme de vaccination contre la COVID-19 a été instauré dans les écoles entre le 7 et le 18 juin pour favoriser l’administration d’une 1re dose chez les 12-17 ans. Cette étude vise à analyser les trajectoires dans le temps des couvertures vaccinales de 37 des 54 écoles secondaires de la région de la Capitale-Nationale stratifiées selon les covariables suivantes : (i) l’indice du milieu socioéconomique (ii) l’attitude des étudiants face à la COVID-19 (iii) le type d’école (privée/publique). Elle explore également la contribution du programme de vaccination scolaire à la progression des couvertures vaccinales et à la diminution de leurs disparités.

Méthodes. Les couvertures vaccinales pour la 1re et 2e dose ont été extraites toutes les 2 semaines du 6 juin au 13 août. Pour la 1re dose, un modèle en courbe de croissance a été utilisé notamment pour estimer
la possible influence des covariables sur les valeurs initiales. Une analyse transversale en date du 13 août a été préférée pour la 2e dose. Les inégalités entre les couvertures ont été évaluées à l’aide de courbes Lorenz et de coefficients de Gini.

**Résultats.** La couverture vaccinale moyenne pour la 1re dose est passée de 30.6% à 81.5% suivant la vaccination dans les écoles. Le modèle suggère que les écoles privées ont une couverture vaccinale moyenne de +6.5% (IC95% 0.3 ; 12.6) points de pourcentage de plus que celle des écoles publiques plus défavorisées. Cette association est presque deux fois supérieure pour la 2e dose : +11.1% (IC95% 3.1 ; 19.0). Les écoles accueillant des étudiants plus sensibilisés à la pandémie ont une couverture vaccinale de +4.3% (IC95% 0.7 ; 8.0) et +7.1% (IC95% 2.3 ; 12.0) pour la 1re et 2e dose respectivement. Le modèle ne suggère pas d’association significative entre la couverture vaccinale et (i) le niveau de connaissance des étudiants au sujet de la COVID-19 (ii) leurs intentions de vaccination. Les inégalités entre les couvertures vaccinales des écoles ont significativement diminué après la vaccination dans les écoles. Le 13 août, elles étaient 2.5 fois plus élevées pour la 2e que pour la 1re dose.

**Discussion.** La vaccination dans les écoles a permis d’atteindre rapidement une couverture vaccinale très élevée. De plus, cette approche aide à réduire les disparités entre les couvertures vaccinales des écoles et contribue ainsi à l’équité en santé.

**Facteurs influençant la vaccination contre la Covid-19 en République Démocratique du Congo.**

**Speaker**

David Linsuke, Presenting Author from Institut National de Recherche Biomedicale (INRB), Democratic Republic of the Congo

**Abstract**

**Contexte/Objectifs.** La République Démocratique du Congo (RDC) comme la plupart des pays du monde fait face à la pandémie mondiale de Covid-19. Alors que la vaccination contre la Covid-19 a été introduite comme un outil important pour arrêter la propagation du virus, en RDC comme dans la majorité des pays d’Afrique, divers mythes continuent à pousser autour de la vaccination avec des effets collatéraux importants sur l'acceptation potentielle de ce dernier. Pour la RDC, il existe peu d'évidences sur ses différents facteurs. Cette étude explore les différents facteurs influençant l’adhésion à la vaccination contre la Covid-19 en RDC.

**Méthodes.** Il s'agit d'une étude transversale descriptive conduite entre Février et Juin 2021 dans la communauté de Kinshasa. Un questionnaire structuré pré-testé a été utilisé pour récolter les données. Ce questionnaire reprenait des renseignements sur l'intention de vaccination, barrières et facteurs favorisant la vaccination et les sources d'information.

**Résultats.** Un total de 387 sujets entre 29 et 47 ans interviewés. Sur les 387 sujets, seul un (0,3%) avait rapporté à avoir bénéficié soit de la première soit de la deuxième dose de vaccin. La raison de sa vaccination...
était pour le voyage à l'étranger. 99.7% des sujets ont rapporté n’avoir pas reçu le vaccin par simple refus entrainant ainsi une insuffisance d'acceptation et d’adhérence importante. Cette attitude est issue pour la plupart de cas aux différents messages erronées et spéculations sur les réseaux sociaux. 97.2% des sujets rapportent avoir reçu un ou plusieurs messages dans un groupe WhatsApp informant que ce vaccin est mortel et a des effets secondaires irréversibles. En plus, certaines informations indiquent qu’il s’agit d’un complot des multimillionnaires pour exterminer la race noire et rendre les femmes africaines stériles. 74.7% des sujets signalent que leurs chefs religieux leur interdissent de se faire vacciner car il s’agit bien de la marque de la bête décrite à l’Apocalypse.

**Discussion.** En somme, la population n’accepte pas la vaccination contre la Covid-19 suite aux différentes informations erronées qui circulent autour de ce vaccin dans les réseaux sociaux. Des stratégies de communications supplémentaires sont nécessaires pour dissiper ces mythes et favoriser un changement de comportement face à la vaccination contre la Covid-19.

**Factors associated with COVID-19 vaccine uptake in Quebec**

**Speaker**
Alexis Nizigiyimana, Presenting Author from University of Montréal, Canada

**Abstract**

**Background.** COVID-19 plunged us into a global public health crisis. The number of cases has recently declined in Quebec, but a surge of COVID-19 variants is still a major concern. Vaccination has been identified as an effective tool to stop the pandemic and different countries including Canada are rolling up vaccines to the population. The threshold of herd immunity was estimated at about 70%, but more recent estimates range as high as 80 or even close to 90%. The purpose of this study was to assess the socio-demographic differences and associated factors of vaccine uptake.

**Objective.** To determine factors associated with COVID-19 vaccine uptake in Quebec.

**Methodology.** A web-based survey was conducted in Quebec in October-November 2020. Quota sampling method was used. Respondents were French speaking residents over 18. The questionnaire included socio-demographic data such as gender, age, education level, household income, attitude towards vaccination including perception, confidence about the vaccine, experience with the COVID-19, Fear-of-COVID19, Sense-of-Coherence, and health-related quality of life questionnaires. The core method used in the survey was a discrete choice experiment (DCE). We performed logistic regression and several statistical tests to examine the association between independent variables and selected outcomes (i.e., DCE choices, vaccine hesitancy, refusal, and acceptance, and vaccine trust).

**Results.** About 1980 began the survey and a total of 1599 (80,7%) were retained, including 51.3% of women. More than 7% had an “antivaccine” behavior (i.e., always chose vaccine refusals) and 38% had a “provaccine” behavior (i.e., always chose a vaccine), while around 44% of them chose no vaccine between 1 and 6 times. Several factors were associated with both vaccine hesitancy and refusal: being younger,

**Discussion.** To achieve herd immunity, public health authorities should proactively communicate about COVID-19 infection risks, vaccine effectiveness, and side effects particularly to women, young people, and those with a low socio-economic status.

**Factors associated with the sustainability and institutionalization of health-promoting interventions in Québec elementary schools**

*Speaker*  
Teodora Riglea, Presenting Author from Département de médecine sociale et préventive, École de santé publique de l'Université de Montréal, Canada

*Co-authors*  
Jodi Kalubi, Erin O'Loughlin, Annie Pelekanakis, Katerina Maximova, Jennifer O'Loughlin

*Abstract*  
**Background/Objectives.** Sustainability of health-promoting interventions (HPIs) is an important implementation outcome and is key to achievement of long-term health objectives. In the context of school-based health promotion, there is limited evidence on factors associated with HPI sustainability (i.e., whether the HPI remains present in the school in the long-term) and institutionalization (i.e., whether HPI becomes part of the school’s explicit written orientation plans). The objective of this study was to identify program- and school-related correlates of HPI sustainability and institutionalization.

**Methods.** Data on a range of school-based HPIs covering diverse topics (e.g., physical activity, healthy eating, mental health, tobacco prevention and control) included: intervention characteristics, perceived sustainability and institutionalization as well as school characteristics. Data were collected in structured telephone interviews with school principals/vice-principals in 171 public elementary schools in Québec (Project PromeSS). Potential correlates were identified in logistic regression models.

**Results.** School principals/vice-principals in 163 schools were included in analyses; they reported on 147 different HPIs. Most participants (97%) reported that the HPI was sustainable (i.e., very permanent). However, only 46% of interventions were institutionalized (i.e., explicitly written in the school’s orientation plan). Five school-related factors (i.e., urban neighborhood, school physical environment, school connection with parents/community, principal leadership and school/teacher commitment to student health) and nine program-related factors (i.e., HPI offered to the whole school, in-house development of HPI, family exclusion from HPI, number of core competencies and number of learning strategies included in HPI, presence of a team responsible for HPI implementation, adaptations made to HPI during implementation, number of changes occurring in school due to HPI implementation, perceived success of HPI, and evaluation indicators developed to evaluate HPI) were associated with sustainability and/or institutionalization.
Discussion. This study identified school- and program-related factors associated with sustainability and institutionalization of a wide range of school-based HPIs. We contribute novel evidence to the emerging literature on implementation barriers and facilitators of school-based HPIs.

Factors influencing children's health literacy: Socioeconomic factors, school policies and human resources

Speakers
Fu-Li Chen, Presenting Author from Fu Jen Catholic University, Taiwan

Co-authors
Didier Jourdan, Ting-Ya Kuo, Min-Chien Tsai, Chao-Chun Wu, Shu-Li Chia

Abstract

Background/Objectives. Health literacy refers to individuals’ knowledge and competencies to take responsibility for their own health. Low health literacy has a negative impact on individual health. Health Promoting School (HPS) is a key intervention strategy to strengthen health resources for promoting school staff and students’ health literacy. The aim of the study is to examine the association between school health policies, human resource of HPS and elementary school students’ health literacy.

Methods. The participants were 46 elementary schools participating in a Health Promoting Schools International Accreditation Program, supported by Taiwan Health Promotion Administration (HPA) in 2019. Written informed consent was obtained from all participants, and all responses were anonymous. Overall, a total of 2325 elementary school students, 552 teachers and 46 principals completed self-reported questionnaires. The influence of school health policies (level of comprehensiveness of the school policy, school resources, collaboration practices, partnerships) and human resource variables (teachers’ training, ownership, job demand and well-being) on students’ health literacy was studied using univariate and multivariate analysis.

Results. The study found that student’s health literacy was correlated with socio-economic conditions and linked to school human resource and health policies. Logistic regression model showed that comprehensiveness of the HPS policies were the main factors influencing students’ health literacy. Students from schools having a comprehensive HPS policy had higher score of health literacy than those from the other schools (OR=2.297,1.634). Students from schools that got more support from local department of health (OR=1.333) and those having high level of collaboration with parents (OR=2.115) also have higher scores. In addition, the study results found that the schools’ human resources influence the scores. When the schools’ teachers got more health promotion training program and had better social well-being, the students’ health literacy were significantly better than those less training and lower well-being of schools (OR=3.293,1.496).
Discussion. Findings suggests that supporting schools in the development of comprehensive HPS policies and adequate human resources could influence positively the health literacy of children from various backgrounds.

Factors to motivate and promote quitting smoking of female smokers in South Korea: Results from focus group interviews

Speaker
Hyekyeong Kim, Presenting Author from Department of Health Convergence, Ewha Womans University, South Korea

Co-authors
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Abstract

Background/Objectives. About 37.0% of Korean men smoke as compared with nearly 7.5% of Korean women in 2018. Although smoking prevalence of male has decreased from 60.9% in 2001 to 36.7% in 2018, that of female has constantly increased during the same period. Smoking cessation rates vary by gender. However, there are currently no gender-responsive smoking cessation strategies available in Korea. This study aimed to investigate the important factors to motivate, enable and maintain quitting smoking of female smokers.

Methods. Four focus groups were conducted with 30 former and current adult female smokers who have participated in national smoking cessation programs sponsored by Korean Ministry of Health and Welfare. Interviews were implemented to understand the motivations and the process of smoking cessation, the quality of cessation services and needs for effective smoking cessation services. The data were analyzed using descriptive qualitative methods.

Results. The results found that the main benefit of smoking was stress relief in all age groups. Across all age groups, the smell of smoking was cited as the main disadvantage of smoking. Important motivations for smoking cessation were a smoking ban at home and at work. Female smokers were more concerned about their skin beauty than health. They also pointed out that the current messages of smoking cessation campaign and programs for female smokers were not only ineffective but rather antagonistic. Barriers to smoking cessation were weight gain, sex hormones, moods and stresses. Service provider’s positive attitudes and competencies for behavior change, and gender-specific information on quitting strategies with hormonal change were the determinants for service satisfaction and effective quitting. Relapse occurred by stress, lack of the pleasure previously obtained from smoking, and the smoking environment. Almost all of the female smokers preferred online services and comprehensive health promotion programs with weight control, stress reduction, moderate alcohol drinking, etc.

Discussion. To address the gender-related needs of smokers, it is necessary to revise the contents and strategies of smoking cessation interventions, and to develop tailored smoking cessation programs in order
to promote women to quit smoking. Furthermore, environmental change strategies should be incorporated into the program to support smoking cessation of female smokers

**Feeling competent in daily activities and mental well-being among technical intern trainees in Japan: A cross-sectional study**

**Speaker**
Kuniko Arita, Presenting Author from Department of Community and Global Health, Graduate School of Medicine, The University of Tokyo, Japan

**Co-authors**
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**Abstract**

**Background/Objectives.** Migrant workers have a greater risk of having lower mental well-being than their local counterparts. Several low-skilled migrant workers have recently come to Japan under the government-sponsored Technical Intern Training Program. Among trainees, the factors associated with their mental well-being remain unclear. This study aimed to 1) assess trainees’ competence and importance in daily activities and 2) examine the association between their competence and mental well-being.

**Methods.** We conducted a cross-sectional study among Chinese and Vietnamese trainees using self-administered questionnaires. We recruited them purposively through their supervising organizations and various social media platforms. We used the Occupational Self-Assessment tool to measure trainees’ level of competence and importance in daily activities. Moreover, we used the World Health Organization - Five Well-being Index to measure their mental well-being. We used hierarchical regression analysis to examine the association between their competence in daily activities and mental well-being.

**Results.** Among 383 trainees, 30.6% and 27.4% felt difficulty expressing themselves and accomplishing their goals, respectively. Almost 50% of the trainees valued taking care of themselves, working towards their goals, and managing their finances. A higher level of competence score in daily activities was associated with a higher level of mental well-being. The following factors were also associated with a higher level of mental well-being: being Vietnamese, older age, and having satisfactory health. In contrast, working less than eight hours a day and receiving social support ‘sometimes’ were associated with lower mental well-being.

**Discussion.** Feeling competent in daily activities is a key to having higher mental well-being among migrant trainees in Japan. The trainees may need a supportive and enabling environment to improve their competence in daily activities in Japan. We suggest creating policies for trainees’ mental health promotion at the community level, focusing on their competence in daily activities.
GAAMA: Educación en salud y longitudinalidad del cuidado en la pandemia del COVID-19

Speaker
Mariangela Lopes Bitar, Presenting Author from Departamento de Fisioterapia, Fonoaudiología e Terapia Ocupacional, Faculdade de Medicina da Universidade de São Paulo – FMUSP, Brazil

Co-authors
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Abstract
Introducción. Uno de los desafíos del modelo asistencial basado en la integralidad del cuidado es la articulación entre los servicios de salud. El Grupo de Apoyo a la Alta Multi-Asistencial (GAAMA) se presenta como una estrategia para contribuir en la inserción de usuários de un hospital universitário en la red de atención a la salud y. En el contexto de la pandemia, acogió las orientaciones de la OMS para prevención de la infección y educación en salud mediante cuidados en el pós alta hospitalar.

Objetivo. Identificar los pacientes que tuvieron Covid-19 después del alta hospitalaria. Método: estudio observacional transversal, realizado por medio del análisis de protocolos completados por profesionales de las áreas de Fisioterapia, Fonoaudiología, Terapia Ocupacional de un hospital escuela en São Paulo, Brasil. El seguimiento de los usuarios después del alta de la Enfermería de Clínica Médica es realizado remotamente con el objetivo de verificar si los servicios de la red de salud, incluyendo los de rehabilitación fueron accesados. En el período pandémico, fue incluido nuevo protocolo para la ampliación del cuidado compuesto por: informaciones sobre síntomas, prevención, control del Síndrome Respiratorio Agudo Grave 2 (SARS-CoV-2), red de apoyo familiar en el domicilio, salud mental, rutina cotidiana. Resultados: Muestra compuesta por 70 pacientes en el período entre 11/03/2020 y 13/01/2021. Edad media 71 años, en su mayoría del género femenino (57,1%), 32,1% (n=23) informaron señales y síntomas del SARS-CoV-2. En cuanto al diagnóstico, 43% (n=10) de los pacientes que informaron síntomas realizaron tests para detección del Covid-19. Entre éstos, ocho (11,5%) resultaron positivos, dos (8,6%) resultaron negativos. Fue registrado un óbito (4,3%).

Discusión. A pesar de la recomendación de la OMS para testar a la población a gran escala, la mayoría de los pacientes no fue testada debido a: indisponibilidad de pruebas, desinformación, fake news. Se estima que el número de casos en Brasil fue cerca de 11 veces mayor que el número notificado. El GAAMA entiende que la producción, el intercambio de conocimientos y la corresponsabilización por el cuidado pueden transformar la acción de los profesionales en trabajo interprofesional en el cotidiano hospitalario. Frente a la pandemia, el GAAMA ha promovido la integralidad del cuidado y de las intervenciones más allá del período investigado tomando en cuenta los aspectos biopsicosociales de los usuarios y familiares.
Gene and social environment pathways to subjective wellbeing: An empirical analysis of the Canadian Longitudinal Study on Aging

Speaker
Rishabh Shah, Presenting Author from Desautels Faculty of Management, McGill University, Canada

Co-authors
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Abstract
Background/Objectives. The interaction of social and genetic factors influences physical and mental wellbeing throughout life. Genetic variations identified through Genome-wide association studies (GWAS) have been used to generate polygenic risk scores (PRS) that serve as predictors of disease outcomes (e.g., metabolic syndrome, affective disorders) that place a burden on healthcare systems worldwide. Whereas the dopamine system plays major roles in decision-making and emotional regulation, little is known about how dopamine gene expression in specific brain regions may interact with the social environment in impacting subjective wellbeing in older adults.

Methods. To examine gene-by-social environment (G*E) interactions in subjective wellbeing (CESD-10 scale) in the Canadian Longitudinal Study of Aging (age 45-75; n=13950, 6733women), we used (i) GWAS-derived PRS and (ii) a novel expression-based PRS reflecting variations in the expression of the dopamine DRD4 gene network in striatum (ePRS-DRD4). Using latent profile analysis, participants were classified based on social environment measures (network size, social cohesion, social support, objective social isolation).

Results. This approach identified 3 distinct profiles: low-, medium-, and high-social network support (18/40/42%, respectively), with the former two groups exhibiting overall lower levels of subjective wellbeing than the high-support group. Significant G*E interactions were found, such that high PRSs (related to higher propensity for poor subjective wellbeing) in the low-support group were associated with worse subjective wellbeing. Lower striatal expression of the DRD4 gene network as measured by ePRS-DRD4 was associated with lower subjective wellbeing in the low-support profile. Enrichment analysis to evaluate biological pathways showed that genes in the Striatum-ePRS-DRD4 network were related to cardiometabolic health (blood pressure, body-mass index, type2 diabetes), suggesting common pathways for physical and mental wellbeing.

Discussion. Differences in genetic background, including the striatal DRD4 gene co-expression network, may moderate social environmental influences on older adults' wellbeing. Further population-based studies on G*E interactions may provide valuable insights in identifying at-risk populations and developing evidence-based strategies to strengthen their social support networks and overcome the burden on healthcare systems.
Gestión del cuidado de puerpera diagnosticada de retrovirosis en maternidad pública

Speaker
Sabrina Elyza Oliveira Diniz, Presenting Author from Universidade de Fortaleza, Brazil

Co-authors
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Abstract
Antecedentes /Objetivos. En el contexto de la maternidad, los profesionales reciben a mujeres embarazadas con Infecciones de Transmisión Sexual, con énfasis en el Virus de Inmunodeficiencia por Deficiencia Humana (VIH) y Sífilis. Estos son ejemplos de retrovirus que se transmiten fácilmente y que pueden tener graves consecuencias. El objetivo del estudio es comprender cómo se produce la gestión de la atención de las madres diagnosticadas con retrovirus en una maternidad pública.

Métodos. Se trata de un estudio cualitativo, desarrollado en un Hospital General y Maternidad de Referencia ubicado en el Estado de Ceará-Brasil, de junio a julio de 2021. La investigación contó con la participación de treinta y dos (32) enfermeras que laboran en clasificación de riesgo, parto habitación y alojamiento conjunto. Se incluyen las enfermeras que han trabajado en estos sectores durante al menos seis meses, excluyendo a los profesionales que se ausentaron por motivos de vacaciones o baja por enfermedad. Para la recolección de datos se aplicó una entrevista semiestructurada. Para el análisis de datos se eligió el análisis temático. La investigación fue aprobada por el Comité de Ética en Investigación de la Universidad de Fortaleza, bajo el dictamen No. 4.607.838, respetando todos los preceptos éticos y legales de la investigación con seres humanos.

Resultados. La gestión del cuidado en el contexto materno-infantil está asociada a la educación para la salud. En los hallazgos de este estudio, surgieron significados de los informes de los participantes: realización de la prueba rápida, asesoramiento pre y post prueba, orientación sobre el uso de medicamentos antirretrovirales, restricción e inhibición de la lactancia, orientación al acompañante.

Discusión. Es necesaria la implicación del equipo multidisciplinario en la promoción de una atención materno-infantil segura, ante el diagnóstico de retrovirus, tejiendo planes de intervención, respetando las demandas individuales de cada persona. Es fundamental mantener la empatía y el respeto ante la consejería previa y posterior a la prueba, especialmente si es un resultado reactivo, las madres y acompañantes deben recibir orientación sobre la lactancia materna, el uso de medicamentos antirretrovirales y las medidas a tomar.
Harnessing informality for diabetes care in LMICs: A narrative review

Speaker
Alayne Adams, Presenting Author from McGill University, Canada

Co-author
Jo Jo Song

Abstract

Background/Objectives. In many Low and Middle Income Countries (LMICs), healthcare systems are highly pluralistic, consisting of diverse public and private providers, both formal and informal. The informal healthcare system is especially massive and complex, representing a major source of care in underserved rural areas. However, based on evidence that unregulated informal networks are highly ineffective, providing costly, inadequate, and sometimes inappropriate care, its role is routinely dismissed. A much slimmer literature investigates the contribution of informal systems when recognized or engaged by the formal healthcare system, and supported by the right resources. In light of the growing burden of diabetes in LMICs relative to available healthcare resources, an examination of how informal systems might contribute, is timely and important.

Methods. This narrative review investigates the role of informal healthcare systems around diabetes prevention and management, and their interaction with the formal system in LMICs. A series of search terms were applied to 4 databases, yielding 3045 titles and abstracts. Following screening, selected articles were analysed using the Framework Method.

Results. A total of 26 studies were included for data analysis, representing 21 unique interventions: 8 from Africa, 8 from Asia, and 5 from the Americas. 11 were based in rural areas, 2 were semi-urban and 6 did not specify. 11 were observational and 10 experimental interventions. Study designs included 6 pre-post-test, 3 cross-sectional, 2 RCTs and 2 case-studies. Four types of informal providers were identified: CHWs, villages doctors, traditional healers, herbalists and drug shops. Among 47 linkages between informal and formal health systems, 31 were unidirectional and 16 were bidirectional.

Discussion. Six broad categories of informal-formal linkages were identified: training, referrals, shared space/fora, technology, data sharing, and policy. Common elements of effective linkages were clear delineation of roles and responsibilities that emphasized the relative strengths of each system, structures of accountability, bidirectional communication, and simultaneous horizontal and vertical engagement. Identifying these relationships, and strengthening informal- formal bidirectional connections in terms of timely referral, accountability, and communication, holds promise in extending diabetes care within rural underserved communities.
Health education with the AI-Platform on oral hygiene and periodontal treatment outcome in patients with periodontal disease: A randomized controlled trial

Speaker
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Co-authors
Hsiao-Ling Huang, Chiung-Lin Huang

Abstract
Background/Objectives. Periodontal disease, caused by dental plaque, is the leading cause of tooth loss in adults over 35 years of age. Strengthening periodontal disease patients to adherence to preventive behaviors at home and reduce dental plaque is indispensable in the treatment of periodontal disease. This study is the first to apply artificial intelligence (AI) platform as intervention tool for the field of oral health education. We aimed to examine the effects of health education with AI-platform on oral hygiene and periodontal treatment outcome in patients with periodontal disease.

Methods. A double-blinded, randomized controlled design was used. The patients aged 35-65, newly diagnosed with the Stage III periodontitis (severe disease) of the American Academy Periodontology (AAP) Guidelines, were recruited. The patients were randomly assigned into AI group (AI; n=10), AI & human counselor group (AIHC; n=13) and control group (CG; n=10). The patients in AI group received the AI dental monitoring platform. The participants in AIHC group received the AI monitoring and additional oral health education by a human counselor. Baseline and follow-ups information was collected including collected periodontal index [probing pocket depth (PPD), clinical attachment loss (CAL), gingival index (GI)], oral hygiene index [plaque index (PI) and plaque control record (PCR)]. A mixed-design analysis of variance model was conducted to explore the follow-up effects over time.

Results. The AI and AIHC exhibited greater improvement in PCR [β = -8.93 and -24.84, effect size (ES) = 0.45 and 1.38], PI (β = -0.52 and -0.69, ES = 0.95 and 1.78), PPD (β = 0.13 and 0.07, ES = 1.50 and 1.26) and CAL (β = 0.44and 0.20, ES = 1.36 and 1.44) at the 3-month follow-up than the CG did. The AI and AIHC also exhibited greater reduction in PCR (β = -16.85 and -29.04, ES = 0.84 and 1.43) and PI (β = -0.20 and -0.45, ES = 0.27 and 0.99) at the 6-month follow-up than the CG did.

Discussion. Previous studies using intervention strategies for patient behavior management mainly focused on professional health consultation, text, and electronic detection. The present study found that health education with the AI dental monitoring platform to provide AI assessment and reminder at home can improve oral hygiene and periodontal treatment outcome in patients with periodontal disease.
Health literacy and health behavior among students of health professions

Speaker
Mohammad Khatib, Presenting Author from Zefat Academic College, Israel

Co-author
Salam Hadid

Abstract
Background/Objectives. Studies have shown a relationship between Health literacy (HL) level of nursing students and their health behaviours, sense of self-worth and ability to convey health messages about a healthy lifestyle and knowledge to their patients. Students who adopt a healthy lifestyle have high self-efficacy and confidence in their ability to guide their patients to a similar lifestyle and serve as a role model for them. HL can help students in the health professions to improve their professional skills, competencies, critical thinking abilities and develop leadership. The aim of this study is to examine the level of HL of health professions students at the beginning of their academic studies, and the relationship with their health behaviour, sense of self-control and other personal characteristics.

Methods. 328 students of nursing, physiotherapy and social work at an academic college in northern Israel participated in the study. The mean age of the participants was 25.3 years (SD=5.7). A structured questionnaire that included questions in four areas: demographic data; Health behaviors; Self-control and HL (using the EU-Q16 (HLS-EU1w6)), was used.

Results. The results show that about a quarter (24.8%) of the students smoke cigarettes and 13.1% smoke hookah. Only 17.1% participate in physical activity according to the recommendations, 40.3% do it only occasionally and 42.2% do not do any activity at all. 17.4% of the students suffer from at least one chronic disease and about 10% define their health as bad or moderate. The HL score mean was 12.89 (SD=2.7). 61% of the students have adequate HL (high) compared to 32.8% who have insufficient (moderate) HL and 6.1 have problematic (low) HL. More students with a high HL define their health as good or very good compared to those with low HL. In General, students with high HL, smoke less (cigarettes and hookah) and do more physical activity. They also suffer less from being overweight and obese, but these differences were not found to be significant.

Discussion. The results show that there is a reasonable level of HL among health professions` students. However, some groups still need an improvement. Our findings serve as a basis for planning study activities targeting those groups in order to improve their HL level from the beginning of their academic and professional careers.

Health promotion chair's work in knowledge transfer

Speaker
Dolors Juvinyà-Canal, Presenting Author from Cátedra de Promoción de la Salud. Universidad de Girona, Spain
Co-authors
Maribel Arévalo-Masero, Carla Casals-Alonso, Sílvia Espinal-Utgés, Narcís Espinal-Utgés

Abstract

Setting/problem. The Health Promotion Chair of the University of Girona fosters the transfer of knowledge and research in the area of health promotion through four areas of action: training, research, publications and knowledge dissemination and transfer. It enjoys the support of DIPSALUT, an independent public health body of Girona Provincial Council, with which it signed an agreement of collaboration in 2008.

Intervention. Data collection from the 2008-2020 annual report review.

Outcomes. The training area corresponds to the organisation of courses, symposia, seminars, conferences and webinars. 98 training actions have been identified, 27 of which have been carried out in online format. Highlights include the organisation of 3 Mediterranean Symposium on Health Promotion with the participation of 350 professionals and 60 speakers of different countries. As regards the area of research, which encompasses the evaluation of programmes and projects, along with the design of and participation in research projects, 65 actions have been carried out.

As far as the area of publications is concerned, 14 books have been published and 24 editions have been produced of BepSalut, an electronic newsletter, which has 321 subscribers and a readership of approximately 1300. In the area of knowledge dissemination and transfer, 120 actions have been carried out in the form of symposia, consultancy work in the area of health promotion and participation in national, European and international work networks. The Chair is an active member of seven networks and coordinates the secretary’s office of the HPH-Catalunya network of health promoting hospitals and the Working Group on Salutogenesis in Spanish. Since 2017 the Chair is member of the IUHPES’s Global Working Group on Salutogenesis.

Implications. The Health Promotion Chair plays a leading role in health promotion and is an important asset thanks to the work it carries out in its areas of action. Through the Health Promotion Chair it is possible to drive forward, plan and evaluate health promotion activities in the form of both training and scientific dissemination and/or knowledge transfer, forging and promoting alliances to boost health promotion.

Health promotion intervention to reduce risk factors of chronic diseases among school going adolescents in Chandigarh, India

Speaker
Sandeep Kaur, Presenting Author from Postgraduate Institute of Medical Education and Research, Chandigarh, India

Co-authors
Manmeet Kaur, Rajesh Kumar
Abstract

**Background/Objectives.** Most of the risk factors of chronic diseases commence in adolescence. Therefore, a cluster randomized controlled trial was designed to evaluate the effect of school-based health promotion intervention on the risk factors of chronic diseases.

**Methods.** Twelve schools were randomly selected from the public schools of Chandigarh city in India. Later, six schools were randomly allocated to intervention and six to control arm. Study participants were 453 adolescents of 8th grade (age 10-16 years). The PRECEDE PROCEED Model was used for developing health promotion interventions to prevent unbalanced diet, physical inactivity, alcohol, and tobacco. The intervention comprised of interactive learning sessions of 30 minutes duration per week and physical activity sessions of 30 minutes duration four times every week implemented in the school setting over a 6-month period. Primary outcomes were change in the prevalence of behavioral risk factors from pre- to post-intervention. The difference-in-difference (DID) method was used to measure the net difference in the outcomes.

**Results.** The mean age of adolescents was 13.06 years, and 55% of them were boys. The net effect of six months of intervention was a decrease in salt consumption (-0.6 g/d), reduction in current alcohol use (-6%) and tobacco chewing (-7%), along with an increase in fruits consumption (21 g/d). There was a significant decrease in both control (-0.27 PAQ-A score) and intervention arms (-0.06 PAQ-A score) for physical activity due to the COVID-19 imposed restrictions. But the reduction was less in the intervention arm than the control arm, which was statistically significant.

**Discussion.** Using the PRECEDE-PROCEED model for planning, implementing, and evaluating the intervention as part of a cluster-Randomized Controlled Trial design with DID analysis could objectively assess the impact. Studies may add policies at school levels, such as healthy food options in canteens and replacing the packaged food options.

**HealthADAPT- working together to build climate-resilient health systems**

**Speaker**
Emin Nawaz, Presenting Author from Health Canada, Canada

**Co-authors**
Katie Hayes, Mariana Villada Rivera, Katherine Charness, Anik Pariseault

Abstract

**Setting/problem.** Climate change affects the health of Canadians across the country and the health systems they rely upon. The effects of widespread warming are evident in many parts of Canada and are projected to intensify in the future. There is a need to better understand, from local to national levels, direct and indirect risks to health, the health system, and populations at highest risk (e.g., seniors, infants and young children, Indigenous populations, the socially disadvantaged and people with chronic illnesses).
**Intervention.** HealthADAPT, a capacity-building pilot program managed by Health Canada introduced in 2019, is providing $3 million over three years to support 10 projects at local, regional, and provincial and territorial levels of the Canadian health sector to prepare for and respond to the impacts of climate change. Through the program, health authorities are able to develop, implement, monitor, and evaluate adaptation projects towards building climate-resilient health systems. Many of the HealthADAPT projects focus on conducting climate change and health vulnerability and adaptation (V&A) assessments targeting diverse populations within each region, including Indigenous peoples, urban, rural and coastal communities, and both official languages. Health Canada has developed resources and tools to guide and support project work including the HealthADAPT framework, which outlines six steps to follow as part of conducting a V&A assessment. Each of the 10 projects has its own annual milestones and indicators to assess/evaluate project outputs and outcomes.

**Outcomes.** Despite the effects of COVID-19 on health authorities, the majority of funding recipients are on track with their projects, with many in the mid to final stages of drafting their vulnerability assessments and working towards their adaptation plans. Funding recipients have recently released outputs such as community health and climate change projection maps, webinars on climate and health vulnerability, and conducted engagement activities with the community and key stakeholders.

**Implications.** Addressing the diverse needs of the populations most affected by climate change and recognizing barriers to adaptation is crucial to improve health outcomes and health status. Therefore, results from the HealthADAPT program will ultimately help facilitate climate change adaptation efforts in communities, regions, provinces, and territories across Canada, with the aim of building climate resilience and protecting human health.

**Hogares Maternos y participación popular como estrategias de promoción de la salud en Cuba**

**Speaker**
Fernanda Carlise Mattioni, Presenting Author from Grupo Hospitalar Conceição e Escola de Saúde Pública do Rio Grande do Sul, Brazil

**Co-authors**

**Abstract**
**Antecedentes / Objetivos.** Cuba cuenta con un sistema de salud que ha alcanzado altos niveles de equidad en la distribución de los servicios a la población. Estos índices se obtienen a partir de fuertes marcadores de legislación y estructuración del Sistema Nacional de Salud (SNS) cubano. El objetivo es de analizar los Hogares Maternos y la Participación Popular cubana, a partir de las experiencias vividas en Cuba.
Métodos. Investigación exploratoria-descriptiva con enfoque cualitativo, con el uso de algunas herramientas analíticas foucaultianas (biopolítica, gubernamentalidad y el uso del panóptico).

Resultados. En el SNS cubano conviven a diario el disciplinamiento y la acogida solidaria del usuario. Independiente de la eficacia y/o de la eficiencia de los servicios de salud en Cuba – en particular en relación a los hogares maternos y a la participación popular –, nuestra intención fue analizar algunas de las estrategias biopolíticas, panópticas y de vigilancia utilizadas en Cuba, de manera que podamos poner en movimiento el extrañamiento necesario para cuestionar lo que parece ser la "mejor" solución encontrada. Al problematizar y poner en evidencia el ejercicio del control micropolítico utilizado en la vida cotidiana de la sociedad cubana, nuestra intención es también permitir que otras formas de comprender el SNS y sus indicadores sean posibles.

Discusión. En Cuba, un sistema centrado en la biomedicina, donde la interdisciplinariedad es todavía un reto a superar, los profesionales de la salud están muy cerca de la comunidad. La comunidad también conoce cada detalle del Sistema, haciendo valer incisivamente sus derechos. Sin embargo, es importante analizar si las estrategias biopolíticas utilizadas representan una ganancia o si sólo refuerzan, cada vez más, las lógicas gubernamentalizantes actuales.

Homelikeness as an essential factor for being or becoming healthy: The negative effect of migration on immigrants’ sense of coherence.

Speaker
Keiwan Wind, Presenting Author from University of Toronto, Canada

Abstract
Background/Objectives. More than forty years ago, in his theory of Salutogenesis, Antonovsky introduced the sense of coherence (SOC). SOC helps people understand life challenges, acquire the resources needed to handle them, and find meaning in the process. Thus, a strong SOC creates conditions required for health. Antonovsky argued that SOC is developed up until age 30 and then becomes relatively stable characteristics. However, evidence shows that SOC keeps evolving by ageing and could be weakened at some point in life, like puberty. This study tries to discover what changes SOC by connecting it to the phenomenological concept of homelikeness introduced by Svenaeus as the familiarity with the context in which the person lives and as the essential ingredient to be or become healthy.

Methods. The central hypothesis of this study is that SOC is a dynamic ability constantly affected by familiarity with the context, life experience, and discriminatory factors. The third cycle of the National Population Health Survey (NPHS) dataset with SOC data for 14,149 adult Canadians was selected to test the hypothesis. The Lavaan package in R was used to design and fit a three-layer path analysis model. The model connected immigration status (a proxy for context familiarity), sex (a discriminatory factor), and age (a proxy for life experience) to SOC through socioeconomic health resources and social support. Also, violin plots were adopted to illustrate SOC distribution differences based on age, gender, and years past from migrating to Canada.
Results. The path analysis showed that migration has a statistically significant negative impact (-1.16, 95% CI from -1.72 to -0.60) on SOC, equivalent to nine years of the incremental increase in SOC. About 53% of this adverse effect is due to losing social support and lack of close friends and relatives. The violin diagram confirmed the findings, illustrating a drop in newcomers' SOC and a gradual (ten years) improvement to become similar to SOC of those who were born in Canada.

Discussion. The study showed that SOC declines for those who lose familiarity with their context. This effect could happen when people experience changes and challenges in life such as migration, puberty, menopause, or chronic and terminal conditions. Salutogenic health promotion programs should focus on building the required capacities for retrieving the sense of homelikeness.

How are online food delivery services changing food accessibility? Preliminary analysis using the DIGIFOOD Dashboard

Speaker
Sisi Jia, Presenting Author from University of Sydney, Australia

Co-authors
Alice Gibson, Stephanie Partridge, Karice Hyun, Farzaneh Boroumand

Abstract
Background/Objectives. The rising use of online food delivery services (OFDS) enable individuals to conveniently access foods from over 3km away, which is beyond traditional neighbourhood food environments. This increased accessibility may have implications on the geographic accessibility to food outlets and subsequent obtainment of healthful or unhealthful foods. We aimed to investigate the differences in the healthiness of food outlets available on a market leading OFDS across varying socioeconomic areas in Australia.

Methods. The data driven DIGIFOOD dashboard was developed to monitor the impact of OFDS across all areas of Australia (n=2725 postcodes). Baseline data from the market leading OFDS was collected in January 2021 and the healthiness of food outlets was determined using the Food Environment Score. Preliminary data analysis was performed for 821 postcodes with available data on the dashboard. A paired t-test was applied to compare the healthiness of food outlets that are locally available (physical) versus food outlets that could deliver to a specified postcode via OFDS (online). A linear regression model was used to test the trend of healthiness scores of food outlets (physical and online) across quintiles of Index of Relative Socioeconomic Advantage and Disadvantage (IRSAD; 1 representing most disadvantaged and 5 most advantaged), adjusting for the density of physical outlets.

Results. Food outlets that can be accessed online via OFDS have a healthier score than outlets that can be physically accessed within a specified postcode in Australia (Mean difference 0.11 ± 0.88, p=0.0003). Mean healthiness scores of physical food outlets (p <.0001) and online food outlets (p<.0001) improved from
IRSAD 1 to IRSAD 5. When IRSAD 1 was compared to IRSAD 5, this difference in healthiness scores between physical and online was significant (p=0.0049).

**Discussion.** Our preliminary findings suggest that OFDS may be increasing accessibility to healthier food outlets by providing more options than what can be physically accessed within an individual’s residential postcode in Australia. Furthermore, there is a significant difference in the healthiness of physical vs online food outlets in areas with more socioeconomic disadvantage compared to areas with less disadvantage. It is critical to consider the impact of emerging trends such as OFDS on the food environment and improving accessibility to healthy food should be a high priority for policy makers.

**How can we improve the mental health and wellbeing of physicians in Canada?**

**Speaker**
Elena Netierman, Presenting Author from University of Waterloo, Canada

**Co-authors**
Monica Aggarwal, Nancy Cote, Kelly Gregory, Lindsay Hedden, Mara Mihaiescu, Sarah Simkin, Sarah Spencer, Edward Spilg, Ivy Bourgeault

**Abstract**

**Background/Objectives.** The mental health of physicians is an important factor for the provision of high-quality care for patients. When physicians are unwell, it can compromise the care they provide. Unfortunately, the prevalence of a range of mental health issues among physicians is higher than in among the general population. Promoting mental health and wellbeing of physicians in Canada will positively impact the populations they serve. The objectives of this paper are to identify (a) the common drivers of mental health issues among physicians, and (b) promising practices that can improve the mental health and well-being of physicians.

**Methods.** This paper employed a mixed-method methodological approach, triangulating findings derived from: (1) a review of the academic literature on mental health of physicians and promising practices to improve their health; (2) an online survey of 304 Canadian physicians; and (3) interviews with 29 physicians and 21 key stakeholders across Canada.

**Results.** The mental health issues of physicians are rooted in a variety of individual-, organizational- and structural-level factors. The results also show the importance of considering the roles of gender, ethnicity, career stage, and geographic location of practice, and the ways these factors shape the prevalence of mental health issues among physicians and their ability to access supports. Categories of practices identified as helpful included: support programs for physicians suffering from mental health issues, institutional supports and practices that promote physicians’ health and well-being, and culture change, both in the way medicine is practiced and how mental health problems among physicians are perceived.
Discussion. While mental health issues among physicians are a serious concern for the sustainability of the health care workforce in many countries, engaging in preventative care and offering supports to those currently suffering from mental health problems can improve physicians’ well-being and quality of care provided. The implications of this study are applicable not only within the Canadian context but can also be replicated in other health care systems.

How has COVID-19 affected sexual and reproductive health services and their staff? Perceptions and experiences of healthcare professionals in South East England

Speaker
Nigel Sherriff, Presenting Author from University of Brighton, United Kingdom

Co-authors
Joerg Huber, Alexandra Sawyer, Catherine Aicken, Natalie Edelman, Jaime Vera, Alison Sheta, Kerry Mcbride, Deborah Williams, Patricia Lohr, Massimo Mirandola

Abstract

Background. The CV-19 pandemic has led to unprecedented pressure on health systems. This has been compounded by CV-19 control measures and staff sickness/absence, leading to disruptions in access to and provision of essential services, including sexual and reproductive health (SRH) services.

Objectives. This work is part of a WHO multi-country study aiming to provide a detailed understanding of the impact of CV-19 on contraception, abortion care, testing and treatment/care for sexually transmitted infections (STI); and care and support for people who experience(d) gender-based sexual assault. Here we report on the experiences of health care professionals (HCPs) working in these services in South East England to explore impacts on SRH service delivery and on staff themselves.

Methods. Semi-structured interviews with multiple HCPs at 3 contrasting services. Interviews were transcribed and analysed using thematic analysis.

Results. (i) Service disruption: SRH services were severely disrupted during the first lockdown in England (Mar-Jul 2020), but where feasible were transferred to telephone (e.g. advice, consultations) and mail delivery (e.g. contraception, abortion pill, STI self-sampling). However, some core services such as STI services and support for women experiencing violence continued in person. Services adjusted and access was widened during subsequent lockdowns. (ii) Staff impact: Many HCPs worked from home, dealt with shortages of protective equipment, or were redeployed to acute hospital care. Redeployment was experienced as lonely; responsibilities allocated by management were considerable and misaligned with SRH HCPs’ current skill set. The proportion of HCPs delivering in person services varied between services. (iii) Adjustment and resilience: Between first and later lockdowns, HCPs reported continued adjustment in service provision, mode of service delivery and breadth of services available. Remote service delivery has generally been welcomed by HCPs and (in HCPs’ view) by clients/patients, but other changes were associated with increased stress and demands.
Discussion. Perceptions and experiences vary and reflect service type and role of HCPs within services. CV-19 has affected HCPs differently, ranging from working from home, being redeployed and/or exposed to immediate stressors. Future work includes a second phase of HCP interviews (Summer 2022) and pooling of findings across eight countries, affording local and global analysis.

How to optimize communication on HPV vaccination for parents: A discrete choice experiment

Speaker
Sandra Chyderiotis, Presenting Author from Institut Pasteur, France

Co-authors
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Abstract

Background/Objectives. Adolescent vaccination against human papillomavirus (HPV) remains poorly known by parents in France, despite its proven effectiveness on preventing cervical cancers. Using a discrete choice experiment, we aimed at identifying communication content that motivates parents to vaccinate their adolescent children.

Methods. Parents of French pupils aged 11-14 years were invited through middle schools and a Parent Association to participate in an online survey. In ten hypothetical scenarios, participants chose to enroll their child in a school-based vaccination campaign against an unnamed disease. Scenarios differed by the levels of five attributes: the disease against which the vaccine protects, the age for optimal vaccine effectiveness, vaccine safety, potential for indirect protection, and information on vaccine coverage. After each choice, parents ranked their decision certainty on a 0-to-10 scale. Choice and certainty were combined to quantify “vaccine eagerness” on a scale from -10 to +10.

Results. 1291 parents participated in the study, accepting vaccination in 73% of the scenarios. The most motivating statements were: the protection against a cancer in 20 years (β-coefficient on the vaccine eagerness scale: 1.30 [95%-confidence interval 1.04,1.55], relative to a febrile respiratory disease), a high vaccine coverage in neighboring countries (0.91 [0.63,1.18]) or in France (0.62 [0.33,0.91], relative to an “insufficient coverage”), a better immune response before age 14 (0.68 [0.42,0.94], relative to effectiveness independent of age), and potential for eliminating the disease (0.32 [0.08,0.55], relative to individual protection only). Demotivating statements were a protection against genital warts (-0.96 [-1.23,-0.70]), and the notion of a positive benefit-risk balance (-1.99 [-2.22,-1.75], compared to “no side effect”), while the absence of a scientifically confirmed severe side effect after 15 years of surveillance was neutral (-0.26 [-0.53,0.00]).
Discussion. Communication on HPV vaccine to parents of adolescents can be optimized with specific wordings to increase vaccine coverage. Our results were used to develop a complex intervention including a school vaccination campaign in the PrevHPV research project.

Hula and outrigger canoe paddling in the behavioral risk factor surveillance system in Hawaiʻi

Speaker
Tetine Sentell, Presenting Author from University of Hawaii, United States

Co-authors
Yan Yan Wu, Mele Look, Kapuaola Gellert, Tonya Lowery St John, Lance Ching, Riko Lee, Catherine Pirkle

Abstract
Background/Objectives. Population-based public health programmatic and surveillance activities do not typically promote or measure physical activities that are culturally-relevant for indigenous populations, yet such activities are likely to be particularly meaningful ways to increase both physical activity and individual/collective wellbeing to achieve health equity. Hula and outrigger canoe paddling are important cultural practices with high physical activity demands. The study goal was to provide state-wide population-level data for Hawaiʻi around lifetime experiences in hula and outrigger canoe paddling across demographic and health factors.

Methods. Questions on hula and outrigger canoe paddling were added to the Hawaiʻi specific 2018 and 2019 Behavioral Risk Factor Surveillance System (BRFSS) (N=13, 548). We considered engagement in each type of activity as Yes (very often/often/sometimes) vs. No (never) by demographic and health status factors overall and specifically among those who identified as Native Hawaiian and, separately, Pacific Islander. All analyses followed appropriate procedures for complex sample designs.

Results. Overall, 24.5% had engaged in hula and 19.8% in paddling in their lifetime. Compared to other groups, participation prevalence was much higher for Native Hawaiians (48.8% hula; 41.5% paddling) and Other Pacific islanders (35.3% for hula and 31.1% for paddling). While variation was seen, experience in these culturally-based physical activities were strong across age groups, education, and income levels. Women were more likely to have participated in hula, while men were more likely to have participated in paddling, but there were high levels of engagement in paddling across gender. Few statistically significant differences were seen for Native Hawaiians and Pacific Islanders on engagement across demographic or health factors.

Discussion. Hula and outrigger paddling are promising areas for health promotion from a strength-based perspective. Many respondents in the state of Hawaiʻi, especially Native Hawaiians and other Pacific Islanders, had engagement with hula and paddling across age groups and genders. Public health programming, research, and surveillance can benefit from this information in Hawaiʻi and many other communities with distinct cultural practices with high physical activity demands.
Identification and mitigation of high-risk pregnancy with the Community Maternal Danger Score Mobile Application in Gboko, Nigeria

Speaker
Rajan Bola, Presenting Author from University of British Columbia, Canada

Co-authors
Fanan Ujoh, Ronald Lett

Abstract

**Background/Objectives.** Nigeria constitutes 1% of the world’s population, yet accounts for 10% of global maternal mortality. Risk analyses within rural regions of Nigeria are not routinely conducted, but could help inform access to skilled birth care. The objectives of this study were to assess the proportion of women at risk for mortality or morbidity in Benue State, Nigeria by analysing data collected during routine antenatal visits and through the Community Maternal Danger Score (CMDS), a validated risk-analysis tool.

**Methods.** Two cohorts, comprised of pregnant women presenting to primary healthcare centres within Gboko, Benue State between 2015-2017 and 2020-2021, were included in this study. The 2015-2017 cohort had their risk assessed retrospectively through analysis of routinely collected maternal health data at primary healthcare centres. Identification of risk was based on their age, parity, and disease status (HIV and diabetes). The 2020-2021 cohort similarly presented to primary healthcare centres, but had their risk assessed prospectively using the CMDS, which assesses risk through age, parity, and disease status, as well as signs and symptoms of pre-eclampsia, maternal history, patient size, and fundal height.

**Results.** Routinely collected data from 2015-2017 demonstrated that up to 14.9% of women in Gboko were at risk for mortality or morbidity. The CMDS reported that up to 21.5% of women were at a similar level of risk; a significant difference of 6.6% (p=0.006). The CMDS was more efficient in obtaining and assessing this data, and the identification was available in real-time for midwives and pregnant women.

**Discussion.** Routine data collected in Gboko identifies a high proportion of pregnant women at risk for mortality or morbidity. The CMDS is an evidence-based risk analysis tool that expands on this assessment by also estimating individual and community-level risk, which allows for more efficient mitigation and prevention strategies of maternal mortality. Thus, the CMDS is a potential technology that can be used within low-resource settings to prevent maternal mortality and morbidity.

Identification of dietary patterns that reduce arterial stiffness in post-menopausal women: Novel therapeutic approaches targeting an understudied high-risk group for cardiovascular disease

Speaker
Carla Taylor, Presenting Author from Canadian Centre for Agri-Food Research in Health and Medicine, Canada
Abstract

Background/Objectives. Premenopausal women experience fewer cardiovascular events than men, however, this cardioprotection is lost after menopause. Factors other than sex hormones are likely involved since hormone replacement therapy alone does not restore protection against cardiovascular disease (CVD). During the development of atherosclerosis, localized inflammation leads to remodelling (i.e. structural changes) of the arterial wall such that there is less elastin and more collagen. The main consequence of this remodelling process is arterial stiffness. Sex differences exist in arterial stiffness, and recent evidence suggests these may contribute to the overall lower incidence of CVD in women as well as the increase in CVD in postmenopausal women. Our objective was to conduct a systematic review of the published literature to identify dietary patterns or diet constituents capable of reducing arterial stiffness and to determine whether interventions with these constituents resulted in sex-dependent changes in arterial stiffness.

Methods. Search terms included dietary patterns/dietary components, intervention/supplementation, and arterial stiffness assessed by pulse wave velocity (PWV). PWV, the gold standard for measuring arterial stiffness, can be measured non-invasively, and in contrast to CVD risk factors, is a direct assessment of blood vessel health. Reference values for PWV have been established to define atherosclerotic vascular damage (high CVD risk).

Results. Dietary intervention or supplementation trials with PWV as a primary outcome are limited to investigations of omega-3 polyunsaturated fatty acids (n3-PUFA), pistachio nuts, and combined diet and lifestyle modifications, with each of these approaches reporting a reduction in arterial stiffness. Long-term n3-PUFA consumption decreases arterial stiffness in individuals with dyslipidemia, metabolic syndrome or type 2 diabetes, and the results are not influenced by changes in blood pressure or body mass index; however, sex differences were not examined in these studies. There is a paucity of studies investigating postmenopausal women.

Discussion. Intervention trials need to be powered to investigate sex-differences and to target specific groups who may be more responsive to therapeutic intervention with diet or specific diet components. Assessing blood vessel health directly by PWV would be an important step forward in precision health promotion and CVD prevention and management.

Identifying corporate responses to COVID-19 using Twitter and web analyses

Speaker
Ye Zhu, Presenting Author from University of Ottawa, Canada

Co-authors
Louise Earl, Sandra Schillo
Abstract

**Background/Objectives.** COVID-19 and related responses among governments, businesses, and individuals have deeply disrupted businesses' economic and social environments. Scientists suggest that similar scale disruptions will be more common in the future. To develop resilience to face future disruptions, we need to investigate the breadth and diversity of corporate responses, their development over time, and public reactions. Studies have shown that social media can play a critical role as a source of data for understanding public attitudes during a crisis. Government measures have led to more social interactions moving online on social media platforms. Thus, analyzing social media posts could be valuable during and after the COVID-19 pandemic as the situation and responses are constantly changing.

**Methods.** This study follows the design science research process using qualitative and quantitative analyses to identify and investigate company responses to COVID-19. It utilizes a data set of 3,811 websites and 24,237 tweets by companies in the Canadian agri-food sector and presents regression analyses to investigate relationships between corporate responses and their reception among social media users.

**Results.** We document that companies’ responses can successfully be derived from web content and Twitter analyses and show that the 27 separate responses identified from tweets are associated with different public reactions in terms of likes. The different results of French and English tweets suggest it is important for companies to make additional efforts to understand how their posts may be interpreted in different languages and cultures.

**Discussion.** This study contributes to the literature on companies’ responses to COVID-19 and other potential future disruptions by introducing a research method and documenting empirical results. It also contributes to research on user engagement on platforms like Twitter with regards to health related topics. Our findings show that companies cannot expect uniform user engagement simply by referencing COVID-19 in their posts, but users react differently to messages, e.g., relating to health and safety, and goods and services. The results of this study may guide business leaders in designing future engagement on social media and future efforts to apply social media analytics to health-related topics.

**Identifying the needs, benefits, and values of incorporating compassion in student organizations during the COVID-19 pandemic to promote social connectedness and well-being**

**Speakers**
Joan Labay-Marquez, Presenting Author from University of the Incarnate Word, United States
Mary Guerrero-Munoz, Presenting Author from University of the Incarnate Word, United States
Ashley Love, Presenting Author from University of the Incarnate Word, United States

**Abstract**

**Background.** A need to incorporate compassion to the graduate students’ educational foundation became evident during the coronavirus disease 2019 (COVID-19) pandemic. In spring of 2020, COVID-19 pandemic required all universities to immediately pivot from traditional in-person instruction to online learning. This
emergency virtual learning created new challenges. Many students experienced an increased anxiety, a decreased sense of well-being, and continuous isolation without support. Currently, they have returned to work and to school, only to discover that the “new normal” has increased their anxiety, fear, and depression.

**Objective.** The purpose of this project was to identify the needs, benefits, and value for establishing a student organization based on compassion for the 135 graduate students of the Dreeben School of Education (DSE) in the University of the Incarnate Word during the COVID-19 pandemic.

