



Conference Book TUFH 2022

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1. Summary

TUFH 2022 was hosted in August 2022 by [The Network: Towards Unity For Health \(TUFH\)](#), [Rural Coordination Centre of BC \(RCCbc\)](#) and [BC Patient Safety & Quality Council \(BCPSQC\)](#) partnered with the [First Nations Health Authority \(FNHA\)](#), [Métis Nation British Columbia \(MNBC\)](#), [UBC Health](#), [UBC Department of Family Practice](#) and [Student Network Organization](#).



TUFH 2022 was the first fully hybrid annual conference by The Network: TUFH. The physical venue was the AMS Nest at the University of British Columbia in Vancouver, British Columbia which is on the unceded ancestral territories of the Musqueam (x^wməθk^wəyəm), Squamish (Sḵw̓xwú7mesh) and Tsleil-Waututh (səlililwətaʔt) Nations.

The virtual platform that was used was ZOOM, through RCCbc's zoom's account.

Check out the TUFH 2022 End of Conference Video [here](#).

2. Dates and Times

- Monday, August 15, 2022: The Network: TUFH Board Meeting from 8 AM to 9.30 PM PDT¹
- Tuesday, August 16, 2022: Pre Conference Day from 07.15 AM to 8.30 PM PDT
- Wednesday, August 17, 2022: Day 1 from 07 AM to 10 PM PDT
- Thursday, August 18, 2022: Day 2 from 07 AM to 10 PM PDT
- Friday, August 19, 2022: Day 3 from 07 AM to 8.30 PM PDT

3. Key Dates

- Abstract submission opened: October 18th, 2021
- Abstract deadline: February 28th, 2022
- Registrations opened: January 1st, 2022
- Early Bird registration closed: March 1st, 2022
- Deadline for registration for physical attendees: July 31, 2022
- Deadline for registration for virtual attendees: August 10, 2022

¹ Vancouver timezone

4. Themes

4.1. TUFH 2022 Theme

Moving Forward Together: Unity for Health for All

4.2. TUFH 2022 Subthemes

- Building Better Together
- Harmony for a Healthy World
- Social Responsibility: Healthcare Conducted Where People and Place Matter
- Learning with Indigenous Peoples Towards Advancing Equity & Wellbeing

5. Indigenous Involvement

From the start of the organization for TUFH 2022 Indigenous partners were involved and Indigenous aspects were a priority for TUFH 2022.

On the website, in marketing e-mails, on social media and throughout the conference there was a Land Acknowledgement, as the physical venue was on the unceded ancestral territories of the Musqueam (xʷməθkʷəy̓əm), Squamish (Skwxwú7mesh) and Tsleil-Waututh (səlilílwətaʔt) Nations.

The First Nations Health Authority (FNHA) and Métis Nation British Columbia (MNBC) were partner organizations and had individuals involved in both the Organizing and Scientific Committee. There was also a working relationship with the Musqueam Band.

Throughout the TUFH 2022 conference, physical attendees could sign up for an individual healing session with Indigenous Healers from the Tsow-Tun-Le-Lum Society.

At the Opening and Closing Ceremony we had an Indigenous Elder speak; Sulksun (Shane Pointe). Sulksun is a proud member of the Point Family, Musqueam Indian Band and the entire Coast Salish Nation.

In the scientific sessions there were Indigenous related workshops, oral sessions, TUFH documentaries and TUFH Talks.

There were several Indigenous attendees at TUFH 2022.

Two of the four keynote sessions were by Indigenous Keynote Speakers.

The first session was introduced by an Indigenous student and was a round table conversation amongst three Indigenous Keynote Speakers (see below;9.).

The last session was introduced by an Indigenous student and was a keynote presentation by two Indigenous Keynote Speakers (see below; 9.).

In addition to the Scientific Committee, there was a Local Scientific Committee that focused on the Indigenous aspects of TUFH 2022 and proposed their suggestions to the Scientific Committee to be approved.

6. Program at a Glance

VENUE: THE NEST AT UBC				
Network: TUFH Board Meeting				
DAY	TIME	Michael Kingsmill forum	Great Hall Foyer	Great Hall North
Monday August 15th 2022	08:00 - 09:00	BREAKFAST Michael Kingsmill forum		
	09:00 - 10:30	TUFH Board Meeting	Registration set up	Poster & booth set-up
	10:30 - 11:00	WELLNESS BREAK Michael Kingsmill forum	Registration set up	Poster & booth set-up
	11:00 - 12:30	TUFH Board Meeting	Registration set up	Poster & booth set-up
	12:30 - 14:00	LUNCH Michael Kingsmill forum	Registration set up	Poster & booth set-up
	14:00 - 15:30	TUFH Board Meeting	Registration set up	Poster & booth set-up
	15:30 - 16:00	WELLNESS BREAK Michael Kingsmill forum	Registration set up	Poster & booth set-up
	16:00 - 17:30	TUFH Board Meeting		
	18:00 - 21:30	BOARD DINNER SAGE BISTRO		

VENUE: THE NEST AT UBC				
Pre Conference Day				
DAY	TIME	Great Hall South	Great Hall Foyer	Great Hall North
Tuesday August 16th 2022	07:15 - 08:15	Breakfast	Registration	Poster & booth set-up
	08:30 - 09:00	Welcome by Musqueam	Registration	Poster & booth set-up
	09:00 - 10:30	Pre-Conference Event 2012 – 2022 – 2032 <i>Discover</i>	Registration	Poster & booth set-up
	10:30 - 11:00	WELLNESS BREAK	Registration	Poster & booth set-up
	11:00 - 12:30	Pre-Conference Event 2012 – 2022 – 2032 <i>Dream</i>	Registration	Poster & booth set-up
	12:30 - 14:00	LUNCH	Registration	Poster & booth set-up
	14:00 - 15:30	Pre-Conference Event 2012 – 2022 – 2032 <i>Design</i>	Registration	Poster & booth set-up
	15:30 - 16:00	WELLNESS BREAK	Registration	Poster & booth set-up
	16:00 - 17:30	Pre-Conference Event 2012 – 2022 – 2032 <i>Deliver</i>	Registration	Poster & booth set-up
	18:00 - 20:00	OPENING CEREMONY AND RECEPTION Great Hall South		

VENUE: THE NEST AT UBC											
DAY	TIME	Great Hall North	Great Hall Foyer	Great Hall South	Room 2301	Room 2306	Room 2309	Room 2311	Room 2314	Room 2504	Performance Theatre
Wednesday August 17th 2022	07:00 - 08:00	Posters & Booths	Breakfast								
	07:20 - 07:50	Posters & Booths	Registration		Moderator Training Session						
	08:15 - 08:45	Posters & Booths	Registration	Housekeeping & Welcome by Elder							
	08:45 - 10:00	Posters & Booths	Registration	Student Reflection & Round Table KEYNOTE							Indigenous healer
	10:00 - 10:30	Posters & Booths	WELLNESS BREAK								
	10:30 - 12:30	Posters & Booths	Registration	Oral Session A	Oral Session B	Oral Session C	Oral Session D	Oral Session E	Oral Session F	Oral Session G	Indigenous healer
	12:30 - 14:00	Posters & Booths		LUNCH	13-14u James Harry Sr — All Nations Outreach	Student Lunch Sessions by SNO					
	14:00 - 15:00	Posters & Booths	Registration	Housekeeping Student Reflection & KEYNOTE							Indigenous healer
	15:00 - 15:30	Posters & Booths	WELLNESS BREAK								
	15:30 - 17:30	Posters & Booths	Registration	TUFH Talks	Oral Session H	Oral Session I	Oral Session J	Oral Session K	Oral Session L	Oral Session M	Indigenous healer
	17:35 - 18:15	Posters & Booths		Regional Meetings: North America	Regional Meetings: Western Pacific	Regional Meetings: Latin America	Regional Meetings: South East Asia	Regional Meetings: EMRO	Regional Meetings: Africa	Regional Meetings: Europe	
	19:00 - 22:00	DINNER AND DANCE KOERNERS PUB									

VENUE: THE NEST AT UBC											
DAY	TIME	Great Hall North	Great Hall South	Room 2301	Room 2306	Room 2309	Room 2311	Room 2314	Room 2504	Performance Theatre	
Thursday August 18th 2022	07:00 - 08:00	Posters & Booths	Breakfast								
	08:15 - 08:45	Posters & Booths	Housekeeping & Welcome by Elder								
	08:45 - 10:00	Posters & Booths	Student Reflection & KEYNOTE							Indigenous healer	
	10:00 - 10:30	Posters & Booths	WELLNESS BREAK								
	10:30 - 12:30	Posters & Booths	TUFH Documentaries	Oral Session N	Oral Session O	Oral Session P	Oral Session R	Oral Session S	Oral Session T	Indigenous healer	
	12:30 - 13:30	LUNCH BUS									
	13:30 - 17:00	CONFERENCE ON THE MOVE/COMMUNITY SITE VISITS									
	18:00 - 19:00	NETWORKING RECEPTION The Pit									
	19:00 - 22:00	STUDENT GATHERING The Pit									

Program at-a-glance

VENUE: THE NEST AT UBC											
DAY	TIME	Great Hall North	Great Hall South	Room 2301	Room 2306	Room 2309	Room 2311	Room 2314	Room 2504	Performance Theatre	
Friday August 19th 2022	07:00 - 08:00	Posters & Booths	Breakfast	EfH Operations Board Meeting							
	08:15 - 08:45	Posters & Booths	Housekeeping & Welcome by Elder								
	08:45 - 10:00	Posters & Booths	TUFH General Assembly Meeting	SNO Information Meeting						Indigenous healer	
	10:00 - 10:30	Posters & Booths	WELLNESS BREAK								
	10:30 - 12:30	Posters & Booths	Workshop 1	Workshop 2	Workshop 3	Workshop 4	Workshop 5		Workshop 6	Indigenous healer	
	12:30 - 14:00	Posters & Booths	LUNCH		Student Lunch Sessions by SNO						
	14:00 - 15:00	Posters & Booths	Housekeeping Student Reflection & KEYNOTE							Indigenous healer	
	15:00 - 15:30	Posters & Booths	WELLNESS BREAK								
	15:30 - 17:30	Posters & Booths	TUFH Talks	Oral Session U	Oral Session V	Oral Session W	Oral Session X	Oral Session Y	Oral Session Z	Indigenous healer	
	17:30 - 18:30	Posters & Booths	Journals EfH & Social Innovations	ISAT	ISTEP						
	18:30 - 20:00	CLOSING CEREMONY AND RECEPTION Great Hall South									

Program at-a-glance

7. Registrations

7.1. Physical Registrations

Physical Pre-Conference	66
Physical Participants Conference	147
Physical Accompanying Guest	7

