



2019 Global Health Conference



7:45am - noon	Registration: Location: Atrium, Health Sciences Building, E Wing / Global Health Expo				
8:30 – 8:45 E wing 1150	Welcome: Co-chairs: Haley Eckel, Alicia Mah Opening Remarks: Vice Dean of Education (College of Medicine): Dr. Kent Stobart Elder: Larry Oakes				
8:45 – 9:45am	Keynote #1 Stephanie Nixon Location: Health Sciences E1130				
9:45 – 10:15am	Refreshment Break /Global Health Expo (2nd floor, E-wing atrium)				
10:15 – 11:00am	Breakout Sessions #1	1.1 The Patient-Provider Toolkit: Using Community-Based Research to develop targeted resources for improving HIV health care experiences.	1.2 Hearing Loss in Northern Saskatchewan Schools	1.3 Food Security and Socioeconomic Disparities of Refugees in Transitory Countries and Canada	1.4 Evidence of health inequity in child survival: spatial and causal Bayesian network analyses of stillbirth rates in 194 countries
		Location: Health Sciences E2330	Location: Health Sciences E2332	Location: Health Sciences E2334	Location: Health Sciences E2254
		Presenters: Farzana Ali and Sugandhi del Canto	Presenter: Lyall Pacey	Presenter: Mahasti Khakpour	Presenter: Daniel Adedayo Adeyinka
11:00 – 11:15am	Movement Break/Global Health Expo (2nd floor, E-wing atrium)				
11:15am -12:00pm	Breakout Sessions #2	2.1 Understanding of “patient engagement” from Immigrant women’s perspectives: A Community-Based Research study.	2.2 How Social Determinants of Health Can Be Addressed in Indigenous Communities Through Research and Action	2.3 The Role of Physicians in our Climate Crisis	2.4 Naloxone Training Session #1



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		Location: Health Sciences E2330	Location: Health Sciences E2332	Location: Health Sciences E2334	Location: Health Sciences E2254
		Presenter: Farzana Ali	Presenter: Indiana Best	Presenter: Planetary Health Student Group	Presenter: AIDS Saskatoon
12:00 – 1:15pm		Lunch (1st floor, E-wing atrium) / Poster competition (2nd floor, E-wing Atrium)			
1:15 – 2:15pm	Keynote #2 Jason Mercredi Location: Health Sciences E1130				
2:15 – 2:30pm	Movement Break/Global Health Expo (2nd floor, E-wing atrium)				
2:30 – 3:15pm	Breakout Sessions #3	3.1 Wellness Wheel: A novel community-partnered initiative to increase access to care on reserve	3.2 Optimizing Health care for Refugees in Saskatoon	3.3 Psychosocial health impacts of the closure of the Saskatchewan Transportation Company on the dispossessed	3.4 Naloxone Training Session #2
		Location: Health Sciences E2330	Location: Health Sciences E2332	Location: Health Sciences E2334	Location: Health Sciences E2254
		Presenters: Susanne Nicolay, Mamata Pandey	Presenters: Anne Leis, Lori Verity-Anderson, Jessa Pillow, Maria Gomez, Sangin Niazi and Monique Reboe	Presenter: Jacob Alhassan	Presenter: AIDS Saskatoon
3:15 – 3:30pm	Movement Break/Global Health Expo (2nd floor, E-wing atrium)				
3:30pm – 4:30pm	Keynote #3 Bruce Reeder Location: Health Sciences E1130				
4:30 – 4:45pm	Closing Remarks: Haley Eckel, Alicia Mah				



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KEYNOTE SPEAKERS

Plenary Session #1 Dr. Stephanie Nixon



Stephanie Nixon is an Associate Professor in the Department of Physical Therapy, cross-appointed at the Rehabilitation Sciences Institute and the Dalla Lana School of Public Health at the University of Toronto. She has been an HIV activist and global health researcher for 20 years. She completed her PhD in Public Health and Bioethics in 2006 at the University of Toronto, and a post-doc at the University of KwaZulu-Natal in South Africa from 2006-2008. Stephanie is co-founder and Director of the International Centre for Disability and Rehabilitation. Her research program in Sub-Saharan Africa focuses on how rehabilitation can support people as they grow up and grow older with HIV. Stephanie also studies and teaches about health equity in Canada. Stephanie is a straight, white, middle class, able-bodied, cisgender female of settler descent who tries to understand the pervasive effects of privilege. In particular, she explores the role of power and privilege in shaping health research, education and clinical practice.