**Methods.** A student organization, the Compassionate Student Peers Organization (CSPO), was created to provide formal support to the DSE graduate students. A peer-led mentor initiative known as the Compassion Ambassador Program was created.

**Results.** A cohort of 5 students were trained in compassion to serve as “ambassadors.” The students learned the how compassion nurtured the emotional aspect of a student’s growth as well as how to apply empathy and understanding as ambassadors. They are assigned to 5 students and use of encompassing an inclusive inquiry environment were encouraged.

**Discussion.** The mission of the CSPO nurtures students with compassion in an effort to holistically impact the growth and development of each student. CSPO encourages effective inquiry in the hopes of stretching beyond traditional approaches and surfacing new ways of thinking, toward making a difference in society, the community, and the world. Compassion is needed during COVID-19 pandemic.

**Impact of “Me & You: Building healthy relationships” on dating violence behaviors among subgroups of middle school students**

**Speaker**
Christine Markham, Presenting Author from University of Texas Health Science Center at Houston School of Public Health, United States

**Co-authors**
Melissa Peskin, Elizabeth Baumler, Ross Shegog, Robert Addy, Jeff Temple, Belinda Hernandez, Paula Cuccaro, Melanie Thiel, Efrat Gabay, Susan Emery

**Abstract**
**Background/Objectives.** Teen dating violence (DV) comprises physical and sexual violence, psychological abuse, and stalking. It affects millions of teens worldwide each year. Youth exposed to DV experience increased risk of adverse health outcomes, including substance use, physical injury, depression, suicidal ideation, and adult intimate partner violence. Although male and female teens are both vulnerable to DV, the type and severity of DV may differ by gender, with males generally perpetrating more severe forms of physical and sexual DV and females perpetrating more cyber abuse. Further, research suggest that African-American and Hispanic youth are more likely to experience DV than White youth. We examined the impact
of Me & You, a school-based DV intervention, to reduce DV behaviors by gender and race/ethnicity to better understand the intervention’s efficacy for these teen subgroups.

**Methods.** Ten middle schools in Texas, U.S., were randomly assigned to receive Me & You or their regular health curriculum in 2014-2015. We used multilevel regression to assess DV by gender and race/ethnicity among 709 6th grade students at one-year post-baseline.

**Results.** Male and female students who received Me & You, relative to control group students, reported lower odds of overall DV perpetration (AOR = 0.46; 95% CI = 0.22-0.93; AOR = 0.43; 95% CI = 0.21-0.85, respectively) and physical DV perpetration (AOR = 0.29; 95% CI = 0.10-0.84; AOR = 0.38; 95% CI = 0.17-0.85, respectively). Compared to controls, male students were less likely to report threatening DV perpetration (AOR = 0.32; 95% CI = 0.11-0.92); female students were less likely to report threatening DV victimization (AOR = 0.09; 95% CI = 0.02-0.47). African American and Hispanic students receiving Me & You reported lower odds of physical DV perpetration (AOR = 0.32; 95% CI = 0.11-0.99; AOR = 0.35; 95% CI = 0.15-0.83, respectively) than controls. Specifically, Hispanic students receiving Me & You were less likely to report threatening DV perpetration (AOR = 0.26; 95% CI = 0.09-0.78); African American students were less likely to report threatening DV victimization (AOR = 0.069; 95% CI = 0.01-0.51) than controls. No significant impact on psychological, sexual or cyber DV emerged.

**Discussion.** Me & You differentially impacted physical and threatening DV perpetration and victimization among gender and racial/ethnic subgroups. Findings have important implications for the development of tailored interventions to prevent DV.

**Impact of COVID-19 messaging through community radio stations in Gauteng, South Africa**

**Speaker**
Ofentse Mosikare, Presenting Author from Clinton Health Access Initiative, South Africa

**Co-author**
Marang Matlala

**Abstract**

**Background/Objectives.** The Clinton Health Access Initiative partnered with two community radio stations in two townships in South Africa, Pheli FM (Atteridgeville Township) and Alex FM (Alexandra Township). Focus group discussions (FGDs) and questionnaires were administered through the radio stations to gain an understanding of the knowledge, attitudes, perceptions, and behaviours towards COVID-19 from community residents to inform messaging and interventions. Based on the findings, interventions were later developed to be rolled out in the two communities. Most of the interventions were radio-focused involving radio adverts, expert interviews, interviews with COVID-19 recoveries and those that lost loved ones due to COVID-19, radio programmes and radio broadcasts as well as a radio drama which were all aimed at addressing the misconceptions of COVID-19 and knowledge gaps that were identified in the studies.
Methods. A four-month radio campaign was developed with the design of radio adverts, programmes, broadcasts, and a radio drama by a radio content creator contracted by the organization following the analysis of findings from the studies. The radio campaign was focused on delivering messaging that emphasised the importance of sharing accurate information about COVID-19, the transmission of COVID-19, adherence to Non-Pharmaceutical Interventions, stigma surrounding COVID-19, mental health, and gender-based violence during COVID-19, COVID-19 variants, and COVID-19 vaccines. The radio stations’ social media pages were also used to test listeners on the information shared on radio through competitions and question and answer posts.

Results.

2. Alex FM: Listenership statistics indicated that radio messaging reached over 540 000 listeners in the community and 65 000 social media users.

Discussion. The radio campaign reached a high proportion of community residents as indicated through listenership and social media engagements. Policy makers and public health organizations/ interventions should explore community radios involvement in the design of public health programs.

Impact of socio-demographic factors on health literacy of a rural population in India

Speaker
Reetu Passi, Presenting Author from post graduate institute of medical education and research, India

Co-authors
Madhu Gupta, Savita Kumari, Manmeet Kaur

Abstract

Background. Health literacy is an important determinant of health. Health literacy originates from inequity, as it is differentially distributed among countries, communities and socio-economic groups but has the potential to bring equity in health. We assessed health literacy of vulnerable population and identified factors that affect health literacy.

Methods. A cross sectional survey of 510 consenting adults from randomly selected households in a village was conducted. A validated health literacy questionnaire (HLQ), tool for socio-demographic and chronic illness history were used. Health literacy scores of nine scales of HLQ were expressed as means, standard deviations with 95% confidence interval (CI). Associated factors were identified using robust ‘ANOVA’. ‘Effect sizes’ (ES) among subgroups of socio-demographic factors were calculated using Cohen’s d and assumed to be ‘small’ if >0.20-0.50, ‘medium’ if 0.50-0.80 and ‘large’ if >0.80.

Results. Most of the participants (91.6%) were internal migrants, about half (47.2%) of them belonged to scheduled caste, 60% were women, 62.1% were young adults between 18-35 years of age and 35.1% were illiterate. Participants had good mean score of 2.88 (SD=0.25) for health literacy scale ‘Social support for
health,’ but proactive engagement in their own health care was low with mean score of 1.81 (SD=0.28) in scale ‘Actively managing my health’. Men scored higher than women with medium ES in scale ‘Navigating healthcare system’ and scale ‘Understanding health information’. Older people (36–65 years) had good scores for Scale-4 than the youngest group (ES >1). Education was significantly associated with all scales of health literacy (ES: 0.20 to 0.80). Socio-economic status had highly significant association with health literacy for Scale-7 (ES=1.28), Scale-9 (ES=1.14) and Scale-8 (1.37). Availability of health-card was significantly associated with scales ‘Having support from a healthcare professional’ (ES=0.92) and ‘Navigating healthcare system’ (ES=0.86).

**Discussion.** Health literacy scores in this study were low as compared to developed regions of the world. Education, SES, gender, age, internal migration and chronic illness were associated with health literacy, which is similar to the findings from other studies. Social security measures like health-card affect health literacy.

**Impact of the COVID-19 pandemic on the delivery and adaptability of school food programs in Canada**

**Speaker**
Mavra Ahmed, Presenting Author from University of Toronto, Canada

**Co-authors**
Jessica Riad, Chelsea McPherson, Daniel Sellen, Vasanti Malik

**Abstract**

**Background/Objectives.** The COVID-19 pandemic has had devastating consequences on food security and the nutritional quality of the diet as many Canadians have been faced with reduced work hours or unemployment. Lower income and vulnerable groups have been disproportionately affected, further exacerbating existing disparities in access to healthful food. Fractured school operating schedules or long-term school closures have contributed to a nearly doubling of food insecurity among school children as those who would depend on school meals for their nutritional needs no longer had access to these voluntary school food programs (SFP). The objective of this research was to examine the impact of the COVID-19 pandemic on the delivery and adaptability of SFP in Canada. Given the rapid pace of knowledge dissemination related to COVID-19, we aimed to examine information published in the popular press.

**Methods.** Using relevant keywords, articles were systematically searched through a newspaper database (Newstream), complemented by a social media search with an online database Social Search. Articles were analyzed using the ANGELO (Analysis Grid for Environments Linked to Obesity Framework) and GTE (Getting to Equity Framework) to capture environmental aspects impacting SFP and to identify gaps in policies that would enable schools to feed children in emergency settings.

**Results.** Of 45 articles identified, 14 addressed adaptability of school food programs for food insecure and marginalized communities and were analyzed using the GTE. Of the 39/45 articles analyzed with the
ANGELO framework, 44% focused on the physical environment while 56% focused on aspects of sociocultural context and 54% covered economic impact, while none addressed political aspects. Innovative community responses to food insecurity included home deliveries, gift cards, online fundraisers, and food gift bags. The GTE framework identified 46% of articles that focused on increasing access to healthy options, 19% on reducing deterrents to food access, and 71% on increasing social and economic resources while 57% focused on building community capacity.

**Discussion.** Our findings illustrate that many SFP adapted their approach during the pandemic, however, the responses were varied and may not have covered all vital aspects of the school food environment. There is a need for policies to encourage equitable and sustainable approaches to continued SFP delivery across communities.

**Impacto del Covid-19 en los profesionales: Fortalecer la salud mental positiva y el sentido de coherencia en los profesionales del Sistema de Emergencias Médicas de España.**

**Speaker**
Dolors Juvinyà i Canal, Presenting Author from Universidad de Girona, Spain

**Co-authors**
Susana Mantas Jiménez, Pau Navarro Moya, Maria Teresa Lluch Canut, Glòria Reig Garcia

**Abstract**

**Antecedentes / Objetivos.** Los profesionales del sector del Transporte Sanitario del Sistema de Emergencias Médicas de España, realizan un valioso trabajo en la cadena de salud en nuestra sociedad. La pandemia mundial ocasionada por la Covid-19 ha producido efectos en la salud de la población, también en la de los profesionales del sector sanitario. Estudios existentes reflejan situaciones complejas donde los profesionales de la salud se han visto involucrados. Cabe destacar la presión soportada debido a la sobrecarga de trabajo, el agotamiento físico y mental y la gestión de una gran cantidad de pacientes con emociones negativas. El proyecto tiene como objetivo general analizar el impacto que la pandemia ha podido ocasionar en la salud mental de los profesionales del transporte sanitario del Sistema de Emergencias Médicas (SEM) de la Región de Cataluña (España), así como implementar el Programa de Salud Mental Positiva que permita para promover acciones salutogénicas en el cuidado de la salud.

**Métodos.** La población de estudio estará compuesta por la totalidad de los trabajadores del SEM con la categoría profesional de técnicos de transporte sanitario, que desarrollen su actividad principal en una región sanitaria de Cataluña (España). Se llevará a cabo una investigación de diseño mixto. En la primera fase se realizarán entrevistas semiestructuradas, las cuales nos permitirán conocer las barreras y los facilitadores del entorno de trabajo de los profesionales del transporte sanitario de la Región de Cataluña, durante la pandemia. En una segunda fase, mediante cuestionarios, se evaluarán variables de salud mental de los profesionales del transporte sanitario. En una tercera fase se implementará el Programa de Salud Mental Positiva en los profesionales del transporte sanitario. La efectividad del programa aplicado se
evaluará en la sesión final y en la sesión de seguimiento (3-6 meses después del programa), mediante el cuestionario de Salud Mental Positiva.

**Resultados.** Mediante la implementación del programa de Salud Mental Positiva se espera empoderar a los profesionales de la salud desde el modelo salutogenico. La Promoción de la Salud debe estar presente en la agenda de los profesionales en los entornos de trabajo.

Discusión (Se trata de un Proyecto de Investigación)

**Implementation of a food hygiene and nutrition system, for youth and teens, during outdoor scouting activity**

**Speaker**
Alessandra Sotgiu, Presenting Author from University of Cagliari, Italy

**Co-author**
Alessio Decina

**Abstract**

**Setting/problem.** CADAS (Scout Study Center) was involved, by Assoraider, in studying and solving the problem of food safety in scouting activities. A general difficulty was noted in the management of good hygiene and food safety practices, during outdoor youth scouting activities, in which children cook and manage food directly. Due to the particular nature of the activities, special attention is also required for nutrition aspects.

**Intervention.** Cadas Staff collaborated with professional organizations, and institutions, in order to draw up a manual of good practices. On the basis of the evidences collected, training actions for children, teenagers and young people, were devised and tested, according to "learning by doing" method. An adequate nutritional regime was also studied with suitable foods for outdoor activities and directly cooked by children, with particular attention to allergies, intolerances and religious and ethical diets.

**Outcomes.** The HACCP and good practices Handbooks for children and for the organization, as well as weight tables and developed diets, are the basis of the developed documents during the ASSORAIDER National Scout Camp, where participants (children and teens) as well as the staff involved in the organization of the event, was able to apply the system.

**Implications.** The system implemented has increased awareness in young people and in the organization on the issues of hygiene and food safety. The wealth of knowledge and skills can be available to other youth organizations. This experience has also allowed volunteers to acquire skills that can be spent in their own job or for job applications.
Implementation of an Advanced Practice Nursing program in Oncology as a health promotion initiative for well-being and equity

Speaker
Francisca Marquez-Doren, Presenting Author from School of Nursing, Pontificia Universidad Católica de Chile, Chile

Co-authors
Silvia Palma, Camila Lucchini-Raies

Abstract

**Background/Objectives.** In Chile there are large inequities in terms of access and health coverage. One of the areas with most problems is oncology, since people die prematurely due to lack of access to diagnosis and timely treatment, mainly due to the lack of professionals specialized. An Advanced Practice Nursing (APN) academic program in oncology was created to address the access and coverage gaps, especially in vulnerable population. The participatory, evidence-based, patient-focused process for APN role development, implementation, and evaluation (PEPPA) framework emerged as an opportunity to achieve its implementation in the Chilean health system. The aim of this work was to implement an APN program in oncology to contribute to the solution of access and coverage problems in the oncological area through the application of the PEPPA framework, with the purpose of promoting health and well-being of the oncology patients and their families.

**Methods.** The implementation of the APN academic program through the nine steps of the PEPPA framework to incorporate the new role of advance practice nurse in oncology into the health system.

**Results.** An implementation plan was proposed following the nine steps defined by the PEPPA framework contextualized to the academic, professional, and legal reality of Chile, aligned with international standards. The implementation considers context elements such as having postgraduate training programs in the area, the adaptation of care models and joint work with policy makers. This program was initiated with a pilot group of ten oncology nurses who took the core curses of the program: APN role, Advanced Pathophysiology, Advanced Pharmacology and Advanced Health Assessment. At the same time training settings were implemented to facilitate the clinical experience of this new nursing role in Chile. Actually, this nurses are designing the intervention programs that will allows the measurement of the impact of this new role.

**Discussion.** The implementation of a postgraduate training program that allows to install a new role for nursing, based on the needs and gaps existing in Chile nowadays, are contributing to facilitate access and health coverage of people diagnosed with oncological pathology, contributing to their early treatment and subsequent survival. The implementation of an APN program in oncology supports the introduction of a new role for nursing in Chile, contributing to diminish the equity gaps for health care in oncology through a model that ensures its implementation.
Improving intergenerational relationships with older adults through university service learning curriculums: A pilot study in Taiwan

Speaker
Hsinyi Hsiao, Presenting Author from Tzu Chi University, Taiwan

Co-authors
Tsu Ann Kuo, Yu Rong Xu, Chao-Chun Wu, Tara Chen, Pao-Sheng Chang

Abstract

**Setting/problem.** Ageing stereotypes; both implicit (subconscious) and explicit (conscious) could produce substantial negative influences on older adults’ physical and mental health. In Taiwan, young adults predominantly have been found to have negative views towards the older generation. University’s learning infrastructure also currently falls behind in preparing students for ageing careers. It is critical to address this issue by providing intergenerational programs to help reduce ageism among younger generations in aging societies.

**Intervention.** A cross-university research team developed structured ageing-related trainings (i.e., ageing experience, communication and observation skills) to prepare university students for a service-learning component in the course. One-hundred and two college students were partnered with community centres in three regions (urban and rural areas) across Taiwan to develop sustainable age-friendly solutions through a design-thinking approach. Students completed pre-post assessments (surveys) and reflection notes during the course.

**Outcomes.** Pre-/post- survey results and reflection notes showed positive changes in attitudes towards older adults and behaviour. Significant improvement in various aspects include empathy (perspective-taking and empathic concerns) and intergenerational relationship with older adults, cognitive and emotional competence, altruism behaviour, communication skills, internet addiction as well as age-related career opportunities among college students themselves.

**Implications.** University curriculums that include intergenerational programs to co-create age-friendly societies is an area deserving for further investigation. More cohesive instruction and opportunities for community partners to engage with university instructors is needed. Service-learning experiences harnesses young generation’s competencies; developing empathy, compassion, and recognition that ageing is a universal responsibility.

Inégalités familiales de genre et mortalité des enfants de moins de cinq ans au Togo

Speaker
Vénnunyé Claude Kondo Tokpovi, Presenting Author from Université de Montréal, Togo


Résultats. Les résultats montrent que le risque de mortalité des enfants est plus élevé dans les familles avec de fortes inégalités de genre, chez les enfants dont les mères ont moins de 20 ans à l’accouchement et ceux nés durant la période 1975-1984. Aussi, ce risque est élevé chez les garçons, chez ceux vivant avec les hommes chefs de ménages, les ménages de taille élevé et n’ayant pas des toilettes améliorées et chez les enfants de mères musulmanes ou anismistes.

Discussion. La plupart des études ne se sont pas intéressées à la construction de la variable composite « inégalités familiales de genre ». Néanmoins, elles ont montré que des variables contribuant à la construction de cette variable composite influencent la mortalité des enfants, confirmant ainsi nos résultats. Ainsi considérant la structure familiale, les enfants ont 8 points de pourcentage plus susceptibles de mourir dans les cinq premières années de leur vie s’ils ont une mère vivant dans une famille polygame (Arthi et Fenske, 2018). Selon Rahman et al. (2015), accroître l’autonomie décisionnelle de la mère peut réduire la prévalence des enfants souffrant de malnutrition et contribuer à une génération future en meilleure santé. Aussi, avoir plus d’éducation augmentait la probabilité d’accéder aux soins médicaux (Akter et al., 2015; Andriano et Monden, 2019).

Innovation in health surveillance practices: Audiovisual resources as a teaching-learning strategy in Brazil

Speaker
Edlaine Faria de Moura Villela, Presenting Author from São Paulo Health State Department, Brazil

Co-author
Regiane Cardoso de Paula

Abstract
Setting/problem. Education and communication in health surveillance has been taught in a very conceptual way in postgraduate programs, with no space for reflection on health practice and possible feedback to
society. Thus, it was decided to transform the form of evaluation of a graduate course, allowing the development of audiovisual materials on public health topics to be made available to health professionals and the community in general.

**Intervention.** The audiovisual materials’ elaboration was carried out by a group of twenty-seven postgraduate students from the Graduate Program in Sciences of the Disease Control Coordination, São Paulo State Department of Health in 2021, in order to contemplate the content of health surveillance during the Education and Communication in Health Surveillance discipline. Thus, as a form of application of the active methodology, the preparation of audiovisual materials was proposed. The theme was chosen by the students themselves, contemplating concepts and fundamentals of education and health communication studied during the period.

**Outcomes.** The group addressed the topics: Patient safety; Covid-19 in schools; Importance of vaccination; Unique health; and HIV prevention, due to the relevance of the subject and its applicability in health surveillance practice. Therefore, it is extremely relevant to master and perceive the subject in their work routine, aiming at the improvement of health services. The videos produced were based on different methods, popularized on YouTube. The audiovisual recordings were presented in the classroom together with an explanatory report of the activities carried out. In addition, the materials produced were posted on Disease Control Coordination youtube channel, which enable free dissemination and access of videos, in order to provide a new option for access to public health knowledge.

**Implications.** The use of digital technologies facilitated the learning process and makes communication faster. It provided new views of the same subject. The audiovisual resource is one of the most widespread technologies and an active methodology that facilitates the approach of contents, serves as motivation in learning and makes topics more accessible and dynamic. The objective of presenting, in a didactic way, specific concepts of issues in the field of health surveillance was achieved. The partnership between innovation and creativity allowed to assimilate the health surveillance contents’ application.

**Integrating sex and gender-based analysis plus, equity, diversity and inclusion (SGBA Plus EDI) considerations into the public health agency of Canada’s COVID-19 guidance**

**Speaker**
Madeleine Bird, Presenting Author from Public Health Agency of Canada, Canada

**Co-authors**
Nicolas De Guzman Chorny, Kelsey Lucyk, Jennifer Rooney

**Abstract**
The Public Health Agency of Canada (PHAC) is responsible for publishing evidence-based guidance on public health measures. In response to the COVID-19 pandemic, PHAC’s guidance expanded beyond clinical settings to include community settings, child and youth settings, Indigenous communities, and industry.
PHAC recognized the need to modify guidance to facilitate inclusive, feasible and equitable application across a wide range of populations and circumstances and to ensure the use of non-stigmatizing, inclusive, and culturally sensitive language. Accordingly, senior officials mandated that all PHAC COVID-19 guidance undergo a Sex and Gender-Based Analysis Plus Equity, Diversity and Inclusion (SGBA Plus EDI) review. SGBA Plus is a Government of Canada commitment and analytical process that identifies systemic inequalities and potential barriers for diverse groups.

**Intervention.** To ensure that all COVID-19 guidance underwent a review for SGBA Plus EDI factors, PHAC established an internal review team with expertise in SGBA Plus and EDI. The reviewers developed an iterative process in collaboration with guidance authors, which enabled them to make recommendations regarding the specific needs and circumstances of various groups to enhance the relevance of documents for diverse audiences. The expert team also developed a reflexive tool to support thorough consideration of SGBA Plus and EDI factors, as well as improve reliability between reviewers.

**Outcomes.** The systematic integration of SGBA Plus EDI considerations into PHAC-published COVID-19 guidance has increased organizational capacity for equity considerations and has resulted in guidance that may be particularly responsive to the unique barriers faced by populations experiencing marginalization, or social and economic vulnerabilities. Among the 125+ documents that the expert team has reviewed, reviewers have noted the adoption of more inclusive language and increased applicability across four major themes: 1) Equity and Social Determinants of Health; 2) Diversity and Inclusion; 3) Mental Health; 4) Use of Plain and Inclusive Language.

**Implications.** As the evidence and response evolved, SGBA Plus EDI considerations and inclusive language were increasingly integrated into PHAC-published COVID-19 guidance. This outcome resulted from collaboration of those involved in the development and review of guidance, which has ultimately strengthened the applicability and inclusiveness of COVID-19 guidance for Canadians.

**Integrating social and behavior change programming in health systems strengthening: A case study from India**

**Speaker**
Rania Elessawi, Presenting Author from UNICEF, United States

**Co-author**
Humma Sheikh

**Abstract**
**Setting/problem.** The resolution to the Sustainable Development Goals (SDG) Agenda has made a call for action in which SDG Goal 3 – “to ensure healthy lives and promote well-being for all at all ages” – is a high-priority goal. In many countries with a high burden of maternal and child mortality, health systems are weak, and quality of care is undermined by limited human resources and infrastructure, lack of political will, and inadequate long-term planning, preparedness, and sustainable financing. The SDG call for action focuses on
Health Systems Strengthening (HSS) as an important approach. HSS includes initiating activities in six internationally accepted core HSS functions – human resources for health; health finance; health governance; health information; medical products, vaccines, and technologies; and service delivery. Social and Behaviour Change (SBC) is a critical component of developing HSS interventions to strengthen these six core functions.

**Intervention.** Our work focuses on making the case for the importance of SBC interventions to address quality gaps in service delivery, the health workforce, financing, governance, and evidence generation for decision-making. SBC is critical for demand generation that will increase uptake and sustain utilization of services. This paper takes a deep dive into the financing function; in which we critically analyse trends in allocation and expenditure of The National Government of India’s National Health Mission (NHM) Budget for SBC interventions and present key constraints to effective implementation.

**Outcomes.** Analysis shows an overall low level of public spending on health, with 40% of the total health budget remaining unutilized in 2014-2015, and a 20% reduction in the health budget in 2015-2016. More specifically, budget allocation and utilization for SBC interventions is inconsistent and remains very low across States. Most states in India are unable to fully utilise available funds for SBC due to bottlenecks in budgetary processes (including national delays in the release of funds), weaknesses in planning at the district and local levels, and systemic weaknesses in the government apparatus.

**Implications.** Inconsistent and ineffective SBC financing (planning, allocations, budget tracking) has negative implications on generating demand. Improving health financing at the national level and strengthening SBC budget expenditure at the district and local levels is essential for improving efficiency and effectiveness of SBC interventions.

**Intention to be screened following presentation of benefits and harms of breast cancer screening: A study of women’s views in 5 European countries**

**Speaker**
David Ritchie, Presenting Author from University of Antwerp, Belgium

**Co-authors**
Stephan Van den Broucke, Guido Van Hal

**Abstract**

**Background/Objectives.** The imperative for cancer screening programmes to facilitate an informed choice about mammography screening amongst eligible women has been explicitly recommended in the latest update of the European Guidelines on Quality Assurance in Breast Cancer Screening. This study aimed to understand whether being informed about the awareness of benefits and harms of mammography screening impacts on the intention to be screened for breast cancer. We also investigated the role of several cognitive variables, including health literacy, on intention.
**Methods.** A cross-sectional survey of women aged 50 years and above from five countries (Belgium, France, Italy, Spain, and the United Kingdom) was performed in January 2021. The survey contained items to measure cognitive variables from the theory of planned behaviour and health belief model, and included the 6-item version of the European Health Literacy Survey Questionnaire (HLS-EU-Q6).

**Results.** A total of 1180 participants responded to the survey. 19.5% of participants (n=230) were able to correctly identify that breast cancer screening carries both benefits and harms. 56.9% of participants (n=672) responded that they would be more likely to participate in breast cancer screening in the future after being informed about the benefits and harms of breast cancer screening. Logistic regression showed a statistically significant effect of history of screening participation, knowledge of benefits and harms of breast cancer screening, health literacy, social norms, perceived behavioural control, perceived susceptibility and perceived barriers on screening intention ($\chi^2(22)=210.553, p<.000$), explaining 20.1% of the variance of screening intention.

**Discussion.** Only one out of five correctly identified that breast cancer screening carries both benefits and harms, while nearly two out of five responded that breast screening carries no harms at all. This result corresponds to data from systematic reviews which reported that women and health professionals overestimate the benefits of breast screening and underestimate the harms. Perceived behavioural control and social norms emerged from the analysis as displaying most significance in the relationship with intention to be screened. In conclusion, the presentation of simple but accurate information about the benefits and harms of participation in breast cancer screening to women did not negatively impact upon their intention to be screened.

**Intergenerational learning collaborations: Actions to nurture wellbeing**

**Speaker**
Marie Hanmore-Cawley, Presenting Author from ITSligo, Ireland

**Co-author**
Kate Brown

**Abstract**

**Background/Objectives.** This was an investigation into wellbeing in intergenerational learning (IL). The aim of the 2021 research was to discover how participation by children and older people in a doctoral research project (2011-2015), in five schools in the West of Ireland, may have contributed to their wellbeing. Their experiences may lead to new understandings about how IL may contribute to nurturing wellbeing throughout the life course. The local knowledge may be received as a contribution to critical conversations about policy formulation in education contexts.

**Methods.** An invitation was extended to the children (now 17yrs+) and older people (now 70yrs+) to hear from them, through qualitative data collection and analysis, how IL may have developed their sense of wellbeing. The ‘sandwich generation women’ were also included as a sample group in the focus group.
research. The sandwich generation comprised of mothers of the young people, and adult daughters of the older people. We discussed protective factors that can lead to a sense of wellbeing, focusing on the evidence-informed actions to support health and wellbeing, promoted by the Health Service Executive: Connect, Be Active, Take Notice, Keep Learning, Give.

**Results.** Findings demonstrate that IL, migrated outside the boundary of the schools and contributed to the development of individual, relational and community wellbeing. Nine findings, in the shape of protective factors for nurturing wellbeing emerged. We will discuss how the group gained a developed sense of empathetic understanding, leading to intergenerational solidarity.

**Discussion.** The values of justice, equality, fairness, solidarity and respect for differences are important in nurturing wellbeing (Department of Education and Science, 2013). Enhancing IG solidarity, according to the European Map for Intergenerational Learning is one way of addressing the demographic change across Europe. An ageing society brings challenges; however, the participants spoke about the positive changes they experience in themselves and see in others, as a result of IL. Young people have learned about the significance of respect for others. Older people feel valued and respected, when acknowledged in the community. In the context of the COVID Pandemic, participants voiced a greater importance for forging connections, acknowledging older people as role models for resilience, while appreciating how they may have played a role in nurturing each other’s wellbeing.

**Intervention components that nurture wellbeing and employability of hard-to-employ people with anxiety problems**

**Speaker**
Dinka Caha, Presenting Author from Faculty of Law Osijek, Croatia

**Abstract**

**Background/Objectives.** The reducing unemployment rate after economic crisis and SARS-CoV-2 pandemic illustrates how labour market is re-establishing and adapting employees to more flexible forms of work. However, those hard-to-employ are not pertaining this employment prospects. This research examines prevalence of anxiety among those unemployed hard-to-employ and how the level of anxiety is related to age and education. It also determines what latent function of work are lacking among those unemployed with severe symptoms of anxiety.

**Methods.** The research was conducted on a convenient sample of 212 unemployed social assistance recipients in August 2017. Social assistance recipients were included as a representative sample of those hard-to-employ since they are unemployed for significantly longer periods (93.8% of social welfare recipients were long-term unemployed) and have poor employment prospective in relation to education and age. The methods used to address the research questions included descriptive statistics and difference testing.
Results. This research shows that a quarter of social assistance recipients have severe symptoms of anxiety. In relation to age and education, higher levels of anxiety have those unemployed older than 44 years and those unemployed who have finished elementary school only. Those social assistance recipients with higher levels of anxiety are deprived of all latent functions with collective purpose and social contacts being at the least fulfilled functions.

Discussion. These data suggest that policy initiatives for those hard-to-employ need to enhance their regular social contacts and activities that will make them feel that they are contributing to their community. The obtained results highlight the importance of expanding the scope of support for people living in poverty, and long-term unemployed by providing them timely mental health support. These findings present evidence that can be used to advocate for right to health for poor families and expansion of the scope of support.

Introducing a practical guidebook of strategies and indicators to support design, implementation, and assessment of effective initiatives on financial wellbeing and financial strain

Speaker
Ana Paula Belon, Presenting Author from Centre for Healthy Communities, School of Public Health, University of Alberta, Canada

Co-authors
Candace Nykiforuk, Evelyne de Leeuw, Patrick Harris, Nicole Glenn, Aryati Yashadhana, Karla Jaques

Abstract
Background/Objectives. Current initiatives targeting individual's financial situation have focused on behaviour change and consequences of poverty; such policies, programs, services, and practices are more likely to produce short-term effects. Addressing the determinants of financial strain and poor financial wellbeing (e.g., structural unemployment, deterioration of welfare systems, and discrimination) is needed. Our research-practice collaborative project developed a unique guidebook of strategies and indicators to support decision-makers and stakeholders in designing, implementing, and assessing actions on financial wellbeing and financial strain.

Methods. The Guidebook is built on our newly developed Action-oriented Public Health Framework on Financial Wellbeing and Financial Strain. We conducted a rapid realist review, policy scan, and critical literature review to identify targets, evidence-based strategies, and indicators for each of the 17 entry points for action presented in our Framework. Using an Integrated Knowledge Translation approach, we invited a diverse body of representatives of governments and other professionals linked to universities and organizations to work alongside the research team in the refinement of the Guidebook. They provided feedback via online questionnaires, workshops, and group and individual meetings.
**Results.** Our innovative Guidebook is divided into five sections representing the five domains in the Framework: Government (All Levels), Organizational Culture, Socioeconomic and Political Context, Sociocultural Circumstances, and Life Circumstances. Under each domain, there are a few entry points for action for which we developed targets (where to act), strategies (what to do), and progress and outcome indicators (how to monitor and assess).

**Discussion.** The Guidebook, like its companion Framework, reflects the interconnections between individual agency and contextual factors affecting people’s opportunities to be and feel financially secure. The Guidebook provides high-level guidance for organizations and governments designing, implementing, and assessing or evaluating initiatives related to financial wellbeing or financial strain at the individual or structural levels. It can help strengthen a wide range of initiatives (e.g., financial inclusion, transportation services, childcare provision) by encouraging an equity-focused thinking in the decision-making and development of partnerships across government sectors and organizations.

**IQOS marketing strategies at point-of-sales - a cross-sectional survey with retailers**

**Speaker**
Yael Bar-Zeev, Presenting Author from The Hebrew University, Israel

**Co-authors**
Carla Berg, Amal Khayat, Katelyn Room, Christina Wysota, Lorien Abroms, Daniel Elbaz, Hagai Levine

**Abstract**

**Background/Objectives.** IQOS, with corresponding HEETS sticks, is the leading heated tobacco product globally; emerging in Israel, one of its first markets, in 2016. Given limited research on heated tobacco products’ marketing, this study aimed to assess point-of-sale (POS) IQOS marketing in Israel and Philip Morris International’s (PMI) involvement in it.

**Methods.** POS locations in 5 cities (n=712) were identified from IQOS’ Israel website. Research staff searched the web for corresponding phone numbers (n=528) and called to confirm eligibility for an online/phone survey (ever sold IQOS or HEETS). Excluding phone numbers that were disconnected/incorrect/no answer/not eligible (n=357), 43/171 (25.1%) completed the survey. Measures included: 1) POS characteristics; 2) IQOS/HEETS products sold; 3) attitudes toward IQOS; and 4) marketing strategies. Bivariate analysis assessed differences between POS selling only HEETS to those selling both HEETS and the IQOS device.

**Results.** POS (n=43) included convenience (22, 51.1%), grocery (13, 30.2%), liquor (4, 9.3%) and tobacco (4, 9.3%) stores. Most (72.1%) expressed at least one positive attitude toward IQOS, most commonly believing it to be less harmful than cigarettes. The most common form of promotions offered to retailers were financial incentives based on HEETS sales (34.9%). Almost half (48.8%) mentioned receiving instructions from PMI regarding IQOS or HEETS placement, targeting consumers, and strategies for communication with customers (e.g. emphasizing how IQOS compares to other tobacco products). A higher proportion of POS
selling the device (n=15, 34.9%), compared to those selling only HEETS, were located in industrial/high tech areas (26.7% vs 10.7%), were tobacco shops (26.7% vs 0%), had special displays (100% vs 17.9%), sold at least 4 HEETS colors (100% vs 55.6%), received incentives based on sales (50% vs 7.7%), and received instructions from PMI (83.3% vs 44%), p<.01 for all.

Discussion. Findings suggest that specific marketing strategies are employed at the POS to promote IQOS and differentiate IQOS and HEETS from combustible tobacco products. Tobacco control measures should tackle industry-selective promotion strategies.

**IRecall.24 : une application numérique pour le recueil de données sur les consommations alimentaires des habitants des îles du Pacifique**

**Speaker**
Solene Protat, Presenting Author from Communauté du Pacifique, New Caledonia

**Co-authors**
Olivier Galy, Corinne Caillaud

**Abstract**

**Contexte/Objectifs.** Selon les résultats des enquêtes menées par l’OMS, seulement 20% des habitants du Pacifique suivent les recommandations concernant la consommation d’au moins 5 fruits et légumes par jour. Toutefois, peu d’études sur les consommations alimentaires des individus ont été mises en place dans la région. Ces études, si elles sont réalisées via des entretiens individuels (méthode du rappel des consommations des dernières 24h) engendrent un coût élevé car elles nécessitent un nombre important de ressources humaines pour la collecte des données. Il est donc indispensable que des outils fiables et généralisables à l’échelle des pays puissent être développés. C’est pourquoi, l’université de la Nouvelle-Calédonie, en collaboration avec l’Université de Sydney et la Communauté du Pacifique ont développé une application digitale permettant de collecter les informations personnelles sur l’alimentation des individus sous forme auto-administrée.

**Méthodes.** L’application a été développée par une société spécialisée basée à Sydney, une base de données a été constituée par des diététiciennes avec les informations nutritionnelles disponibles à l’échelle de la région et chaque suggestion d’aliment s’accompagne d’un choix de portion sous forme imagée (photos). Ainsi, l’outil est totalement adapté au contexte des îles du Pacifique.

**Résultats.** L’application a été testée en Nouvelle-Calédonie auprès des différents publics afin de vérifier : si son utilisation est facile et adaptée à toutes les tranches d’âge et ethnie vivant sur ce territoire, et si la base de données est suffisamment exhaustive et adaptée aux habitudes alimentaires des calédoniens.

**Discussion.** Cette application va désormais être déployée dans différents contextes : scolaires, professionnels de santé, familles, associations, etc. pour la réalisation d’enquêtes nationales ou de projets.
Is carrying children to routine vaccination enough? A case study of the pagne porte-bébé (baby-wrap) in Niger, West Africa

Speaker
Eliza Squibb, Presenting Author from MIT, United States

Co-author
Mika Kunieda

Abstract

Background/Objectives. The aim of the research was to assess the effect of a baby-wrap designed with information on where and when to vaccinate children with routine vaccines. The baby-wrap, commonly used by mothers in West Africa, was chosen as the medium of health promotion.

Methods. After ethics review approvals, health worker communication training was conducted. The questionnaire survey was administered (n=1692), first when the baby-wrap was being distributed in December 2020. The second questionnaire survey took place just before Ramadan in April 2021. The last and third questionnaire survey is taking place September-October 2021. The mothers who agreed to being recruited for the study were surveyed in the second and third surveys. Vaccination coverage and drop-out rates were to be calculated and compared between the paired 10 intervention and 10 control health centers to assess the effect of the vaccination calendar baby-wrap. Questions were based on the Fogg Behavioral Model of motivation, ability and prompt to vaccinate.

Results. Results of this study evaluating the effect of the vaccination calendar baby-wrap will be analysed, written up and published before the conference. Preliminary results show that the baby-wrap itself is being used but that the message has not been fully understood nor was it being discussed amongst mothers. Results of the second survey indicated a slight improvement from the first survey, for motivation as well as ability to vaccinate.

Discussion. The intervention focused on improving vaccination calendar knowledge at the individual mother level but could have benefited from supplementary activities such as getting medical students to explain the baby-wrap vaccination calendar while mothers waited for their child’s turn at health center waiting rooms. This might have solicited conversation over the vaccination schedule as well as peer support or play groups amongst mothers of children who are around the same age and developmental stage. Creating a child care peer support group and other textiles which promote health and literacy could be a way forward for this project.
Is drowning prevention a risky business for young people?

Speaker
Justine Leavy, Presenting Author from Curtin University, Australia

Co-author
Malena Della Bona, Gemma Crawford

Abstract

**Background/Objectives.** Drowning is a significant cause of unintentional death in Australia. Younger adults are widely recognised as being at greater risk of drowning than other age groups partly because of their life stage, social influences and attitudes towards risk taking. In Western Australia (WA), despite careful design and implementation of youth-focused drowning prevention programs, young people continue to be over-represented in drowning events. This research explores the role of peer and social influence on perceptions of risk among young adults in WA.

**Methods.** A population level, pre- and post-test, cross-sectional online survey collected self-reported data at two time-points: November 2019 (T1) & May 2021 (T2) from young adults 15-24 years living in WA. Sample sizes were: T1 (n =516) and T2 (n=429). Variables collected were: Benthin’s risk perception scale, Resistance to Peer Influence scale (RPI), AUDIT-C scores, country of birth, gender, swim ability and level of education. Multivariate analyses were undertaken and forced entry logistic regression used to calculate odds ratios with 95% confidence intervals for dichotomous variables. Analysis has commenced and currently being completed.

**Results.** Females and metropolitan participants were over-represented at T1 (71.4%) and T2 (66.4%). The majority were born in Australia (87.1%, n=370), completed high school (92.2%, n= 308) and were employed on a part-time basis (71.0%, n=237). Significant differences were found by age, location and study type when comparing T2 to T1. Preliminary results found participants’ perceived drinking alcohol around water was a low-risk activity for themselves and their peers and benefits of drinking around water outweigh the risks. There were significant differences by time, gender and age for personal risk and risk to peers. At both T1 and T2, males had significantly higher personal control, rated peer influence higher than females and placed less value on the negative consequences of drinking around water.

**Discussion.** Findings add to the small but growing body of literature providing insights into risk practices among young people and the role of peer and social influence within and between youth social networks. Understanding how social context, norms and peers influence perceptions of risk can support identification of key points for intervention and levers of change, including the role and impact of influential individuals.
Key findings from round 2 of British Columbia's COVID-19 SPEAK population health survey

Speaker
Kate Claydon-Platt, Presenting Author from BC Centre for Disease Control, Canada

Co-authors
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Abstract

Background/Objectives. To understand British Columbians’ experiences, knowledge, and actions one year into the COVID-19 pandemic by collecting comprehensive, relevant, and representative information to inform policy at provincial, regional, and local levels.

Methods. A province-wide, cross-sectional, web-based population health survey was conducted from April 8 to May 9, 2021. Questions were drawn from validated sources for comparison, totalling 102 questions. Quota sampling was used to recruit a representative sample aged 18 years and older, and respondents were weighted using Census data by age, sex, education, ethnicity, and geography.

Results. A total of 188,561 people completed the survey. Respondents reported worsening mental health (57%) and increased stress (25%). Thirty-six percent of respondents reported increased difficulty accessing healthcare, the family doctor most frequently reported (78%). Increased discrimination (20%), was reported varying for age, ethnicity, geography, and setting, and households reported increased conflict (44%). Households with children aged 5-17 years reported increased child stress (83%), and schools being open was important to children’s wellbeing (85%). Young adults reported greater mental health and financial impacts than all other respondents. All respondents reported decreased connections to family (57%) and friends (77%). Vaccine-hesitancy was reported by 9%, with differences by geography, income, education, and ethnicity. Post pandemic, individuals would like more flexible work options (75%), increased healthcare access (71%) and virtual health (65%), expanded urban spaces (53%) and reduced income inequality (56%).

Discussion. The societal impacts one year into the pandemic were inequitably distributed, and people experiencing the most stress already were impacted the most. Households with school-aged children are struggling, impacting child wellbeing and development. Young adults are experiencing significant disruption to post-secondary education, employment, financial security, and life goals. There were increased difficulties in healthcare access, particularly the family doctor. Mental health indicators have significantly been impacted and deterioration in protective resiliency factors. The findings have provided critical insight into the impacts of the COVID-19 pandemic and helped inform critical public health priority areas.
L’association entre la qualité du régime alimentaire et le diabète de type 2 chez les Premières Nations vivant dans les réserves au Canada

Speaker
Ariane Lafontune, Presenting Author from Université de Montréal, Canada

Co-authors
Amy Ing, Malek Batal, Hing Man Chan, Tonio Sadik

Abstract

Contexte/Objectif. La prévalence du diabète de type 2 (DT2) chez les Premières Nations au Canada est plus de trois fois plus élevée que chez les Canadiens de la population générale. Une qualité du régime alimentaire plus faible est généralement associée à une augmentation du risque de DT2, mais peu d’information existe sur cette relation pour les Premières Nations vivant sur-réserves. Dans cette étude, notre objectif est d’évaluer l’association entre la qualité du régime alimentaire et le DT2 chez les adultes des Premières Nations vivant dans les réserves au Canada.

Méthodes. Une analyse de données transversales collectées entre 2010-2016 dans le cadre de l’« Étude sur l’alimentation, la nutrition et l’environnement chez les Premières Nations », conçue pour combler les lacunes en matière de connaissances sur le régime alimentaire des Premières Nations vivant dans les réserves au sud du 60e parallèle au Canada, est effectuée. L’échantillon est composé de 5 384 participants adultes (âgés de 19+ ans) membres de 71 collectivités dans six régions (Manitoba, Ontario, Alberta, Provinces atlantiques, Saskatchewan et Québec-Labrador). Des données de rappels alimentaires de 24 heures sont examinées à l’aide de quatre indicateurs de la qualité de l’alimentation : une adaptation canadienne de l’indice de la qualité alimentaire globale (C-HEI), la contribution énergétique des aliments ultra-transformés selon la classification NOVA, la consommation d’aliments traditionnels ainsi que l’adéquation des apports en nutriments. Des modèles de régression logistique multiple sont utilisés pour vérifier les associations entre les indicateurs de la qualité de l’alimentation et le statut diabétique auto-rapporté.

Résultats attendus. Les analyses en cours devraient démontrer que le statut diabétique est associé à des différences dans les indicateurs de la qualité du régime alimentaire, après contrôle de plusieurs variables sociodémographiques.

Discussion. Les résultats devraient contribuer à mieux comprendre le rôle de la nutrition dans la prévalence du DT2 chez les Premières Nations vivant dans les réserves au Canada. Ainsi, cette étude devrait être utile dans le développement de politiques publiques et de programmes communautaires, de pair avec les Premières Nations, visant à ralentir l’augmentation de la prévalence du DT2 en considérant l’alimentation de façon globale.
L’entretien motivationnel comme stratégie de promotion de la vaccination auprès des nouveaux parents : déploiement du programme ministériel Emmie dans un CHU

Speaker
Martine Fortier, Presenting Author from CHU Sainte-Justine, Canada

Co-author
Marie-Sophie Cognard

Abstract

Milieu/problématique. Actuellement dans le monde, on note une recrudescence de certaines maladies et l’apparition de nouvelles maladies. On sait aussi qu’il y a une augmentation du phénomène d’hésitation à l’égard de la vaccination et un relâchement de la vaccination parmi certains groupes de personnes. Pour répondre à cet enjeu de santé publique, un programme ministériel de promotion de la vaccination a été déployé dans l’ensemble des maternités du Québec (Canada), appelé Emmie (Entretien motivationnel pour l’immunisation des enfants). Le CHU Sainte-Justine (CHUSJ) de Montréal a déployé ce programme dans sa trajectoire de soins mère-enfant, aux unités de postpartum et de néonatalogie. Il est co-piloté par le Centre de promotion de la santé du CHUSJ et le plateau mère-enfant depuis 2018.

Intervention. L’intervention proposée consiste en une rencontre d’échange d’environ 20 minutes sur la vaccination du nouveau-né, destinée à tous les nouveaux parents durant leur séjour à la maternité de l’hôpital.

Résultats.

- Le programme Emmie est actuellement déployé dans 33 maternités, réparties dans 9 régions du Québec.
- Suite au déploiement du programme au CHUSJ, on note un bon taux de participation des familles, et une bonne réceptivité du programme par les équipes cliniques.
- Parmi les stratégies gagnantes du déploiement :
  - Co-gestion du programme
  - Démarche d’amélioration continue complémentaire et cohérente dans le continuum des soins
  - Collaboration avec les équipes cliniques et partenariats établis dans le réseau de la santé
  - Participation à une communauté virtuelle de pratique
  - Formations continues gratuites pour les intervenants en immunisation et en entretien motivationnel via un environnement numérique provincial.

Implications. Le Programme Emmie de promotion de la vaccination est une pratique innovante qui a fait ses preuves pour augmenter la couverture vaccinale des enfants au Québec et contribuer à la santé de la population. L’approche de l’entretien motivationnel peut être utilisée en amont du processus de soins, concernant toutes les problématiques de changement de comportement.
La communication en temps de pandémie : la perspective des malentendants

Speaker
Adriana Lacerda, Presenting Author from Université de Montréal, Canada

Co-authors
Alexis Pinsonnault-Skvarenina, Élodie Tremblay, Loonan Chauvette, Ronald Choquette, Andreeanne Sharp, Jean-Pierre Gagné, Mathieu Hotton

Abstract

Background/Objectives. Certaines mesures sanitaires proposées pour contrer la propagation de la COVID-19 peuvent avoir un impact négatif sur la communication. Les résultats d'études récentes ont révélé que le masque chirurgical agirait comme un filtre acoustique passe-bas. Il a été démontré que les masques faciaux auraient un impact négatif sur la communication, en particulier dans un cadre médical. Ils auraient aussi un impact sur l'engagement avec le locuteur et augmenteraient l’anxiété. Le but de cette étude était d’explorer l’impact des mesures sanitaires sur les Québécois malentendants, en comparaison à un groupe contrôle d’individus sans perte auditive.

Methods. Un questionnaire a été développé, visant à documenter, d’un point de vue psychosocial, les difficultés de communication vécues dans différentes activités de communication en raison des mesures sanitaires. 170 participants ayant reçu un diagnostic de surdité ont été inclus dans le groupe avec perte auditive ; les 125 autres formaient le groupe contrôle.

Results. Près de 90% des participants du groupe avec une perte auditive et 76% du groupe contrôle déclaraient que le masque était la mesure la plus problématique pour la communication. Le groupe avec une perte auditive rapportait 2 à 3 fois plus d’impact sur la communication que le groupe contrôle pour toutes les activités. Selon la situation, 30 à 50% des participants malentendants rapportaient des bris de communication extrêmement fréquents. Environ 15% des participants malentendants rapportaient limiter leur participation aux activités quotidiennes et 20% déclaraient avoir des émotions négatives. Chez les participants malentendants, le statut matrimonial, le sexe, la présence de sentiments négatifs et les difficultés auditives subjectives expliquaient jusqu’à 39% de la variance dans l’impact des mesures sanitaires. Le degré de surdité n’était pas significatif dans le modèle.

Discussion. Les résultats fournissent un portrait exhaustif des difficultés de communication et de leurs effets psychosociaux chez les personnes malentendantes en temps de pandémie. Ils suggèrent que les bris de communication causés par les mesures sanitaires peuvent affecter négativement la santé mentale, en particulier chez les personnes malentendantes. Cette étude fournit une base scientifique pour la mise en œuvre de mesures d'atténuation dans divers commerces et d'une sensibilisation accrue sur l'utilisation des stratégies de communication.
La diplomatie et les partenariats stratégiques dans la promotion de la Santé : le cas de la collaboration entre l'Organisation Mondiale de la Santé et l'Union Africaine

Speakers
Innocent Ntaganira, Presenting Author, retired from Canada

Abstract
Dans ce résumé, nous allons montrer l'importance de la volonté politique comme facteur déterminant de la promotion de la santé et nous allons l’illustrer par quelques résultats concrets obtenus grâce au partenariat stratégique entre l’Organisation Mondiale de la Santé et l’Union Africaine, qui est une organisation inter-gouvernementale regroupant 55 États Africains.

Le partenariat entre l’Organisation Mondiale de la Santé (OMS) et l’Union Africaine est régis par un ensemble d’accords de partenariats dont le mémorandum de collaboration signé en Juillet 2012 et plus récemment l’accord de partenariat signé en Novembre 2019, à Genève, par le Directeur General de l’OMS, Dr Tedros Adhanom et le Président de la Commission de l’Union Africaine, Moussa Faki Mahamat. Le partenariat entre l’OMS et l’Union Africaine vise à maximiser la complémentarité entre ces deux organisations pour avancer l’agenda de la Santé sur le continent Africain. La stratégie consiste à saisir toutes les opportunités des plateformes politiques pour amener les dirigeants Africains à adopter des politiques et prendre des mesures visant à promouvoir la santé dans les pays Africains.

Entre Janvier 2014 et Juin 2021, nous avons été associés aux processus de partenariats entre ces deux organisations en qualité de représentant de l’OMS à l’Union Africaine. Durant ces sept années, l’Organisation Mondiale de la Santé et l’Union Africaine ont œuvré ensemble sur des dossiers de plaidoyer couvrant des thématiques importants tels que l’accroissement du financement domestique de la santé, la prévention et le contrôle des endémies et pandémies (sécurité sanitaire), la couverture vaccinale universelle, la prévention et le contrôle des maladies transmissibles et non transmissibles, l’harmonisation des mécanismes de régulation du secteur des médicaments, etc....

Ce partenariat entre une organisation technique, l’OMS, et une organisation politique, l’Union Africaine, était concrétisé non seulement par l’adoption de Résolutions et des Déclarations par les chefs d’État, mais aussi et surtout par la mise en place de structures devant contribuer à mettre en œuvre ces décisions politiques. Dans ce résumé, il sera question du partenariat entre l’OMS et l’Union Africaine dans le cadre de deux structures importantes : Le Centre Africain pour la prévention et le contrôle des maladies (Africa Centres for Disease Control and Prevention, Africa CDC) et l’Agence Africaine du Médicament (African Medicines Agency, AMA), deux entités qui ont /auront un impact significatif sur la promotion et le développement de la Santé sur le continent Africain.
Language and psychosocial factors associated with post-graduate retention of anglophone health and social services students in Quebec

Speaker
Tyler Brown, Presenting Author from McGill University, Canada

Co-authors
Andrew Durand, Marika Monarque, Carmen Loiselle

Abstract

**Background/Objectives.** Language minorities frequently encounter barriers to accessing healthcare and social services. In Quebec, being primarily anglophone can put individuals at risk of reduced access to these services. Previous studies underscored the importance of attracting and retaining workers capable of delivering services in English in this province. However, a significant percentage of anglophone students in these sectors choose to leave Quebec post-graduation and there is a need to better understand facilitators and barriers that contribute to staying or leaving. The present study investigates language and psychosocial factors as potential predictors of these students’ decisions.

**Methods.** A sample of 400 anglophone students will be recruited from McGill University’s medical/dentistry, nursing, psychology, and social work programs. Anonymous online surveys will be administered via Qualtrics addressing a variety of factors including socio-demographics, language anxiety, motivation to learn and speak French, social integration, psychological burnout, economic and future job prospects as predictors. Regression analysis and serial mediation will be conducted.

**Results.** Findings will offer critical insights into factors that may significantly affect the likelihood of participants to remain in Quebec. The study will also determine which factors alone or in combination best predict decisional outcomes. In addition, using serial mediation models, the analysis will explore whether (1) self-esteem, social integration, and perceived discrimination, and (2) French use anxiety, motivational intensity, and attitude towards learning French, directly relate to these decisions.

**Discussion.** The study should provide a more comprehensive understanding of out-migration so that evidence-based incentives can be mobilized to retain anglophone health and social services students in the province post-graduation. In addition, findings may serve to inform strategies to optimize decisional outcomes among this group so that the language needs of service users can best be met.

L'art-thérapie pour soutenir les personnes atteintes de fibromyalgie

Speaker
Nancy Couture, Presenting Author from UQAT, Canada
Abstract

Contexte/Objectifs. La fibromyalgie est une maladie qui se caractérise par des douleurs corporelles et de la fatigue, des troubles de l'humeur et de la détresse psychologique. La pharmacologie permet dans certains cas de réduire les symptômes mais aucun traitement ne permet de la guérir. Toutefois, des études cliniques révèlent que le jumelage de différentes modalités de traitement (exercice physique, méditation, acupuncture, etc.) peut soulager les personnes atteintes.

L'art-thérapie est une approche pouvant soutenir ces personnes dans la régulation de leurs émotions. Par ailleurs, la thérapie par l’acceptation et l’engagement (ACT) a démontré une efficacité significative dans le soutien aux personnes vivant avec la fibromyalgie.

