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Global Health: Annual Review

SPECIAL ISSUE

Canadian Youth Delegate
Recommendations on
Global Health Priorities
(2023-2024)



G HAR
Global Health: Annual Review



Canadian
Youth
Delegate

CONTENTS

03 FOREWORD FROM DR. THERESA TAM

05 FOREWORD FROM THE CYD

06 LETTER FROM THE EDITORIAL BOARD

07 MEET THE EDITORIAL TEAM

08 MEET THE CYD TEAM

09 ABOUT THE REPORT

13 CYD ACTIVITIES

ROUNDTABLE DISCUSSIONS

14 Pandemic Preparedness | March 23, 2023

18 Infection Prevention and Control | March 30, 2023

23 Equity & Health Systems | April 4, 2023

28 Rehabilitation & Health Systems | April 11, 2023

33 Highest Health Standards & Disabilities | April 13, 2023

38 Promotion, Protection, and Care of Mental Health | April 14, 2023

43 Applying Data in Pandemic Preparedness | April 18, 2023

47 Innovations for Future Pandemics | April 19, 2023

52 Gender Inequities & Health Systems | April 26, 2023

56 Community Engagement for Future Pandemics | April 27, 2023

61 Indigenous Health | May 3, 2023

66 Prevention and Control of Noncommunicable Diseases | August 30, 2023

70 Strategic Public Health Communications and Behavior Change | August 31, 2023

74 Health Workforce 2030: Strengthening Human Resources | September 6, 2023

78 Mental Health and Suicide Prevention | September 7, 2023

83 Indigenous Youth and Mental Health & Suicide | September 18, 2023

88 ACKNOWLEDGMENTS

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Gratitude is extended to the Global Health Annual Review Editorial Board, with a special thank you to Jawaria Karim, and Jenny Xinye Hu for their leadership; Adrienne Parent and Rachel Short for their guidance. Much appreciation is also extended to the many Canadian youths who participated in the roundtable consultations, sharing their lived and technical expertise in shaping a more equitable and safer world for all.

FOREWORD

BY DR THERESA TAM, CHIEF PUBLIC HEALTH OFFICER, PUBLIC HEALTH AGENCY OF CANADA



In an era where health challenges transcend borders, the importance of recognizing and uplifting youth voices in global health discussions is not just beneficial, but imperative. By empowering youth to play an active role in issues affecting their own health and the health of their communities, we can help shape the next generation of public health leaders. Health is a fundamental human right and we need to work towards achieving equity and reducing the systemic barriers that prevent anyone from attaining the best health outcomes. All young people, including First Nations, Inuit, and Métis youth, 2SLGBTQIA+ youth, youth with disabilities, and others experiencing stigma and systemic inequities, must be active participants in shaping their well-being and the health of future societies.

The Canadian Youth Delegate Program, organized by the Office of International Affairs for the Public Health Agency of Canada and Health Canada, provides space for Canadian youth to engage in global health. This innovative program supports a young professional studying in a health-related field an opportunity to represent youth as part of Canada's delegation to the WHO's World Health Assembly and the Pan American Health Organization's (PAHO) Directing Council/Sanitary Conference meetings.¹

In preparation for the 76th World Health Assembly and PAHO's 60th Directing Council, Toby Le, Canada's Youth Delegate, engaged with over 200 youth from across Canada in 16 roundtable discussions between March and September 2023. The outcomes of those sessions, highlighted in this report, provide a snapshot of priority issues highlighted by Canadian youth. These recommendations cover many health topics from pandemic preparedness to mental health, infectious and non-communicable diseases, and the health workforce. They highlight the importance of health equity and recognize the need to address existing disparities and barriers to achieving better health outcomes.

Interacting with youth and hearing their concerns, priorities and solutions is a highlight of my role as Canada's Chief Public Health Officer. At the World Health Assembly in May 2023, I was pleased to have had the opportunity to engage directly with Canadian youth in a roundtable discussion

¹ The youth delegate acts as an advisor to the Government of Canada on priority issues for youth. The program provides youth the opportunity to become more engaged and informed in political issues, gain insight into negotiations, experience international diplomacy at the highest level, develop skills in global health diplomacy, and to engage positively with youth across the world.

FOREWORD

BY **DR THERESA TAM**, CHIEF PUBLIC HEALTH OFFICER, PUBLIC HEALTH AGENCY OF CANADA

hosted by Toby. I heard, loud and clear, the importance of integrating equity into public health systems and global health. Health equity is a priority for me, so I am encouraged to see your collective advocacy in this area.

Today's youth are facing unprecedented challenges, such as access to safe and secure housing and climate change, that can have lifelong consequences on their physical and mental health. Climate-driven events and public health threats are increasingly becoming a part of our daily lives. Global health decision-makers must continue the progress made in child and youth health in the past decades to address intergenerational health inequity. Space can be created for youth voices to be integrated into emergency management to reduce unintended impacts from emergency response efforts. Your voices can highlight the need for additional and tailored resources to address issues impacting youth during and after emergencies and promote health equity.

Around the world, we continue to feel the health, social and economic repercussions of the COVID-19 pandemic and the urgency to implement the insights we have learned from it. The COVID-19 pandemic has pushed us to work collaboratively and effectively to respond to global and domestic public health needs and to anticipate and prepare for future threats. One important institutional learning stemming from COVID-19 is the importance of addressing equity-related challenges that were exacerbated throughout the pandemic. Though Canada made tremendous progress in reducing mortality and morbidity in the two decades leading up to the pandemic, COVID-19 shone a light on how crucial equitable and resilient public health systems are to preserving overall health and wellbeing. As we continue to strengthen our health systems, we must continue to broaden our approach to incorporate a global perspective.

For the youth readers, I encourage you to exercise your agency and build your capacity and expertise to participate in decision-making processes and act as amplifiers and ambassadors in your own community. I am confident in your ability to shape the future.

Dr. Theresa Tam, BMBS (UK), FRCPC

Chief Public Health Officer of Canada

Public Health Agency of Canada

FOREWORD

TOBY LE, 2023 CANADIAN YOUTH DELEGATE



As the Canadian Youth Delegate to the 76th World Health Assembly and the 60th Pan American Health Organization Directing Council, I am honored to present this report on recommendations for emerging global health priorities, reflecting the voices and insights of Canadian youth. This report is the result of 16 roundtable consultations with over 200 Canadian youth representing diverse identities, professions, and backgrounds, alongside the valuable expertise contributed by 15 delegate advisors.

The COVID-19 pandemic has exposed many vulnerabilities within our health systems, revealing profound inequities and causing extensive disruptions worldwide. In parallel, the escalation of other global instabilities and crises

further emphasizes the need for a comprehensive, whole-system approach to effectively address these challenges.

During my appointment as the 2023 Canadian Youth Delegate, I had the privilege of consulting with Canadian youth across the country, whose insights have contributed to the depth and richness of this report. I want to extend my gratitude to each participant for their invaluable contributions and the commitment they have demonstrated toward shaping a healthier, more equitable world.

This report serves as a call to action for all governmental, non-governmental, and private sectors to engage with young people today. Canadian youth are innovative, resilient, and deeply committed to addressing pressing global issues. They are not only the leaders of tomorrow but also the leaders of today. Their voices, highlighted in this report, underscore both the urgency and opportunity for collaborative action.

As you review this report and its recommendations, insights, and experiences from Canadian youth, I urge you to consider how these contributions can guide efforts within your context to better engage with youth in building a sustainable, inclusive, and equitable future for all.

Toby Le

2023 Canadian Youth Delegate to the 76th World Health Assembly and the 60th Pan American Health Organization Directing Council

LETTER

FROM OUR EDITORIAL TEAM

Dear Readers,

Welcome to this special issue of the Global Health: Annual Review (GHAR). GHAR is an open-access, peer-reviewed journal committed to providing equitable access to findings, insights, and perspectives in global health. Managed by McMaster University, this student-led journal originated from alumni of the Master of Science in Global Health program. Since its first issue in 2015, the journal has grown to include contributors, reviewers, and authors from a diverse range of international institutions, all dedicated to promoting the work of students, graduates, and professionals in the field.

In this special issue, we are honored to collaborate with the 2023 Canadian Youth Delegate, Toby Le. Toby carried out roundtable discussions with youth across Canada, covering 16 critical topics, such as pandemic preparedness, mental health, and equity in health systems. These discussions have provided invaluable insights into the perspectives and experiences of Canadian youth on a wide range of global health issues. After this hard work, our team has brought these insights to you on the following pages.

Creating reports such as these is crucial not only as a snapshot of what youth are thinking today but also as a valuable resource for years to come. These insights can guide policy and decision-makers, ensuring that the voices of the younger generation are heard and considered in shaping the future of global health. This special issue serves as both a reflection of current youth perspectives and a tool for informing future strategies in health policy and practice.

On behalf of the Issue 9 authors, contributors, reviewers, and the 2024 GHAR editorial team, we would like to express our gratitude to you, the readers. Your interest and engagement with the featured works give them even deeper meaning beyond these pages. We also extend our heartfelt thanks to Toby for allowing GHAR to lead the project in creating such an important report. We hope that this issue ignites your curiosity and inspires you to embark on your own journey in global health.

Sincerely,

Jawaria Karim, Jenny Hu, and Maya Kshatriya

Global Health: Annual Review
Editorial Team, Special Issue



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JENNY XINYE HU



MAYA KSHATRIYA

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2023 CANADIAN YOUTH DELEGATE TEAM

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HEALTH SYSTEMS



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Miyosha Tso Deh



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REHABILITATION

PANDEMIC PREPAREDNESS & RESPONSE



Grace Seo



Jasmine Frost



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INFECTION CONTROL & PREVENTION



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Ali Doucet



Kirsten Biggar



Molly Pratt

ABOUT THE REPORT

INTRODUCTION

Each year, one Canadian youth is selected to join the Canadian Delegation to the World Health Assembly and the Pan American Sanitary Conference/Pan American Health Organization Directing Council. In preparation for these meetings, the youth delegate conducts roundtable consultations with Canadian youth to gather their perspectives and recommendations on pressing health concerns. These insights inform Canada's position on international policies on emerging global health priorities.

Moreover, the following report is a compilation of statements and recommendations on global health priorities raised by Canadian youth during the tenure of Toby Le as the Canadian Youth Delegate (CYD) to the 76th World Health Assembly and the 60th Pan American Health Organization Directing Council.

THREE PHASE APPROACH

01 OUTREACH TO CANADIAN YOUTH

Following his appointment as the 2023 CYD, Toby Le recruited and established a team of 15 young professionals to serve as Delegate Advisors. Selected for their expertise in different health topics and their extensive networks across Canada, this team facilitated meaningful and focused discussions on global health priorities for the 76th World Health Assembly and the 60th Pan American Health Organization Directing Council. Key themes discussed included:

- Pandemic Preparedness and Response
- Infection Prevention and Control
- Equity in Health Systems
- Rehabilitation and Standards in Health Systems
- Mental Health Promotion and Care
- Indigenous Health and Wellness
- Community Engagement and Strategic Health Communications
- Noncommunicable Diseases Prevention and Control
- Strengthening Health Workforce Capacities

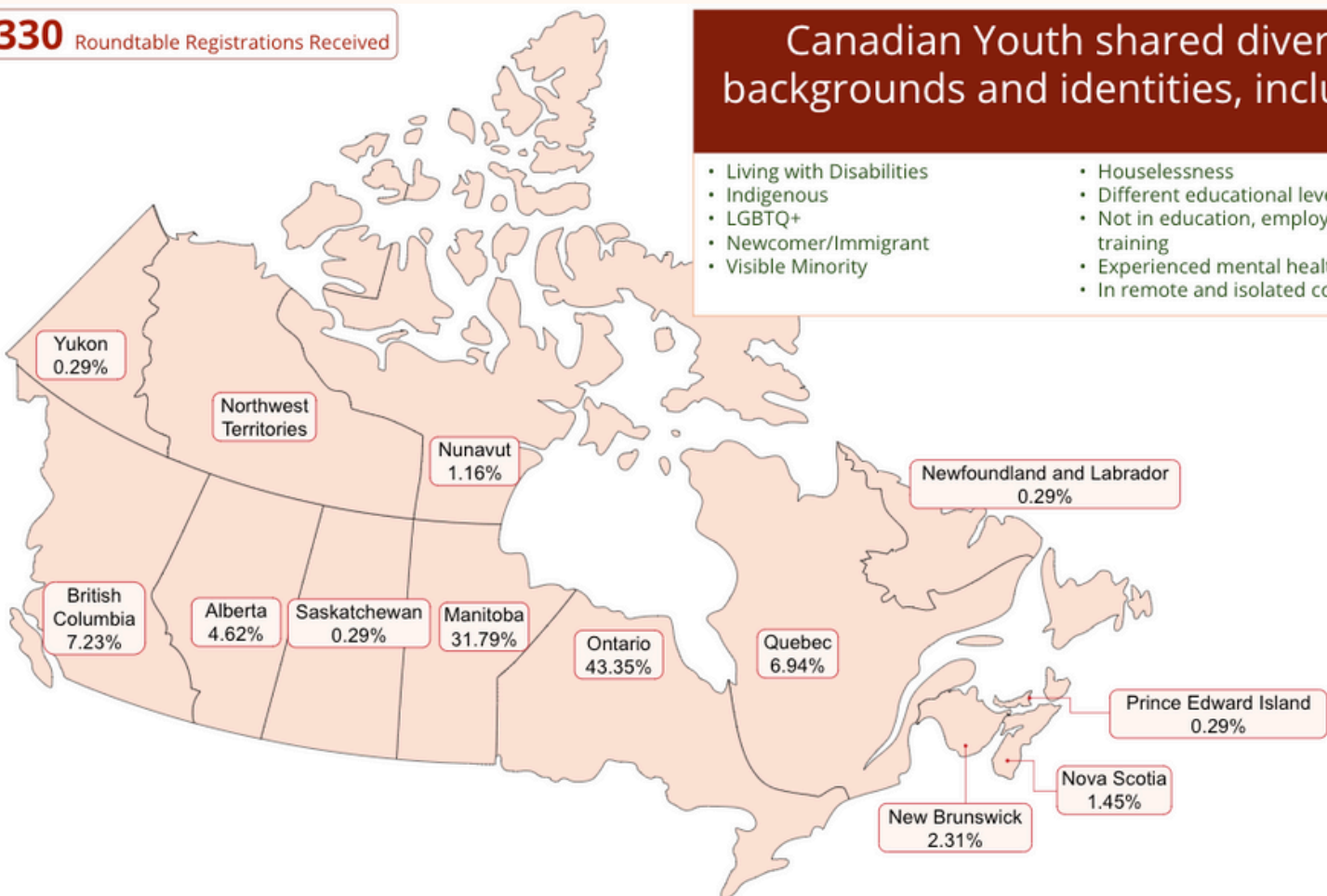
02 ROUNDTABLES

To gather input from Canadian youth on pressing health priorities, online roundtables were organized with open registration for all youth aged 18-30, with exemptions made upon request. Open invitations were posted on the CYD website and disseminated through social media and email. All roundtable discussions were recorded to aid advisors in reviewing the conversations and drafting reports. A total of 16 roundtable discussions were conducted between March and September 2023, engaging hundreds of Canadian youth nationwide with various expertise and organizations that can be seen below.

330 Roundtable Registrations Received

Canadian Youth shared diverse backgrounds and identities, including:

- Living with Disabilities
- Indigenous
- LGBTQ+
- Newcomer/Immigrant
- Visible Minority
- Houselessness
- Different educational levels
- Not in education, employment or training
- Experienced mental health challenges
- In remote and isolated communities



EXPERTISE OF ROUNDTABLE PARTICIPANTS

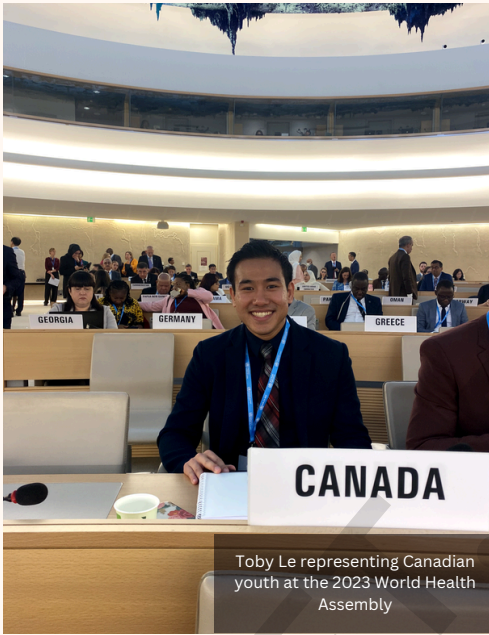
- Addictions
- Antimicrobial Resistance
- Biostatistics
- Chronic Diseases
- Community Engagement
- Community Health Promotion
- Digital Technology
- Disease Surveillance
- Epidemiology & Biostatistics
- Food and Nutrition
- Gender Affirming Care
- Health Systems
- Indigenous Health
- Infectious Diseases
- Long Term Care
- Mental Health Promotion
- Misinformation & Disinformation
- Multilateral/International Governance
- Non-communicable Diseases
- Nursing
- One Health Policy
- Rehabilitation
- Reproductive & Sexual Health
- Social Services
- Veterinarian Medicine
- Data Science

ORGANIZATIONS AND NETWORKS OF ROUNDTABLE PARTICIPANTS

- Canadian Association for Supported Employment
- Centre for Healthcare Innovation
- Canadian Food Inspection Agency
- Diabetes Action Canada
- Eating Disorders Nova Scotia
- First Nations Health and Social Secretariat of Manitoba
- First Nations Information Governance Centre
- Global Affairs Canada
- Global Strategy Lab
- Grand Council Treaty #3
- Six Nations Health Services
- Indigenous Services Canada
- Kids Help Phone
- Manitoba Metis Federation
- National Centre for Foreign Animal Diseases
- Native Women's Association of Canada
- National Microbiology Laboratory
- Natural Sciences and Engineering Research Council of Canada
- Nunavik Regional Board of Health and Social Services
- Parks Canada - Indigenous Affairs Branch
- Public Health Agency of Canada
- River East Transcona School Division
- Sexual Education Resource Centre
- SickKids
- Six Nations of the Grand River
- Southern Chiefs Organization
- StrategyCorp
- Sunnybrook Health Sciences Centre
- The Winnipeg Chamber of Commerce
- United Nations Association in Canada
- Healthcare Excellence Canada
- Health Canada

03 EDITING & PEER REVIEW PROCESS

Before publication, the report underwent content verification by advisors who, after signing privacy agreements, were granted access to the roundtable recordings. These recordings were used to carefully refine the contributions from roundtable participants for clarity and brevity while preserving the essence of their original statements. The report was then peer-reviewed by the Global Health Annual Review editors and reviewers to ensure compliance with journal standards. Finally, participants from each roundtable were contacted and offered the opportunity to be acknowledged in the report.