7.2. Virtual Registrations

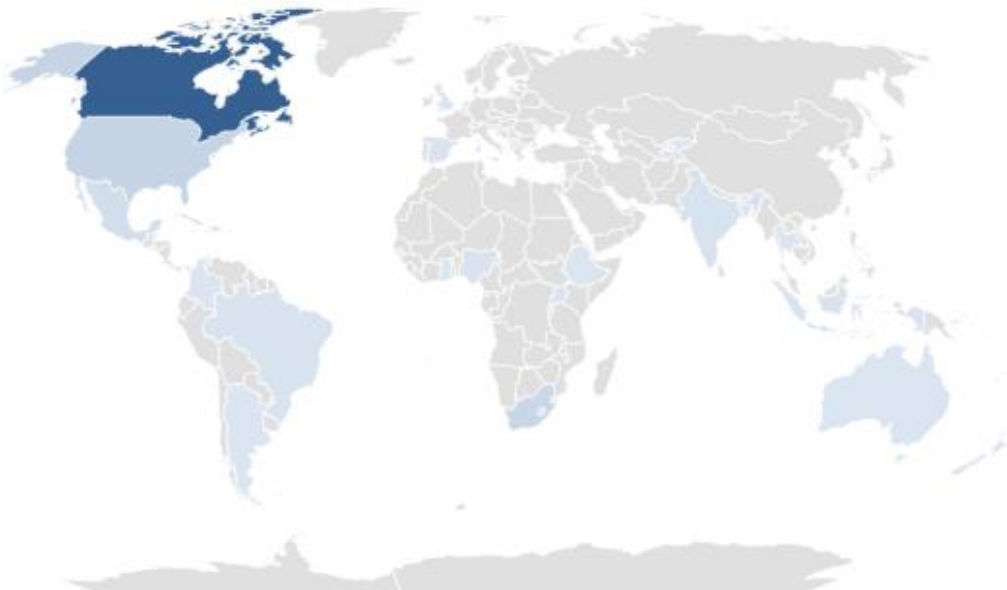
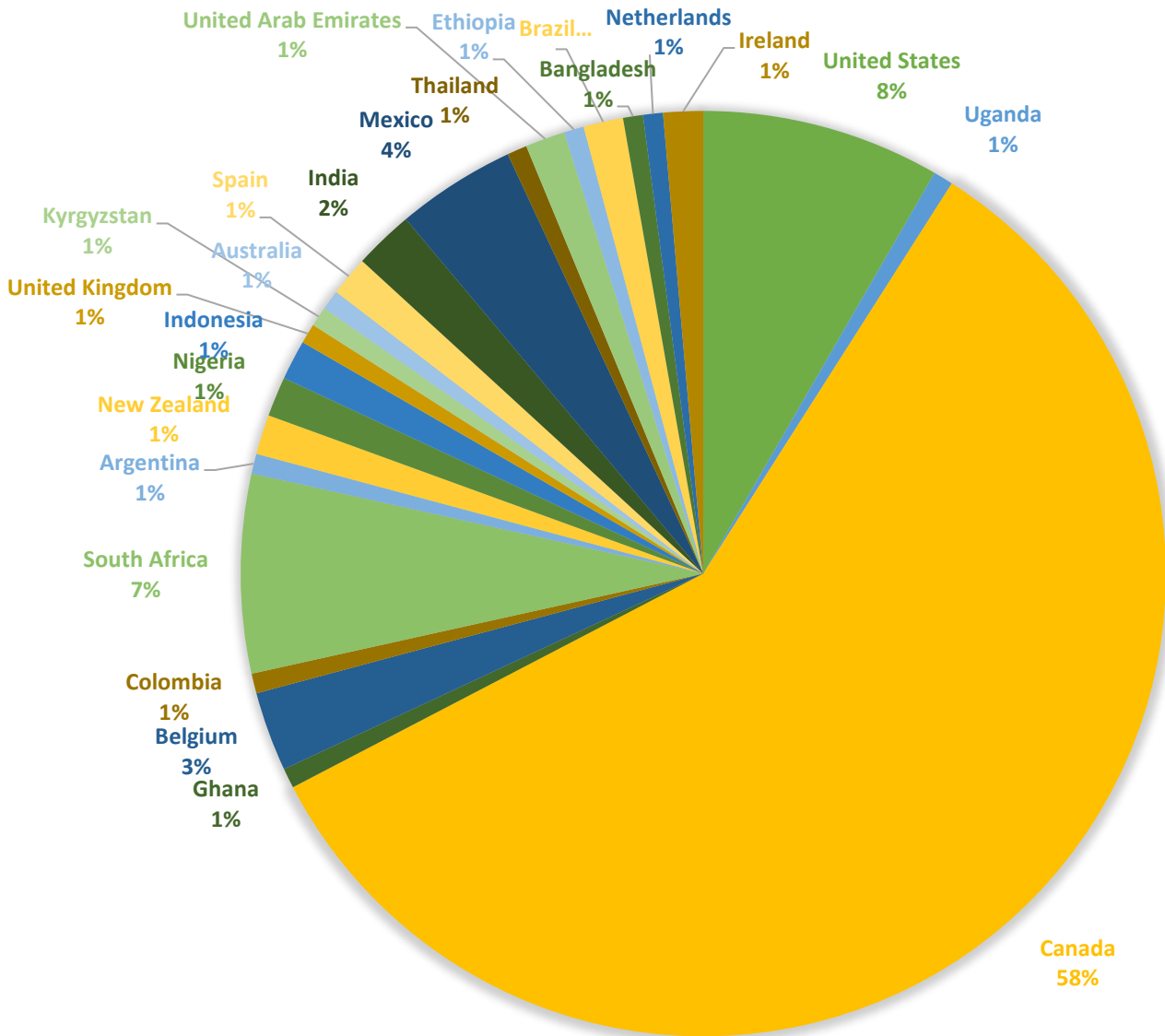
Virtual Participants Conference	186
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7.3. Country Representation

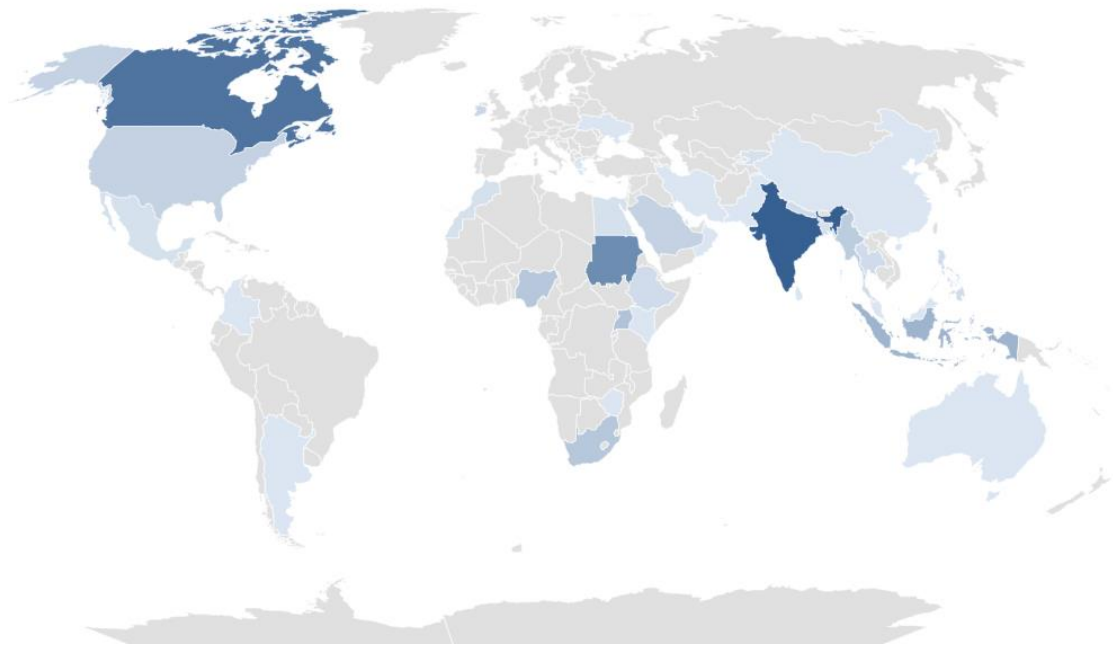
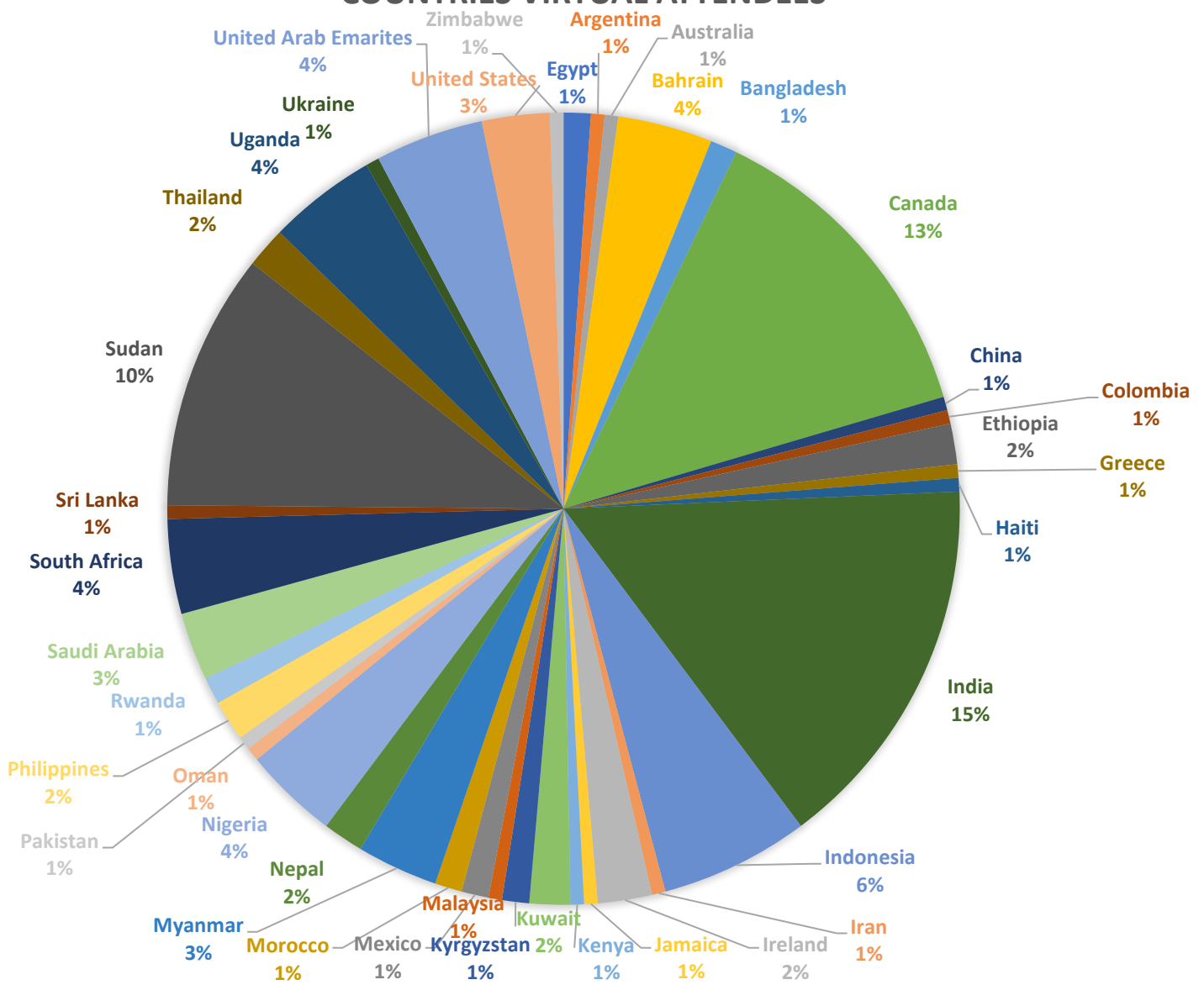
A total of 46 countries were represented by the conference attendees.
All 7 regions were represented, so we had a real global audience.

Below you can see the country representation of the physical and virtual attendees.

COUNTRIES PHYSICAL ATTENDEES

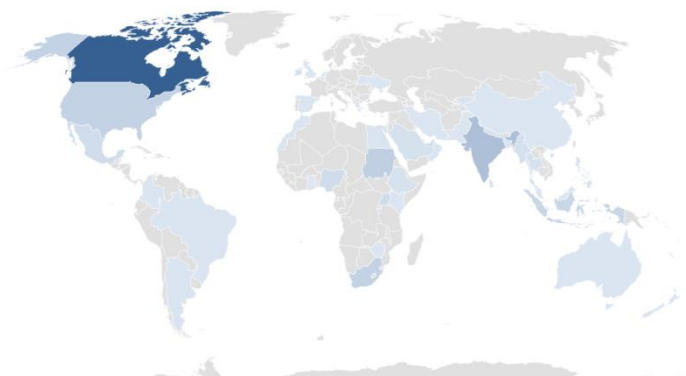


COUNTRIES VIRTUAL ATTENDEES



List of all countries represented at TUFH 2022

Argentina	Mexico
Australia	Morocco
Bahrain	Myanmar
Bangladesh	Nepal
Belgium	Netherlands
Brazil	New Zealand
Canada	Nigeria
China	Oman
Colombia	Pakistan
Egypt	Philippines
Ethiopia	Rwanda
Ghana	Saudi Arabia
Greece	South Africa
Haïti	Spain
India	Sri Lanka
Indonesia	Sudan
Iran	Thailand
Ireland	Uganda
Jamaica	Ukraine
Kenya	United Arab Emirates
Kuwait	United Kingdom
Kyrgyzstan	United States
Malaysia	Zimbabwe



7.3. Abstracts on Program

Workshops	6
TUFH Talks	22
TUFH Documentaries	8
Oral Presentations	264

8. Keynote Speakers

8.1. Learning with Indigenous People Towards Advancing Equity & Wellbeing

The first keynote session of TUFH 2022 on the theme of Learning with Indigenous People Towards Advancing Equity & Wellbeing was a round table keynote conversation between our three keynote speakers on this theme.

To review the recorded session, click [here](#).



Dr. Danièle Behn Smith is Eh Cho Dene of Fort Nelson First Nation and French-Canadian Métis with roots in the Red River Valley. She currently serves as Deputy Provincial Health Officer – Indigenous Health in the British Columbia (BC) Office of the Provincial Health Officer. In this capacity, she is a senior health leader actively involved in BC’s COVID-19 response, including through engagement with the First Nations Health Authority, Métis Nation BC, and other Indigenous collectives across the province. Behn Smith brings expertise as a family physician with training in emergency medicine (MD, CCFP-EM); functional medicine (Certified Functional Medicine Practitioner); and population and public health (MPH). She has practiced medicine in rural and remote Indigenous communities across Canada. As both a physician and health leader, her work recognizes self-determination as the foundation of health and wellness among First Nations, Inuit, and Métis peoples, and the importance of Indigenous approaches and healing systems.



Christopher Horsethief is an educator and organizational theorist specializing in complex systems and social processes, collectively intelligence problem-solving systems and post-traumatic community resilience. For 27 years Christopher has been facilitating field analysis of the relationship between culture and communication, documenting the dynamics that pose challenges to Indigenous

leaders and organizational resilience that drives language revitalization. His research interest include social network architectures, cultural entropy and their role in post-crisis cultural network fragmentation. Christopher's instructional experience includes time with Antioch University's and Union Institute & University's doctoral programs, Gonzaga University's MBA-American Indian Entrepreneurship Program, and the Indigenous Scholar in Residence position at College of the Rockies.