La recherche réalisée poursuivait les objectifs suivants : 1. Développer et documenter une intervention de groupe alliant l'art-thérapie et l'ACT auprès de personnes atteintes de fibromyalgie; 2. Identifier les effets potentiels de l'intervention sur les manifestations biopsychosociales de la fibromyalgie chez les participants; 3. Documenter les liens théoriques entre ces deux approches.

Méthodes. Il s’agit d’une recherche qualitative exploratoire. Les données ont été recueillies par le biais d’une grille d’observation, d’un journal de bord tenu par la chercheuse qui a mené l’intervention et d’entrevues individuelles.

Le groupe, composé de 11 participantes, s’est rencontré pendant 8 semaines. Chaque séance était animée autour de l’un des 6 processus psychologiques de l’ACT et d’activités art-thérapeutiques.

Résultats. La démarche a permis aux participantes de mieux gérer les symptômes de la fibromyalgie : diminution des douleurs, rehaussement de l’énergie pour réaliser les tâches quotidiennes, amélioration des relations, etc. Suite à la démarche, une forte majorité des participantes ont mentionné vouloir s’engager dans des activités artistiques et ont fait des gestes concrets en ce sens (aménager un atelier, s’inscrire à des cours, etc.).

Discussion. Le jumelage de l’art-thérapie et de l’ACT semble avoir semé le désir de prendre du « temps pour soi » et de meubler ce temps avec des activités créatrices. Or, la créativité est associée à la vitalité et à la reprise de pouvoir sur sa vie. Le groupe a joué un rôle fondamental dans l’expérience des participantes. Il est devenu un espace de sécurité qui a permis la plongée dans un processus personnel et intime.

Le cannabis dans le soin : analyse des conceptions, représentations et pratiques des infirmier.ères.

Speaker
Célia Bocquet, Presenting Author, France
Abstract

**Contexte/Objectifs.** Le cannabis est la substance illicite la plus consommée en France, en particulier chez les jeunes. Objet de débat social, il représente un véritable enjeu de santé publique en impactant directement l’individu et son mode de vie. Le plan national de mobilisation contre les addictions 2018-2022 de la Mission Interministérielle de Lutte contre les Drogues et les Conduites Addictives pointe notamment les difficultés des professionnels à prendre en charge les patients consommateurs. Un travail sur les représentations des infirmiers permettrait de comprendre la façon dont ils perçoivent le cannabis et agissent face à celui-ci. Cette recherche s’intéresse aux conceptions individuelles et représentations sociales des infirmiers concernant le cannabis et leurs influences sur leurs pratiques de soin.

**Méthodes.** Douze entretiens semi directifs ont été menés auprès d’infirmiers travaillant au contact de personnes consommant du cannabis. Le guide d’entretien élaboré a pour objectif d’identifier les conceptions de l’infirmier sur le cannabis, ses pratiques et l’environnement dans lequel elles évoluent. Les données ont été traitées selon une analyse de contenu thématique verticale, horizontale et transversale.

**Résultats.** Les conceptions et représentations des infirmiers impactent leurs pratiques de soin, mais pas seulement. L’accès à une formation spécifique aux addictions permet à l’infirmier de faire évoluer sa pratique de soin, gagnant en autonomie et prise d’initiative. L’institution dans laquelle exerce le soignant, particulièrement l’institution hospitalière psychiatrique, influence en fixant les pratiques dans un cadre de soin défini, ne leur permettant pas d’évoluer.

**Discussion.** Dans un objectif d’amélioration des pratiques, la prise en compte des représentations permettrait de comprendre la place accordée au patient et la relation de soin qui se crée. Le manque de formation des infirmiers sur les drogues questionne les enseignements apportés sur les conduites addictives en formation initiale. Les pratiques, représentations, conceptions et l’institution agissent parfois de manière plus forte que la réalité qui s’offre à l’infirmier à savoir le patient, son état clinique et ses envies. Étudier l’impact de la prescription de pratiques de soin et du protocole sur le patient pourrait être une perspective de recherche.

**Le déploiement d’une politique en développement durable dans un CHU**

Speaker
Martine Fortier, Presenting Author from CHU Sainte-Justine, Canada

Abstract

**Milieu/problématique.** Au Québec, la Loi sur le développement durable assujettit les ministères et organismes à se doter d’un plan d’action en développement durable. En 2020, le CHU Sainte-Justine de Montréal a mis à jour sa politique de développement durable afin d’être en cohérence et de répondre à l’effort gouvernemental et aux actions du Ministère de la santé et des services sociaux en ce sens. Selon la Loi, « le développement durable s’appuie sur une vision à long terme qui prend en compte le caractère indissociable des dimensions environnementale, sociale et économique des activités de développement ». 

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Au CHU Sainte-Justine, le but visé est de garantir une qualité de soins et de services à long terme à sa clientèle et ses employés du CHU, en considérant les trois dimensions et en se concentrant notamment sur:
- Une utilisation efficace des ressources et des approvisionnements responsables
- Des activités et des pratiques minimisant les impacts environnementaux
- Des actions visant à favoriser les habitudes de vie et le bien-être pour limiter les risques sur la santé

Le but de la présentation est de faire part de la démarche d’amélioration continue en développement durable au CHU, permettant le déploiement des actions de manière globale et intégrée à l’ensemble de ses activités.

**Intervention.** Cette démarche d’amélioration continue vise:

Une plus grande appropriation et participation à la mise en œuvre de la politique par les intervenants du CHU
- Des soins durables
- Un aménagement extérieur afin de lutter contre les ilots de chaleur
- Une gestion énergétique efficace
- Des approvisionnements écoresponsables
- Une gestion écoresponsable des matières résiduelles et dangereuses
- Des mesures permettant de favoriser la mobilité durable des employés
- Une équité et qualité de vie au travail

**Résultats.** Plusieurs réalisations ont été effectuées, dont:
- La mise en place d’une structure de travail et d’un plan d’action transversal
- Le déploiement d’installations et de mesures corporatives incitant le transport actif et le co-voiturage
- La mise en place de politiques et d’installations favorisant une gestion écoresponsable des matières résiduelles et dangereuses
- Un approvisionnement en aliments biologiques et locaux

**Impacts / recommandations.**
- Faire du CHU un leader en développement durable
- Contribuer à l’atteinte de l’objectif ministériel de carboneutralité

**Le projet de loi 83 - réussite (rare) du plaidoyer en matière d’accès aux soins de santé des personnes migrantes à statut précaire**

**Speaker**
Chloé Cébron, Presenting Author from Médecins du Monde Canada | Doctors of the World Canada, Canada

**Co-author**
Nadja Pollaert
**Abstract**

**Milieu/problématique.** L’absence d’accès aux soins de santé des enfants de parents migrants à statut précaire vivant au Québec. Depuis sa fondation en 2011, la Clinique de Médecins du Monde à Montréal soigne, réfère et oriente les personnes migrantes à statut précaire qui ne sont pas couvertes par les régimes publics (provincial et fédéral) d’assurance maladie et qui ne possèdent pas d’assurance privée ni les moyens financiers pour accéder à des soins de santé. Ces personnes sont pour la plupart en attente d’une régularisation de leur statut migratoire (demande humanitaire, parrainage, permis de travail ouvert, etc.).

Dans ce contexte, Médecins du Monde Canada (MdM) a focalisé depuis 2015 sa campagne de plaidoyer sur les enfants de parents migrants à statut précaire au Québec afin de faire élargir le système québécois vers une couverture sanitaire universelle.

**Intervention.** Campagne de plaidoyer innovante et multiforme. Médecins du Monde a mené une stratégie de plaidoyer innovante et multiforme basée sur notre expérience directe sur le terrain avec cette population. Les éléments complémentaires de cette stratégie de plaidoyer sont : un dialogue soutenu et constructif avec le ministère de la Santé et des Services sociaux; des consultations auprès d’experts (avocats, médecins, clinique juridique); le rassemblement de données et de témoignages; des alliances avec différents acteurs (l’Observatoire des tout-petits; Clinique internationale de défense des droits humains de l’UQAM); des campagnes publiques (avec Amnistie internationale et l’acteur québécois Vincent Leclerc) et la mobilisation d’acteurs pivots au Québec comme le Protecteur du citoyen. Surtout, suite au changement du gouvernement québécois en 2018, MdM a saisi l’opportunité de mobiliser ses partenaires ainsi que d’autres acteurs clés et de faire amplifier ses revendications en faveur de cette population extrêmement vulnérable. En parallèle, MdM a maintenu un dialogue avec le ministère de la Santé et des Services sociaux et a su se positionner dans le processus de l’adoption du nouveau projet de loi comme un acteur incontournable en la matière.

**Résultats.** Une belle victoire. Nous avons réussi ce défi avec l’adoption le 10 juin 2021 du Projet de loi no 83 concernant principalement l’admissibilité au régime d’assurance maladie et au régime général d’assurance médicaments de certains enfants dont les parents ont un statut migratoire précaire et modifiant la Loi concernant les soins de fin de vie qui prévoit l’admission au régimes publics d’assurance maladie et d’assurance médicaments de tous les enfants vivant habituellement au Québec, y compris ceux de parents sans aucun statut.

**Implications.** Couverture à l’avenir d’autres catégories de personnes vulnérables. Cette victoire ouvre des possibilités d’un élargissement de la couverture sanitaire à d’autres catégories de personnes migrantes à statut précaire. La prochaine bataille de MdM visera l’accès aux soins de santé des femmes à statut migratoire précaire.
Le renforcement de la vaccination de routine et des stratégies avancées ciblées intégrées dans le cadre de l’accélération de l’élimination du tétanos néonatal

Speaker
Jean Paul Ilunga Mulaja, Presenting Author from ONG Equilibre International RDC, Democratic Republic of Congo

Abstract

Milieu/problématique. Le Programme Élargi de Vaccination (PEV), dans son plan pluriannuel 2015-2019, s’est fixé 4 objectifs suivants : (1) accroître la couverture vaccinale; (2) finaliser l’interruption de la transmission du poliovirus et assurer le confinement du virus; (3) éliminer la rougeole et entreprendre le plaidoyer en faveur de l’élimination de la rubéole et du syndrome de rubéole congénitale; (4) atteindre et maintenir l’élimination/le contrôle d’autres maladies évitables par la vaccination dont le tétanos néonatal.

Intervention. Dans le but de renforcer la couverture vaccinale dans les antennes à risque élevé en mettant l’accent sur l’équité avec le soutien de ses partenaires, le Programme Élargi de Vaccination a mis en œuvre les approches innovantes de renforcement de la vaccination de routine et les Stratégies Avancées Ciblées Intégrées pour accélérer l’élimination du tétanos neonatal.

Résultats.
- La planification à la base était réalisée au niveau des aires de santé par l’infirmier titulaire et la communauté (micro planification).
- Le processus lui-même est en principe déclenché au niveau central par la mise en place des politiques et des programmes de formation des formateurs et l’accompagnement à chaque niveau.
- La gestion du programme était examinée sous trois angles, à savoir la gestion financière, la gestion des ressources humaines et matérielles, ainsi que la gestion programmatique.
- Le renforcement de capacités avait consisté en la formation des prestataires et les supervisions formatives.
- Le renforcement de capacités des prestataires portait notamment sur (i) la planification des activités de vaccination de routine et de récupération des enfants non atteints, (ii) les modalités de commander des vaccins.
- Le renforcement des liens avec la communauté se faisait par l’implication de celle-ci à travers les Autorités Politico-Administratives (APA), les RECO, le CODEV aux activités de vaccination de la planification, la mise en œuvre et l’évaluation.

Implications. Partenaires, les autorités politico-administratives, les comités

Le service sanitaire chez les étudiants en médecine en France : évaluation de l’impact, UFR Santé Rouen, 2019-2021

Speaker
Joel Ladner, Presenting Author from UFR Santé Rouen, France
Co-author
Lise Miller

Abstract

Contexte/Objectifs. Institué en 2019, le service sanitaire des étudiants en santé (SSES) a pour but de former les étudiants en santé à la démarche interventionnelle en promotion de la santé (PS). Les étudiants sont accueillis en stage deux semaines dans une structure d'accueil. L’objectif était d’évaluer l’impact du SSES chez les étudiants en médecine à l’UFR Santé de Rouen.


Résultats. Au total, 946 étudiants ont été inclus, 501 en phase « avant », 445 « après ». En phase « avant », 49,5% des étudiants s’estimaient insuffisamment prêts. Les comparaisons « avant » versus « après » ont montré, respectivement : une satisfaction de la thématique d’intervention (33,7% vs 53,2% ; p=0,0001), un intérêt majeur de la démarche de PS dans le cursus (21,3% vs 33,6% ; p=0,001), un souhait majeur d’intégrer la PS dans leur future pratique professionnelle (33,6% vs 42,4% ; p=0,02), un intérêt à la démarche de PS en interprofessionnalité (45,2% vs 59,8% ; p=0,0001).

Discussion. Le SSES montre des points positifs, le terrain de stage et l’action conduite en interprofessionnalité, un intérêt fort pour les actions de PS et pour l’intégration de celle-ci dans la future pratique professionnelle. Le SSES, dès la formation initiale des professionnels de santé, est une piste d’action pour une meilleure réorientation du système de santé et de lutte contre les inégalités sociales de santé.

Leadership development program for promoting health, equality and equity in Northern Israel: A case study

Speaker
Mohammad Khatib, Presenting Author from Zefat Academic College, Israel

Co-author
Marganit Ofir-Kutler

Abstract

Background/Objectives. The data indicate health gaps between the periphery and the center of Israel. These gaps require comprehensive, multidisciplinary, and multi-sectoral action and cooperation in order to make change and equality in health. "Leaders for Equality in Health in the North" is a program that aims to promote health in the north and reduce the existing gaps between the periphery and the center, through an innovative process of developing knowledge and channels of action shared by health professionals,
The aim of the study is to evaluate the "Leaders for Equality in Health to the North" program outputs including the motives for participation, the challenges and opportunities observed during it.

**Methods.** The study was based on a "participatory inquiry" in which both researchers and information providers are part of the program participants. In-depth face-to-face interviews and discussions were held with 20 participants from the program's steering teams. In addition, a written feedback of all participants and documentations of the program were analyzed.

**Results.** The program has led to collaborations with academia, medical and health institutions, local authorities and civil society organizations representing the various population groups in the North. It enabled the sharing and pooling of knowledge from many sources (professional, organizational, political and civic) in a non-hierarchical manner. 10 projects were developed under the leadership of the program's participants in various subjects and some of them led to a change in the health map in the north. In addition, the "Civil Forum for the Promoting Health in the Galilee" was established, which operates on several levels; changing health policy, raising health issues to the public agenda and promoting the health of underprivileged groups.

**Discussion.** The program demonstrates that professional civic initiatives, based on personal life experience, can be a powerful tool for leading change processes in health care. Professional organizational support strengthens such initiatives, improves their effectiveness and strengthens participants' abilities to take responsibility for promoting health and equality.

**Learning during lockdown: Dietetic students’ perspectives on distance learning amid Covid-19 pandemic.**

Speaker
Mutiara Kusuma, Presenting Author from Universitas Gadjah Mada, Indonesia

**Abstract**

**Background/Objectives.** In response to the Covid-19 pandemic, the Government of Indonesia has ordered school closure. This brings about changes that transform face-to-face learning to distance education. Similar with the medical education, dietetic students were required to develop certain level of competencies in order to effectively perform their job. This study aims to examines how students perceived the quality of education that they received during pandemic, their concern on achieving learning outcomes and competencies as well as satisfaction with the learning experience.

**Methods.** We conducted a qualitative study with descriptive exploratory approach involving students attending two advanced in a large dietetic school in Indonesia. 252 responses were collected using a combination of closed-ended and open-ended questionnaire from the junior and senior students. We collected data over time; early pandemic and later, to examine how students’ perceptions change over time. Thematic analysis of the survey responses was carried out.
Results. Analysis derived three major themes 1) concern regarding learning outcomes 2) difficulties on accessing course material 3) enabling factors to successful distance education. At the beginning of the pandemic, most students perceived that the implementation of distance learning was ineffective and thus they experienced difficulties on understanding the course content. However, the use of learning management system (LMS) enabled the students to adapt and obtain learning materials at ease. The embedded discussion feature provided room for discussion and collaborative work with their peers and lecturers. There was a significant increase in student satisfaction index in the following period (early to mid-2021), indicating improvement in the management of distance education.

Discussion. Distance learning is considered as the most viable solution to the disruption due to the pandemic. However, dietetic students expressed concern regarding the quality of education and whether they can achieve the required competencies. This is a valid concern that needs to be addressed properly to ensure optimal learning experience and satisfaction.

Les hôpitaux universitaires et leur transformation numérique : une étude de cas au Québec

Speaker

Yan Bertrand, Presenting Author from Ecole de santé publique de l'Université de Montréal, Canada

Abstract

Contexte/Objectifs. Les hôpitaux peuvent innover et améliorer les soins et services de santé offerts aux patients à travers une meilleure mobilisation de leurs données et outils informatiques. Cependant, dans de nombreux cas, le processus de transformation numérique d’une organisation ne mène pas aux résultats attendus. L’objectif de cette étude est d’identifier les capacités organisationnelles que possèdent les hôpitaux pour soutenir leur transformation numérique et de comprendre les mécanismes de développement de ces capacités qui prennent en compte les facteurs contextuels interne et externe aux hôpitaux.

Méthodes. Cette étude qualitative de type cas unique se concentre sur les développements numériques d’un centre académique de santé (CAS). À partir d’une quinzaine d’entretiens semi-dirigés et d’une analyse documentaire (rapports internes, documents gouvernementaux, littérature scientifique et grise), nous avons construit une chronologie de la transformation numérique de ce CAS et analysé l’influence des contextes (notamment organisationnel et politique) sur le développement de ses capacités numériques.

Résultats. Le CAS étudié mobilise plusieurs types de capacités pour piloter adéquatement sa transformation numérique. De celles-ci il importe de distinguer ses capacités techniques (concernant les données, les algorithmes et l’infrastructure numérique), stratégiques et de gouvernance, d’apprentissage (littéracie, développement des compétences, etc.), de gestion et de communication organisationnelle. De plus, plusieurs facteurs contextuels (notamment légaux, éthiques et politiques) et d’accès à des ressources (financières, humaines et technologiques) vont influencer (tandis positivement que négativement) le processus de transformation, ainsi que le développement des capacités numériques de l'hôpital.
Discussion. La pandémie a permis d’accélérer les développements numériques des systèmes de santé. Cependant, on observe également que les dépenses en santé ont augmenté, de même que la charge de travail de certains professionnels de santé et le nombre de failles de systèmes donnant accès à des données patients. Nos résultats mettent en lumière les capacités qui permettent aux hôpitaux de réussir leur transformation numérique, en plus de faire ressortir les moyens de les développer tout en prenant en compte les enjeux éthiques fondamentaux derrière ces innovations.

Les innovations du travail des intervenants en soins spirituels en milieu hospitalier : une pratique en tension entre la laïcité et les besoins des patients

Speaker
Kim L. Giard, Presenting Author from Centre intégré universitaire de la santé et des services sociaux de l’Estrie et des Centres hospitaliers universitaires de Sherbrooke (CIUSSE-CHUS), Canada

Abstract

Milieu/problématique. Par une vague de sécularisation et un mouvement de laïcisation, les sociétés libérales occidentales se sont profondément transformées (Koussens, Mercier et Amiraux, 2020). L’aspect imprévisible de ce changement observé par les sociologues fut celui de voir le langage religieux ou spirituel demeurer bien vivant dans l’espace public laïcisé. Dans la société québécoise, les lois adoptées au cours des dernières années, soit celle de 2017 concernant la neutralité religieuse de l’État et celle sanctionnée en 2019 concernant la laïcité de l’État, ont grandement contribué à moduler la représentation et la fonction de l’accompagnateur spirituel dans les services sanitaires publics. Dans ce contexte, comment répondre aux questions religieuses, spirituelles ou existentielles soulevées par une personne gravement malade soignée au sein des services sanitaires publics laïcisés ?

Intervention. Cette présentation veut conduire à une meilleure compréhension du travail de l’intervenant en soins spirituels dans une société laïque. Elle veut aussi permettre de mieux comprendre la nature des innovations nécessaires dans ce champ professionnel en fonction des besoins des patients.

Résultats. Au regard de cette tension entre politiques publiques et besoins des patients, le mandat de l’accompagnement spirituel dans la société laïque semble transformé, exigeant un regard novateur sur une pratique potentiellement détachée de ses ancrages religieux traditionnels. Les cas considérés dans cette étude, observés notamment dans des départements d’oncologie, démontrent que la modulation du langage des patients doit se refléter dans le travail de l’intervenant en soins spirituels. Dans certains cas, un langage religieux traditionnel est toujours de mise alors que, dans d’autres cas, un langage sécularisé s’impose. Une pratique purement laïque de l’intervention en soins spirituels, c’est-à-dire conforme aux politiques publiques en matière de neutralité religieuse de l’État, ne semble donc pas toujours adéquate au regard des besoins de certains patients.

Implications. Des études de cas tirés d’expériences pratiques et soutenues par une approche de nature phénoménologique (Husserl, 1985) permettront de rendre compte des jeux de langage (Wittgenstein,
1953) des patients. Ces jeux de langage pointent vers les innovations nécessaires des pratiques des intervenants en soins spirituels œuvrant en milieu hospitalier laïque.

Les situations de vulnérabilité : comment sont-elles définies et perçues ? Une étude qualitative de cas multiples sur la participation sociale des aînés.

Speaker
Véronique Gagnon-Coderre, Presenting Author from Université de Sherbrooke, Canada

Abstract

Background/Objectives. Le vieillissement de la population est un phénomène actuel et mondial. Ainsi, plusieurs décideurs et intervenants craignent que le système de la santé subisse des conséquences. Les aînés qui utilisent le plus souvent les ressources du système de santé sont souvent en situations de vulnérabilité, c.-à-d. un ensemble de circonstances dans lesquelles une ou plusieurs personnes vivant des complications biologiques, psychologiques, socioéconomiques, sociales ou environnementales se trouvent et qui augmentent leur risque d’être blessé, lésé ou de vivre des conséquences sur leur vie. On connaît toutefois peu l’expérience de ces situations de même que leur influence chez ces aînés. La présente étude vise donc à explorer les situations de vulnérabilité selon les perceptions des aînés, de proches et d’intervenants, ainsi que leur influence sur la participation sociale et la santé des aînés.

Methods. Une étude qualitative de cas multiples est réalisée auprès de six cas, chacun composé d’un aîné vivant des situations de vulnérabilité, un de leur proche et un intervenant. La collecte de données inclut des entretiens semi-dirigées et la consultation des dossiers médicaux. Une analyse de contenu thématique sera complétée à l’aide d’un système de codage mixte et selon un procédé de repérage systématique.

Results. Cette étude permettra de mieux comprendre la diversité des expériences des situations de vulnérabilité ainsi que les perceptions qu’ont les aînés et leur entourage sur leur vécu. En concevant mieux l’hétérogénéité de ces situations et leurs influences sur la participation sociale et la santé, il sera possible de réduire la stigmatisation envers les aînés, de favoriser leurs capacités et de créer des environnements plus inclusifs.

Discussion. À notre connaissance, cette étude est la première visant à explorer l’expérience des situations de vulnérabilité. Bien qu’il soit possible de vivre une situation de vulnérabilité, ceci n’est pas synonyme d’être vulnérable. En soulignant la diversité de ces situations, il sera possible de mieux soutenir et d’intervenir auprès des aînés, et ce, afin de maintenir leur participation sociale et leur santé. Finalement, mieux connaître l’expérience des situations de vulnérabilité permettra de mieux anticiper, mieux promouvoir et mieux répondre aux besoins des aînés qui utilisent plus souvent les ressources du système de santé.
Les systèmes de santé favorisent-ils la bientraitance des personnes proches aidantes?

Speaker
Mélanie Perroux, Presenting Author from Proche Aidance Québec, Canada

Co-authors
Sophie Éthier, Marie Beaulieu, Anna Andrianova, France Boisclair, Christiane Guibault

Abstract

Contexte/Objectifs. La plupart des patients bénéficient du soutien d’un proche aidant qui assume des soins, des services et du soutien psychosocial primordial au rétablissement ou à la qualité de vie du patient. Pourtant, ils sont souvent inconnus des professionnels de santé, et livrés à eux-mêmes dans leur soutien. Les répercussions de la proche aidance peuvent entraîner de l’épuisement, une fragilité psychologique, des blessures, les amenant alors comme usagers du système de santé. Nous avons exploré le phénomène méconnu de la maltraitance envers les personnes proches aidantes et les paramètres qui permettraient que les systèmes de santé soient bientraitants envers ces délivreurs de soins invisibles.

Méthodes. Une revue de la littérature a démontré la méconnaissance de ce phénomène et les problèmes de définition qui sont associés. Nous avons donc élaboré des entrevues individuelles auprès de 15 proches aidants, des focus groupe auprès de 95 proches aidants à travers le Québec et 43 intervenants sociaux.

Résultats. L’analyse des 53 articles et des entrevues individuelles et de groupe a permis d’établir 4 provenances de la maltraitance envers les proches aidants : les institutions à travers les professionnels de santé, l’entourage, la personne aidée et le proche aidant. La maltraitance se décline en 7 manifestations : l’imposition du rôle, les jugements sur l’expression du rôle, la normalisation du rôle, la dénégation de l’expertise du proche aidance, la dénégation des besoins, l’utilisation de la violence psychologique, physique ou sexuelle et la contribution à l’appauvrissement.

Discussion. Le manque de politique de soutien aux proches aidants joue un rôle majeur dans la maltraitance qu’ils vivent. Mais on note aussi que les croyances, les attitudes et le manque de reconnaissance des professionnels de la santé entraînent de la maltraitance et contribuent à la normalisation et la négation des besoins des autres acteurs entourant les proches aidants. Des formations des professionnels de la santé, incluant les médecins sont nécessaires pour favoriser la bientraitance de ses alliés essentiels à la santé des patients.

Lessons learned from the inaugural ten Canadian universities that committed to the Okanagan Charter for health promoting universities

Speakers
Chad London, Presenting Author from University of Saskatchewan, Canada
Vicki Squires, Presenting Author from University of Saskatchewan, Canada
Abstract

**Background/Objectives.** With the onset of the COVID-19 pandemic, wellbeing is manifesting as an ever-growing concern for post-secondary campuses around the globe, affecting students, staff, faculty and the culture of campus communities in their entirety. The Okanagan Charter (2015) provides a promising mechanism by which to organize and formulate campus responses to enhance wellbeing. This study examined how the first 10 signatory campuses approached implementation and evaluation connected to the Charter.

**Methods.** We employed a qualitative case study methodology (Merriam, 1998), whereby we investigated the experiences of multiple sites, primarily through semi-structured interviews. The data was analyzed to determine similarities and differences among campuses as well as identifying connections with particular Calls to Action from the Charter.

**Results.** There were significant differences among the ten campuses, but several themes emerged across the campuses: the strong promotional efforts to communicate the signing of the Charter and less-effective communication of its related initiatives, the work by several campuses to develop a Canadian student wellbeing assessment tool, the visibility of the importance afforded to student well-being, and the crucial role of collaborative leadership and wellbeing champions on campuses.

**Discussion.** The need to improve an array of wellbeing outcomes is urgent and opportunities are available to do so through the Okanagan Charter as the number of Canadian signatory institutions grows to over 30 from the original 10. This study leverages the work of leading campuses to bolster the goal of improved health, social and economic outcomes. The promising lessons learned and the role of policy can advance understanding of an overarching framework that facilitates student wellbeing. The framework can be best operationalized through a collaborative leadership model where the visibility and importance of well-being are elevated and prominent on campuses.

References

**Literacia en salud: COVID-19 y los desafíos para la educación en Brasil**

**Speaker**
Fernanda Carlise Mattioni, Presenting Author from Grupo Hospitalar Conceição e Escola de Saúde Pública do Rio Grande do Sul, Brasil

**Co-authors**
Camilo Darsie, Bruna dos Passos Gimenes, Liliane Spencer Bittencourt Brochier, José Gabriel Ferroni Leão, Caroline Brandelli Garziera, Carolina de Freitas Corrêa Siquiera, Delisson Pereira da Luz, Lázaro de Oliveira Evangelista, Cristianne Maria Famer Rocha
Abstract

Antecedentes / Objetivos. La pandemia de COVID-19 ha tenido impactos de gran alcance en la sociedad, incluido el cierre de escuelas en la mayor parte del mundo. Así, la Educación se vio afectada de varias formas, ya que los niños y jóvenes se vieron privados de uno de los principales ambientes de socialización, interacción y aprendizaje. En este contexto, nuestro objetivo es identificar los desafíos que gestores y docentes han experimentado durante la pandemia en Brasil.

Métodos. Investigación exploratoria cuantitativa, realizada mediante la aplicación de un cuestionario electrónico a miembros de equipos de gestión escolar y docentes de escuelas de educación básica en Brasil. Con el fin de lograr una diversidad de resultados, cubriendo las cinco regiones de Brasil, la investigación fue ampliamente difundida a través de las redes sociales y otros medios.

Resultados. Hasta el momento, el estudio tiene 97 respuestas: la mayoría son mujeres (72,2%) que trabajan en escuelas públicas (85,5%). En cuanto a la cantidad de horas trabajadas por semana, el 75,3% de los participantes indicaron que las horas de trabajo aumentaran durante la pandemia, pues la crisis obligó al 100% de los participantes a estar disponibles a la comunidad escolar en su tiempo libre. Con respecto al ritmo de trabajo, las respuestas más frecuentes demostraran que los participantes sienten que es demasiado pesado (43,8%) y no se puede mantener a largo plazo (41,4%) porque saben que no es bueno para ellos (42,3%). Es importante señalar que la mayor parte de ellos (90%) indican conocer las causas y las formas de combatir y prevenir el COVID-19.

Discusión. Los resultados convergen con el hecho de que las mujeres son las principales afectadas, ya que el área de Educación es un área predominantemente femenina en Brasil. La mayoría trabaja en escuelas públicas, hecho que permite pensar que las cuestiones estructurales pueden ter peyorado durante la pandemia. Es posible destacar también la mayor necesidad de apoyo institucional para asistir a los docentes y gestores, ya que todas las respuestas indicaron un aumento en la carga de trabajo, especialmente en sustitución de las actividades de ocio, necesarias para la salud. Además, las respuestas indican que es necesario hacer inversiones para mitigar los impactos en la carga de trabajo, ya que en muchos casos existía una sensación de sobrecarga e inseguridad en relación a la capacidad para continuar con las actividades laborales.

L'utilisation de définitions standardisées pour guider la pratique sur le statut pondéral des enfants/adolescents : une étude de l'Enquête nationale sur la santé des enfants de 2016

Speaker
Ahondju Umadjela Holmes, Presenting Author from Langston University, United States

Abstract

Contexte/Objectifs. Dans les tentatives d'informer les stratégies de santé publique actuelles et futures sur la prévention et la gestion de surpoids/de l'obésité chez les enfants/adolescents au sein de l'environnement familial, cette présentation met en évidence certains des défis liés à l'utilisation de différentes terminologies

**Méthodes.** Un sous-échantillon représentatif de 347 participants de l’Enquête Nationale sur la Santé des Enfants de 2016 pour déterminer quels facteurs de risque (repas familiaux, sommeil et utilisation des médias) étaient les plus significatifs pour prédire le surpoids/l'obésité chez les enfants en Oklahoma. L’analyse des données comprenait deux phases. Au cours de la première étape, une analyse univariée a été utilisée pour explorer chaque variable et résumer les données. La deuxième étape comprenait une analyse bivariée qui examinait les relations entre les variables et une détermination des variables prédictives qui étaient associées à la variable dépendante à un niveau statistiquement significatif (p < 0,05). Cette détermination allait déterminer l’inclusion de variables prédictives dans les analyses multivariées.

**Résultats.** Selon les résultats de cette étude, aucun des prédicteurs d’intérêt (repas familiaux, sommeil et utilisation des médias) n’était lié à la variable dépendante à un niveau statistiquement significatif (p < 0,05) à inclure dans une régression logistique binaire ( repas familiaux p = 0,477 ; sommeil - heure du coucher = 0, 824, sommeil - moyenne de sommeil de la semaine précédente p = 0,212, sommeil - heures de sommeil p = 0,281, utilisation des médias - temps moyen quotidien passé à regarder la télévision, des vidéos ou jouer à des jeux vidéo p = 0,513, et utilisation des médias - moyenne quotidienne utilisation d’un ordinateur, d’un téléphone portable ou d’appareils électroniques p = 0,581). Les résultats pourraient indiquer soit que toutes les variables indépendantes prédisent de manière égale le surpoids/l'obésité chez l'enfant ou que d'autres facteurs liés à la conception de l'étude ont affecté le résultat de l'étude.

**Discussion.** Alors que les variables indépendantes n’avaient pas des relations statistiquement significatives avec la variable dépendante, deux variables démographiques, le niveau de scolarité le plus élevé des adultes dans le ménage et le niveau de revenu de la famille dans laquelle l'enfant vit, ont montré une association significative avec le surpoids/l'obésité chez les enfants. L'utilisation de ces variables est si courante que leur signification a été normalisée à tous les niveaux. Il est nécessaire d'élargir les méthodologies de recherche pour les enquêtes nationales en utilisant des définitions standardisées pour collecter des données qui reflètent les informations de manière significative pour les chercheurs, les participants et les autres parties prenantes.

**Make it visual - categories to guide understanding of visual communication in health promotion**

**Speaker**
Jude Page, Presenting Author from University of New South Wales, Sydney, Australia

**Co-author**
Timothy Broady
Abstract

Background/Objectives. Visual communication is rapidly expanding due to its broad appeal and effectiveness in transferring new or complex information. Electronic media have simplified production and dissemination. However, visual communication is relatively underexplored in the field of health promotion.

Methods. The presentation will demonstrate the proposed visual communication categories using examples produced during the coronavirus disease (COVID-19) pandemic, including via public health posters intended to promote health protection, representations of mental wellbeing to presentation of scientific data to communicate the impact of health policy and practice.

Results. To this end, the presentation proposes four categories of visual communication for health promotion based on the characteristics of visual forms, the purposes of use, and the types of reaction produced in the viewer. It also introduces a new category of visual, ‘exploratory visuals’, which are used in participatory methods and behaviour change to stimulate thought and narrative, provoke introspection and generate a different type of information than traditional interviews or discussions.

Discussion. The presentation argues that understanding how different visual forms communicate meaning can help health promoters use visuals strategically to understand community needs and priorities and target preventative efforts.

Mapeo de proyectos para constituir una universidad promotora de la salud

Speaker
Elisabete Agrela de Andrade, Presenting Author from UNASP e CEPEDOC, Brazil

Co-authors
Sergio Roberto da Silva Silva, Amanda Frias Frias

Abstract

Antecedentes / Objetivos. Desde los años 80, la OMS ha impulsado iniciativas y propuesto intervenciones para consolidar los "entornos saludables" como una acción de PS. A partir de los años 90 los se formalizaron las propuestas de las Universidades Promotoras de Salud, como instituciones de educación superior que asumen la responsabilidad social de incluir la salud en sus proyectos curriculares y crean acciones específicas encaminadas a mantener la salud. Este trabajo tuvo como objetivo analizar las aportaciones de la institución de enseñanza superior UNASP al modelo de las Universidades Promotoras de la Salud.

Métodos. Se trata de un estudio exploratorio, de carácter descriptivo. Se realizó un análisis documental de la información pública sobre las acciones realizadas por la universidad UNASP y se construyó una matriz que identificó las intervenciones, permitiendo el mapeo de proyectos relacionados con los valores y principios de la promoción de la salud.
Resultados. A partir de los documentos institucionales, los datos y las noticias recogidas en la página web de la institución, fueron mapeados 44 proyectos de intervención. De ellos, 15 se describen en el plan de desarrollo institucional de la universidad. 23 proyectos son de extensión universitaria. Otros 06 proyectos fueron considerados como servicios de la institución. Se describen acciones para la comunidad interna y externa; como fomento de los hábitos alimentarios adecuados y saludables; de las actividades deportivas y artísticas; de becas para estudiantes de bajos ingresos y la oferta de la materia en todas las titulaciones sobre vida saludable; así como existen; proyectos contra la violencia; alfabetización de adultos, alfabetización digital, y realización de cursos para personas mayores.

Discusión. Para fortalecer el marco conceptual de la promoción de la salud, la institución estudiada mostró en sus datos documentales, la preocupación por crear ambientes saludables, tanto para su comunidad externa como interna, de acuerdo con la propuesta sobre Universidades Promotoras de la Salud. Contribuyendo de este modo a la mejora del bienestar y a la reducción de las desigualdades locales. Es recomendable debatir sobre la eficacia de estas acciones de promoción y producción de la salud de los diversos actores de la institución y de la comunidad en otras investigaciones posteriores.

Measuring organizational health literacy – a comprehensive model and international self-assessment tool for hospitals

Speaker
Juergen Pelikan, Presenting Author from Austrian Public Health Institute, Austria

Co-authors
Peter Nowak, Christa Straßmayr, Christoph Schmotzer, Diane Levin-Zamir

Abstract
Background/Objectives. A considerable proportion of patients have limited health literacy (HL), which has detrimental effects on their use and outcomes of health care services. This was first demonstrated in the US and later confirmed by research in Europe and Asia. To deal with patients with low HL, first specific interventions were piloted in the US, but later a whole systems approach was propagated by the Institute of Medicine (IOM) by its publication “Ten Attributes of a Health Literate Health Care Organization” (Brach et al., 2012). This initiated the development of concepts and tools for measuring “health literate organizations” or “organizational health literacy” for hospitals and health services, and beyond also for other settings.

Methods. The „Vienna Concept of Health-Literate Hospitals and Healthcare Organizations“ by using the Ten Attributes of IOM as well as the settings approach of health promotion and quality management, developed a more comprehensive matrix model and a self-assessment tool (following ISQUA rules) with 9 standards, 22 sub-standards and 160 indicators, and piloted it in 9 Austrian hospitals. The Vienna tool, originally in German language, was later translated and piloted in French, Italian and Mandarin. An international working group of the “International network of Health Promoting Hospitals and Health Services (HPH)”, including
researchers from 12 countries, developed based on a translated English version of the Vienna tool an international instrument for systematic testing in different countries.

**Results.** A revised international self-assessment instrument in English language is offered, with 8 standards, 23 sub-standards and 156 observable indicators and with recommendations for the process of administering the instrument. For each standard, a rationale is given, explaining the relevance of the standard. Implementation of indicators is to be answered using 4 categories (yes, rather yes, rather no, no). The generic English version of the tool is and will be translated into different languages and tested in hospitals in different countries.

**Discussion.** The international self-assessment tool for organizational health literacy (responsiveness) of hospitals is designed to assist management and staff of hospitals to consider, assess and improve the health literacy responsiveness of their organization to better serve their patients, staff, and local population.

**Méditation collective en ligne comme facteur de promotion de la santé mentale pendant les cinq premiers mois de la pandémie de COVID-19**

**Speaker**
Ronice Maria Pereira Franco-De-Sá, Presenting Author from Federal University of Pernambuco, Brazil

**Co-authors**
Amanda Soares dos Santos, Maria do Socorro Machado Freire, Rosane Paula de Senna-Salles

**Abstract**

**Contexte/Objectifs.** Un grand nombre d'études ont généré suffisamment de preuves pour suggérer que la méditation peut être efficace vis-à-vis des réactions psychosomatiques, des expériences subjectives (sentiment de bien-être et épanouissement personnel). Plusieurs études comparatives entre les types de méditation ont été réalisés et la méditation transcendantale (MT) apparaît comme celui avec la plus grande efficacité, la plus grande facilité et qui permet d'atteindre les standards cerveaux différenciés. Ainsi, l'existence de cette étude était due au fait qu'il y avait un groupe de personnes effrayées et confinées avec une anxiété et une dépression accrue en raison du début de la pandémie de COVID-19. Le groupe avait commencé à vivre une période d'isolement social.

**Objectif.** Analyser l'influence de la régularité de la pratique collective de la méditation transcendantale pour promouvoir la santé mentale des participants pendant l'isolement social.

**Méthodes.** De mars à juillet 2020, des instructeurs de méditation ont fourni un suivi pour effectuer une méditation transcendantale collective en ligne, quatre fois par jour. Une étude de cas a été réalisée avec l'approbation du Comité d'éthique de l'UFPE. Des formulaires Google ont été envoyés et quatre chercheurs ont observé des conversations post-méditation et des commentaires sur le chat pendant les cinq mois de l'étude.
Résultats. 504 personnes ont répondu et 57% ont signalé une réduction de l'anxiété et de la panique. Ils ont rapporté un plaisir accru avec la quiétude et le silence. 54 % ont signalé un grand changement favorable de l'état mental et 39 % un petit changement favorable. Des rapports seront également présentés.

Discussion : D'après l'observation du chat et des conversations après chaque méditation notée par les chercheurs et leur triangulation avec les formulaires en ligne, il existe des fortes évidences que l'offre de MT collective en ligne accompagnée d'instructeurs a agi comme un facteur de promotion de la santé mentale pour la quasi-totalité des deux mille personnes qui ont participé à cette activité sur tout le territoire national du Brésil, comme indiqué dans la revue de la littérature.

Mental health impacts of COVID-19 on diverse youth and families in Canada

Speaker
Lucksini Raveendran, Presenting Author from Mental Health Commission of Canada, Canada

Abstract

Background/Objectives. This mixed methods study focuses on the experiences of ethnocultural youth and families in Canada, identifying key barriers and opportunities to inform service programming and policies that can better meet their mental health needs during the COVID-19 pandemic and beyond.

Methods. Mental Health Commission of Canada's Headstrong initiative administered the youth survey (April – June 2020) and family survey (June – August 2020) with a total sample size of 137 and 481 respondents, respectively. Thematic analysis was conducted to identify key challenges faced, coping strategies used, and help-seeking behaviours. A similar approach was also applied to the family survey data, but instead a representative sample was collated to analyse geographically variable and ethnically diverse subgroups.

Results. Multiple challenges have impacted families, including increased feelings of loneliness and distress from border travel restrictions, especially among those navigating pregnancy alone or managing children with developmental needs, which is often understudied. Also, marginalized groups were disproportionately affected from inequitable access to communication technologies, further deepening the digital divide. Some reported living in congregated homes with regular conflicts, thus leading to increased anxiety and exposure to violence. For many families, urbanicity and ethnicity played a key role in how families reported coping with feelings of uncertainty while managing work commitments, navigating community resources, fulfilling care responsibilities, and home-schooling children of all ages. Despite these challenges, there was evidence of post-traumatic growth and building community resiliency.

Discussion. There is a need to foster opportunities to promote, sustain mental health, wellness, and resilience for families through social connection. Also, intersectionality must be embedded in the collection, analysis, and application of data to improve equitable access to evidence-based and recovery-oriented mental health supports among diverse families in Canada. Lastly, address future research on the long-term COVID-19 impacts of travel border restrictions on family wellness.
**Mental health promotion in municipalities - Document analysis**

**Speaker**
Outi Savolainen, Presenting Author from University of Eastern Finland, Finland

**Co-authors**
Marjorita Sormunen, Hannele Turunen

**Abstract**

**Background/Objectives.** In Finland, it is the responsibility of the state and municipalities to ensure inhabitants live in an environment that maintains and protects their mental health. Municipalities produce general welfare programmes as well as plans targeting different population groups and cross-governmental themes. However, little is known about how municipal strategies, programmes and plans pay attention to the mental health promotion and whether it is discussed and reported in the municipal councils, boards and committees. Thus, the purpose of this study was to examine how municipalities in one Finnish region promote mental health.

**Methods.** Document analysis was used as a research method. Documents were selected for a one-year period (2018) from three municipalities of one Finnish region. Analysed documents (n=269) were (a) municipal strategies, programmes and plans, and (b) meeting minutes of municipal councils, boards and committees. Eight domains of the structural indicators of mental health (Lehtinen 2008) were used as an analysis frame.

**Results.** In total, 1169 mentions related to the structural indicators of mental health were found in the documents. Strategies, programmes and plans included 875 mentions and minutes included 294 mentions. The highest number of mentions connected to the societal and environmental indicator social capital: mentally healthy communities (28%), followed by leisure activities (18%), national mental health framework (10%), and physical environment (12%). The lowest number of mentions were connected to mental health and older adults (8%), employment and workplace mental health (8%), the promotion of mental health through schools and education (8%), and pre-school experiences and family support/childcare (8%).

**Discussion.** Document analysis indicated that mental health promotion involved mostly the society and environment and not as much the age and setting. Lack of mentions regarding the age and setting indicates that these factors are not sufficiently promoted in the strategic planning and decision-making of municipalities. The results reflect the location, structure and strategies of each municipality. However, the importance of mental health consideration outside the social and healthcare sector at all levels of the society is clear. Well-targeted actions could also reduce the impact of social inequalities on physical and mental health.

**Methodology of British Columbia’s COVID-19 SPEAK population health survey**

**Speaker**
Ellen Demlow, Presenting Author from Vancouver Coastal Health, Canada
Co-authors
Jat Sandhu, Geoff McKee, Kate Claydon-Platt, Binay Adhikari, Mei Chong, Megan Oakey, Amina Moustaqim-Barrette, Crystal Li, Maritia Gully, Rahul Chhokar, Gillian Frosst, Sandy Shergill

Abstract

Background/Objectives. To describe the methodology and key results of the BC COVID-19 Population Health Survey developed to understand BC residents' experiences, knowledge, and actions during the COVID-19 pandemic.

Methods. A provincial-wide, cross-sectional, web-based population health survey consisting of two rounds one year apart (May 2020 and April/May 2021). Using a standardized process, questions were drawn from validated sources grounded within the social determinants of health to assess COVID-19 measures, mental and physical health, risk and protective factors, and healthcare, social and economic impacts during the pandemic. Quota-based non-probability sampling by geography was applied with a response target of 2% of the urban population and 4% of the rural/remote population by Community Health Service Area density designations to recruit a representative sample aged 18 years and older. For targets where population proportion yielded a limited sample size, a 4% margin of error was used. All respondents were weighted using Canadian Census data by age, sex, education, ethnicity, and geography. Round 1 recruitment was based on BC COVID-19 daily press briefings by the Provincial Health Officer and associated media traction as well as strategic outreach to vulnerable populations. Round 2 recruitment included both longitudinal follow up of previous respondents in Round 1 and additional strategic outreach.

Results. A total of 394,382 (round one) and 188,561 (round two) BC adults participated in the surveys, far exceeding initial survey targets. Key findings showed that societal impacts, both early in the pandemic and one year later, were inequitably distributed. Specifically, families with children, young adults and those with lower socioeconomic status were most affected by the unintended consequences of pandemic containment measures. Stress and mental health indicators have been impacted the most, and there is significant deterioration in protective resiliency factors.

Discussion. The surveys provided actionable data to help decision-makers address the unequal burden of the COVID-19 pandemic response. The results informed the COVID-19 pandemic restart plan, healthcare access enhancements to improve mental health and societal resiliency, and policies such as the safe return to school. This survey methodology provides a process for developing population health surveys that yield rapid and informative data to prioritize public health interventions and policies.

Mettez de la couleur dans votre assiette : un livret pour sensibiliser les habitants des îles du Pacifique à la consommation quotidienne de fruits et légumes

Speaker
Solene Protat, Presenting Author from Communauté du Pacifique, New Caledonia
Co-author
Vittoria Pasca

Abstract

URL : Le livret sera mis en ligne fin novembre et il sera disponible en français et en anglais.

Pertinence par rapport à la promotion de la santé ou aux politiques. Selon les résultats des enquêtes menées par l’OMS, seulement 20% des habitants du Pacifique suivent les recommandations concernant la consommation d’au moins 5 fruits et légumes par jour. Ce livret se veut accessible au plus grand nombre pour promouvoir une consommation quotidienne des fruits et légumes et venir en soutien aux actions des agents de santé communautaire des 22 pays et territoires insulaires du Pacifique.

mHealth to support the management of hypertension with Aboriginal and Torres Strait Islander peoples'.

Speaker
Andrew Goodman, Presenting Author from The University of Queensland / CSIRO, Australia

Abstract

Background/Objectives. Aboriginal and Torres Strait Islander people are disproportionately affected by cardiovascular disease (CVD) in Australia. Aboriginal and Torres Strait Islander peoples are approximately twice as likely to be hospitalised or die from CVD compared to non-Indigenous Australians. Elevated blood pressure, known as hypertension, is one of the most significant risk factors for CVD. Aboriginal and Torres Strait Islander people more than three times as likely to develop hypertension at a younger age compared to non-Indigenous Australians. The use of mobile phones and wireless device technology for medical and public health practice is termed mobile health or ‘mHealth’. mHealth has been shown to be a broadly feasible and acceptable resource for positive chronic disease management internationally has been exposed and accepted within Aboriginal and Torres Strait Islander populations. Currently there is little evidence available to determine if mHealth is a viable and effective resource for chronic disease or specifically hypertension management, in the Aboriginal and Torres Strait Islander community. This research study will use an m-health platform created by the Commonwealth Scientific and Industrial Research Organisation (CSIRO) to investigate if mHealth is an appropriate, feasible and effective health resource to support the
management of hypertension within an Aboriginal and Torres Strait Islander community-controlled health organisation (ATSICCHO) setting.

**Methods.** A mixed methods approach will be used to first explore the end users, and service deliverers perspectives of mHealth as a health resource, before going on to assess the mHealth platform feasibility and effect on hypertension management in two (2) ATSICCHOs using a longitudinal design.

**Results.** Data collection is to commence in September 2021, with findings to be available by conference date.

**Discussion.** The mHealth platform is designed so CVD patients can understand and monitor their own health using a mobile app, while giving their health teams the opportunity to track symptoms remotely. This mHealth platform has the potential to improve care co-ordination, increase health literacy and extend healthcare providers surveillance of chronic disease.

Mobile weight-monitoring tools for tracing temporal dynamics of everyday diet among female and male users: Beneficial effects of tracking on long-term health for users with obesity

**Speaker**
Katherine Labonté, Presenting Author from Canada

**Co-authors**
Bärbel Knäuper, Laurette Dubé, Nathan Yang, Daiva E Nielsen

**Abstract**

**Background/Objectives.** Mobile health applications (mHealth apps) designed for weight management are increasingly popular. We aimed to investigate the long-term, real-world effectiveness of such apps by assessing the temporal dynamics of diet and the associated weight outcomes among consistent users of a free calorie tracking app. We evaluated the effect of season and body mass index (BMI) on adherence to a caloric budget using data from n=9372 individuals (50% male) who tracked their caloric intake daily for one calendar year (2016). We also examined the relationship between tracking of body weight and weight loss.

**Methods.** Gender-stratified (F: female; M: male) linear mixed models were used to assess the effects of season (winter, spring, summer, fall) and BMI group at baseline (normal, overweight, obese) on the mean number of calories exceeding users’ daily budget (kcal/d). Associations between weight self-monitoring and change in body weight were analyzed using a subset of users (n=5808) who entered their weight at least once per week, once per month, or once in both winter and fall. To correct for multiple testing, p<0.01 was used for statistical significance.

**Results.** Mean caloric intake was lowest in winter for all users, but only users with obesity adhered to their budget during this season. Deviation from budget increased from winter to spring for all users (F: +23.7, M:
+39.7 kcal/d, p<0.001), remained stable for the summer, and further increased for users with obesity in the fall (F: +14.0, M: +11.8 kcal/d, p≤0.005). Among users with overweight, males had a higher deviation from budget than females for most of the year (+45.2 kcal/d, p≤0.004). Accordingly, female (but not male) users with overweight had a significant change in weight at the end of the year (-3.0 lbs, p<0.001). Users with obesity lost the most weight (F: -11.2, M: -8.8 lbs, p<0.001), the change being larger for those with more regular weight entries. No weight change was observed for users with normal weight.

**Discussion.** Regular self-monitoring of caloric intake and weight with an mHealth app seems effective for weight loss among female users with overweight and all users with obesity. The modest changes observed stress the importance of upstream weight gain prevention. As smartphone use is prevalent among diverse populations, free mHealth apps are a promising solution for equitable access to health promotion tools, but depletion of self-regulatory resources over time should be considered.

**Modélisation systémique des déterminants de la mise à l’échelle et de la pérennisation des innovations en santé : une étude de cas qualitative au Burkina Faso et au Mali**

**Speaker**
Marietou Niang, Presenting Author from Université Laval, Canada

**Co-authors**
Marie-Pierre Gagnon, Sophie Dupéré

**Abstract**

**Contexte/Objectifs.** Le déploiement d’innovations sociales efficaces à plus grande échelle et leur durabilité demeure un grand défi pour les experts en promotion de la santé, mais aussi pour les acteurs impliqués dans l’élaboration de projets en santé maternelle néonatale et infantile (SMNI). Il existe peu d’études scientifiques qui s’intéressent à la fois aux processus de mise à l’échelle ou de pérennisation des innovations en SMNI et à leurs déterminants de succès et d’échec. S’inspirant de la théorie systémique et complexe, cette étude avait pour objectif de modéliser les déterminants de la mise à l’échelle et de la pérennisation à partir d’une recherche empirique de trois innovations en SMNI : la Chimioprévention du paludisme saisonnier au Burkina Faso; les Caisses villageoises de solidarité santé et les Comités de femmes utilisatrices au Mali.

**Méthodes.** Cette étude qualitative de cas multiples a utilisé différentes méthodes de collecte des données. Une analyse documentaire a été réalisée d’août 2017 à juin 2018. Ensuite, de février à mai 2018, des entrevues individuelles (n=45) et de groupe (n=34) et de l’observation non participante ont été menées dans les deux pays. L’analyse des données par contextualisation a été effectuée à l’aide du logiciel NVivo 11, afin de conceptualiser des modèles qui émergent de l’objet d’étude.

**Résultats.** Les résultats de l’étude ont permis de déceler un ensemble de déterminants interdépendants qui sont : les valeurs, le leadership et la gouvernance, les ressources (financières, humaines, matérielles et de
Discussion. Pour comprendre les conditions de réussite ou d’échec des processus de mise à l’échelle ou de pérennisation, ces résultats suggèrent d’avoir une lecture systémique de ces déterminants en considérant leurs interactions et de les traiter comme un ensemble. Il demeure important de reconnaître les dynamiques de pouvoir comme étant centrales dans les processus d’innovation en promotion de la santé. En ce sens, pour améliorer la couverture universelle dans les pays d’Afrique, la mise à l’échelle et la pérennisation doivent être des impératifs dès la conceptualisation des innovations en santé.

Moderating effect of health literacy and social support between individual determinants, problematic social media use and health of adolescents: An international comparison of six European countries

Speakers
Henri Lahti, Presenting Author from University of Jyväskylä, Finland

Abstract
Background/Objectives. The present generation of adolescents known as the Generation Z has grown up in a society heavily influenced by social media platforms. Previous studies have indicated within-person differential susceptibilities to social media use (SMU) and its influences on adolescent health. Thus, the present study will investigate how individual and social factors moderate the association between background factors and problematic social media use (PSMU) and between PSMU and health.

Methods. The study applied internationally representative HBSC data from six European countries (persons aged 13 and 15); Finland (n=2200), Germany (n=2955), Estonia (n=3166), Poland (n=3514), Czech Republic (n=7768). Descriptive observations and moderator analysis were performed.

Results. Based on the preliminary analyses, high family support and health literacy were associated with less PSMU in girls in Finland. High family support and peer support were associated with less PSMU in the adolescent with low family affluence. Health literacy was associated with less PSMU in the adolescent who often felt low. Country-level differences emerged. In Belgium, family support was associated with less PSMU in both family affluence groups. Regarding health, health literacy was associated with less sleeping difficulties in the PSMU group in Finland. Family support was associated with less sleeping difficulties in the problematic social media users and non-problematic users in Germany. Family and peer support were associated with high self-rated health in both SMU groups in Estonia. Health literacy was associated with high self-rated health in both SMU groups in the Czech Republic. Peer support was associated with less sleeping difficulties in the PSMU group in Poland.