Toby Le representing Canadian youth at the 2023 World Health Assembly



PANDEMIC PREPAREDNESS

A hand wearing a blue nitrile glove is shown holding a realistic globe of the Earth. The globe is positioned in the center of the frame, showing the continents of Africa, Europe, and Asia. The hand is positioned as if it is supporting the globe from below and to the right. The background is a soft, out-of-focus light blue and white.

"COVID-19 is not the first pandemic and it won't be the last."

Norman Swan

Photo Courtesy of Nastco via Getty Images

Pandemic Preparedness

March 23rd, 2023

2023 Canadian Youth Delegate: Toby Le

Delegate Advisors: Grace Seo, Jasmine Frost, Riley Tough

Verified by: Sydney Pearce, Zoe Quill

Roundtable participants included, but were not limited to:

Agape Y. Seo¹, Darian Hole², Lorraine Pereira³, Maitri Patel⁴, Regina Yuen, Rohan Sethi¹, Rose Chan¹, Seyed-Moeen Hosseinalipour⁵, Srijain Man Shrestha, Yixiu Liu¹

**All authors contributed equally and are presented in alphabetical order.*

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³ University of Ottawa

⁴ University of Toronto

⁵ Global Health Centre, Graduate Institute of International and Development Studies

Roundtable Summary

The roundtable discussion on Pandemic Preparedness covered three priorities: equity, community engagement, and innovation. For equity, the youth participants stressed the significance of making resources readily available to communities that are disproportionately impacted by social determinants of health. They suggested innovative methods and involving community members in the development of programs to achieve this goal. For community engagement, the youth discussed the importance of transparency and active communication with the public to address uncertainty and misinformation. They suggested involving the public in policy creation and adopting effective science communication principles to build trust. Under innovation, the youth participants highlighted the significance of investing in science communication to combat misinformation in future pandemics. Additionally, they stressed the need for educational systems to collaborate in building basic health literacy among young students.

Priority: Equity

Discussion Question: How can we ensure equitable access to healthcare, health-related resources, and information for underserved and vulnerable communities during a pandemic?

Summary: Many roundtable participants emphasized the theme of addressing barriers to equity and adopting a holistic approach when addressing equity-related concerns. In particular, participants underscored the

importance of prioritizing communities that bear a disproportionate burden during pandemics and ensuring that public health resources are accessible to them. For example, one participant highlighted the use of subway stations to establish vaccination clinics during the COVID-19 pandemic. This strategic measure significantly improved vaccine accessibility for all individuals by offering heightened convenience. This conversation also highlighted the issue of distributing resources to those currently transient or unhoused. Further, engaging community

members in resource allocation, community-based education, and other health-related decisions resonated throughout the roundtable. Participants highlighted the significance of considering cultural factors, healthcare and technology accessibility, and language when collaborating with communities.

Participants urged the Canadian government to recognize existing inequities and barriers, especially those that have arisen during the COVID-19 pandemic. They emphasized the need to draw valuable insights from these experiences to enhance preparedness for future emergencies and foster resilience. Several recommendations were highlighted, such as advocating for flexible remote work conditions to broaden employment opportunities for equity-deserving communities, improving hospital bed availability in Northern communities, and investing in telemedicine and support services to improve healthcare access. One participant also recognized Canada's role in global vaccine access inequities and proposed that Canada should work towards being a more vital international collaborator moving forward.

Priority: Community Engagement

Discussion Question: What steps can we take to strengthen collaborations and engagement with the public community to better prepare for future pandemics?

Summary: Information transparency and open, two-way communication between governments and the public were identified as necessary tools for fostering trust and achieving public compliance. Participants suggested that disinformation, misinformation, and, most prominently, mistrust among populations may stem from the initial phases of the pandemic, where transparency and

information sharing were limited. Moreover, one participant drew attention to the problem of fragmented information among provinces and territories, which results in a lack of unity and heightened concerns, further fueling mistrust. Thus, participants believe that the Canadian government must cultivate trust with communities by swiftly disseminating accurate information employing the best practices in science communication. For effective scientific communication, participants stated that data-sharing methods should expand beyond research publications to incorporate social media and other platforms that are easily accessible to the general public.

Participants agreed that providing a platform for the public to ask questions and receive timely responses in inclusive language is necessary. One participant recommended drawing insights from countries that established transparent communication channels at the onset of the COVID-19 pandemic for effective communication strategies. Another participant proposed that governments approach diverse viewpoints with empathy to prevent alienating those with differing perspectives. Further, participants unanimously agreed that gaining a deeper understanding of community members' pitfalls and hardships is of utmost importance when developing effective policies. They advocated for the involvement of the public in decision-making and policy creation, stating that these collaborative efforts will help foster their comfort and trust in science during times of uncertainty. Finally, it was stressed among participants that all levels of government need to work together to accelerate data availability, establish data-sharing agreements, and commit to knowledge dissemination to promote public health and foster trust.

Priority: Innovation

Discussion Question: What innovations might be absent from the COVID-19 response that will be included in our future pandemic toolkit?

Summary: Innovative approaches that have demonstrated success and areas requiring additional investment to strengthen pandemic response were focal points of discussion among participants. To improve health outcomes, participants emphasized that policies and funding mechanisms must urgently adopt lessons learned from the pandemic lessons.

Several participants expressed significant concerns regarding public communication of scientific findings during the COVID-19 pandemic. Two participants advocated for training programs to equip researchers with skills in science communication. There was also a strong focus on improving health and science literacy among the public to provide them with the necessary tools to evaluate research findings critically. One participant suggested investing in education-based initiatives that target younger generations, such as high school and university students. Another participant echoed these concerns and expressed worry that a lack of basic scientific literacy may have contributed to the abundance of misinformation during the pandemic. Three participants identified social media as an innovative tool for knowledge translation due to its potential for wide dissemination and public education.

Participants also discussed the necessity for new policies and agreements involving the public, pharmaceutical companies, and private sectors, requiring them to operate with the flexibility and speed necessary during a global emergency. Further, two participants highlighted the importance of improving

intersectoral relationships to enable standardized data collection, storage, and sharing. Participants stressed that knowledge and resources should be shared across government jurisdictions, emphasizing supporting resource-limited settings.

New technologies were also recognized as a top priority for ensuring the efficiency of contact tracing, reporting, and risk modelling. Several participants also proposed that health institutions embrace a 'One Health' approach within their services and operations, considering the interplay of animals, environmental factors, and human health. Finally, participants recognized that pandemics require coordinated efforts across nations to foster global resilience.

Photo Courtesy of Stígur Már Karlsson/Heimsmýndir from Getty Images

INFECTION PREVENTION AND CONTROL

A close-up photograph of hands being washed with white soap foam against a blue background. The hands are positioned in the center of the frame, with the fingers spread and the soap suds covering the palms and backs of the hands. The background is a soft, out-of-focus blue, suggesting a clinical or hospital setting. The overall image conveys a message of hygiene and infection control.

"When it comes to global health, there is no 'them'... only 'us.'"

Global Health Council

Infection Prevention and Control

March 30th, 2023

2023 Canadian Youth Delegate: Toby Le

Delegate Advisors: Ali Doucet, Kirsten Biggar, Molly Pratt, Sydney Pearce

Verified by: Riley Tough, Grace Seo

Roundtable participants included, but were not limited to:

Alexandra Mhairie Blair,¹ Courtney E. Fang, Darian Hole,² Jamie Goltz,³ Kristin James, Lorraine Pereira,⁴ Mahder Teffera,⁵ Maitri Patel,⁶ Morgan R. Hiebert,⁷ Nathan Varghese,⁸ Olivia Canie,⁹ Paula Pidsadny,⁷ Roopkamal Sidhu,⁷ Rose Chan,⁷ Sean Yeo⁵

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⁵ Canadian Food Inspection Agency

⁶ University of Toronto

⁷ University of Manitoba

⁸ Rady Faculty of Health Sciences, University of Manitoba

⁹ Yale School of Public Health

Roundtable Summary

During the roundtable discussion on Infection Prevention and Control (IPC), youth emphasized Canada's shared global responsibility for IPC, particularly in low- and middle-income countries (LMIC). They suggested that Canada should address gaps in IPC within the country while also collaborating with LMIC partners by sharing finances, resources, knowledge, training, and IPC programming. They highlighted the need for strategic evaluation and involvement of local leaders and communities for sustainable efforts. Medical mistrust, stemming from historical trauma, and social determinants of health, such as inadequate access to water, sanitation, and hygiene services, were identified as significant barriers to successful IPC program implementation in marginalized communities. Youth advocated for involving trusted community members in IPC programs and providing equity, diversity, and inclusion training for medical professionals to address medical mistrust better. Youth also raised concerns that IPC programs will not reach their full potential until basic social determinants of health are ensured for all communities.

Priority: Political Agenda vs Global Health

Discussion Question(s): What responsibilities does Canada have in supporting infection prevention and control (IPC) efforts in low- and middle-income countries (LMIC)?

Summary: Participants recognized that the spread of infectious diseases is influenced by globalization, immigration, tourism, and travel, all of which allow infections to cross national borders unnoticed. Thus, participants acknowledged Canada's role in the shared

global responsibility for IPC efforts.

Participants highlighted the disproportionate impact of pandemics and diseases on LMICs and refugee camps and recommended expanding beyond financial support to include training, technical assistance, infrastructure, and developing surveillance systems for LMIC partners. Participants believed that this strategy would limit financial dependency and promote self-sustainable IPC programs.

Participants also stressed the importance of collaborating with local leadership and tailoring action to local contexts to mitigate the influence of colonialism. A common theme emerged that adopting a one-world, one-health perspective for IPC efforts would benefit Canada by reducing the global burden of infections and limiting the entry of infections into the country. Still, participants strongly emphasized that this work must address the Northern and rural communities in Canada that are currently neglected by Canadian IPC programs. Participants described the inadequate housing, lack of clean water, and inaccessible healthcare that impact these underserved communities. They acknowledged that the Canadian government has a dual responsibility to increase internal IPC support while contributing to the global IPC agenda.

To effectively address both local and global IPC needs, participants recommended strategically assessing existing resources and programs to determine what can be redistributed, optimized, or redirected. One participant noted that efficiency and efficacy must be critically evaluated throughout this process, and local leaders and communities, whether they reside in Canada or abroad, must be involved to ensure the sustainability, cultural appropriateness, and impact of these efforts.

Priority: Reaching Remote & Vulnerable Communities

Discussion Question: What measures can we implement to ensure that IPC resources and services are accessible to disadvantaged and marginalized communities?

Summary: Concerning the accessibility of IPC programs in remote and vulnerable communities, roundtable participants consistently stressed the importance of a community-based approach and consideration of cultural differences for local implementation in historically underserved communities. Recommendations included increased investment in diagnostic, public communication, and treatment resources in remote locations.

Many participants emphasized that successful programs must both control current outbreaks and reduce the factors driving the spread of disease. Key barriers identified by participants included inadequate and overcrowded housing, poverty, lack of access to clean water, and poor healthcare accessibility. One participant highlighted that these barriers drive the high prevalence of tuberculosis in Canada's Northern and remote communities, particularly among Indigenous communities, compared to more densely populated neighbourhoods near the Southern border.

Concerns were also raised about the long distances that people living in Northern and remote communities must travel to access essential healthcare services. One participant noted that telehealth services were useful for remote communities during the COVID-19 pandemic, and should be included in national IPC programs to address geographical disparities in healthcare access.

Additionally, participants emphasized the need for pathways for local expertise, including training trusted community members in IPC to build capacity tailored to their specific community needs. Consulting these communities and giving them a voice at the table to discuss their resource needs can establish trust, reduce ongoing colonialism, and create community leaders to ensure the sustainability of IPC interventions. Several participants also advocated for equity, diversity, and inclusion (EDI) training for IPC professionals in both remote and urban community settings to help them navigate the medical mistrust attributed to historical trauma. It was widely agreed that without adequately addressing underlying social determinants of health, IPC programs will not reach their full potential, and those with the greatest need will continue to be underserved.

Priority: Accountability & Metrics

Discussion Question(s): What are the indicators of a successful IPC program?

Summary: Throughout the discussion, participants suggested that indicators of a successful IPC program should be representative of the populations involved through an EDI lens and multifaceted to include a granular 'One Health' perspective. Participants highlighted that data collection should be a collaborative effort, where data is accessible to researchers and returned to the community where it was collected. Several participants acknowledged that community members must be involved throughout the process, including program planning, implementation, and knowledge translation, to better understand why and how metrics are relevant to the local community and broader population. Participants believed that a lack of surveillance data collection, particularly for

equity-seeking groups, could harm these groups. One participant suggested that accessibility solutions should include making public health surveillance data publicly available, frequently updating the data, and providing IPC information in lay terms and multiple languages.

A recurring theme was that successful IPC programs enabled communities to interpret, understand, and apply findings to their personal lives. It was suggested that a successful IPC program should be self-sustainable. One participant advocated for universal standardized metrics and harmonized metadata that can be measured and compared between nations. Another participant echoed this recommendation and added that there should be a minimum set of universal markers to assess the failure or success of IPC programs.

Priority: Healthcare Training & Community Awareness

Discussion Question(s): What essential principles of IPC do you believe should be compulsory in healthcare training?

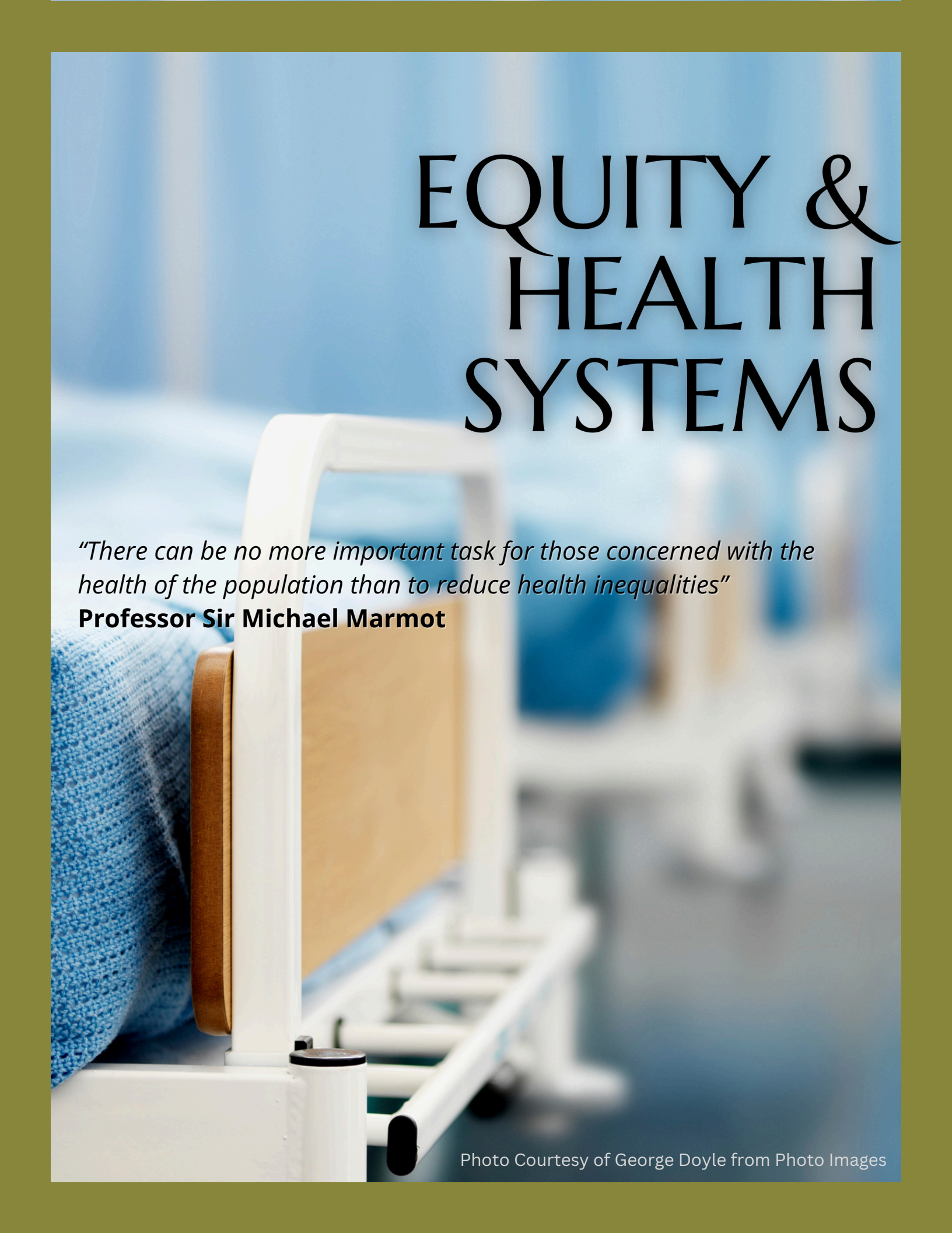
Summary: Participants asserted that IPC programs should provide culturally inclusive and sensitive, data-driven care practices and education to the community. To achieve this goal, participants suggested consistently integrating ethical, evidence-based training into health science curriculums and focusing on case-based and practical real-world training.

Participants stressed the need to expand training for healthcare workers and researchers to include knowledge translation, stewardship, destigmatizing language, and the ability to tailor practices to specific communities. A few participants acknowledged

that focused knowledge translation and stewardship programs can help community members understand how IPC programs mitigate health concerns like antimicrobial resistance (AMR).

Additionally, several participants highlighted the importance of cultural liaisons for practitioners serving diverse communities to help reduce potential barriers and medical mistrust. They suggested that culturally inclusive training should equip healthcare workers, researchers, and practitioners to use destigmatizing language and balance data-driven techniques with local cultural practices.

Participants also advocated for the inclusion of community-based IPC programs to be offered in local languages and developed in consultation with local communities to identify priority outcomes. One participant specifically highlighted that training on access to clean water, sanitation, and hygiene (WASH) training is a low-resource and high-reward approach. They suggested implementing WASH training in non-traditional settings and by non-traditional staff, such as teachers or social workers, within schools or other community settings.