Dr. Nadine Caron is a member of the Sagamok Anishnawbek First Nation. She is a practising surgical oncologist in northern British Columbia where she provides cancer screening, diagnosis and surgical care for individuals in rural, remote, and northern BC – a large percentage of whom are Indigenous. Dr. Caron is the sole Indigenous physician within BC Cancer, the only Indigenous academic faculty member within the University of BC's School of Medicine, a Professor at UBC Northern Medical Program and Department of Surgery as well as a Senior Scientist at Canada's Michael Smith Genome Sciences Centre at BC Cancer. Dr. Caron is the inaugural First Nations Health Authority Chair in Cancer and Wellness at the University of British Columbia. She is also a founding co-Director of the UBC Centre for Excellence in Indigenous Health and Consultant in development of BC's first-ever Indigenous Cancer Strategy to improve Indigenous cancer outcomes and experiences in BC. "Improving Indigenous Cancer Journeys: A Road Map". Dr. Caron currently leads the development of the Northern Biobank Initiative, including a First Nations-governed and controlled biobank in partnership with the FNHA that aims to provide safe access to cancer research for First Nations people in Northern BC. She is also co-Lead investigator on the Silent Genomes project which aims to address the genomic divide by reducing access barriers to diagnosis of genetic disease in Indigenous children and facilitating a governance framework to inform policy in fields of data sovereignty, genomic research, Indigenous research processes, among others. Dr. Nadine Caron is a member of the Sagamok Anishnawbek First Nation. She is a practising surgical oncologist in northern British Columbia where she provides cancer screening, diagnosis and surgical care for individuals in rural, remote, and northern BC – a large percentage of whom are Indigenous. Dr. Caron is the sole Indigenous physician within BC Cancer, the only Indigenous academic faculty member within the University of BC's School of Medicine, a Professor at UBC Northern Medical Program and Department of Surgery as well as a Senior Scientist at Canada's Michael Smith Genome Sciences Centre at BC Cancer. Dr. Caron is the inaugural First Nations Health Authority Chair in Cancer and Wellness at the University of British Columbia. She is also a founding co-Director of the UBC Centre for Excellence in Indigenous Health and Consultant in development of BC's first-ever Indigenous Cancer Strategy to improve Indigenous cancer outcomes and experiences in BC. "Improving Indigenous Cancer Journeys: A Road Map". Dr. Caron currently leads the development of the Northern Biobank Initiative, including a First Nations-governed and controlled biobank in partnership with the FNHA that aims to provide safe access to cancer research for First Nations people in Northern BC. She is also co-Lead

investigator on the Silent Genomes project which aims to address the genomic divide by reducing access barriers to diagnosis of genetic disease in Indigenous children and facilitating a governance framework to inform policy in fields of data sovereignty, genomic research, Indigenous research processes, among others.

8.2. Building Better

The second keynote speaker was Rabia Khan on the theme of Building Better.

To review the recorded session, click [here](#).



Rabia Khan

Epidemiologist, Disease detective – Using data and evidence to create real change in the world

With 20 years of experience working across the world, in both government and not for profit sector, I have been solving complex health problems – the Covid-19 pandemic, vaccine hesitancy, antibiotic resistance, diabetes, air pollution, and even making our complex health systems work better. I have worked in big organisations like OECD, NHS, NSW Health, and The George Institute to create change. I am a board member of TUFH – Western Pacific representative.

I work on solving the worlds pressing health problems, the big complex ones. I help people to do more good, to make better decisions and increase their impact to create real change. I work with people to create new knowledge by investigating health problems using data and evidence and build public health expertise globally by sharing knowledge and telling stories.

The world is unfair and not equal. My mission is to help change it so everybody enjoys good health regardless of the colour of their skin or where they live or how much money they have.

Keynote abstract:

Beyond the new normal- what would that look like?

Two years of COVID-19 behind us – It is reasonable to think there might be some sense of a return to normalcy, and away from crisis response. There is, however, no going back to how things were.

The impact of COVID- 19 has laid bare the exisiting fault lines in our society. The protesters may have largely returned home from the streets, governments and businesses may have made landmark commitments on racial and gender equity and climate change, and the initial ravages of COVID-19 may have subsided to a more steady march but these endemic challenges remain the hurdle that the health sector must get over.

We are hearing from all sectors that we are building back better and moving towards a new normal

But we need to be cautious of this talk by businesses and governments because hidden in the various invocations of building back better are likely disparate visions of what better actually means and who will benefit from it. It is up to each one of us to either help redefine the new normal or sit back and watch it unfold.

Arundhati Roy described the “pandemic as a portal, a gateway between one world and the next. We can choose to walk through it, dragging the carcasses of our prejudice...and dead ideas...Or we can walk through lightly, with little luggage, ready to imagine another world. And ready to fight for it. “

I will explore a framework that could help us start this important conversation about what the future could entail and how we as health professionals can reimagine the future and work towards improving health locally and globally.

8.3. Social Responsibility: Healthcare Conducted Where People and Place Matter

The third keynote speaker was Omaswa Francis on the theme of Social Responsibility: Healthcare Conducted Where People and Place Matter.

To review the recorded session, click [here](#).



Omaswa Francis

Executive Director of African Centre for Global Health and Social Transformation (ACHEST)

Dr. Omaswa is also chairperson of the Community Engagement Strategy (CES) Sub -Committee of the National Covid-19 taskforce.

He was the Principal Investigator (PI) of the Medical Education Partnership Initiative (MEPI) African Coordinating Center at ACHEST until December 2015. Until May 2008, Dr. Omaswa was the founding Executive Director of the Global Health Workforce Alliance (GHWA) a partnership dedicated to identifying and providing solutions to the global health workforce crisis which secretariat was provided by WHO. This work culminated in the first ever global forum on human resources for health, organized under his leadership and the adoption of the “Kampala Declaration and Agenda for Global Action” which now guides the global response on health workforce development. Before

joining GHWA, he was the Director General for Health Services in the Ministry of Health in Uganda during which time he was responsible for coordinating major reforms in the health sector, including the introduction of the SWAPS, Quality Assurance and Decentralization. He has a keen interest in cost-effective approaches for increasing access of the poor to quality health care and spent five years in a remote mission hospital testing various models and innovations for this between 1982 and 1987.

His academic career includes serving as Head of Cardiothoracic Surgery at the University of Nairobi and Kenyatta National Hospital in Kenya and founding Director of the Uganda Heart Institute at Makerere University, Kampala, Uganda. He was involved in undergraduate and postgraduate teaching and mentored many professionals who are now leaders in the field in the region. He served on several university committees. He was also the founding President of the College of Surgeons of East, Central and Southern Africa which covers 12 countries in that region. He has published in the fields of surgery and health services management including human resources for health.

At the global level, he is Senior Adviser to the Ministerial Leadership Initiative for Global Health (MLI), Co-Chair of the Global Advisory Policy Council on Health Workforce Migration, and is a member of several working groups and task forces. He has served as founding Chairman of the Global Stop TB Partnership Board, Chair of the Portfolio and Procurement Committee of the Global Fund Board, Chair of the GAVI Independent Review Committee and a member of the steering committee of the High Level Forum on health-related MDGs and has been an adviser to governments on health policy and strategy in developing and developed countries.

Dr. Omaswa is a graduate of Makerere Medical School, Uganda, a Fellow of the Royal College of Surgeons of Edinburgh, founding President of the College of Surgeons of East, Central and Southern Africa and is a Senior Associate at the Johns Hopkins Bloomberg School of Public Health. He has qualifications in health services management and education as well.

Keynote abstract:

Social Responsibility: Healthcare conducted where People and Place matter.

Social responsibility calls upon individuals to be accountable for fulfilling their civic duty, to benefit society while society also supports individuals.

Social responsibility for health is based on the principle that good health starts with individuals who have responsibility for their health through adhering to a lifestyle that does not lead to the loss of health. Individuals within families and communities create conditions for healthy people to remain healthy; ensuring access to household hygiene, quality food, housing, and psycho-social support, among others.

Even when individuals and families know what to do, there are roles that governments cannot delegate in order to ensure that population health is maintained. These include keeping law and order; providing water; educational facilities, and health care when needed. Social responsibility also calls upon individuals to take an active part in the governance of their communities; ensuring that their needs are addressed by governments.

During Covid-19, Village Covid Taskforces were established in Uganda to meet regularly, and mobilize individuals, households, and communities. Supported by equipped and trained Community Health Workers home-based care was provided, suspected cases were referred and households were visited to promote hygiene and address other health conditions. The key lessons learned are that organized communities are capable of finding solutions for many of their health needs and working better with

the upstream health system to create conditions that enable socially responsible behavior while holding duty bearers to account.

8.4. Harmony for a Healthy World

The fourth keynote speaker was Heather Atleo and Shawn Atleo on the theme of Building Better.

To review the recorded session, click [here](#).



Heather Atleo

Heather Atleo, “Ya?ak chumat axa”, is of mixed settler and Blackfoot ancestry and is an experienced leader in the area of conflict resolution, negotiation, mediation, senior strategic analysis, and facilitation working with First Nation leaders, academic institutions and non-profit organizations, federal/provincial leadership at the Premier/Prime Minister and Ministerial level, and Industry CEOs. She has an extensive background in transformative leadership and change management, strategic partnerships, engagement, communications, and policy analysis and development. Heather has spent the majority of the last 20 years in the political environment supporting and working with/for First Nations and First Nations leaders locally, regionally, provincially, and nationally, and has supported successful negotiations of large-scale agreements. She is also extremely passionate and has decades of expertise in the area of health and wellness leadership and mental health advocacy.

Shawn Atleo

Shawn ‘Ah-up-wa-eek’ Atleo brings 30 years of leadership experience including elected leadership. Shawn is a Hereditary Chief from the Ahousaht First Nation (part of Nuu-chah-nulth) and former twice-elected National Chief of the Assembly of First Nations. He was first elected in 2009 and then re-elected in 2012. The National Chief is elected by the over 633 First Nations from across Canada and serves as the lead advocate representing First Nations in Canada and globally. Shawn held this role after serving back-to-back terms serving the 203 First Nations in BC as Regional Chief in 2003 and then in 2006. It was in this role that he helped found the BC First Nations Leadership Council, which brought together senior First Nations leadership organizations to work together.

Shawn has two wonderful grown kids, and Shawn and Heather are together parents of 3 wonderful young girls and a baby boy, in Squamish BC.

Keynote abstract:

Heather Ya’ak chumat axa’ and Chief Shawn ‘Ah up wa eek’ Atleo - Founders, Atleo Centre for Compassionate Leadership

Together, Shawn and Heather Atleo are partners in life and work, and engage in a full co-leadership approach in a variety of intersecting streams including education, business, and politics, while always connecting in mental and emotional health and well-being.

They provide compassionate leadership coaching and training through their Compassionate Leadership Institute. This work is founded on indigenous philosophy and worldviews as well as mainstream advancements in areas such as child development, non-violent communication, empathy and the neuroscience of mental and emotional development.

They also work to advance First Nations reconciliation. They serve as Co-Chairs with the Tsilhqot’in National Government Chiefs’ Council in the implementation of their 2014 Supreme Court Aboriginal Title Case win. Shawn and Heather continue to strive to develop compassionate approaches and strategies to build strong and meaningful partnerships that support, respect, understand and empower First Nations and that constructively disrupt systems that do not yet fully recognize or ‘see’ each other.

9. Conference on the Move



9.1. Lu'ma Medical Centre

The Lu'ma Medical Centre provides culturally safe and integrated primary healthcare to Indigenous Peoples and their families. Our team of Indigenous healthcare professionals and practitioners meets the needs of the urban Indigenous community in a holistic and caring way.

Participants will be welcomed to the Amenity Room for a Presentation of their model. Discussion to follow on culturally integrated healthcare.

Visit the website here for more information: www.lnhs.ca

9.2. Rise Women's Legal Centre

Rise is a pro bono community legal clinic and teaching facility serving women and gender diverse people all over BC.

We provide unbundled legal services (primarily in family law) for clients otherwise unable to access legal help.

Our clients include people who are economically disadvantaged, members of marginalized groups, and people seeking protection from family violence.

We also provide legal support to advocates, transition house workers, settlement, and community workers across the province.

9.3. David Suzuki Foundation

The David Suzuki Foundation (DavidSuzuki.org | @DavidSuzukiFdn) is a leading Canadian environmental non-profit organization, founded in 1990. We operate in English and French, with offices in Vancouver, Toronto and Montreal. We collaborate with all people in Canada, including Indigenous leadership and communities, governments, businesses and individuals to find solutions to create a sustainable Canada through scientific research, traditional ecological knowledge, communications and public engagement, and innovative policy and legal solutions. Our mission is to protect nature's diversity and the well-being of all life, now and for the future. We envision a day where we all act on the understanding that we are one with nature.

9.4. REACH Community Health Centre

Community Health in Community Hands; REACH Community Health Centre has provided community-based health care for over fifty years. We strive to create a culturally and trauma-informed safe space. Our interdisciplinary team offers a variety of health and social services under one roof to support everyone in our community, including vulnerable populations. Come and join our site, and learn how we could *Move Forward Together!*

Check out more information on our website <https://www.reachcentre.bc.ca/> or latest activities on our Facebook <https://www.facebook.com/REACHCommunityHealthCentre/>

9.5. Centre for Heart and Lung Innovation (HLI)

Join us for a brief overview of our 45 year history presented by our centre director, Dr. Don Sin, followed by three ten minute research in progress presentations from the UBC Pulmonary Research Laboratory directed by Dr. Pat Camp, a clinician-scientist in the department of Physical Therapy at UBC. Her research group will share their important research in progress focused on lung health awareness of First Nations communities across Northern BC.