Discussion. The present study investigated how individual and social factors moderate the association between background factors and PSMU and between PSMU and health. Our research suggests that health literacy, family support and peer support moderate the association between background factors and PSMU,
along with PSMU and health. Results should be used to establish recommendations and interventions related to PSMU and to the development of health education.

**Monitoring and strengthening health promoting approaches in municipalities**

**Speaker**
Gerdine Fransen-Kuppens, Presenting Author from GGD Gelderland-zuid, Netherlands

**Co-authors**
Annemarie Wagemakers, Gerard Molleman

**Abstract**

**Background/Objectives.** To improve population health, health brokers and municipalities continuously aim to strengthen local health promotion approaches. Therefore, insight is needed in the strengths and points for improvements of local health promotion approaches as well as the changes therein over time. As there are yet no monitoring instruments available, the aim of this study was to develop a monitoring instrument and to pilot this instrument in the local practice.

**Methods.** Literature research and structured group processes with health brokers, as part of participatory action research (PAR), resulted in the identification and definition of eight aspects: assuming that health promotion approaches are more likely to be effective if these approaches have 1) support and 2) collaboration of stakeholders, are 3) integrated, 4) sustainable and 5) intense approaches, 6) apply reflective learning, 7) assess health monitor data and 8) involve and reach the target population. The literature study identified appropriate instruments, e.g. the Coordinated Action Checklist, that were used to operationalize the eight aspects and develop an online questionnaire. In 16 Dutch municipalities the health brokers and their partners filled out the online questionnaire (n=281). Results were presented for each municipality in the form of a report and discussed with the health brokers and policy advisors of the municipalities.

**Results.** The three most important aspect of the health promotion approach were collaboration, support and health data assessment. Participants advised to (further) improve collaboration, for example by making clear agreements on communication and decision making processes. Also, participants recommended to improve involvement of the target group, for example by setting priorities for health promotion together with the target group. The strengths and points for improvement differed per municipality.

**Discussion.** The results of the questionnaire in combination with PAR enabled participants to identify strengths and points to improve, and take action to strengthen the local health promoting approaches.

**Monitoring of the local prevention agreement ‘Green, healthy and on the move’**

**Speaker**
Kirsten Bevelander, Presenting Author from Radboudumc, Netherlands
Abstract

Background/Objectives. For sustainable and better health for citizens we need to realize a long-term integrated approach. In 2017, a 10-year program, called ‘Green, healthy and on the move’, started at a high strategic level to make the Dutch city Nijmegen healthier. This has now led to a powerful movement of more than 50 prominent organizations and leading knowledge institutes who have jointly formed a Local Prevention Agreement (LPA). ‘Green, healthy and on the move’ aims to strengthen the collective impact on health by facilitating long-term collaborations between different local organizations. All organizations commit to taking action and improving the health of their employees and inhabitants by signing the Local Prevention Agreement. Making impact on health cannot be expressed by numbers only, but has to be ‘measured’ in its context. The aim of this presentation is to show several strategies that are used to measure the impact of the LPA in Nijmegen.

Methods. We use a mix of quantitative and qualitative strategies to monitor the impact of the LPA in Nijmegen:

1. Monitor data of the municipality and Municipal Health Services,
2. Research projects about smaller local initiatives,
3. Interviews with partners that signed the LPA, and
4. Learning by monitoring on the movement ‘Green, healthy and on the move’.

In this presentation a more detailed focus will be on our qualitative research approach to gain insight in the efforts, activities and achievements of LPA-partners. Semi-structured interviews were held with people from different organizations of more than 50 local organizations such as (knowledge) institutions, government, (public) (health)(care) organizations, companies and foundations.

Results and Discussion. The needs and factors of success and failure of LPA partners’ short and long-term ambitions are discussed to show ownership and responsibility in contributing to a healthy environment for their employees and Nijmegen citizens. In addition, their feedback on how they perceive the organization and communication of the movement ‘Green, healthy and on the move’ is discussed.

Multimorbidity prevalence and patterns and their associations with health literacy among chronic kidney disease patients

Speaker
Matheus Gurgel do Amaral, Presenting Author from University Medical Center Groningen, Netherlands

Co-authors
Sijmen Reijneveld, Laura Meems, Josue Almansa, Gerjan Navis, Andrea de Winter
Abstract

**Background/Objectives.** Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. Patients with low health literacy have poor disease-management skills for chronic diseases, such as chronic kidney disease (CKD). This could influence the number and combination of their diseases. This study aimed to assess the association between low health literacy and the prevalence and patterns of multimorbidity among CKD patients.

**Methods.** We analyzed data from adult patients with CKD stages 1-5 (n=2,742) from the Lifelines Study, a multidisciplinary prospective population-based cohort of Dutch individuals. Multimorbidity was defined as having CKD and at least one comorbidity. Comorbidities related to 11 disease domains, based on data of 40 physical and psychiatric diseases. We assessed the association between low health literacy and the number and patterns of comorbidities, overall and by age and sex, using multinomial logistic regression and latent class analysis, respectively.

**Results.** Low health literacy was associated with a higher number of comorbidities in the crude models, and after adjustment for age, sex, estimated glomerular filtration rate (eGFR), smoking, and BMI. In the crude models, the OR for low health literacy increased from 1.71 (1.25 to 2.33) for two comorbidities to 2.71 (2.00 to 3.68) for four comorbidities. In the fully adjusted models, the associations remained significant with a maximum OR of 1.70 (1.16 to 2.49) for four comorbidities. The patterns of multimorbidity were similar for low and adequate health literacy, overall and by sex, and slightly different for patients older than 65. Older patients with low health literacy had higher comorbidity prevalence and a relatively greater share of cardiovascular, psychiatric, and central nervous system diseases.

**Discussion.** Patients with low health literacy are more likely to have a higher number of comorbidities than patients with adequate health literacy. Health literacy does not affect the patterns of multimorbidity in younger patients, but it does slightly in older ones. This age difference suggests that the negative effects of low health literacy develop when aging. Therefore, low health literacy could be an intervention target to decrease multimorbidity along the life course of CKD patients.

**Navigating the online world of lifestyle health information: an adolescent perspective**

**Speaker**
Rebecca Raeside, Presenting Author from University of Sydney, Australia

**Co-authors**
Sisi Jia, Julie Redfern, Stephanie Partridge

**Abstract**

**Background/Objectives.** Adolescence is a critical life stage characterised by an interplay of biological, social and environmental factors. Such factors influence lifestyle health related trajectories, including dietary
behaviours, physical activity, body weight and sleep. Generation Z (born 1995-2015) are the most internet-dependent and technologically savvy generation in history with increasing rates of smartphone ownership in developed and developing nations. Gaps exist in our understanding what online platforms adolescents are using and the barriers and facilitators of these platforms to seek lifestyle health information. We evaluated adolescents’ perceptions on the use of contemporary digital platforms (websites, social media, smartphone apps) to seek information or advice related to lifestyle health.

**Methods.** Virtual focus groups were held via Zoom teleconference (Jul-Aug 2021). Eligible participants were 13-18 years, living in Australia and had searched for online lifestyle health information in the previous three months. Participants were recruited through an existing database and known networks. Focus groups were transcribed verbatim, independently coded by two researchers and analysed thematically using the Framework approach.

**Results.** Five focus groups were held (n=32, mean age 16.3±1.4, 56% female, 41% spoke language other than English at home). Thematic analysis revealed participants searched for information both actively (e.g., on Google or YouTube) and passively (e.g., scrolling social media and using existing apps preloaded to their smartphone). Participants identified that the most helpful information was well-organised in terms of aesthetic appeal and layout, came from a credible and reliable source (e.g. sponsorships disclosed) and expressed the need for it to be relatable to them. Mixed views were reported for application of lifestyle health information found online. While some participants reported behaviour change, others noted that certain advice was hard to maintain and incorporate into their lifestyle.

**Discussion.** This study highlights the abundance and complexity of lifestyle health information online for adolescents. Adolescents in the digital age seek to access to information that is appealing, credible, relevant and actionable. To achieve this, future interventions around lifestyle health must consider co-design with adolescents. Furthermore, the regulation of lifestyle health information available online warrants further investigation.

**Needs for sexual health education among Chinese gay, bisexual and other men who have sex with men (GBMSM) college students and challenges for implementation**

**Speaker**
Minhui Yang, Presenting Author from University of Toronto, Canada

**Co-authors**
Chunyan Li, Kaile Zou, Kun Tang

**Abstract**

**Background/Objectives.** Sexual health education has been conducted in various forms among Chinese college students. However, whether current education programs could meet the particular sexual health needs of gay, bisexual, and other men-who-have-sex-with men (GBMSM) students has not yet been explored. GBMSM students have their unique sexual health challenges in China, including stigmatization of
sexual minorities, higher risk of HIV infection, and limited access to GBMSM-friendly care. How the sexual education that they are exposed to have helped or not helped them to maintain their health and to prevent themselves from risk factors? What are the GBMSM students’ needs that have not been satisfied by existed sexual health education?

Methods. In-depth interviews were conducted with 26 GBMSM college students and 8 sexual health educators in 5 cities in China. Interview topics included sexual health education, sexual orientation and behaviours, and sexual transmitted disease prevention knowledge, attitude, and behaviours. Thematic analysis were conducted in software Dedoose (v. 8.0).

Results. GBMSM students tended to follow charismatic peer leaders and social media accounts to get sexual health knowledge and information; Besides acquiring information, the students also would like to have “sexual health managers” that are close to their living experience and contexts to assist them tackling emerging sexual health problems, especially the urgent ones; college-based sexual health education intended to prevent GBMSM students from having high-risk sexual behaviours through fear-based methods, which further stigmatized same-sex sexual behaviours and diminished GBMSM students’ trust and attachment to their colleges.

Discussion. Social media have provided a more convenient channel for GBMSM students to acquire sexual health information than the school-based educational programs. For the students, personalized professional support were more desired compared to the educational sessions. Support from peers and communities, who were emotionally close to the students, were more than school and governmental authorities. Sexual health interventions were reflected as interpersonal interactions that involve emotions and embodied experience beyond static mechanisms.

Obstacles rencontrés par les personnes issues de milieux socio-économiques défavorisés dans l’accès à la communication Covid-19 : focus sur la forme des messages et sur les canaux de diffusion

Speaker
Hélène Lambert, Presenting Author from Université Catholique de Louvain (UCLouvain), Belgium

Co-authors
Océane Le Boulengé, Dominique Doumont, Isabelle Aujoulat

Abstract
Méthodes. Entre avril et juin 2021, une enquête en ligne a été réalisée auprès de 36 organisations travaillant avec des personnes francophones et non francophones défavorisées. De plus, deux tables rondes virtuelles ont été menées auprès de représentants d’associations de ces publics cibles. Enfin, nous avons prévu d’organiser quatre focus groupes avec les publics cibles durant le mois d’octobre. Les données récoltées ont fait l’objet d’une analyse thématique, pour faire émerger les facteurs susceptibles de diminuer ou d’augmenter l’accessibilité de la communication de crise pour ces publics spécifiques.

Résultats. Les résultats préliminaires révèlent que ces publics rencontrent de nombreuses barrières dans l’accès à la communication : exposition au fake news; complexité de s’y retrouver dans le flux important d’informations; difficulté d’accéder à du matériel traduit et adapté; caractère parfois abstrait et technique des informations et existence d’une fracture numérique. Les mesures recommandées sont perçues comme difficilement applicables aux réalités de vie des publics vulnérables. Les personnes cumulant différents facteurs de vulnérabilité sont particulièrement discriminées dans l’accès aux messages. A l’issue de notre analyse, certaines recommandations sont formulées telles que l’utilisation d’un langage facile à lire et à comprendre, la diversification des supports, la multiplication des canaux de communication, l’importance de la communication de proximité, et l’implication de représentants dans l’élaboration et la transmission des messages.

Conclusion. Les résultats relatifs aux barrières rencontrées devraient permettre l’ajustement de la communication en période de crise sanitaire, de manière à optimiser les produits de communication existants et permettre une communication plus adaptée aux besoins spécifiques des populations défavorisées.

Older adults’ participation in outdoor adventure activities: A critical scoping review

Speaker
Emily Smith, Presenting Author from McMaster University, Canada

Co-author
Nicole Dalmer

Abstract

Background/Objectives. Outdoor adventure activities are an increasingly popular leisure pursuit for older adults. To examine trends in the rapidly increasing scholarly literature on this topic, we conducted a scoping review to determine: 1. What are the reported health and wellbeing benefits of participation in outdoor adventure activities in later life? 2. What are older adults' motivations to participate in these activities? 3. How, if at all, do individuals modify their participation in adventure activities in their later years? 4. How is aging perceived by researchers and older adults participating in outdoor adventure activities?

Methods. Following scoping review protocol, after searching several interdisciplinary databases (Scopus, EBSCOhost, Proquest, Google Scholar, OVID), studies were independently screened for eligibility during two rounds of review (title and abstract, and full-text). The review included peer-reviewed articles with the full-
text available in English that substantially described outdoor adventure programming for older adults, older adults’ perceptions of outdoor adventure experiences, trends in older adult’s participation in outdoor adventure activities and/or the health effects of participation in outdoor adventure activities by older adults.

**Results.** Of the 1617 articles identified, 34 were included in the review. Data were collected regarding the location of the study, the adventurous pursuit(s) discussed, demographic information about the participants, and any underlying assumptions about older participants. Key themes identified include physical and mental health benefits, subjective wellbeing benefits, motivations of older adults to participate, anti-aging sentiment(s), wants and needs from programming, and facilities and modifications to participation due to age.

**Discussion.** Results of this scoping review suggest that participation in outdoor adventure activities in later life can contribute significantly to the seven dimensions of wellness. Further research should focus on recruiting more diverse participants and attempt to uncover potential barriers (physical, economic, geographic, etc.) to participation for various population groups. Additionally, the benefits of alternatives to outdoor adventure that may be more accessible to older adults such as indoor rock climbing and programs using virtual reality should be further explored.

**Online questionnaire exploring correlations between the usage of personal electronic devices and musculoskeletal pain in children Pre COVID-19 and during a COVID-19 lockdown**

**Speaker**
Anna Clark, Presenting Author from University of Salford, United Kingdom

**Co-authors**
Anna Cooper-Ryan, Tamara Brown, Steve Preece

**Abstract**

**Background/Objectives.** Personal Electronic Device (PEDs) usage has increased in children over the past decade. During the COVID-19 pandemic, children completed schoolwork on PEDs. There is a need to understand children’s usage of PEDs and if there’s a relationship between usage and children’s musculoskeletal (MSK) pain. The study aimed to explore links between MSK pain in children aged 7-17, PED usage and if this differed from before and during the COVID-19 pandemic.

**Methods.** An online questionnaire was developed based on the Teen Nordic and the Computer Usage questionnaire, with additional questions exploring postures and activities when using PEDs. The new questionnaire was piloted, for validity and reliability (n=60). Participants were recruited via social media and schools within the UK. N=503 participated between April-Oct 19, pre covid-19 and n=316 between Jan-May 21, during covid-19 lockdown.
Results. Participants reported regular PED usage. Pre covid-19 results indicated some participants didn’t use laptops (27.0% (n=112)) or desktops (43.14% (n=217)). Most participants used portable devices (smartphones 79.4% (n= 399) and tablets (87.7% (n=452)). Between the two time points reported tablet usage decreased (87.7% (n=452) to 76.5% (n=205)). Desktop usage also reduced from 43.14%(n=217) to (11.57% (n=31) during lockdown. Laptop usage increased during lockdown (n=133 (49.63%) from n=145(28.82%) pre Covid -19). 259 (51.5%) children reported MSK pain pre-covid-19 and 103 (32.6%) reported MSK pain during lockdown. The highest reported pains were neck and back at both time points (neck 30.9%(n=130) vs 23.9%(n=68), back 25.9%(n=109) vs 22.4%(n=60)). The prevalence rate of participants reporting pain showed that participants were statistically (95% confidence intervals) more likely to report neck(0.78 pre-COVID and 0.73 in lockdown) and lower back pain(0.51 pre- Covid and 0.63 in lockdown) when using a smartphone. Using a tablet didn’t show any significant results on participant’s pain.

Discussion. Children reported using portable PEDs, tablets and phones, pre-Covid-19 and during a lockdown. Laptop usage increased during the pandemic this could be a result of home-schooling. Neck and back pain were the most common pain reported and were statistically related to smartphone usage. There is a need to understand the impact of PED usage.

Organizational health policies that affect physical activity and other health behaviors of office workers in South Korea

Speaker
Hwayeon Jo, Presenting Author from Graduate School of Ewha Womans University, South Korea

Co-authors
Jisoo Chae, Ga Won Lee, Hyekyeong Kim

Abstract

Background/Objectives. Physical inactivity has been a serious problem that has ranked fourth as the cause of death worldwide. Office workers spend most of the day inactive at work. However, there is a lack of research to promote the physical activity of office workers. Therefore, the purpose of this study is to find the environmental factors of the workplace that affect the amount of physical activity of office workers.

Methods. The accelerometer was used to collect data for 7 consecutive days. The daily real-time activity of 60 office workers was measured for 7 days. In addition, information related to health-related systems and policies at work were collected through a survey. Correlation analysis was performed using spss23.0 for the collected data.

Results. It has been found that some workplace health-related systems and policies affect the amount of physical activity of clerical workers. In the workplace, the policy of subsidizing the use of external sports facilities correlated with the total amount of physical activity per day (p<.041). It was found that there was a correlation with a particularly light amount of physical activity (p<.031). A policy that correlated with moderate physical activity was to participate in health promotion programs such as smoking cessation,
alcohol saving, weight management, and exercise offered at work (p<.035). In addition, the policy of allowing workers in the workplace to participate in health promotion activities such as exercise, smoking cessation, and participation in alcohol-saving programs during working hours also correlated with moderate physical activity (p<.031). It was also found that the presence or absence of a system that can report on workplace health and safety correlates with moderate physical activity (p<.013).

**Discussion.** It is said that physical inactivity is social responsibility. Securing the health of office workers has a great effect of reducing social costs by decreasing medical expenditure, and increasing productivity and income. Therefore, to increase the physical activity of office workers, it is necessary to create an environment for the workplace where office workers spend most of their time. In particular, it is necessary to establish systems and policies to support individual health promotion.

**Pacific NCD Youth Ambassadors : Les jeunes océaniens deviennent acteurs dans la lutte contre les maladies non transmissibles**

**Speaker**
Solene Protat, Presenting Author from Communauté du Pacifique, New Caledonia

**Abstract**
Les maladies non transmissibles (MNT) telles que les maladies cardiovasculaires, le diabète et les cancers constituent un enjeu social et économique majeur pour les Pays et Territoires du Pacifique. En effet, ces pathologies affectent plus de 80% des habitants de la région et sont donc un frein au développement du fait de leur impact sur le budget des gouvernements et leur retentissement sur la qualité de vie des individus et de leurs familles.

**Objectifs en matière de promotion de la santé.** Le projet Pacific NCD Youth Ambassadors vise à former des jeunes des îles océaniennes sur la thématique des MNT afin que ces derniers puissent ensuite mettre en place des actions de sensibilisation auprès de leurs pairs et de leurs communautés. Ils deviennent ainsi des relais des services de santé auprès de la population et participent activement à la promotion d’habitudes de vie saines.

**Description de l’œuvre d’art.** Certains jeunes ont fait le choix de réaliser des œuvres d’art dans le cadre de leurs projets de sensibilisation auprès de leurs communautés. Ainsi, les participants des îles Tonga ont créé des fresques murales (graffiti) sur le thème des MNT dans plusieurs îles de l’archipel avec l’aide des élèves de l’école. Les œuvres créées dans les îles sont visibles dans les vidéos qui constituent la playlist visionnable sur ce lien : https://www.youtube.com/playlist?list=PLCq-WnF3HdrgMboU300FbiNANu0L1kO0y

**Auditoire visé.** Habitants des îles Tonga

**Durée et utilisation prévue.** Les fresques murales ont une durée de vie assez longues (durée de vie des bâtiments).
Pandémie et personnes avec une déficience sensorielle : freins et leviers à l’accessibilité de la communication de crise Covid-19 et à l’application des mesures sanitaires dans leur quotidien

Speaker
Océane Le Boulengé, Presenting Author from UCLouvain/IRSS-RESO, Belgium

Co-authors
Hélène Lambert, Dominique Doumont, Isabelle Aujoulat

Abstract
Contexte/Objectifs. La recherche se penche sur les obstacles rencontrés par les personnes déficientes sensorielles, et plus particulièrement, les personnes déficientes visuelles ou auditives, dans l’accès à la communication de crise Covid-19. Elle s’ancre dans un projet de recherche interdisciplinaire en collaboration avec l’Université d’Anvers (promoteur du projet), la Katholiek Universiteit Leuven, la Haute École Thomas More, l’organisation Atlas et le Centre National de Crise, en vue de développer des lignes directrices pour adapter la stratégie de communication de crise pour que celle-ci tienne mieux compte de la diversité et des spécificités de la population belge.

Méthodes. La récolte de données s’est faite par un questionnaire en ligne rempli par 25 organisations travaillant avec les publics cibles entre avril et juin 2021; deux tables rondes avec des représentants des publics cibles en mai 2021; deux focus groupes avec les publics finaux, en préparation. Les données ont été traitées par une analyse thématique pour faire apparaître les freins et leviers à l’accessibilité de la communication rencontrés par ces publics.

Résultats. Les résultats préliminaires montrent que les personnes déficientes sensorielles ont un accès restreint à la communication de crise, et rencontrent des difficultés dans l’application des mesures sanitaires dans leur quotidien. Les personnes déficientes visuelles, confrontées à du contenu visuel fréquent, rencontrent des difficultés d’application des mesures sanitaires à leur environnement physique, créant ou renforçant des situations de dépendance à autrui. Quant aux personnes déficientes auditives, il ressort de l’analyse des données que l’information interprétée en langue des signes n’est pas suffisamment accessible et qu’il faudrait en augmenter et en diversifier les heures de diffusion. Elles peuvent avoir un niveau de littératie général peu élevé en raison de parcours scolaires rendus difficiles par la déficience auditive. Ce cumul de vulnérabilités diminue l’accès à la communication de crise.

Discussion et conclusion. Cette étude fait émerger des recommandations pour contrer les obstacles rencontrés par les personnes avec une déficience sensorielle dans l’accès à la communication de crise, et pour optimiser les supports et les canaux de communication afin qu’ils répondent mieux aux besoins spécifiques de ces publics.
Participation citoyenne, transition socio-écologique et santé des communautés : comment des groupes citoyens peuvent influencer le bien-être et la qualité de vie de leur collectivité

Speaker
Sabrina Tremblay, Presenting Author from Université du Québec à Chicoutimi, Canada

Abstract

Contexte/Objectifs. À l’instar d’autres régions du Québec, le Saguenay-Lac-St-Jean a vu, depuis plusieurs décennies l’émergence de plusieurs groupes citoyens, s’engager dans le chemin de la transition (Klein, Camus, Boucher, & Noiseux, 2017). Cela témoigne de la vitalité communautaire régionale, mais les obstacles auxquels ils font face sont aussi propres au contexte particulier lié à leur émergence. Afin de bien cerner les facteurs facilitants et contraignants, mais aussi de l’impact de ces mouvements dans l’écosystème local et de façon plus large, sur le bien-être et la qualité de vie régionale, nous présenterons les cas du « Comité pour un Vaudreuil durable » et celui du « Grand dialogue ».

Méthodes. Cette analyse s’appuie sur la méthodologie d’étude de deux cas comparative (Yin, 2014). Une revue de presse et scientifique ont été réalisées. Des entretiens avec les porte-paroles de chacun de ces mouvements ont aussi été réalisés. Les questions de recherche sont 1) quels sont les éléments communs aux deux initiatives; 2) quels sont en les éléments qui les distinguent, tant sur le plan micro et macro systémiques et 3) quels enseignements retenir de ces deux initiatives en regard de leur impact sur la communauté locale. L’interprétation des données s’est réalisée avec la théorie sur l’analyse des cadres (Benford et Snow, 2000)

Résultats. Les résultats démontrent un impact manifeste sur la vitalité de l’action communautaire et la mise à jour d’enjeux environnementaux locaux importants qui seraient, autrement passés sous le radar. La portée des actions est toutefois variable, selon l’identité parfois diffuse de « l’adversaire » et l’ancrage territorial qui est plus ou moins fort. L’acquisition de la légitimité d’action du mouvement est aussi cruciale et modulatrice du résultat des actions. On note à cet égard que la capacité de travailler en synergie avec les acteurs locaux est déterminante dans la survie des groupes.

Discussion. L’implication citoyenne, loin d’être récente, se transforme avec les enjeux sociaux qui se complexifient et changent d’échelle. La portée des actions des groupes sous l’égide de la transition est un exemple concret de ces mutations. Quoique la multiplicité des thèmes couverts les servent et les desservent tout à la fois, mais dans une perspective de co-construction des politiques publiques ils veulent, peuvent et doivent devenir des alliés naturels des autorités sociosanitaires.

Participative research, policy development and implementation leading to long-term impact on settings for youth health

Speaker
Saoirse Nic Gabhainn, Presenting Author from National University of Ireland Galway, Ireland
Co-authors
Colette Kelly, Aoife Gavin, Sinead Hanafin, András Költő

Abstract
Background/Objectives. Demonstrating long-term impacts of Health Promotion research and policy can be fraught with methodological challenges, especially when assessed retrospectively. This paper presents a case study of research impact, including enablers and context to aid interpretation.
To develop a national set of child wellbeing indicators in line with United Nations Convention on the Rights of the Child commitments, a participative study of children’s understandings of wellbeing was undertaken to accompany a Delphi study with experts. The children contributed several unique indicators, including having ‘good places to spend free time’. Subsequent national policies on play and recreation included objectives to improve rates of having good places to spend free time.

Methods. Documentary evidence on the development of, and reporting on, a national set of wellbeing indicators for children and the development and implementation of two national policies was collected and analysed. This was supplemented by analysis of cyclical monitoring data, collected through the nationally representative data sets of the Health Behaviour in School-aged Children (HBSC) study in Ireland between 2002 and 2018.

Results. Measurement of stakeholder-informed indicators helped stimulate national policies on Play (2004) and Recreation (2007). Partnership-based policy implementation led to increases in spaces for play and recreation. Trends data from the HBSC study revealed that agreement with the statement ‘there are good places to spend free time’ for children aged 10-17 increased from 45.1% in 2002 to 63.5% in 2018 in all socio-demographic sub-groups. Having ‘good places to spend free time’ was a significant and substantial predictor of more frequent moderate and vigorous physical activity. Temporal analyses showed that these increases followed policy implementation.

Discussion. This impact case study links an original participative study, though policy development and implementation, to long-term improvements in Irish children reporting having ‘good places to spend free time’. To understand impact, it is important to understand the context of decision-making. In this case, commitment to youth participation and genuinely integrating children’s views into policy and practice was essential to change. An understanding of the decision-making context at key points, including the commitment to honouring children’s input, is important to aid interpretation of the evidence under investigation.

Participatory plan of action to climate change by the Korean healthy cities partnership

Speaker
Kwang Wook Koh, Presenting Author from Kosin University College of Medicine, South Korea
Abstract

Background/Objectives. Although greenhouse emissions in Korea has been rapidly increased, the central government’s response to climate change was insufficient. However, 102 cities across the country in the Korean Healthy Cities Partnership (KHCP) solidified together and made a participatory consensus on climate change

Methods. At the beginning of 2020, the Scientific Committee proposed a new core theme in a series of discussions held with the Working Committee and the Steering Committee. In January of 2020, the secretariat sent out an e-mail survey to all member cities to rank possible new core themes. In May, KHCP conducted a second survey to practitioners and city mayors. With the data from both surveys and a consultation with the scientific committee, “KHCP Plan of Action for Climate Change” was selected as the new core theme. A post-COVID-19 health-city paper published in July 2020 spurred the progress. Based on persevering consensus-making, the vision, goal, objectives, strategies, detailed operation plans, and indicators were made in co-creation process with stakeholders

Results. (1) Use of digital technology, system thinking, and citizen science, and (2) effective cooperative governance around KHCP gave birth to a new core theme and plan of action within a short period. Yet, to achieve the vision of a sustainable healthy city, cities need strong leadership with capacity building, steady governance, and citizen participation to face new near challenges.

Discussion. Sustained implementation and evaluation is another challenge for KHCP. Korean style of fast consensus making made plausible policy option and political commitment but city-wide agenda setting in each city is another challenge

Perspectivas de los jóvenes y del personal sanitario sobre el acceso a las acciones de prevención del VIH

Speaker
Marco Akerman, Presenting Author from CEPEDOC FSP USP, Brazil
Elisabete Agrela Andrade, Presenting Author from UNASP e CEPEDOC, Brazil

Co-authors
Maria Cristina Franceschini, Maria Izabel Sanches Costa, Gabriela Spanghero Lotta

Abstract

Antecedentes / Objetivos. En las últimas décadas se ha producido un gran avance mundial en las respuestas de los países al VIH/SIDA. Sin embargo, la reducción de las tasas mundiales de nuevas infecciones por el VIH precisa un enfoque concentrado en la prevención primaria y la eliminación de las barreras de acceso a los servicios y programas de prevención. El objetivo de este estudio fue conocer las barreras y potencialidades del acceso a los servicios de salud, desde la percepción de dos grupos fundamentales: los profesionales de la salud y la población joven (12-24 años), en un territorio de alta vulnerabilidad en el municipio de São Paulo.
Métodos. De naturaleza cualitativa-cuantitativa, tras la elección y aproximación al territorio, se realizaron 42 entrevistas a profesionales, se aplicaron 50 cuestionarios y se realizaron 25 entrevistas a jóvenes.

Resultados. En cuanto a los jóvenes, muestran escaso conocimiento sobre el tema del VIH/SIDA. El acceso a la información sobre las diferentes formas de prevención se produce principalmente a través de la escuela y de Internet, considerados como facilitadores para la obtención de información. La familia es citada como núcleo facilitador, pero también como barrera de acceso a la información. El tabú y los prejuicios en torno al tema son considerados barreras para el acceso a los servicios. En cuanto a los profesionales, se identificaron como barreras de acceso: escasa interrelación entre los servicios territoriales y la política de prevención del VIH/SIDA; necesidad de adaptar el lenguaje y el enfoque de los profesionales al público joven, falta de una adecuada atención en estos servicios y la promoción de una búsqueda activa de jóvenes y acciones en el territorio.

Discusión. Los datos recogidos permitieron impulsar la construcción de seminarios de formación para profesionales y jóvenes. Partiendo de un modelo participativo, con el fin de reforzar las capacidades locales, algunos agentes del territorio participarán en la construcción de estrategias de intervención para hacer frente a los problemas identificados por la investigación.

Pilot evaluation of a universal digital intervention to promote maternal well-being during the perinatal period

Speaker
Monica Vaillancourt, Presenting Author from McGill University, Canada

Co-authors
Serena Mennitto, Anne-Sophie Brazeau, Kaberi Dasgupta, Kristine Koski, Tuong Vi Nyugen, Ilka Lowenstein, Steven Grover, Phyllis Zelkowitz, Deborah Da Costa

Abstract

Background/Objectives. Up to 20% of women experience poor maternal mental health during the perinatal period. There is compelling evidence linking maternal mental health problems with increased risk of adverse physical and psychological well-being outcomes for women and their offspring. There are limited data to date on whether e-health technologies are effective at reducing adverse mental health outcomes during this period. This study examined whether women who were randomized to an e-health intervention platform (HealthyMoms) during pregnancy report better mental health outcomes at 6 weeks postintervention and at 3 and 6 months postpartum compared to women assigned to a usual care control group.

Methods. Pregnant women completed standardized on-line self-report questionnaires measuring sociodemographics, symptoms of depression (Edinburgh Postpartum Depression Scale [EPDS]), anxiety (General Anxiety Disorder-7), and level of well-being (World Health Organization-5 Well-Being Index [WHO-5]) at baseline (14-26 weeks’ gestation, T0, Nintervention=56, Ncontrol=56), at 6 weeks postintervention
(T1, Nintervention=50, Ncontrol=48), and at 3 and 6 months postpartum (T2, Nintervention=40, Ncontrol=42; T3, Nintervention=38, Ncontrol=40). Independent samples t-tests were used to examine differences in psychological well-being between intervention and control arms at postintervention timepoints.

Results. At 6 weeks follow-up no significant differences were found between groups for symptoms of depression, anxiety, or well-being during pregnancy. At the 3 months postpartum follow-up, depression scores were lower (EPDS; d=0.21) and well-being scores were higher (WHO-5; d=-0.60) for women in the intervention compared to the control group. Lower depression scores and higher well-being scores (EPDS; d=0.21, WHO-5; d=-0.47) for women in the intervention group compared to the control group were sustained at the 6-month follow-up. No significant differences between groups were found for symptoms of anxiety at 3 and 6 months postpartum.

Discussion. Women assigned to the digitally delivered intervention reported better maternal well-being at postpartum assessments. This study provides a preliminary signal of mental health benefits associated with the delivery of healthcare information and resources through an e-health platform intervention. These results could have important implications for the development of low-cost and more accessible approaches of promoting maternal well-being.

Políticas públicas para la prevención del cáncer en Brasil: ¿Estamos en el “camino correcto”?

Speaker
Fernanda Carlise Mattioni, Presenting Author from Grupo Hospitalar Conceição e Escola de Saúde Pública do Rio Grande do Sul, Brazil

Co-authors
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Abstract
Antecedentes / Objetivos. A nivel mundial, según datos del American Institute for Cancer Research, el cáncer de piel es el 5º cáncer más frecuente en todo el mundo. Está demostrado que las prácticas de prevención primaria, cuando se llevan a cabo desde la infancia, reducen las posibilidades de desarrollar la enfermedad hasta un 80%. Este estudio tiene como objetivo analizar las políticas públicas de prevención del cáncer de piel instituidos en Brasil.

Resultados. En cuanto a las políticas públicas pública en Brasil, para la prevención del cáncer, en general, la Política Nacional de Prevención y Control del Cáncer en la Red de Atención a las Personas con Enfermedades Crónicas del Sistema Único de Salud (SUS). Cuando se trata de acciones dirigidas específicamente a la prevención del cáncer de piel, en Brasil contamos con: la Campaña de Prevención del Cáncer de Piel; la Política de Sombra; varias leyes establecidas en los estados, que tienen como objetivo ofrecer protección solar gratuita a grupos predeterminados; entre otras. Todas las acciones mencionadas tienen como objetivo el público adulto.

Discusión. La Política Nacional de del Cáncer en Brasil, prevé en sus directrices acciones relacionadas con la promoción de la salud. Aunque sea una prioridad de las políticas públicas brasileñas, es importante señalar que no existe ninguna estrategia de prevención para el cáncer de piel con foco en el público infantil.

Politique d’allaitement maternel et démarche d’amélioration continue dans un CHU

Speaker
Sabrina Ourabah, Presenting Author from CHU Ste-Justine, Canada

Co-author
Stéphanie Hogue

Abstract

Milieu/problématique. Selon les données les plus récentes, 88 % des femmes montréalaises décident d’initier l’allaitement, mais seulement 48 % allaitent de façon exclusive et les taux diminuent déjà après un mois. Face à ces constats, le Ministère de la Santé et des Services sociaux du Québec partage la volonté de l’OMS et de l’UNICEF et retient comme principale stratégie l’Initiative Amis des Bébés (IAB) pour améliorer la situation de l’allaitement au Québec. Pour les établissements de santé, l’adoption d’une politique en allaitement maternel fait partie d’une des pratiques proposées par l’IAB.

En 2015, le CHU Sainte-Justine de Montréal s’est doté d’une politique en allaitement maternel, visant ainsi à offrir un environnement accueillant et favorable à l’allaitement pour toutes les mères et les familles qui le fréquentent. En se basant sur les besoins exprimés par les familles et les intervenants et les connaissances scientifiques, une démarche intégrée d’amélioration continue et innovante a été mise en place afin de faire vivre concrètement cette politique.

Intervention. Cette démarche d’amélioration continue vise:

• Une plus grande appropriation et participation à la mise en œuvre de la politique par les intervenants du CHU
• Une amélioration des compétences des intervenants en allaitement maternel
• Une uniformité des messages véhiculés aux familles
• Un meilleur soutien des familles
• Une amélioration de l’expérience en allaitement des familles
• Une optimisation des salles d’allaitement
Résultats. Plusieurs réalisations ont été effectuées :
- Mise en place d’une structure de travail et d’un plan d’action transversal
- Développement d’outils de transfert de connaissances (vidéos pour se préparer à l’allaitement, plateforme numérique avec solutions concrètes pour soutenir les femmes qui allaitent, etc.)
- Mise en place et suivi d’indicateurs de monitorage (taux d’allaitement, expérience des familles)
- Optimisation des salles d’allaitement
- Balisage de formation des intervenants
- Stratégies de communication

L’ensemble de ces actions visent à améliorer le taux d’allaitement exclusif au congé de l’hôpital ainsi que l’expérience des familles.

Impacts / recommandations.
- Mobilisation des équipes multidisciplinaires et transversales
- Partage de meilleures pratiques avec le réseau de la santé, la communauté et le grand public

Portrait de la pratique infirmière de proximité intégrée dans un réseau intersectoriel auprès de personnes réfugiées : bilan d’un projet pilote

Speaker
Johanne Déry, Presenting Author from Université de Montréal, Canada

Co-authors
Lara Maillet, Anna Goudet, Aurelle Jouego, Sabina Abou Malham, France Desjardins, Stéphanie Charest, Balia Fainstein

Abstract
Contexte/Objectifs. En réponse aux résultats d’une précédente recherche (Réseau 1, 2017-2018), un projet pilote de réseau intersectoriel de proximité (financé par la Fondation de l’OIIQ) a été implanté depuis 2019 pour répondre aux besoins de la population réfugiée de deux quartiers défavorisés d’une ville moyenne du Québec. Ce réseau est axé sur les rôles optimaux des infirmières cliniciennes de proximité (ICP) et des infirmières praticiennes spécialisées en première ligne (IPSPL).
Cette communication présente un portrait de la pratique infirmière de proximité auprès de personnes réfugiées. Une attention particulière est accordée aux changements produits sur l’accessibilité aux soins et services des personnes réfugiées et à ceux impliqués dans la gestion de l’équipe intersectorielle et interdisciplinaire.

Méthodes. Ce projet est une évaluation développementale, adoptant une méthode mixte : i) volet qualitatif incluant une analyse documentaire (n=25), des observations (n=20h) et des entretiens semi-structurés avec des acteurs-clés et des usagers-réfugiés (n=15); ii) volet quantitatif comprenant la complétion de masques de saisies des données lors des interventions réalisées par les ICP, les IPSPL et les médecins (n= 358) auprès d’usager.es ainsi que l’analyse de bases de données clinico-administratives (iclsc) de 2012 à 2022.
Résultats. Les analyses préliminaires indiquent que l’utilisation optimale de la pratique de l’ICP permet de répondre à un vaste ensemble de besoins de la population réfugiées de ces territoires, notamment en termes de navigation dans le système de santé, de suivi et de contrôle de l’administration des médicaments, de prescription et d’éducation en matière de santé sexuelle et reproductive. Le binôme formé par l’ICP et de l’IPSPL est complémentaire et permet de répondre à la plupart des besoins en santé de cette population. Néanmoins, cette intervention innovante nécessite des adaptations de différents secteurs et milieux, notamment en temps de pandémie.

Discussion. Cette communication sera aussi l’occasion de dresser un bilan de ce projet pilote en mai 2022, et de tirer des recommandations concernant sa pérennité et sa possible mise à l’échelle dans d’autres régions québécoises. Tous les acteurs impliqués misent sur la valeur ajoutée de ce projet pour la population réfugiée et sur les retombées positives en termes d’accessibilité, qualité, sécurité, continuité – des priorités dans le réseau actuel.

Prácticas de promoción de la salud en la atención primaria en Brasil

Speaker
Fernanda Carlise Mattioni, Presenting Author from Grupo Hospitalar Conceição e Escola de Saúde Pública do Rio Grande do Sul, Brazil

Co-authors
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Abstract
Antecedentes / Objetivos. Analizar las prácticas de Promoción de la Salud en la Atención Primaria de la Salud, a partir de algunas teorizaciones de Michel Foucault.

Métodos. Se realizó una investigación de campo, descriptiva, cualitativa, de inspiración genealógica. Para la recogida de datos empíricos se entrevistó a 23 trabajadores de la APS.

Resultados. El análisis de los datos dio lugar a los siguientes resultados: 1) se identificó un campo heterogéneo de prácticas de PS, que se constituye a través de la circulación de diferentes saberes y poderes; 2) las prácticas están permeadas por discursividades alineadas a la gubernamentalidad neoliberal y prácticas que se erigen como contraconductas a dichas discursividades; 3) el análisis de las emergencias y procedencias de las prácticas de PS en APS explicita las condiciones de posibilidad de su construcción histórica. El principal efecto de las prácticas de Promoción de la Salud en la APS está asociado a la disminución de la medicalización y a la adopción de elementos de la Clínica Ampliada. Las principales dificultades surgen de la precariedad de las políticas públicas, derivadas de las medidas de austeridad fiscal adoptadas en los últimos años en el país. Se describen como posibilidades a explorar para potenciar la PS.
en la APS: el fortalecimiento de las actividades de capacitación en las unidades de salud; la problematización de los Determinantes Sociales de la Salud y los métodos para incentivar la participación; la colectivización de las demandas de salud; la valorización y el fortalecimiento de los logros y las acciones colectivas; el rescate de la cultura y los hábitos comunitarios locales; y, la abogacía.

Discusión. Se señala la posibilidad de construir subjetividades, capaces de constituir resistencias y contraconductas a la gubernamentalidad neoliberal, en la micropolítica del trabajo realizado por los equipos. Si bien existen prácticas hegemónicas, que representan los regímenes de verdad de la contemporaneidad, también se pueden identificar resistencias y contraconductas a la gubernamentalidad neoliberal que tienen el poder de producir otras prácticas y modos diferentes de (re)existencia en la APS.

Prácticas integrativas y complementarias: el auto cuidado como promoción de la salud en Brasil

Speaker
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Abstract
Antecedentes / Objetivos. En Brasil, los conocimientos y prácticas no convencionales en Salud fueron implementadas, en el Sistema Único de Salud (SUS) en el año de 2006, a través de la Política Nacional de Prácticas Integrativas y Complementarias en Salud. Así, las Prácticas Integrativas y Complementarias en Salud (PICS) se refieren a todas las prácticas asistenciales que no estén inscritas epistemológicamente en la razón científica moderna. En este estudio, se busca conocer cómo algunos de los regímenes de verdad sobre las PICS se establecieron en las políticas de salud en Brasil, especialmente a partir de la implementación de la Política Nacional.

Métodos. Estudio de enfoque cualitativo y descriptivo, inspirado en el método genealógico de Michel Foucault, con análisis documental de políticas públicas en Brasil.

Resultados. El análisis crítico de las políticas públicas sobre las PICS nos permite caracterizarlas como una invención o una fabricación, cuya genealogía nos permite ver que su emergencia ocurrió a través de la creación/implantación de la Política Nacional. A partir de esta perspectiva, es posible indicar que algunos de los regímenes de verdad que constituyen las PICS establecen convergencias con los discursos y prácticas de una de las vertientes de la Promoción de la Salud, cuando responsabiliza los individuos a buscaren estilos de vida saludables, con el uso de discursos sanitarios sobre el autocuidado en salud. Tales discursos, al mismo tiempo que liberan al Estado de su responsabilidad por la garantía constitucional del derecho a la
Discusión. Al que parece, la adopción de las PICS, en Brasil, a través de una política pública, desconsidera, en parte, las determinaciones sociales y comerciales de la salud, y hace que el manejo de los procesos de búsqueda de una mayor/mejor salud o de enfrentamiento de enfermedades sea vivido de manera individual y de acuerdo a las conductas que caracterizan el sujeto como responsable por su propia vida y su salud (o enfermedad).

**Practice-based evidence for scaling up community-based health promotion: national and local perspectives**

**Speaker**
Philipp Weber, Presenting Author from University of Erlangen-Nuremberg, Department of Sport Science and Sport, Germany

**Co-authors**
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**Abstract**

**Background/Objectives.** To achieve effective and sustainable implementation of community-based physical-activity-related health promotion with a focus on health equity, an approach that integrates the existing scientific and practice-based evidence was developed and tested in 6 communities in Germany. To scale up this approach, an appropriate concept is needed that is also scientifically grounded and considers different practice-based experiences. Therefore, this study aims to assess the practice-based knowledge of community and national stakeholders for the development of a scaling up concept for community-based physical activity-related health promotion.

**Methods.** Two national digital workshops were conducted in March and April 2021. Community stakeholders (n=163) were involved in the first workshop to identify, where communities need support and what they can accomplish themselves to implement community-based physical activity-related health promotion. In the second workshop, national stakeholders from the sport, health, and social sector as well as researchers (n=92) discussed facilitators and barriers for scaling up health promotion interventions. The discussions were transcribed and coded using qualitative content analysis.

**Results.** Most themes that emerged during the first workshop showed that while several communities needed support for a specific aspect other communities stated to have the appropriate resources for the same aspect. However, most stakeholders mentioned the need for external process support or a strategic concept. The involvement of various stakeholders was seen as an effort that communities can best manage themselves. During the second workshop, national stakeholders emphasized that transregional networks and intermediate organizations were crucial success factors for scaling up, whereas a lack of intersectional cooperation and scarce financial resources were cited as barriers.
Discussion. The involvement of stakeholders at local as well as national level was an important step for scaling up this approach and implementation in the communities. The various themes shed light on the practice-based evidence on scaling up community-based health promotion. Together with scientific evidence on key components for scaling up community-based approaches to promote physical activity, a science- and practice-based scaling up concept will be developed and tested in 12 communities throughout Germany.

Prevalence and predictors of COVID-19 related stigma & discrimination in Punjab, India.

Speaker
Manmeet Kaur, Presenting Author from Post Graduate Institute of Medical Education and Research, India

Co-authors
Lakshmi PVM, Monika Dogra, Ankur Punia, Abhishek Sharma, Rupinder Kaur, Nandita Mathur, Navdeep Gautam, Vikas Verma

Abstract
Background/Objectives. Stigma and discrimination erodes social bonding leading to social exclusion which impede efficient healthcare services during disease outbreaks. It impacts poorly on screening, access to health care service, diagnosis, and treatment. The very nature of transmission of COVID-19, media coverage, lockdown related news and social-media and lockdown led to stigma across the globe. We measured prevalence of COVID-19 related stigma & discrimination and its predictors in community.

Methods. It is a quantitative component of large exploratory mixed method study. Two districts each with high and low load of COVID 19 cases were selected using COVID-19 monthly bulletin of December 2020. Blocks, sub-centers and UPHCs were selected randomly. Sample size of 423 was calculated assuming the prevalence of stigma & discrimination to be 50% in community. Trained auxiliary nurse midwives used mobile application for data collection. Multivariable analysis was performed using binary logistic regression modelling.

Results. The mean age of participants was 45.5±14.3 years, 53% were women, 13% were illiterate, 55% belonged to rural areas and 67% were from middle socioeconomic class. All faced stigma, mild stigma was faced by 18%, severe stigma by 36% and 45% faced moderate stigma. Place of residence was significantly associated with severe stigma. Majority (44%) hospital quarantined participants faced severe discrimination compared to those who were isolated at home (37%). Most participants (71%) feared being punished for not following preventive guidelines followed by 69% testing and 65% getting COVID-19 infection.

Discussion. There are 4 interconnected levels of stigma i.e., identification, labelling, separation, and discrimination as explained in Stangl et.al., framework were considered for interpreting the results. Whether hospital or home, no one was immune to stigma and discrimination and negative stereotyping about Covid-19 exists in societies and perpetuates discrimination. The stigma and discrimination associated
with infectious diseases needs to be addressed and a protocol needs to be developed to safeguard people from stigma and discrimination.

**Preventive knowledge and behaviors to mitigate transmission of COVID-19: Urban and rural comparison in Dhaka district of Bangladesh**

**Speaker**
Bilkis Banu, Presenting Author from Northern University Bangladesh, Bangladesh

**Co-authors**
Sujana Haque Chawdhury, Nasrin Akter, Zahidur Rahim, Ekramul Haque, Sarder Mahmud Hossain, Rashidul Alam Mahmud

**Abstract**

**Background/Objectives.** The world inclusive of Bangladesh faces a severe and acute public health emergency due to COVID-19. To facilitate pandemic management in Bangladesh, there is an urgent need to delineate the public’s awareness of COVID-19 in the context of urban and rural settings. Therefore, this study aimed to ascertain the preventive health behaviours for mitigating COVID-19 among people in urban and rural settings in Bangladesh.

**Methods.** This study was a cross-sectional design and comprised a sample 800 participants drawn from rural and urban communities of Dhaka district, Bangladesh. Multi-stage sampling technique was used to select sample size, considering the highest rate of infected patients in Dhaka division. Data were collected by using pre-tested and semi-structured questionnaire through face-to-face interview method by maintaining the social distance. Analysis was performed by Statistical Package for Social Sciences (SPSS) version 21 by using univariate and multivariate techniques.

**Results.** Approximately 71% and 78% of people had inadequate levels of preventive knowledge of COVID-19 infection in urban and rural communities respectively. However, people who lived in urban setting (40%) were reported more moderate to good preventive health behaviours of COVID-19 than rural counterpart (28%). In urban setting, significant predictors for poor knowledge were lower monthly income (AOR=3.74), housewife as occupation (AOR=8.15); and for poor behaviour were lower monthly income (AOR=12.45) but less likely to male (AOR=0.33). In rural setting, significant predictors for poor knowledge were illiterate education (AOR=7.76), lower monthly income (AOR=3.08), but less likely to younger aged (<30 years) individuals (AOR=0.24); and for poor behaviour were illiterate education (AOR=4.22), lower monthly income (AOR=4.54).

**Discussion.** The magnitude of preventive knowledge and behaviour were inadequate for both residents to combat this rapidly spreading COVID-19. Comprehensive health education and interventions should be planned with the aim to adopt recommended self-care practice with special focus upon identified predictors and vulnerable group of general population.
Problematizing the health and sanitation conditions of rural and traditional communities in the Brazilian Midwest through remote participation

Speaker
Bárbara Souza Rocha, Presenting Author from Universidade Federal De Goiás, Brazil

Co-authors
Valéria Pagotto, Nolan Ribeiro Bezerra, Kleber Do Espirito Santo Filho, Paulo Sérgio Scalize, Raviel Eurico Basso, Rafael Alves Guimarães, Afonso Luis Da Silva, Nayana Cristina Souza Camargo, Leniany Patricia Moreira, Vanessa Marques De Souza Rocha, Valéria Gonçalves Gomes Gudinho, Izadora Silva Fiorentino, Thayrynnny Martins Saraiva Araújo, Sarah Helena Santos Pinto, Stácio Augusto Lui Silva, Lucilene Maria De Sousa

Abstract
Background / Objectives. Problematize the health and sanitation conditions of rural and traditional communities in the Brazilian Midwest through remote participation.

Methods. Descriptive study on the use of the Problematization Methodology – Arco de Maguerez, based on the research of a larger project (SanRural), which analyzed the health and sanitation conditions of 115 rural and traditional communities in the Goiás State, Brazil. With the COVID-19 pandemic, the identification of health and sanitation solutions takes place (since March/2021) remotely. These workshops include: Reality Observation and Survey of Key Points: creation of the conversation application group; sending video 1: generates reflection on existing health and sanitation conditions; group discussion to raise key points of the problems. Dialogue takes place both via voice and text messages. For Theorization: Video 2 is sent: presents the conditions of the community found by SanRural and group discussion. In the stages of Solution Hypotheses and Application in Reality: meeting on the virtual platform; discussion of reality with the proposal of solutions by the participants; delimitation of who, when where and how this problem will be solved. The information from the groups and the recording of the virtual meetings are transcribed, analyzed, and categorized.

Results. The pre-workshop diagnosis showed that in 82% of 41 communities it would be possible to carry out remote workshops, in contrast to 18% who would have difficulty due to the lack of partial or total access to the internet as well as access to mobile devices. So far 26 groups have been created in the chat app, with an average of 21 people participating. 20 remote workshops were held, where 10 to 60% of the participants in the group also participated in the virtual meeting. The solutions identified by the communities include improving access to water in terms of volume and quality, diversifying strategies for sewage disposal, garbage collection and improving access to health services.

Discussion. It is necessary to understand the aspects of rural areas, both for their characteristics of access, organization, changing historical, social, and environmental process, which favors the creation and strengthening of equitable, universal public policies and practices in the perspective of what it means to be rural.
Process evaluation of ‘SMART Eating’ Health Promotion Intervention Trial: A mixed-methods study

Speaker
Jasvir Kaur, Presenting Author from Post-Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, India

Co-authors
Manmeet Kaur, Venkatesan Chakrapani, Rajesh Kumar

Abstract
**Background.** We report process evaluation findings of a 6-month ‘SMART Eating’ intervention implemented in a cluster-RCT which significantly improved the consumption of Fat, Sugar, Salt, Fruits and Vegetables (FSS, FV) among Indian adults. The intervention used information technology and interpersonal communication (distribution of ‘SMART Eating’ kit). The comparison group received a pamphlet on dietary guidelines.

**Methods.** Guided by the Medical Research Council framework, continuous process evaluation documented fidelity, dose, reach, acceptability and mechanisms of intervention’s effect (N=732), including mediating mechanisms. Mediational hypothesis was guided by the Attitude–Social-influence–Self-efficacy (ASE) model and Socioecological model (household dietary behaviours). An embedded mixed-methods design was used: pre-post assessments via structured questionnaires; observations of the use of kit articles at homes; log of barriers to intervention implementation/use and action taken, participants’ queries and experts’ response, website usage; feedback on intervention’s usefulness; extreme case interviews among excellent/poor performers regarding perceived effect of intervention.

**Results.** Intervention was implemented as intended, with high reach (91%) in both the groups. In the intervention group, dose of SMS (93%), WhatsApp (89%) and ‘SMART Eating’ kit (100%) was adequate, with low website usage (50%). Adherence was evident from participants’ responses to WhatsApp messages, their queries and interactions with the implementor, and observations on the use of kit. Consistent with the theory, mediation analyses found that significant improvements in participants’ ASE scores and household behaviours mediated intervention’s effect on reducing FSS and increasing FV intake. Perceived effects among excellent performers included changes in purchasing, cooking and consumption practices. Among poor performers, lack of effect on FV intake was found related to high cost/pesticides use and on FSS intake to lack of family support. Only 46% participants used pamphlets in comparison group.

**Discussion.** Process evaluation guided the successful intervention implementation. High reach, adequate dose, timely action to reduce barriers, participants’ active engagement with intervention suggesting its acceptability might have led to improvements in hypothesised mediators, which in turn mediated intervention’s effect on the outcomes.
Profil épidémiologique des PVVIH du 3ème âge dans une unité de prise en charge du VIH dans la ville de Yaoundé (Cameroun)

Speaker
Thérèse Hélène Marie Hortense Mbezele Essomba, Presenting Author from Department of Public Health/University of Yaounde I, Cameroon

Co-authors
Vanina Doris Akam, Tatiana Mossus, Larissa Ntsama, Esther Djanga, Marie Josiane Ntsama Essomba, Marie-José Essi

Abstract
Contexte/Objectifs. Les personnes vivant avec le VIH âgées de 50 ans et plus représentent une population de plus en plus grandissante dans les services de prise en charge du VIH au Cameroun. Connaître le profil épidémiologique de cette population contribuerait à mieux axer leur prise en charge en tenant compte des caractéristiques qui leur sont propres.