EQUITY & HEALTH SYSTEMS

"There can be no more important task for those concerned with the health of the population than to reduce health inequalities"

Professor Sir Michael Marmot

Photo Courtesy of George Doyle from Photo Images

Equity & Health Systems

April 4th, 2023

2023 Canadian Youth Delegate: Toby Le

Delegate Advisors: Jess Crawford, Miyosha Tso Deh

Verified by: Kirsten Biggar, Sydney Pearce

Roundtable participants included, but were not limited to:

Brina Erenberg, Bryce Boynton¹, Christina Ricci², Clairissa Pietron³, Kyle Rathgaber, Lexi Danis-Pries, Lillian Yin, Mikayla Hunter⁴, Molly Borritt⁵, Olivia Canie⁶, Regina Yuen, Rukhsar Jaffer, Sabrina L. Balkaran⁷, Sabrina Ribau, Sarah Quinto⁸, Sean Yeo⁹, Taylor (Ishkode) Catcheway

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⁷ Temerty Faculty of Medicine

⁸ Indigenous Services Canada

⁹ Canadian Food Inspection Agency

Roundtable Summary

The roundtable on Equity & Health Systems was an opportunity for youth to share their expertise and/or lived experience on systemic barriers that perpetuate health inequities. Youth participants called for health equity to be normalized across all levels of society and stressed the importance of engaging communities in policy-making and reforming health professional education towards anti-racism practices. During the pandemic, many vulnerable groups were neglected, including Indigenous populations, the 2SLGBTQIA+ community, domestic violence victims, people without access to technology, harm reduction communities, and front-line workers. Recognizing the unique challenges these groups faced in complying with COVID-19 restrictions, the youth participants emphasized the need for flexibility in public health policies and tailored approaches to address the diverse needs of different communities in future pandemics. Youth urged policymakers to involve members from vulnerable groups in policy-making discussions to ensure their voices and needs are reflected in healthcare policies. Finally, on the topic of vaccine equity, the youth called for Canada to share surplus vaccines with other countries, address vaccine hesitancy, and ensure access to vaccines for marginalized communities.

Priority: Roadblocks to Health Equity

achieve health equity?

Discussion Question(s): What are the systemic barriers that must be addressed to

Summary: Globally, people are impacted differently by privilege and oppression through

systems such as white supremacy, colonialism, racism, cis-heteronormativity, and other -isms. The participants called out these systems of oppression and the importance of recognizing intersectionality and its impact on social determinants of health. Participants stated that in order to achieve health equity, long-term, sustainable commitment to disrupting these systems of oppression is needed across all levels, from the individual, institutional, and population level, and using down-, mid-, and upstream approaches. This includes recognizing and addressing personal biases as part of the collective imperative to work towards dismantling colonialism, racism, cis-heteronormativity, and other systems of oppression. They emphasized that this transformative process will be uncomfortable; therefore, efforts must be genuine to achieve health equity in Canada, not the tokenism of only a few diverse voices.

Participants also discussed that health equity and its normalization must be a part of health professional education. Health professional education currently centers on colonial and Western values and practices. Thus, participants called for health professional programs to critically reevaluate and reform their curricula towards anti-ism practices (i.e., anti-colonial, anti-racism, anti-oppression, anti-ableism, etc.). They must also equip health professionals with the tools to identify their personal biases. One participant highlighted the need for Traditional Indigenous Ways of Knowing in health programs. Participants also brought up the importance of broadly improving Canadian health literacy. Incorporating health literacy into school curriculums and informational campaigns will better inform future generations, and enable the public to better advocate for themselves when interacting with health systems, and give

policymakers the ability to centre health equity in their policies more effectively.

Multiple participants also discussed the need for accessible healthcare. Key populations they identified as highly impacted by inaccessible healthcare included Indigenous, rural and remote, newcomer, transgender, low-income, impoverished, low health literacy, non-English-speaking, and racialized communities. One participant stated that systems level changes that recognize the social determinants of health and diverse socio-ecological environments could address these disparities.

Participants highlighted a few areas of infrastructure that need to be bolstered when aiming to promote health equity. For example, one recommendation included embedding meaningful community engagement processes to co-create health equity policies and practices and for these to be accessible and relevant to all. Extending this engagement, collaboration, and sharing of resources to other global nations was also noted. Additionally, participants underlined the need for increased staffing for primary care and within community health settings. One participant suggested increasing the number of students enrolled in health professional programs to meet this need, improving national infrastructure around data sharing and collection while ensuring that remote and other vulnerable communities have sufficiently representative data to inform their health equity efforts.

Priority: The Impact of COVID-19 on Communities and Individuals

Discussion Question(s): What groups of people do you feel were neglected during the pandemic? As well, what are the key takeaways from these inequitable events that countries

should consider for future pandemics?

Summary: The participants identified many groups of people who were neglected around the globe and within Canada during the COVID-19 pandemic. Some participants stated that neglected communities deserve specific, localized approaches to ensure that these inequitable systems and health outcomes do not persist in the future.

A population that was frequently referred to in this discussion was Indigenous communities and how they received insufficient resources during the pandemic. Participants also shared that those living in crowded conditions, potentially due to low income, found it challenging to self-isolate and comply with mandates. Participants commented on the blanket approach policies instated during the pandemic, which did not work for many populations.

One participant stated that the 2SLGBTQIA+ community was another group that was neglected during this period. Many public guidelines were centred on 'nuclear family' structures, making it unclear for those with chosen families and other familial structures. Two participants mentioned that COVID-19 restriction measures also worsened domestic violence survivors' safety. Additionally, a few participants identified that people with no access to a device or Wi-Fi or those with low digital literacy were disadvantaged when it came to technology-based activities such as accessing vaccine QR codes or making vaccine appointments online. This could include geriatric populations, individuals with disabilities, and individuals with low socioeconomic status. While digitalization helped improve access to care for many, participants recognized that digital health equity could not be achieved during the

pandemic without appropriate support for underserved groups. Another participant pointed out that access to safe injection sites and places to obtain naloxone kits was minimal during the pandemic, exacerbating the effects of the simultaneous opioid crisis. In addition, one participant highlighted that shelters had capacity restrictions and that it made it difficult for unhoused populations to find sufficient shelter, thus resulting in other adverse health outcomes. COVID-19 test kit rollout was also described as disappointing because individuals with language barriers, disabilities, those who could not go to an LCBO due to religious reasons, and those with autoimmune conditions had difficulty obtaining these kits from public distribution sites. One youth pointed out that essential frontline workers are no longer receiving sufficient support for their important roles and that minimum wage is insufficient. They also highlighted healthcare workers as another stakeholder group that is not receiving enough support for their critical role in the post-pandemic era. Other participants highlighted additional neglected groups (e.g., BIPOC communities, new immigrants, aging populations, individuals experiencing food insecurity, children and youth). Participants emphasized the importance of considering specific, culturally relevant resources and initiatives for these communities in future global emergencies. They particularly highlighted the need to focus on supporting the mental health of youth.

For future pandemics, most participants emphasized the need for adaptable policies to meet the needs of diverse communities.

Participants collaboratively stated that it was unfair for policymakers to expect a single public health approach to be effective for every demographic. Participants noted that potential

inequitable imbalances in available data and hegemonic viewpoints must be recognized when preparing for future pandemics. Participants shared that leaders should challenge their internal assumptions, work with communities, and embed health equity into government policies.

Priority: Vaccine Equity

Discussion Question(s): What is Canada's role in promoting equitable access to COVID-19 vaccines nationally and globally? How can the Canadian government strike a balance between these two priorities?

Summary: Some participants felt that Canada should have played a more prominent role in creating equitable access to vaccines around the globe. Additionally, several participants acknowledged that Canada is also failing many of its members, including Indigenous communities, immigrants, unhoused communities, and others. Many participants agreed that it would be challenging to step into the global arena to support others without changing policies at home in our cities and provinces. This includes addressing issues related to the social determinants of health that are negatively impacting communities across Canada, such as a lack of clean drinking water in Indigenous communities and reservations, inadequate housing, and lack of affordable food options. A few participants strongly felt that it is essential to involve Indigenous Peoples, immigrants, and other equity-deserving groups in policymaking decisions, both related to health and broadly.

Participants addressed that promoting equitable access to vaccines means combating vaccine hesitancy within communities. Participants shared that developing culturally safe care and integrating health equity into all

systems can help build trust. A participant emphasized the importance of depoliticizing health decisions, especially in the COVID-19 pandemic, where the negative impacts of political influence were evident.

Participants mentioned the need to strengthen national supply chains to evolve vaccine production capacity within Canada and to ensure that Canada can become self-sufficient in future pandemics. Another youth also cautioned against vaccine nationalism; policymakers must remember that COVID anywhere leads to COVID everywhere – a lesson that all policymakers need to remember for future pandemics.

Several participants stressed that whether the government is operating within Canada or collaborating with global partners, involving local grassroots organizations in all decisions is crucial. This inclusion is essential for fostering trust, promoting health equity, and achieving success. One participant highlighted a successful example of Canada funding ten local organizations during the pandemic that then went on to serve their communities. They stated that Canada should continue to expand this funding stream. Another participant shared that a 'One Health' approach is needed during collaborative processes to recognize how we all impact one another and to identify better what resources and technology need to be shared.



REHABILITATION & HEALTH SYSTEMS

"Life doesn't get easier or more forgiving. We get stronger and more resilient"

Steve Maraboli

Photo Courtesy of George Doyle from Photo Images

Rehabilitation & Health Systems

April 11th, 2023

2023 Canadian Youth Delegate: Toby Le

Delegate Advisors: Elise Wiley

Verified by: Jillian Stringer, Zoe Quill, Miyosha Tso Deh

Roundtable participants included, but were not limited to:

Allison Liang,¹ Ava Mehdipour,² Lorraine Pereira,³ Madeline Christenson, Ronessa Dass,⁴ Sabrina Ribau, Sarah Park,⁵ Tzu-Hsuan Peng⁶

**All authors contributed equally and are presented in alphabetical order.*

¹ Queen's University

² School of Rehabilitation Science, Faculty of Health Sciences, McMaster University

³ University of Ottawa

⁴ McMaster University

⁵ University of British Columbia

⁶ Centre for Aging SMART at Vancouver Coastal Health, University of British Columbia

Roundtable Summary

The roundtable on Rehabilitation & Health Systems discussed how governments and societies can promote equitable access to rehabilitation services for all populations. Youth highlighted the role of rehabilitation in allowing individuals around the globe to fulfill their activities of daily living and engage in their communities, promoting quality of life and empowerment. Rehabilitation interventions need to be tailored to individual needs and goals to address social determinants of health. To ensure equitable access to rehabilitation services, strategies such as survey and outcome reporting, reducing financial barriers, increased prioritization and funding of rehabilitation research, and optimizing the patient-provider relationship were suggested. Participants also shared the emerging importance and execution of research involving co-design, whereby community members possess an active voice in the decision-making processes, from the inception of the research question to the dissemination and uptake of knowledge.

Priority: Understanding the Role of Rehabilitation in Well-being

Discussion Question(s): What is the role of rehabilitation in health systems? How does rehabilitation contribute to the social determinants of health?

Summary: The significance of rehabilitation

within health systems was highlighted during discussions with Canadian youth, revealing three key themes: physical functioning, quality of life and empowerment. In the first theme relating to physical functioning, participants underscored the role of rehabilitation in restoring lost function, minimizing functional decline, mitigating impairments in individuals with chronic conditions, and enhancing the

lifelong functional abilities of community members. Secondly, participants highlighted how rehabilitation significantly promotes quality of life for those receiving services and their support systems, such as caregivers, children, and spouses. It was agreed among youth that rehabilitation is integral in enabling individuals to regain the capacity to enjoy their leisure activities, manage daily living, and engage in their communities, thereby enhancing their overall quality of life. These conversations were also closely intertwined with another theme: empowerment. The theme of empowerment was prioritized among participants, where rehabilitation equips individuals with the necessary tools to carry out meaningful roles and activities within their personal limits. One participant noted that increased quality of life and a sense of empowerment are achieved by facilitating a safe and productive transition back to work for individuals experiencing impairments that limit their ability to pursue their careers.

The relationship between rehabilitation and social determinants of health was also discussed. Participants noted a bidirectional relationship between rehabilitation and the social determinants of health, recognizing their reciprocal impacts. A positive relationship was identified between increased access to rehabilitation and improved social determinants of health, often resulting in improved quality of life. Aligned with the theme of physical functioning, one participant highlighted that access to rehabilitation can enhance an individual's employability, enabling them to provide for their families. Simultaneously, participants stressed that financial constraints related to the cost of rehabilitation services and the lack of culturally competent staff could potentially exacerbate health inequalities and, consequently, the impacts of social determinants of health within

underserved communities. To minimize these concerns, one participant suggested improving insurance coverage and expanding publicly funded rehabilitation services for all community members while advocating against the privatization of healthcare. Indeed, governmental support would be integral to achieving this goal of equitable, universal access to rehabilitation. Finally, physical functioning, quality of life and empowerment may be addressed by implementing adaptable rehabilitation. As several participants stated, rehabilitation interventions must be tailored to individual needs and goals to address their social determinants of health.

Priority: Rehabilitation and Health Equity

Discussion Question(s): How can governments and societies ensure equitable access to rehabilitation services for all populations?

Summary: Canadian youth presented various strategies for governments and societies to advance toward achieving equitable access to rehabilitation for all individuals and communities. Priority areas were related to (1) continuous measurement, evaluation, and reporting, (2) expanding and enhancing a diverse rehabilitation workforce, (3) promoting and funding rehabilitation research within the healthcare landscape, (4) optimizing the quality of the patient-provider relationship, and (5) alleviating financial barriers to rehabilitation services.

One participant suggested reevaluating population-based survey measurements, emphasizing the significance of "outliers" over the traditional mean-based reporting approach to understand health inequities better and enhance rehabilitation measurements' accuracy. Another participant serving as a

rehabilitation professional stressed the importance of cultivating a more inclusive workforce while recommending incentives such as increased salaries, improved benefits, funding for training and educational opportunities, and providing more full-time positions that align with community needs, particularly in support of aging populations. Further, a participant underscored the integration of digital literacy and cultural sensitivity into health professional training. From a research perspective, youth unanimously agreed on the critical necessity for increased funding in rehabilitation research to advance equitable access and utilization of rehabilitation services. One participant stated the need for a greater appreciation for rehabilitation research, citing an apparent perception that it is often considered inferior in quality and importance compared to pharmaceutical trials. Another participant even noted that certain areas of research and care within the rehabilitation sector lack prioritization, such as orthotic services. Further, more funding is required for effective knowledge dissemination, focusing on promoting culturally sensitive approaches to foster trust between communities and rehabilitation professionals. For example, two participants stressed the value of co-design in research, involving the active participation of community members in decision-making processes, from formulating research questions to knowledge dissemination.

Participants also offered insights into optimizing the patient-provider relationship and quality of care. For example, one participant highlighted that providing services in a patient's preferred language could positively impact outcomes and satisfaction with their care. Another participant suggested that expanding service hours beyond the conventional 9 a.m. to 5 p.m., providing

reliable transportation and subsidized treatments could enhance access to rehabilitation services, particularly for rural and remote communities. A participant involved with the delivery of physical therapy services noted the effectiveness of a 'pay-what-you-can' model in promoting equitable access and relieving financial constraints. Under this model, patients determine their fees based on their financial capacity. Indeed, governmental support would be integral to sustaining this model of care. Finally, a participant with a background in stroke-related rehabilitation highlighted the fragmented nature of rehabilitation care, which involves transitions between in-patient, out-patient, and community settings, underscoring the vital role of the government in bridging these gaps. Overall, youth agreed that rehabilitation services should be targeted to individual needs, including but not limited to financial, geographical location, and cultural factors.

Priority: Innovative Strategies in Rehabilitation

Discussion Question(s): What are some innovative strategies that can be implemented to minimize barriers to accessing rehabilitation services in the global community? What are the challenges to implementing these innovative strategies?

Summary: Participants provided insights into innovative strategies to minimize barriers to accessing rehabilitation services. Conversations centered on the versatile role of technology, such as delivering telerehabilitation services (i.e., virtual rehabilitation), developing assistive devices (e.g., robotic limbs) and integrating advanced equipment in healthcare settings (e.g., MRI). While the emerging role of technology is promising, participants also highlighted barriers to its adoption, including

(a) low digital literacy, (b) restrictions in rehabilitation providers' licensing, and (c) a noticeable lack of emphasis on community resources.

To effectively harness strengths in technology, two participants emphasized the need for comprehensive strategies that guarantee digital proficiency and technology access for both patients and providers, particularly among older adults and those residing in remote and rural communities. Another participant underscored the ongoing challenges of internet stability and device access in underserved and rural communities. Consequently, participants called for collaborative efforts among stakeholders and policymakers to ensure equitable technology-based rehabilitation services for all populations. In theory, telerehabilitation may seem like a means of achieving accessible rehabilitation; however, one participant stated that logistical factors create substantial barriers to its implementation. For example, licensing constraints limit physical therapists from being able to deliver rehabilitation services to clients within their respective provinces or territories. To promote the delivery of high-quality, innovative care, certification and professional regulation standards should be shared nationally and globally to allow for integrated and streamlined service delivery. A participant emphasized that achieving this goal calls for steadfast political will and sustainable investments in long-term solutions at all levels of healthcare. Finally, limited emphasis on community resources poses a barrier to accessing rehabilitation. To expand, one participant stressed the importance of addressing structural and environmental barriers to advance social justice in communities, involving cost coverage for assistive devices, promoting collaboration

with existing community services (e.g., libraries, exercise groups at local community centers), and fostering safe, walkable spaces. Another participant highlighted the need to expand access to mental health services, an aspect often sidelined in conversations about rehabilitation.