Title: Coin Model of Privilege and Allyship: A Reorientation for Global Health

Description: Through her extensive global health experience, Dr. Nixon came to realize the significance of a set of core competencies that were missing from her training. To support capacity-building for herself and others, she developed the Coin Model



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of Privilege and Allyship. Dr. Nixon will introduce this anti-oppression approach and explore why understanding each of our forms of unearned advantage, or privilege, is crucial for global health work that does less harm.

Plenary Session #2: Jason Mercredi



Jason Mercredi is the Executive Director at AIDS Saskatoon. He is a co-founder of Canada's National HIV Testing Day, developed Canada's first Aboriginal language condom campaign, successfully advocated for the expansion of Naloxone kits across Saskatchewan & drug pipes in provincial needle exchanges, wrote the policy update for SAID Program recipients to increase their earnings exemption from \$200 to \$500 a month, and is currently establishing the province's first safe consumption site. He is a board member for the Saskatoon Housing Authority, SUM Theatre, and is the Prairie Chair for the Canadian AIDS Society. He is of Dene, Metis and Scottish ancestry and was born and raised in Treaty 6 territory and the homeland of the Metis.

Title: Policy, Programing & Media: Crisis-Fueled Health Innovation.

Description: Despite the perception that Harm Reduction work is reactionary rather than preventative, AIDS Saskatoon has become known for being leaders in Saskatchewan and Canadian health policy. This is due to a systematic approach where innovation is the tool and solving the most complex health and social disparities in the country is the goal. This talk will explore ideas including HIV, overdose, crystal meth, use of traditional media, use of social media, and what it means to take risks.



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Plenary Session 3: Dr. Bruce Reeder



Bruce Reeder is Professor Emeritus of Community Health and Epidemiology at the University of Saskatchewan, Saskatoon, Canada. He received his medical training at the University of Saskatchewan (1976), a Diploma in Tropical Medicine and Hygiene in 1978, and a Fellowship in Public Health and Preventive Medicine from the Royal College of Physicians and Surgeons of Canada (1987). He assisted with the development, and served as the Acting Director, of the University of Saskatchewan's School of Public Health from 2006 – 2009, and co-leader of the university's One Health research and training initiative from 2011 – 2015. He has worked as a physician and epidemiologist with Médecins Sans Frontières (Doctors Without Borders) in Liberia on the control of Ebola Virus Disease, Kyrgyzstan on the control of drug-resistant tuberculosis and HIV/AIDS, and in the Democratic Republic of Congo and Central African Republic on the establishment of surveillance and response systems for epidemic diseases.

Title: Beyond Oneself: opportunities to contribute to global health

Description: Dr. Reeder examines the balance between self-concern and altruism from biological origins to manifestations in current societies. He considers how a humanitarian impulse may be manifest through acts of support and solidarity, service, mutual education, and research, and how we might understand the interplay between social responsibility and accountability. In doing so, he draws upon his experience in Canada and with Médecins Sans Frontières in multiple humanitarian efforts in Africa, Asia and Latin America.



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Breakout Sessions:

Breakout Session 1.1

Farzana Ali, PhD (c), Saskatchewan HIV/AIDS Research Endeavour (SHARE) and University of Saskatchewan (U of S)

Sugandhi del Canto, PhD (c), Saskatchewan HIV/AIDS Research Endeavour (SHARE) and University of Saskatchewan (U of S)