Résultats. Il en ressort que les P50+ représentaient 12,4% (62/502) des PVVIH suivies dans la formation sanitaire et 62,9% étaient des femmes. L’âge médian était de 58 [61-53] ans. Le secteur d’activité professionnelle de cette population était dominé par l’absence d’emploi/ménagère (32,3%) et la retraite (30,6%). Le niveau d’études était majoritairement représenté par le secondaire (48,3%) et le primaire (35,0%). L’orientation sexuelle était hétérosexuelle à 98,4%. Le statut sérologique du (de la partenaire) était connu dans 34,4% des cas et 13,1% des partenaires sexuels étaient séropositifs. La durée d’évolution médiane du VIH depuis la découverte était de 3 [4-2] ans. Les circonstances de découverte étaient principalement une suspicion clinique (72,2%) et les campagnes de dépistage volontaire (20,4%). Le type de VIH le plus retrouvé était le type 1 (87,2%), suivi de l’association des types 1 et 2 (10,3%). La charge virale était indétectable chez 80,0% des patients. La ligne de traitement antirétroviral la plus utilisée était la première (100%) et la durée médiane de traitement était de 36 [48-21] mois. L’hypertension artérielle était la comorbidité la plus fréquente (11,3%), suivie du diabète de type 2 (3,2%).

Discussion. Les P50+ représentent une population non négligeable au sein des PVVIH dont les caractéristiques sociodémographiques et cliniques sont variées.

Programa educativo “Descobrint” (Descubriendo): integrando las habilidades para la vida y los ODS en la etapa infantil.

Speaker
Anna Loste, Presenting Author from Dipsalut, Spain
Co-authors
Àlex Morales, Maria Estrada, Mireia Faucha, Marcel Balasch

Abstract
**Escenario.** Las escuelas son espacios ideales para la promoción de la salud desde edades tempranas, especialmente en el contexto actual de pandemia. El entrenamiento de las habilidades para la vida mejora la autoestima, el rendimiento académico y promueve comportamientos saludables. Los ODS (UN, 2015) también suponen una oportunidad para promover la equidad y la sostenibilidad. Las escuelas no suelen disponer de las herramientas necesarias para incorporar estos contenidos. Si lo hacen, suelen circunscribirse únicamente a pequeñas franjas lectivas, como las tutorías y es habitual que se inicie a partir de los 7 años, olvidando la franja que va de 3 a 6.

**Intervención.** El programa “Descobrint” incorpora el entrenamiento de las habilidades para la vida (OMS, 2003) de forma transversal en el currículo escolar de 3 a 6 años y está alineado con la Educación para el Desarrollo Sostenible, que tiene el objetivo de empoderar al alumnado en relación a un futuro global sostenible. Incluye temas concretos sobre acción por el clima, desigualdades sociales o diversidad cultural y de género, entre otros. Ofrece formación a docentes sobre el marco conceptual del programa y como implementarlo; una guía pedagógica; un manual con las actividades y apoyo técnico especializado durante la implementación. En el curso 2020-2021 se ha realizado un piloto y una evaluación de la implementación: 40 centros han respondido un cuestionario y 25 docentes han participado en 3 grupos de discusión.

**Resultados.** Se valoran positivamente los materiales, los contenidos y el soporte recibido. Las propuestas se adaptan mejor a las edades más avanzadas (5-6 años); lo que demuestra la complejidad de diseñar dinámicas a los y las más pequeños/as (3-4). La formación del profesorado tanto en habilidades para la vida como en perspectiva de género y en diversidad constituye un factor crucial para lograr los objetivos. Se valora positivamente su alta flexibilidad y adaptabilidad, aunque, a su vez, esto dificulta su estandarización y evaluación.

**Implicaciones.** La incorporación de las habilidades para la vida y los ODS en franjas de edad muy tempranas presenta dos grandes retos: a) disponer de un programa altamente adaptable y flexible y, a su vez, pautado y estructurado; b) es clave disponer de equipos docentes sólidamente formados tanto en habilidades y temáticas que abordan los ODS; como en las herramientas con las que trasladar dichos contenidos a franjas de edad tempranas.

**Programme scolaire Numéri@nté : utiliser les nouvelles technologies pour lutter contre l’obésité infantile dans le Pacifique**

Speakers
Solene Protat, Presenting Author from Communauté du Pacifique, New Caledonia
Olivier Dinh, Presenting Author from Direction de l’éducation, New Caledonia
Abstract

Milieu/problématique. L’obésité infantile constitue l’un des plus grands défis pour la santé publique dans le Pacifique. En effet les dernières données font état de près de 40% d’enfants obèses dans certaines îles. Sans intervention, la plupart de ces enfants obèses le resteront à l’âge adulte et risquent de développer une maladie non-transmissible, entrainant une qualité de vie dégradée et des coûts élevés pour la communauté. Pourtant peu d’interventions sont mises en place auprès de ce jeune public et quasiment aucun support pédagogique adapté au contexte du Pacifique n’est disponible à ce jour. Ainsi, la Communauté du Pacifique, a développé deux programmes scolaires qui utilisent des outils numériques encore peu disponibles dans les îles mais particulièrement appréciés des enfants. Les séances abordent les thèmes de l’alimentation et l’activité physique de façon ludique et en utilisant les codes culturels océaniens. Le programme « Des enfants en bonne santé pour l’avenir de nos îles », destiné aux enfants de 7 à 9 ans, nous plonge dans les aventures de Vili et Malia dans leur apprentissage d’une bonne alimentation. Le programme « Au-delà des étoiles », conçu pour les enfants de 10 à 12 ans, invite l’élève à prendre soin de son l’île et ses habitants pour qu’ils soient en bonne santé.

Intervention. Les deux programmes ont été lancés en 2021 dans les écoles de Wallis et Futuna et se déroulent en trois étapes :
1. Une phase d’évaluation initiale pour estimer les connaissances et données physiques des élèves avant la mise en place des séances.
2. Une phase d’intervention durant laquelle les enfants bénéficient de séances sur l’alimentation via divers supports numériques (vidéos, projections, jeu vidéo) et plus classiques (affiches, cahiers d’activité, jeux de société).

Résultats. Le projet est actuellement en cours de mise en œuvre et l’évaluation finale aura lieu au mois de décembre. Les résultats seront disponibles en février 2022.

Accès aux supports :
https://www.educapasifika.com/fr/projet-au-dela-des-etooles-0

Une fois la phase pilote terminée à Wallis-et-Futuna, le projet sera proposé aux 20 autres îles de la région Pacifique. Pour cela, l’ensemble des documents sont disponibles en anglais et en français.

Promoting adolescents’ autonomy to access health services: The case of sexual and reproductive health services in Colombia

Speaker
Julien Brisson, Presenting Author from University of Montreal, Canada

Abstract

Background/Objectives. The ethical principle of autonomy is at the core of bioethics. For example, healthcare professionals have an obligation to respect patients’ choices with healthcare decisions. However, it is not all patients who have an equal understanding of the application of autonomy to access health
services. This unequal understanding of the principle of autonomy amongst patients renders the situation unjust as some patients can exercise greater agency than others in healthcare settings. This can be particularly the case for adolescents who constitute a more vulnerable population, but still have important health needs to be addressed (e.g., access to sexual and reproductive health services).

Methods. A mixed-method approach (semi-structured interviews and survey) was used to explore Colombian adolescents’ understandings and preferences related to their autonomy to access sexual and reproductive health services. The research took place in departments of Antioquia and Valle del Cauca in 2019-2020.

Results. 812 adolescents aged 11-24 years old answered the survey in a clinic specialized in sexual and reproductive health services, and 45 adolescents aged 14-23 years old participated in an interview. As will be discussed, the adolescent participants have diverse understandings of the concept of autonomy, and they also have different preferences and experiences in respect to their autonomy to access SRHS. For example, some adolescents have better understandings than others about the basis and application of the principle of autonomy in healthcare. This phenomenon is unjust as some adolescents might not access the needed health services due to their lack of knowledge (e.g., being unaware of their rights).

Discussion. The main argument of the presentation is that there is an urgent need to promote education to adolescents about the basis of autonomy in healthcare.

Promoting awareness to counter damaging attitudes, beliefs, and reactions related to sexual assault against trans people: #TRANSformativeKnowledge, a campaign for health and social service providers

Speaker
Joseph Friedman Burley, Presenting Author from Ontario Network of Sexual Assault/Domestic Violence Treatment Centres, Canada

Co-authors
Janice Du Mont, Alex Reid, Sheila Macdonald

Abstract
Setting/problem. Transgender (trans) persons face high rates of sexual assault but can rarely access appropriate health and community supports following victimization. Commonly cited barriers include a lack of competence among professionals to provide sensitive sexual assault care, the absence of platforms to aid in organizational transformation, and transphobic discrimination. Trans communities and allies across research and the service sector have emphasized the potential of advocacy as a tool to address these and other barriers to appropriate supports in the sexual assault context.

Intervention. We held a consultation with a working group of trans community members and health and social service professionals to gain greater insight into the barriers to appropriate sexual assault supports.
Based on their insights, we undertook a social media campaign, #TRANSformativeKnowledge, to raise critical awareness among providers about the damaging attitudes, beliefs, and reactions that often impede trans survivors’ access to services. We designed 7 posters around key themes: A Complete Afterthought, Healing is Inhibited, A Regular Human Being, The Treatment is the Trauma, The Virtuous Victim, and Incompetent to Care. Posters contained direct quotes from the consultation, associated calls to action, and a banner directing audiences to our evidence-informed trans-LINK WebPortal, which hosts an array of resources for providers. Once finalized by our working group, the posters were shared on Twitter.

**Outcomes.** The campaign was launched May 17, 2021, with posters Tweeted twice weekly, including one final summary post on June 30, 2021. Twitter analytics were examined on July 7, 2021 and indicated a total of 93,008 impressions and 1,943 engagements across the seven posters and final summary post. SquareSpace analytics were examined July 7, 2021 and indicated an approximately two-fold increase in average weekly WebPortal traffic from the period before versus during the campaign (53.5 average visits/week and 96.1 average visits/week, respectively).

**Implications.** Our social media advocacy campaign reflects an important initial step in addressing the damaging myths, misconceptions, and reactions related to sexual assault against trans persons that underpin barriers to appropriate care and supports. Our findings suggest that our approach to this issue represents a viable method for disseminating knowledge about sexual assault against trans persons, which could be replicated by others aiming to advance health equity through advocacy.

**Promoting mental health of Canadian post-secondary students during the COVID-19 pandemic**

Speaker
Hussein Elhagehassan, Presenting Author from Simon Fraser University Faculty of Health Sciences, Canada

Co-authors
Paola Ardiles, Erica Di Ruggiero, Travis Salway, Simran Purewal, Sana Mahmood, John Vincent Flores

Abstract
**Background/Objectives.** The COVID-19 pandemic has been associated with a loss of social resources, implementation of physical distancing and uncertainty about the health consequences of COVID-19. For post-secondary students, uncertainty regarding academics and online learning may have exacerbated the effect of these stressors on mental health. This study aimed to assess the psychological profile among Canadian post-secondary students during the COVID-19 pandemic and the association between psychological symptoms and determinants of health including digital health literacy, gender, socioeconomic status, and ethno-racial identity.

**Methods.** A cross-sectional online survey was administered to Canadian post-secondary students from July 1-September 30, 2020, as part of the COVID-HL Network Consortium. The survey included the Digital Health Literacy Instrument (DHLI), adapted for the context of the COVID-19 pandemic, and sociodemographic
characteristics (gender, socioeconomic position, and ethno-racial identity). Psychological statuses were assessed using the WHO-5 Wellbeing Index Scale and Health Behaviour in School Aged Children (HBSC-8) Psychosomatic Scale. Associations were estimated using bivariate and multivariable (linear regression) methods.

Results. 1733 respondents (of 2679 total survey participants) from 88 participating institutions answered questions regarding psychological symptoms. When stratified by sociodemographic characteristics, students who were gender diverse (e.g., non-binary), mixed race and from low socioeconomic position had the lowest reported WHO-5 score. Students who were gender diverse and from low socioeconomic positions had the lowest HBSC-8 score. In contrast, students who were men and those with high socioeconomic position had the highest (best) HBSC-8 scores. These results were statistically significant (95% CI) after adjusting for health literacy levels.

Discussion. This study demonstrates inequitable differences in the mental health profile of Canadian post-secondary students in the context of the second wave of COVID-19. We hypothesize that sociodemographic characteristics such as low social status, identifying as a gender minority and/or mixed race, may have impacts on the psychological status of students. This highlights the need for population-specific policies by government and post-secondary bodies to promote mental health and wellbeing.

Promoting the planning quality of obesity prevention in childhood and youth: development and evaluation of the web-based planning tool WEPI

Speaker
Holger Hassel, Presenting Author from Coburg University of Applied Sciences and Arts, Germany

Co-authors
Maike Schröder, Romy Berner, Birgit Babitsch

Abstract
Background/Objectives. Studies have shown that obesity prevention interventions often have an insufficient quality of planning, which can influence the intervention's success. Therefore, a central question is how the planning quality of obesity prevention can be improved. A gold standard for project planning is the Intervention Mapping Approach (IMA), which, however, is not applicable in practice without preconditions. Developing evidence-based interventions according to the IMA is complex and requires resources. Funded by the Federal Ministry of Health, WEPI was developed to address this issue. WEPI is a web-based planning tool for municipalities and schools, that follows the evidence-based IMA but also supports the planning process of obesity prevention time saving and user oriented.

Methods. To meet the requirements of the IMA, two systematic literature reviews (SLR) were conducted in the databases Pubmed, LIVIVO and Cochrane on evidence-based determinants of obesity development and on proven obesity intervention methods in 2020. In October 2020 and February 2021 WEPI was tested in the first trial period with selected municipalities and schools. From May to November 2021, municipalities
and schools will test and evaluate WEPI in the second trial period. Handling and acceptance of the planning tool will be evaluated through questionnaires and telephone interviews.

**Results.** The first SLR revealed 806 hits. Determinants of obesity development were identified in 8 guidelines and 37 reviews. They were adopted in form of 15 problem areas which support the WEPI user to conduct an evidence-based problem analysis. The second SLR included 25 obesity prevention studies. Based on this, 192 evaluated methods were identified and integrated as good practice examples into WEPI. The first trial showed that aspects of content and user-friendliness as well as technical aspects should be optimized in the planning tool. Currently, 9 municipalities (mainly health and district offices) as well as 6 primary and vocational schools participate in Germany. Initial feedback is already available. WEPI helps practitioners to approach project planning in a structured way, with a balance of input and benefit.

**Discussion.** Using WEPI, prevention planning becomes more evidence-based and user oriented. It was a challenge to implement the feedback of the first trial period because scientific findings needed to be translated into practical logic and had to be simplified. After the second trial period, further adjustments will be necessary.

**Promoting vaccination against Covid-19: Integrating group identity to the Theory of Planned Behaviour**

**Speaker**

Catherine Grenier, Presenting Author from UCLouvain, Belgium

**Abstract**

**Background/Objectives.** Covid-19 has confronted public health and health promotion with unprecedented challenges. Apart from the difficulty to encourage people to adopt prevention and control measures in daily life, the availability of effective vaccines has brought the issue of vaccination hesitancy to the fore, making the question as to which factors influence people’s intentions to get vaccinated highly relevant. One factor that is often considered in this regard is the role of social influence. In health promotion, this role is often limited to perceived norms, while the potential impact of social identity is usually neglected. The social cure approach holds that the more a person identifies him/herself with a large number of social groups, the better becomes his mental and physical health. The purpose of this study was to explore this impact for vaccination intention against COVID-19.

**Methods.** An online survey was completed by 237 French-speaking Belgians recruited via social media and a pool of volunteers. The survey consisted of a self-report questionnaire asking participants about their group identifications, intention to get vaccinated against Covid-19, and attitudes, perceived norms and perceived behavioural control regarding Covid-19 vaccination.

**Results.** Regression, mediation and moderation analyses (ongoing) tested the hypothesis that identification with a large number of groups is related to higher intentions to get vaccinated against Covid-19, and that this relation is mediated by attitudes and perceived norms.
Discussion. Getting vaccinated against COVID-19 is a decision that has implications for others. To the extent that the results of our study support the social cure theory, policies to address vaccination against COVID-19 should pay more attention to social determinants by preventing social isolation and promoting social connectedness and identification. The limitations of the study, such as the relatively small sample size and the timing of the data collection at a moment when the obligation to get vaccinated was still under discussion, will also be discussed.

Promotion de l’activité physique adaptée chez les patients atteints de mucoviscidose : conception et conditions d’efficacité d’un modèle d’intervention au sein des CRCM (PAPA-CRCM)

Speaker
Raphaelle Ladune, Presenting Author from Université Côte d'Azur, France

Co-authors
Fabienne d'Arripe-Longueville, Anne Vuillemin

Abstract

Méthodes. La démarche de capitalisation des expériences dans le domaine de la santé publique permet de comprendre et partager les savoirs issus de l’expérience en connaissances partageables (Société Française de Santé Publique). Cette étude visait à valoriser et diffuser la promotion de l’APA des CRCM « avancés » (i.e., cure de réhabilitation respiratoire, présence d’enseignants en APA). Des acteurs de deux CRCM « avancés » (i.e., 3 médecins, 1 kinésithérapeute, 3 enseignants en APA, 2 infirmiers coordinateurs, 6 patients) ont été interrognés. Leur discours a été analysé via des entretiens semi-directifs afin de comprendre l’action de promotion de l’APA dans sa globalité.

Résultats. Les points clés de la promotion de l’APA résidaient dans le dialogue avec le patient, lors de cures spécifiques ou des bilans annuels où l’APA est systématiquement abordée et discutée avec les professionnels de santé. Les stages de réhabilitation respiratoire permettaient de faire essayer un large panel d’activités et de favoriser les échanges entre les patients. L’existence de partenariats financiers joue également un rôle majeur.

Discussion. Des disparités en termes d’infrastructures, moyens et ressources humaines sont en grande partie à l’origine de l’hétérogénéité en promotion de l’APA des CRCM. Si certaines actions ne peuvent être
réalisées dans tous les CRCM (i.e., réhabilitation respiratoire), d’autres peuvent être transposables : le dialogue systématique lors des consultations et le rapprochement avec des associations de patients proposant les services d’enseignants en APA sont notamment des conditions nécessaires à intégrer à un modèle d’intervention en promotion de l’APA.

**Promouvoir le développement optimal et prévenir les retards de développement chez les enfants de 0-5 ans en milieu de garde : le rôle des professionnels**

_Speaker_
Gabrielle Pratte, Presenting Author from Université de Sherbrooke, Canada

_Co-authors_
Chantal Camden, Nathalie Trottier, Mélanie Couture

**Abstract**

_Contexte/Objectifs._ Dans la majorité des pays, des services d’intervention précoce sont mis en place pour soutenir le développement optimal des enfants, prévenir les retards de développement et soutenir l’inclusion des enfants ayant des besoins particuliers dans leurs milieux de vie. Comme les enfants passent la majorité de leur temps en milieu de garde, plusieurs professions se tournent vers ces milieux pour offrir leurs services. Mais que sait-on sur les services offerts par les professionnels en milieu de garde? L’objectif de cette présentation est de décrire comment les professionnels (ex : orthophoniste, ergothérapeute, éducatrice spécialisée) peuvent être impliqués en milieu de garde pour soutenir le développement des enfants.

_Méthodes._ Une revue de la portée a été réalisée. Pour être inclus, les documents devaient avoir été publiés entre 2000 et 2021 dans les bases de données APA PsycInfo, ERIC, CINAHL et MEDLINE et décrire un service offert par un professionnel visant à soutenir le développement des enfants de 0-5 ans dans un milieu de garde, ont été inclus. L’analyse des données a été guidée par le cadre conceptuel sur l’organisation des services de Gutenbrunner et al., 2020.

_Résultats._ Des 1540 documents repérés, 44 ont été inclus. Parmi les services offerts en milieu de garde par les professionnels, 50% (n=22/44) visaient la promotion du développement optimal ou la prévention des retards de développement. Les services étaient rarement multidisciplinaires (n=4/44; 9%). L’orthophonie était la profession la plus représentée (n=24/44; 55%). Les modes de prestation des services étaient très variés, incluant des services directs aux enfants, en individuel ou en groupe et des services indirects, visant à soutenir les éducatrices à l’enfance, tels que de la formation, le coaching, ou la consultation/recommandation.

_Discussion._ Le spectre des services qui peuvent être offerts par les professionnels en milieux de garde est large. L’état des connaissances est toutefois limité à la description de projets isolés et couvrant souvent d’une seule dimension du développement des enfants. Un modèle d’organisation globale des services, s’inspirant du principe de réponse à l’intervention, pourrait être une avenue à privilégier pour guider le
développement de services intersectoriels et multidisciplinaires en milieu de garde. Il importe que le développement de ses services se fasse de façon à soutenir le développement de l’enfant de manière globale, cohérente et efficiente.

Public policy competencies for public health: A scoping review with analysis

Speaker
Val Morrison, Presenting Author from National Collaborating Centre for Healthy Public Policy, Canada

Abstract

Setting/problem. Increasingly, public health actors are required to intervene in matters related to public policy. This requires knowledge of how public policy operates, in general, as well as in contextual terms. In an attempt to understand these needs, we undertook an examination of public health competency frameworks that devote at least a section to public policy. This submission presents the findings of the literature review, an analysis of the competencies presented, and a discussion of what might further bolster public health’s ability to intervene effectively in the policy field.

Intervention. In the course of our work, we conducted a scoping review and analysis of the scientific and grey literature on public policy competencies for public health, searching for frameworks and related documents. Following an adapted version of the Prisma Extension for Scoping Reviews (Tricco et al., 2018), we analyzed 43 frameworks in a review conducted between the fall of 2019 and the spring of 2020.

Outcomes. In our review of the literature on public policy competencies for public health, the following thematic categories emerged: Policy analysis/Development; Influence/Advocacy; Partnership/Collaboration; Communication; Policy context; Social determinants of health and Equity; and Policy Theory. We describe the type of competencies found in category and consider their meaning and relative importance. We also present some of the limitations found.

Implications. Our scoping review confirms that public health actors are required to be knowledgeable and skilled in public policy and for this reason, increased attention might be paid to what knowledge is important and how it is to be acquired. We further suggest that additional work is needed in order to operationalize and integrate public policy competencies into public health practice.

Qualitative formative research on perceptions and the needs of rural adults with type 2 diabetes about self-care, Punjab, India

Speakers
Saurabh Kumar Gupta, Presenting Author from Department of Community Medicine and School of Public health, India

Co-authors
Manmeet Kaur, P.V.M. Lakshmi, Ashu Rastogi, Sunita Malhotra
Abstract

Background. Diabetes self-care is critical for achieving optimal glycemic control and avoiding its severe complications. There are limited qualitative studies on people's perceptions and needs about diabetes self-care in rural India. The purpose of this study was to understand perceptions of rural adults with type 2 diabetes about diabetes self-care and the intervention needs to inform a diabetes self-care education intervention program for them.

Methods. A qualitative formative study was carried out among people with type 2 diabetes wherein, a total of eight focus group discussions were conducted with purposively selected male and female participants from various sociodemographic backgrounds. Pretested topic guide was administered for the focus group discussion. All the focus group discussions were audio-recorded after obtaining consent of the participants. Recorded data were transcribed and translated. The data were analysed using a thematic analysis approach.

Results. A total of 54 participants including 30 males and 24 females in the age group ranging from 30 years to 80 years were participated in eight focused groups. Participants were reported information gaps about diabetes and diabetes self-care, and challenges about adhering to a healthy diet, exercise, medication, and blood glucose monitoring. Diabetes-related knowledge, access to diabetes-related treatment and follow-up, awareness about the benefits of a healthy lifestyle, and the ability to change their behaviours were major facilitators for them. Participants also perceived various impediments to optimal diabetes self-care such as lack of knowledge about diabetes self-care, lack of family and social support, unfavourable physical environment e.g., knee pain, heart problem and personal factors e.g., forgetfulness, financial constraints. Participants wanted that frequent group meetings should be held with them. Education materials such as pamphlets, visual aids should be shared. They wanted family should be involved in such programs as family members provide critical support for changing behaviours.

Discussion. The findings of the study revealed insights into challenges of diabetes self-care practice and preferences for diabetes self-care, which will likely aid in the design of diabetes self-care education intervention programme.

Quel potentiel des infrastructures de transfert de connaissances pour soutenir les pratiques et décisions appuyées en santé et services sociaux? Évaluation de l’implantation du Consortium InterS4

Speaker
Ollivier Prigent, Presenting Author from Université de Sherbrooke, Canada

Co-authors
Marie Massuard, Julie Lane, Emmanuelle Jean, Esther McSween-Cadieux, Christian Dagenais, Saliha Ziam, Caroline Arsenault, Diana Arnautu, Oumar Malle Samb, Mathieu Ouimet, Mathieu-Joël Gervais
Abstract

Contexte/Objectifs. Les infrastructures de transfert de connaissances (TC) ont le rôle de soutenir les pratiques et décisions appuyées sur les meilleures connaissances. Toutefois, peu d'évaluation a tenté d'expliciter les fonctionnements et processus. Le Consortium InterS4 (InterS4) est une infrastructure de TC où trois universités et cinq établissements de santé et services sociaux partagent des ressources. Sa mission est de faciliter l'accès aux connaissances issues de recherches applicables à la réalité en milieu rural. InterS4 mise notamment sur la formation et le soutien d’un réseau de courtiers de connaissances. Afin d'analyser la gouvernance d’InterS4 (ex. : structure, rôles, actions) et l’implantation de l’offre de services (ex. : conditions, activités, ajustements), une évaluation développementale est menée par une équipe de recherche interdisciplinaire.

Méthodes. Trois cadres conceptuels sont utilisés, soit An Integrative Framework for Collaborative Governance, Consolidated Framework for Implementation Research et TransFormation. Les données recueillies permettent l'accès à diverses perspectives : une centaine de documents (résultats de sondages, comptes-rendus, plan stratégique, etc.), observations directes (réunions, formation et communauté virtuelle de pratique), 31 entretiens individuels (décideurs des organisations partenaires, chercheurs, courtiers de connaissances, etc.).

Résultats. Les faits saillants de l’évaluation seront présentés lors de la conférence. Ils permettront de valider/optimiser le potentiel des dimensions de la gouvernance de l’infrastructure (principes d’engagements, capacité de mener des actions conjointes, adaptation, etc.) et les facteurs d’influence de l’implantation (caractéristiques de la stratégie TC, contexte, planification, etc.).

Discussion. L’évaluation rigoureuse grâce à l’utilisation de cadres reconnus permettra de générer des retombées concrètes pour InterS4 et d’améliorer les connaissances empiriques au sujet d’infrastructures de TC. Les résultats de recherche contribueront à optimiser ces infrastructures et le potentiel du TC en général. Enfin, en évaluant et soutenant les infrastructures de TC, celles-ci seront plus aptes à accompagner l’implantation des résultats de recherche susceptibles de rehausser les politiques, pratiques et décisions des acteurs du milieu de la santé et des services sociaux.

Recommendations for the cooperation of international actors from the health sector - Lessons learned from an EU project

Speaker
Janna Leimann, Presenting Author from Hochschule für Gesundheit Bochum, Germany

Co-authors
Maja Kuchler, Eike Quilling

Abstract
Often there are problems in developing and implementing an overall integrated strategy with the goal of creating health equity in municipal health promotion. There are indications that these problems also exist
beyond national borders. Joint exchange is experienced as profitable in the development of strategies but is often not used on international level. It can be assumed that the chances of international cooperation are often not seen or perceived as too elaborate. The scientific monitoring of an EU project, which focused on implementing measures at municipal level and developing recommendations for creating healthy living environments, has provided valuable insights in terms of international cooperation.

**Methods.** During the monitoring, the focus was on the joint exchange among the actors and participatory methods were chosen. Thus, bundling and including the experiences and expertise of them were focused. In particular, country-specific problems were identified and their appropriate consideration enabled. The description of various framework conditions and regulations in the countries was also taken into account to identify specific problems and provide options for solution. The scientific monitoring provided the opportunity to take an overarching look at the cooperation process and to gain insights into it detached from the measures implemented.

**Results.** The cooperation of international actors should be a participatory process in which they are continuously involved on a practical level and asked for their opinions and experiences. In order to learn and benefit from the experiences and competencies of others, sufficient space for exchange should be planned. Appropriate networks or platforms are recommended, in which, for e.g. knowledge already gained on certain topics is made available in the sense of sustainable knowledge utilization. Collaboration seems to be successful when a coordinating person is responsible for the exchange, initiates and maintains it, and acts as a hub for networking. In addition, a certain flexibility should be maintained to be able to act in a targeted manner as needed.

**Discussion.** International cooperation seems valuable and profitable and, although it is associated with certain challenges at organizational level, should definitely be seen more often as an opportunity.

**Reconciling access to traditional and other forms of healthcare for Indigenous 2S/GBQ people: Results from Sex Now 2018**

**Speakers**
Harlan Pruden, Presenting Author from British Columbia Centre for Disease Control, Canada
Travis Salway, Presenting Author from Simon Fraser University, Canada

**Co-authors**
Aidan Ablona, Jannie Leung, Ryan Stillwagon, Theodora Consolacion, Nathan Lachowsky

**Abstract**
In an era of Truth and Reconciliation, there is a collective responsibility to centre Indigenous peoples in health research, however there is little research examining healthcare access for Indigenous Two-Spirit and gay, bisexual, queer (2S/GBQ) men in Canada. The Sex Now 2018 survey was a cross-sectional health survey conducted at Pride festivals in 15 cities across Canada from June-September 2018. Eligible participants had to live in Canada, be at least 16 years old, and identify as a man (cis or trans) who is 2S/GBQ or who has had
sex with another man in the past 5 years. Participants completed anonymous surveys including questions about demographics, having a family doctor, sexually-transmitted infection (STI) and HIV testing, and accessing mental health supports (psychiatrists, counsellors, or social workers). We used a two-eyed seeing approach in this descriptive analysis, examining access to both traditional and western forms of healthcare and healing. This work is led by a Two-Spirit Dry Lab, a collaboration of Indigenous and non-Indigenous epidemiologists, researchers, and community activists. Of 3524 total Sex Now participants, 9% (n=314) identified as Indigenous. Almost half of Indigenous respondents (42%) identified as Two-Spirit. Among Indigenous respondents, 61% had a family doctor, 40% accessed mental health supports in the past year, and 11% and 10% indicated never having tested before for STIs or HIV, respectively. Approximately 20% accessed an Elder in the past year, 11% accessed a Knowledge Keeper, and 9% accessed a Sweat Lodge.

**Objectives.** These results describe key points of access to healthcare services and existing gaps for Indigenous 2S/GBQ people in Canada’s publicly-funded healthcare system. The Two-Spirit Dry Lab has created infrastructure to centre Indigenous peoples in analyzing survey data to ensure it is meaningful to and serves to improve the health and well-being of Indigenous 2S/GBQ communities in Canada.

**Format.** Lecture followed by facilitated discussion.

**Learning goals.** To describe healthcare access points and gaps among Indigenous 2S/GBQ men in Canada.

**Reconnaitre et soutenir l’innovation de la pratique des infirmières gestionnaires de proximité : étude qualitative en contexte de pandémie**

**Speaker**
Johanne Déry, Presenting Author from Université de Montréal, Canada

**Co-authors**
Maxime Paquet, Louise Boyer, Geneviève Lavigne, Mélanie Lavoie-Tremblay

**Abstract**

**Contexte/Objectifs.** Les infirmières gestionnaires de proximité (IGPs), sont des acteurs stratégiques essentiels à l’atteinte des objectifs de toutes les organisations de soins (Brousseau, 2019). Depuis le début de la pandémie de Covid-19, sans y être vraiment préparées, les IGPs ont été sollicitées plus que jamais afin de maintenir le fragile équilibre entre l’utilisation des ressources humaines, financières et matérielle ainsi que la qualité des soins et la sécurité des patients (Aquilia et al., 2020). Le but de cette étude est de décrire les pratiques novatrices de gestion qui ont été mises de l’avant par les IGPs au cours des derniers mois ainsi qu’à identifier leurs besoins de soutien pour faire face aux défis de réorganisation postpandémie.

**Méthodes.** Cinq groupes de discussion incluant 15 IGPs d’un large centre hospitalier universitaire (Montréal) ont été réalisés. Les questions des groupes de discussion ont été développées à partir du modèle de mobilisation (Tremblay et al., 2005) ainsi que du modèle de climat psychologique de travail (Gagnon, 2005;
Les données qualitatives ont été analysées avec la méthode d'analyse de Miles et al. (Miles et al., 2020).

**Résultats.** Plusieurs thèmes ont émergé des groupes de discussion tels que : la communication novatrice, la présence, l'accessibilité et le leadership des IGPs, l'humanisation et la mobilisation du personnel soignant, l’épuisement et la santé mentale détériorée des IGPs et du personnel soignant, ainsi que les défis présents et à venir au niveau des ressources humaines.

**Discussion.** Des pratiques de gestion novatrices ont émergé de la présente étude. Par une meilleure connaissance de ces pratiques novatrices ayant eu des retombées positives, il sera possible de soutenir les IGPs dans leur développement professionnel afin qu’elles soient mieux outillées pour poursuivre la mobilisation de leurs équipes au cours des mois à venir, lesquels seront marqués de nombreux défis reliés à la gestion des ressources humaines et à la reconstruction et redéfinition des équipes (Chen et al., 2021; Guixia et Hui, 2020). Les résultats de cette étude ont également le potentiel de contribuer à influencer l’amélioration de certaines politiques de santé, une dimension importante du rôle des IGPs (Brousseau, 2019).

**Redresser l’insécurité alimentaire dans les ménages à travers les cellules communautaires de base pour la nutrition CCBN, cas du village de cirunga à kabare/sud Kivu.**

**Speaker**
Divine Kiluku Tiba, Presenting Author from Académie De Beaux Arts

**Abstract**
Après les guerres à répétition dans la province du sud Kivu, la population rurale de kabare est restée dans un état de malnutrition et de pauvreté extrême, car ayant perdu tous ses objets et économies dans la situation des pillages, de vol et viol considéré déjà comme arme de guerre. Cette population longtemps meurtrie par les effets de la guerre sans assistance. Pour pallier à ce problème les ONG ont intervenu chacune à sa manière pour porter une assistance à cette population qui vivait déjà dans une situation de précarité hors normes mais sans succès majeur remarquable au sein de la communauté, cela parce que la vraie cause de la pauvreté et du déséquilibre au sein de la population n’était pas encore connue toute la potentialité de la population était mise en danger surtout avec une période de sécurité précaire. En promotion de la santé ou nous sommes appelés à intervenir aujourd’hui et pour toujours, la santé y est considérée comme une ressource de la vie quotidienne et un concept mettant en valeur les ressources sociales et individuelles ainsi que les capacités physiques. La santé est la mesure dans laquelle un groupe ou un individu peut d’une part, réaliser ses ambitions et satisfaire ses besoins et d’autre part, évoluer avec son milieu ou s’adapter à celui-ci (Charte d’Ottawa, 1986). En effet, c’est son caractère positif qui distingue fondamentalement la promotion de la santé du reste du secteur de la santé, c’est sa volonté de construire un état de santé plutôt que de seulement prévenir ou traiter la maladie et d’autres conditions négatives. » (Raeburn et Rootman, 2006 dans O’Neill et al, 2006).
Il existe donc des conditions et des ressources préalables à la santé. Ce sont par exemple la paix, un abri, de la nourriture, un revenu, etc. (Charte d’Ottawa, 1986) La santé est vue comme une ressource majeure pour le progrès social, économique et individuel, tout en constituant un aspect important de la qualité de vie. Après les activités successives d’enquêtes et d’intervention dans les zones de santé de Kabare, une équipe de l’association Emergence santé Plus, en collaboration avec le Bureau centrale de la zone de santé (BCZ) et le Programme national de Nutrition (PRONANUT) provincial ont intégré les activités de résilience communautaire à travers la stratégie de Cellule Communautaire de Base pour la Nutrition (CCBN) dans la zone de santé de Kabare afin de pérenniser les activités de lutte contre la malnutrition amorcée déjà dans la communauté.

Suite à un diagnostic communautaire fait par la communauté accompagnée par Emergence santé plus Asbl, cette communauté a pu identifier des problèmes majeurs qui sont les causes de la malnutrition et a proposé des solutions pour lutter contre cette malnutrition à travers les moyens disponibles localement. Le CCBN consistait à une organisation des ménages regroupé ensemble généralement entre 30 et 40 ménages. Une fois les ménages regroupés en une CCBN notre rôle était d’initier un dialogue avec le responsable des ménages afin d’identifier le problème qui tient au coup l’ensemble de ménage et étudier les solutions locales à apporter pour éradiquer ce problème, la solution tenez compte du besoin exprimé de la population. Une fois que les ménages membres sont circonscrits, tous les membres sont encore invités à se voter un comité représentatif de 4 membres (le président, le 1er conseiller, le 2ème Conseiller et le secrétaire), le rôle de chacun étant bien explicité.

Réflexion éthique sur les mesures de santé publique en lien avec la pandémie de COVID-19 et la proportionnalité des effets collatéraux pour les enfants et les familles.

Speakers
Gabriel Bordeleau-Gervais, Presenting Author from Direction régionale de la santé publique de Montréal, Canada
Isabelle Fournier, Presenting Author from CIUSSS Centre-sud-de-L’île-de-Montréal, Canada
Marie-Alexandra Gagné, Presenting Author from CIUSSS Centre-sud-de-L’île-de-Montréal, Canada

Co-author
Marie-Pierre Markon

Abstract

Milieu/problématique. Depuis le début de la pandémie, un ensemble de mesures de contrôle, de mitigation et de suppression sont mises en place par la santé publique et le gouvernement québécois. De par leur nature, ces mesures de santé publique ont des impacts collatéraux qui vont varier en conséquence et en amplitude au gré des populations visées. De plus, il existe des enjeux associés à la mise au point, à l’imposition et à l’application de ces mesures dans la société québécoise. Nous constatons que :

- Il existe une disproportion entre les risques courus par les enfants en lien avec la maladie et le poids cumulatif des mesures de santé publique sur cette population
Les mesures sanitaires ont parfois pris plus de temps à être adaptées aux réalités propres aux familles, à la jeunesse et à la petite enfance.
Les mesures de santé publique mises en place pour lutter contre la pandémie sont réfléchies et exécutées en premier lieu sous le spectre d’analyse de la transmission virale. Ce processus fait en sorte que les mesures sanitaires sont adoptées rapidement, mais que les impacts collatéraux de ces dernières peuvent se révéler disproportionnés en rapport aux gains recherchés ou obtenus.

Intervention. Porter un regard critique sur le processus de décision en période de crise sanitaire en vue de favoriser l’intégration d’un ensemble de considération au processus décisionnel à la DRSP de Montréal. Souligner l’importance des impacts collatéraux potentiels qu’ont les mesures sanitaires sur la jeunesse en comparaison des risques causés par la maladie pour cette population. Lancer la réflexion sur des manières de concilier la nécessité de contrôler la pandémie et de ne pas causer de tort démesuré au développement des enfants.

• Recontextualisation des valeurs et des principes guidant la prise de décision
• Faire en sorte que la réflexion sur les impacts collatéraux soit penser simultanément aux mesures de prévention des infections.
• Favoriser l’intégration de considérations éthiques si de nouvelles mesures devaient être imposées dans le cadre de la COVID-19 ou lors d’une crise future.

Résultats.
• Création d’un outil réflexif à intégrer dans le processus décisionnel de la santé publique.
• Autre résultat en attente, intervention en cours au moment de la soumission de ce résumé.

Implications. Revoir le processus décisionnel pour considérer les effets collatéraux des mesures de santé publique en concomitance avec les effets épidémiologiques est bénéfique pour la population.

Reforms in the Greek Healthcare sector 2011-2021: The impact on pharmaceutical expenditure

Speaker
Kalliopi Mortaki, Presenting Author from Vianex S.A., Greece

Co-author
Isidoros Kougioumtzoglou

Abstract
Background. The economic crisis of 2008, especially in the Southern European countries, has emerged the need for financial support from EU, IMF and ECB. Since 2011, the Greek government has implemented numerous measures in an effort to face severe fiscal problems and reduce the public sector expenditure. The healthcare sector was one of the most affected; the index of GDP cumulative change in total healthcare expenditure showed a reduction of 33.7%, between 2010-2019. Our aim is to track the implemented reforms, inflicted to reduce the public pharmaceutical expenditure and how these measures affected patients’ and pharmaceutical industry’s contribution.
Methods. The analysis of the reforms is distinguished in four major pillars: a. Control of pharmaceutical expenditure by setting limits on budgets, b. Reimbursement of pharmaceutical products, c. Pricing of pharmaceutical products and d. Prescription regulations. A research of the relevant legislation and publications was conducted for the purposes of the review. A total of 148 articles were retrieved from Pubmed, Cochrane and 364 issues from Government Gazette. The reforms taken into consideration were measured against the corresponding fluctuations in pharmaceutical expenditure.

Results. Between 2011-2021, the Greek pharmaceutical environment has gone through over 30 reforms aiming to secure the viability of the national healthcare system and control the level of the public pharmaceutical expenditure. Although, the reimbursement and prescription process have been merely upgraded, the cost-containment measures implemented have only succeeded in controlling the level of the public pharmaceutical expenditure. On the contrary, from 2012 to 2020, the total pharmaceutical expenditure increased by 780 million euro (4.33 vs 5.11 billion euro). The exceeded burden was passed on the pharmaceutical industry’s contribution by 1.6 billion euro (272 million vs 1.9 billion euro) and patients’ contribution by 216 million euro (416 vs 632 million euro).

Discussion. The financial crisis of 2008, triggered the commence of the reform of the Greek healthcare sector. Although, various measures have already been applied, there is still need for reforms aiming to balance the allocation of the pharmaceutical expenditure amongst state, industry and patients. A pharmaceutical policy that will be focused on increasing the efficiency of the healthcare system and ensuring the access of patients to quality health care is essential.

Relation entre l’insécurité alimentaire, les compétences alimentaires et la consommation de fruits et légumes au sein de demandeurs d’aide alimentaire issus de l’immigration au Québec

Speaker
Sarah Bonin, Presenting Author from Département de médecine sociale et préventive, École de santé publique de l’Université de Montréal, Canada

Co-authors
Elsury Pérez, Emma Teasdale, Federico Roncarolo, Geneviève Mercille, Marie-Pierre Sylvestre, Louise Potvin

Abstract
Contexte/Objectifs. Alors qu’une consommation de fruits et légumes (FL) adéquate est associée à la prévention de maladies chroniques, les personnes en situation d’insécurité alimentaire en mangent peu. Devant souvent composer avec un faible revenu et un nouveau système alimentaire, les personnes issues de l’immigration sont vulnérables à l’insécurité alimentaire. Au Canada, le dépannage alimentaire constitue la principale intervention pour les soutenir. Or, on en connait peu sur la relation entre l’insécurité alimentaire et la qualité de l’alimentation des immigrants fréquentant une banque alimentaire et sur le possible rôle des compétences alimentaires pour améliorer l’effet de l’insécurité alimentaire sur la consommation de FL. Objectif: Examiner l’association entre l’insécurité alimentaire, les compétences
alimentaires et la consommation de FL chez les demandeurs d’aide alimentaire issus de l’immigration au Québec.

**Méthodes.** Les données sont extraites d’un sous-échantillon de 224 adultes nés hors Canada de la cohorte PARCOURS constituée de nouveaux utilisateurs de banques alimentaires au Québec, au recrutement. Le statut d’insécurité alimentaire, les compétences alimentaires et la consommation de FL sont mesurés à l’aide de questions adaptées de l’Enquête sur la santé dans les collectivités canadiennes. Pour chaque compétence alimentaire, un score continu a été construit à l’aide d’analyses factorielles. Des analyses linéaires multiples basées sur des familles de modèles définies a priori ont été menées avec la consommation quotidienne de FL comme variable dépendante. Le modèle retenu inclut la compétence de planification comme modératrice d’effet et est ajusté selon le genre, le milieu de vie et la durée de résidence au Canada, l’appartenance raciale/culturelle, l’accès aux aliments appréciés et les compétences d’approvisionnement et de préparation.

**Résultats.** La consommation médiane de FL des participants est de 3,1 fois par jour. Une fois ajustée, aucune association entre l’insécurité alimentaire et la consommation de FL n’est observée et aucune interaction avec la compétence de planification n’est relevée.

**Discussion.** Avoir de meilleures compétences alimentaires ne semble pas augmenter la consommation de FL chez les immigrants demandeurs d’aide alimentaire. Plus d’études s’imposent pour investiguer d’autres cibles d’intervention.

### Reliability, validation and cultural adaptation of Health Literacy Questionnaire (HLQ) in India

**Speakers**
Reetu Passi, Presenting Author from post graduate institute of medical education and research, India

**Co-authors**
Madhu Gupta, Savita Kumari, Vijin Pandara, Manmeet Kaur

**Abstract**

**Background/Objective.** Health literacy questionnaire (HLQ) is a multi-dimensional tool. The tool is available in multiple languages, also in Hindi. We validated and tested the reliability of HLQ tool in India.

**Methods.** A sample of 260 adult participants were randomly selected for this cross-sectional study in a village of Chandigarh, India. It is 50% of the sample size of 510 that was calculated for a larger study of health literacy for management and control of hypertension. Cronbach’s alpha for all nine scales of HLQ was used for measuring internal consistency (reliability) in SPSS-25. Confirmatory factor analysis (CFA) was used to measure construct validity using Stata-14.2 version. Fit statistics using Root mean-square error of approximation (RMSEA), Incremental fit statistics (Tucker-Lewis index: TLI; and Comparative Fit Index: CFI),
Chi-square goodness-of-fit test and Coefficient of Determination (CD) were tested for each of the nine scales.

**Results.** Participants’ mean age was 36.9, 61.5% were women, 31.2% had not completed primary education and 53.1% were unemployed. The reliability of each of the 9 scales of health literacy questionnaire ranged between 0.73 to 0.89. It was highest (0.89) for scale 7 - Feeling supported by healthcare provider and lowest (0.73) for scale 1 - Having sufficient information to manage own health. Fit statistics of the 9 scales were found to have an acceptable level of model fit.

**Discussion.** HLQ is a robust and validated tool to measure health literacy, but needed validation for Hindi version in Indian settings. The level of CFA model fit was quite comparable to the earlier studies and had reliable fit as per the indicative threshold values for a good model fit. The tool was adapted according to the local needs by changing few Hindi words to make easy understanding and was administered using interview-technique as self-administration was not preferred by the participants.

**Resources predictors of anxiety and mental health in Brazil during the pandemic**

**Speakers**
Fabiane Penachiotti, Presenting Author from Unicesumar, Brazil

**Co-authors**
Mirian Yamaguchi, Adi Mana, Shifra Sagy, Rute Grossi-Milani

**Abstract**

**Background/Objectives.** There is evidence that the COVID-19 pandemic has affected the mental health and well-being of people around the world, however few studies have employed a salutogenic approach. Thus, the main objective of this study was to verify the role of the sense of coherence - SOC, sense of national coherence - SONC, social support and trust in institutions for predicting anxiety and mental health in Brazil during the pandemic.

**Methods.** Data were collected from November to January via an online platform. It was used standard instruments such as GAD-7, MHC-SF, SOC-13, SONC, in addition to questionnaires addressing social support, trust in relevant institutions and demographic data.

**Results.** The sample consisted of 1630 Brazilians, of both genders, aged between 18 and 76 years. Participants scored on average 4.2 on MHC-SF (SD= 1), 10.1 on GAD-7 (SD= 5.73), 4.4 on SOC-13 (SD=1.19), 3.4 on SONC (SD=1.26), 3.1 on social support (SD=.85) and 2.7 on trust in relevant institution questionnaire (SD=.77). The set of predictors explained 38% of the variance in anxiety scores. Furthermore, the only significant predictor for anxiety was the SOC. The combination of predictors variables explained 51% of the variance in mental health scores. In addition, it was found that mental health was significantly predicted by SOC, social support and SONC.
Discussion. The average of positive mental health (MHC-SF) found in the Brazilian sample was similar to that found in other countries that used the same methodology. The average anxiety score was above that verified in other countries, which was also expected, as data from 2015 showed that Brazil already had the highest prevalence of anxiety in the world. What really sets this study apart is the salutogenic perspective, in which we sought to understand the role of coping resources for these two outcomes: anxiety and mental health during the pandemic. Anxiety was predicted solely by the SOC while mental health was predicted by the SOC, SONC, and social support. These findings reinforce the need to implement strategies based on strengthening these coping resources, as well as argue for the importance of promoting mental health, especially in contexts of underfunded health system and inequities like Brazil, where the consequences of the pandemic may be greater and long-lasting.

Retos para la inclusión de la salud mental en el territorio

Speaker
Elisabete Agrela de Andrade, Presenting Author from UNASP e CEPEDOC, Brazil

Co-authors
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Abstract
Antecedentes / Objetivos. Ante la creciente necesidad de atención a la salud mental, es necesario que los trabajadores de la salud, en sus distintas especialidades, aprendan a incluir este tema en su contexto laboral. En Brasil, la consolidación del SUS ha reforzado el derecho a la asistencia sanitaria, incluida la salud mental. El profesional sanitario asume la función estratégica de agente transformador de su entorno. Sin embargo, la actuación enfrenta numerosos obstáculos para su eficacia. Para entender cuáles son esas limitaciones en la construcción de acciones/políticas de promoción de la salud mental, este estudio analizó la percepción de los profesionales de la psicología sobre aspectos de la práctica de la salud mental en el territorio de la región sur de São Paulo.

Métodos. Se trata de un estudio exploratorio y descriptivo, de enfoque cualitativo, que utiliza de grupos focales, con la participación de 15 profesionales que trabajan en la región. Es un territorio de alta vulnerabilidad social, con baja cobertura de equipamientos públicos y escasez de servicios destinados a los derechos sociales.

Resultados. Se consideraron los siguientes obstáculos en el trabajo en salud mental: deficiencia en la gestión estatal, excesiva burocratización de los servicios, excesiva demanda y la formación académica inadecuada a las demandas del territorio. Como potencialidades, la construcción de redes de trabajo fortalece el funcionamiento de las acciones de salud mental en el territorio.

Discusión. Los retos muestran que la organización de los servicios y la formación profesional basada en un modelo biomédico son las principales barreras para integrar la salud mental en la atención sanitaria: Para que el tema de la Salud Mental sea efectivo, necesita de una formación académica dirigida al tema de la
Salud Mental en diferentes contextos y que permita desarrollar herramientas de promoción de las potencialidades del servicio y del territorio. Además, para reconocer los problemas de salud mental y proponer intervenciones adecuadas, es necesario aumentar el interés por la investigación en este ámbito.

**Revue intra-action sur la réponse à la COVID-19 par la Direction régionale de santé publique de Montréal : naviguer entre les défis contextuels et les opportunités de réflexivité organisationnelle**

**Speaker**
Annie Larouche, Presenting Author from Direction régionale de santé publique de Montréal, CIUSSS du Centre-Sud-de-l’Île-de-Montréal, Canada

**Co-author**
Émilie Leblanc

**Abstract**

**Contexte.** La pandémie de COVID-19 interpelle de façon aiguë les systèmes de santé, qui font face à un contexte épidémiologique et immunologique changeant et doivent adapter leur réponse aux caractéristiques des populations desservies. Suite à deux vagues de la maladie ayant frappé le Québec, la Direction régionale de santé publique de Montréal (DRSP) a entrepris une démarche d’apprentissage collectif de type revue intra-action (RIA). Cohérente avec les balises proposées par l’OMS, la RIA visait à faire le point sur les pratiques liées au Plan de réponse à la COVID-19 de la DRSP dans le but d’améliorer l’action pour de futures vagues ou d’autres crises sanitaires. Cette communication vise à partager l’expérience de RIA et ses enjeux et opportunités.

**Intervention.** La RIA a été menée auprès de l’ensemble du personnel DRSP au sujet des 4 domaines du Plan: direction du volet santé publique de la réponse pandémique pour Montréal; contrôle de la transmission; communication / engagement (population et partenaires); et mitigation des impacts collatéraux auprès des groupes vulnérables. Divers types d’activités (sondage anonyme, focus groups, débriefings) visaient à réaliser un état de situation collectif et à mobiliser les acteurs pour l’identification et la mise en œuvre d’améliorations concrètes.

**Résultats.** L’implication dans la démarche d’employés temporaires, professionnels et gestionnaires à différents niveaux de l’organisation, et les moyens de collecte de perceptions individuelles et construction de visions collectives, ont mené au recensement de plusieurs difficultés, succès et innovations. Un processus itératif a ensuite favorisé l’identification d’améliorations concrètes, directement liés à la réponse COVID ou dépassant ce cadre. Si des éléments structurels et un essoufflement lié à la pandémie ont représenté des défis pour la mise en œuvre des améliorations, la démarche a permis de réfléchir à certaines implications pratiques liées à la quête d’équilibre entre les fonctions de protection et de promotion de la santé.
Implications. La démarche de RIA a soulevé le fait qu’on ne puisse isoler la réponse à la COVID-19 du reste de la réalité organisationnelle, ce qui peut être un obstacle à la mise en œuvre d’améliorations. Néanmoins, un tel processus itératif peut provoquer la réflexivité face aux fonctions structurant les pratiques de santé publique, et promouvoir la cohérence des actions dans l’accomplissement de la mission organisationnelle.

Salud en todas las políticas: Propuesta de un Massive Open Online Courses (MOOC)

Speaker
Fernanda Carlise Mattioni, Presenting Author from Grupo Hospitalar Conceição e Escola de Saúde Pública do Rio Grande do Sul, Brazil

Co-authors
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Abstract
Antecedentes / Objetivos. Este trabajo presenta la formulación de una hoja de ruta para implementar un Massive Open Online Course (MOOC) sobre Salud en Todas las Políticas (STP) de la Organización Mundial de la Salud (OMS).

Métodos. Con carácter exploratorio y enfoque mixto, fue realizada una revisión bibliográfica y análisis documental de materiales encontrados en el Manual de Capacitación sobre STF publicado por la OMS en 2015; en sitios web institucionales y canales de YouTube de diferentes instituciones: Salud en Todas las Políticas en las Américas, OMS, Organización Panamericana de la Salud (OPS), Asociación Brasileña de Salud Colectiva (ABRASCO), Biblioteca Virtual en Salud (BVS), Ministerio de Salud de Brasil y Portal sobre Determinantes Sociales de la Salud (DSS) en Brasil.


Discusión. Se espera que los resultados encontrados faciliten la creación del MOOC, permitiendo que más personas tengan acceso al tema STP, actualmente disponible en inglés y para una porción restringida de la
población. Se cree, sobre todo, que las reflexiones traídas pueden inspirar el uso de otras herramientas, espacios (virtuales o no) para el aprendizaje y el intercambio de experiencias y que pueden contribuir al conocimiento sobre STP y MOOC en el área de la salud.

**Say hello to bablibot (Babybot)! Development and feasibility-testing of a local-language chatbot to answer immunization-related queries of under-served communities in Karachi, Pakistan**

**Speaker**
Danya Arif Siddiqi, Presenting Author from IRD Global, Singapore

**Co-authors**
Fatima Miraj, Mehr Munir, Humdiya Raza, Owais Ahmed Hussein, Anokhi Ali Khan, Amir Javed Khan, Ali Habib, Subhash Chandir

**Abstract**

**Background/Objectives.** As one of the world’s last reservoirs of poliovirus, Pakistan is a focal point of global efforts to enhance immunization coverage, yet 34% of Pakistani children still miss out on all basic vaccines. The persistence of under-immunization, despite free availability of vaccines, points to the need for organic, context-led solutions which address demand-side immunization barriers. Using real-life conversation data, available through Sindh province’s electronic immunization registry’s (EIR) helpline, we developed a local-language chatbot (Bablibot), to answer immunization-related queries. Bablibot does not require internet connectivity, smartphone access, or user fees, and is programmed to continuously learn from incoming data. Our objective was to evaluate feasibility and acceptability of Bablibot in increasing immunization uptake among Pakistan’s under-served communities.