"Just because a man lacks the use of his eyes doesn't mean he lacks vision"

Stevie Wonder

HIGHEST HEALTH STANDARDS & DISABILITIES

Photo Courtesy of Thirdman from Pexels

Highest Health Standards & Disabilities

April 13th, 2023

2023 Canadian Youth Delegate: Toby Le

Delegate Advisors: Vanessa Tomas

Verified by: Jillian Stringer, Zoe Quill, Miyosha Tso Deh

Roundtable participants included, but were not limited to:

Courtney Larissa Weaver¹, Francis Routledge, Jessica Hanson², Lexi Tokhi³, Linda Nguyen⁴, Madeline Christenson, Maria Khandaker⁵, Ronessa Dass⁶, Sabrina Ribau

**All authors contributed equally and are presented in alphabetical order.*

¹ Canadian Association for Supported Employment (CASE)

² McGill University

³ York University alum

⁴ School of Physical and Occupational Therapy, McGill University

⁵ CEO & Cofounder, Neurokin

⁶ McMaster University

Roundtable Summary

The roundtable on the Highest Health Standards & Disabilities focused on patient/community engagement and health equity. Youth stressed the need to engage young people with disabilities in research, policy, and initiatives, and reflect their needs in national health policies. They stressed the need to listen authentically to their stories, needs, and barriers, and to consider diverse perspectives and intersectionality. Adequate funding, training programs, and dedicated personnel were identified as key factors to support authentic and sustainable engagement. Creating safe spaces, dismantling power imbalances, and empowering young people with disabilities to lead these initiatives were highlighted as essential components of engagement. Education and equipping health professionals with the knowledge and skills to support people with disabilities were also emphasized. Finally, youth emphasized that there is no one-size-fits-all solution for young people with disabilities; societies and governments must consider the heterogeneity and diversity of disability, alongside intersectionality, when considering disability inclusion in health strategies.

Priority: Patient/Community Engagement

Discussion Question(s): How can we meaningfully engage youth with disabilities in healthcare systems and relevant research to inform changes? How do we create safe spaces for engagement, and what does a safe space mean to you?

Summary: The critical importance of engaging young people with disabilities through research, service, and policy design was consistently highlighted among participants, emphasizing its ubiquitous relevance and value. Thus, we recommend that meaningful, authentic engagement be considered to inform all subsequent priorities and future initiatives.

Participants discussed how important it is to work with young people with disabilities directly, asking what is important to them, co-learning together, using accessible language, and listening authentically to their experiences, needs, and existing barriers to inform research, policies, and practices. Further, the discussions highlighted the value of embracing diverse perspectives, recognizing the impact of intersectionality on experiences, and reflecting on who is involved and who might be missing from these conversations. Participants also emphasized the need for flexible engagement methods tailored to individual preferences, including different feedback-sharing mechanisms. Advisory committees were also considered an effective strategy for involving young people in meaningful discussions.

To support engagement, a few participants mentioned the importance of training for young people with disabilities and providing and developing, where necessary, training programs that build knowledge, capacity, and skills for young people to engage in processes like research, service, and policy design. Adequate funding was identified as a priority for meaningful and sustainable engagement. Participants emphasized the importance of respecting the time of young people with disabilities, celebrating the power of their stories, and recognizing lived experiences as valuable knowledge. While the forms of compensation may differ, they remain vital to attaining equitable engagement of young people in research, service, and policy design. Additionally, funding is required to support those leading engagements and community outreach initiatives involving youth with disabilities. A common observation in the discussion was that engagement could become inauthentic, tokenistic, and even harmful without dedicated time, personnel, and empowerment to address power imbalances

and build trust and capacity.

Further suggested by a few participants, young people with disabilities should be empowered to lead these opportunities and initiatives—ensuring research, programs, and practices are driven by their needs and experiences. One participant also discussed the importance of engaging health professionals who work with people with disabilities to understand their needs within the health system and how this may complement what is shared by youth with disabilities.

Most participants highlighted the concept of safe spaces as a critical, elemental component of engagement, which related to other vital priorities discussed, including fostering trusting relationships, dismantling power imbalances, recognizing intersectionality, empowering young people to lead initiatives, and promoting a culture of openness, respect, and self-reflection within teams. One participant mentioned the importance of considering available resources, social inequalities, varying cultural perceptions, and spirituality when engaging and building team environments. These aspects stress the significance of securing dedicated resources in forming partnerships, fostering collaborative and authentic engagement, and establishing effective teams and spaces.

Priority: Health Equity for Those Living with Disabilities

Discussion Question(s): How do we better reflect the needs of people with disabilities in national health policies and strategies?

Summary: Participants discussed the importance of having health policies and strategies informed by people with disabilities and creative ways to receive input and

feedback to ensure better alignment of efforts with needs. The development of search engines or surveys was suggested as opportunities to share feedback, establish a stakeholder group, conduct qualitative and quantitative focus groups, and utilize existing platforms such as social media, discussion forums, and blogs to identify priorities and disparities. One participant expanded on this perspective to involve collaboration with governing clinical bodies and healthcare professionals to identify additional gaps observed in their practices.

Participants discussed the harsh yet undeniable reality that people with disabilities are often overlooked in policies and can struggle to have their basic needs met. Emphasizing the importance of involving young people with disabilities in policy design, participants stressed the need for guidelines to consider the full spectrum of disability, including physical, intellectual, neurodevelopmental, episodic, and progressive disabilities. Further, including professionals with substantive knowledge of the disability spectrum and their associated needs in policy design was also highlighted.

To increase knowledge and capacity among professionals, one participant highlighted the importance of education and equipping professionals across sectors with the knowledge and skills to understand and support people with disabilities (i.e., workplace accommodations for different disabilities). One participant emphasized the importance of considering life transitions and the “life course” approach in health strategies. This approach facilitates transitions into adult healthcare, employment settings, and post-secondary education for persons with disabilities. Further, one participant highlighted the importance of ensuring members of a person’s circle of care

are included in these strategies, such as parents, siblings, and grandparents. These individuals must also be involved when developing policies to support persons with disabilities. Participants underscored that there is no one-size-fits-all solution for young people with disabilities. Government policies must consider the heterogeneity and diversity of disabilities, along with intersectionality, when addressing disability inclusion in health strategies. In particular, disenfranchised and marginalized communities should be given special attention to ensure their distinct needs are considered, thus promoting equitable representation. Finally, one participant highlighted the current deficit-focused approach in disability service delivery and suggested aligning future strategies with a strengths-based healthcare approach (i.e. the World Health Organization’s (WHO) International Classification of Functioning, Disability, and Health).

Priority: Integration of Health Services

Discussion Question(s): How can we improve the integration of health promotion for individuals with disabilities in a whole-of-society approach?

Summary: Recognizing the fragmented and siloed healthcare system, one participant called for comprehensive integration, from bridging the divide between pediatric and adult services to addressing the multifaceted needs of young people with disabilities. Another participant noted that common language and resource sharing, such as embedding resources in schools, can improve trans-sectoral efforts and professional collaboration to support people with disabilities. This participant also highlighted differences across provincial systems, emphasizing the necessity for better interoperability of health information systems

across these boundaries to ensure continuity in care. Another participant stressed the numerous health challenges experienced, including both physical and mental health concerns. Participants called for a more holistic approach to care that moves away from the traditional biomedical approach to ensure coordination across sectors to consider the whole person, their diverse needs, and co-occurring difficulties they may be facing. One participant pointed out that healthcare education should strengthen its recognition of comorbidities and the interconnected experiences of patients to align with this evolving holistic perspective.

Regarding service accessibility, several participants spoke about building capacity within communities to complement clinical care. One participant recommended providing resources within communities, particularly among support systems, to aid young people with disabilities. Another participant called for these resources to be culturally sensitive and language-accessible for non-English speaking communities. Additionally, the potential of telehealth services to enhance access to services was suggested as a resource; however, one participant emphasized the necessity of addressing misconceptions, engaging in public and professional education, and offering support to ensure widespread adoption and digital literacy. Further, securing funding for young people with disabilities and their families was recognized as essential to providing lifelong access to support services beyond childhood.



PROMOTION, PROTECTION, AND CARE OF MENTAL HEALTH

"I knew well enough that one could fracture one's legs and arms and recover afterward, but I did not know that you could fracture the brain in your head and recover from that too"

Vincent van Gogh

Promotion, Protection, and Care of Mental Health

April 14th, 2023

2023 Canadian Youth Delegate: Toby Le

Delegate Advisors: Jillian Stringer

Verified by: Jess Crawford, Zoe Quill, Yixiu Liu

Roundtable participants included, but were not limited to:

Joshua Bell¹, **Sabrina Ribau**, **Stacie Smith**²

**All authors contributed equally and are presented in alphabetical order.*

¹ *Independent Mental Health Advocate*

² *Faculty of Education, Mount Saint Vincent University, Halifax, NS*

Roundtable Summary

The roundtable on Promotion, Protection, and Care of Mental Health discussed three important topics: equitable access to mental health services, addressing the stigma surrounding mental health challenges, and exploring innovative strategies and technologies to improve access to mental health services. To promote equitable access to mental health services, youth suggested increasing recruitment, training, and retention of healthcare professionals. They also called for investing in proactive health promotion and early identification strategies and improving public awareness of holistic factors that contribute to well-being. To address the stigma surrounding mental health, youth highlighted the need for coordinated and consistent campaigning for mental health promotion activities and engaging equity-deserving groups to design and implement destigmatization strategies. They also called for multi-sectoral strategies through government and public knowledge mobilization, the education system, and community initiatives, such as those previously mentioned, to improve the understanding of mental health, prevent misunderstandings, and destigmatize mental illness. Youth also spoke to innovative strategies and the use of human resources that draw on task-sharing approaches to address unmet mental health needs.

Priority: Equitable Access

Discussion Question(s): What measures can governments and societies take to promote equitable and sustainable access to mental health services?

Summary: Youth identified several barriers and solutions toward achieving equitable and sustainable mental health services, primarily focusing on addressing concerns related to

human resources, social determinants of health, health promotion, service access, and community engagement.

In Canada, like many other nations, the challenges brought about by the COVID-19 pandemic exacerbated a shortage of healthcare personnel. In response, participants stressed the necessity of enhancing recruitment, strengthening the retention of healthcare professionals, and elevating

training to include trauma-informed care and comprehensive mental health education.

Additionally, participants called for the adoption of a more holistic approach to overall well-being, which involves integrating multiple facets of health beyond clinical treatments, including accessible methods that may not have extensive research backing but are effective for individuals.

Participants also noted the importance of recognizing and acting on upstream determinants of health and quality of life, such as basic needs that impact mental health. They suggested that ensuring access to safe housing and food security could be a way to reduce stress and strain on the mental health sector. Additionally, participants emphasized the need for proactive health promotion and early identification strategies. For example, one participant highlighted that investing in upstream health promotion can generate substantially greater returns than downstream treatment approaches. These returns include improved quality of life, reduced healthcare costs, and enhanced overall well-being. Another participant added that it is vital to shift the perspective on financing well-being, advocating for it to be seen not as a charitable expense but as a strategic economic investment. Furthermore, youth noted that sustainable financing for upstream approaches must be accompanied by robust universal health coverage that includes mental health care for all through public solutions rather than private ones.

Participants discussed the importance of transdisciplinary collaboration, knowledge exchange, and community-based training to unite mental health promotion efforts across sectors. Two participants recommended investing in grassroots organizations and

leveraging local strengths while building upon trusted, existing initiatives that have demonstrated effectiveness. Expanding on this perspective, one participant noted the significance of involving multidisciplinary professionals – encompassing areas such as allied health providers and existing services indirectly involved in healthcare (e.g., recreation, rehabilitation, social services, and more) to offer a more comprehensive coverage of care. One participant highlighted how integrated youth services can coordinate mental health promotion across diverse sectors, significantly improving service accessibility, especially for youth facing a disproportionate burden of mental illness and residing in rural and remote communities. Additionally, participants felt that concurrent, coordinated, and accessible public awareness and education initiatives are essential for increasing public understanding of holistic factors and how they contribute to well-being and mental health.

Priority: Addressing Stigma

Discussion Question(s): How can societies and governments work together with cultural sensitivity to destigmatize mental health challenges?

Summary: Youth identified three key areas to destigmatize mental health and illness: (1) addressing the multiple layers of stigma, (2) partnering with communities, and (3) improving public and professional education.

Firstly, participants identified that stigma towards mental illness develops and operates at multiple layers, including individual, interpersonal, institutional, and structural levels. Participants highlighted institutional and system-level efforts to mitigate the negative effects of stigma contributing to poorer health

outcomes. One participant highlighted that culture is not a monolith and that perspectives and attitudes toward mental health and mental illness can vary considerably between and within individuals and groups. Regarding anti-stigma campaigns, youth felt that generic, one-size-fits-all approaches are ineffective and often exclude vulnerable groups. However, they felt that coordinated and consistent messaging for mental health promotion activities is vital. Participants mentioned the need to include the voices of service users in the design and implementation of destigmatization, health promotion, and treatment efforts. Additionally, youth stressed the necessity of providing resources and care in the preferred language of service users.

Secondly, several participants advised governments to partner with trusted local groups to empower community leaders in spearheading destigmatization efforts strategies. Youth feel this approach leverages firsthand knowledge of community needs, makes more effective use of resources, enhances buy-in, and fosters empowerment, autonomy, and community ownership for mental health promotion. Participants explained the importance of anti-stigma initiatives considering intersecting identities and broader structural and systematic factors beyond individual control that impact well-being. One participant suggested institutional auditing may help understand the sources and mechanisms of stigma and guide the development of strategies to ensure the inclusion, dignity, and representation of individuals with mental illnesses.

Finally, youth participants called for earlier mental health education, shifting narratives to focus on resilience and support, and coordinating adaptable strategies across government levels. Several participants spoke to the importance of building capacity among

educators and other professionals. Improving mental health literacy, access to trauma-informed education, and confidence and responsiveness of educators and mental health professionals (such as their ability to handle crises and make appropriate referrals) were considered invaluable investments. Further, youth highlighted the potential for innovative partnerships, such as the Bell Let's Talk campaign in Canada, to develop destigmatization efforts and promote mental health awareness through coordinated, multisectoral strategies.

Priority: Innovation

Discussion Question(s): What are some innovative strategies, approaches, and/or technologies that global communities can adopt to address disparities concerning access to mental health services?

Summary: The COVID-19 crisis highlighted the need for resilient health systems underlined by robust social support and community care. Themes of holistic well-being and multi-sectoral, transdisciplinary health approaches that address diverse needs from the previous priorities continued to emerge in this priority. Regarding strategies for mental health services, youth underlined the need for innovation in human resources and organization and evaluation of mental health services.

Participants discussed the need for human resource innovation to build upon prerequisite supports to meet basic human needs (i.e., food security, education, and housing security), promote quality of life, and mitigate mental health disparities. Several youths spoke to the organization and use of human resources by drawing on task-sharing approaches for optimizing human resources to address unmet mental health needs. As noted by participants, these collaborative approaches may be

particularly effective, especially in resource-strained or rural areas. Again, several participants advised governments to leverage grassroots community-based organizations to build capacity and exchange knowledge. One practical approach for enhancing community capacity is the "train the trainer" model. This strategy helps establish a network of non-specialist health workers who can support health promotion efforts and alleviate the workload of frontline service providers. The benefits of such task-sharing approaches were described as fostering community engagement, leveraging local strengths, and promoting community leadership in addressing mental health concerns.

Participants also highlighted the advantages of adopting integrated, tiered, or 'stepped care' approaches for delivering mental health services. They noted that these approaches, which prioritize delivering the least intensive and most resource-efficient interventions first, can be highly beneficial for mental health services, allowing for more effective and adaptive care as needs evolve. Once more, participants underscored the significance of mental health training for service providers, improving their capacity to identify those in need, refer individuals to appropriate support services, and facilitate transitions between community and primary care settings. One participant suggested adopting early screening programs integrated into primary care and other public health settings. Within this context, numerous recommendations revolved around collaborative strategies to improve the efficacy of early identification measures and combat disparities in mental health outcomes. For example, two youths emphasized the importance of engaging with populations who may be at higher risk of poor mental health. Moreover, another participant reiterated the value of integrated youth services and the

potential for increased collaboration across different levels of care. Additionally, participants highlighted that virtual health services and e-mental health solutions were essential tools they relied on during the pandemic and found to be highly beneficial. Thus, participants urged the continued use and improvement of such technologies to help address health inequities worldwide.

Finally, two participants spoke of the need for data infrastructure to collect, analyze, and share data to better understand and improve intervention effectiveness. Ongoing data monitoring of community mental health indicators and well-being was also recommended, along with research to evaluate mental health programs and initiatives.

APPLYING DATA IN PANDEMIC PREPAREDNESS

"Data are just summaries of thousands of stories—tell a few of those stories to help make the data meaningful"

Dan Heath

Applying Data in Pandemic Preparedness

April 18th, 2023

2023 Canadian Youth Delegate: Toby Le

Delegate Advisors: Grace Seo, Yixiu Liu

Verified by: Riley Tough, Jasmine Frost

Roundtable participants included, but were not limited to:

Clairissa Pietron,¹ Courtney E. Fang, Jawaria Karim,² Katherine Li,³ Margot Henry, Nance E. Cunningham,⁴ Naomi Hamm, Sean Yeo,⁵ Shaelle Gingras,⁶ Xuejing Jiang⁷

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Roundtable Summary

The roundtable on Applying Data in Pandemic Preparedness emphasized the need for centralized data storage, clear data ownership rules, and standardized data collection guidelines to better prepare for, prevent, and respond to future pandemics. Youth believe that centralizing data storage would enable efficient support during pandemics and facilitate resource allocation within communities. Clear rules of data ownership are also necessary for accessibility and effective communication of results. The youth called on governments to modernize privacy laws and address legislative gaps as crucial steps to protect privacy in the context of evolving data sources. Building trust and strong relationships with vulnerable populations while presenting data in a clear and accessible way is essential for fostering confidence, advancing public health, and driving positive change. Recognizing the importance of data literacy and knowledge translation, youth advocated the need to improve the general public's understanding of basic data literacy. Suggestions included the establishment of communication officers and departments in various institutions, incorporating effective science communication, and promoting the application of decentralized technology to educate the public about the value of sharing personal medical data for medical advancements.

Priority: Preparing Data Handling for Future Pandemics

Discussion Question(s): What steps can the global community undertake to improve and progress its data handling practices, in order to better prepare for, prevent, and respond to

future pandemics?

Summary: The most critical data handling practices emphasized by all participants were centralizing data storage, establishing data ownership, and data collection guidelines. A few participants shared their experience about

how epidemiological and patient electronic medical records (EMRs) were inaccessible across different walk-in clinics and doctors' offices, leading to patient delays during the COVID-19 pandemic. Participants noted that creating centralized databases will enable communities to respond to pandemics by reallocating resources within their group and establishing necessary policies per community. Another key message from multiple roundtable members was the creation of clear rules and policies regarding data ownership. Before data collection, data ownership needs to be clearly defined, and policies regulating data sharing are critical for making data accessible to the public.