We will then take you on an interactive 30 min tour of 2 of our lab facilities: our world famous tissue biobanks, including the Cardiovascular Tissue Biobank, which maintains over 14, 000 cases of specimens from hearts, blood, vessels and other cardiovascular tissues, as well as the James Hogg Lung Biobank, which hosts over 40,000 tissue specimens from over 3,000 patients with different respiratory conditions including acute respiratory distress syndrome (ARDS), asthma, chronic obstructive pulmonary disease (COPD), cystic fibrosis, interstitial lung disease and lung cancer. We will end with a live demonstration in the Cardiopulmonary Exercise Physiology Laboratory, where the director, Dr. Jordan Guenette, and his research team will describe current innovative research methodology to improve exercise in patients with COPD, ILD, and cystic fibrosis.

Refreshments will be provided during the presentations.

9.6. Djavad Mowafaghian Centre for Brain Health

The Djavad Mowafaghian Centre for Brain Health bridges basic science and clinical care, providing opportunities for education, collaboration and interaction with patients with neurological disorders from across BC. With over 100 researchers and clinicians, the Centre is a unique partnership between UBC's Faculty of Medicine and Vancouver Coastal Health. This tour will provide an overview of the state-of-the-art laboratories and facilities used to conduct brain research and provide patient care.

9.7. Downtown East Side Walking Tour with James Harry, Sr.

This Site Visit will be a walking tour of the Downtown East Side. You will tour streets and alleys in the DTES, meet residents on the street, and hear about the work of the All Nations Outreach Society. A discussion over coffee will follow the tour.

The All Nations Outreach Society is an emerging non-profit society founded by James Harry Sr., an outreach/peer support worker from the Haisla Nation. James supports Haisla members that are struggling with substance use, mental health and homelessness in Vancouver's Downtown East Side (DTES). He builds personal relationships with community members in need and helps connect them with relevant agencies and service providers. James' dedication to this work stems from his own experience of recovering from alcohol and drug addiction. After seeking treatment and becoming sober in 2014, he began offering support to other Haisla members in the DTES in 2017 and soon after became Haisla Nation's first urban outreach worker.

Visit the website here for more information: <https://allnationsoutreachsociety.org/>

9.8. Site visit with iCON and S.U.C.C.E.S.S.

The interCultural Online Health Network (iCON) will co-host a site visit with S.U.C.C.E.S.S. at their headquarters in Chinatown.

Learning objectives:

1. Learn community based approaches to tailoring health promotion and digital health initiatives for multicultural communities
2. Learn and apply principles regarding approaches to culturally tailoring health information
3. Identify how organizations can effectively work together to advance person- and family-centred care, which is tailored for diverse communities.

9.9. Covenant House Vancouver

Covenant House Vancouver serves homeless youth 16-24 years of age and recently opened two new facilities located at 1280 Seymour Street and 1302 Seymour Street in Vancouver. The site at 1280 Seymour Street is a 75 bed facility for youth that also provides a wide range of services that includes classroom, art therapy room, wellness room, gymnasium and a work out room. The 1302 Seymour Street site is designed for low barrier services which include up to 28 low barrier beds, a drop-in centre, music room and other support services.

9.10. Ronald McDonald House BC and Yukon

Since 1983, Ronald McDonald House BC & Yukon has provided a home-away-from-home for out of town families with children who have been diagnosed with life-threatening illnesses and must travel to BC Children's Hospital for medical treatment not located in their home community. Women with high-risk pregnancies receiving treatment at BC Women's can also qualify for a stay. Our 73 room House, steps away from BC Children/Women's hospitals, provides a nurturing and supportive environment where families can heal together. Each year, we support over 2,000 families. In addition, we operate a 2,000 square foot Family Room in Surrey Memorial Hospital, providing families a medical-free space to rest and retreat while steps away from their child. RMH BC is the second largest House in Canada and the fifth largest House in the world.

Please note that there is a vaccination policy in place for all visitors to the House.

Visit the website here for more information: www.rmhbc.ca

9.11. BC Centre on Substance Use

A tour of the Rapid Access Addiction Clinic (RAAC) at St Paul's Hospital, followed by a visit of the At-Risk Youth Study research field office and meet-and-greet at BC Centre on Substance Use head office. Tour will provide overview of BCCSU clinical, education and research activities.

Visit the website here for more information: www.bccsu.ca

9.12. The Life Sciences Institute at the University of British Columbia

The Life Sciences Institute (LSI) at the University of British Columbia conducts basic research aimed at improving human and planetary health. Home to 10 prestigious Canada Research Chairs, and the newly launched Biological Resilience Initiative, the LSI hosts multidisciplinary teams working across scales from the molecular level to entire ecosystems. Members of our 20 research focus groups

conduct world-class research in COVID-19, diabetes, cardiovascular disease, tuberculosis, aging, cancer, developmental disorders, antibiotic resistance, fertility and addictions.

Launched in 2005 in association with University of British Columbia's Faculties of Science and Medicine, the LSI houses the research labs of 87 investigators drawn from 15 departments across five UBC faculties. We collaborate in the 270,000 sq.ft. Life Sciences Centre, where seven state-of-the-art core facilities – ranging from flow cytometry to cryo-electron microscopy and bioformatics – support discoveries that hold promise of direct health benefits for humanity. In the last five years alone, LSI researchers have drawn more than \$80 million in external research funding and launched more than 10 new spin-off companies and 100 patent filings. This translational environment provides exceptional training for the next generation of life scientists. As the largest life sciences organization in Canada, the LSI has contributed more than 3,000 trainees and research staff to the global knowledge-based work force.

There will be three lab visits as part of this tour:

1) The Tropini Lab

In the Tropini Lab we study the microbes that live in our gut and how they contribute to our health. During your visit you will see the equipment that we use to study these microbes as well as images from intestinal sections that highlight how tightly linked we are to our microbiota.

2) The Abraham Lab

The Abraham lab focuses on T cell development and function in different diseases of the lung including influenza and lung cancer. During your visit, you will see cutting edge imaging and fixed sectioning of lung immune cells. These techniques are used to study the tumour microenvironment and how secreted factors or immune cells impact T cell inhibition in lung cancer. The Abraham lab is tackling this from several angles, including a project studying the circulating immune response, and how this alters in lung cancer patients during immunotherapy treatment. Determining the different tumour derived factors and immune cell roles in T cell inhibition will help further the use and choice of immunotherapeutic agents.

3) The Penninger Lab

Stem cells hold magnificent therapeutic potential. An example of this is the human blood vessel organoid technology developed by Penninger lab in 2019. During your visit, you will see and experience how self-assembling and organizing blood vessel networks are “made” from human pluripotent and induced pluripotent stem cells to replicate in as-living vascular structure, cellular composition, and responses to pathogens.

9.13. Perinatal Services BC

Welcome to [Perinatal Services BC](#)! We are pleased to host you as our international guests from the [Moving Forward Together: Unity for Health for All](#) conference. During this interactive two-hour session, you will have the opportunity to learn about PSBC's role as British Columbia's provincial program for maternal and newborn health. As a Health Improvement Network within the Provincial Health Services Authority, PSBC provides leadership, support, and coordination for the strategic planning of perinatal services in both urban and rural facilities. Our session will highlight an innovative digital initiative designed to enhance patient and provider knowledge in an easily accessible online platform. We will also share the collaborative work being done with provincial perinatal leads to develop new indicators that leverage existing data to improve the quality of

maternal and newborn care. We look forward to meeting you!

Learning Outcomes

After this session, you will be able to:

- Describe PSBC's role in providing provincial leadership for maternal and newborn services
- Consider examples of patient and provider resources in a digital environment
- Explore methods for providing perinatal data for quality improvement
- Access resources that you can apply in your own practice

Visit the website here for more information: <http://www.perinatalservicesbc.ca/>

9.14. Native Courtworker and Counselling Association of British Columbia

The Native Courtworker and Counselling Association of British Columbia (NCCABC) provides culturally appropriate services to Indigenous people and communities consistent with their needs. Our services are accomplished by assisting persons involved in the criminal justice system; providing access to counselling and referral services for clients with substance abuse and detox support issues. Our dedicated employees are responsible to the needs of the community by providing quality, innovative and educational options where people are treated with dignity and respect.

Visit the website here for more information: <http://nccabc.ca/>

9.15. Indian Residential School History and Dialogue Centre

The Indian Residential School History and Dialogue Centre (IRSHDC) at UBC addresses the colonial legacy of residential schools and other policies imposed by the Canadian government on Indigenous Peoples, and ensures that this history is acknowledged, examined and understood within the UBC community. The Centre works with partners across disciplines, at UBC and beyond, to facilitate dialogues and access to records and information that support engaging the legacies of the residential school system and the on-going impacts of colonialism in Canada. This work supports teaching and learning at UBC, and the work of UBC's Indigenous Strategic Plan, by supporting Indigenous Peoples' self-determination and working in partnership with partners and communities. The Centre is quickly establishing itself as a leading institution for culturally informed, reciprocal, community-led research, education and dialogues in partnership with Indigenous communities, Survivors and UBC. As a Survivor-centred, trauma-informed space, the Centre works in service to Indigenous communities and peoples of Canada.

Visit the website here for more information: <https://irshdc.ubc.ca/>

9.16. Vancouver Women's Health Collective

Visit the website here for more information: <https://womenshealthcollective.ca/>

9.17. Vancouver Aboriginal Friendship Centre

The mandate of the Vancouver Aboriginal Friendship Centre is to meet the needs of the urban Aboriginal People making a transition to the urban community. The centre provides programs in health and welfare, social services, human rights, culture, education, recreation and equality for all genders of Aboriginal People of all age groups. VAFCS is a charitable organization and emphasizes the philosophies and values of varied Aboriginal culture and traditions. For example, VAFCS helps children, youth, families adults and elders maintain their Aboriginal cultural ties through various program and traditional community activities. VAFCS helps Aboriginal people access education, housing needs and support for families. The centre strives to provide holistic and cultural services to all of its community members. Over 40,000 urban Aboriginal People are identified and targeted as the clientele base of the VAFCS in its catchment area of the Greater Vancouver Regional District.

9.18. Allan McGavin Sports Medicine Clinic

Sport Medicine began at UBC in 1981, and today we are a leading Sport & Exercise Medicine Centre with a world-class team at the Chan Gunn Pavilion on our Point Grey campus. Join Dr. Robert Petrella, Head of the Department of Family Practice at UBC and sport medicine physician & researcher, to hear about how sport & exercise medicine brings people together – through the power of community. Dr. Petrella will touch on some of his research projects around chronic disease prevention and management through lifestyle interventions, the changing environment of exercise as medicine to promote physical activity and the exciting future of team-based care through our work to re-imagine sport and exercise medicine. We look forward to welcoming you at the Chan Gunn Pavilion, home to the UBC Sport & Exercise Medicine Centre, a collaboratively designed building with clinical services, research spaces, educational offerings and teamwork between physicians, physiotherapists, and researchers.

9.19. Walking tour: Destigmatizing & Humanizing Care by Prescribing Controlled Substances

For varying reasons, there are people who continue to regularly inject opioids despite treatments available. The responsibility of the system is to keep people safe. The opioid crisis together with the COVID pandemic has shown where the strength resides to stop losing our sisters and brothers, sons and daughters.

Those attending this visit will be able to learn about and identify how person-centered care in addictions relates to humanizing our overall approach to care. Also, they will be able to discuss the need of decolonizing care in our practices.

We will start this visit with a short presentation, led by Physician Lead of the first injectable opioid agonist clinic and the academic team submitting this application, about how this treatment works (e.g., injecting pharmaceutical-grade heroin), followed by a round table with people with living or lived experience that will share their stories.

After our discussion, we will leave the field office and walk through the neighbourhood (passing by Insite, injectable opioid agonist clinics, community gardens, and other overdose prevention sites), holding conversations related to the importance of the geography of Vancouver's Downtown Eastside, and the centralization of addiction services. This walk will be guided by a member with a long-standing experience in the community.

Weather permitting, we will stop at Crab park and view the Heart Stone, a memorial stone that commemorates murdered and missing women from the Downtown Eastside.