**Methods.** We developed Bablibot using Natural Language Processing (NLP) and Machine Learning technologies, with Human in the Loop feature. We then conducted a sequential mixed-methods pilot in peri-urban towns of Karachi. Caregivers were recruited when visiting one of 12 selected immunization centers for any childhood vaccine except Measles 2 (last vaccine visit). Additional caregivers were reached through targeted text messages. We assessed Bablibot’s feasibility and acceptability through tracking user-engagement metrics, performing in-depth interviews with 20 pilot participants.

**Results.** Between March 9, 2020 and April 15, 2021, Bablibot accrued 677 users and participated in 874 conversations. Most queries were about due dates (25%; 221/874), delaying vaccination (17%; 146/874), or side-effect management (16%;137/874). Over 90% (277/307) of responses to text-based exit surveys indicated user satisfaction. Qualitative analysis showed caregivers appreciate Bablibot’s convenience, reliability, and responsiveness.

**Discussion.** A local-language, locally-trained NLP bot is a feasible and acceptable intervention for providing immunization information in low-resource settings, and embraces the ethos of the movement to decolonize global health. The EIR-based Bablibot model utilizes data generated within the context it seeks to serve,
plus extends the benefits of digital health to communities without internet and smartphone access. Conversation data accumulated through Bablibot provides learning infrastructure for future health-related bots in South Asia.

**School nutrition policy in Canada: Analysing current policies to inform future decision-making**

**Speaker**
Suchitra Roy, Presenting Author from University of New Brunswick, Canada

**Co-author**
Mary McKenna

**Abstract**

**Background/Objectives.** School nutrition policies provide a framework by which schools can plan, implement and evaluate nutrition-related actions using a coordinated approach that reflects current dietary guidance. This applied research is the first analysis of provincial/territorial (P/T) policy documents in Canada to identify strengths and gaps.

**Intervention.** A document analysis of policies (n=11, all provinces and Yukon territory), identified and categorised each component of each policy, then analysed them according to the four pillars of the Comprehensive School Health (CSH) framework; the method was checked independently for validity and reliability.

**Results.**
1) **Social and Physical Environments:** This contained the most policy components. In the P/Ts, the most common were nutrition criteria (n=10), food safety (n=8) and special events (n=8). Nutrition criteria were primarily nutrient focused (n=7), divided into 2-3 categories of more and less desirable foods. Three provinces provided food-based criteria and the Yukon referred to Canada’s Food Guide (most policies did not refer to the 2019 guide). Least common components included food contracts (n=2) and support to vulnerable groups (n=3).
2) **Nutrition Education:** Collectively, nine P/Ts included promoting food knowledge and skills (e.g., New Brunswick); connecting curricular and extracurricular food learning (e.g., British Columbia) and extending the nutrition curriculum to other subjects (e.g., Ontario).
3) **Partnerships:** All P/T’s emphasized the involvement of students, parents, community partners, or public health units.
4) **Policy:** Nine P/Ts provided policy implementation guidelines, addressing communication, evaluation or resources (e.g., checklists).

**Discussion.** Overall, policy components varied; taken together they reflect the CSH pillars but focused mainly on environments. Most would benefit from more attention to nutrition education and policy. These results offer jurisdictions the opportunity to assess their policies for comprehensiveness, underscore the need for timely policy updates; and can inform future policy revisions. Policies that reflect CSH can assist school decision-making, serving as an efficient reference point for multiple aspects of school food.
School-based sex education: Inclusive youth views on best teaching approaches

Speaker
Julie Descheneaux, Presenting Author from Université du Québec à Montréal, Canada

Co-author
Geneviève Pagé, Chiara Piazzesi, Magaly Pirotte

Abstract

Background/Objectives. Many sex education programs (SEP) are developed around adults' conception and representations of young people's needs. The purpose of this study was to map and analyze available knowledge on young people's expressed needs for positive, inclusive, and empowering SEP. The presentation will discuss results with regard to pedagogical approaches in SEP.

Methods. A qualitative meta-analysis was conducted (Noblit & Hare, 1988). The selection criteria for the studies were: a) written in French/English; b) published between 2006 and 2016; c) conducted in North America, Europe, Oceania; d) qualitatively analyzing and reporting youth's wording. Sampling: PubMed, PsychInfo, Taylor & Francis Online with keywords: young, youth, adolescent, student AND sex education (+ in French). The words were analyzed inductively, but the principles of reproductive justice (Ross, 2017) were used as a theoretical foundation to interpret results.

Results. Of the 854 texts collected, 25 studies were selected for in-depth analysis after exclusion (USA=10; UK=4, CA=3, AUS=3, SE=3; NZ=2). 70% of the studies analyzed more than two axes of oppression besides age (gender, sexual orientation, ethnic background, disability status, economic status) and represented 1,179 youth. Testimonies about pedagogical approaches were collected in 22 of these studies and represent 40% of the extracts. Results show that young people have views that are 1) consensual, 2) complementary or 3) antinomian about pedagogical approaches. 1) There is a consensus on: the need to have SEP in schools, that they be longer, and to create inclusive and caring spaces for SEP classes. 2) In a complementary way, youth report that the educator's knowledge of sexuality must be sufficient, all faculty should be trained on gender and sexuality issues, the attitude of the educators should privilege openness, equality, pro-activity, pleasure, and passion for their work. Activities should be interactive and leave room for personal reflection. 3) The antinomian elements are: the pedagogue's original profession (teacher vs. specialist), their age (young people vs. adults who are more likely to maintain confidentiality), or their identity (same culture/gender as oneself or not) as well as mixed or single-sex class.

Discussion. Pedagogical approaches in SEP must be diversified and complementary in order to reach a plurality of youth according to their expressed needs, increase the scope of intervention and produce real inclusion.
Seatbelt use by bus passengers in Ghana: Observed versus self-reported measures

Abstract

Background/Objectives. Many road traffic injuries in low- and middle-income countries (LMICs) are to bus passengers. The use of seatbelt has been shown to prevent road traffic injuries. Yet many bus passengers in developing countries fail to use seatbelt even when available endangering their lives. We sought to determine the availability, functionality and observed vs. self-reported use of seatbelt in buses in Ghana. We also assessed participants’ knowledge and perceptions about seatbelt use and related laws.

Methods. An unobtrusive structured observation of seatbelt use for 1,184 passengers in 35 intercity buses was conducted on a major highway in Ghana. Additionally, a separate group of 633 bus passengers completed a structured questionnaire. The data sets were analyzed using Statistical Package for Social Sciences (SPSS) version 23.0.

Results. All buses had seatbelt and most (92.6%) were functional. A little over a fifth (21.6%) of passengers were observed to wear seatbelt however, 34.5% of passengers reported always wearing a seatbelt on buses. Passengers on 5 buses where the driver verbally prompted them to wear a seatbelt were more likely (57.8%) to wear a seatbelt than on other buses (15.3%, $p=0.001$). Comparing interviews to observations, passengers tended to overinflate seatbelt use by a factor of 1.6 although did not vary significantly between males and females ($p=0.55$). Most of the respondents had good knowledge (79.3%) about seatbelt use and related law. The relationship between the level of knowledge and self-reported use of seatbelt was not statistically significant ($p=0.27$).

Discussion. We found that the observed seatbelt use rate in this study was higher than what has been previously reported in both developed and developing countries. This difference could be as a result of the approach to observing seatbelt use and the participants’ perception of risk. The higher rate of self-reported seatbelt use rate compared to the observed rate as found in this study is consistent with previous studies. The difference may be due to the social desirability bias associated with self-reported data. Overall, this study provides useful information for efforts to increase and monitor seatbelt use among bus passengers in LMICs.
Sedentary behavior among university students before and during the SARS-CoV-2 pandemic: Longitudinal results from the Healthy Campus Mainz study

Speaker
Sebastian Heller, Presenting Author from Institute of Occupational, Social and Environmental Medicine, University Medical Center of the University of Mainz, Germany

Co-authors
Kristin Kalo, Antonia M. Werner, Laura Eisenbarth, Jennifer L. Reichel, Lina M. Muelder, Markus Schaefer, Stephan Letzel, Perikles Simon, Pavel Dietz

Abstract
Background/Objectives. Sedentary behavior (SB) has been shown to be a manifest risk factor for a variety of chronic diseases and may increase mortality. Studies addressing changes of SB during SARS-CoV-2 pandemic are rare and longitudinal studies addressing this issue among university students are lacking. For this reason, the aim of the present study was to address this knowledge gap by i) investigating potential changes in total time of SB among German university students before and during the pandemic and ii) examining differences in the amount of change (AC) in sedentary time (ST) among groups of sociodemographic, study-related, or pre-pandemic physical health related characteristics. We also aimed to iii) investigate whether SB during the pandemic was determined by these characteristics.

Methods. Two online surveys were performed among students of a large campus university in Germany during the summer terms 2019 (N=4,351, before the pandemic) and 2020 (N=3,066, during the pandemic). In total, N=443 students participated in both surveys and entered longitudinal analysis. Differences in the AC in ST per day were explored by means of paired t-test and single factor analyses of variance (ANOVA). Linear regression analysis was used to investigate if the above listed variables determined SB during the pandemic.

Results. Total time of SB increased significantly (p<.001) from 7.5 (±2.6) hours before to 8.9 (±2.5) hours during the pandemic. ANOVA revealed that the AC in ST was significantly (p<.001) greater in students with a pre-pandemic ST under the cut-off of 8 hours per day compared to those with a ST above this cut-off before the pandemic. Also, the AC in ST significantly (p=.041) differed between classes of pre-pandemic body-mass-index. The linear regression model revealed that SB during the pandemic was determined by pre-pandemic levels of physical activity and SB.

Discussion. Our study showed that SB significantly increased among all analyzed subgroups, even stronger among participants with lower pre-pandemic ST, and that it was determined by pre-pandemic levels of physical activity and SB. Therefore, it is important to address the whole collective of students with an approach to the reduction of SB and promotion of physical activity – not only specific groups and especially under circumstances like the SARS-CoV-2 pandemic.
Seeking a deeper understanding of distributed health literacy: A systematic review

Speaker
Helle Terkildsen Maindal, Presenting Author from Aarhus University, Denmark

Abstract

**Background/Objectives.** Previous research suggests that it would be useful to understand the distributed nature of health literacy, rather than focusing exclusively on health literacy as an individual concept. To date, there has been no focused exploration of how distributed health literacy is defined, conceptualised or assessed in the peer-reviewed literature. Our systematic review aimed to explore: (i) definitions and conceptual models of distributed health literacy, and (ii) how distributed health literacy is measured in empirical research.

**Methods.** We searched MEDLINE, Embase, CINAHL, PsycInfo, Scopus, ERIC, and Web of Science using truncated versions of the keywords ‘literacy’ and ‘distributed’ and sourced additional studies from the reference lists of eligible articles. We (i) collated the definitions and conceptual models of distributed health literacy; (ii) examined how health literacy has been measured in empirical research studies, and (iii) synthesised our findings using thematic synthesis.

**Results.** We screened 642 papers and included ten in this systematic review. Edwards’ definition of distributed health literacy, which emphasises the health literacy abilities, skills and practices of others that contribute to an individual’s level of health literacy, was widely applied in a variety of clinical and geographical settings. However, we did not identify any quantitative instruments which directly measured distributed health literacy. There was significant variability in questions used to explore the concept qualitatively and discrepancies across studies with regards to (i) what constitutes distributed health literacy and what does not (e.g. general social support), and (ii) the relationship between distributed health literacy and other constructs (e.g. public health literacy).

**Discussion.** Although there is a widely applied definition of distributed health literacy, our review revealed that the research space would benefit from development of the concept, both theoretically, e.g. via conceptual distinctions between distributed health literacy and other types of social support, and empirically e.g. through the development of a quantitative measurement instrument.

Segmentation of consumers participating in a grocery loyalty program and drivers of their fruit expenditure across Quebec, Canada, 2015–2017

Speaker
Cameron McRae, Presenting Author from McGill University, Canada

Co-authors
Mike Li, Bensindone Dumi-Leslie, Laurette Dubé
Abstract

Background/Objectives. The promotion of fruits and vegetables for consumption remains a significant global health challenge. Many consumers still do not meet their recommended intake for the prevention of chronic diseases. In this presentation, we first extend prior work that investigated vegetable expenditure patterns and pathways of socioeconomic inequity in the category of fruit. Then in a secondary analysis, we used machine learning approaches to cluster groups of consumers by their expenditure behaviours across fruits, vegetables, and herbs, as well as across processing levels of each.

Methods. Using grocery loyalty program data collected in Quebec, Canada from 2015 to 2017, we link neighbourhood-level demographic data from the 2016 Canadian census to evaluate drivers of fruit expenditure at the postal-code level using by performing Tobit regressions across three models. For the clustering approach, methods included dimensional reduction with Principal Component Analysis (PCA), clustering with K-means algorithm, performance evaluation with Silhouette score, and outlier detection and removal with Isolation Forest.

Results. All measures of socioeconomic status were significant predictors of fruit expenditure, with unemployment status having the largest negative effect on raw fruit spending (B = -374.5, p<0.001). Immigration status was also a large, negative predictor of spending on raw fruit (B = -22.72, p<0.001). The proportion of households aged 65+ (B = 94.02, p<0.001) and with children (B = 119.2, p<0.001) had positive effects on fruit spending. The result of the clustering were six unique clusters, with each progressively spending more on products of all processing levels, which may be caused by high correlation between expenditure across the food categories studied.

Discussion. Future work will benefit from the linking of micro-level data to look at drivers of expenditure which can be leveraged by markers and public health professionals to plan for targeted behavioural interventions that promote health.

Self-perception of social participation restrictions of adult and elderly people with hearing loss: A systematic review

Speaker
Adriana Lacerda, Presenting Author from Université de Montréal, Canada

Co-authors
Israel Bispo dos Santos, Everton Adriano de Morais, Cristiano Araújo, Ana Cristina Guarinello

Abstract

Background. Hearing loss is commonly associated with adulthood and aging, occurring in approximately 60% of people over 60 years old. The impact of this loss can have consequences, such as depression, loneliness and social isolation. The use of hearing aids is indicated to help users, who have hearing loss, in their social participation.
Objective. to evaluate the self-perception and impacts of hearing devices, especially in the social participation of elderly people with hearing loss.

Methods. This review was carried out with appropriate word combinations and truncations and adapted for each electronic database, namely: PubMed/Medline, Scopus, Web of Science, Cochrane Library, Embase and Latin American and Caribbean Literature in Sciences of the Health (LILACS) and Gray Literature. To consider the eligibility of studies to be included/excluded, the acronym “P/I or E/COS” was used: Population Individuals Adults and elderly people with hearing loss Intervention or Exposition Fitting of hearing aids Comparison Adults and elderly individuals with hearing loss do not use the hearing aid or comparison in a “before and after” format.

Outcomes. Instruments of social participation. Studies design Randomized clinical studies, pseudo-randomized, non-randomized, cross-sectional and case-control studies. In phase 1, the titles and abstracts of all references were independently reviewed. In phase 2, the full text of the articles selected in the first phase were read.

Results. A total of 1424 references were retrieved by the search strategy, among these 113 articles were selected in phase 1 for full reading, after that, 15 articles were included for qualitative synthesis and after phase 2, 8 articles has all criteria.

Discussion. The selected articles showed that elderly people with hearing loss have a significant perception of their participation restriction, this can negatively impact their daily lives. The perception of participation restriction is not significantly related to sex, age, type or degree of hearing loss, nor to the use of a hearing aid, but rather directly linked to social and economic factors, such as low salaries, which greatly reduces the quality of their lives.

Sense of coherence, off-job crafting, and mental well-being: A path of positive health development in the Salutogenic model

Speaker
Martin Tušl, Presenting Author from University of Zurich, Switzerland

Co-authors
Georg Bauer, Jessica de Bloom

Abstract
Background/Objectives. Sense of Coherence (SOC) is the main pillar of the salutogenic model of health which focuses on the origins of health and well-being rather than disease. Salutogenesis posits that life experiences shape SOC which helps to mobilize resources to cope with stressors and manage tension. Recent developments in the salutogenic research propose to add direct paths of positive health development to the original model to show that SOC not only helps to cope with adversity, but it also fosters positive health outcomes even in the absence of stressors. In the present study, we examine off-job crafting.
(OJC) as a promising strategy for such positive health development, and as a possible mechanism of how SOC translates into positive health outcomes such as mental well-being (MWB). OJC is a recent concept from the field of occupational health psychology, which refers to proactive and self-initiated behavioral and cognitive changes in off-job lives targeted at psychological needs satisfaction. Aim of the study is thus to examine the causal relationship between SOC, OJC, and MWB. Adopting the lens of positive health development, we hypothesize that individuals with a strong SOC are more able to perceive and understand their unfulfilled psychological needs and to proactively engage in crafting efforts that lead to their needs satisfaction and improved mental well-being.

**Methods.** We used a three-wave longitudinal design with a time interval of three months between first (April 2020) and second wave (July 2020) and five months between second and third wave (December 2020). Data were collected via an online questionnaire from Swiss and German employees (N = 1238) using a web-based survey provider. Data analysis was carried out with R performing structural equation modeling with maximum likelihood estimation procedure using lavaan package.

**Results.** We hypothesized a partially mediated model with positive relationship between SOC at Time 1 and MWB at Time 3 partially mediated via OJC at Time 2. Preliminary results seem to support our hypothesized model.

**Discussion.** Our study examines OJC as a strategy for positive health development within the salutogenic model, as well as a possible mechanism of how SOC translates into MWB. Findings of the study could be used for a development of an intervention to strengthen individuals’ capacity to OJC and promote positive health outcomes.

**SeRra : un projet de capitalisation des savoirs expérientiels sur la réduction des risques liés à l’alcool en France**

**Speaker**
Benjamin Soudier, Presenting Author from Société Française de Santé Publique, France

**Co-authors**
Béatrice Georgelin, Catherine Bernard, Samuel Gaspard, Frédéric Bouhier, Jean-Pierre Couteron, Patrick Daimé, François Berdougo, Emmanuel Rush

**Abstract**

**Contexte/Objectifs.** De nouvelles approches émergent actuellement en France pour accompagner autrement les consommateurs d’alcool. Des expérimentations sont en cours, dans différents contextes (structures d’addictologie, sanitaires, sociales, etc.). Des controverses demeurent sur les outils, les postures et la mesure de l’efficacité de ces interventions, variées, de réduction des risques liés à l’alcool (RDRA). Si la formalisation des principes de la RDRA a fait l’objet de plusieurs publications récentes (par ex. Santé! (2019), Inserm (2021), charte Modus Bibendi, etc.), peu de travaux détaillent comment sont mises en œuvre
les interventions. Lancé en 2020, le projet SeRra vise à capitaliser une trentaine d’interventions de RDRA, afin de documenter les pratiques existantes et de partager les savoirs expérientiels des professionnels.

**Méthodes.** SeRra a été construit suivant les 5 étapes de la méthode CAPS, portée par la SFSP et la FNES :
1. Identifier via un appel à contribution des interventions de RDRA de différents contextes, types d’acteurs et paradigmes et en sélectionner 30 sur critères établis par un groupe de travail pluri-partenarial ;
2. Recueillir lors d’entretiens approfondis avec le(s) professionnel(s) impliqué(s), et/ou les usagers, des informations sur l’élaboration, l’implémentation et les effets d’une intervention de RDRA ;
3. Analyser puis
4. Rédiger les fiches de capitalisation ;
5. Partager les résultats et diffuser en ligne les fiches CAPS.

Toute action respectant les principes de la réduction de risques était éligible.

**Résultats.** 28 capitalisations ont été menées, incluant des projets variés (addictologie, structures d’hébergement, auprès de personnes à la rue, en milieu festif, etc.)
Différentes approches de RDRA, pragmatiques et complémentaires, sont ainsi documentées (démarches d’accompagnement individuel, projets institutionnels, actions d’aller-vers, etc.).
Les savoirs capitalisés portent autant sur l’accompagnement RDRA que sur les leviers organisationnels : partenariat, formation et conduite du changement en équipe, etc.


**Sex trafficking of women and girls in Canada: A scoping review of the scholarly literature**

**Speaker**
Evelyn Hodgins, Presenting Author from The University of Toronto, Canada

**Abstract**

**Background/Objectives.** There has been little empirical research on sex trafficking in Canada. Moreover, the research that has been conducted is largely found within the grey literature. This review sought to identify and summarize the current scholarly literature about sex trafficking of women and girls in Canada.

**Methods.** We searched the databases ProQuest, Web of Science, and Scopus. Keywords included: forced prostitution, commercial sexual exploitation of children, trafficking for the purpose of sexual exploitation, etc, and were combined using the Boolean “AND” with localities in Canada. Eligible articles were published in English in 2000 or later, focused on women victims/survivors, and analyzed human/participant data. Two reviewers screened 346 titles and abstracts and 37 full articles to arrive at a final sample of 14 studies.
Results. Most studies were qualitative, based on interviews or focus groups (n=8) primarily with service providers, set in Ontario (n=7), and focused on patterns, experiences, and needs of trafficked women and barriers to services (n=11). The most prominent themes in the findings across studies were: tensions in conceptualizing the issue (n=9), pathways into trafficking (n=7), and gaps and barriers to addressing the issue and meeting the needs of survivors (n=10). Conceptual tensions centered around issues of coercion and consent and challenging the prominent criminal justice framing of the issue. Identified pathways into trafficking included economic displacement, past abuse, and broken ties with family and community, which were associated with systemic barriers faced by Indigenous, im/migrant and other marginalized women and girls. Barriers included a lack of intergroup collaboration, narrow or conflicting definitions, stigmatization and criminalization of sex work, and a lack of accessible or appropriate services.

Discussion. There are very few published empirical studies on sex trafficking in Canada and those that exist are largely exploratory and limited by a lack of prevalence data and access to survivors’ lived experiences. The lack of evidence is associated with challenges in developing data-driven policies and protocols to address and prevent sex trafficking in Canada, in turn, impacting the well-being of trafficked women and girls. Further research should seek to highlight the voices of survivors and impacted communities and evaluate strengths and limitations of Canadian anti-trafficking policies and programs.

Sexual behaviour in sexual minority and non-minority young people in eight European countries

Speaker
András Költő, Presenting Author from Health Promotion Research Centre, National University of Ireland Galway, Ireland

Co-authors
Honor Young, Emmanuelle Godeau, Elizabeth M. Saewyc, Saoirse Nic Gabhainn

Abstract
Background/Objectives. North American studies demonstrate that sexual minority youth have poorer sexual health across various outcomes than their heterosexual counterparts, but evidence for such disparities in other cultures is largely missing. In this study, we compared rates of sexual initiation, early first sex (under the age of 14), and condom and contraceptive pill use or not using any of these two methods at last sexual intercourse, in sexual minority and non-minority youth in England, France, Hungary, Ireland, Moldova, Netherlands, North Macedonia and Spain.

Methods. We have used nationally representative subsamples of young people aged 15–17, participating in the Health Behaviour in School-aged Children study (n = 10,583, mean age: 15.48 ± 0.36, percentage girls: 52.5). Sexual health outcomes were compared across five groups: (1) attracted to opposite-gender, (2) same-gender, (3) both-gender partners, (4) not attracted, (5) no response to the question on attraction. Binary logistic regression models were built, adjusted for gender, family affluence and country.
Results. Same- and both-gender attracted youth were significantly more likely than their opposite-gender attracted peers to report being sexually initiated. All other groups had higher odds of early first sex than opposite-gender attracted youth. Both-gender attracted and not attracted youth had lower odds of condom use or not using either condoms or contraceptive pills at last intercourse than opposite-gender attracted peers. Not attracted youth also had higher odds of reporting not using pill at last intercourse. Country, gender and relative family affluence had a significant impact, but did not change the general pattern of the results.

Discussion. The results indicate that sexual minority youth in Europe, especially those attracted to both boys and girls, are disproportionately exposed to sexual health risk compared to their non-minority peers. Not being attracted to anyone is also a risk factor for early and unprotected sex. These findings flag an urgent need to revisit sexuality and relationships education in multiple European countries, to make it more inclusive of sexual and gender minorities. We also need to explore in depth how attraction, or its lack, is related to the sexual experiences of adolescents.

Sleep duration and socioemotional development on toddlers: a cross-sectional study

Speaker
Ana Duarte, Presenting Author from University Of Minho, Portugal

Co-authors
Cláudia Augusto, Maria José Silva, Silvana Martins, Luís Lopes, Rafaela Rosário

Abstract

Background/Objectives. Adequate sleep duration has been associated with better health outcomes, including improved attention, behaviour, learning, memory, emotional regulation, quality of life, and mental and physical health. However, despite this, there are no clear associations between sleep duration and socioemotional development, specifically in children aged under three years. This study aims to analyse the association between sleep duration and socioemotional development in toddlers aged 12-36 months.

Methods. This study is part of a cluster randomized controlled trial developed in Portuguese childcare centres. In the current study, we used baseline data of 343 children (175 females). Sociodemographic and child’s age were gathered. Participant’s sleep duration was collected with the Tayside Children’s Sleep Questionnaire, a 10-item scale that evaluates the child’s ability to initiate and maintain sleep. Data collected correspond to sleep night duration on weekdays. Sleep duration was defined as the bedtime/wake-up time, and adequate/not adequate sleep duration were considered. Socioemotional development was assessed using a Likert questionnaire that evaluates the socioemotional status according to the child’s age. Generalized linear models were used to examine the associations between sleep duration (predictor) and socioemotional development (outcome), with adjustments for demographic factors and socioeconomic status.
Results. A direct association between total sleep duration and socioemotional status was observed (B = 0.002, 95% CI= 0.0005; 0.0033). Toddlers with adequate sleep duration levels on weekdays were associated with a higher socioemotional status (B= 13.2, 95% CI= 4.2; 22.2) when compared with the non-adequate sleep duration.

Discussion. Sleep duration during weekdays is considered an essential determinant of socioemotional development early in childhood. As evidence in this age group is scarce, more research is needed.

Social and environmental influences on abnormal weight status of early childhood in South Korea

Speaker
Hyekyeong Kim, Presenting Author from Department of Health Convergence, Ewha Womans University, South Korea

Co-authors
Jiye Kim, Yuri Kim, Seo-Jin Chung, Nana Shin, Seungyoun Jung

Abstract
Background/Objectives. Childhood is important for healthy and balanced physical growth and development. Since underweight or obesity in childhood is reported as a major factor in various chronic diseases in adulthood, it is necessary to explore early childhood when abnormal weight begins to occur. Weight status is affected not only by the genetic factors and individual preference or lifestyles, but also by social and environmental factors. This study aimed to identify environmental determinants of abnormal weight status of early childhood.

Methods. Cross-sectional survey data were collected from 364 Korean mothers of children aged 3 to 5 years. BMI was calculated from weight and height and categorized in underweight, normal, overweight, and obese groups based on the age- and sex-specific percentile of the latest Korean National Growth Charts. We investigated the association between weight status and environmental characteristics of child care center, neighborhood, community, and media. Parent and child sociodemographic characteristics and health behaviors were controlled in the multinominal logistic regression analysis.

Results. The mean age of 364 children was 48.95±6.87 months, and 52.47% were male. About ten percent of the children (10.16%) were underweight, while 8.79%, 13.19% of the children were overweight and obese, respectively. Underweight status was associated with lower opportunity for physical activity (p<.05), lower safety for physical activity (p<.01), more frequent watching food-related TV broadcasts of child (p<.05), less responsive to food-related TV commercials (p<.01), more responsive to food-related online commercials (p<.01), and less frequent watching food-related TV broadcasts of mother (p<.05). Both overweight and obese status were associated with availability of low-fat food (p<.05).
Discussion. Social and environmental factors related to neighborhood and media were significant determinants of early childhood abnormal weight status. Since children in underweight group were affected more by environment factors than those in overweight and obese groups, not only overweight and obesity but also underweight status should become the focus of health concern. The results of this study are expected to be used as the basis for the development of weight control interventions and policies to prevent abnormal weight for early childhood.

Social and health care educators’ occupational well-being - A quantitative cross-sectional study in Finland

Speaker
Terhi Saaranen, Presenting Author from University of Eastern Finland, Finland

Co-authors
Kirsi Honkalampi, Jenni Rinne, Leena Salminen, Anneli Vauhkonen

Abstract

Background/Objectives. This study is the first phase of a research and development project titled Social and health care teachers’ occupational well-being in Finland, 2020-2023. The theoretical framework of this research is the resource-based Content Model for the Promotion of School Community Staff’s Occupational Well-being. The model consists of four aspects; worker and work, working conditions, professional competence and work community (Saaranen et al., 2007, 2015). The aim of the study was to describe and evaluate occupational well-being and work-related resources and workload factors of social and health care educators in Finland.

Methods. A quantitative cross-sectional study to was conducted in autumn 2020. The data was collected using the questionnaire nationwide from all health care educators (N=1772) belonging to the education trade union in Finland. The data (n=552) were analysed with statistical methods.

Results. Social and health care educators experienced their personal occupational well-being average (Mean 3,2; SD 1,1; degree 0-5: 0=very poor, 5=very good). 50 % of educators answered on the level 2,5–4,0 and 15 % of them answered on the level below 2. The mean of general occupational well-being of the work community was lower (Mean 2,6; SD 1,0) than experienced personal occupational well-being; 50 % of educators answered on the level 2,0–3,2 and nearly 25% of them answered on the level below 2. Educator considered their work meaningful, their work was respected, and they felt they get help and support from their colleagues. Educators were not happy with their workload and the workload was not evenly distributed during the academic year. The largest areas for development needs were in the area of workers’ resources and work.

Discussion. Identification and evaluating of occupational well-being and work-related resources and workload factors will enable educators to cope with their work and promote their occupational well-being.
The results and the resource-based content model benefit health care educators, administration, researchers, occupational health service staff for the promotion of occupational well-being.

Social inequalities in food insecurity among first-time food bank users

Speaker
Jodi Kalubi, Presenting Author from École de santé publique de l'Université de Montréal, Canada

Co-authors
Elsury Johanna Pérez Isaza, Mylene Riva, Marie-Pierre Sylvestre, Jennifer O'Loughlin, Federico Roncarolo, Geneviève Mercille, Louise Potvin

Abstract

Background/Objectives. Food insecurity affected 12.7% of Canadian households in 2017-18 and has been increasing since the onset of the COVID-19 pandemic. Studies in the general population show that level of education and household income are associated with food insecurity. However, little is known about this link among food bank users, a highly vulnerable subset of the population. Our objective was to estimate the association between indicators of socioeconomic status and food security among new food banks users in Québec, Canada.

Methods. We used baseline data from PARCOURS, a longitudinal study of first-time food bank users in four regions of Québec, Canada. The sample included 1001 participants age 18-63 years, recruited in 106 food banks. Data were obtained in structured interviews (2018-20). Multivariable logistic regression was used to model the association between food insecurity and each of educational attainment and annual household income. The model for education was adjusted for age, gender, race and setting. The model for income was additionally adjusted for immigration status, education, household composition and physical and mental health.

Results. Participants were age 41 years on average, 39% were female. 37% and 46% reported moderate or severe food insecurity, respectively. Relative to those with more than high school education, the adjusted odds ratio (OR) (95% confidence interval) for severe food insecurity was 1.8 (1.3, 2.4) among those with no post-secondary education. Relative to those with an annual household income above 15 000$, the adjusted OR was 1.5 (1.1, 2.0) among those with lower income.

Discussion. Our findings indicate that social inequalities in food insecurity exist even among food bank users. Policymakers and practitioners may need to consider increased vulnerability by education and income in conceptualizing interventions to reduce food insecurity in highly vulnerable populations.
Socio-spatial neighbourhood characteristics and child development vulnerability: A study of 205,030 children living in Australia’s 21 largest cities

Speaker
Hannah Badland, Presenting Author from RMIT University, Australia

Co-authors
Karen Villanueva, Amanda Alderton, Carl Higgs, Gavin Turrell, Sharon Goldfeld

Abstract

Background/Objectives. The neighbourhood has been identified as a setting for supporting health and wellbeing, while reducing inequities. However, evidence-based metrics to inform effective and equitable place-based interventions for children are lacking. This study examines which built environment features contribute to associations between neighbourhood disadvantage and early childhood development.

Methods. Forty conceptually-relevant neighbourhood spatial measures were developed, including traffic exposure, housing affordability, housing density, public transport, early childhood and education care services, and family-friendly destinations. Measures were linked to participant addresses in the 2015 Australian Early Development Census (AEDC) for children living in the 21 largest Australian cities. Measures were created around each child’s unique ‘neighbourhood’ (i.e. <3200m street network around home address, small-area administrative level). Multilevel binary logistic regressions were used to examine associations between neighbourhood disadvantage, neighbourhood characteristics, and child developmental vulnerability.

Results. The final dataset included 205,030 children. Children with access to more early childhood education and care services and preschools exceeding Australian standards, and to more healthy food outlets had decreased odds of child developmental vulnerability, controlling for sociodemographic factors and neighbourhood disadvantage. Further distances to playgrounds were associated with lower odds of child developmental vulnerability. In regional cities, lower levels of housing affordability stress and high-rise density housing were associated with lower odds of child development vulnerability. Neighbourhood disadvantage at all quintiles attenuated only slightly after adjustment for built environment characteristics.

Discussion. Built environment features had small, but significant influence on the relationship between neighbourhood disadvantage and child development. Access to high quality early childhood and education care services, and housing affordability and density are among the first promising indicators related to child development at scale.

State of the art of sexual disorders in chronic diseases: A review of reviews

Speakers
Charlotte Leemans, Presenting Author from Belgium
Abstract

Background/Objectives. While the impact of chronic diseases (CD) on patient's wellbeing and quality of life is generally recognised and addressed by medical professionals, the consequences of a living with a chronic disease on sexual well-being is often underestimated and insufficiently addressed. Living with a CD can impact on physical appearance, sexual functioning and body acceptance, and thereby affect the quality of the affective and sexual relationship of the patient and partner. The present study (in progress) aims to investigate the degree to which this issue is taken into account in the treatment and self-management education of chronic patients, as represented in the literature.

Methods. A review of systematic literature reviews was performed on the impact of CD on sexual functioning and sexual disorders. Publications were retrieved from Pubmed using sexual functioning, sexual disorders (SD) and CDs as mesh terms. The review included existing reviews of the adult population (18 years or more) suffering from a physical CD included in the list of chronic diseases of the compaRe platform. Mental CDs, gynecological and urological diseases, and cancers of sexual organs were excluded given their obvious impact on sexual functioning.

Results. A total of 891 reviews were found for the selected CDs and STs, focusing on heart and vascular diseases (114), cancer (193), endocrine diseases (183), respiratory diseases (17), digestive system diseases (48), rheumatological diseases (9), neurological and muscular diseases (168), renal diseases (20), skin diseases (70), eye diseases (13), systemic diseases (24), chronic infectious diseases (20), hematological diseases (12).

Discussion. The review of reviews will result in a the state-of-the art overview of the impact of living with a CD on sexual functioning, the perceived quality of the sexual relationship, and the way it is addressed in treatment and self-management education. Implications for the (self) management education of chronic patients will be addressed.

Strengthening partnerships to enhance trans-affirming care for sexual assault survivors: An initial evaluation of an intersectoral Network of health and community service providers

Speaker
Madelaine Coelho, Presenting Author from Women's College Research Institute, Women's College Hospital, Canada

Co-authors
Nicholas LeBel, Joseph Friedman Burley, Sheila Macdonald, Janice Du Mont

Abstract

Background/Objectives. Sexual assault against trans persons is a complex health and human rights concern that cannot be appropriately addressed by any single sector. In response, an intersectoral network of trans-positive healthcare and community organizations was developed to enhance the care and supports of trans
survivors in Ontario (the trans-LINK Network). As a baseline evaluation of the Network, we undertook a social network analysis to determine connectivity, communication, and collaboration among members of the trans-LINK Network.

**Methods.** Data were collected and analyzed using a validated survey tool, PARTNER (Program to Analyze, Record, and Track Networks to Enhance Relationships). The survey, which captured relational data (e.g., activities of collaboration), was sent to trans-LINK Network organizations. In a virtual Consultation Session, findings were shared with Network members and a discussion was facilitated to brainstorm action items around identified gaps. A content analysis of these data generated themes that, in turn, informed recommendations for moving the Network forward.

**Results.** Of the 119 organizations invited, 78 (66%) completed the survey, 116 (97%) were listed as existing collaborators, representing 378 unique relationships. The Network’s score for density was 2.7%, value 70.4%, and trust 83.4%. The majority of existing collaborations occur on a yearly (36.2%) or quarterly (36.2%) basis. Most collaborations focused on client referral, consultation, and service delivery, with common activities including sharing resources and attending the same meetings. Prominent recommendations highlight the need for increased communication among members, clarification regarding their roles, and the development of key measures of success for future evaluations.

**Discussion.** The trans-LINK Network has low density and member organizations mostly engage with one another infrequently and superficially. However, there is a high degree of trust and perceived value among organizations. Together, these findings underscore the potential to enhance collaborations among organizations in the Network and increase their participation in more coordinated and integrated activities. Implementing the generated recommendations could strengthen the Network significantly, thereby advancing its mission to improve health equity for and well-being of trans survivors of sexual assault.

**Students’ perspectives on professional identity formation during an undergraduate program in health promotion in Switzerland**

**Speaker**
Verena Biehl, Presenting Author from Zurich University of Applied Sciences, Switzerland

**Co-authors**
Frank Wieber, Denise Abeggl en, Andrea Glässel

**Abstract**
**Background/Objectives.** The health promotion (HP) community advocates for capacity building, quality assurance and political awareness of HP. Professional identity (PI) is of great relevance to these goals as persons who strongly identify with their profession better adopt their professional role; raising the quality, competence, and common values within a professional group. However, investigations on the HP workforce are missing. In order to investigate PI formation of HP practitioners from the beginning, a longitudinal study was conducted with two student cohorts of a Swiss HP and prevention undergraduate program.
Methods. In order to understand HP undergraduate students in their PI formation, a qualitative research approach was applied. Focus groups were conducted at the beginning and end of the undergraduate program in Switzerland. Data were transcribed verbatim and condensed using thematic analysis.

Results. In total, five focus groups at the beginning of the undergraduate program and six at the end, before graduating, were conducted. The results highlight the complexity of the professional profile of HP practitioners. While students experienced difficulties to capture the profile at the beginning of the program, they developed an in depth understanding of it (e.g. core principles of HP such as mediate, advocate, enable) at the end. Whereas the practical experience within work placements helped students to grasp the professional profile and specify their future professional role, the insecurity about their future job situation or low publicity of HP in Swiss society hindered PI formation.

Discussion. Several behavioral, cognitive, and motivational aspects were identified that influence HP students’ PI formation. These aspects should be fostered during the study course. For instance, universities can commit to public relations for HP practitioners to strengthen the societal recognition. Furthermore, PI formation can be supported by increasing the reflection on their professional roles as HP practitioners and by supervising the theory-practice transfer throughout the study program.

Supporting children’s growth through daily life and nutrition education activities - Practical case report at a nursery school

Speaker
Atsuko Suetsugu, Presenting Author from Teikyo Junior College, Japan

Abstract
Background. Children’s nutrition and eating habits form the basis of lifelong health and greatly affect the subsequent mental and physical health. Especially in infancy, it’s important for infants to build a foundation of eating habits. At a nursery school, daily life itself is nutrition education. We want to nurture the desire to eat while adapting to the child’s functional development and behaviour. We will report on examples of nutrition education programs that take into consideration not only physical development but also mental growth, based on the practice of a registered dietitians.

Methods. We analysed the records of 160 infants at Nursery School in Tokyo, over a 23-year period from 1997 to 2019, including their nutrition education activities, buffet meals to develop their minds, and weaning food support according to their individual development.

Results.
1. Nutrition education activities
For 1-2-year-old, the same nursery teacher will always provide continuous assistance for meals. The teacher can provide personalized assistance in a timely manner. At the same time the teacher presented the real thing that “touches the ingredients”. The teacher was able to connect infants’ interest in food, such as “peeling vegetables”. For 3-5-year-old, children prepared school lunches. The nutrition education activity
was something that the children themselves could do. By touching the ingredients every day, their interest in food increased.

2. Buffet meals
In the 3-5-year-old class, children could arrange everything and decided by myself how much to eat. "Self-affirmation" grows by being affirmed that you may like or dislike it. Such children are motivated to live and are willing to play.

3. Support for weaning food according to their individual development.
By coordinating with the family and advancing the flow of meals and adjusting them according to their development, they were able to eat "deliciously and enjoyably" by themselves, which led to school lunches.

Recommendation. Children experience nutrition education with all five senses in their daily lives, and the experience grows them and fosters a sense of self-affirmation. I think it is important to aim for childcare, which is the basis of children's lives. Therefore, I would like to continue to create an environment for the growth of children so that the growth of children will not be stopped due to the convenience of adults.

Supporting the implementation of innovative approaches to promoting mental health and wellbeing in schools

Speaker
Katherine Dowling, Presenting Author from National University of Ireland, Galway, Ireland

Co-author
Margaret Barry

Abstract
Background/Objectives. Promoting the mental health of young people is central to ensuring healthy lives, wellbeing and equity. School-based social and emotional learning (SEL) interventions are an effective universal strategy for improving the mental health and wellbeing of young people; however, real-life implementation of these interventions is often inconsistent and weak. Several factors impact on a schools’ ability to implement a programme with high quality, and the identification of these factors can help to create better conditions for delivery and thus, better health outcomes for participants. The aim of this study was to investigate the multi-level factors impacting on the delivery of a national school-based SEL programme, to better support the ongoing implementation of the Wellbeing Policy Framework and Statement for Practice (DES, 2019) in Irish post-primary schools.

Methods. Qualitative methods including focus groups and interviews were used to identify the factors influencing the quality of programme implementation from the perspective of three key stakeholder groups: teachers, principals and students. This research was carried out with six schools and eleven classes and is based on data collected from eleven teachers, six principals, and a sample of students (n=88). The qualitative data were thematically analysed, and identified themes were mapped onto the Consolidated Framework for Implementation Research (CFIR).
Results. Codes and themes that emerged from the data related to 23 of the 39 CFIR constructs across all five domains (Characteristics of the Innovation; Characteristics of the Individual; Inner Setting; Outer Setting and Process). One additional domain ‘Characteristics of the Participants’ and four additional constructs (Relevance; Delivery Methods; Provider-Participant Relationship; and External Environment) were also created based on the study data.

Discussion. The study findings demonstrate the applicability of all of the CFIR’s domains in understanding the mechanisms and factors which lead to stronger or weaker implementation quality of SEL programmes in complex school settings. Knowledge of these factors can be used to create more enabling contexts for implementation and result in better mental health outcomes for young people. Based on the findings, a number of practical strategies and recommendations are identified that have direct implications for practice and policy.

Supportive social environments for health: Promising pathways for pandemic recovery

Speaker
Anne Andermann, Presenting Author from INSPQ, Canada

Abstract

Background/Objectives. COVID-19 is not only a pandemic but also a syndemic that has resulted in a substantial increase in rates of unemployment, precarious housing, poverty, isolation, substance use, violence and other upheavals, particularly impacting young people as well as population subgroups already experiencing marginalization prior to the pandemic. While creating supportive environments for health is well-recognized as one of the 5 main action areas of the Ottawa Charter, until now, much scholarship in this area is focused on built (physical) environments. This research therefore seeks to synthesize the impact of supportive social environments on improving population health and reducing health inequities to lay the foundation for strengthening social environments as an important lever in promoting effective and sustainable pandemic recovery.

Methods. We began by conducting a systematic "umbrella" review of etiologic systematic reviews to describe the association between exposure to various supportive social environments and the resulting improvements in population health outcomes.

Results. A growing body of scientific evidence has identified associations between exposure to a wide range of social environments (at home, at school or work, in the local community, and at the societal level) and population health outcomes (including physical health outcomes such as rates of obesity and other chronic diseases, mental health outcomes such as rates of depression and high-risk substance use, and social well-being such as social-emotional skills, academic attainment and job performance). This analysis allows identification of protective social environments that promote positive health outcomes.
Discussion. Reinforcing supportive social environments will be an important avenue for improving population health outcomes, reducing health inequities and promoting effective, wide-reaching and sustainable pandemic recovery.

The Del Valle Healthy Adolescent Project: Description and formative findings of an ecosystem approach for adolescent health promotion

Speaker
Andrew Springer, Presenting Author from University of Texas School of Public Health-Austin, United States

Co-authors
Nicole Treviño, Fernanda Santos, Susana Contreras, Maria Elena Garcia, Roxanne Saldivar, Randy Randolph, Nalini Ranjit, Valeria Sanchez, Cynthia Gamez

Abstract

Background/Objectives. Young people living in Texas have among the highest teen pregnancy rates in the U.S and high rates of economic disadvantage. The Del Valle Healthy Adolescent Project (DVHAP) is a youth and coalition-led initiative in partnership with the Del Valle community aimed at creating an ecosystem of supports for reducing unintended teen pregnancy and preventing sexually transmitted infections, increasing youth leadership and prosocial engagement opportunities, and fostering optimal health among adolescents in Del Valle, Texas. DVHAP components include: (1) effective sexual health education via the Positive Prevention PLUS (PP+) curriculum, (2) community-engaged systems improvement, and (3) expanded support services for youth and families, including mental and physical health and social services. Study objectives are to: 1. describe the ecosystem approach of DVHAP; 2. report formative evaluation findings on DVHAP development, including needs assessment and PP+ pilot-test findings; and 3. explore initial lessons learned for advancing an ecosystem approach for adolescent health promotion during COVID-19.

Methods. This descriptive study is guided by qualitative and quantitative methods of inquiry, including: a qualitative assessment of youth-perceived health needs via photovoice (n=31 adolescents); a single group, pre/posttest pilot of PP+ (n=19 adolescents) via self-administered questionnaire; listening sessions with local educators and community members; and identification of lessons learned via participatory inquiry with DVHAP partners. Analyses include thematic analysis of qualitative data and descriptive statistics for quantitative data.

Results. Sexual health was identified as a key need via a youth-led community health assessment, which informed the 3-year, Office of Population Affairs-funded, DVHAP. Given implementation barriers due to COVID-19, we adapted PP+ for virtual implementation, which was well received by pilot test participants. In addition to student input to enhance PP+, we found increases in several sexual health indicators (e.g., knowledge and self-efficacy) over the two-week pilot test. Lessons learned to enhance DVHAP delivery will be explored.
Discussion. The DVHAP presents a promising opportunity to learn about the creation of an ecosystem approach for adolescent health promotion led by youth, school and community stakeholders.

The development of a novel health promotion intervention to improve parents’ knowledge, understanding, and attitudes towards antibiotic use, prescription advice and resistance in Greater Manchester.

Speaker
Cynthia Poolay Mootien, Presenting Author from University of Salford, United Kingdom

Co-authors
Margaret Coffey, Joe Latimer

Abstract

Background/Objectives. Improving knowledge on antibiotic drugs could contribute to the limitation of antibiotic resistance (ABR) globally. Comprehending what the public knows and understands about ABR is imperative and would allow the development of more efficient ways to raise ABR awareness. The objectives of this study were to: investigate parents’ knowledge and understanding of ABR and antibiotic use; explore parents’ attitudes, perceptions, and behaviour towards ABR and antibiotic use for their child; and collaborate with parents in developing a citizen science resource to improve knowledge and understanding of the individual and community consequences of ABR.

Methods. A mixed methods explanatory study was conducted during the COVID-19 pandemic, in Greater Manchester, UK. Parents of children aged between 3 months and 6 years of age (an age group prone to contracting infections from their surroundings), were invited to participate in a cross-sectional survey (n=120), followed by telephone interviews (n=12).

Results. Misconceptions were present among parents, particularly regarding the consequences of misusing antibiotics and certain aspects of ABR. A high percentage of participants were unaware that the improper use of these drugs can lead to worsening of an illness (36%). Almost half the participants were unaware of their potential to contribute to the development of ABR whenever they consume antibiotics or skip doses of antibiotics. Mistrust in diagnoses were reported by many parents during the interviews, who felt uninformed and unheard after medical consultations. While many parents described losing faith in public health information and health promotion messages offered by the government during the COVID-19 pandemic, many reported being more aware of their health and more critical of the health information offered to them.

Discussion. Understanding parents’ expectations, perspectives, and misconceptions is key to improving knowledge and raising awareness on antibiotics, their long-term effects, and potential problems caused by their misuse. The results from this study could inform local and national policies and practice with respect to antibiotic stewardship and future research.
The development of COVID 19 campus alert guidance book: A collaboration work among 11 Indonesian Universities

Speaker
Yayi Prabandari, Presenting Author from Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, Indonesia

Co-authors
Supriyati Supriyati, Emilia Ova, Riskiyana S Putra

Abstract

Setting. Facilitated by the health promotion directorate, Ministry of Health, more than 40 colleges and universities signed commitments to be health promoting university (HPU) in December 2019. Health promoting university is a holistic approach in a university setting to create a learning environment and organizational culture that enhance the health, wellbeing and sustainability of its community, who are students, academic and administration staff, and enables people to achieve their full potential. Following the commitment, all colleges and universities agreed to establish the Indonesian HPU network.

Intervention. In the beginning of 2020, the Indonesian HPU network planned to start several programs, including 1) physical activity, 2) healthy diet, 3) mental health, 4) reproductive health, 5) health literacy and early detection, 6) zero tolerance of tobacco, drug, and alcohol, 7) zero tolerance of bullying, harassment and violence, and 8) safety, healthy and disabled friendly environment. However, COVID 19 became pandemic March 2020, and all Indonesian colleges and universities have to shift the program to focus on pandemic control. Eleven universities, members of the Indonesian HPU network collaborated with the Ministry of Health, Health Promotion Directorate, developed COVID 19 Campus Alert Guidance Book. Several virtual meetings were carried out during April and May, and finally the guidance was completed in June 2020. Two virtual seminars were carried to introduce the guidance book to other universities. The guidance book was tried out at one university in Yogyakarta.

Outcomes. There are six chapter in the COVID 19 Campus Alert Guidance Book, namely 1) The role of campus in preventing and mitigating COVID 19, 2) Campus activities in controlling the COVID 19, 3) The target of campus alert guidance book and how to reach them, 4) Campus Alert COVID 19 stake holders, 5) The Development of Campus Alert COVID 19, and 6) Conclusion. More than 200 colleges and universities attended the virtual meetings. After tried out at one university, five other universities agreed to make commitment to apply the guidance.

Implications. Commitment of the university management board to implement the COVID 19 campus alert based on guidance are needed. Further, revision on the content of guidance need to be conducted after the try out was carried out.
The Douala process: A participatory approach to urban governance for health and wellbeing in Cameroon

Speaker
Antonio Palazuelos Prieto, Presenting Author from World Health Organization, Congo

Co-author
Peter Phori

Abstract

Setting/problem. Good local governance is critical for achieving the Sustainable Development Goals by 2030, bring social cohesion and guarantee basic health and wellbeing for all communities. Douala City in Cameroon has made efforts to provide basic services to all communities and engage the population in decision-making, despite the many challenges including the limited resources, high unemployment, informality of many economic sectors, insecurity and urban disorganization. Until recently, many of the municipal departments worked in silos, communicating little between each other. Likewise, the Covid-19 pandemic has been an additional burden, as well as an opportunity to generate innovative solutions for long-term urban resilience to health risks and crises.

Intervention. An endogenous participatory approach has been put into place aiming at creating consensus on priorities and establishing the foundations for an intersectoral mechanism at the Urban Municipality of Douala. The implementation of this multisectoral and participatory approach to urban governance is being critical to achieve a more efficient use of resources, based on the principles of consultation, inclusiveness and consensus, as well as to develop new governance modalities to address health and wellbeing challenges in Douala. The process consisted of seven steps, including Ownership, Harmonization, Consultation, Consolidation, Deliberation, Launching and Capacity Building. This process will enable the conditions to establish a multisectoral mechanism in the City of Douala.

Outcomes. This process which has been implemented in articulation with the main constituencies and community groups that live in the city of Douala, has resulted in the adoption by consensus of the Douala City Action Plan, covering the five priority areas of work. The process brought together local stakeholders and partners, including officials from the Douala City Council, six District Communes Councils and Ministries Delegation Offices, local elected authorities, traditional, religious, youth, women and community leaders, as well as representatives from Civil Society Organizations and minority groups. This process has been complemented with a capacity development component in Urban Leadership. As a result, several cohorts of champions in this approach have been trained, becoming catalysers of change for the consolidation of the participatory urban governance for health and wellbeing in Douala.

Implications. This process has been supported technically by the World Health Organization (WHO), with funding from the Swiss Cooperation (SDC) aiming at accelerating the implementation of participative urban governance approaches for health and wellbeing in several cities, including Douala. It started in 2019 and it is planned to continue until 2024.
The effectiveness of a web-based Dutch parenting program to prevent overweight in children 9-13 years of age: Results of a two-armed cluster randomized controlled trial

Speaker
Emilie Ruiter, Presenting Author from Academic Collaborative Center AMPHI, Integrated Health Policy, Department of Primary and Community Care, Radboud University Medical Center, Netherlands

Abstract

Background/Objectives. We developed a web-based parenting program for parents of children aged 9-13 entitled "Making a healthy deal with your child". This e-learning program can be incorporated into existing prevention programs, thereby may improve these interventions by providing parents with practical tools for use in everyday situations in order to stimulate a healthy lifestyle. The aim of this study was to assess the effectiveness of this e-learning program.

Methods. The design of the e-learning program is based on the existing effective e-learning program aimed at prevention of alcohol, smoking, and drug use. We have adopted the way in which this intervention strengthened parenting skills. Our e-learning program consists of film fragments, assignments, and feedback. The input for the film fragment were the results of our focus group study on 28 mothers in low-SES neighborhoods of Dutch, Turkish, or Moroccan descent who describe difficult everyday life situations with respect to encouraging healthy EBRBs in their children. The effectiveness of the e-learning was examined in a two-armed cluster randomized controlled trial. Participants were 475 parent-child dyads of children aged 9-13 in the Netherlands who participated in an existing school-based overweight prevention program. Measurements were taken from both parents and children at baseline, and 5 and 12 months after baseline. Primary outcomes included the child’s dietary and sedentary behavior, and level of physical activity. Secondary outcomes included general parenting style, specific parenting practices, and parental self-efficacy. Linear and generalized mixed effects models were conducted in R.

Results. 43% of the parents in the intervention group completed 2 or more episodes of the e-learning. The parents’ mean satisfaction with the e-learning program (on a 10-point scale) was 7.0±1.1. Intention-to-treat and completers-only analyses and revealed no significant effects between the intervention and control condition on energy balance-related behaviors of the child and parenting skills after correction for multiple testing.

Discussion. Although parents were generally satisfied with the e-learning program, following this program had no significant effects regarding parenting skills or the energy balance-related behaviors of children compared to the control condition. Further research is needed to gain insight into benefits of this program in a more specific target group.
The effectiveness of interventions to prevent second-hand smoke exposure in early childhood: A meta-analysis

Speaker
Jiyoung Lee, Presenting Author from Department of Health Convergence, Graduate school of Ewha Womans University, South Korea

Co-authors
Jiye Kim, Hyekyeong Kim

Abstract
Background/Objectives. Smoking in adolescence increases the risk of developing tobacco dependence and has numerous negative later-life health outcomes. Smoking adolescents should be encouraged to quit, but interventions for preschoolers to prevent smoking behavior from the start are most urgently needed. Early childhood risk factors for smoking and drug abuse can be identified, and interventions to improve these predictable risk factors are required. The objective of this study was to provide the most recent evidence of the effect of smoking prevention interventions on early childhood.