Furthermore, roundtable members suggested that governments must establish guidelines for collecting, recording, and presenting data to ensure sharing compatibility between institutions. Standardizing and making data collection accessible can improve communication of findings and thus reduce the spread of misinformation. Roundtable members also suggested that Canada learn from other countries with centralized medical databases, such as the United Kingdom and South Korea. Despite centralized databases, these countries could control privacy and data access by providing varying access levels to authorized medical professionals. Another suggestion was to implement data-sharing agreements with communities before pandemics. This would decrease delays in data sharing during global emergencies.

Priority: Privacy and Public Health

Discussion Question(s): How can societies and governments effectively maintain the protection of privacy and confidentiality while concurrently promoting the public health interest?

Summary: Privacy and confidentiality at client and organizational levels differ – participants acknowledged each party's need for separate policies and procedures.

One participant suggested that modernizing privacy laws and updating rules to keep up with new data sources are essential to protect privacy and confidentiality. Throughout the discussion, it was evident that gaps in current legislation need to be addressed to modernize privacy laws, recognize the importance of organizational relationships, and protect individual clients' privacy. One experienced participant working with minority groups emphasized that building meaningful relationships and establishing trust with vulnerable populations, such as refugees and migrants, are crucial for promoting public health interests. Additionally, participants agreed that investing in data protection against hacking and other security breaches is essential.

Priority: Data & Collaboration

Discussion Question(s): How can we use the data to engage with the general public?

Summary: Participants pointed out the need for improving data literacy across all levels of education to combat the spread of misinformation. There was also much agreement that improving data literacy is required, especially during outbreaks when too many sources of data are being reported. A common theme expanded on this point and agreed upon by participants was that knowledge translation is essential. There is a need for researchers who generate data to be trained on how to communicate that data effectively. However, participants acknowledged using data can be a double-edged sword. When working with marginalized

communities, participants realized that these communities need to be involved in the planning, generation, and communication in a way that will benefit all individuals involved.

Some participants suggested that every province and territory, government body, and university should have communication officers and departments to oversee health communication and data interpretation efforts. One participant indicated that including science communication in educational systems would also be crucial.

Priority: Promotion of Collaboration and Data Sharing

Discussion Question(s): What measures can be taken to promote collaboration and data sharing during worldwide emergencies? And how can the varying priorities of relevant stakeholders be balanced in the process?

Summary: A general theme emerged from participants focusing on the core needs of collaboration: promoting outreach, establishing trust, and allowing for strategic co-development while maintaining good data practice, which can ensure the needs of both relevant stakeholders and participants are met during worldwide emergencies. Participants emphasized the need to develop easily deployable, user-friendly, and scalable tools for data collectors to promote collaboration and worldwide data sharing. Participants echoed that data needs to be easily accessible through de-identified, centralized databases (e.g., the National Center for Biotechnology Information and the Global Initiative for Sharing All Influenza Data) to promote collaboration between the data providers and researchers. In addition to building collaborative capacity, this approach can serve as a valuable tool to inform and prepare communities during global

emergencies. During the COVID-19 pandemic, Canada established a national VirusSeq database portal. Such databases available before outbreaks or pandemics would support prompt data sharing and collaboration. Another participant suggested that training opportunities using the collected data should be readily available to promote research collaboration.

One participant mentioned a data-sharing mechanism in which the Manitoban government shares de-identified patient medical data with researchers in exchange for results analysis and interpretation. While acknowledging the benefits, participants also stressed that developing these data systems can be time-consuming, and without careful consideration of their management, can pose a significant risk to client-level privacy.



INNOVATIONS FOR FUTURE PANDEMIC

"A pile of rocks ceases to be a rock pile when somebody contemplates it with the idea of a cathedral in mind"

Antoine de Saint-Exupéry

Photo Courtesy of Johannes Plenio from Pexels

Innovations for Future Pandemics

April 19th, 2023

2023 Canadian Youth Delegate: Toby Le

Delegate Advisors: Riley Tough

Verified by: Sydney Pearce, Grace Seo, Zoe Quill

Roundtable participants included, but were not limited to:

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Roundtable Summary

During the roundtable on Innovations for Future Pandemics, youth agreed that research funding, educational curriculums, and surveillance systems are necessary for preparation for future pandemics. Emphasis was placed on the importance of cross-training individuals in healthcare so that in the event of an emergency, personnel could be assigned where they are needed most, even if that is outside of their normal job description. Additionally, misinformation needs to be addressed early, and education should invest more time in teaching basic statistics, cognitive bias, and digital literacy. The roundtable discussed strategies to disseminate reliable information, such as a hotline for information in different languages and providing scientific context. Government investment in rapid antigen tests that are affordable and deployable in rural communities was also highlighted. In promoting collaboration and innovation sharing during worldwide emergencies, youth discussed the need to balance stakeholder priorities, address profiteering, and improve global communication in public health responses among nations during pandemics.

Priority: Building Capacity and Infrastructure for Future Pandemics

Discussion Question(s): What steps can countries undertake to improve their research, healthcare, and educational facilities in order to better prepare for, prevent, and respond to

future pandemics?

Summary: There was consensus among participants that the Canadian government needs to develop a more comprehensive foundation of protective measures and resilient systems in preparation for future

pandemics.

Participants agreed that training was crucial to prepare for pandemics and prevent healthcare inequities. One individual mentioned that during the pandemic, health professionals were being deployed to cover shifts outside their specialty to compensate for worker sickness and increased workloads. Unfortunately, these individuals lacked the specialized training required for their temporary positions, resulting in confusion and gaps in healthcare access. Several participants stressed the importance of cross-training medical personnel and other individuals with adaptable roles during crises, such as customs inspectors handling travel bans. This cross-training enables them to be deployed where needed, even if it falls outside their typical job descriptions. Furthermore, one participant stressed the significance of regular training for healthcare professionals on neglected tropical diseases (NTDs) as a preventative measure against the potential escalation of NTDs into the next pandemic. These training initiatives were seen as critical in maintaining a resilient healthcare system capable of effectively addressing pandemic-related challenges.

Participants agreed that educational curricula should invest more time in teaching statistics, social determinants of health, culture and language, and digital literacy to empower the public with the skills to navigate misinformation and disinformation. Several participants also stressed the importance of nationally coordinated surveillance systems to prevent, detect, and monitor infectious diseases. Another suggestion was a national vaccine agency led by experts responsible for vaccine development and public distribution campaigns. Further, participants urged sustainable approaches, unaffected by political influences, to address these themes across

changing administrations. They emphasized policy collaboration with experts, non-political organizations, and public-private sector partnerships for more efficient implementation.

Several participants also suggested pairing efforts with other health priorities, like NTDs, and conducting audits or longitudinal studies to monitor the outcomes of these interventions, which can help establish effective public health measures for future pandemics.

Priority: Approaches to Information

Discussion Question(s): In response to future pandemics, what strategies, innovations, or approaches can be implemented to disseminate reliable information to communities and groups across sectors? Moreover, how should countries communicate conflicting opinions and information to the general public?

Summary: Participants called for more investments in science communication training for researchers to improve their ability to effectively convey scientific findings to the public. This would, in turn, promote improved public engagement and trust in science.

A general theme among participants was that misinformation needs to be addressed at its source and as early as possible. Participants felt that insufficient resources were available to provide reliable information on pressing topics promptly during the pandemic, which likely contributed to the spread of misinformation.

One proposed solution involved launching a hotline where individuals could access information about mandates and pandemic-related details in their preferred languages. Participants also suggested that governments

invest in utilizing social media for communication to reach diverse populations, including youth and rural communities; however, one participant believed governments should not overly prioritize social media due to its declining influence. Instead, this participant emphasized the significance of group chats across various platforms as the primary source of misinformation, which can be more challenging to regulate.

Several participants agreed on presenting information to the public within a scientific and transparent framework to mitigate potential misinterpretations. Further, sharing scientific evidence and rationale that supports public health measures can aid in combating misinformation and promoting public engagement. Participants underscored the need for government investments in countering misinformation proactively across various platforms. Recommendations include direct involvement in content moderation and creation, as well as supporting research to identify the primary channels through which misinformation spreads, including social media sites and group chats.

Priority: Promotion of Collaboration and Innovation

Discussion Question(s): What measures can be taken to promote collaboration and innovation sharing during worldwide emergencies? And how can the varying priorities of relevant stakeholders be balanced in the process?

Summary: Participants agreed that one of the most enormous challenges faced when balancing public and private sector priorities during collaborations is the potential for profiteering. A participant highlighted that high pharmaceutical profits undermine public trust

and counter public health goals. While acknowledging the need to compensate corporations/entities for their contributions during emergencies, participants emphasized the importance of regulating and capping profits from these scenarios to prevent inequities.

Another focus of discussion was on global communication and coordinating international responses. One participant pointed out the lack of open collaboration and communication among nations despite numerous encouragements from the World Health Organization (WHO). Another participant shared the example of travel bands enforced against South Africa during the Omicron wave as an action that failed to yield any observable impact on disease control. Had there been collaboration, countries could have made more informed decisions on critical matters by drawing from diverse perspectives and expertise within the global community. One participant suggested that the WHO spearhead collaborative efforts to align countries' policies and recommendations. Further, the WHO should set international data collection, management and sharing standards. Several participants advocated for coordinated distribution of information among various governmental departments, aiming to ensure consistent and reliable information regardless of the point of contact for knowledge sharing.

Participants highlighted that governments should identify resources and policies that led to successful outcomes during the COVID-19 pandemic and invest in these resources for the next pandemic. For instance, access to rapid antigen testing was recognized as a critical, innovative tool that could potentially evolve for detecting emerging pathogens and their variants. In particular, participants called for the affordability and accessibility of these

technologies, coupled with clear communication on the acquisition and usage of tests across various community settings.

A photograph of a person with curly hair, seen from behind, holding a large rainbow flag. The flag is draped across the frame, with its colors (red, orange, yellow, green, blue, purple) clearly visible. The background is a blurred outdoor setting with green foliage. The text is overlaid on the right side of the image.

GENDER INEQUITIES & HEALTH SYSTEMS

"Civility is the recognition that all people have dignity that's inherent to their person, no matter their religion, race, gender, sexuality, or ability"

Opal Tometi

Photo Courtesy of Emma Rahmani from Baseimage

Gender Inequities & Health Systems

April 26th, 2023

2023 Canadian Youth Delegate: Toby Le

Delegate Advisors: Jess Crawford, Miyosha Tso Deh

Verified by: Zoe Quill, Sydney Pearce

Roundtable participants included, but were not limited to:

Anaya Ahmad¹, Bethel Sileshi, Mikayla Hunter², Sarah Whorpole³

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Roundtable Summary

At the roundtable on Gender Inequities & Health Systems, conversations focused on the obstacles encountered by transgender and gender diverse (TGD) individuals, noting that these challenges became more pronounced during the pandemic. Participants suggested creating a national digital database or hotline for TGD people to find gender-affirming care, improving healthcare training, and leveraging communities as wellness resources. In addition, youth participants called for more gender diversity education in primary and secondary schools and to have mandatory courses on gender diversity and equity in universities across Canada. Youth also stressed the importance of having more 2SLGBTQIAP+ healthcare providers and allies within the healthcare system and highlighted the role of community networks in connecting individuals with appropriate healthcare and necessary support.

Priority: Pandemic Inequities

Discussion Question(s): What were the inequities faced by transgender and gender-diverse (TGD) individuals during the pandemic?

Summary: Participants were clear that TGD people faced and continue to experience inequities, particularly with accessing social and health services. These inequities were amplified during the pandemic, especially for those who are also subjected to multiple systems of oppression, such as racism, ableism, and weight bias. Participants highlighted other concerns related to the pandemic, including the increased rates of domestic violence and the negative

consequences it had on mental health and social isolation. One participant noted that economic hardships were particularly felt by cis-women, TGD, Black, Indigenous, and People of Colour, who often found themselves engaged in unpaid labour when caring for family members. Many participants echoed these challenges, highlighting intersections of gender, sexuality, and race as factors further complicating access to health and social services and, consequently, outcomes. They shared that intersectionality must be considered when addressing inequities. Indigenous individuals face(d) added health barriers with political provincial/federal funding boundaries and uncertainties navigating non-insured health benefit (NIHB).

A couple of participants highlighted the immense barriers TGD people who live in remote/rural communities face as well. During the pandemic, several participants talked about the difficulty of accessing inclusive sexual health care and even more challenging to access gender-affirming care. Participants noted that gender-affirming care should be more readily accessible. They stressed the difficulty of finding healthcare providers who are proficient and willing to deliver gender-affirming care. One participant expressed their apprehension about concealing their gender identity, driven by inequities and challenges faced when accessing safe and quality care as part of the 2SLGBTQIAP+ community. Multiple participants declared that “gender-affirming care is life-saving care.” One participant shared that their gender-affirming surgery was delayed by two years due to the COVID-19 pandemic after an extensive struggle to find an eligible surgeon pre-pandemic.

Nonetheless, when they eventually underwent the procedure, they faced expenses and health risks associated with flying during a pandemic. They explained that this delay was due to the procedure not being considered lifesaving. The need to travel for gender-affirming surgeries among TGD individuals is a prevalent challenge nationwide, exacerbated by limited financial assistance or cross-provincial restrictions. This challenge is particularly daunting in remote regions with reduced services and a shortage of healthcare providers.

Priority: Responding to Future Pandemics

Discussion Question (s): What measures can be taken to improve health systems to ensure better healthcare services for TGD individuals in future pandemics?

Summary: Almost half the participants shared

that they had to extensively search and vet their healthcare providers to obtain safe and affirming care. However, this process can often result in gaps in their healthcare access due to a lack of suitable providers, or it can even expose them to unsafe situations. One participant suggested creating a national digital database to assist TGD people in finding appropriate care providers across Canada. Another service that would be helpful, particularly for those with limited internet access, is an automated hotline to help TGD people find affirming care providers. Improving transportation infrastructure to enhance healthcare accessibility was also mentioned. Due to increased isolation during the COVID-19 pandemic, having more alternative in-person support for care was requested to improve patient engagement. To achieve this, participants suggested that governments harness the strength of communities, recognizing them as valuable wellness resources capable of mitigating isolation. They highlighted the importance of community organizing, which serves both as a means to identify and evaluate healthcare providers and as a source of support. One participant proposed that governments monitor mental health indicators among these communities and provide relevant support. Furthermore, participants called for increased representation of healthcare professionals who are part of the 2SLGBTQIAP+ community, including those from the mental health field and healthcare allies who support the queer community.

Participants noted that the 2SLGBTQIAP+ community is often asked to educate their healthcare providers and others. These acts require emotional and physical labour that can exacerbate health inequities. Participants agree that the government needs to address this knowledge gap in its healthcare system to provide equitable care for members of the

queer community. A participant stated that until we have accessible, affirming care at all healthcare system levels, there will always be inequities, even outside of a pandemic.

Priority: Looking at Health Training

Discussion Question(s): How do we improve healthcare training, both locally and globally, to provide better care for TGD individuals?

Summary: Participants called on institutions to recognize the inadequacies in current educational curriculums and to commit to making systematic, sustainable investments in improving training programs. Many participants emphasized the need for mandatory courses on gender diversity and inclusive sexual health from primary school to post-secondary. They also shared that these concepts and how they relate to providing safe, effective care should be taught in all health programs. Making them mandatory will ensure anyone contributing to the healthcare system can provide inclusive care for TGD communities. Participants also stressed the importance of continually updating curriculum requirements to better prepare future healthcare providers, despite potential public resistance. They drew a parallel to the historical resistance faced when Indigenous health courses were integrated into medical curriculums.

One participant acknowledged that the trainers tasked with educating healthcare providers require more support and that current health faculties have insufficient human resources to do this work meaningfully. Additionally, participants stressed the significance of trainers themselves being gender-diverse to provide a more authentic and meaningful training experience. One participant proposed that enhancing digital infrastructure and

literacy in healthcare training can help establish an accessible platform for gender-diverse individuals to teach from, exchange resources and experiences, and foster networking and knowledge sharing, which, in turn, facilitates improved access to critical resources. Another participant elaborated on this perspective, recommending investments in a comprehensive healthcare database encompassing provider information, specialties, and other crucial details to help gender-diverse individuals make informed decisions regarding their healthcare options.

One individual added that the government needs to understand the severity of inequities in gender-diverse care and to act upon this issue through improving training sooner rather than later, restating that “gender-affirming care is lifesaving.” Participants shared that this work needs to come from a genuine place and that all levels of government need to embed this focus to allow for long-term systemic changes.



"Individuals can resist injustice, but only a community can do justice"
James J Corbett

COMMUNITY ENGAGEMENT FOR FUTURE PANDEMICS

Photo Courtesy of Marianna by Pexels

Community Engagement For Future Pandemics

April 27th, 2023

2023 Canadian Youth Delegate: Toby Le

Delegate Advisors: Jasmine Frost, Zoe Quill

Verified by: Yixiu Liu, Sydney Pearce

Roundtable participants included, but were not limited to:

Alexandra Mhairie Blair¹, Amanda Nova, Amy Lloyd², Clairissa Pietron³, Kyra Cebula⁴, Rukhsar Jaffer, Sophia Bahadoor, Stacey Woods⁵, Taylor Morriseau⁶

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Roundtable Summary

The roundtable on Community Engagement for Future Pandemics focused on three priorities: strategies to empower communities through self-determination and resilience, improving information accessibility and tackling misinformation, and establishing key indicators to measure the effectiveness of community engagement during pandemics. Participants emphasized the importance of empowering communities through the implementation of a community liaison for knowledge translation and dissemination. To build resilience within communities, youth advocated for more investment in community-based healthcare systems, including patient and family advisory councils and training healthcare professionals in cultural sensitivity. Additionally, youth recognized that the self-determination of communities is closely linked to data sovereignty, with timely access to community data to ensure rapid response to disease outbreaks. Youth also highlighted the benefits of incorporating pandemic-related health literacy into basic education to prevent misinformation. When creating policies to support First Nations communities, youth emphasized that a customized approach should be adopted instead of a generalized "pan-indigenous" lens to address their unique requirements.

Priority: Preparing Communities Against Future Pandemics

Discussion Question(s): In what ways can we empower communities with self-determination, resilience, and capacity to respond to future pandemics?