10. Marketing

[TUFH 2022 Welcome Video](#)

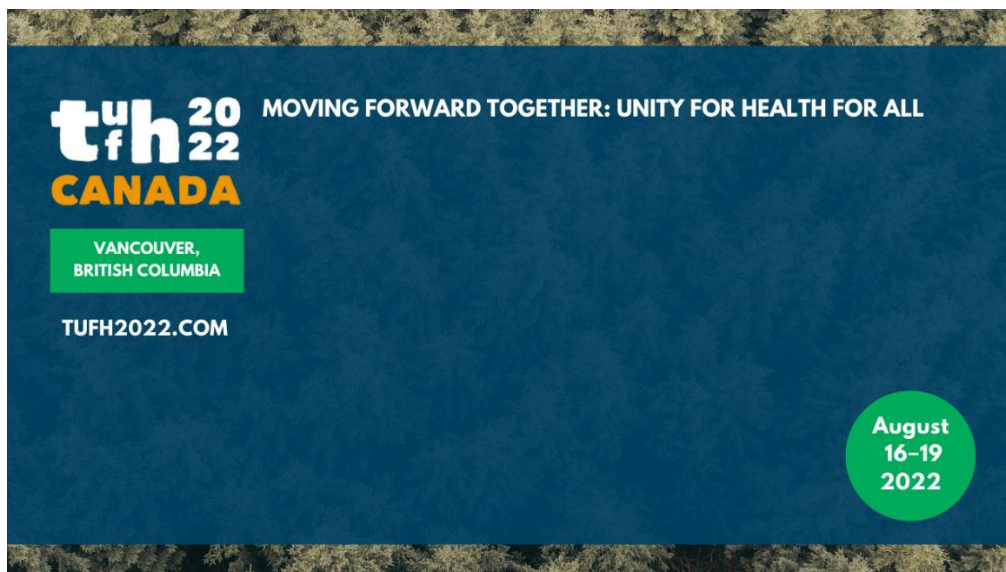
[TUFH 2022 End of Conference Video](#)



Logo Mobile App



Banner



Zoom Background

11. Committees

11.1. Organizing Committee

The Organizing Committee met twice per month over zoom and managed all organizational aspects of TUFH 2022.

Committee Members:

Aricia De Kempeneer	aricia@thenetworktufh.org	The Network: TUFH
Veronika Duwel	sno.president@thenetworktufh.org	SNO
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Breah Talan	btalan@bcpsqc.ca	BCPSQC
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Melissa Pope	mpope@bcpsqc.ca	BCPSQC

11.2. Advisory Organizing Committee

The Advisory Organizing Committee met once per month over zoom and approved and advised all organizational aspects of TUFH 2022.

Committee Members:

Nicholas Torres	nicktorres@thenetworktufh.org	The Network: TUFH
Elsie Kiguli Malwadde	secretarygeneral@thenetworktufh.org	The Network: TUFH
Amy Clithero-Eridon	north.america@thenetworktufh.org	The Network: TUFH
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Tanya Davoren	tdavoren@mnhc.ca	MNBC
Wayne Wallace	Wayne.Wallace@fnha.ca	FHNA
Julia Wagner	jwagner@mnhc.ca	MNBC

11.3. Scientific Committee

The Scientific Committee met once per month over zoom and managed the scientific agenda of TUFH 2022. The members came from the co-hosts and partners, as well as North American regional partners of The Network: TUFH.

Committee Members:

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12. Certificates



CERTIFICATE OF ATTENDANCE

Daniel Harper

Has attended the TUFH 2022 "Moving Forward Together: Unity for Health for All" Conference co-hosted by the Rural Coordination Centre of BC and the BC Patient Safety & Quality Council from August 16th to the 19th of 2022


ELSIE KIGULI-MALWADDE
Secretary General,
The Network: Towards
Unity for Health (TUFH)


RAY MARKHAM
Executive Director,
Medical, Rural
Coordination Centre of
BC (RCCbc)


CHRISTINA KRAUSE
CEO, BC Patient Safety &
Quality Council
(BCPSQC)



CERTIFICATE OF PRESENTATION

Strengthening CHWs through Interprofessional Education (TUFH1187)

Was presented as TUFH Documentary at TUFH 2022 co-hosted by the Rural Coordination Centre of BC and the BC Patient Safety & Quality Council from August 16th to the 19th of 2022
Author(s): Tony Claeys


ELSIE KIGULI-MALWADDE
Secretary General,
The Network: Towards
Unity for Health (TUFH)



RAY MARKHAM
Executive Director,
Medical, Rural
Coordination Centre of
BC (RCCbc)


CHRISTINA KRAUSE
CEO, BC Patient Safety &
Quality Council
(BCPSQC)

13. Best Poster

13.1. Best Virtual Poster

1st place



Advancing Digital Health Innovation for Indigenous Peoples

Gurprit K. Randhawa, MSc, MBA, PhD, CHE
 Director, eHealth & Virtual Care Innovation, First Nations Health Authority, Email: Gurprit.Randhawa@fnha.ca

TUFH971

Background & Purpose

The dual public health emergencies of the:

- COVID-19 Pandemic → reduced/closed services
- Overdose Crisis → 2020 + 2021 OD deaths spiked with disproportionate representation in the First Nations population
- Systemic racism in the health care system

has resulted in accelerated implementation of new virtual care pathways and digital solutions to improve access to health care services.

In response, FNHA has successfully implemented:

- 2 new virtual care pathways
- The First Nations Virtual Doctor of the Day (FNvDOD)**
- First Nations Virtual Substance Use and Psychiatry Service (FNvSUPS)**
- New digital solution
- Provincial First Nations Electronic Medical Record (EMR)**



Approach

Leading Principles

Cultural Safety^[1]

- Based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system.
- Results in an environment free of racism and discrimination, where people feel safe when receiving health care.

Cultural Humility^[1]

- Process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust.
- Involves acknowledging oneself as a learner when understanding another's experience.

Team-Based Care

- Variety of medical and wellness practitioners
- Virtual care pathways (FNvDOD & FNvSUPS) and EMR as components of wraparound team-based care strategy
- Care providers trained on site familiarity


[1] <https://www.fnha.ca/wellness/wellness-and-the-first-nations-health-authority/cultural-safety-and-humility>

Medical Record Innovation

Provincial First Nations Electronic Medical Record (EMR)


- Pan-provincial EMR system
 - Single instance for all BC FNs
 - Community driven, role-based, and auditable access
- Built in BC – for BC**
 - Part of the BC Health Data Coalition to support provincial interoperability
 - Originally built by northern communities (NHA)
- #1 EMR in Canada**
 - 3-year plan to deploy a First Nations EMR across 47 First Nations communities in BC

FNHA MOIS EMR Delivery Model Stages



- Outreach
- Engagement
- Assessment & Planning
- Dev & Implementation
- Training & Evaluation
- Continuous Support

Future Capabilities




Virtual Care Innovation

FNvDOD is a **virtually-delivered, low-barrier services** that provide direct access to family practice physicians/General Practitioners (GP).

FNvSUPS is a **virtually-delivered, culturally safe specialty substance use and psychiatry services** including assessment, case planning, treatment, & follow-up.

2nd place



Enhancing Rural Community Resiliency to Climate Change and Ecosystem Disruption: Building on Lessons Learned from the COVID-19 Pandemic

Dr. Stefan Grzybowski^{1,2,3}, Anna de Waal^{1,2}, Alexandra Bland^{1,2}

¹ University of British Columbia, Faculty of Family Medicine, ²Centre for Rural Health Research, ³Rural Health Services Research Network of BC

TUFH1210


While the COVID-19 pandemic has exposed vulnerabilities in rural health, it also highlighted key strategies demonstrating the strength and resiliency of rural communities across Canada. Enhancing resiliency includes supporting the capacities needed for coping, adapting, and transforming weaknesses from the existing system to support resilient communities. The Climate Change and Ecosystem Disruption Adaptation Responses in Rural Canada (CCEDARR) study explores lessons learned and pathways forward for rural resilience against climate change and ecosystem disruption.

Research Questions:

- What has the COVID-19 pandemic taught us about rural community resiliency in Canada?
- How can these lessons be translated to support resiliency in the face of climate change and other future ecosystem shocks?

64 semi-structured, virtual interviews were conducted in 22 rural Canadian communities, including 27 physicians, 8 healthcare team members, and 29 community members. Six community forums were held to return findings to the communities for feedback.

All interview transcripts were analyzed using a exploratory thematic approach in NVivo 12



Results:


Participants identified factors supporting community resiliency during the COVID-19 pandemic, including:

- Physician leadership and community engagement
- Physician payment models that support social accountability
- Team-based care provision
- Cultural safety and humility
- Longitudinal, relationship-based care

Key Recommendations:

- Consider advantages of **team-based models** that support broad social accountability
- Establish a **volunteer liaison position** to coordinate engagement of rural community members in local sustainability initiatives
- Expand opportunities for **youth leadership** in community decision-making
- Establish a **network of rural community communication** to ensure timely and appropriate information sharing

We gratefully acknowledge the financial support provided by the Co-RIG grant organized by the Canadian Medical Association and the Foundation for Advancing Family Medicine



Dr. Stefan Grzybowski stefan.grzybowski@ubc.ca
 Anna de Waal anna.dewaal@ubc.ca
 Alexandra Bland alexandra.bland@ubc.ca

“Care for Us Like We Care for Our Patients:” Lessons Learned in Creating a Pathway to Mental Health Care Among Community Health Workers

TUFH1302

Compañeros En Salud




Figure 1. Map of the communities where Compañeros En Salud operates affiliated clinics within the state of Chiapas.

INTRODUCTION

Compañeros En Salud (CES) collaborates with the local Ministry of Health in Chiapas (Figure 1) by providing follow-up care with community health workers (CHWs), known locally as Acompañantes. CES conducted a quality improvement project to understand Acompañantes’ experiences with mental health and create a space where they could suggest programmatic changes to inform the creation of a comprehensive mental health pathway to care (PTC).

METHODS

The qualitative project used a combination of focus groups and semi-structured interviews (Figure 2). Interviews were conducted with Acompañantes (Figure 3) and included depression (PHQ9) and anxiety (GAD7) screenings to assess their acceptability and pilot the mental health PTC for Acompañantes who screened positive for symptoms of depression or anxiety. Qualitative analysis was performed using Dedoose.

RESULTS

The mental health check-in was deemed acceptable and piloting the PTC connected Acompañantes with symptoms of anxiety or depression with mental health care. During the interviews, the concerns of the Acompañantes could be characterized by their relation to six categories (Figure 4).

NEXT STEPS

Interventions were based on Acompañantes’ feedback:

- Women’s Circles (Figure 5)
- Mental Health Check-In
- Access to Psychiatry
- Diagnostic Tools
- Updated and Expanded Curriculum

The acceptability of these interventions will then be reassessed via Acompañante focus groups and by measuring indicators of access.

CONCLUSION

This quality improvement project revealed the importance of prioritizing the mental health of Acompañantes and the impact, both protective and as a stressor, of their work on their emotional wellbeing. Regular mental health check-ins with coordinated follow-up care for those with high screening scores were found to be an acceptable mental health intervention amongst Acompañantes.




Figure 2. Flow chart of the stages of the quality improvement project.

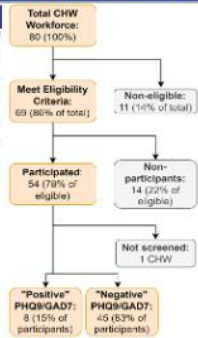


Figure 3. Schematic overview of the study sample

Total CHW Workforce:	80 (100%)
Meet Eligibility Criteria:	69 (86% of total)
Non-eligible:	11 (14% of total)
Participated:	54 (78% of eligible)
Non-participants:	14 (22% of eligible)
Not screened:	1 CHW
“Positive” PHQ9/GAD7:	8 (15% of participants)
“Negative” PHQ9/GAD7:	46 (85% of participants)




Figure 4. Common themes discussed by Acompañantes during their interviews.




Figure 5. Photo of one of the Women's Circles, which was one of the interventions that was implemented as a result of Acompañante feedback.

Ariwame Jiménez Reynoso¹, Jack Sullivan², Tanya Reyna³, Zeus Aranda³, Fátima Rodríguez Cuevas³, Matt Hing⁴Compañeros En Salud, Ángel Albino Corzo, Chiapas, México |Correspondence: jsullivan@pih.org

13.2. Best Physical Poster

Connecting Hearts and Minds: A Relational Approach to Indigenous-Led Continuing Professional Development

INDIGENOUS PATIENT-LED CPD

TUFH1160

IT'S A JOURNEY towards CULTURAL SAFETY and CULTURAL HUMILITY

SELF-REFLECTION... IS KEY

SINGLE Strands are weak- Braided Together they are STRONG!

READINESS in the Group Are we Prepared? Frank discussion in COMMUNITY & IN INSTITUTIONS

ELDER'S & COMMUNITIES BUILD CULTURAL CONTAINERS

CULTURAL SAFETY can be DEFINED differently by EACH COMMUNITY

EVALUATION to ENSURE we are MOVING in the RIGHT DIRECTION

Reimagining EVALUATION

COMMUNITY Led EVALUATION

STATUS QMO

NON-LINEAR ONGOING LAYERS of Learning

TRAMA INFORMED

CULTURAL SAFETY • COMMUNITIES LEAD the WAY • BUILD RELATIONSHIPS

THIS WORK TAKES TIME!! The Learning Journey ISNT LINEAR

EACH COMMUNITY IS UNIQUE

FOCUSING on the PEOPLE AN OPPORTUNITY to Do THINGS DIFFERENTLY

Beginnings: sept. 2018 Indigenous PATIENT-Led Project (IPL)

BUILDING RELATIONSHIPS CAN MEAN GOING DOWN MANY PATHS

Elder ROBERTA PRICE "I Believe that it will Strengthen communities by bringing communities and Physicians together in a STRONGER and more Respectful Way."

Elder Cheryl Schweizer "This work is important to bring our knowledge, our WAYS of BEING; KNOWING, into the 21st century."

Elder Cheryl Schweizer, MEd, Dana Hubler, MD, Harley Eagle, MA, Alisa Harrison, PhD, Terri Aldred, MD, Ievgenia Rozenko, MA. UBC Faculty of Medicine, Indigenous Patient-Led Continuing Professional Development. E-mail: alisa.h@ubc.ca
Graphic Recording: Michelle Buchholz, MPP, Cassyex Consulting.