Methods. A systematic search was carried out in Cochrane Central, EMBase, Medline EBSCO, KoreaMed, ScienceON, KMbase, and KISS in September 2021. Four authors independently screened the studies based on the following inclusion criteria: (1) randomized controlled or quasi-experimental studies examining the educational outcomes of smoking prevention programs for young children aged 3 to 5 years; and (2) full-text original articles written in English or Korean and published since January 2011. We used SPSS 27.0 to conduct a meta-analysis of the mean differences in pre–post changes in educational effects related to smoking prevention between intervention and control groups from all eligible studies.

Results. In total, 28 studies were included in the meta-analysis. With the exception of the 3 articles, selected interventions from the 25 studies were home-based or family-based smoking prevention programs targeted at parents or caregivers to keep their children from smoking. There were significant effects on reducing children’s exposure to second-hand smoking. Parental smoking prevention intervention to protect children was associated with increased odds of home smoking ban (OR: 1.762, 95% CI: 1.107 to 2.802, p = 0.03) and parental smoking cessation (OR: 3.225, 95% CI: 1.360 to 7.649, p = 0.01).

Discussion. Children aged three to five can be exposed to second-hand smoking by smokers at home. Smoking prevention interventions targeted at parents and caregivers have an effect on protecting early childhood from smoking harm. These findings suggest that smoking prevention programs for early childhood need to include parental participation.

The experience of being released from jail: A case study

Speaker
Daisy Gibbs, Presenting Author from National Drug and Alcohol Research Centre, UNSW, Australia
Co-authors
Michael Doyle, Emily Stockings, Sarah Larney, Anthony Shakeshaft, Sara Farnbach

Abstract

Background/Objectives. Supported accommodation for people released from prison is ideally placed to address the multiple and reinforcing challenges experienced following release. This research aims to strengthen the evidence-base for supported accommodation. It includes a systematic literature review, consideration of models of care and understanding the experience of men who access supported accommodation in Sydney, Australia. This presentation brings together our current progress into a case study describing the experience of a client who accessed the service, exploring how the service’s model of care seeks to respond to challenges and considering how existing literature might be used to improve outcomes for clients and services.

Methods. We have combined data from semi-structured qualitative interviews with men who receive supported accommodation following release from prison, initial results from our systematic review and a preliminary analysis of the supported accommodation’s service model to develop this case study.

Results. This study describes the experience of leaving prison for an Australian man in his mid-forties. This includes the practical and administrative challenges of community re-entry, family and community connections, experiences of supported accommodation, the activities completed at the service, and how these supports help them overcome the challenges of this period. It then considers how the model of care might best meet the needs of their clients and the implications of best-evidence derived from the literature review.

Discussion. This case study will contribute to discussions about the needs of men released from prison, and how services like supported accommodation can address these complex and mutually reinforcing needs.

The gender difference of the associations between the incidence of metabolic syndrome and exercise behavior change

Speaker
Hsiu-Fan Hsu, Presenting Author from Chung Shan Medical University, Taiwan

Co-authors
Yen-Po Yeh, Kai-Yang Lo, Dih-Ling Luh

Abstract

Background/Objectives. The purpose of this study was to clarify the gender difference in the relationship between exercise behavior change and the incidence of metabolic syndrome (MetS) in Taiwan.

Methods. Using a community-based prospective observational cohort design and drawing the data of ChungHua community-based integrated screening(CHCIS), we analyzed 22,594 screenees from 2005 to
2018 who participated at least twice, without MetS at the first screening, and over 40 years old. The incidence of MetS was based on the results of the biochemical examination at the time when MetS occurred in the following CHCIS among those without MetS at their first screening. Exercise behavior change was categorized as: maintain never exercise, maintain irregular exercise, maintain regular exercise, ameliorate, and deteriorate. Cox proportional hazard with multi-nominal regression which was stratified by gender was adopted to consider the observational period and answer the study objective.

**Results.** After adjusting for sociodemographic factors, personal disease history, and other health behaviors, the relationship between exercise behavioral changes and the incidence of MetS showed gender difference. In the male, there are no statistically significant differences. In females, (i) those who maintain never exercise and deteriorated had a higher risk of occurring MetS than those who maintain regular exercise (RR[95% C.I] were 1.14 [1.03, 1.26] and 1.14[1.03, 1.27], respectively). (ii) those who ameliorated had a lower risk of occurring MetS than those who maintain never exercise (RR[95% C.I] was 0.89[0.81-0.98]). (iii) those who deteriorated had a higher risk of occurring MetS than those who ameliorate (RR[95% C.I] was 1.13[1.02-1.25]).

**Discussion.** We found that the effects of exercise behavior change on the incidence of MetS differed with gender: exercise behavior gets better seems could reduce the risks of occurring MetS in females but not in males in a community-based long-term follow-up observational study. This might be due to the strength of exercise, the patterns of exercise, or the biological difference in gender. It needs advanced researches to verify the possible mechanisms.

**The impact of Cannabis legalization on the frequency and health services utilization for psychotic disorders: Population-based evidence to inform policy initiatives**

**Speaker**

Kelly Anderson, Presenting Author from Western University, Canada

**Co-authors**

Rebecca Rodrigues, Jordan Edwards, Suzanne Archie, Tara Elton-Marshall, Jason Gilliland, Chris Perlman, Lena Palaniyappan, Jamie Seabrook, Robin Murray

**Abstract**

**Background/Objectives.** Cannabis has been implicated as a causal factor in the onset and persistence of psychotic disorders. Approximately 20% of psychotic disorders in the population may be attributable to daily use of cannabis, and 12% of cases may be attributable to high potency cannabis. A recent review on the association between cannabis use and psychotic disorders concluded that the evidence base is sufficiently robust to warrant a public health approach. Canada and other regions around the world have recently legalized the recreational use of cannabis, and there is concern that any increases in cannabis use following legalization may have consequences for the frequency and health services utilization for psychotic disorders at the population level. We sought to (i) examine changes in the incidence and health service utilization for psychotic disorders pre- and post-legalization of cannabis, and (ii) conduct subgroup analyses.
Methods. We used population-based health administrative data from the province of Ontario (Canada) over the period January 2014 to March 2020. We identified all new cases of psychotic disorder over this period, as well as all contacts with health services with a psychosis-related diagnostic code. We analyzed these data using an interrupted time-series design, which is a robust method for examining population-level effects of a policy in “real world” settings. Data on new cases of psychotic disorder and contacts with services over the pre-implementation period were used to establish an underlying trend, and then we used a similar series of repeated observations over the post-implementation period to evaluate whether the trend is “interrupted” (e.g. change in level or slope) at the point corresponding to cannabis legalization. Subgroup analyses by age, sex, migrant status, and neighbourhood-level marginalization were conducted.

Results. The data are currently being analyzed and results will be available in time for the conference.

Discussion. Our findings will inform cannabis-related policies and regulations, with an aim of mitigating harm. Rigorous evidence on the population mental health consequences of cannabis legalization is crucial for evaluating whether the public health benefits of cannabis legalization outweigh the notable harms.

The impact of COVID-19 on maternal health in Puerto Rico

Speaker
Irene Lafarga Previdi, Presenting Author from Center for Collaborative Research in Health Disparities, Puerto Rico

Co-authors
Natacha Guilloty, Ishwara Ayala, Jessica Medina, Génesis Alvelo, Marielane Cancel, Nobel Hernández, Ana Cecilia Guzzi, Carlos Vergara, Carmen Vélez Vega, José Cordero, Akram Alshawabkeh

Abstract
Background/Objectives. The scientific literature supports that pregnant women have an increased risk of exposure and death during emergencies. Based on this observation, we are conducting a study to evaluate and describe how isolation and physical distancing measures, related to the current coronavirus pandemic, have affected pregnant women and mothers of children aged 12 months or younger in Puerto Rico. The specific aims of the proposed project are: 1) Examine the impact of the COVID-19 outbreak in pregnancy related experiences and outcomes; 2) Examine the mental health impact of the COVID-19 outbreak in pregnant women and mothers of children 12 months or younger; and 3) Identify risk and protective factors among this population in Puerto Rico.

Methods. Participants are recruited from the Puerto Rico Test-site for Exploring Contamination Threats (PROTECT) cohort which is composed of pregnant women and mothers from the north-western region of
Puerto Rico. The research has a two-phased mixed methods approach with a quantitative survey and qualitative interviews.

**Results.** Preliminary results (n=92) show that in relation to pregnancy and birth related experiences: 14% gave birth alone, 17% were separated from their baby, 18% experienced isolation before birth, while almost 45% were very worried about giving COVID-19 to their child and thus followed several prevention measures like avoiding going out, receiving visits and even cancelling baby showers. In regards to mental health, the most reported sources of stress were: their health status, work situation and social distancing, while the most reported coping mechanisms were: watching TV or playing videogames, using social media and talking with loved ones. 52.81% reported that they frequently stopped enjoying activities that used to make them happy, 20% considered seeking mental health support.

**Discussion.** The study findings will provide greater insight into the experiences and needs of Latino Hispanic pregnant women and mothers of children 12 months or younger during pandemics. We expect that the findings can lead to the development of interventions for parents/caretakers and community health center staff in Puerto Rico to address emergency preparedness.

**The impact of sugar sweetened beverages marketing within grocery store environments on the nutritional behavior of immigrant young children: a mixed-method study**

**Speaker**
Hadis Dastgerdizad, Presenting Author from Wayne State University, United States

**Abstract**

**Background/Objectives.** Sugar-Sweetened Beverages (SSBs) are the number one source of added sugar and weight gain in the American diet and are responsible for half of the sugar consumed by children. The first aim of this study is to recognize the difference in the landscape of SSB price, placement, and promotion to immigrant families of two to five-year-old children in Detroit, Dearborn, Warren, and Hamtramck grocery retail environments. The second aim is to determine the key strategies within grocery stores for reducing SSB marketing and consumption.

**Methods.** An explanatory sequential mixed-methods design employs in this study, including completing a modified Nutrition Environment Measure Survey in (N=99) independent grocery retail environments within the mentioned cities, immigrant parent intercept surveys(N=100), and semi-structured interviews with a subset of surveyed parents (N=25).

**Predicted outcomes.** Outcomes of this study include promising strategies for reducing the impact of SSB marketing within grocery stores on food choices of immigrant parents and consumption among their young children. An additional expected outcome is that these families could achieve enough nutritional knowledge to establish, maintain, and practice healthy eating habits. Based on recommendations from collective
themes provided through one-on-one interviews with parents, targeted SSB marketing within grocery stores will be reduced, restricted, which leads to reduced childhood obesity prevalence.

**Discussion.** Living in immigrant enclave neighbourhoods is linked to have lower quality diet and healthy behaviours, such as healthy eating. Additionally, there is an increase in dietary acculturation, adopting Western dietary habits, consuming convenience foods, and SSBs among immigrant families. SSB marketing has been proven as an obesogenic factor and is linked to early childhood obesity. Little is known about which aspects of SSB marketing within grocery retail environments influence immigrant parents to purchase and serve SSBs to their children. The results of this study reveal the impact of SSB marketing on children’s nutritional behaviours and strategies for decreasing the prevalence of childhood obesity.

**The implementation of health promotion to nursery children in Taiwan**

**Speaker**
Yu-Ching Yeh, Presenting Author from National Chiayi University, Taiwan

**Co-authors**
Chao-Chun Wu, Yi-Jing Lin, Yi-Chun Hu, Chen-Yu Liu

**Abstract**

**Background/Objectives.** Health Promotion School project had been practiced for more than 20 years. The nursery school children could not be excluded under the notion of ‘health promotion for all’. The Taiwanese government conducted the Health Promotion Project for Nursery Schools in 2018. This paper illustrated how this project was conducted and proposed effective strategies particularly for young children which might be useful for other countries.

**Methods.** Six nursery schools participated the project and they chose one of the following health issues: eye care, health diet, physical activity, and accident prevention. The nursery teachers designed health promoting activities and children’s health data were collected for 6 months.

**Results.**
1. The 6 approaches adopted from SHE (School for Health in Europe) was generated to 3 approaches: school policy, children’s health, and parents’ involvement and community researches. The 3 approaches were easily perceived and adopted by nursery teachers.
2. Parents’ involvement in young children’s health activities increased. Parents adopted children car seats increased 14% and they took children for outdoor activities at the weekend also increased.
3. Young children’s health improved after the intervention. Eyesight was the most difficult issue that needed long-term involvement. Only 30% of young children who had eyesight problem were reported improved.
4. Physical activities were commonly adopted by the nursery schools and the results were effective: young Children’s gross-motor ability achieved standard (70%~80%).
5. Young children with health diet increased from 49.3% to 54.7% and the overweight children decreased 12.4%.
Discussion.

1. The effective strategy was to integrate health issues in young children’s daily activities.
2. The subjects of health promotion shall include not only young children but also staffs. It is suggested to be incorporated in the approach of ‘schools’ policy’.
3. The nursery teachers needed support from health and ECE professions. A supervising model including training health supervisors and school visits once a month. This model was reported by nursery school teachers as effective.

The initiation of health promoting university at the Universitas Gadjah Mada, Yogyakarta, Indonesia

Speakers
Yayi Prabandari, Presenting Author from Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, Indonesia
Emilia Ova, Presenting Author from Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, Indonesia

Co-author
Supriyati Supriyati

Abstract

Setting. As a member of AUN/ASEAN University Network, it is recommended for members of AUN to implement health promoting university/HPU. The Universitas Gadjah Mada (UGM) started to launch HPU initiative since 2017, although part of the activities of HPU have been applied for more than two decades. The UGM has passed the smoke free area and green campus policy since 2008, and regular physical activities have been introduced for more than three decades. The UGM also has a medical center and an academic hospital.

Intervention. We develop the HPU with five stages. Firstly, we invited the chair of AUN health promotion network (AUN-HPN) from University of Mahidol, Thailand to share the concept of HPU to the faculty representative at UGM in 2018. The AUN-HPN has developed a HPU guidance with indicators that has been approved by all AUN members. Second step we selected our priority activities to achieve a few of HPU indicators after we did need assessment. We then carried out a series of workshops based on activities we selected for making a strategic planning to implement the HPU. A small HPU was tested to be carried out in two faculties in 2018, then in other three faculties in 2019. The result of HPU execution in 5 faculties was used to advocate the rector of UGM to officially initiate the HPU for overall university.

Outcomes. The declaration of UGM to be a health promoting university was carried out in July 2019. We then selected seven priority activities for developing HPU, namely establishing a safe environment and disabled friendly, increasing health literacy, enhancing physical activity, developing healthy canteens, strengthening smoke, alcohol and drug free campus, as well as preparing mental health activities and developing zero tolerance on bullying, violence and harassment. Based on the need assessment it was reported that students supported the HPU and they suggested mental health as the first priority of HPU activities. In November 2019 UGM carried out the First National Seminar of HPU and the Director of Health
Promotion, Ministry of Health of Indonesia (DHP-MOH) was invited to be the keynote speaker. Following the seminar, collaborating with UGM, DHP-MOH initiated to introduce the HPU to more than 40 colleges and universities in Indonesia.

**Implications.** Commitment of the university boards to ensure the implementation of HPU is needed. The HPU should be scaled up to be implemented in all Indonesian universities and college

The mental health commission of Canada’s COVID-19 policy response initiative

**Speaker**
Mary Bartram, Presenting Author from Mental Health Commission of Canada, Canada

**Co-authors**
Katerina Kalenteridis, Mauriene Tolentino

**Abstract**

**Setting/problem.** COVID-19 has exacerbated long-standing gaps and inequities across the mental health system in Canada. The pandemic has had enormous impacts on social and economic life, while at the same time across the general population symptoms of anxiety and depression have increased and stayed high. At the same time access to mental health services hasn’t kept pace despite the shift to virtual service delivery. As well, there is a disproportionate impact among equity-seeking and high-risk populations experiencing intersectional barriers to mental health services and supports. These and other impacts of the pandemic on mental health are expected to be long lasting, complex, and delayed.

**Intervention.** The Mental Health Commission of Canada’s (MHCC) COVID-19 policy response initiative has contributed policy analysis and action with the aim of addressing some of these complex issues across the mental health sector. We have developed a series of policy briefs, polling, and supported policy research shining a spotlight on the range of mental health impacts of COVID-19 across diverse population groups and offering recommendations for policy action in the medium and longer term.

**Outcomes.** Our initiative is focused around national polling, a sector roundtable, and multiple policy briefs on diverse issues affecting equity-seeking populations and populations who could benefit most. Key findings and policy recommendations are being mobilized with policymakers, the mental health sector, and the public.

**Implications.** Sharpening the case for investing in mental health is becoming more important as governments and the mental health sector navigate the COVID-19 pandemic and recovery period. It is important to maintain the momentum to center health equity in mental health policy, build greater cross-sector coordination, and work towards the ambitious goal of system transformation. There is a critical opportunity for renewed efforts to collectively address long-standing gaps in the mental health system, including equitable and timely access to services, as well as promoting prevention and population well-being.
The neglect of racial and socioeconomic health inequities in Ontario’s response to the COVID-19 pandemic

Speaker
Kathleen Hammond, Presenting Author from Lincoln Alexander School of Law, Ryerson University, Canada

Co-authors
Katie Cheung, Noshin Ullah

Abstract

**Background/Objectives.** Though the COVID-19 virus may not seemingly discriminate its transmission, the COVID-19 pandemic has undoubtedly had unequal effects on different populations across Canada. The onset of the COVID-19 pandemic has exacerbated existing inequities in access to healthcare, particularly for members of marginalized groups such as low income and racialized individuals (including Indigenous peoples) who have historically faced barriers to accessing quality healthcare. Early reports in Canada indicated that the health impacts of COVID-19 would be disproportionately worse for marginalized groups, due to existing health inequities. Despite these warnings and the extensive emergencies powers that the Canadian federal, provincial and territorial governments had at their disposal, little seems to have been done by the Ontario government to address health inequities in its response to the COVID-19 pandemic. The objective of this research was to examine the extent to which the province of Ontario accounted for racial and socioeconomic health inequities in responding to the COVID-19 pandemic.

**Methods.** Policy analysis was used to assess four aspects of the Ontario government’s response: (1) its data collection on COVID-19 and health inequities, (2) its administration of COVID-19 testing, (3) the provision of medical services to those with COVID-19, and (4) its distribution of COVID-19 vaccines.

**Results.** Although the province of Ontario took some steps to account for racial and socioeconomic health inequities in its response to the COVID-19 pandemic, particularly in its prioritization of certain groups for vaccine administration, the Ontario government ultimately fell short.

**Discussion.** This paper serves as an important learning opportunity for Ontario, Canada and other jurisdictions on how to better address privilege, access and power to improve health outcomes, and to mitigate inequity for disadvantaged populations in ongoing COVID-19 responses and in the event of a future pandemic.

The overdose crisis: When distributing harm reduction kits just isn’t enough. The social inequalities behind the “other pandemic”.

Speaker
André-Anne Parent, Presenting Author from Université de Montréal, Canada
Abstract

Background/Objectives. Canadian provinces have experienced up to 60% increase in the number of overdoses, lethal or not, in the last year. Following an exploratory research in the cities most affected by the overdose phenomenon, we wish to draw a portrait of the situation. The objectives of the project are: 1) understand the actions of organizations in the 8 cities most affected; 2) hear the experience of people who have experienced an overdose; 3) hear the experience of people bereaved by overdose.

Methods. An exploratory qualitative research was carried out. An ethnographic approach was privileged. Observation periods in community groups (a total of 30 days), individual interviews with stakeholders (n=40) and individual interviews with people affected by overdoses (n=30) were carried out. A thematic inductive analysis of the material was conducted.

Results. Stakeholders were unanimous that the overdose crisis has grown since the pandemic and is compounded by other forms of crisis and inequities in the community, including the housing crisis. Despite the distribution of nalaxone, safer consumption kits, and educational activities on preventive practices, workers are faced with daily deaths. Intersectoral actions are being implemented in different settings. They include taking charge of people in terms of income, housing, food, shelter, but also health services and crisis intervention. Innovations exist, and result in a combination of a safe supply of drugs, supervised consumption sites, and above all, an unconditional welcome and the response to one’s basic needs.

Discussion. Encampments are growing in municipalities and gentrification is pushing the poorest people to the edges of public places and cities. The traumas experienced accumulate and make the most vulnerable more fragile, contributing to the stigma already in place. In the context, there is a need to recognize that the overdose crisis is not “simply” an opioid crisis, it is the crisis of a failed system where health promotion must go beyond harm reduction, to include social and political actions. Intersectoral collaboration is thus a necessity.

The perception of inequitable access to and empirical use of sexual and reproductive health services by people with disabilities: An intersectionality-based mixed methods study in post-conflict Uganda

Speaker
Muriel Mac-Seing, Presenting Author from École de santé publique, Université de Montréal / Dalla Lana School of Public Health, University of Toronto, Canada

Co-authors
Kate Zinszer, Christina Zarowsky

Abstract

Background/Objectives. Sexual and reproductive health (SRH) rights are essential to achieve universal health coverage (UHC) for all, including people with disabilities (PWD). Uganda emerged from a 20-year armed conflict that created both disability and damage to health systems, especially in the Northern region.
Uganda, where one person in five lives with some disability, adopted several policies promoting the rights of PWD. However, their access to SRH services remains limited. Our research examined the perceived and empirical relationships among legislation, health policies, and SRH service use among PWD in post-conflict Northern Uganda.

Methods. A mixed methods design was informed by the Intersectionality-based Policy Analysis (IBPA) framework. In the qualitative phase, we conducted 32 in-depth interviews and two focus groups with women and men with disabilities and observed seven health facilities in terms of accessibility in three Northern districts of Uganda. We thematically analysed the data. In the quantitative phase, we analysed secondary data with multivariate logistic regressions, from the 2006, 2011, and 2016 Uganda Demographic and Health Surveys regarding the SRH service use among 15,739 individuals, in the decade following the adoption of the 2006 Uganda Disability Act.

Results. We report four findings.

1. The IBPA framework revealed complex relationships among legislation, health policy, and the use of SRH services by PWD in Uganda. These relationships were marked by policy implementation challenges, disability rights violation through multiple barriers to access, and intersecting vulnerabilities experienced by PWD, exacerbated by underlying societal power structures such as ableism.
2. The perceptions of women and men with disabilities emphasised the ongoing SRH inequities they face.
3. Although SRH service use improved over time, it did not improve equally for everyone. The 10-year SRH service use trend showed differentiated patterns based on disability and other social health determinants.
4. Despite identifying policy implementation challenges, PWD suggested several concrete recommendations to address barriers and operationalise actionable measures.

Discussion. These findings shed light on the often invisible SRH access inequities faced by PWD. UHC for all is only possible through transformative action and research to fill knowledge and programmatic gaps, focusing on health equity and disability rights.

The potential impact of the proposed Canadian front-of-pack label regulations on nutrient intakes among Canadian adults with and without diabetes

Speaker
Jennifer Lee, Presenting Author from University of Toronto, Canada

Co-authors
Alena Ng, Mavra Ahmed, Nadia Flexner, Mary L'Abbe

Abstract

Background/Objectives. Canada proposed mandatory front-of-pack label (FOPL) regulations, in which foods meeting or exceeding recommended thresholds for nutrients-of-public health concern (i.e., saturated fat,
sodium, and sugars) must display ‘high-in’ symbols. However, little is known on its potential impact on individuals with diet-related health conditions. The objective of this study was to examine the intakes of nutrients-of-public health concern from foods that would display FOPL, and identify the top contributing categories of such foods in Canadian adults with and without diabetes.

**Methods.** Using a nationally representative one-day 24-hour dietary recall data from the 2015 Canadian Community Health Survey (CCHS), intakes of nutrients-of-public health concern consumed from foods by Canadian adults that would carry FOPL(s) were examined. Individuals with (n=1,250) and without diabetes (n=12,443) were identified using the self-reported diabetes variable in the CCHS. Foods were grouped into 62 mutually exclusive categories to identify the top 5 sources of each nutrients-of-public health concern that would carry FOPL(s) by diabetes status.

**Results.** Canadians consumed on average 788 kcal/d [95%CI: 748, 828] (38% of total calories) from foods that would carry FOPL(s) with no difference between individuals with and without diabetes. Although there were no differences in intakes of saturated fat (5.3% vs. 5.9% of total energy intake), sodium (1,292 mg/d vs. 1,268 mg/d), and total sugar (7.2% vs. 8.5% of total energy intake) from foods that would carry FOPL(s) between individuals with and without diabetes, individuals with diabetes had lower free sugar intakes (5.7% vs. 7.1% total energy intake) from foods that would carry FOPL(s) than those without diabetes. Top nutrient contributors of foods that would carry FOPL(s) were similar among Canadians with and without diabetes: Processed cheese for saturated fat, Breads for sodium, and Carbonated & non-carbonated beverages for total and free sugars.

**Discussion.** Our findings suggest that the proposed FOPL regulations in Canada have the potential to affect the intakes of nutrients-of-public health concern for Canadians with and without diabetes.

### The Relationship between mediating factors and intervention effects for me & you: Building healthy relationships—an effective teen dating violence prevention program for early adolescent youth

**Speaker**
Melissa Peskin, Presenting Author from UTHealth School of Public Health, United States

**Co-authors**
Elizabeth Baumler, Christine Markham, Robert Addy, Ross Shegog, Belinda Hernandez, Paula Cuccaro, Jeff Temple, Efrat Gabay, Melanie Thiel, Susan Tortolero Emery

**Abstract**

**Background/Objectives.** Teen dating violence (DV) among early adolescents is a major public health problem; thus, the importance of effective programs (e.g., Me & You: Building Healthy Relationships). However, few effective interventions have identified specific theory-based psychosocial factors that mediate their success. This study examined whether psychosocial factors successfully impacted by Me & You mediated effects on reduced DV.
Methods. Me & You was evaluated in a group-randomized controlled trial in 10 Texas middle schools (n=709, 21% African-American, 71% Hispanic). Positive impact was observed for psychosocial outcomes (norms toward violence for boys and girls, conflict resolution skills, attitudes toward sexting), and DV perpetration (physical, psychological, threatening) and victimization (threatening, sexual). Mediation was evaluated based on a causal pathway model, by estimating the size and significance of the mediating pathways and the indirect effect among youth who reported ever having a boyfriend/girlfriend (n=354). The proportion of the intervention effect mediated by each mediator was calculated.

Results. Me & You significantly impacted norms toward violence for girls and attitudes towards sexting across most DV models (p < 0.05). Norms toward violence for boys and/or girls was associated with reduced DV perpetration (any, psychological, threatening) (p < 0.05). Although not statistically significant, conflict resolution skills and attitudes toward sexting were associated with reduced psychological DV perpetration (p=.055) and threatening DV victimization (p=.066), respectively. After adjusting for the mediating psychosocial factor in each model, the intervention did not significantly impact a majority of DV outcomes, suggesting some partial mediation. Although none of the indirect effects were significant, the proportion of the intervention effect mediated by the four psychosocial outcomes ranged from 0.2-22.7%, with greatest percentages observed for norms toward violence for girls (14.6-22.7%).

Discussion. Results are consistent with previous theoretical frameworks that link norms towards violence for boys and/or girls with DV outcomes. Although not significant, the proportion of the intervention effect mediated by norms towards violence for girls suggest that DV interventions should target changing these norms. Environmental factors (e.g., family, community) not measured are also likely contributing to positive intervention effects.

The role of the community health worker in a community model of triage and primary medical care in resource-limited urban areas during the COVID-19 pandemic in Lima, Peru.

Speaker
Galo Munoz, Presenting Author from Socios en Salud sucursal Peru, Peru

Co-authors
Leonid Lecca, Nancy Rumaldo, Adriana Silva, Guadalupe Soplupuco, Milagros Capcha, Jenisis Julián, Jesus Peinado, Karen Ramos, Renato Errea

Abstract
Background/Objectives. In Peru, the COVID-19 pandemic has further limited access to regular medical care due to the prioritization of services and medical personnel for treating COVID-19 patients. Thus, “Socios en Salud”, adapted a community health model led by community health workers (CHW) and supported by mobile technology to identify participants with urgent and non-urgent medical care needs based on the presence of red-flag signs. The model was implemented as a part of an existing community intervention focused on improving infant development with involvement of the caregivers. The objective is to describe
the key role of CHW in the implementation and viability of this model in urban low-income areas of Lima, Peru.

**Methods.** The CHW, via phone calls and WhatsApp messaging, 1) Identified medical care needs based on symptoms provided by the participants on a weekly basis, 2) Reported the participant to the technical health team, who then reported the case to the physician for their care, and 3) Accompanied and performed remote or in-person follow-ups to the participants until their linkage to the public healthcare system, on an as-needed basis. A total of 8 CHW were trained in the detection of red-flag signs of different common medical conditions (e.g., low respiratory infections, dehydration).

**Results.** From September to June 2021: 1) 78 participants (46% children, 54% adults) were accompanied by CHW. 2) 94% of the participants (34 children, 39 adults) were identified as needing non-urgent care and referred for virtual care by the project’s physician. Of these, 97% were successfully managed through a telemedicine encounter, whilst 6% received in-person urgent care in the healthcare facility. 3) Through CHW accompaniment, 97% of identified cases were successfully linked to care.

**Discussion.** A properly trained CHW with the continuing support of a technical team of health care professionals was able to identify pediatric and adult cases with urgent or non-urgent medical care needs. The role of the CHW was also critical for the linkage to health services. CHW could play a similar and important role in other community public health programs for ensuring access to medical care in pandemic contexts or even post-pandemic.

The role of Yogo teachers and school health promotion amid COVID-19 pandemic in Japan Part 1 of 4 - Infection prevention and control, negative effects of school closures and distance learning

**Speaker**
Sumi Shishido, Presenting Author from Teikyo Junior College, Japan

**Abstract**

**Background.** In 1958, School Health and Safety Act was enacted to protect and promote the well-being of students and faculty in Japan. There is at least one Yogo teacher stationed at hokenshitsu school health room in every school for compulsory education. Unlike school nurses in other countries, Yogo teachers are health promoters and educators in Japan. Amid COVID-19 pandemic, long-established school systems enabled compulsory education schools to fully reopen in June 2020. Despite the pandemic, providing a safe school environment for in-person learning was important to ensure the well-being of students. This report aims to present the infection prevention and control methods used by many schools in Japan and the negative effects of school closures and distance learning.

**Methods**
1. Used health education to provide basic information on COVID-19,
2. Cancelled or changed school events to maintain physical distancing.
Results. Yogo teachers played a key role in the implementation of programs to ensure safety for students and staff amid COVID-19 pandemic, which helped compulsory education schools to fully reopen for in-person learning in June 2020. Although relatively shorter period of school closures compared to other nations, many schools offered online classes, which accelerated ICT education relying heavily on the use of information and communication technology. As a result, students experienced deteriorated eyesight, feeling of fatigue among other issues while social isolation caused both mental and physical problems. As the information and communication technology increased popularity in the education sector, it was important to recognize the needs for educational activities that incorporated nature and human interactions.

Discussion. School health promotion is important to ensure the well-being of students, and having a professional like Yogo teachers is beneficial for planning and implementation of programs. It is also important to create school curriculums that consider negative effects of ITC education, and to provide a safe environment for students as they require human interactions to develop sociality and independence.

The role of Yogo teachers and school health promotion amid COVID-19 pandemic in Japan Part 2 of 4 - Health conditions of students

Speaker
Junko Matsumoto, Presenting Author from National Network of Yogo Teachers in Japan, Japan

Co-author
Fumiko Tomiyama

Abstract
Background. Global pandemic of coronavirus disease (COVID-19) has significantly changed the environment surrounding students and placed them in a state of confusion. Their health, natural growth, and development were also threatened by the drastic changes in their lives. As the pandemic continued to destroy Japanese economy, more people were becoming increasingly impoverished threatening the lives and the healthy development of students.

Concerning issues that have emerged amid COVID-19 pandemic included obesity due to lack of exercise, heightened dependence on the Internet and poor eyesight, and increased number of abuse and suicide. Students were deprived of human relationships during school closure, and the number of truancies increased. This report aims to present how Yogo teachers have dealt with various issues surrounding students amid COVID-19 pandemic in Japan.

Methods
Assessment of students’ health conditions
• Compared results from annual school health examinations: eyesight, dental hygiene, physique.
• Assessed living conditions.
• Analyzed published reports on bullying, violence, truancy, suicide.
• Analyzed published reports on abuses.

Health promotion by Yogo teachers
• Organized school health room activities.
• Provided health education.
• Organized student-run health promoting activities.
• Utilized community-based efforts – e.g. Machikado Hokenshitsu (Part 4 of 4 reports).
• Lobbied local government.

Results. As part of the school health room activities, Yogo teachers provided individual support to students who were reluctant to return to school after reopening for in-person learning, and helped them become more self-reliant despite of difficult living conditions. Health education and student-run health promoting activities helped students gain knowledge and strength, and through community-based efforts like Machikado Hokenshitsu, Yogo teachers provided a place for students to get academic support and health education. Through lobbying activities, some schools were able to implement classrooms with reduced number of students.

Discussion. It is necessary for schools and families to work together to ensure students’ well-being, and to help them develop independence and self-reliance. Yogo teachers play a key role in joining forces together, and such profession is beneficial for every school.

The strategic use of role playing and drama in a primary care setting targeting migrants

Speakers
Stefania Banzola, Presenting Author from Parma Local Health Authority, Italy

Co-authors
Maria Inglese, Alessio Testi, Fadwa Az, Marianna Cavalli, Daniela Paini, Maria Antonietta Bandello, Raffaella Campalastri, Francesca Berghenti

Abstract

Setting/problem. Health, as a multi-factorial and dynamic condition strictly related to social context, has been approached within a primary care setting targeting migrants, where refugees and asylum seekers represent 56% of the population served since 2011, coming from more than 25 different countries. The multidisciplinary team has been working on strategies to meet migrants’ health needs in the dimensions of care, prevention and health promotion, in accordance with the National Guidelines and considering different levels of Health Literacy (HL) and Mental Health Literacy (MHL). Within the regional project START-ER 2, co-funded by Europe (Asylum, Migration and Integration Fund), health operators and intercultural
mediators co-designed meetings to build a multidimensional team, to support an effective communication and a person-centred approach.

**Intervention.** Active learning methods, such as role playing and drama, were used during four virtual meetings with 10 intercultural mediators, two nurses, a physician, a paediatrician, a psychologist, a psychiatrist and a physician specializing in psychiatry, to build a team, explore concepts and perspectives on health and mental health, and to identify factors enabling person-centred care.

**Outcomes.** The team building process enabled a clarification of the roles of psychiatrist and psychologist, highlighting the intercultural mediators’ opinion about mental health and the meaning of common words, such as “anxiety”, “stress” and “sufferings”. Suspension of judgement, active listening and curiosity were expressed as fundamental to a culturally competent care. Lastly, to define a person-centred approach, the team identified some relevant factors to know about a patient: country of origin, age, gender, education, first and second language, social support, housing, employment conditions, legal status, registration to the National Health Service, date of arrival in Italy, motivation for and story of migration.

**Implications.** The use of role playing and drama strengthened team spirit, improving awareness about the need of building a synergic cooperation to gain migrants’ engagement within a person-centred approach. It also sustained learning by sharing of perspectives and knowledge on self-care and mental health. Active learning methods will be planned to use the Teach-Back Method, taking into account mental health literacy and cultural competence of the team.

**The time-varying effects of nutrition claims on product sales and its drivers**

**Speaker**
Wanyu Li, Presenting Author from McGill University, Canada

**Co-authors**
Yu Ma, Laurette Dube

**Abstract**

**Background/Objectives.** Beyond mandatory nutrition facts on packaged food in most countries around the world, food manufacturers are intensely chasing to increase share of consumer expenses through the differentiation of their product formulation and promotion around specific nutritional or health claims that covers a broad portfolio. There is a gap in the literature on how consumers react to these claims in conjunction with marketing activities in real life. We propose that the effect of a nutrition claim depend on its market presence and the associated product marketing efforts, and effect could vary over time.

**Methods.** We use a dynamic linear model to empirically estimate the effect of nutrition claim effectiveness. More specifically, we model monthly sales of brands as a function of price, feature and display promotion, discount, line length, holiday and brand dummies and the percentage of products with nutritional claims.
Next, we model the coefficient of nutritional claims as a function of market presence, price, promotion and discount. We use yogurt and cereal category to test our hypothesis.

**Results.** We found consistent negatively significant impact of the relative market presence on the effectiveness of NC ($\rho_{(\text{yogurt})} = -0.004, p = 0.044; \rho_{(\text{cereal})} = -0.004, p = 0.049$). Of the three marketing mix variables, price difference is positively significant for yogurt category ($\mu_1 = 0.007, p = 0.02$). For yogurt, a higher price compared to products without claims signals the extra effort manufacturers devote to create health benefit. The direction of parameter is the same for cereal category ($\mu_2 = 0.007, p = 0.1$) but not significant. The relative feature and display promotion intensity is positively significant for cereal category ($\mu_2 = 0.011, p = 0.03$) but not significant for yogurt ($\mu_2 = 0.003, p = 0.51$). Lastly, we do not observe any significant effect of discount difference on the effectiveness of NC.

**Discussion.** We find a negative effect of market presence, indicating that over-presenting claims in the market leads to decreases in consumer preference. We also show that nutrition claims are more effective when the products are priced higher and promoted with feature or in-store display. These findings suggest the dynamic nature of consumer preferences and highlight the importance of access to real time data for firms and policy makers and the possibility of a bottom-up approach in policy making.

**The University Mental Health Charter: promoting innovation and improvement in mental health and wellbeing across UK higher education**

**Speaker**
Leigh Spanner, Presenting Author from Student Minds, United Kingdom

**Abstract**

**Setting/problem.** Higher Education Institutions (HEIs) play a central role in the development of individuals and societies and are important settings in health promotion systems. The majority of the 2.3 million students in the UK are under the age of 24 and their risk of developing a mental health problem (MHP) is high. The prevalence of common MHPs is increasing in this group and the number of students reporting mental distress and demand for services has increased.

**Intervention.** Student Minds, the UK’s student mental health charity, undertook extensive research to co-create the University Mental Health Charter (UMHC). The UMHC has three elements which aim to support HEIs to innovate and continually improve their practice in mental health and wellbeing. First, there is an evidence-informed framework, outlining key principles for creating a whole-university, settings-based approach to mental health and wellbeing. This includes (a) providing effective support services (b) promoting a mentally healthy environment and culture (c) empowering HEI populations to manage their mental health and wellbeing. Second, UMHC Programme provides support for HEIs around implementing the Charter framework and facilitates collaboration between HEIs and across education/health systems. HEIs can also apply for the Charter Award, an accreditation that celebrates and builds an evidence base for good practice.
Outcomes. The UMHC framework was published in 2019 and in 2021, 25% of UK HEIs joined the UMHC Programme. There is emerging evidence of the impact of the UMHC. At the macro level, we see improved understanding of good practice in promoting mental health and wellbeing at HEIs, collaboration between HEIs, health services and organisations across the system and influence on government policy. At the meso level, it has led to HEIs improving strategy, policy, culture and cohesive working.

Implications. This work has enhanced our understanding of (a) the complex factors that influence mental health and wellbeing in HEIs (b) the effectiveness of settings-based approaches to health promotion and barriers and enablers to organisational change (b) the effectiveness of interventions to improving health promotion within complex organisations and systems.

The use of online health promotion for Indigenous populations in Australia, Canada, New Zealand and the United States: A scoping review

Speaker
Georgia Fraulin, Presenting Author from Queen's University, Canada

Co-authors
Lauren George, Brittany Anne Wenniserí:jostha Jock, Lucie Lévesque

Abstract
Background/Objectives. The internet, digital technologies, and social media have emerged as tools for health promotion practitioners to provide accessible services. In this field, the use of online tools for health promotion for Indigenous populations is emerging, yet robust evidence of effectiveness and engagement is not yet established. This review aims to explore the use of online health promotion and the approaches used within research and intervention to identify practices in using Internet-based methodologies for Indigenous health promotion. Our specific research question is: how has the emerging field of online health promotion been utilized to promote the health of Indigenous populations in Australia, Canada, New Zealand and the United States?

Methods. This scoping review was executed using a multi-phased approach to assess the extent of online health promotion for Indigenous populations, accounting for a broad and wholistic understanding of health. The first phase consisted of a review of indexed peer-reviewed literature, the second phase a review of non-indexed Indigenous journals, and the third phase a grey literature search.

Results. Our search identified 38 intervention-based studies that met full inclusion criteria. Targeted health outcomes of the varied interventions ranged broadly, with topics including smoking cessation, Type 2 diabetes, mental health, and online community building. Most studies were either formative or process evaluations, used qualitative methods, and reported some Indigenous community involvement in intervention design. The theoretical base of interventions and studies was limited, and the use of Indigenous methodologies or theories was rare. Few articles measured or evaluated health behaviour change.
**Discussion.** This review found a growing trend in the use of online methods to promote the health of Indigenous populations. The emerging field of online health promotion holds great promise regarding growth, positive engagement, and accessibility. However, the current research lacks a strong theoretical base or critical engagement with Indigenous theory. Additionally, evidence is insufficient to be able to conclude whether or not these interventions result in effective health behaviour change or adoption. Both researchers and practitioners need to emphasize evidence-based program evaluations, broad dissemination of their interventions, and the prioritization of Indigenous ways of knowing in relation to wellness.

**Title of research presentation protecting and promoting the health and wellbeing of highly vulnerable children during and beyond the COVID-19 pandemic**

**Speakers**
Beverley Yamamoto, Presenting Author from Osaka University, Japan
Ikuko Tomomatsu, Presenting Author from Tomo Lab and Osaka University, Japan

**Abstract**

**Background/Objectives.** Due to medical advances, there has been an increase in children with complex medical care needs (C-CMC) living at home. In Japan, the Law on Support for Children with Complex Medical Care Needs and their Families was passed in June 2021, creating clear definitions, and the conceptual framework for the needs of C-CMC. We carried out a study in the early months of the COVID-19 pandemic to understand its impact on health, education and the care burden. Taking an assets approach, we also sought to understand how health resources were mobilized. This is a joint project with UCL in the UK, but we report here on the Japanese data set.

**Methods.** We carried out a qualitative study of the target C-CMCs. We recruited 6 C-CMC who require ventilators and feeding tubes and asked them to record their daily lives using an ethnographic digital tool Indeemo. We also used semi-structured interviews to collect data from 2 C-CMC and 7 family carers. Data was collected between Feb. and May 2021. The digital and interview data were analyzed thematically to identify the impacts of COVID-19 on the children and their carers, and also the mobilization of health assets.

**Results.** We found that the families already had in place high levels of infection prevention measures prior to the pandemic and these continued to be implemented. Families reported being isolated as they lost access to specialist school nurses and other support networks. However, schools in the Tokyo area began to roll out remote learning, which enabled greater continuity in learning for these children.

**Discussion.** It was notable that our families coped well in the early stage of the pandemic due to the health assets they had already built up through having to care for a child who was already vulnerable to infection. While some in-school support was lost, this was replaced by expanding opportunities for remote learning resulting in our C-CMC having increased access to learning. Nevertheless, without homecare support, the full burden of care and monitoring education fell primarily on the mother. With remote learning enabling continuity of learning, there is a need to extend expert support to the home. Initial analysis suggests that
the Tokyo area was particularly proactive in rolling out remote learning so the experiences of our C-CMC may not be representative.

To drink or not to drink? Exploring drinking water as a social practice through cellphiming

Speaker
Jennifer Thompson, Presenting Author from University of Montréal, Canada

Abstract

Background/Objectives. Bottled water is a growing industry the Global North despite reliable access to safe and affordable drinking water. In response to environmental justice concerns, bottled water bans offer policy interventions to curb the production and consumption of single-use plastics and counter the commodification and privatization of water. Yet emerging research on university campuses in the US and Australia raise questions the efficacy of bans, suggesting a paucity of qualitative research about drinking water as a social practice more generally. This study explores the social and cultural aspects of drinking water.

Methods. Cellphiming is a participatory visual methodology that invites research participants to make short videos on mobile devices to identify, represent, and analyse issues in their lives. This study involved 11 participants (7 women, 4 men) in group cellphilm workshops and individual interviews on a UK university campus. The participants include undergraduate, Master’s, and PhD students in anthropology, sociology, geography, business, and mathematics, and from a range of contexts including Austria, China, Italy, Hungary, Lithuania, Turkey, the UK, and Vietnam.

Results. Participants produced and co-analysed eight cellphilms (30-60 seconds each) about drinking water. Presented through the lens of practice theory, the results emphasize a number of themes relevant for understanding the socio-material complexities of drinking water as a social practice. Themes include water temperature, the meanings of water containers, water fountain and tap design, health and hygiene discourses, stigma and norms related to identity, culture and class, and how drinking water intersects with drinking other beverages (e.g. tea, coffee, alcohol).

Discussion. Bringing practice theory together with visual methodologies to understand drinking water offers a way to bring implicit and normalized habits and routines ‘to the surface’ in a participatory and accessible way. This type of intervention allows for new theoretical insights about drinking water as well as critical reflection among participants about this complex issue that straddles the areas of health promotion, education, consumption studies, cultural identity, institutional policy, and environmental issues.
Transforming antimicrobial use behaviours using a health promotion approach: Possible lessons from tobacco control.

Speaker
Irene Lambraki, Presenting Author from University of Waterloo, Canada

Abstract
Setting/problem. Antimicrobial resistance (AMR) is an escalating global crisis with the potential for severe and negative health, economic, and social impacts, many inequitably distributed. Human behaviour expressed via both appropriate and inappropriate antimicrobial use (AMU) in many sectors is a major driver of AMR. While many approaches can be taken to address AMU, the impact of existing interventions is variable. Actions that move beyond a focus on changing individual AMU behaviours towards “making the healthy choice the easier choice” offer promising but underexplored ways to tackle AMR. This presentation for the “Breaking News” conference sub-theme explores how a health promotion approach can inform efforts to address AMU based on lessons from comprehensive tobacco control (CTC).

Intervention. Many nations have committed to implementing AMR Action Plans that focus on preventing the need for antimicrobials, optimizing AMU behaviours, and protecting against AMR spread. CTC programs, underpinned by a population-based health promotion approach, involve a comprehensive mix of strategies that reflect AMR Action Plan objectives and have been successful in preventing and reducing tobacco use, and controlling tobacco smoke spread. These strategies (e.g., raising taxes, awareness campaigns) address the five health promotion action areas (building healthy public policies, changing the built/natural environment, strengthening community action, developing personal skills, and reorienting health care services), and provide evidence on what actions work and lessons on how to effectively implement them through a settings-based approach, participation, advocacy, and an enabling system to sustain action (e.g., funding) and ensure adaptive learning (e.g., via knowledge exchange) to optimize impact.

Outcomes. CTC has accrued a wealth of knowledge about how to change behaviours using a population-based health promotion approach that may be transferable to the AMR community.

Implications. Applying a health promotion approach to the AMR crisis using lessons from tobacco control can offer new methods and approaches to tackle AMU. Mapping AMR Action Plans against the CTC model opens research opportunities to explore differences and intersections between AMU and tobacco use and the applicability of the CTC model and strategies in the AMR context; and offers insights on how to effectively implement comprehensive and multi-pronged strategies that promote desired change.

Translating behavioural research into policy: Vital events registration in Ethiopia

Speaker
Pauline Kabitsis, Presenting Author from Common Thread, Canada
Co-authors
Sherine Guirguis, Gael Welstead

Abstract
Setting/problem. Ethiopia has one of the newest vital event registration (VER) platforms in the world—and thus, the lowest VER rates of any country. As of March 2020, only 24% of births, 7% of deaths, 9% of marriages and 4% of divorces were registered in Ethiopia, with even lower rates among Ethiopia’s large refugee population. When UNICEF asked us to develop a national behaviour change strategy to motivate citizens and refugees to complete registration in Gambella, Afar, and Tigray, our big question was: how do we encourage this novel behaviour in a resource-constrained, highly complex area?

Intervention. We started by conducting stakeholder interviews and reviewing state records to understand the ins and outs of the current registration process and develop hypotheses on what might be driving low registration. We analysed successful VER programmes in neighbouring countries to see what Ethiopia could learn from them. We brought our insights to prospective registrants across urban, rural and refugee sites and recruited local researchers to ask them what would motivate them to register. While the conflict in Tigray rendered our research entirely remote, we still managed to uncover major barriers to VER among Ethiopian Nationals and refugees. Families expressed that they were too busy with daily challenges like putting food on the table, housework, and childcare to worry about VER—a process they didn’t see value in. Those who did see the value in VER were often met with long lines, poor service, and limited resources at registration offices.

Outcomes. To increase VER, we needed to make registration easy and accessible. We used our research to develop policy recommendations rooted in behavioural science to encourage people to register. We began by developing ways to motivate overworked and underpaid registrars without the use of financial incentives that governments couldn’t provide. We also identified tasks that Ethiopians were already completing that could be paired with VER. By piggybacking on an activity that people already value and make time for, we could increase the likelihood of people also completing VER.

Implications. Our recommendations were compiled into a comprehensive policy handbook with an implementation guide for Gambella, Afar and Tigray. Regions are currently tailoring and executing these recommendations to make registration in Ethiopia a breeze, not a burden.

Tweeting, posting, and engaging your way to increased understanding, acceptance, and uptake of your risk and crisis communication on social media

Speakers
Melissa MacKay, Presenting Author from University of Guelph, Canada
Maureen Dobbins, Presenting Author from National Collaborating Centre for Methods and Tools, Canada
Andrea MacDonald, Presenting Author from Twitter Canada, Canada
Sarah Neil-Sztramko, Presenting Author from National Collaborating Centre for Methods and Tools, Canada
Andrew Papadopoulos, Presenting Author from University of Guelph, Canada
Abstract

Objectives. This workshop will begin with an overview of best practices for risk communication derived from a recent rapid review and from an expert in communications from Twitter Canada to ensure a foundation of understanding for effective risk and crisis communication during public health emergencies. Next, key principles from a social media crisis communication during emerging infectious diseases guidebook developed by the facilitators will be shared to further participants’ understanding of how to apply effective risk and crisis communication via social media. Examples of public health social media crisis communication on various platforms will be explored through facilitated large group discussion and compared to effective crisis communication best practices with each key principle discussed from the guide. Finally, in breakout groups participants will practice applying these concepts by creating and editing example social media communications using different platforms. They will then share their edits and thoughts in a final group discussion and receive firsthand feedback from the Twitter communications expert and workshop facilitators.

Format. Time Description
• 10 mins Workshop Introduction and summary of survey results with public health professionals
• 10 mins Risk Communication Rapid Review Update: Consistency, Targeting and Tailoring for Audiences, and Use of Various Social Media Platforms
• 15 mins Key principles from social media crisis communication guide with example public health social media posts illustrating each principle. Large group discussion after each example post shared
• 5 mins Introduction of breakout group activity: editing social media posts to reflect best practices
• 15 mins Breakout group activity: small groups in zoom breakout rooms (3-5 participants per group)
• 15 mins Large group discussion: small group activity discussion on creating and editing posts
• 10 mins Facilitated Q & A

Learning goals. After attending the workshop, participants will be able to:
1. Understand the best practices associated with risk and crisis communication during emerging infectious diseases and public health crises via social media;
2. Analyze examples of public health social media crisis communication against best practices for social media risk and crisis communication; and,
3. Apply the best practices to various social media platforms through creating example posts and receiving feedback from an expert from Twitter and workshop facilitators.

Undergraduate public health research experience: building research capacity among a diverse group of students

Speaker
Marzell Gray, Presenting Author from University of Minnesota Duluth, United States

Co-authors
Jessica Hanson, Ladona Tornabene
Abstract

Setting/problem. Diversity is an essential part of developing equitable knowledge in health education, and equal representation in public health research promotes equity and reduces health disparities. Unfortunately, many diverse undergraduate students, may lack adequate research involvement opportunities, which limits early skill-building in research and denies students from studying areas of concern and importance in the field. Engaging underrepresented groups early can help build critical characteristics that can lead to a fruitful career in research and build inclusiveness where diversity is lacking.

Intervention. The purpose of the Undergraduate Underrepresented Research Program (UURP) at the University of Minnesota Duluth is to provide diverse undergraduate public health students with research experience, build lasting skills and relationships with faculty mentorship, and create opportunities for professional growth and development. These undergraduate students, who are first-generation college students or from an underrepresented group in research, work on a unique research project with public health faculty mentors for one academic year and are encouraged to utilize their learned skills in internship and employment opportunities.

Outcomes. The first year of UURP sponsored three public health students, who were partnered with faculty. Students learned about qualitative/quantitative research methodologies, and how to develop a literature review. Students were directly involved in various aspects of the research process (e.g., survey development, recruitment, data collection, and analysis). The culmination of this pilot year afforded student opportunities to give oral and poster presentations at local and regional conferences. UURP students met with a career guide to speak about graduate school or other post-baccalaureate opportunities, which included discussions on writing a personal statement.

Implications. In the UURP’s pilot year, it was successful in building capacity for diversity in public health research through a social justice lens. All students continued their work in various ways: through an internship using their research skills; through employment obtained in research at a non-profit organization; and through plans to implement skills in future career endeavors. The successful year shows that providing a more inclusive environment for a diverse population to build research skills and relationships with mentors will aid in their academic process.

Understanding the health-seeking behaviours in primary care settings among cardiometabolic disease (CMD) patients in rural China: A mixed-method study protocol

Speakers
Ziyue Wang, Presenting Author from McGill University, Canada
Xiaocen Ma, Presenting Author from Peking University, China

Co-authors
Howard Bergman, Isabelle Vedel, Xiaoyun Liu, Nadia Sourial
Abstract
Background/Objectives. Each year, more than 20 million people died from diabetes, stroke, and other cardiometabolic diseases (CMD). Today, three-fourths of these deaths occurred in low- and middle-income countries (LMICs) and more than one-fourth of CMD patients live in China. This significant burden has disproportionately affected patients living in China’s rural areas and the past primary healthcare reforms in China have failed to change rural CMD patient’s health-seeking behaviours and health outcomes. Compared to a rich body of literature focusing on the barriers related to health delivery system and governance, the barriers related to patients’ behavioural factors such as attitudes, beliefs, and mental models towards primary care have not been explored in depth. Therefore, this project aims to understand how complex social, institutional, and cultural factors can shape patients’ mental models and influence their health-seeking behaviours with respect to CMD in rural China.

Methods. We will conduct a mixed-method study in three counties in Eastern, Central, and Western China. For the quantitative component, we will collect variables on patients’ mental models, socioeconomic/health status, clinical indicators, and health-seeking behaviours. For the qualitative component, we will explore patients’ perceptions in their care-seeking journey previous health-seeking experiences, their personal life history, and the features of local primary care settings. Based on both qualitative and quantitative results, we will create a patient journey map. This map will describe how mental models affect different touchpoints while patients navigate through in their care journeys.

Results. We will be able to identify the key barriers and facilitators in CMD patients’ decision-making process in China’s rural primary care settings, as well as to explain why rural Chinese residents are disproportionately burdened by CMD.

Discussion. Our findings will also help to improve CMD care practice for researchers, clinicians, and policy makers. Ultimately, our findings will lead to a better quality of life for patients who are living with CMDs in China and other LMICs.