Summary: A recommendation echoed by

many participants in this roundtable called for establishing community liaisons. Participants shared that liaisons would be dedicated to keeping communities informed, streamlining information between governments and communities, and carrying out knowledge translation to ensure that critical information is accessible and relevant to their communities. The liaisons would also help voice and uplift

the concerns of their communities. Having the liaison be someone from or familiar with the community is vital to ensure trust between the community and external parties. Investing in community-based healthcare systems was another example of how resiliency can be built into communities. Increasing community-based healthcare services would also significantly reduce access barriers, particularly for those in remote communities. Participants also suggested investing in patient and family advisory councils for decision-making and policy creation.

Training programs in epidemiology and data analysis for communities were described as essential resources for developing local staffing capacity and in-community knowledge. Building cross-sectoral collaborations, particularly in sectors like health and education, into community infrastructure was suggested to ensure the resiliency of these services during emergencies. Furthermore, one participant emphasized the need to base public health decisions and modelling platforms on community-specific data to better address unique challenges and barriers, thereby ensuring more effective outbreak responses and reducing assumptions that do not hold true for First Nations communities. Similarly, forecast models for future pandemics should be developed at the community level, supported by investments in data infrastructure that uphold local data sovereignty and self-determination. One participant highlighted that during COVID-19, First Nations communities successfully implemented their own public health measures, such as restricting visitors, closing schools, and other public health measures which were informed by community-specific data.

Lessons from the COVID-19 pandemic showed

that timely access to accurate community data allowed communities to respond quickly to curb the spread of disease. In general, investments into community infrastructure and healthcare systems need to happen before a pandemic and should be sustained long-term regardless of changes in government to empower communities and promote health. A community cannot respond to a pandemic if they are already at maximum capacity for care.

Participants indicated that trust, relationships, and cultural competency are essential factors to consider in all aspects of building community resilience and capacity. Moreover, participants stressed the need for transparency and clear communication of pandemic-related information to prevent confusion and misinformation. Training healthcare professionals in cultural competency was described as equally crucial for improving healthcare quality and public trust in healthcare services.

Priority: Addressing Misinformation

Discussion Question(s): In preparation for future global emergencies, how can we ensure accurate information is readily accessible and/or reaches different communities?

Summary: A trained community liaison who can speak on behalf of their community and address their concerns was also a common theme for addressing misinformation. A community liaison could offer a direct line of communication to clarify what measures should be taken during a pandemic. This would allow for communication to be tailored to each community. Participants stressed that information should be proactively taken directly to communities and that the government should work with communities to develop the most effective communication

strategies. For example, communities with inconsistent internet access might prefer to receive their information through radio, phone hotlines, text updates, and more. When working with Indigenous communities, several participants stated that a 'pan-indigenous' lens should not be used as each community and nation is different and will have different needs. Taking the time to build long-term relationships with communities before pandemics can assist these localized approaches. Moreover, Indigenous Elders, Band Councils, and Knowledge Keepers were recognized as valuable sources of information. Participants suggested reconnecting with traditional knowledge and involving these leaders in the knowledge dissemination process in a culturally competent manner.

A significant theme from this discussion emphasized the necessity of reliable and easily accessible sources of information to counter infodemics. It was noted that communication should be transparent and respectful to community members. Participants stressed the importance of listening to community perspectives, addressing their concerns, and identifying the root causes of misinformation within communities.

Another method discussed for countering misinformation was to empower communities by providing them with accurate data necessary for independent misinformation management. One participant noted that there is a common misconception that community, provincial, and federal systems are seamlessly connected and interoperable, but emphasized that data linkage between these systems is lacking. Repatriating accurate and up-to-date data specific to communities can aid in their ability to plan effectively and make informed decisions tailored to their unique needs. Additionally, it was proposed that

incorporating mandatory health and pandemic literacy into primary high school education would be advantageous.

Priority: Accountability & Metrics

Discussion Question(s): What are key indicators that would demonstrate the efficacy of public health and community engagement during a pandemic?

Summary: Participants pinpointed several infrastructure indicators for assessing the quality of care within communities during a pandemic. These metrics encompassed the number of epicentres, trained data analysts, data-sharing agreements, server and fiber connectivity, and available financial and human resources. One participant emphasized the importance of establishing a baseline for these structural metrics and ensuring they do not deteriorate during crises. Furthermore, participants stressed the importance of sustaining long-term investments in healthcare infrastructures and ensuring that patient advisory councils and other community leaders have the authority to shape important policy decisions. Participants highlighted the importance of accountability through official assessments, suggesting a systematized approach with specific benchmarks to measure efforts in community engagement.

Participants also underscored the significance of qualitative measures, such as evaluating trust in public health authorities and providers, willingness to adhere to guidelines, and the presence of fear and uncertainty. One participant emphasized the need to learn from the COVID-19 experience by moving beyond traditional metrics and asking what contributed to the safety and well-being of communities. For example, one participant shared that Indigenous communities that continued to

conduct ceremonies and use sweat lodges during the pandemic reported improved well-being, which extended to their mental, physical, and spiritual health. The participant noted the potential benefits of these community practices in promoting well-being and offering valuable insights into understanding overall wellness.

Finally, participants emphasized the importance of utilizing evaluation frameworks tailored to each community's unique needs. They recommended that communities be free to define their health indicators and priorities. Additionally, participants stressed the need for equitable, decolonized approaches to community engagement and evaluation. Participants also underscored the importance of prioritizing meaningful relationships with communities and ensuring that any instruments used to measure community health are in accordance with ethical guidelines.

INDIGENOUS HEALTH

"We are stronger in the places we have been broken"
Ernest Hemingway



Photo Courtesy of Roman Makedonsky from Getty Images

Indigenous Health

May 3rd, 2023

2023 Canadian Youth Delegate: Toby Le

Delegate Advisors: Antonina Kandiurin, Zoe Quill

Verified by: Jess Crawford, Jillian Stringer

Roundtable participants included, but were not limited to:

Bryden Bukich,¹ Clairissa Pietron,² Huda E. El-Zein,³ Joannie Richer, Khianna Ribbonleg,⁴ Madyson Campell, Taylor (Ishkode) Catcheway, Taylor MacLeod, Taylor Tutkaluke,⁵ Xuejing Jiang⁶

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³ University of Toronto

⁴ Assembly of First Nations National Youth Council (AFN NYC)

⁵ University of Manitoba

⁶ First Nations Information Governance Centre

Roundtable Summary

The roundtable on Indigenous Health highlighted pressing issues impacting Indigenous peoples' experiences with the healthcare system, including racism, geographical barriers, a shortage of culturally safe providers, and limited access to education. To ensure inclusivity, the roundtable recommended systemic changes such as Indigenous representation on policy making committees, appropriate forums for Indigenous communities to have a voice and make decisions, procedural changes in the recruitment process to recognize traditional healers in medical institutions, culturally competent care, and sustainable investments in healthcare infrastructure in remote communities. Lastly, the roundtable discussed ways to strengthen the self-determination of Indigenous peoples in healthcare, including resolving jurisdictional issues between the federal and provincial governments, sustainable education in the healthcare field, recognizing the holistic nature of health, and incorporating the knowledge of elders and youth to improve Indigenous peoples' experiences and outcomes within the healthcare system.

Priority: Addressing Health Issues Among Indigenous Peoples

Discussion Question(s): What do you believe are the most pressing issues experienced by Indigenous peoples within the healthcare system? Additionally, what measures can be taken to ensure that they have access to the necessary healthcare services to address those concerns?

Summary: Youth involved in the discussion identified racism and inaccessible care as major issues facing Indigenous peoples today.

Participants highlighted that Indigenous peoples are experiencing the effects of systemic and individual racism at unprecedented rates. They claimed that the current health system principles are individualistic, designated by Western healthcare, and dismiss grassroots organizers. Participants noted that racism and trauma have fostered mistrust in the healthcare system, which has impeded data collection and research. Participants outlined the importance of improving experiences for Indigenous peoples within the healthcare system. To address racism in healthcare, several

participants recommended a self-determining approach to care, where Indigenous nations can approach healthcare according to their nation's needs, stating, "We know what is best for our communities."

Furthermore, participants emphasized the importance of integrating traditional Indigenous medicine and knowledge into Western healthcare practices by using a Two-eyed seeing approach for a more holistic view of health. They suggested involving Elders, knowledge keepers, interpreters, and Indigenous communities in policymaking.

Additionally, participants believed that a meaningful and reciprocal relationship and trust between Indigenous peoples and the government needs to be restored, perhaps by shifting to OCAP (ownership, control, access, and possession) principles. One participant suggested third-party community organizations could be leveraged to rebuild trust.

Youth called for sustainable funding to increase the infrastructure, number, variety, and quality of healthcare services for Indigenous nations and to support community capacity development. This also includes data sovereignty within Indigenous communities. Participants also noted that many Indigenous communities struggle to retain healthcare professionals, especially on reserves and in rural or remote areas. Improving incentives and increasing pay may help retain healthcare professionals in these regions.

Moreover, participants mentioned limited access to culturally safe care, attributing it to the shortage of Indigenous healthcare professionals and the lack of integrated, comprehensive training. Participants felt the lack of Indigenous health care professionals

was further compounded by limited access to post-secondary educational opportunities for Indigenous peoples who live in rural and remote communities. Increasing Indigenous representation in healthcare is essential to ensure culturally safe care and enhance self-determination of health among Indigenous peoples. Increasing recruitment, retention, and access to post-secondary education is vital for growing the Indigenous health workforce.

Ultimately, dismantling racism in healthcare is necessary.

Priority: Ensuring Inclusivity

Discussion Question(s): In order to achieve health equity for all Indigenous peoples, what are the systemic barriers that must be addressed in our health systems?

Summary: Participants identified systemic barriers affecting health systems, including insufficient Indigenous representation in healthcare, inadequate culturally safe care, limited access to healthcare services in remote areas, and a lack of integration of Traditional knowledge. The overarching goal to restore Indigenous health equity is to dismantle colonial practices that participants believe have caused and continue to perpetuate ill health and harm towards Indigenous people and communities.

Indigenous representation emerged as a key theme for its potential role in addressing social determinants of health, intergenerational trauma, and the impacts of colonial violence, such as removal from Traditional lands. One participant underscored that equity in healthcare necessitates more than representation; it requires an appropriate forum that enables each community to have a voice and make decisions. Another participant

suggested procedural changes in the recruitment process for healthcare professionals to recognize Traditional healers.

To promote Indigenous representation in healthcare, spots in health professional education programs need to be reserved, alongside resources and support for the protection and well-being of Indigenous students.

Participants expressed that culturally safe care is necessary in healthcare, but current curriculum and training approaches are lacking. While culturally safe care is the minimum, one participant noted that Truth and Reconciliation Call to Action #24, which mandates Indigenous courses at healthcare teaching institutions, is not adequately fulfilled. Participants stressed the importance of finding effective ways to enforce training for future healthcare providers, including weaving this content throughout the curriculum. Additionally, training should be expanded to include administrative and technical support to address the unique needs of the communities they serve.

Furthermore, participants highlighted the importance of providing additional support for Indigenous people navigating the healthcare system. This includes the involvement of cultural advisors and patient-rights education, which participants believe could enhance the care experience for many individuals.

Several participants concurred that addressing health equity at a national level is difficult due to unique systemic barriers and community differences. For example, participants stressed the need to expand primary and specialist care access in northern, remote, and isolated communities; however, they also acknowledged that cultural diversity, rural or

urban residency, and varying healthcare infrastructure can impact the effectiveness of strategies. Thus, participants underlined the need for sustainable investments in healthcare infrastructure to foster equitable development, particularly between urban and rural areas.

Furthermore, participants called for an end to the harmful Birth Evacuation Policy and asked to restore safe birthing practices within communities. These approaches can help address Indigenous peoples' mistrust in the healthcare system.

Participants also stressed the importance of patience in health transformation and the need to involve community members in incorporating Traditional knowledge. Of utmost importance was shifting away from the individualistic care system towards a holistic, community-led, self-determination approach to health.

Priority: Strengthening the Self-determination of Indigenous Peoples in Healthcare

Discussion Question(s): In what ways can governments contribute to the empowerment and self-determination of Indigenous peoples?

Summary: Youth highlighted several key strategies to strengthen the self-determination of Indigenous peoples in healthcare, including recognizing the holistic nature of health, incorporating the knowledge of Elders and youth, creating sustainable healthcare education, and addressing jurisdictional issues between the federal and provincial governments.

Firstly, one participant highlighted the importance of recognizing and redefining health as holistic, including listening to each community's needs. They suggested that

investment in Indigenous health and wellbeing through support for the social determinants of health (i.e., housing, education, culture) can help move communities towards health equity and self-determination. The participant believed that incorporating Indigenous knowledge holders, such as Elders, into health and healthcare is immensely important to reclaiming holistic health.

Further, participants asserted that ongoing efforts to engage youth in advancing healthcare are essential because the youth represent the future. Indigenous youth must be included in the policy discourse to speak and advocate on behalf of the communities that they serve.

Additionally, another participant mentioned that sustainable education and exposure to the healthcare field may help strengthen the self-determination of Indigenous peoples in healthcare. They believed that it is necessary to increase investments and expand programs where youth are meaningfully exposed to healthcare, in order to promote healthcare as a viable career.

Participants also stressed the urgency to create safe spaces in health professional education for Indigenous students. One participant asked governments to “commit to ending jurisdictional issues between provincial and federal government funding,” wherein the disputes between different levels of government negatively impact Indigenous health care. They suggested abiding by Jordan’s Principle and working with Indigenous communities to agree on where and how funding will be allocated. A key takeaway from this discussion is that we must provide Indigenous peoples and communities with the tools and education to encourage their self-determination regarding health care.

PREVENTION AND CONTROL OF NON- COMMUNICABLE DISEASES

A photograph of a doctor in a white coat writing on a blue clipboard. The doctor's hands are visible, holding a blue pen. In the foreground, a patient's hand is visible, reaching towards the clipboard. The background is slightly blurred, showing a desk with some papers and a stethoscope hanging around the doctor's neck.

“Noncommunicable Disease Prevention (NCD) and control should not be seen as competing with other development and health priorities, and solutions must be integrated with existing initiatives”
Joseph Deiss

Prevention and Control of Noncommunicable Diseases

August 30th, 2023

2023 Canadian Youth Delegate: Toby Le

Delegate Advisors: Jasmine Frost, Riley Tough, Yixiu Liu

Verified by: Sydney Pearce, Grace Seo

Roundtable participants included, but were not limited to:

Abraham Awada,¹ Ana-Maria Lacobciuc,¹ Anish K. Arora,² Bara Bashir,¹ Bethel Sileshi, Hao-Yi Sim, Huda E. El-Zein,³ Jayelle Friesen-Enns,⁴ Jordan Leeson, Leah Crockett,¹ Linxi Mytkolli,⁵ Luca Gheorghica, Mahder Teffera,⁶ Sabrina Ribau, Syeda Farwa Naqvi⁴

**All authors contributed equally and are presented in alphabetical order.*

¹ University of Manitoba

² McGill University

³ University of Toronto

⁴ University of Calgary

⁵ Diabetes Action Canada

⁶ Canadian Food Inspection Agency

Roundtable Summary

In the roundtable discussion on the Prevention and Control of Noncommunicable Diseases (NCDs), youth identified determinants of NCDs and proposed strategies to prevent and manage NCDs. Participants identified challenges such as issues with submitting insurance claims, inaccessible transportation, and limited access to safe and affordable food. Recommendations included expanding insurance coverage, increasing funding to address the social determinants of health, and providing culturally informative and language-accessible education. To improve the resilience of NCD programs, youth recommended improving healthcare accessibility through community outreach and virtual care systems, especially in remote areas. They stressed the need for adaptable and culturally appropriate solutions and suggested utilizing existing networks in grassroots organizations.

Priority: Addressing Challenges and Determinants of NCDs

Discussion Question(s): What challenges do young people face that contribute to their susceptibility to Noncommunicable Diseases (NCDs)? How can we design government policies to address these barriers?

Summary: Canadian youth face many

challenges that affect both their risk of developing NCDs and their ability to manage them. Participants noted that individuals aged 18 to 30 often navigate the healthcare system for the first time, either due to their own NCDs or as caregivers for those with NCDs.

Participants noted that navigating insurance claims is complicated, especially for companies without direct billing options. Certain

healthcare appointments require a doctor's referral. However, if the reason for the referral is unclear, patients cannot claim reimbursement from their insurance companies. Thus, several participants believe that coverage plans should be more inclusive and diverse. Additionally, the social determinants of health influence how youth experience NCDs. Participants felt that government programs should acknowledge and address the complex impact of NCDs on young people's lives. For example, participants shared that time constraints and inaccessible transportation prevent individuals from accessing necessary care. Some participants suggested that the government should reallocate resources to reduce wait times and connect youth with general practitioners. Additionally, participants asked for programs that improve the urban landscape, including parks, grocery stores, and walkable spaces in smaller communities.

Food insecurity was notably highlighted in the roundtable, with participants discussing the challenges of accessing affordable, healthy and culturally appropriate foods. One participant shared that their government-funded disability payments only covered a third of the recommended budget for a healthy diet. Another individual noted that the abundance of inexpensive fast-food options in urban areas can limit access to healthier choices. To address these barriers and the rising food costs, many participants suggested that the government should regulate food costs and provide additional funding to help individuals afford and access quality food. One participant also suggested government-funded school meal programs to instill lifelong healthy eating habits in children.

Participants pointed out that misinformation on the internet can confuse people about

healthy choices and potentially undermine new policies. They believe that public information about what constitutes a "healthy" diet is often unclear and misleading.

Thus, participants stressed that government programs must provide accessible and credible resources within communities to combat misinformation and mistrust. Recommendations also included prioritizing media and health literacy in early education, promoting active lifestyles and nutritious diets, and ensuring culturally appropriate health information in preferred languages.

Participants shared that supporting grassroots community organizations is another way to address youth's NCD challenges. For example, one participant shared that their community organization successfully reallocated food nearing its expiration date but safe to eat to those in urgent need instead of discarding it. Other participants noted that involving diverse groups, youth leaders, and experts in decision-making would more effectively address the social determinants of health and help prevent and manage NCDs.

Priority: Creating a Resilient Approach to NCD Prevention & Control

Discussion Question(s): Considering the impact of the COVID-19 pandemic, how can we improve the resiliency of NCD programs against future public health emergencies?