- **Title:** The Patient-Provider Toolkit: Using Community-Based Research to develop targeted resources for improving HIV health care experiences.
- **Description:** The Patient-Provider Toolkit (PPT) is a community-based, patient-oriented study in two urban settings: Regina and Prince Albert. It builds on a Saskatoon-specific study aimed at improving health care experiences for People living with HIV (PLWH), health care professionals and family-kinship networks in urban Saskatchewan. A phased, iterative community-based research (CBR) study was designed to distill experiences and recommendations from PLWH, their kin, clinicians, and allied professionals in Prince Albert and Regina, Saskatchewan. Grounded theory informed thematic analyses from semi-structured interviews and focus groups were member-checked through community fora. Development of the toolkit reflects specific recommendations collected. From the interviews (n=42 participants) and five focus groups (n=38 participants), four grand themes emerged: Non-judgmental relationships, quality of care, increased accessibility, and integrated health services. Feedback from the fora aligned with the recommendations generated from the interviews and focus groups. The toolkit is comprised of: reco-graphics depicting shared health care ownership for both PLWH and their care professionals; presentation templates, and info-postcards that emphasize action-oriented recommendations to support both patients and providers. This CBR study reaffirmed the complex practice and life realities of practitioners and PLWH. Many structural challenges create barriers, yet, all participants in the study identified individual and organizational strategies and skills to help bridge challenges.

Breakout Session 1.2

Lyall Pacey, MSc S-LP(C) Reg. SK

- **Title:** Hearing Loss in Northern Saskatchewan Schools
- **Description:** Canadian physicians and researchers are concerned high prevalence of ear infections and hearing loss in Indigenous and rural Canadians. As hearing screening programs in Saskatchewan are in their infancy, and because pre-kindergarten screening programs are generally absent, there is the risk of missing hearing loss in children before they enter school. Hearing loss of any degree increases children's struggle to succeed in the classroom. At the time of this study, there is no hearing loss data specific to rural and Indigenous communities in Saskatchewan. To explore rates of poor aural health and hearing loss in rural Saskatchewan communities, and to identify any associated demographic factors. During the summer of 2019, the researcher gained permission to see children in grades 3 and 4 in elementary schools in Meadow Lake and Île-à-la-Crosse, Saskatchewan. A sample of 136 students took part in otoscopic exam and hearing testing using clinically validated, iPad-based Shoebox Audiometers. Demographic data for each student was provided by the parent/guardian of the participant. Statistical analysis is underway at the time of this abstract submission. Rates of initial hearing loss detection ranged from 17-30%, substantially higher than the 7.7% for Canadian youth. Other statistical outcomes will be available at the time of the conference. The presentation will discuss the implications about the results, with particular attention to hearing



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loss in the classroom, at home, and in the Indigenous population. There will be further discussion about multi-sectoral interventions at the school, community, and governmental levels.

Breakout Session 1.3

Mahasti Khakpour, MSc., PhD(C), Department of Community Health and Epidemiology

- **Title:** Food Security and Socioeconomic Disparities of Refugees in Transitory Countries and Canada
- **Description:** This study aims to explore the food security status of refugees prior to and after resettlement in Canada. Using a convergent mixed-method design, quantitative and qualitative tools were used to evaluate the food security status of 54 Afghan refugee families resettled in Toronto, Canada. The quantitative results were completed and triangulated with the results of semi-structured interviews. Qualitative results showed that all the refugees, regardless of their transitory country, suffered from chronic food insecurity in the transitory country. In Canada, quantitative results indicated that more than 93% of the refugee households were food insecure. Low level of education and social assistance as the main source of income was associated with household food insecurity. Qualitative findings confirmed and provided context about the refugees' experience of food insecurity in Canada. This research suggests that the prevalence of food insecurity among the refugee population is underestimated in Canadian national data. Revising the national data collection system to be more inclusive of this population is recommended. The results suggest that educational and employment support programs could assist refugee households to diversify their source of income as a means to improving food security. Also, a review of current social support programs and international refugee resettlement support policies is strongly advised to alleviate chronic food insecurity among refugees to prevent poor health outcomes and reduce future public healthcare costs.

Breakout Session 1.4

Daniel Adedayo Adeyinka, MBBS, MPH, PhD(c)

- **Title:** Evidence of health inequity in child survival: spatial and causal Bayesian network analyses of stillbirth rates in 194 countries
- **Description:** Keeping children alive is one of the most pressing concerns globally. While it remains a challenge, there is also little evidence to guide policymakers on appropriate interventions to reduce the large number of children dying annually. To further worsen the problem, unlike neonatal and under-five mortalities, stillbirth is a neglected public health challenge, with less attention to its social determinants. This presentation focuses on the spatial patterns of country-level stillbirth rates and influence of social determinants of health on spatial patterns of stillbirth rates across the 194 World Health Organization member countries.