UdeS Université de Sherbrooke

ECORESPONSIBLE EDUCATION IN HEALTH CARE: A WAY TO TRANSFORM LEARNER'S PATH TO ACTION

TUFH1081

INTRODUCTION

Health programs at UdeS are concerned with climate change impact on global health and weight of our practices on the earth.

As an emerging theme, little literature exists on eco-responsible actions for health professionals and programs remain ill-equipped to support the integration of this content into their already busy curricula.

OBJECTIVES

To better define the eco-responsible professional, the various milestones in their development and how to reach that goal.

INTRODUCTION

A pedagogical innovation project was launched in UdeS to support medicine, nursing, occupational therapy, and physiotherapy programs to integrate eco-responsible actions into their curriculum.

- A rapid review;
- Semi-structured interviews and focus groups were conducted with various experts, faculty members, and students (n=23) to clarify the definition and themes associated with eco-responsibility;
- A thematic analysis was performed.

RESULTS

Several social, economic and environmental themes related to eco-responsibility in health were identified.

Three different levels of action were described (micro, meso and macro).

The eco-responsible process of future health professionals is mounted in three milestones:

- Global thinking;
- Envisioning change;
- Transformative action.

Foley, V., Houde, G., Collard, S., Pinard, S., Brière, C.
Faculté de médecine et des sciences de la santé, Université de Sherbrooke

DISCUSSION

Consultations of various stakeholders was helpful in identifying various related themes and co-constructing the model of practice.

The strength of that emerging model for healthcare professionals is the coherence with the competency-based approach and the professionalization paths of the various disciplines involved. All programs found out that dimensions, levels, and milestones were aligned with their curricula, but salient themes could differ.

CONCLUSION

The goal of the project is for future graduates to become eco-responsible health care professional and those results offer a promising model to help programs to integrate those concepts. The next steps will be to identify eco-responsible actions in each program to implement the model and continue its development.

Vare P (2018) A Bourdieusian Sense of Purpose: developing and assessing competencies for educators of sustainable development in Formative, 18-2
Jutra, F. et Y. Bertrand. L'écocitoyenneté: une valeur à développer à l'école. Spirale: Revue de recherches en éducation, no. 21. Les valeurs en éducation et en formation, no. 1, 1998, pp. 145-150.
McBride, B.B., C. A. Brewer, A. R. Blankowitz, W. T. Borrie, "Environmental literacy: ecological literacy, excellence: What do we mean and how did we get here?", Ecosphere, vol. 4, no. 5, mai 2013, pp. 1-20

COMMUNITIES ORGANIZING TO PROMOTE EQUITY

Local Health Equity Action Teams Lead the Restructuring of Health Services in Kansas, USA

Ithar Hassaballa, PhD, MPH,; Ruqa Hassaballa-Muhammad, MPH,; Erin Corriveau, MD, MPH,;...

TUFH1132

1. Department of Family Medicine and Community Health, University of Kansas

2. Department of Population Health, University of Kansas

3. School of Journalism and Mass Communications, University of Kansas

4. Healthy Bourbon County Action Team

5. Turning Point Training & Development, LLC

6. Department of Otolaryngology, University of Kansas

Background

Like other communities around the world, in the state of Kansas, USA, COVID-19 highlighted and exacerbated health inequity, furthering evidence of significant gaps in social services (e.g., access to healthcare, food insecurity, unemployment, sick leave, child-care, and homelessness). To address these gaps, Local Health Equity Action Teams (LHEATs) were formed in 20 counties across the state as part of the Communities Organizing to Promote Equity (COPE) project.

Purpose

To collaboratively promote equity, reduce disparities exacerbated by the COVID-19 pandemic using a community-engaged approach.

Structure

COPE has two arms:

- 1) Local Health Equity Action Teams (LHEATs) and
- 2) Community Health Workers (CHWs).

- LHEATs are comprised of diverse community members, partner organization representatives and CHWs
- CHWs are trained by COPE staff and are certified by the Kansas Community Health Worker Coalition, to work to address social determinants of health (SDoH).

COPE Counties

Social Determinants of Health Addressed by CHWs

Methods

Using mapped Area Deprivation Indices, overlaid with local COVID statistics, the Kansas Department of Health and Environment (KDHE) and University of Kansas (KU) team identified 20 counties to enroll in the COPE project. All 20 counties used a community engaged approach to:

1. Develop and support the formation of LHEATs
2. Hire and train 3 new CHWs per county
3. Engage and support community partners
4. Host bi-monthly Learning Collaboratives

LHEATs:

- Identify the populations with unmet needs and find innovative solutions.
- Build partnerships and cultivate relationships to address community needs, and
- Enhance the delivery of available resources to the community through events and strategies. Budget of \$40K/LHEAT for 2 years

CHWs:

- Assist with implementing LHEAT activities
- Work with community members to address needs related to social determinants of health

Ongoing Data Collection

Within each county:

- Series of semi-structured interviews with COPE project Community Informants (LHEATs, CHWs, partner organizations, and community members) to understand common and subgroup barriers to addressing health disparities.
- COPE database (see innovation below)

Outcomes

Preliminary data suggest that building relationships and strengthening local capacity to implement local strategies are key to engaging historically resilient populations. This project will advance our understanding of how to achieve health equity. Lessons learned within the 20 Kansas counties will help address health disparities within other similar communities in the United States.

Innovation

- Using LHEATs and CHWs together to elevate the role of communities in public health
- Engaging diverse members and diverse organizations to address the social determinants of health (SDoH)
- Data documentation and evaluation using COPE database, developed to monitor and evaluate partnership formation, events, and one on one client support to address SDoH

Newsorthy

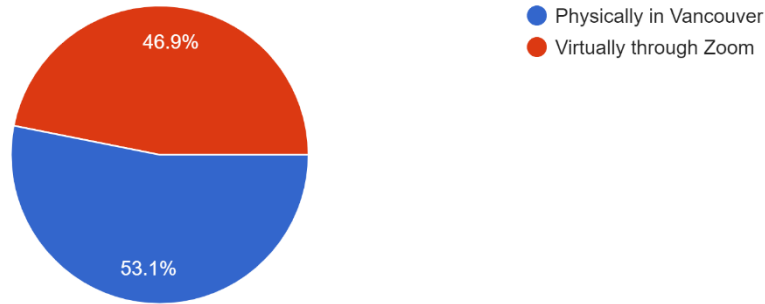
This project is supported by a grant from the Kansas Department of Health and Environment to the University of Kansas Medical Center (GR16202)

14. Post Event Survey

There were 96 responses.

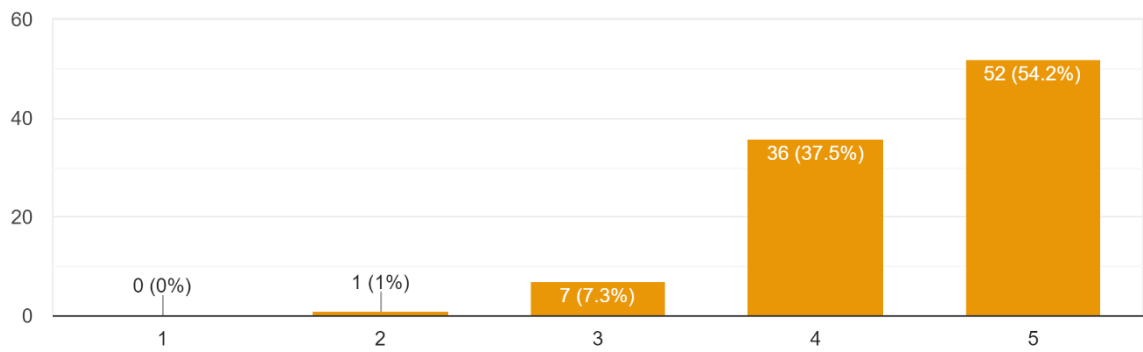
Did you attend physically or virtually?

96 responses



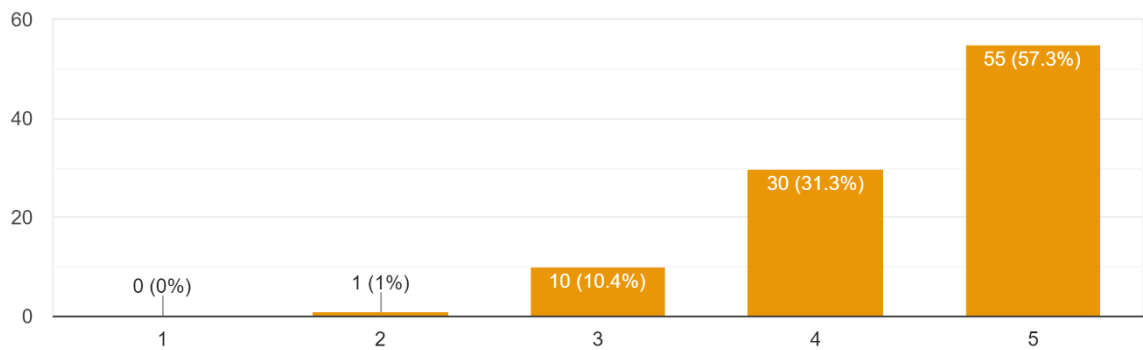
How satisfied were you with the event?

96 responses



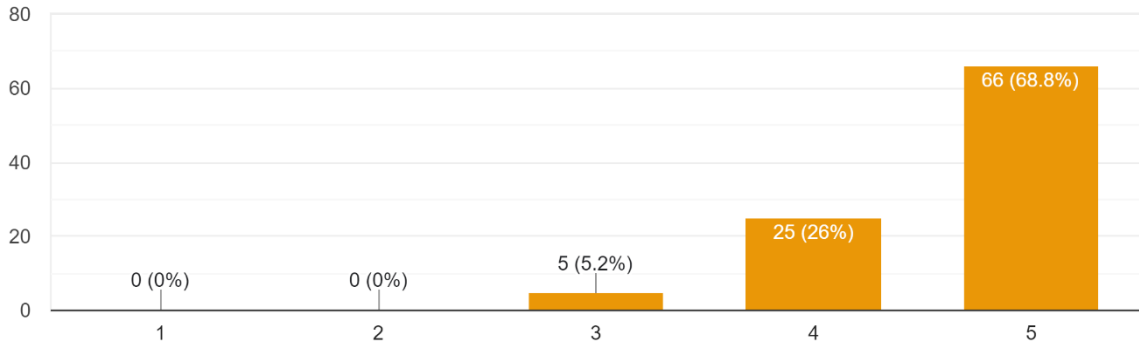
How relevant and helpful do you think it was for your work that you attended TUFH 2022?

96 responses

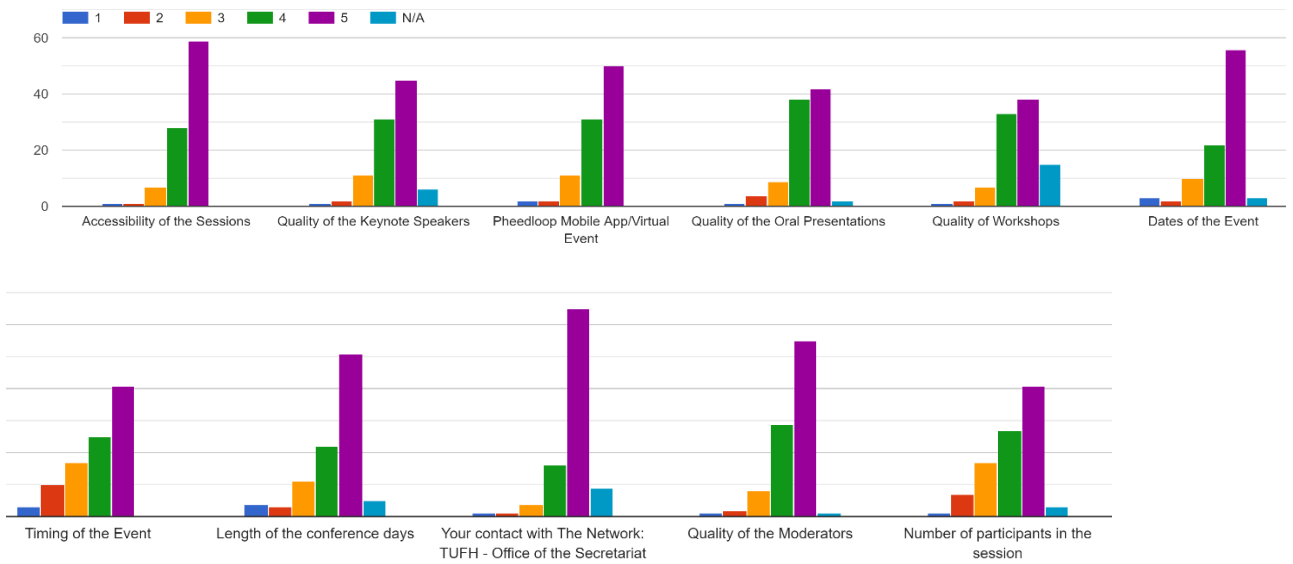


How would you rate the organization of this event?