Summary: Participants underscored the urgency for the Canadian government to implement diverse programs to improve access to medical care. They stressed that focusing on effective implementation practice is crucial, as this step is often challenging. Key recommendations included developing educational programs about NCD resources,

expanding health personnel training, and integrating cultural competency into medical training.

Some participants noted that NCD management programs are often challenging to keep up. Therefore, it is vital to provide a variety of delivery options to meet the diverse needs of those living with NCDs (e.g., telephone, zoom, at-home, in-community options). Additional suggestions included integrating general medical services into public outreach efforts, such as having medical professionals visit door-to-door in rural areas or setting up local pop-up clinics. Participants also recommended building robust virtual care systems to ensure rural areas and other populations experiencing barriers can access care within their community.

Another critical theme from this roundtable was that we must support resiliency by listening to and investing in grassroots community organizations and those who have experience living with NCDs. Participants advocated for collaborative policy, education, and program development between the public and the government to ensure that patients are at the center of funded efforts. This approach would improve the effectiveness of measures and ensure that programs are appropriate for individuals with NCDs and their diverse backgrounds.

Several participants emphasized the importance of respecting diverse cultural identities when planning programs and refraining from imposing a Western perspective. For example, dietary changes should focus on adapting the individual's preferred diet rather than imposing a Western one.

Additionally, one participant expressed that

interventions frequently place excessive emphasis on the actions of individuals living with NCDs rather than investing in preventive measures to address the root causes of NCDs. This further underscores the need to include community organizations and experts with lived experience of NCDs in decision-making roles within government.

Participants emphasized that healthcare systems should adopt community-based testing strategies used during the SARS-CoV-2 pandemic to improve identification and care for individuals with NCDs. They also highlighted the crucial role of grassroots organizations in supporting marginalized communities. For example, one participant shared that during the SARS-CoV-2 pandemic, community programs were their primary source of resources and support during a time of reduced services and uncertainty.

Furthermore, grassroots organizations can play a critical role in spreading awareness and education about NCDs. Participants indicated that more diverse forms of education (e.g., social media, community-embedded learning) are necessary in order to develop resilient NCD programs and treatments.

STRATEGIC PUBLIC HEALTH COMMUNICATIONS AND BEHAVIOR CHANGE



"Public health depends on winning over hearts and minds. It's not enough to just have a good policy, you have to convince people to actually follow it."

Leana S. Wen

Photo Courtesy of Piyaset from Getty Images

Strategic Public Health Communications and Behavior Change

August 31st, 2023

2023 Canadian Youth Delegate: Toby Le

Delegate Advisors: Molly Pratt, Sydney Pearce

Verified by: Jasmine Frost, Grace Seo

Roundtable participants included, but were not limited to:

Achyutha R. Surukanti¹, Huda E. El-Zein², Jordan Leeson, Julie Donahue³, Karli Longthorne⁴, Krishnpriya Singh⁵, Luca Gheorghica, Lucy Garabedian, Mallika Saggoo³, Mikayla Hunter³, Rukhsar Jaffer, Sabrina Ribau, Srijain Man Shrestha, Vibhu Bhargava⁶

**All authors contributed equally and are presented in alphabetical order.*

¹ McGill University

² University of Toronto

³ University of Manitoba

⁴ University of Guelph

⁵ University of Ottawa

⁶ McMaster University

Roundtable Summary

During the roundtable on Strategic Public Health Communications and Behavior Change, youth participants discussed their experiences in public health communications and the realms of digital governance. Youth highlighted the importance of effective public health messaging, emphasizing language accessibility, appropriate dissemination approaches, sensitivity to diverse identities, and aligning with principles of equity, diversity, inclusion, transparency and accountability. They also highlighted the strengths of social media as an innovative tool while acknowledging the need for guidelines to combat misinformation through these channels. Concerning digital governance, participants emphasized the significance of maintaining trust in data and communication. They suggested online regulations to ensure accuracy, eliminate harmful messaging and create programs aimed at enhancing digital and scientific literacy among Canadians.

Priority: Looking at Past Public Health Communication

Discussion Question(s): Please describe your experience with public health communication and its role in promoting healthier behaviours.

Summary: Participants repeatedly emphasized

the importance and impact of including equity, diversity, and inclusion (EDI) principles in public health messaging. They identified how non-inclusive language can create barriers to behaviour change.

One participant noted that unclear language and communication ultimately impact one's ability to advocate for their own personal

health. Participants also supported public health information to be available in multiple cultural languages, particularly considering the diversity of Canada's population, and for those materials to include audio/visual and sensory aids to facilitate broad accessibility. Some participants also drew attention to public health messaging received during the COVID-19 pandemic, which they felt was unnecessarily polarizing/politicized, detracting from the shared relevant health information. Overall, participants emphasized the need for careful and sensitive language and identity-based messaging in public health to challenge implicit biases and reduce barriers associated with understanding and applying public health knowledge for behaviour change.

Regarding the dissemination of public health messages, many participants agreed that social media, when used appropriately, is an invaluable tool for reaching large audiences due to existing levels of engagement. Many participants responded positively to the notion of government regulations or guidelines on social media to combat the spread of harmful mis- and dis-information online. There was also much discussion regarding Canada's role in addressing the current restrictions on Canadian news on social media platforms (Meta). It was widely agreed that limiting information on these platforms has detrimental downstream effects on the informed decision-making capacity of individuals. Furthermore, participants highlighted the need to communicate health messages at a language level suitable for the public to avoid misinterpretation and misunderstanding. Health information should also be easily accessible in public areas, including school campuses and community centers.

Based on personal lived experiences,

particularly during the COVID-19 pandemic, several participants agreed that foundations of transparency and accountability in public health messaging—whether on social media, in a press conference, or other forms of communication—are essential to building public trust and fostering a sense of community at any scale. Several participants agreed that the need for at-risk populations to access and understand relevant health information promptly should take precedence in any urgent health situation. Some participants shared positive examples of open and honest communication by specific health regions (e.g., South Korea, Nova Scotia) during the pandemic and advocated for adopting similar communication principles throughout Canada to build solidarity and trust.

Priority: Digital Governance

Discussion Question(s): Given the dual nature of social media, with its potential for health promotion and the spread of misinformation (infodemic), what accountability measures should governments impose to regulate this virtual space?

Summary: Participants shared various government actions that can promote health and accountability in social media spaces. With recent Meta developments in mind, participants stated that the Canadian government should work with social media organizations to ensure that news can be shared on all platforms, recognizing social media as an essential health communication pathway for Canadians. Suggested online regulations included enabling links in posts (e.g., references), enabling accurately verified accounts (e.g., public health officials), providing fact-checking statuses on posts and articles, promoting algorithm transparency, and promoting affordable access to online research

publications. One participant highlighted that there must be opportunities for the public to find and access accurate health information within the broad social media landscape, which these suggestions can help facilitate.

Participants emphasized the need for regulatory action regarding accountability due to the potential and current harm caused by misinformation in social media. One participant stated that hate speech could be disguised as health information, with many participants sharing the example of current transphobic and anti-2SLGBTQIA+ rhetoric impacting life-saving gender-affirming care and the daily safety of the Canadian queer community. Participants agreed that the government must create an accountability system for online misinformation to combat this real potential for harm, with one participant noting that the “best apology for poor behaviour is changed behaviour.” Some participants stated that holding governments accountable for their potential for misinformation was also essential and that open access to their data and research would help promote informed, healthy behaviours and trust in government communications.

Participants suggested governments establish digital and scientific health literacy programs to assist Canadians in navigating social media information. Furthermore, many underscored the importance of digital literacy education in childhood education and for older individuals facing technological challenges. As part of this digital education, participants believed it should cultivate critical thinking skills for assessing online information. This would include helping Canadians recognize potential biases and misinformation in online sources and materials. A participant highlighted that COVID-19 created opportunities for schools and governments to implement flexibility in

their public health communication and that this should be expanded upon within health curricula.

HEALTH WORKFORCE 2030: STRENGTHENING HUMAN RESOURCES

"Without a sustained and efficient workforce, Canadians cannot access the care they need, when they need it.

**The Honourable Mark Holland
Minister of Health**

Photo Courtesy of PeopleImages from Getty Images Signature

Health Workforce 2030: Strengthening Human Resources

September 6th, 2023

2023 Canadian Youth Delegate: Toby Le

Delegate Advisors: Grace Seo, Kirsten Biggar, Miyosha Tso Deh

Verified by: Jess Crawford, Zoe Quill

Roundtable participants included, but were not limited to:

Bethel Sileshi, Courtney Larissa Weaver,¹ Huda E. El-Zein,² Linxi Mytkolli,³ Luca Gheorghica, Lucy Garabedian, Mahder Teffera,⁴ Sabrina Ribau, Shreya Rao, Srijain Man Shrestha

**All authors contributed equally and are presented in alphabetical order.*

¹ Canadian Association for Supported Employment (CASE)

² University of Toronto

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Roundtable Summary

In the Health Workforce 2030: Strengthening Human Resources roundtable, participants recommended strengthening the health workforce and strategies to improve collaboration and outreach. Youth highlighted recruitment and retention challenges in healthcare due to licensing barriers, stressful working conditions, and limited seats at training institutions. They proposed streamlining the licensing system and making it accessible to foreign-trained healthcare professionals and contracts with longer terms, higher wages, and inclusive benefits. Participants also emphasized the importance of recognizing healthcare expertise and lived experiences in policy design and enhancing research and evaluation of healthcare practices, particularly in digital approaches. Additionally, youth advocated for a collaborative approach that moves away from physician-centered healthcare systems and incorporates a range of healthcare supports to address the shortage of professionals and improve access to care.

Priority: Support for Young People in the Health Workforce

Discussion Question(s): Drawing upon your expertise and/or personal experience, what specific measures should be taken to support young people within the health workforce?

Summary: Canada's health workforce grapples with critical staffing shortages as its population expands and living costs rise, emphasizing the need for incentivizing and training skilled

healthcare professionals. However, participants highlighted several concerns regarding entry into health professional careers due to challenges and expenses associated with health education, professional licensing, and working conditions.

Firstly, participants highlighted the limited availability of seats in healthcare institutions and residency programs to train more doctors, nurses, social workers, psychologists, and other vital healthcare professionals.

Participants expressed concern with the high cost of education and the mandatory, extensive, and frequently unpaid clinical and practical experiences. Participants advocated for collaborative leadership, more seats in health institutions, more investment in health education, heightened awareness of healthcare careers among young people, and the implementation of an inclusive and intersectional education curriculum.

Many participants suggested streamlining the licensing process, reducing examination and licensing fees, and facilitating renewals to enhance the recruitment and retention of healthcare professionals. One participant proposed a transition from provincial and territorial licensing to a national-based system, enabling healthcare professionals to move between these boundaries more efficiently. Further, several participants recounted their experiences witnessing foreign-trained Canadians and newcomers/immigrants who face barriers in obtaining their licenses to practice in Canada. Despite meeting all the educational requirements, the long, exhaustive, and expensive licensing process has forced these professionals to refrain from practicing. These licensing hurdles are even more challenging for non-English speakers, as they must undergo additional testing. One participant associated these issues with exacerbating brain drain in middle-class countries that have invested millions of dollars in educating these professionals.

Overall, participants strongly advocated for a healthcare licensing system that is accessible, affordable, and nationally standardized.

Participants expressed hesitancy in pursuing health careers, partly due to the sub-optimal working conditions and the tremendous rates of stress and burnout experienced by students

and entry-level healthcare workers. Some participants also highlighted the heavier burden women face in their careers due to additional challenges, such as issues with accessing maternity leave, that can impact their career progression and retention in the field. Participants urged higher wages, paid parental/maternity leave, enhanced benefits and insurance coverage, and non-health-related incentives such as paid parking/transit passes and subsidized meal programs for healthcare workers and students.

Additionally, several participants raised concerns about the prevalence of short-term contract positions in the healthcare sector, causing instability in the lives of Canadian youth. Due to the uncertainty of contract renewal, these short-term contracts hinder individuals from making significant life decisions, such as buying a home, paying off debts, or starting a family. These short-term contracts were described to disproportionately affect parents or individuals living with disabilities or chronic diseases precisely due to the lack of benefits typically associated with permanent positions. To address these issues, participants advocated for creating more long-term job contracts that offer benefits, which would not only strengthen the Canadian healthcare workforce but also promote the overall well-being of healthcare professionals.

Regarding meaningful employment, young healthcare workers would like to be involved in organizational discussions and have access to more mentorship opportunities. Participants also emphasized the importance of including healthcare professionals in policy co-design, highlighting potential improvements to financial accessibility, working conditions, and job stability, ultimately strengthening the Canadian healthcare workforce.

Priority: Collaborations within the Health Workforce

Discussion Question(s): How can members of the health workforce collaborate more effectively to deliver health services to vulnerable communities?

Summary: Participants emphasized the need to value healthcare expertise and lived experience in health policy design and implementation. They stressed the significance of shifting towards a perspective that treats patients as active partners in their healthcare, embracing a person-centred, trauma-informed, and harm-reduction approach to care.

One participant highlighted the importance of informing vulnerable communities about how their contributions influence policies to help create a more inclusive and collaborative approach to healthcare. Participants also advocated for healthcare systems and organizations to partner with communities for cooperative programs to co-design and implement health policies. For instance, one participant highlighted strategies to empower community health workers in low- and middle-income countries, such as improved monitoring and tracking systems, aiming to enhance healthcare access and outcomes.

Furthermore, participants called for dismantling physician-centred healthcare systems that center patriarchal while simultaneously recognizing the need to increase the number of healthcare professionals. Participants again reiterated the importance of adding more seats in Canadian healthcare institutions to alleviate the shortage, especially in vulnerable communities in Canada. As noted by a roundtable member, the integration of more physician assistants is equally crucial due to their cost-effectiveness, shorter training duration, and experience in

numerous specialties. Participants also underscored the necessity for safe, inclusive educational environments for racially diverse students.

Participants reiterated the call for streamlined processes to swiftly enable internationally trained healthcare professionals to enter the Canadian healthcare workforce. Participants identified the intricate and costly licensing procedures, extended processes for converting foreign medical degrees to meet Canadian standards, and the mandatory practice periods in remote areas, often far from their homes, as substantial barriers that newcomer/immigrant healthcare workers face.

To improve health systems and navigation, participants discussed the need to improve digital healthcare integration for patients' access, such as online booking, appointments, and access to healthcare records. Participants also feel this would increase patient autonomy and personal expertise. While acknowledging the benefits of telehealth, participants also recognized that it could worsen disparities for those lacking stable internet and digital access. Another suggestion to improve healthcare access and equity was the importance of having a healthcare workforce that is representative of the Canadian population. Additionally, participants called for increased research and evaluation in Canada, including improving collective research capacity, cost-benefit analyses, implementation assessments, and national data collection and organization in Canada. Collaborative approaches and hospital-community partnerships were deemed essential for addressing the unique needs of vulnerable populations.

A close-up photograph of two hands clasped together. The hand on the left is wearing a brown, textured knit sweater. The hand on the right is wearing a white, textured knit sweater. The hands are positioned in the center of the frame, with fingers interlaced. The background is a plain, light-colored wall.

MENTAL HEALTH AND SUICIDE PREVENTION

"This life. This night. Your story. Your hope. It matters. All of it matters."
Jamie Tworkowski

Mental Health and Suicide Prevention

September 7th, 2023

2023 Canadian Youth Delegate: Toby Le

Delegate Advisors: Elise Wiley, Jess Crawford, Jillian Stringer

Verified by: Zoe Quill, Riley Tough

Roundtable participants included, but were not limited to:

Achyutha R. Surukanti¹, Alexandra Mhairie Blair², Anisha Brar, Bibi Hakim, Carol Rang, Courtney Larissa Weaver³, Fatemeh Matin Moradkhan⁴, Huda E. El-Zein⁵, Joshua Bell⁶, Julie Donahue⁷, Katelyn Greer⁸, Krishnpriya Singh⁹, Lee Allison Clark, Luca Gheorghica, Mahder Teffera¹⁰, Mallika Saggoo⁷, Melissa McKenna, Mikayla Hunter⁷, Nevicia Case¹¹, Sabrina Ribau, Shreya Rao, Syeda Farwa Naqvi⁸, Tommy Akinnawonu, Tzu-Hsuan Peng¹²

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Roundtable Summary

Youth participants in the roundtable discussion on Mental Health and Suicide Prevention offered insights on three priorities: equitable access, addressing stigma, and innovation. For equitable access, youth advocated for holistic, trauma-informed practices, transdisciplinary collaborations to promote knowledge exchange, and robust financing for upstream interventions focusing on social determinants of health. Regarding stigma, participants acknowledged its role across various levels. They advocated for improved education focused on capacity-building and inclusivity and employed a tailored approach, recognizing that a one-size-fits-all strategy is ineffective. Under innovation, youth stressed the importance of creating resilient healthcare systems. They suggested enhancing human resources through task-sharing, leveraging grassroots partnerships to build community capacity, adopting integrated care approaches, implementing early screening programs, and improving data infrastructure.

Priority: Defining Mental Health and its Priorities

Discussion Question(s): (A) What does mental health mean to you?

Summary: Considering the diverse interplay of individual and systemic factors, participants stressed the importance of defining mental health as a harmonious blend of physical, emotional, spiritual, and psychological well-being rather than simply as the absence of mental illness.

Two participants elaborated on this perspective by acknowledging that mental health encompasses positive and challenging periods, representing a spectrum that ultimately requires a collaborative and multisectoral health approach. Moreover, one participant shared her research on the mental well-being of immigrant youth in Alberta, noting that youth prioritized tangible strategies and community resources to support themselves and their peers. Another participant expressed the view that mental health is a privilege, with some cultures not placing a high value on it. Therefore, there is a need to be mindful of how mental health is vocalized in communities.

Notably, some participants who experienced disability or were among vulnerable communities expressed difficulty defining what mental health means to them due to their previous traumatic experiences. These participants also reinforced that possessing suicidal ideations and/or acting on these ideations are direct outcomes of poor mental health, which urgently emphasizes the need for accessible support for vulnerable communities, such as immigrants, refugees, people with disabilities, the 2SLGBTQIA+ community, racial minorities, Indigenous peoples, and more. Additionally, one participant shared that promoting mental health requires efforts of destigmatization, which includes countering the spread of misinformation and the glamorization that perpetuates stigma about mental illnesses.

Another participant emphasized the importance of trauma-informed care, stating that trauma is not limited to PTSD (Post Traumatic Stress Disorder) and can manifest in various forms. There was a consensus on the urgent need for improved mental health education for health providers, educators, governments, and organizations. Indeed, participants acknowledged that educational resources should foster an equity, diversity, and inclusion lens, particularly for refugees and other at-risk communities.