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Breakout Session 2.1

Farzani Ali, PhD (c), Department of Community Health and Epidemiology (CH&E), University of Saskatchewan (U of S)

- **Title:** Understanding of “patient engagement” from Immigrant women’s perspectives: A Community-Based Research study.
- **Description:** Despite of patient engagement becoming mainstream, literature suggests that minority populations such as immigrants tend to be less engaged in their care and the power differential between patients and providers seems to be much wider compared to the general population. Moreover, immigrants, especially women across age and social position often experience multiple barriers to healthcare. These obstacles are mostly due to the social determinants of health, often linked to language, ethnicity, culture, religion, limited access to services and so on. This community-based research (CBR) study aims to understand how immigrant women perceive the notion of ‘patient engagement’, and how their experiences with health services in Saskatoon have shaped it. This patient-orientated study is participatory in nature where immigrant female patients and patient/family advisors are active members of the research team. A semi- structured interview was co-designed, pilot tested, and implemented to distill experiences and perspectives from immigrant women of diverse background in Saskatoon. Based on the ongoing interviews (n= 15), different patterns, similarities and/or differences have been emerging from the perspectives shared by immigrant women. Regardless of their differences in background, the participants appeared to share somewhat similar experiences with healthcare, particularly with navigating within the Canadian healthcare system and struggling with language barrier. In any CBR study, the process is as important as the outcome. At the end of this study, a patient engagement model will be co-developed along with the community members to ensure it is appropriate for cross-cultural patients and reflects participants’ perspectives.

Breakout Session 2.2

Indiana Best, BHSc (honours), MPH-T (c)

Title: How Social Determinants of Health Can Be Addressed in Indigenous Communities Through Research and Action

- **Description:** The impact of Colonization in Canada has plagued Indigenous Peoples (First Nations, Métis and Inuit) with intergenerational social inequities and poor health outcomes that persist today. These health disparities are often addressed using a Social Determinants of Health framework, as Social Determinants of Health are the broader social factors which influence the health of individuals and communities. My master’s research uses a Social Determinants of Health framework to explore the impact Indigenous status, specifically Métis status, has on the ability to offer cultural programming in addictions treatment. Furthermore, this presentation will discuss how SWITCH (Student Wellness Initiative Towards Community Health) is able to make a positive impact in the community by offering clinical and outreach services with a holistic Social Determinants of Health framework in mind.

Breakout Session 2.3

Planetary Health Student Group

- **Title:** The Role of Physicians in our Climate Crisis
- **Description:** Human health on the most basic level is dependent on the air we breathe, the water we drink, and the soil in which we grow our food. Currently, these systems are threatened on a level which undermines the stability of our health, our



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societies, and our entire planet. Planetary health studies the health of our civilization and the state of the natural systems upon which it depends—things like water sources, soil, and air quality (1). Despite the alarming reports of the public health crisis, we as future physicians who will be tasked with caring for a warming Canada, have limited exposure to education on how this can practically impact patient and community health and what a physicians' role is in our climate crisis. The Planetary Health Student Group (PHSG) will host an interactive session, including educational videos followed by group discussion of cases. The cases will demonstrate how environment and planetary health should be integrated into individual and community level patient care. Together, the videos and discussion groups will provide a basic understanding of the impact of global environmental change on health, will outline major mechanisms through which our climate crisis impacts public health, demonstrate how the health of Indigenous communities are disproportionately affected by the impacts of our climate crisis, and convey the social responsibility of physicians as leaders in health and environmental policy.

Breakout Session 2.4

AIDS Saskatoon

- **Title:** Naloxone Training Session
- **Description:** Naloxone is an effective way to combat overdoses and AIDS Saskatoon will be providing naloxone training for some of our conference attendees in two break out sessions! AIDS Saskatoon has worked very hard to advocate for the deregulation of naloxone so more people may have access to the kits and training that reduces stigma and saves lives. Naloxone can give people who overdose enough time to get to the hospital. Naloxone training is for EVERYONE and the more kits in circulation the better.