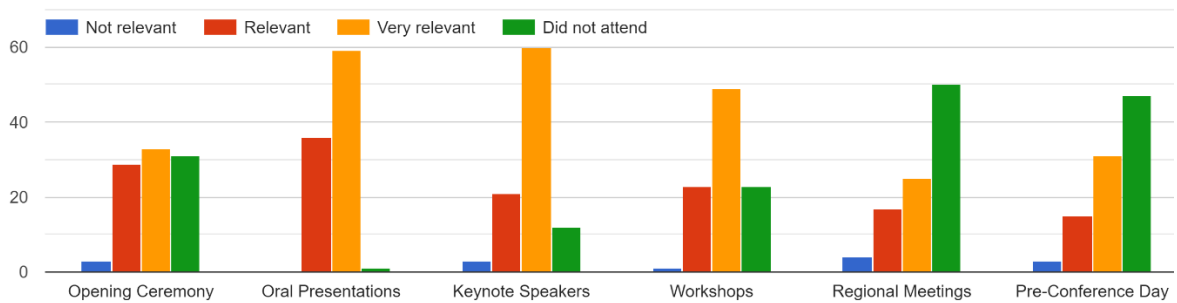
96 responses

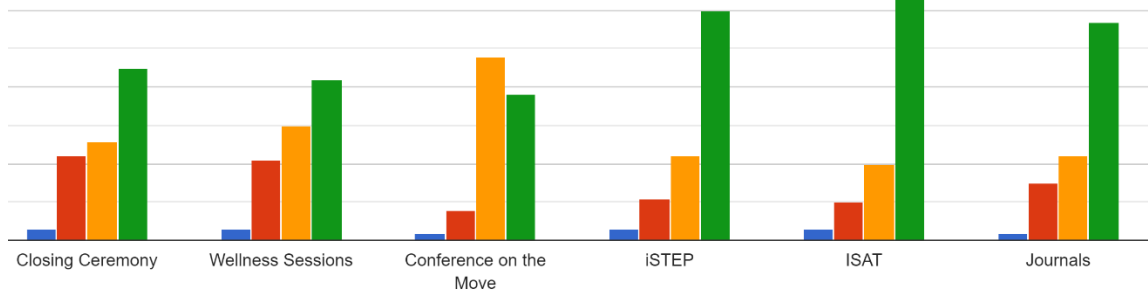


How satisfied were you with...?



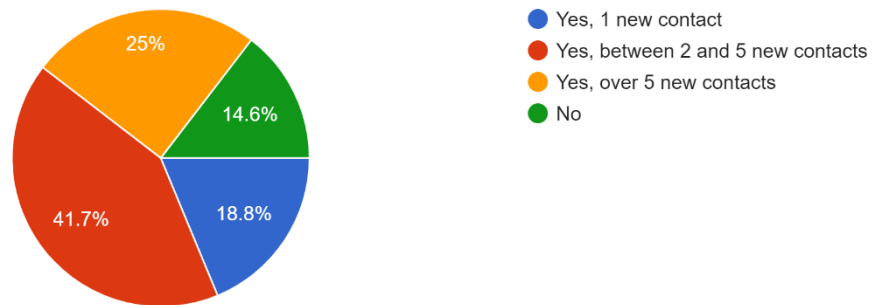
Which sessions did you find most relevant?





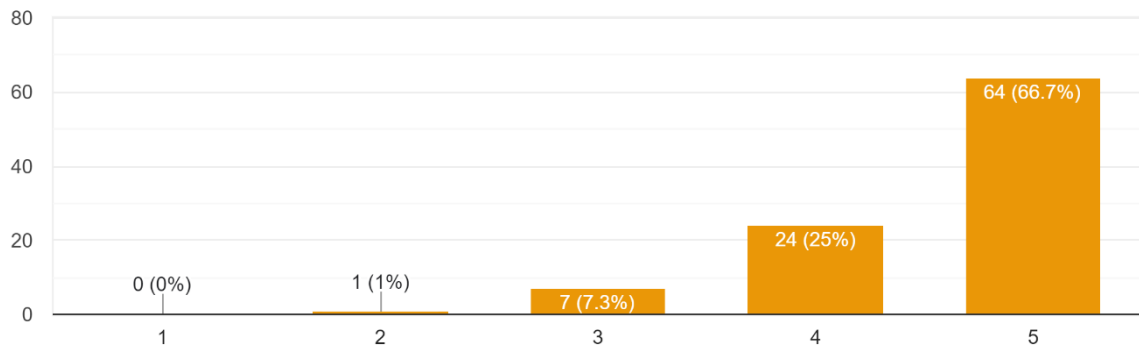
Did you expand your network?

96 responses



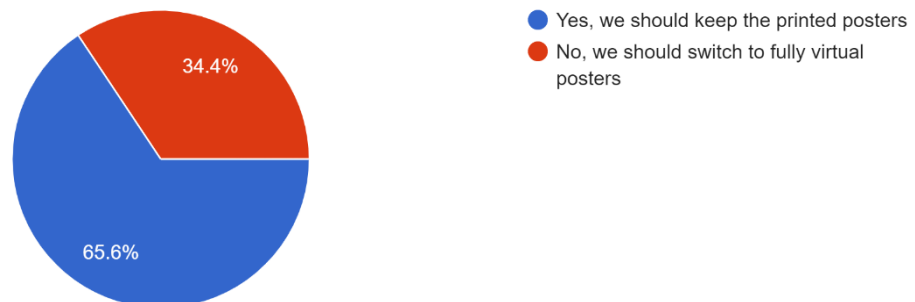
How likely are you to tell a friend/colleague about this event and The Network: Towards Unity For Health?

96 responses



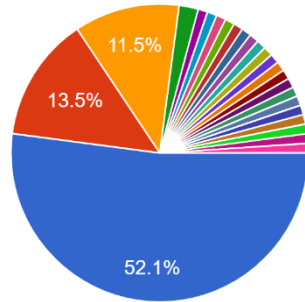
Do you feel that the printed posters bring a value to the TUFH conferences?

96 responses



Do you plan to attend TUFH 2023 in Sharjah, United Arab Emirates in October 2023?

96 responses

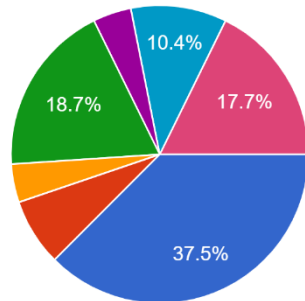


- Yes, physically
- Yes, virtually
- No
- Maybe
- If i get scholarship i would love too. Th...
- possibly
- maybe virtually
- Not sure yet - there are many confere...

▲ 1/3 ▼

Your WHO Region

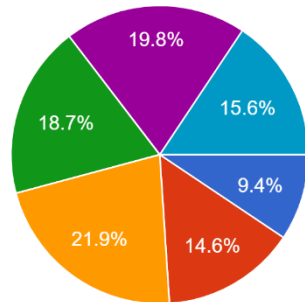
96 responses



- North America
- Latin America
- Europe
- South East Asia
- Western Pacific
- Eastern Mediterranean
- Africa

Your age

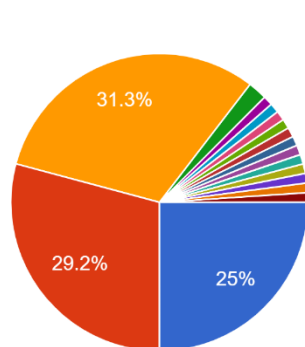
96 responses



- 65+
- 55-64
- 45-54
- 35-44
- 25-34
- 18-24
- Under 18

Profession

96 responses



- Student
- Faculty
- Health Professional
- Policy Maker
- research coordinator
- manager of counselling staff
- Research
- University administrator - staff
- Medical Education Coordinator
- Project Director, international NGO
- Researcher
- Research Associate
- Researcher
- Admin /Management
- Community
- PSE Administrator

▲ 1/2 ▼

▲ 2/2 ▼

Key messages taken from TUFH 2022:

- Value of networking
- Learning and working together on a global and intersectoral scale
- Value of Indigenous knowledge and teaching
- Importance of Social Accountability
- Community involvement is key
- Joint lessons from pandemic
- Benefit of a hybrid conference (both to connect in person, as involve virtually)
- Global perspectives in teaching, learning and assessment of health professionals

What can be improved:

- Networking event particularly, but also other evening events: food was available at no cost, yet people did not read that and didn't come because they thought they had to pay → make it very clear food and drinks included (if it's the case)
- Physical posters were in a separate space and did not have a lot of traffic → put them where people are, where food is served and eaten
- Maybe do a gallery with all posters, so virtual attendees can visit them (they were available in the app under the abstract now)
- Proposal to consider allowing PPT slides for oral presentations → Advise against it as they are TUFH Talks then.
- More variety in format - more workshops and longer format presentations
- Less longer days – free up evenings – shorter last day
- Try not to overlap documentaries and oral sessions
- Provide only healthy food options
- VISA applications
- Microphones in the rooms for audience, so virtual attendees can follow a discussion, on the other hand, shy speakers didn't participate because they had to use a microphone
- Offer sightseeing options
- The TUFH booth should have TUFH2022 and TUFH merchandise on sale
- Make sure virtual attendees are on screen so people know they are there
- It was hot in some rooms, needed better ventilation
- Even less presentations per oral session to allow for more discussion
- Posters, ensure that presenters follow the guidelines (including font size!) as some were not readable
- Reduce the number of parallel sessions → this would mean limit the amount of abstracts we accept!
- Have a TUFH update session that includes ISAT, iSTEP, etc. where all attendees attend in the beginning of the conference

What went well:

- Organization of the event both in person and virtually
- The prominent role students (SNO) play
- Catering
- Conference on the Move

- Keynote Sessions
- The scientific sessions (TUFH Documentaries, TUFH Talks, Oral Sessions, Workshops): well-designed program, good moderators
- Networking opportunities
- Pre-Conference Day
- Indigenous healer
- Staff was helpful, friendly and approachable
- Communication to participants before the event
- Dinner and Dance
- Local involvement
- Involvement of young professionals and students
- Coherence of the conference throughout
- Moderator training and access to materials in google drive

15. Recordings

Oral Session A: Unity for Health for All	https://www.youtube.com/watch?v=lk68xjdh9Do
Oral Session B: Lessons Learned from the Pandemic	https://www.youtube.com/watch?v=1lyOkabtgbC
Oral Session C: Bilingual French/English Session	https://www.youtube.com/watch?v=c1kfFWryKwM
Oral Session D: Noncommunicable, Tropical & Endemic Diseases	https://www.youtube.com/watch?v=SAXjx7kvwu0
Oral Session E: Learning with Indigenous Peoples	https://www.youtube.com/watch?v=rMAwuOSHTTk
Oral Session F: Remote and Rural Health	https://www.youtube.com/watch?v=SyNfDT3lqLU
Oral Session G: co-hosted by Women and Health Together for the Future (WHTF) WHTF Mini-grants to address Gender Based Violence	https://www.youtube.com/watch?v=EaoW5eRFGFs
Oral Session H: Child and Adolescent Health	https://www.youtube.com/watch?v=vKXI-9to7PQ
Oral Session I: Mental Health and Wellbeing	https://www.youtube.com/watch?v=7pnUenLL6Kg
Oral Session J: Curricula, Competencies & Assessment	https://www.youtube.com/watch?v=aVOFB7-ICV4
Oral Session K: COVID 19 Vaccination	https://www.youtube.com/watch?v=kXxPMUovkRU
Oral Session L: Social Accountability & Responsibility	https://www.youtube.com/watch?v=M03P85mtn4w
Oral Session M: Sexual, Reproductive & Maternal Health	https://www.youtube.com/watch?v=XbQMLhgfxjo
Oral Session N: Interprofessional Education & Practice	https://www.youtube.com/watch?v=RI-pZnyBVNM

Oral Session O: Rural Health	https://www.youtube.com/watch?v=Ez3Ji-9HKyA
Oral Session P: Health Equity	https://www.youtube.com/watch?v=1bkZt1TOQyc
Oral Session R: Impact of COVID 19	https://www.youtube.com/watch?v=GIR5N-2FR2g
Oral Session S: co-hosted by Women and Health Together for the Future (WHTF) Safe Abortion Access	https://www.youtube.com/watch?v=oNjB20ABM5o
Oral Session T: Telehealth	https://www.youtube.com/watch?v=hykTwOHQDfl
Oral Session U: Community Involvement	https://www.youtube.com/watch?v=dMuUmw1-_A
Oral Session V: Healthy, Equitable and Safe World	https://www.youtube.com/watch?v=yQjEzoUNoSg
Oral Session W: Building Better Together	https://www.youtube.com/watch?v=ueBPrPdBhk
Oral Session X: Student Research	https://www.youtube.com/watch?v=TJX39wJhxpA
Oral Session Y: co-hosted by Women and Health Together for the Future (WHTF) COVID-19 7 Country Study of Community Expectations	https://www.youtube.com/watch?v=HP5mC-5xvtk
Oral Session Z: Virtual Learning	https://www.youtube.com/watch?v=MSNMqJk_fGQ
Workshop 1: Working in the Weave: Practical application of a Two-Eyed Seeing approach in Indigenous community engagement and research	https://youtu.be/vDRSyv-pdas
Workshop 2: Practical application of a Two-Eyed Seeing approach in Indigenous community engagement	https://youtu.be/eVHM5TJy_FI
Workshop 3: Improving Quality, Equity, Relevance and Cost Effectiveness of Care by Integrating the Social Determinants of Health into Education, Training and Practice	https://youtu.be/-VZQUIL0qVg
Workshop 4: Primary Health Care Education in Rural Settings: Learning generalism in rural, by rural, for rural	https://youtu.be/hKWczEz7A-s
Workshop 5: Social accountability of medical schools towards French speaking populations	https://youtu.be/WIQq-knewaM
Workshop 6: Music as an Experience of Complexity: The Whole is More than the Sum of the Parts	https://youtu.be/HeT7vX39w9I
TUFH Talks A	https://youtu.be/8XVh_Ek-niE
TUFH Talks B	https://youtu.be/5TPbKmjZAwE
TUFH Documentaries	https://www.youtube.com/watch?v=UtU3ovLb-Q8
The Network: TUFH Board Meeting	https://www.youtube.com/watch?v=izSveJE35u8
The Network: TUFH Advisory Board Meeting	https://www.youtube.com/watch?v=R4JmT3v5s0M