Participants agreed that mental health is a combination of intersecting domains of health (e.g., physical, emotional, psychological). Given the enormous scope of what mental health entails, external and well-grounded resources (i.e., informed by evidence and provided by appropriate sources) should unequivocally be available to support youth, particularly those within vulnerable communities.

Discussion Question(s): (B) What priorities do you believe should be focused on when addressing disparities in mental health?

Summary: Participants stressed the importance of ensuring access to basic needs for fostering mental well-being, all the while shredding light on the disparities stemming from the social determinants of health, discrimination, and colonization on mental health. Several highlighted the mental health inequities faced by historically, systemically, and persistently marginalized groups, noting that those who meet at multiple intersections of oppression encounter heightened challenges in both mental health outcomes and access. One participant provided statistics on Canadian Indigenous suicide rates, which were three to nine times higher than those among non-Indigenous Canadians. Participants felt that to address these concerns, there is an

immense need to (re)create equitable public policies, empower communities and individuals, and refocus health services.

Regarding fair public policies, it is vital to address social disparities by investing in improving social determinants of health, such as affordable housing.

The overall affordability of mental health services was a significant concern for youth. There is a demand for increased availability of free, publicly funded services for mental health care. Roundtable participants urged public health policies to support mental health for at-risk populations and safeguard gender-affirming care for people of all ages. In addition to policy, participants suggested ad campaigns to destigmatize mental health conversations and improve mental health literacy.

Notably, these efforts must be community-inclusive, culturally sensitive, trauma-informed, and made in a person's language of choice. Many participants also highlighted the need to build health service capacity within, by, and for communities and individuals. Several participants mentioned the need for training or tools to empower individuals and communities to recognize, support, and intervene in mental illness and/or suicide prevention. Furthermore, youth want to shift mental health services from the healthcare sector to the community setting. One way to address this call for education is to make training such as Mental Health First Aid and Applied Suicide Intervention Skills Training (ASIST) free and more readily available. A roundtable participant noted the need to keep such mental health training up-to-date and sustained over time.

Furthermore, two participants suggested adopting more community-based crisis

interventions that do not involve the police. Another participant highlighted an urgency to develop a comprehensive nationwide suicide prevention strategy, underscoring that Canada is the only G7 country without such a plan.

Participants also acknowledged persistent gaps in mental health care, including limited screening, a shortage of medication-prescribing primary care providers, and lengthy waitlists, especially in rural and remote communities. These issues have led to worsening mental health and a heightened reliance on crisis services.

In response, participants called for more primary care practitioners and expanded mental health screening, especially among school educators and health specialties where mental health is more comorbid. Youth stressed the importance of adopting a unified, collaborative approach across different agencies and professions to tackle the complexities of system navigation and to alleviate the burden caused by healthcare silos. In addition, the (mental) health workforce needs to become more culturally and linguistically akin to diverse populations, concomitant with advancing and mandating culturally safe and trauma-informed care among health professions in Canada.

Priority: Future of Mental Health Services

Discussion Question(s): What specific resources and/or services do you think are essential to prepare for future emergencies, including climate emergencies and pandemics?

Summary: Several participants spoke to the importance of adopting a holistic perspective of health that integrates mental health as a core component of overall well-being. As noted by one participant, 'One Health' approaches

are necessary to encourage systems thinking at a high level to protect the health of the environment and the mental health of the global population. Such a comprehensive view of health recognizes innate ties to our social and physical environments. Steps towards a fuller definition of health that prioritizes people and the planet included intentional decolonization practices, leveraging Indigenous ways of knowing, multi-sectoral collaboration, transdisciplinary monitoring systems and response planning and a Health-in-all-Policies approach.

Further, in line with a holistic view of mental health and wellbeing, several participants discussed the need to address the social determinants of health to ensure resilience in future crises. Many participants highlighted diverse health determinants that must be addressed to ensure well-being and equitable protection in times of crisis. Action areas encompass combating food insecurity, ensuring safe and affordable housing, establishing universal health coverage, countering prejudice to protect sexual and gender-diverse individuals, and improving efforts to evaluate and mitigate the detrimental impacts of colonialism, racism, and ableism.

Relatedly, many participants noted community-based and grassroots organizations as a critical way to support equity and population well-being. Several participants spoke about how community-driven activities, like nonprofits and social services, can, in particular, advance prevention efforts, noting that these groups can make more efficient use of resources due to their community connections. Further, several attendees noted these approaches can reduce dependence on an overburdened acute care system and minimize the reliance on expensive institutionalized care. One

participant reinforced this stance by suggesting a mechanism for directing government funding to non-governmental organizations during emergencies to enhance their mobilization efforts. Additionally, participants identified that early education in mental health awareness is critical in ensuring youth are equipped with the tools to recognize their own well-being and support their peers. One participant urged governmental efforts to safeguard the mental well-being of youth through considerations in eHealth interventions and the implementation of protective regulations for online platforms and social media.

To complement upstream, proactive, preventative approaches to holistic mental health promotion, several participants highlighted tangible shorter-term goals that could enhance emergency preparedness, such as (a) government-supported professional development and credential upgrades for health and social service professionals and (b) expanding enrolment opportunities for health professionals' education while reducing tuition costs.

INDIGENOUS YOUTH AND MENTAL HEALTH & SUICIDE

"The path to glory is rough, and many gloomy hours obscure it."
Black Hawk

Photo Courtesy of Luke Currie-Richardson

Indigenous Youth and Mental Health & Suicide

September 18th, 2023

2023 Canadian Youth Delegate: Toby Le

Delegate Advisors: Antonina Kandiurin, Zoe Quill

Verified by: Jess Crawford, Jillian Stringer

Roundtable participants included, but were not limited to:

Madyson Campell, Malcolm Disbrowe,¹ Stephanie Spence,² Sydney Levasseur-Puhach

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² Brandon University's Centre for Applied Research and Education in Rural, Remote, and Indigenous Settings (BU CARES)

Rountable Summary

In the roundtable discussion on Indigenous Youth and Mental Health & Suicide, participants shared their lived experiences accessing mental health services, outlined priorities to address disparities, and discussed resilience in future emergencies. Testimonials underscored a lack of culturally competent care, awareness of historical traumas and their generational impacts, and a shortage of resources and specialists in remote regions. Youth participants advocated for self-determined, community-led approaches rooted in traditional practices. A call for increased funding to support the training of healthcare professionals and students in cultural sensitivity and anti-racism was also discussed. Finally, participants highlighted the promotion of resilience through respecting Indigenous sovereignty in all health realms, acknowledging cultural connections to land and spirituality, and advancing reconciliation efforts to enhance the well-being of Indigenous communities and individuals.

Priority: Personal Experiences with Mental Health Services in Canada

Discussion Question(s): What has been your overall experience with accessing mental health services in Canada?

Summary: Participants underscored the overall shortage of mental health resources and the scarcity of higher-level professionals in northern, remote, and isolated communities. Resource constraints were primarily centred around the lack of competent, culturally safe,

anti-racist mental health care providers with a specialization in adolescent youth care. The lack of personnel led to long waitlists, and logistical barriers were hurdles to achieving sustainable support, with contracted professionals often unwilling or unable to commit to extended periods within communities. Indigenous youth also felt that there is a lack of providers they can have a trusting relationship with, amplified by the shortage of Indigenous representation in the mental health field. One youth emphasized the vulnerability of neurodivergent individuals

within Indigenous communities, stating that a more inclusive approach to services is needed to combat biases and racial disparities.

The scarcity of mental health infrastructure, such as clinical and crisis spaces for Indigenous adolescent youth, was described as a significant problem. Furthermore, youth highlighted the inadequacy of sustainable mental health care options, even in urban settings. Those in small communities also expressed concern about the challenges of privacy and confidentiality. While crisis lines and emergency rooms provide temporary support, participants expressed difficulty in finding culturally sensitive care that understands and responds to colonial trauma. A common experience shared among Indigenous participants was feelings of being ignored and victimized when attempting to discuss the personal impacts of intergenerational trauma and racism. Additionally, historical mistrust, rooted in a legacy of abuse, makes it difficult for Indigenous youth to accept support readily. It was acknowledged that, for progress to occur, concerted efforts to rebuild trust in these services are essential.

To facilitate improved mental health experiences, youth suggested decentralizing the medical model while decolonizing mental health care by advancing Indigenous self-determination and sovereignty to mental health and wellness. Thus, participants declared governments needed to invest in health teams composed of mental health service providers with a genuine understanding of and connection to Indigenous communities. To achieve this, participants stressed the importance of increased financial support, especially for Indigenous students pursuing health degrees, as the current funding for post-secondary

education often falls short of matching living costs and inflation.

There is a need for a holistic approach to mental health care: Participants stressed the imperative of incorporating cultural sensitivity and holistic practices that encompass connections to the land, spirituality, and various aspects of life. Traditional ways of healing, including Traditional healers, sacred ceremonies, using the medicine wheel, and community-centred models, were identified as missing components in the current mental health care system. Participants strongly believed that implementing a holistic approach with cultural connections would benefit Indigenous youth.

Priority: Defining Mental Health Priorities for Indigenous Youth

Discussion Question(s): What does mental health mean to you? And what priorities do you believe should be focused on when addressing disparities in mental health?

Summary: Participants shared their perspectives on mental health and identified vital national issues that demand attention. One participant highlighted the intersection of neurodiversity and mental health within Indigenous communities. Another participant emphasized the multifaceted nature of mental health, encompassing physical and relational needs, and used Maslow's hierarchy of needs as an analogy to contrast with Indigenous approaches that emphasize community actualization. This perspective aligns with the views of several participants who believe that integrating a Western understanding of mental health with an Indigenous lens is vital for achieving "community actualization and thriving together." Essentially, participants felt mental health was colonial, in need of

dismantling and interrogation, expressing concern about governments' adoption of the term "mental health" and associating it with a sanitized view of colonialism and genocide. Participants agreed that addressing systemic issues – including financial resources, decolonization, and self-determination – is vital for achieving mental health equity.

Participants discussed the attainment of financial resources as an imperative to address fundamental needs and promote mental health. Roundtable participants called for improved financial support for direct care services such as access to long-term mental health care and associated providers (e.g., counsellors) and improved support services for neurodivergent Indigenous youth. Participants believed that funding should be directed towards empowering Indigenous Peoples in navigating the healthcare system, including enhancing their knowledge of their rights. Furthermore, participants recognized that mental health outcomes rely on physical health; thus, funding should also be allocated to strengthen Indigenous social determinants of health. They also felt funding could be used to improve cultural competence and anti-racism in health professional education. There is a critical lack of awareness and education regarding Indigenous identities and cultures among healthcare professionals, leading to misinformed practices and perpetuating racism within the healthcare system. Integrating Indigenous perspectives and priorities into the current curriculum was identified as a means to foster trust and create safer healthcare spaces.

Participants called for accountability for and dismantling of historical injustices, colonialism, racism, and trauma. They stressed the importance of fostering a narrative centered on strengths and positivity while also

intentionally addressing reconciliation by implementing policies to protect and connect Indigenous peoples, such as implementing the Truth and Reconciliation Commission Calls to Action, the National Inquiry for MMIWG2S (Missing and Murdered Indigenous Women, Girls and 2SLGBTQIA+), and UNDRIP (United Nations Declaration on the Rights of Indigenous Peoples). One youth felt shifting to strengths-based perspectives could help the need to see beyond statistics, which are often deficit-based. Participants expressed that in addition to moving away from the Western individualistic approach to mental health care, there should also be a shift towards Indigenous wellbeing, viewing "wellbeing as a living spirit."

Participants felt it is important for Indigenous communities to have self-determination over their mental health, including self-determination and autonomy over financial resources from the government. Youth advocated for community-led services tailored to each community's unique needs to tackle mental health disparities. "Each community knows what's best for its people" and should "be able to plan their own holistic and culturally rooted system." In summary, participants underscored the need for more sustainable and reliable financial resources, better education, dismantling colonial practices, and shifting towards a holistic approach geared towards enhancing mental health equity and well-being for Indigenous youth, by Indigenous people.

Priority: Future of Mental Health Services

Discussion Question(s): What specific resources and/or services do you think are essential to prepare Indigenous youth for future emergencies, including climate emergencies and pandemics?

Summary: Participants offered valuable insights for preparing Indigenous youth for future emergencies. It became evident that a holistic approach, rooted in cultural care and sovereignty, is vital for resilience and preparedness. A connection to land, spirituality, and ancestral knowledge were also identified as crucial factors to incorporate in developing and implementing mental health programs. One participant further expanded to highlight the needs of urban Indigenous communities, stating the importance of exploring ways to facilitate community healing and reconnection through land in these urban areas. Another participant discussed the significance of cultural practices and community support in reinforcing resilience among neurodivergent individuals, emphasizing the need to appreciate their unique perspectives and gifts.

Supporting Indigenous sovereignty emerged as another key theme, including food, economic, land, and cultural sovereignty.

Returning to Traditional ways and models of living by “(re)learning and reconnecting with [our] ancestral knowledge... about how to live and sustain ourselves” was seen as crucial. Participants highlighted the significance of food sovereignty to ensure a stable food supply for Indigenous communities during crises. One participant also underscored economic sovereignty as a critical component in self-determination, stating that Indigenous communities must have the economic autonomy to shape their collective future. Several participants talked about the importance of ancestral lands and access to land for sustenance (such as hunting and harvesting) and community healing. For some participants, “having access to land” also meant having safe and accessible spaces for Indigenous nations to gather during the winter months to foster community building.

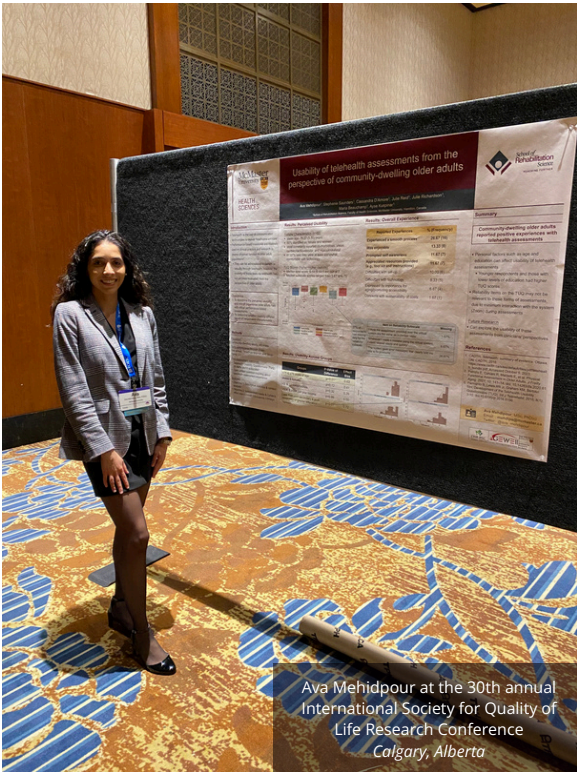
Regarding pandemics, one participant highlighted the impacts of social distancing measures, such as loss of community connection, which made it challenging to maintain community resiliency. To prepare for future emergencies, prioritizing mental health services alongside disease control efforts is essential. Participants also highlighted the challenges of accessing telehealth services in remote areas and called for equitable support for all Indigenous communities across Canada. Expanding digital services and resources across all nations could improve access to mental health care and attending ceremonies, whether there is a crisis or not. Additionally, a participant underscored the need to acknowledge historical losses and further emphasized that reconnecting with ancestral lands and promoting awareness of Indigenous ties are essential steps toward reconciliation. Participants also stated the significance of allocating resources for addiction medication and dispensing services, as well as leveraging community gatherings to promote healing for individuals struggling with addiction.

In summary, participants advocated for a multifaceted approach that includes holistic and cultural care, food and economic sovereignty, and resources that support community gatherings, all aimed at fostering reconciliation. These resources and services must be prioritized and accessible to rural and urban Indigenous communities.

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Ava Mehidpour at the 30th annual International Society for Quality of Life Research Conference
Calgary, Alberta



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Ottawa, Ontario



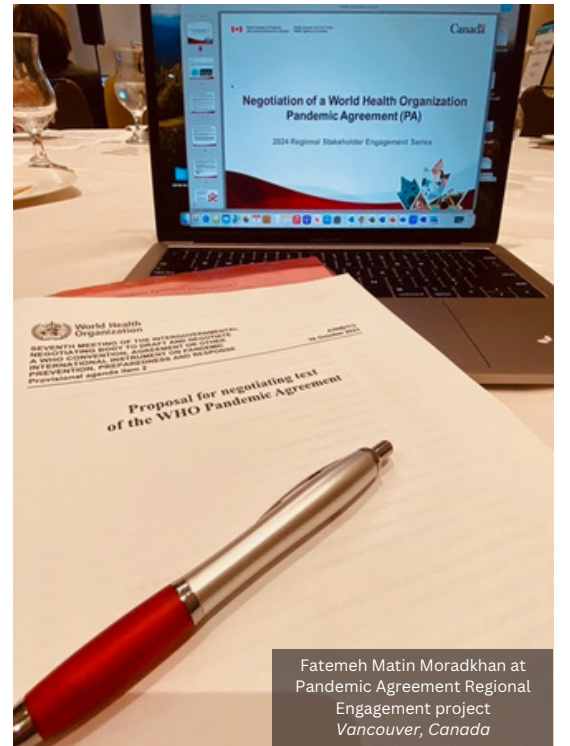
Jaden Lakie at Grand Council Treaty #3 Oshkiniigiig Youth Executive Council for Strategic Planning
Winnipeg, Canada



Courtney Larissa Weaver at Ichi-go Ichi-e Symposium
Tokyo, Japan



Deborah Ola at Consortium of Universities for Global Health
Calgary, Canada



Fatemeh Matin Moradkhan at Pandemic Agreement Regional Engagement project
Vancouver, Canada



Vibhu Bhargava at Board Meeting for Student for Consent Culture Canada
Ottawa, Canada



Lexi Tokhi at CORD Rare Disorders Conference
Ottawa, Canada



Seyed-Moeeen Hosseinalipour for WHO Junior Consultant interview
Tehran, Iran



Sophia Bahadoor at the Student Senate
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Srijain Man Shrestha
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Syeda Farwa Naqvi with the late Dr. Paul Farmer
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Stacie Smith at a panel discussion for People for Education
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