Breakout Session 3.1

Susanne Nicolay, BScN, RN (Wellness Wheel)

Mamata Pandey, PhD (Department of Research, SHA)

- **Title:** Wellness Wheel: A novel community-partnered initiative to increase access to care on reserve
- **Description:** The Wellness Wheel is a community-led initiative that addresses chronic disease and increases access to primary care in four southern Saskatchewan Indigenous communities. A team of care providers from Regina collaborated with the communities to develop a care model to address this gap in healthcare delivery. Wellness Wheel outreach clinics have been offered at least once monthly in the four communities since fall 2016. Family doctors partner with specialists in infectious disease, nephrology, dermatology and internal medicine to offer clinics out of the communities' health centres. A nurse coordinator was added in 2016 to support the physicians during the clinics, collaborate with the communities to plan clinics and special HIV and Hepatitis C testing days, and to coordinate patient follow up between clinics. Clinical services include nurse-provided phlebotomy, confidential HIV, Hepatitis C and STI testing, collaboration with First Nation homecare and community health nurses, procedures (such as abscess drainage, IUD insertion and removal of growth) and on-the-spot specialist referrals. Feedback has been sought through interviews from community healthcare providers and patient focus groups as well as community event outreach and informal conversations with health directors.



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Breakout Session 3.2

1. Anne Leis, Professor and Head, Dept of Community Health & Epidemiology, College of Medicine, University of Saskatchewan

2. Jessa Pillow, Refugee and Immigrant Health Coordinator, PATH – Providing Access to Healthcare, The Global Gathering Place

3. Lori Verity-Anderson, Medical Laboratory Technologist / REACH Clinic liaison

4. Maria Gomez Team Lead, Settlement Family Support, Saskatoon Open Doors Society

5. Sangin Niazi, Settlement Counsellor, Resettlement Assistance Program (RAP), Saskatoon Open Doors Society

6. Monique Reboe- Benjamin, Master's student, Community and Population Health, Department of Community Health and Epidemiology, College of Medicine

- **Title:** Optimizing Health care for Refugees in Saskatoon
- **Description:** The Refugee Engagement and Community Health (REACH) clinic is an innovative project involving a multi-disciplinary team of healthcare providers, community and academic partners. Stakeholders include the Saskatoon Community Clinic, the Global Gathering Place, the Saskatoon Open Door Society, the Saskatoon Health Region Public Health and Mental Health Services, as well as the University of Saskatchewan's departments of pediatrics, family medicine and community health and epidemiology.

The clinic, located in downtown Saskatoon, is a "one stop health clinic" for all newly arrived refugees in Saskatoon, offering primary and multidisciplinary care for one year and subsequently supporting their move to a family physician within the community. At the REACH clinic refugees have access to a range of services including primary care, public health and diagnostics. The scope of this interactive session is to introduce the REACH clinic and highlight the challenges encountered by health care professionals in communicating with non-English speakers and what they need to know when working with interpreters including some practical skills training.

Breakout Session 3.3

Jacob Alhassan, PhD candidate, Department of Community Health and Epidemiology, College of Medicine

Title: Psychosocial health impacts of the closure of the Saskatchewan Transportation Company on the dispossessed

Description: In May 2017, the Saskatchewan Transportation Company (STC) was shut down as part of a provincial government budget aimed at reducing the province's budget deficit. The closure of the company effectively cut off the 253 communities formerly served by the company. This study used the theoretical perspectives of the political economy of health and intersectionality theory to evaluate the political rationale for the closure of STC and the subsequent psychosocial impacts of the decision on people in the province. The study employed a qualitative case study methodology informed by intersectionality and political economy perspectives. Twenty in-depth semi structured interviews were conducted with former users of the bus service to understand how the closure of the bus company has affected them. Narrative and Thematic analyses were conducted on the interviews. The closure of STC has had



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significant psychosocial impacts on various individuals and families in Saskatchewan. The analysis revealed a predominant narrative of isolation, dispossession and feelings of 'being stuck'. In general, the application of intersectionality theory revealed that multiple combined axes of disadvantage exacerbated the vulnerability of most participants to the negative impacts of the absence of public transportation on their health and wellbeing.

Breakout Session 3.4

AIDS Saskatoon

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