Urban governance, multisectoral action and civic engagement for population health, wellbeing and equity in urban settings: A systematic review

Speaker
Cristina Mesa Vieira, Presenting Author from Institute of Social and Preventive Medicine, University of Bern, Switzerland

Co-authors
Nathalia Gonzalez Jaramillo, Octavio Pano Espinola, Catalina Diaz Rios, Marilyne Menassa, Faten Ben Abdelaziz, Yasmine Anwar, Mervat Gawrgyous, Vivian Lin, Susan Mercado, Bertina Somaini, Thomas Abel, Oscar H. Franco, Annika Frahsa
Abstract
Background/Objectives. Good governance is key for achieving health, wellbeing, and equity in rapidly urbanizing cities and calls for multisectoral and multi-stakeholder’s engagement. While multifold initiatives aim to promote governance for health, there is neither consensus on the most promising strategies that consider the complex interactions among determinants of health, populations and politics nor on appropriate monitoring and evaluation tools, which are, fundamental for assessing processes and outcomes of those strategies. The aim of our study is, thus, to identify validated and reliable indicators and tools to assess multisectoral action and civic engagement in governance for population health, wellbeing and equity in urban settings.

Methods. We conducted a systematic review searching electronic databases (Medline (Ovid), Embase, Cochrane Library, Web of Science Core Collection and Google Scholar) for articles published up to June 2021. We included studies assessing urban governance, multisectoral action or civic engagement processes implemented and measured using a standardized tool or validating a tool in at least one city or metropolitan area.

Results. We included 17 studies that reported strategies implemented between 1987 and 2018. Studies cover all geographical regions, particularly United States, Canada, Brazil, Spain, Portugal, Iran, Australia and Swaziland. The most addressed process is multisectoral action and the most frequent outcome is population health. Eight of the included studies also developed indicators and benchmarks covering different policy domains and population group.

Discussion. The systematic reviews provides a set of indicators for assessing processes and impacts of governance through multisectoral action or civic engagement that targets urban health. While some initiatives have proven successful particularly in high-income cities, there are still knowledge gaps in their transferability to rapidly urbanizing metropolitan areas and cities in low- and middle-income countries.

Urban intervention in line with the principles of the healthy city: Experience in a public school in Santa Bárbara d'Oeste - SP

Speaker
Ana Maria Girotti Sperandio, Presenting Author from UNICAMP, Brazil

Co-authors
Juliana Rodrigues Machado, Carlos Henrique Camargo

Abstract
Background/Objectives. In the contemporary context, cities express in their configuration excluding social and economic processes. Spatial segregation, real estate speculation, formation of irregular settlements, and lack of public services exemplify such a process in Brazil. A healthy and sustainable community demands a balanced environment and society. An empowered and strengthened community can promote positive changes in the urban territory. The garden is an example of the requalification of an idle institutional area.
located next to a public school in a poor neighborhood of the city of Santa Bárbara d’Oeste-SP, Brazil. The garden has been part of the school since 2010, which execution demanded intersectoral and joint work between the local government, universities, and the community. The garden integrates the school and students’ lives and provides part of the student’s food besides it is where they learn about healthy habits of eating. The students learn, during the classes, the theory about the vegetal and medicinal species and the benefits of consuming them. Then, they practice the cultivation of the species that, after harvest, will be used to prepare healthy recipes. Throughout the process, the substitution of processed and industrialized food by natural food is encouraged. The objective of this work is to point out a micro-scale urban intervention.

**Methods.** This study is about adoption of the site's legal framework for urban planning and action research. The method of evaluation is the number of people involved from different sectors, including local community representatives.

**Results.** As a result, this work aims to demonstrate how the experience of an urban vegetable garden at school was able to promote an improvement in the nutrition of students and their families, in addition to promoting the formation and strengthening of networks.

**Discussion.** Through participatory methods, means will be demonstrated to allow the interaction between the community and the University during the pandemic for the elaboration of the project to expand the garden. The expected result of this work is to demonstrate how actions aimed at health can promote changes at the micro-scale, with respect for local culture and promoting the connection of subjects to the territory.

**Using AI techniques and smart communities for disability advocacy**

**Speakers**
Dhayananth Dharmalingam, Presenting Author from Université Jean Monnet Saint Etienne, France
Alexandra Creighton, Presenting Author from York University, Canada

**Co-authors**
Rediet Tadesse, Bushra Kundi, Pierre Maret, Fabrice Muhlenbach, Rachel Gorman, Serban Dinca-Panaitescu, Enakshi Dua, Thumeka Mgwigw, Christo El Morr, Alexis Buettgen

**Abstract**

**Background/Objectives.** The lack of readily available disability data is a major barrier for disability advocacy globally. Access to structured disability data is crucial in order to address social inequities, adverse socioeconomic outcomes, discrimination, and human rights violations within the disability community. This project intends to use Artificial Intelligence (AI) techniques to integrate and store existing structured disability data into one accessible platform (Wikibase) with a screen-reader-accessible, multilingual natural language enabled search engine for its’ users.
**Methods.** An ontology based on the Convention on the Rights of Persons with Disabilities (CRPD) was developed through constant deliberation and coordination between experts in the field of critical disability, health informatics and computer science. A set of disability rights reports were chosen to train the software for knowledge acquisition. A glossary of tag terms was created to aid in tagging the disability rights reports. Paragraphs were then extracted from disability rights reports and a machine learning model was proposed to predict the paragraphs’ semantic meaning and tag it appropriately. Extracted paragraphs were then manually re-checked and tagged using the glossary to train and support the software for the next round of reports.

**Results.** The website was developed with a Natural Language Processing (NLP) search feature for the public where people can access disability data and information with their questions with multilingual capability. The website also includes a document management application which allows users to upload documents and information directly to the Wikibase with the presence of an admin user to approve the documents.

**Discussion.** The multidisciplinary nature of critical disability studies, health informatics and computer science required the researchers to deliberate and coordinate on every stage of the project to reach mutual satisfaction by all stakeholders.

**Using implementation mapping to increase the adoption and implementation of Salud en Mis Manos (SEMM-DIA) a breast and cervical cancer screening and HPV vaccination intervention for Latinas**

**Speaker**
Lara Savas, Presenting Author from UTHealth Science Center at Houston, United States

**Co-authors**
Preena Loomba, Ross Shegog, Marlyn Allicock, Erica Landrau, Crystal Costa, Angelita Alaniz
Amanda, Roshanda Chenier, Maria Fernandez

**Abstract**

**Background/Objectives.** Salud en Mis Manos (SEMM) is a community health worker (CHW) delivered program shown to increase breast and cervical cancer screening and HPV vaccination among low-income age-eligible Latinas. While implemented in community settings, the program has not been adopted and implemented broadly by safety-net primary care clinics that serve many Latinas in Texas. We used Implementation Mapping (ImpM) to create a multi-component, multi-level implementation strategy (SEMM-Dissemination and Implementation Assistance-SEMM-DIA) to accelerate and facilitate implementation fidelity, reach, and maintenance.

**Methods.** ImpM is a systematic process that guides theory development and evidence-informed implementation strategies and provides an implementation logic model. To inform SEMM-DIA development, we conducted an implementation needs and assets assessment, including interviews with staff at multiple levels within safety-net clinics across Texas and listening sessions with Community Advisory
Board members. Informed by formative work, empirical evidence, and theory, we used the ImpM process to 1) identify barriers and facilitators to SEMM implementation and 2) create implementation strategies that comprise the SEMM-DIA intervention, and 3) identify who needs to do what to implement and maintain SEMM and why key actors would adopt and deliver SEMM.

**Results.** The ImpM process enabled the identification of key SEMM clinic-based ‘actors’ in upper and middle management and practice levels and specified implementation actions. Implementation and maintenance outcomes and “performance objectives” were delineated. Determinants (informed by theory, empirical evidence, and new data) were identified (e.g., outcome expectations, skill, and knowledge). Matrices of change objectives described implementation objectives to inform needed evidence-based methods and implementation strategies. The final design document described the specifications of a web-based implementation support system to increase clinic capacity and CHW motivation and capacity to deliver SEMM and an ImpM logic model to inform the SEMM-DIA evaluation plan.

**Discussion.** ImpM provides clear guidance for identifying implementation mechanisms and informing selection, tailoring, and/or development of implementation strategies using theory, evidence, and new data. This approach provides an example and replicable process for developing implementation strategies to support program scale-up.

**Using network analysis to assess university-wide collaboration for health promoting universities**

**Speaker**
Melissa Potwarka, Presenting Author from University of Waterloo, Canada

**Co-authors**
Susan Hegge, Jennifer McCorriston, Kelly Skinner

**Abstract**
**Background/Objectives.** Post-secondary institutions (PSIs) are critical settings for health promotion. However, there is limited research that addresses a whole-systems approach to wellbeing in higher education. While researchers have suggested that networking increases the impact of healthy settings work, reduces divisions, and can increase social capital among members, few studies have evaluated the structures, processes, and outcomes of health promotion networks. A community of practice (CoP) is a network that focuses on learning through connection of diverse experience and skills. A CoP was established at University of Waterloo (UW), to support the institution’s commitments to the Okanagan Charter to positively impact wellbeing, address health inequities, and create a campus culture of care, compassion, and social justice. The UW CoP focuses on collaboration, capacity building, and advocacy for health promotion. Objective. Assess collaboration, distribution and diversity of the UW CoP using network analysis to understand where inter-departmental collaboration has been supported and where further support is needed.
**Methods.** Data were collected through an online survey, with questions from collaborative network and network analysis literature. Analysis focused on connections between individuals in the network. Data were analyzed using Gephi network visualization software and assessed member diversity, multiservice collaboration, network distribution, subgroups, and reciprocity. Thematic analysis of open-ended responses identified barriers to institution-wide collaboration for wellbeing.

**Results.** 197 individuals were eligible to complete the survey with a response rate of 54% (n=107). There were 350 connections mapped between respondents. The top six highly connected individuals work in the same department and accounted for 26% of the connections. These results reveal a university-wide network with extensive multiservice collaboration consistent with one of the key requirements of health promoting universities. However, the CoP remains centralized with predominant collaborators, and few connections being reciprocated, which are barriers to large-scale change for wellbeing.

**Discussion.** Findings are valuable for other PSI’s looking to establish institution-wide collaboration for whole-systems wellbeing. Network development should focus on diversifying membership and distribution of connections for efficient and effective performance and knowledge dissemination.

**Using project ECHO to decrease barriers to high-quality care for individuals with sickle cell disease**

**Speaker**
Lisa Shook, Presenting Author from Cincinnati Children’s Hospital Medical Center, United States

**Co-authors**
Christina Farrell, Cami Mosley

**Abstract**

**Background.** Approximately 15,000 individuals in the Midwest live with sickle cell disease (SCD) — a painful, chronic disorder with complications and comorbidities difficult for providers to manage. Providers frequently self-report limited knowledge and confidence in treating patients with SCD, leading to limited access to providers knowledgeable about evidence-based treatment guidelines. SCD impacts a vulnerable, at-risk population often facing socioeconomic disparities and health inequities.

**Methods.** Sickle Treatment and Outcomes Research in the Midwest (STORM) is a federally-funded regional network for providers. STORM aims to increase provider knowledge about evidence-based management of SCD. As an innovative educational strategy, STORM launched STORM TeleECHO in March 2016.

**Results.** In the past 5 years, 72 sessions have been held with over 300 unique multidisciplinary providers. Attendance per session has shown continued growth. Over 175 CNE, 560 MOC and 1,100 CME credits have been awarded. In March 2020 STORM pivoted to host a COVID-19 and SCD focused series. Over 16 COVID sessions, there was a 190% increase in attendance with 70% of participants being new to STORM TeleECHO.
Participants complete a preliminary self-reported measure of confidence prior to joining, and after participation. At the 5 year interval, 30 participants were included in a data analysis for completing a survey at two time points and attending at least 1 ECHO (avg. was 21). A Wilcoxon signed-rank test showed that ECHO participation elicited a statistically significant change in confidence in: the ability to provide primary care for adult patients with SCD; identify candidates and prescribe disease modifying therapies.

Discussion. STORM TeleECHO has been instrumental in increasing knowledge and confidence of providers caring for patients with SCD. Continued, strategic engagement activities and frequent analysis of participant evaluation survey data are essential to the success of STORM TeleECHO. This has proven beneficial for rapidly expanding educational opportunities, such as the COVID-19 public health crisis. Increased access to providers knowledgeable about evidence-based treatment of sickle cell disease is an essential step to reducing barriers to equitable healthcare and improving outcomes for children and adults with SCD.

Using social media as a survey recruitment strategy for post-secondary students during the COVID-19 pandemic

Speaker
John Vincent Flores, Presenting Author from Canadian Liver Foundation, Canada

Co-authors
Simran Purewal, Paola Ardiles, Hussein Elhagehassan, Erica Di Ruggiero, Sana Mahmood

Abstract
Background/Objectives. The COVID-19 pandemic rapidly forced Canadian post-secondary students into remote learning methods, with potential implications on their academic success and health. In recent years, the use of social media to promote research participation and as a strategy for communicating health messages has become increasingly popular. To better understand how the pandemic has impacted this population, we used social media platforms to recruit students to participate in a national bilingual COVID-19 Health Literacy Survey. This paper outlines the social media recruitment strategies used for promoting participation in the survey among Canadian post-secondary students during the pandemic.

Methods. Facebook, Twitter, and Instagram accounts were created to promote the online survey. The objective of this paper is to examine the use of Instagram, Facebook, and Twitter as survey recruitment strategies tailored to students. Data analytics from these platforms were analyzed using descriptive statistics.

Results. In total, 2,679 participated in our online survey. We found that the most commonly used platform for survey dissemination was Twitter, with 64,800 total impressions recorded over three months. By the survey closing date, 94 universities and colleges across Canada agreed to share the survey on their respective social media platforms. Based on our analysis, Twitter was the most popular platform for survey promotion as this platform resulted in 64,800 impressions.
Discussion. The use of social media as a survey recruitment strategy showed promise in the current context of COVID-19 where many students are participating in online learning and for a study population that actively uses these platforms to seek out information. Utilizing a multi-pronged strategy that relied on various social media platforms potentially enabled us to connect with a wider audience. Building on our insights, public health agencies and post-secondary institutions should further explore these platforms to create and publish timely and accurate COVID-19 messages to further curb the spread of misinformation about COVID-19 among young adults in higher education.

Using technology to promote mental health of youth: Croatian PKTN digital platform

Speaker
Miranda Novak, Presenting Author from Laboratory for Prevention Research, Department of Behavioral Disorders, Faculty of Education and Rehabilitation Sciences, University of Zagreb, Croatia

Abstract

Setting/problem. Adolescence encompasses numerous progressive changes and formative learning experiences that occur during the transition from childhood to early adulthood. The motivations for this project are, 1) the recognition that living conditions, habits and lifestyles of adolescents are becoming more complex and are being impacted by changing economic and social conditions; and 2) the reality that mobile computing and social networks are rapidly affecting adolescents and their social and risk environments, both in developed and in developing nations. Worldwide, the global burden of mental health conditions among adolescents is increasing.

Intervention. Since November 2020, digital hub PKTN has been a product of collaboration between scientists, psychotherapists and creative professionals, funded by UNICEF Office Croatia. The overall aim of PKTN project is to promote positive adolescent development through expanding the quality of online support and adequate digital content for young people across Croatia. In order to influence health inequalities, modern times demand interventions that can be available even when the local healthcare and welfare system is not sufficiently developed or when resources for scientifically proven interventions are lacking.

Outcomes. Since young people follow social networks, all activities on the platform are paired with Instagram and Facebook profiles that are used as teasers for the content of the platform. The platform follows the development of young people – offering answers to them and all-important adults for various topics and questions that are characteristic of that period, from personal topics and intimacy, school life and life within the family. The platform itself develops several types of content styles: longer author texts are followed by a list of references and recommendations for further reading, shorter videos or audio podcasts, and very condensed texts / graphics with high-quality photos.

Implications. Carefully planned and safe space offered online resources will improve accessibility to information and services, in the long run reduce costs and provide better quality of life for youth and their caring adults. Once designed, an online programme or platform requires much less investment than face-
to-face interventions. Online interventions can be easily disseminated, even across countries, and used simultaneously in different areas without anything being taken away from the originally intended target group.

Utilizing intervention mapping to develop the sustainable culturally adapted nutrition program (SCAN) to improve participant attendance in Diabetes Prevention Programs (DPP)

Speaker
William Perkison, Presenting Author from American College of Occupational and Environmental Medicine, United States

Co-authors
Pierre Fwelo, Catherine Pulicken, Patenne Mathews, Roshanda Chenier

Abstract

**Background/Objectives.** The National Diabetes Prevention Program (DPP) is a CDC-recognized, evidence-based, individually administered program capable of reducing diabetes incidence rates through intensive and individualized classroom counselling in nutrition, exercise, and behavioural management. Unfortunately, DPP retention rates remain low in many programs, resulting in lower diabetes prevention rates in these populations. There is a clear need to develop incentives for participants to regularly attend DPP sessions. Objective: Utilize interventional mapping to design a program supplement that can increase DPP session attendance.

**Methods.** We utilized interventional mapping to 1) identify the predictors of DPP adherence 2) design an interventional program, the Sustainable Culturally Adapted Nutrition (SCAN) program, and 3) establish measurable outcomes of success. Participants in the SCAN intervention group will attend four separate skills sessions that emphasize cooking techniques. Additionally, participants will receive food incentives every two weeks as long as they are attending the DPP program regularly. The SCAN program will help to reinforce the intent of the DPP classes, decrease barriers in terms of proficiency at preparing healthy foods, and increase participant motivation to attend class. for This pilot study consists of two intervention classes of 15 each, one in English, and another in Spanish, who will participate in the yearlong SCAN plus DPP program. Similarly, one control group class in English and Spanish each will enroll in a DPP only program. The primary outcome of the study is the number of DPP sessions attend by the intervention group compared to the control group. Secondary outcomes include change in weight, metabolic biomarkers (HgA1c, lipid panel), and cooking self-efficacy. Secondary outcomes will be measured at baseline, end of intervention, and 12 months post intervention.

**Results.** We are starting the yearlong DPP/SCAN classes in September 2021. The presentation at the conference will discuss results to date of the SCAN/DPP classes compared with DPP in terms of demographics, biometric markers, and attendance rates.
Discussion. The presentation will review the intervention mapping steps used in development and the methodology used in the SCAN program. We will also discuss the outcomes to date, expected outcomes, relevance of SCAN to DPP programs and next steps in terms of its further research and dissemination.

Vigilancia Sanitaria Popular: Curso sobre promoción de la salud, determinantes sociales y participación ciudadana

Speaker
Fernanda Carlise Mattioni, Presenting Author from Grupo Hospitalar Conceição e Escola de Saúde Pública do Rio Grande do Sul, Brazil

Co-authors
Michele Neves Meneses, Roberta de Pinho Silveira, Liciane Costa Dresch, Camilo Darsie, Luciana Araujo Vieira, Janaína Baptista Machado, Rosane Machado Rollo, Liara Saldanha Brites, Priscila Tadei Nakata Zago, Delisson Pereira da Luz, Rosa da Rosa Minho dos Santos, Cristianne Maria Famer Rocha

Abstract
Antecedentes / Objetivos. A partir de la pandemia de Covid-19 y con el objetivo de reflexionar y construir conocimiento sobre el nuevo coronavirus, a partir de los principios de la Promoción de la Salud, fomentar la articulación de la participación ciudadana y crear una red de solidaridad, fue realizado un curso de formación para los miembros de Consejos de Salud, en Brasil. Nuestro objetivo aquí es describir y analizar la organización, la implementación y la evaluación del Curso en Vigilancia Sanitaria Popular.

Métodos. Estudio de abordaje cualitativo, descriptivo, de sistematización de la experiencia de organización, implementación y evaluación del Curso en Vigilancia Sanitaria Popular para miembros de Consejos de Salud, en Brasil.

Resultados. El Curso fue realizado en seis módulos virtuales, de enero a marzo de 2021, y tuvo 56 participantes, mayoritariamente mujeres (70%), con edades comprendidas entre los 19 y los 72 años. Los temas abordados fueron: Conocer el Sistema Único de Salud (SUS); Carta de Usuarios de la Salud; Participación Social; Territorio y Salud; Determinantes Sociales; ¿Qué tipo de virus es este? Pandemia x Sindemia; Vigilancia Sanitaria Popular; y, Prácticas de Atención Solidaria. A partir de las actividades formativas, las participantes se tornaron protagonistas del proceso de colectividad y respeto al conocimiento popular, en una consonancia que permite resignificar el proceso de lucha por la defensa del derecho a la salud, de los cuidados relacionados con el coronavirus, de las relaciones entre los movimientos populares y sociales y del modelo de sociedad que deseamos. También ha permitido la visibilidad de las personas desde sus territorios, reconstruyendo historias, fortaleciendo espacios de vida, estimulando la autonomía sobre sus cuerpos y su salud.

Discusión. Los encuentros realizados a través de este Curso activaron y desafiaron las participantes a construir acciones colectivas y solidarias para enfrentar los problemas existentes en los territorios donde viven/trabajan, contribuyendo a la reflexión sobre lo que produce la salud y la enfermedad y la construcción
Violence against women from the global perspective of human rights

Speakers
Janaina Moreno de Siqueira, Presenting Author from Federal University of Rio de Janeiro, Brazil
Irma da Silva Brito, Presenting Author from Coimbra Nursing College, Brazil

Co-author
Sheila Nascimento Pereira de Farias

Abstract

Background/Objectives. The pandemic leaves even more vulnerable those who no longer enjoyed full recognition, especially black women, poor, immigrants and those deprived of diverse resources1,2.In this context, who highlights the need for studies aimed at the discussion of violence and human rights3.

Objective: To compare the impact of Domestic and Family Violence against Women in the global perspective of human rights in contemporary times in the field of public health in Brazil and Portugal.

Methods. The choice of participatory research-action approach in health (PaPS) was the result of this paradigm being adequate in order to maximize the participation of people 4. The method applied is constructivist data-based theory (TFDC). The importance of theoretical abstraction in this process makes it possible to identify weaknesses in the description of the properties of the developing categories. The open aspect stimulates its use in several areas of international knowledge development, including Nursing Science 5.Theoretical samples will be constituted with Brazilian women in both countries, with health and social support professionals and policy makers.

Results. COVID-19 has made open evidence from the increase in cases of domestic violence and fragile normative mechanisms, which do not work in an integrated manner, that there are lives that are never recognized as lives1.

Discussion. It is intended to elucidate the factors that may be hindering actions, as well as contribute to the advance in the construction of a critical theoretician model that corroborates the reduction of possible health problems due to violence, and thus, enable subsidies so that nursing can advocate for similar rights for all in the network of coping with violence. However, it is necessary a theoretical analysis of the characteristics and operational aspects of the constructivist aspect of PDT in nursing research.

Visualising bibliometric networks as a tool for understanding the landscape of health promotion

Speakers
Jinhee Kim, Workshop Trainer from University of New South Wales, Australia
Abstract

Objectives. Visualising bibliometric networks provides a powerful and efficient method to understand the overall landscape of a topic area by quantifying and illustrating the relationships of publications. There are many different types of bibliometric mapping and analytical methods that can be performed of authors, journals, publications, countries, and institutions and can be applied at levels of titles, keywords, text, and even entire citation records.

This workshop aims to introduce participants to bibliometric analysis as a method and tool for visualising the scientific landscape of health promotion. The workshop is for participants with both minimal or no knowledge of bibliometric analysis or systematic reviews. Using a dataset on literature that address Health in All Policies, the co-organisers will demonstrate how to use the VOSviewer software to create basic bibliometric network maps.

Format. This online workshop will run for a total of 60 minutes and is comprised of a presentation on the basic concepts of bibliometric analysis and some examples, followed by a demonstration exercise of bibliometric mapping of literature addressing Health in All Policies. Participants will have the option of downloading the VOSviewer software and following the steps on their own devices.

- Welcome and introductions (5 min)
- Introduction to bibliometric analysis (10 min)
  - What is bibliometric analysis?
  - Types of bibliometric network maps
- Examples of bibliometric analysis in public health (10 min)
  - Mapping the scientific landscape of EIA and HIA
  - Mapping urban health research disciplines
- How to get started with bibliometric analysis using VOSviewer (20 min)
  - Demonstration of bibliometric network mapping on literature addressing HiAP
  - Databases and search terms
  - VOSviewer software
    - Keyword co-occurrence map
    - Co-authorship map
    - Document co-citation map
  - Demonstration of the different ways to produce bibliometric networks
- Where to get more information (5 min)
- Q&A (10 min)

Learning goals. At the end of the workshop, participants will:

- Become familiar with bibliometric network analysis and its basic concepts.
- Develop ideas about how they can use bibliometric analysis for their research and practice.
- Know how to get started with their first bibliometric network mapping activity.
Vocal health promotion program supported by eHealth technologies: Innovative developments in health practices and policies

Speakers
Christina Cesar Praça Brasil, Presenting Author from UNIFOR, Brazil

Co-authors
Felipe Ferreira Neri, Ana Paula Alves Tavora de Oliveira, Raimunda Magalhães da Silva, Ana Maria Fontenelle Catrib, Waleria Tomaz Pacífico, José Eurico de Vasconcelos Filho, Renata Coelho Fonteles

Abstract

Setting/problem. Changes in teachers' vocal health, resulting from professional practice, are an old and recurrent problem. It affects a large number of teachers worldwide, negatively impacting quality of life, professional performance and teaching excellence. In Fortaleza, Ceará, Brazil, it was identified, in a survey conducted with 351 teachers from the Municipal Education Network, in the period of 2012 to 2015, that more than 80% had vocal complaints, had a little knowledge about vocal care and had already withdrawn from classroom activities due to voice disorders. The situation required confrontation in order to reduce damages and be more resolutive.

Intervention. From the development of the VoiceGuard application and the distance learning course “Saúde Vocal em Foco”, both validated in Brazil and Portugal, the eVoice Program was designed, a strategy for promoting vocal health supported by these technologies. In November 2019, eVoice Program began to be carried out as part of Education Professionals’s Integral Health Program (PROSIPE), of the Fortaleza’s Municipal Secretariat of Education. The execution of the Program includes: capturing and enrolling participants; realization of classes; and evaluation of the Program's effectiveness. The eVoice Program is composed of four meetings that include the following activities: vocal assessment of teachers (before and after participation); application of the Quality of Life and Voice Questionnaires – QVV and Voice Handicap Index – IDV (before and after participation); handling the VoiceGuard application and the distance learning course “Saúde Vocal em Foco”; dialogued exposure on vocal hygiene, risk factors and preventive vocal exercises.

Outcomes. From January 2020 to September 2021, more than 200 teachers participated in the Program. As preliminary results, there is an improvement in the QVV of teachers and a reduction in the IVV, comparing before and after. The Program is already showing signs of its effectiveness, which is also registered in the positive evaluations of teachers regarding their satisfaction with the programming, content and used technological resources.

Implications. The widespread implementation of the eVoice Program, as part of the Fortaleza’s Education Professionals Integral Health Program (PROSIPE), represents innovation in vocal health care and its incorporation into the Municipal Education Network of Fortaleza inspires the development of a policy aimed at the integral promotion of teachers’ health.
Walk the talk : l’engagement académique en promotion de la santé

Speaker
Marianne Beaulieu, Presenting Author from Université Laval, Canada

Abstract
Contexte/Objectif. Plus de trois décennies après la Charte d’Ottawa, la promotion de la santé (PS) cherche encore à s’organiser sur certains plans. Au-delà des chercheurs de renom et des programmes universitaires de grande qualité, il importe de structurer les pratiques académiques en PS afin de maximiser leurs impacts sur les transformations sociales. Ce sera possible non-seulement à travers la production de résultats probants et leur réinvestissement dans les pratiques, mais aussi à travers la formation d’une relève de haut calibre qui participera à son tour aux changements. Pour y parvenir, l’engagement académique (EA) est à considérer. L’EA est une posture académique qui transcende les grandes fonctions universitaires pour développer des ponts mutuellement bénéfiques et réciproques entre l’université et la société civile. L’objectif est d’explorer le potentiel de l’EA pour ancrer les pratiques académiques en PS dans ses valeurs de justice sociale et de citoyenneté.

Méthodes. Un scoping review de 48 articles, à partir des mots-clés « public scholarship, scholarship of engagement, engaged scholarship » dans plusieurs bases de données a permis de produire une conceptualisation de l’EA. Une analyse critique de la littérature sur les pratiques académiques a été menée pour mettre en perspective l’apport de ses principes fondamentaux pour la PS.

Résultats. Pour l’enseignement, où l’objectif est de préparer les étudiants à intégrer la théorie à la pratique pour être préparés à agir en contexte réel pour contribuer au bien commun, il faut privilégier les stages, l’apprentissage par projet ou bénévolat/service communautaire et les pédagogies expérientielles. Pour la recherche, le but est de produire des connaissances par des approches de recherche participatives qui répondent aux besoins des communautés et de les diffuser auprès de différents publics par divers moyens (arts, vulgarisation scientifique et autre). Pour le service, il faut offrir l’expertise universitaire pour alimenter les changements sociaux à travers le plaidoyer, la sensibilisation, l’assistance, le témoignage et l’expertise/conseil.

Discussion. Bien qu’elle comporte des défis considérables, l’adoption d’une posture d’EA est porteuse de sens tant pour les professeurs que pour les étudiants universitaires soucieux d’œuvrer aux transformations sociales sous tendues par la PS.

Weight stigma among adolescents and its significance for health promotion in Low and Middle Income Countries

Speakers
Angie Jackson-Morris, Presenting Author from RTI International, United States
Ishu Kataria, Presenting Author from RTI International, India
Abstract

Background/Objectives. Stigma towards people who are overweight or have obesity has been shown to adversely affect mental health and capacity to undertake health promoting behaviors, and associated with weight gain and substance abuse. Evidence relating to stigma among adolescents derives predominantly from high-income countries, and both the prevalence of weight stigma experienced by young people in low- and middle-income countries (LMICs), and stigmatizing attitudes by adolescents towards people who have overweight are unknown. Obesity and associated noncommunicable diseases are increasing most rapidly in LMICs, while the scale of poor mental wellbeing among adolescents is also apparent. Understanding weight stigma among adolescents is of significance for adolescent health promotion and obesity prevention. This study investigated the prevalence of felt (internalized) and enacted weight stigma among adolescents in LMICs and obtained insight into their experiences, perspectives, and recommendations for policy and practice.

Methods. Phase 1: qualitative interviews with adolescents (15-19 years) in three LMICs (South Africa, Philippines, Brazil); followed by Phase 2: telephonic survey with 1200 adolescents in the three countries. Ethical approvals were obtained and consent/assent processes followed with participating adolescents and parents.

Results. We report the prevalence of felt weight stigma among adolescents in the three LMICs and of negative views and attitudes towards people who are overweight. We describe the experiences, impacts, and perspectives of young people related to felt weight stigma, and the views of adolescents who perceive people who have overweight negatively. Young people’s perspectives and recommendations on addressing stigma and obesity prevention are reported.

Discussion. We discuss the significance of weight stigma among adolescents, as an issue experienced and enacted, considering differences and similarities between LMICs and compared to HICs. The extent that stigma is experienced by young people who have overweight and impacts will be discussed in the context adolescent health policy in LMICs. We explore implications for national strategies to address obesity and mental health, drawing from the young people’s perspectives about how overweight can be tackled without causing other harms.

Welcoming and caring for pregnant women in prenatal care as a factor in transforming health education into effective practice

Speaker
Renata Mendes Orsi, Presenting Author from Universidade de São Paulo, Brazil

Co-author
Lígia Ferreira Gomes
Abstract

**Background/Objectives.** Before the Covid-19 pandemic, the reception of patients in the public services of the Center for Dental Specialties (DSC) of the Basic Health Unit (UBS) Amaro José de Souza in the municipality of Barueri, state of São Paulo, was carried out by a multidisciplinary team consisting of a pediatrician, functional orthopedic dental surgeon of the jaws and speech therapist in the newborn’s first consultation. Primary Health Care became increasingly individualized during the pandemic, and the search for curative treatments predominated over recommended preventive care and health promotion assistance. Pregnant women have priority in scheduling and care. However, despite the recommendations for pregnant women to undergo prenatal care to take care of their own health and the future baby, there were interruptions in the monitoring of pregnancy. The observed increase in the need for curative treatments complemented by pharmacotherapy highlights the relevance of preventive educational guidance, encouraging and facilitating the search for and access to prenatal health services.

**Methods.** In search of new specific strategies to be recommended and implemented to improve adherence to prenatal care, a questionnaire to assess pregnant women’s doubts, fears and complaints was proposed. It was designed to guide an effective action plan to better welcome, support and motivate pregnant women and their families for face-to-face and online care by the UBS team. The research project was submitted to the Professional Master’s Program in Interdisciplinary Education in Health at the University of São Paulo. Discussion: Pregnancy is a favorable period to improve health literacy and awareness about changing habits, such as smoking and self-medication. It is also important to motivate women to exclusive breastfeeding for up to six months and complementary for up to two years or more, and to seek public health services. The cooperative practice of the multidisciplinary team aims at accessing humanized care, and monitoring pregnant women, postpartum women, family members and newborns to promote the acquisition of healthy habits.

**Conclusion.** The effectiveness of periodic preventive monitoring programs in providing health education through cooperative practice with a focus on health promotion and disease prevention should positively impact the reduction in the need for curative treatments.

**Whakapuāwai: Health promotion at the grassroots: Reimagining the social determinants impact on health**

**Speaker**
Mark Simiona, Presenting Author from Otara Health Charitable Trust, New Zealand

**Abstract**

**Objectives.** We live in a time where experts in local and central government agencies across sectors thought they know best for our communities. This has not reduced disparities and inequities in all sectors especially our health and public sectors for New Zealand. In this workshop, we address the fundamental challenge facing organisations, local and central government in its next 50 years: How do we reimagine the social determinants impact on Health?
Answering this question demands transformative shifts in thinking which then looks at what we can do differently to put knowledge into action. An increase in the awareness of the impact social determinants have on health then informs our approach that influences global change.

Our approach is based upon the simple yet revolutionary belief that the relationship between the service and the patient (aka customer) is the most important tool influencing the way chronic disease is managed and improve the overall wellness of a population. Recognizing that individuals are in control of their lifestyle choices and health care decisions, is the main focus focuses on understanding each customer’s unique story, values and influencers in an effort to engage them in long-term behaviour change.

Relationship focus extends beyond sectors ensuring whole system transformation, each key work system needs to be redesigned to ingrain an organization-wide focus on relationship-building and shared decision-making inclusive of customers. Our workshop aims to engage in a meaningful conversation about the impacts of social determinants on health through a reimagining of the core values that guide our work.

Our objective is:
- To share the insights
- To discuss and share thoughts and ideas
- To look at what next steps could look like

**Learning goals.** As a result of attending this workshop participants will:
- Gain an overview of our collaborative engagement process their connection to health
- Identify core values needed for better healthy living on a planetary level, from a grassroots perspective to influence health promotion practice, learning how to work better together and doing things differently

**What can public policy do to increase the translation and utilisation of research evidence in public health practice? Suggested policy initiatives**

**Speaker**
Melinda Craike, Presenting Author from Victoria University, Australia

**Co-authors**
Bojana Klepac Pogrmilovic, Krahe Michelle, Ramon Spaaij

**Abstract**
**Background.** Widespread adoption of evidence-informed public health is needed for improved population health. However, the utilization of research evidence in public health practice is not optimal. To date, the knowledge translation literature has focused on individual and organizational level strategies, emphasizing what researchers and universities should be doing so that research evidence influences practice or how practitioners and organizations can better utilize research evidence findings. Public policy as a mechanism to increase research evidence translation and utilization in practice has received scant attention in the knowledge translation literature, despite recognition that public policy shapes research agendas and public
health practice. Consequently, there is almost no guidance for policymakers about public policy initiatives that are likely to increase research evidence translation and utilization in practice. Therefore, the objectives of this paper are to: 1) identify key barriers to research evidence translation and utilization in public health practice; and 2) suggest evidence-based public policy initiatives that can increase the translation and utilization of research evidence in practice.

**Methods.** We undertook a targeted literature review to better understand the role of public policy in increasing the translation and utilization of research evidence in public health practice.

**Results.** We identified three key barriers to research evidence translation and utilization in practice that public policy could help to address: 1) Research evidence generally does not address the needs of practitioners; 2) Research findings are typically not communicated or disseminated in ways that reach policymakers and practitioners; and 3) Practitioners and organizations often do not have the capacity to adopt and apply research evidence. We collected the best-available evidence of various strategies public policy can use to support the production of relevant and actionable evidence, wide dissemination of research findings, and capacity building to utilize research evidence in practice.

**Conclusion.** To achieve widespread adoption of evidence-informed public health, public policy initiatives need to be comprehensive, coordinated, and consider issues related to research production, dissemination and utilization in practice.

**What helps to promote life-course immunization in adolescents?**

**Speaker**
Amelia Siu Chee Lo, Presenting Author from Centre for Health Education and Health Promotion, The Chinese University of Hong Kong

**Co-author**
Vera Mei Wan Keung, Calvin Ka Man Cheung, Albert Lee

**Abstract**

**Background/Objectives.** Studies have shown that effective intervention and communication strategies to promote vaccine uptake need more robust research studies. The researchers at Centre for Health Education and Health Promotion of the Chinese University of Hong Kong developed the Home-School-Community Model to improve HPV vaccine uptake from 7% to 34% before fully subsidy was provided. This study aims to investigate the societal and economic barriers for providers and population to vaccine uptake in adolescents and to explore the risk perceptions on vaccine preventable diseases not covered in childhood immunisation schedule among the adolescents.

**Methods.** Purposive sampling has been used to select three secondary schools from different regions of Hong Kong reflecting High, Middle or Low Socioeconomic Status group. Students in Secondary 1 and Secondary 4 has been invited to join the study. Mixed methods of qualitative and quantitative had been
utilised. Questionnaires were used to collect data on knowledge and attitude on various vaccinations in S1 and S4. Focus group interviews were conducted in S4 students covering risk perceptions.

Results. There were 530 students (S1=278; S4=252) completed the questionnaire. Results showed that students would consider uptake flu vaccine (S1 79.1%; S4 87.7%) if they think the vaccine is good for them. If they have positive attitude about the vaccine, they would also consider being vaccinated (flu S1 85.9%; S4 88.7%, HPV S1 54.2%; S4 66.2%). Survey result also reflected that they will get vaccinated if the vaccine could help lowering the risk of getting sick (flu S1 82.3%; S4 89.3%, HPV S1 51.2%; S4 64.6%). S4 Students have given various reasons that could increase their intention. The effectiveness and price of the vaccine were the main concerns. Most students responded that they would assess the risk before they decide to be vaccinated. There were other reasons for being vaccinated or not, e.g., influence by family members, cost of the vaccination and needs etc. Some mentioned they had vaccination because they were asked to do so. Most of them agreed that family members and friends have the most impact on their decision-making.

Discussion. Though there are various reasons for being vaccinated in adolescents, enhancement of knowledge and uncover their myths of vaccination are the keys to increase the uptake rate. Creditable info to be delivered in effective ways is needed.


Speaker
Marjorita Sormunen, Presenting Author from University of Eastern Finland, Finland

Co-authors
Tuulia Råmark, Johanna Vahtola, Heli Sariola, Niina Mäki, Sari Sandrini, Anne Höytö

Abstract
Background/Objectives. Exposure to the sun’s ultraviolet radiation and repeated skin burns, especially at a young age, increases the risk of skin cancer. Global warming has increased the exposure and posed new challenges to sun protection, while also increasing the need for awareness and behaviour change. Sun protection and sun damage have been studied much in countries where sun exposure is abundant and almost continuous. Increasingly, research has extended to northern Europe, where a significant increase in skin cancers has occurred over the last 20 years. This presentation introduces the process of developing a #yourskin (#suniho in Finnish) campaign targeted to youth aged 16-20 and related findings of Finnish youth about sun protection habits, knowledge, and beliefs.

Methods. In early spring 2020, an expert group co-created several youth persona drafts concerning sun protection habits. In order to consolidate the tentative personas created, six young persons (aged 16-20) were individually interviewed. The interview data were analysed using inductive content analysis, and expert categorization merged in it to find out common characteristics of Finnish youth sun behaviour.
Results. According to findings, three key categories or “sun personas” emerged: 1) “Player-activist”, referring to a young person, who stays inside much, and does not get exposed to sun often. Sun protection is not a priority, 2) “Athlete”, who has an active lifestyle and spends much of time outside. Has healthy habits, but may forget to use sun protection, and 3) “Fashion icon”, who wants to look good and tanned. Thinks that sunburn is not that bad.

Discussion. According to findings, Finnish youth can be categorized into at least three categories that all react differently to sun protection and thus need different approach. It is increasingly important to study this theme among young Nordic people to obtain knowledge to support their behavioural change towards safer sun protection habits.

Where from and to Nutrition Science is moving forwards? A systematic review with bibliometric focus

Speaker
Nadine Marques Nunes-Galbes, Presenting Author from University of São Paulo, Brazil

Abstract

Background/Objectives. Nutrition Science has developed in the absence of a general theory and specification of its dimensions, apart from being a biological or health science. It was inspired by the biomedical model, shown to be insufficient to deal with the complex relationship between individuals' nutrition, food systems, and the environmental crisis that imposes systemic risks for humanity and the planet. The objective of this work was to perform a bibliometric analysis of the publications proposing epistemological reflections on Nutrition Science.

Methods. A systematic review of the scientific literature was conducted in six different databases, with a specific search strategy for each one based on the key terms: paradigm, epistemology, conceptual framework, general theory, guiding/scientific principles, reductionism, nutritionism, holistic, nutrition(al) science/research. There was no date limit, but research on animals, specific populations or focused on interventions for health outcomes were excluded.

Results. The search retrieved 6,422 publications, refined into 291 papers, starting in 1942. The average number of publications per year was 8.5, but the highest numbers were reached in 2005, 2014, and 2015 (≥20). The corpus was distributed over 152 different journals from 24 countries, with notable participation of the USA (49 journals) and the UK (17), in addition to 42 international journals. Public Health Nutrition, an international journal, concentrated the largest number of publications: 25; followed by The Journal of Nutrition (13) and The American Journal of Clinical Nutrition (12), from USA; Advances in Nutrition, international (10), and the Brazilian Journal of Nutrition (10), from Brazil.

Discussion. Considering that Nutrition Science guides the paths for the promotion of adequate, healthy, and sustainable eating, and that it is a fundamental pillar for the promotion of health, well-being, and equity, it is of great value to deepen the reflection and discussion about the dimensions and directions of this science.
This process is relatively recent, and despite the noted participation of Brazil, it is a discussion still led by the global north. Moving towards a Nutrition that integrates the biological, social, and environmental dimensions, headed and disseminated by all nations and social groups, is urgent in order to face the circumstances of the 21st century.

**Who are the most anxious Brazilians during the pandemic?**

**Speaker**
Fabiane Penachiotti, Presenting Author from Unicesumar, Brazil

**Co-authors**
Mirian Yamaguchi, Rute Grossi-Milani

**Abstract**

**Background/Objectives.** The COVID-19 pandemic has disproportionately affected people. The poorest countries and the most vulnerable populations have been most impacted either as a result of limited access to financial resources, quality health services, more recently, delayed access to vaccines or other factors. And this certainly has consequences for the mental health of these populations. Thus, the aim of this study was to verify the most vulnerable people, identifying those who had higher levels of anxiety in Brazil during the pandemic.

**Methods.** This is a cross-sectional study. Data were collected from mid-November to mid-January through an online platform, using the snowball methodology. The questionnaire included the GAD-7, validated for the Brazilian population. The sociodemographic characteristics and the health and financial risks posed by the pandemic were also accessed. The sample consisted of 1630 Brazilians, of which 71.1% were women (N= 1159). The age of the participants ranged from 18 to 76 years (M=36.2, SD= 10.59).

**Results.** Comparing the groups, higher averages of anxiety were found among female gender, adults aged 18 to 29 years old, single and those: with the lowest monthly income, with children in the household, without religion, left-wing, in quarantine, who had a family member diagnosed with COVID-19 and felt they would be more seriously financially affected by the pandemic.

**Discussion.** Our data are consistent with reviews carried out during the pandemic that demonstrated that the impact on mental health, especially anxiety, was greater in some groups. Women had more anxiety compared to men, a common finding across studies. Social determinants as well as situational factors such as social isolation proved to be important factors associated to the outcome. The findings seem to correspond to the most vulnerable Brazilians during the crisis: the youngest, with less financial stability, the singles who were loneliest during the social isolation, those who felt less supported and represented, those truly isolated and who felt most threatened.
Who are the sober, ‘sensible’, and binge drinkers? Sociodemographic and adult role correlates of alcohol use in Canadian emerging adults

Speaker
Stephanie Sersli, Presenting Author from University of Sherbrooke, Canada

Abstract

Background/Objectives. Emerging adulthood (age 18-29) is characterized by experimentation with alcohol. Research has tended to focus on young adult (binge) drinkers with less attention on nondrinkers, and has tended to focus on postsecondary students. Yet young adults are a heterogenous group, and engage in drinking differently due to their social position. This study identified sociodemographic characteristics and adult role markers associated with binge drinking, drinking moderately, or abstaining from drinking among young adults in the Canadian population.

Methods. We pooled the 2015 to 2018 waves of the Canadian Community Health Survey (an annual nationally representative survey) Public Use Microdata Files to conduct a multinomial logistic regression of participants aged 18-29 years-old. The outcome was alcohol use: binge drinking (5+ drinks on one occasion at least once/month in past year), moderate drinking (drinking in past year), abstaining (no drinking in past year). Predictors included: age, gender, education, household income, racial identity, living arrangements, student status, employment status, and marital status.

Results. Being in one’s 20s, in school, in employment, having higher levels of education, and having a higher household income was associated with higher odds of any drinking (either moderately or binge), whereas identifying as a non-Aboriginal racialized person, living with parents, and being married/common-law was associated with lower odds of any drinking (either moderately or binge). Being a woman, and living with children was associated with lower odds of binge drinking only.

Discussion. Adult role markers such as being married and particular living arrangements (i.e., living with one’s children or parents) were associated with lower odds of drinking, as expected, as were roles such as being a student and employed with higher odds of drinking. Gender and racial identity results were also as expected. Low education and household income were associated with abstaining from alcohol. This may be surprising for readers, given that it is widely believed socioeconomically disadvantaged groups are apt to practice unhealthy behaviours. However, our results echo previous research with general adult populations finding that nondrinking is more prevalent among less educated and lower income groups. Follow up work might investigate the relationship between disadvantage and alcohol (non)use among young adults specifically.

Why we need a paradigm shift in workplace health

Speaker
Amilya Ladak, Presenting Author from Simon Fraser University, Canada
Co-authors
Paola Ardiles, Angelica Yee, Erika Aguilar

Abstract

**Background.** This presentation will demonstrate how current approaches to workplace wellness are failing to address the structural and inequitable factors that impact health. Most programs build wellness plans on outdated concepts of health and incentives, that seek to prevent disease at an individual level rather than creating conditions for wellbeing. Since most adults spend a third of their life in the workplace, a deeper understanding of the conditions that create wellbeing, and the methods to implement wellbeing-centred workplace programs, are needed.

**Methods.** A literature review was conducted to understand how baseline workplace health measures of occupational injury, mental health, and physical health affect preventable workplace illness. The literature review also sought to understand current approaches to workplace wellbeing globally. The primary group of interest was employees, with millennials as a subgroup of interest because of their distinctive expectations for wellbeing, sustainability, and social justice.

**Results.** There is a gap in the design process of current workplace programming that excludes employees and their empowerment, as current approaches are still focused on targeting individual physical health behaviours and prevention of common chronic illnesses. Meanwhile, occupational stress and mental health are emerging as top work-related illnesses but not being addressed nor prevented. Although there is evidence of traditional approaches producing positive effects on employee health, evaluations have highlighted the importance of taking a whole-person view of wellness.

**Discussion.** A shift towards a systems approach provides a more effective and sustainable framework for supporting workplace wellbeing. This addresses the fact that sources of workplace stress often stem from organizational level problems rather than a lack of personal coping strategies. Moreover, there is no “one size fits all” approach to promoting mental health, wellbeing, or social equity. There is an urgent need to shift from traditional approaches to one that considers the power imbalances and inequities in current workplaces. Organizations should follow an equity-centred design model by involving their employees as key stakeholders when restructuring wellness programs and rebalancing priorities so collective wellbeing becomes just as important to strategic planning as efficiency.

Will people who never exercise start to exercise after abnormal chronic disease screening results? - Community-based prospective longitudinal cohort study

**Speaker**
Kai-Yang Lo, Presenting Author from National Sun Yat-Sen University, Taiwan

**Co-authors**
Hsiu-Fan HSU, Yen-Po Yeh, Dih-Ling Luh
Abstract

Background/Objectives. Most studies are focus on the effects of exercise/physical activity on chronic disease. Few studies have focused on the impact of abnormal results found in chronic disease screening on people’s exercise behavior. The purpose of this study was to describe the exercise behavior change after chronic disease screening in never exercisers and to clarify the age difference of this relationship.

Methods. Using a community-based prospective longitudinal cohort design and drawing the data of ChungHua community-based integrated screening (CHCIS), we analyzed 12,588 screenees from 2005 to 2018 who participated at least twice and self-reported as never exercise at the first screening. The screening results of chronic disease included blood glucose, blood pressure, triglyceride, and high-density lipoproteins (HDL). Exercise behavior change was based on the self-reported exercise in the next screening and categorized as starting to exercise or not. Multiple logistic regression was adopted as a statistical model.

Results. In general, 37.73% of never exercisers started to exercise after their first screening. Using multiple logistic regression and adjusting for sociodemographic factors and personal disease history, only the result of the blood glucose test was statistically significant related to starting exercise. Furthermore, we found that those who had abnormal blood glucose were more likely to start exercise in the younger group (< 65 years old) (OR[95% C.I] was 1.15[1.05-1.26]) but not in the elder group (≧ 65 years old).

Discussion. Among four indicators of chronic disease screening, only abnormal blood glucose seemed to have a possible impact on starting exercise, and this impact only showed in the younger group. The explanation might include: (1) the risk perception of the abnormal results of chronic disease is not enough critical to starting exercise except for abnormal blood glucose. (2) A relatively high proportion of the elderly suffer from chronic diseases, and after adjusting their personal medical history, abnormal results no longer affect sports behavior. Further research is needed to confirm the possible mechanisms.

Within and beyond school walls: Exploring the impact of APPLE Schools on the school and broader community environments

Speaker
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Abstract

Background/Objectives. Schools are important settings to promote health behaviours for children and youth during critical developmental years. School-based health promotion efforts have increasingly used the evidence-based comprehensive school health (CSH) approach which recognizes the interconnected domains of the school, home, and community environments. Previous research has identified the effectiveness of the wholistic CSH approach to improve health and academic outcomes of students. However, there is limited research on the context of the health promoting environments that CSH addresses...
both within and outside the school. This study explored the impact of a CSH intervention, APPLE Schools, on the school and community environments from the perspectives of school staff.

**Methods.** This qualitative study used an instrumental, multiple case study and focused ethnography methods to guide data generation. Five schools in Alberta, Canada were purposively selected. A walking interviewing approach (i.e., ‘go-alongs’) was used to observe the school setting and capture participant interpretations at the same time. One go-along in each school (n=5) was conducted (average length=3 hours), and a total of 22 individuals were interviewed. Interviews were supplemented by field notes and photographs. All interviews were audio-recorded and transcribed verbatim. Data was analyzed using an inductive, thematic approach.

**Results.** Findings suggest the impact of APPLE schools has spread both within and beyond school walls. Four main themes were identified: 1) APPLE schools look different, 2) APPLE Schools build champions, 3) APPLE Schools builds community partnerships, and 4) APPLE Schools honours community culture. The themes showed the unique way each case setting worked within the environmental context to promote health.

**Discussion.** This study demonstrated how school and community environments are influenced by CSH. Notably, school-community engagement is crucial to sustain healthy initiatives and provide additional funding and resources. The findings from this research are important to shape practice of school-based health promotion interventions by understanding the broader cultural context of schools and how school-community partnerships can support and improve the health outcomes of children.

**YOUNGLEM SAMESI: Able to heal through the web, beyond physical and cultural barriers**

**Speakers**
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**Abstract**

**Background.** Youngle is a national network currently present in ten Italian regions. The name comes from the fusion of the terms Young and Jungle, referring to the emotional, relational, experiential and identity jungle perceived by young people. The project Youngle Samedi, part of the SA.ME.D.I (SAlute MEntale Dipendenze) project, is aimed at activating a web peer-education and online listening service on the territory of the ASL Tuscany SouthEast (ASL-TSE) with special attention to the foreign young people of first and second generation. As of Jan 1st, 2020 in the territory of ASL-TSE 11% (92.001) of residents are foreign citizens, 15% of whom <18 years old.
**Methods.** Closely linked to local services for adolescents (counsellors, education projects, community services, schools, etc.) a peer education for social profile management has been proposed. Youngle has been presented in the places of natural aggregation of teenagers from 15 to 23 years: schools, discos, parties, youth centers. The project uses a so-called Social Challenge method, which involves the realization of a game-contest, lasting five hours, in some high schools, which hires the young people themselves in the promotion of Youngle through social media. The players, divided into teams of 5 members, were then challenged to become influencers of good messages on Instagram.

**Results.** Starting from February 2021, experimenting with a new way of promoting health in schools, online meetings were organized with over 400 students of the third and fourth classes of six higher schools in the territories involved: 70 of these are first- or second-generation people. It’s been carried forward, through interactive dynamics, a reflection on the responsible use of social networks. The messages (post and video) reached over 10,000 contacts.

**Discussion.** In September a second phase of the project will begin, with 70 players who have left the first phase and have voluntarily joined the training course for web peer-educators. Young people will learn active listening techniques and online relationship management. Then, through Webapp - YOUNGLE, will be activated a chat between peers, in which the guys trained, supervised remotely by the company’s psychologists, will interact with peers who need to talk. The subjects of the talk will be bullying and cyberbullying, emotional relations, discrimination, multicultural integration, identity, Covid pandemic.

**Youth mental health research in Croatia: Positive youth development and 5C model perspective**

**Speaker**
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**Abstract**
**Background/Objectives.** Positive development relies on adequate and timely support and engagement of youth in order to recognize and encourage the development of their individual strengths. However, adolescents may encounter social and ecological factors that lead to poorer mental health outcomes and to risk-taking behaviours. This paper is a part of study "Testing the 5C framework of positive youth development: traditional and digital mobile measurement - P.R.O.T.E.C.T." funded by Croatian Science Foundation, UIP – 2020 – 02 – 2852. Aim of the presentation is to characterize individual and ecological factors that contribute to the positive development of Croatian adolescents within the 5C theory (caring, character, competence, connection and confidence).
Methods. Quantitative study will include 6,000 high-school students, 1,200 parents of those adolescents and 300 head-teachers. Positive Youth Development short form (Geldhof and colleagues, 2014) will be used to assess 5C characteristics of youth, as well as measures of their mental health state and wellbeing, Depression, Anxiety and Stress Scale - 21 (DASS-21, Lovibond and Lovibond, 1995) and Warwick Edinburgh Mental Wellbeing Scale (Warwick Medical School, 1997). Parents and teachers will complete Positive Youth Development very short form as well as DASS-21 and Warwick Edingurh Mental Wellbeing Scale.

Results. CFA and ESEM analysis of pilot data has confirmed the factor structure of higher order within the 5C model. Among school factors, increased school attachment was found to be significantly associated with reduced depression, anxiety and stress for female adolescents. Increases in family communication were significantly associated with reduced depression, anxiety and stress only for male adolescents.

Discussion. To invest in positive mental health and promote healthy development, it is needed to assess both characteristics of individual and environment, especially family and school factors. Findings suggest that interventions for mental health promotion should address both school and family contexts, and may be more effective when accounting for differing developmental experiences of female and male adolescents. Researchers and practitioners should collaborate more to provide science-based approach to youth mental health and programming in various context.