Keynote 1: Learning with Indigenous People Towards Advancing Equity & Wellbeing	https://www.youtube.com/watch?v=e6MvYb4QsHw
Keynote 2: Building Back Better	https://www.youtube.com/watch?v=HjSJsvoMftI
Keynote 3: Social Responsibility: Healthcare Conducted Where People and Place Matter	https://www.youtube.com/watch?v=k92ooko7EoM
Keynote 4: Harmony for a Healthy World	https://www.youtube.com/watch?v=oLAo0SddMcc
Pre Conference Day	https://www.youtube.com/watch?v=Lfw71E9odcs
TUFH General Assembly	https://www.youtube.com/watch?v=yC2lo0xOUSY
SNO meeting	https://www.youtube.com/watch?v=AkXpDpYMAu4
Journals EfH & Social Innovations	https://www.youtube.com/watch?v=QmwnSY86gD4
Institutional Social Accountability Self Assesment Tool (ISAT)	https://www.youtube.com/watch?v=clbA9wsQWAAA
International Student Training and Exchange Program (iSTEP)	https://www.youtube.com/watch?v=tGWkrhIgpvY
Closing Ceremony	https://www.youtube.com/watch?v=adoPXGI57q8
End of Conference Video	https://www.youtube.com/watch?v=odjcJaDEjXk

16. Pictures

Here is a link for all pictures taken at TUFH 2022:

<https://drive.google.com/drive/folders/1WfUdNgTUGa0J1a7sMNpYcMNEJcTDA9Gf?usp=sharing>



17. Full Program

Oral Presentation A: Unity for Health for All

To review the recorded session, click [here](#).

To review all posters for this session, click [here](#).

1. [Prevalence and Risk Factors of Female Genital Mutilation among Women of Reproductive Age in Altekaina Village, Gezira, Sudan, 2021](#)
2. [Impact and associated factors of primary Dysmenorrhea among female medical students at gezira University , Gezira, Sudan](#)
3. [Knowledge and Risk Assessment of Hepatitis B positive Pregnant Women in Peri-Urban Yangon, Myanmar](#)
4. [Evaluation of Oral Health Promotion based Intervention on Quality of Life among Institutionalized Elderly](#)
5. [Outbreaks and Healthcare: The Systems Thinking approach](#)
6. [Mind Mapping and Flashcards as a Method of Thinking](#)
7. [SNO Exchange 2022 - Student Experience \(2\)](#)
8. [SNO Exchange 2022 - Student Experience \(1\)](#)

Oral Presentation B: Lessons Learned from the Pandemic

To review the recorded session, click [here](#).

To review all posters for this session, click [here](#).

1. [Riding the Waves: Continuing Evolution of a COVID-to-Home Program in southern NM](#)
2. [Home-Based Health Care Intervention in 3rd Wave COVID-19 Pandemic, Yangon, Myanmar](#)
3. [Predictors of Post COVID-19 Complications among Patients in India: a cross sectional, questionnaire-based study](#)
4. [A Six-country Research Consortium Arising from Joint COVID-19 Experiences](#)
5. [Comparison Of Clinical Profile And Outcome Of Patients With COVID-19 Illness In The First And Second Wave At A Tertiary Care Center](#)
6. [Effect of the COVID-19 Pandemic on Medical Education in the Hospital Environment in Khartoum, Sudan](#)
7. [Physical Activity Habits amongst South African Citizens during the COVID-19 Pandemic: observational investigation](#)
8. [Innovation approach to increase utilization of antenatal care services during the ongoing pandemic COVID -19](#)
9. [Challenges faced by health promoters in implementing health improvement projects during the COVID-19 pandemic era](#)
10. [Health Professional Learning in a Pandemic: Evaluating the Impact of Policies to plan for the Future](#)
11. [Adapting Together: Service Learning During a Pandemic](#)

Oral Presentation C: Bilingual French/English Session

To review the recorded session, click [here](#).

To review all posters for this session, click [here](#).

1. [Eco-responsible Actions for Future Health Care Professionals: an innovative project to enrich programs](#)
2. [Using the CPU Model to Evaluate and Validate a Portrait of the Evolution of a School's Social Accountability Mandate](#)
3. [Using Causal Loop Modeling to uncover the complex causal mechanisms of Preconception Care](#)
4. [Rapid Policy Adaptation: should we use the "pandemic policies" to develop a more interprofessional legal environment for healthcare workers?](#)
5. [The 30by2030-Campaign](#)
6. [How Unity in Health Promotes Equity for Francophones in Canada](#)
7. [Longitudinal Integrated Community-Type Clerkships at Université Laval](#)
8. [Lessons learned from the COVID-19 pandemic: Impact of the COVID-19 pandemic on the mental health of Canadian ophthalmology practitioners](#)
9. [COVID-19 Eye Registry \(COVER\) – Registry of Ophthalmological Manifestations of COVID-19](#)
10. [Building Gender Equality in Global Eye Health](#)
11. [Rethinking Access to Rehabilitation Services: bringing together therapists' and families' perspectives](#)
12. [Patient satisfaction regarding doctors' smiles and attire](#)
13. [Addressing Equity and Inclusion in Learning Health System Research Through Socially Accountable Partnerships](#)

Oral Presentation D: Noncommunicable, Tropical & Endemic Diseases

To review the recorded session, click [here](#).

To review all posters for this session, click [here](#).

1. [Increasing The Participation of Health Cadres in Diabetes Prevention Program through Community Empowerment in Kotabaru, Yogyakarta, Indonesia](#)
2. [A Study on how African Traditional Health Practitioners diagnose and treat Diabetes](#)
3. [Understanding the Phenomenon of Early Childhood Caries in Northern Saskatchewan Indigenous Communities: A Realist Review](#)
4. [Is Eating Raw Rice a Casuative Factor for Dental Caries?](#)
5. [Breast Cancer Self Screening by Female Undergraduate Students in Uganda](#)
6. [Tobacco Use Among Dental Students in Morocco: opportunities for professional cancer education](#)
7. [Knowledge of Cervical Cancer, HPV and Predictors of Vaccination Coverage among Medical Students](#)
8. [Post-Pandemic Recovery: Youth Role to Combate NTDs In The Light of COVID-19](#)
9. [How Can We Properly Assess a Health App?: Lessons learnt from the assessment of WHO's Skin Neglected Tropical Diseases' App](#)
10. [Impact of COVID-19 on Guinea Worm Fight in Sudan: How to recover from the pandemic](#)

Oral Presentation E: Learning with Indigenous Peoples

To review the recorded session, click [here](#).

To review all posters for this session, click [here](#).

1. [Connecting Hearts and Minds: A Relational Approach to Indigenous-Led Continuing Professional Development](#)
2. [Walking-With Wellness: Understanding Intersections of Indigenous Health and Literacy Through Podcasting](#)
3. [Integrating Indigenous Knowledge in Medical Education](#)
4. [Indigenous Health and its Promotion in the State of Nayarit, México](#)
5. [Scaling Up Strategic Purchasing in Conflict-Affected, Indigenous Karen Areas: empowering the ethnic health organizations for the future of federal health systems](#)
6. [Transforming Healthcare in BC: The First Nations Health Authority](#)
7. [Health Summit: Cultivating Relationships for Improving British Columbia's Health System](#)
8. [The First Nations-led Primary Care Initiative - First Nations Transforming the Health System in British Columbia](#)
9. [Social Interactions within the Sudanese Healthcare System: traditional healers and psychiatrists](#)
10. [Yoga and Ayurveda - New Era of Traditional Medicine](#)
11. [The Prevalance of Traditional Occult Practices in Remote Rural Region for Health](#)
12. [Understanding the need for Métis Community Health Programs](#)

Oral Presentation F: Remote and Rural Health

To review the recorded session, click [here](#).

To review all posters for this session, click [here](#).

1. [Strategies to Facilitate Improved Recruitment, Development, and Retention of the Rural and Remote Medical Workforce: a scoping review](#)
2. [Commitments, Conditions and Corruption: the lived experience of doctors who serve the community in a remote province of Indonesia](#)
3. [Mobilising Knowledge into Action Through Embedded Research](#)
4. [Rural Health Workforce Response to Australia's Natural Disasters and Emergencies including COVID-19](#)
5. [Opioid Agnist Treatment Access and Attrition across Rural and Urban Areas in Ontario, Canada](#)
6. [Development of a Sustainable Intervention to Address Quality of Life of Pregnant Women using Substances in Low Income Rural Communities in the Western Cape, South Africa: phase 1 A needs assessment](#)
7. [Life Saving Skill transfer training to Maternal Health Care Providers in Rural India: a Social responsibility of Health Science Universities](#)
8. [Hand Holding of Engaged, Empowered Communities for Better Health in Remote Rural Region](#)
9. [Primary Healthcare in Civil Disharmony](#)

Oral Presentation G: co-hosted by Women and Health Together for the Future (WHTF): WHTF Mini-grants to address Gender Based Violence

To review the recorded session, click [here](#).

To review all posters for this session, click [here](#).

1. [Using the Mini Grants Approach for Addressing Gender-Based Violence in Low- and Middle-Income Countries](#)
2. [Interventions to Address Gender-Based Violence among Low-Middle Income Countries \(LMICs\)](#)
3. [Combating Cyber Violence Against Women and Girls \(C2VAW\) - Digital Community Engagement for Response and Reduction](#)
4. ["Scars" Beneath the Face Mask: unveiling adolescent girls' and young women's perspectives and experiences of gender based violence in the COVID-19 Era. A qualitative-intervention study in Calabar Municipality, Nigeria](#)
5. [Victim or Victorious - Changing the Indian Outlook towards Women Self Defence against Social and Sexual Violence.](#)
6. [Combating Gender-based Violence among Church-based Youths through Community Education in Southeast Nigeria](#)
7. [Addressing Gender Based Violence and Menstrual Hygiene Amidst COVID-19 Pandemic: An Educational Intervention](#)
8. [Kopila School Campaigns: Awareness and Action Against Gender Based Violence](#)
9. [Using Innovative Videos Edutainment to Engage Men and Boys in Fighting Against Home Based Sexual Violence and Harassment: Monitoring, Evaluation, and Learning](#)
10. [Assessment of Impact of a "Positive Psychology Intervention" among Survivors of Life-threatening Gender-based Violence in Rural Community of Central India](#)

Oral Presentation H: Child and Adolescent Health

To review the recorded session, click [here](#).

To review all posters for this session, click [here](#).

1. [Collaborative Research Training for Child and Adolescent Mental Health](#)
2. [Adversity during Childhood and the Impact in Marginalized Adolescents' Mental Health in Rural Chiapas](#)
3. ["Healthy School Community" - A Peer Training Project for the Prevention of Childhood Obesity](#)
4. [The Burden on Children with Duchenne Muscular Dystrophy \(DMD\) in Kuwait and the Impact of COVID-19 from the Perspective of Caregivers](#)
5. [Association between Demographic Characteristics and Parenting Styles among Parents of Preschool-aged Children in Kandy, Sri Lanka.](#)
6. [Association between Parenting Styles and feeding Practices among Parents with their Preschool Aged Children in Kandy, Sri Lanka.](#)
7. [Effective Stakeholder Engagement in Addressing Newborn Morbidities and Mortalities in Kebbi, Sokoto and Zamfara States, Nigeria.](#)
8. [Effectiveness of Tobacco Cessation Intervention based on Transtheoretical Model among young adults](#)

Oral Presentation I: Mental Health and Wellbeing

To review the recorded session, click [here](#).

To review all posters for this session, click [here](#).

1. [“Care for Us Like We Care for Our Patients:” Lessons Learned in Creating a Pathway to Mental Health Care Among Community Health Workers](#)
2. [Addressing the Mental Health and Substance Use Needs in Princeton and Surrounding Area through a Community-based Partnership Table](#)
3. [Lifestyle and Mental Status among Khartoum University Medical Students, Khartoum State, Sudan: November 2020 - April 2021](#)
4. [JAMSA Supporting Students' Mental Health During the Pandemic](#)
5. [Assessing Mental Health Needs and Psychosocial Adjustments of in the Context of Extended Pandemic Lockdown in the Philippines](#)
6. [An Appraisal of Hospital Employees needs for a Mental Wellbeing Intervention during COVID-19 Pandemic in a Small Island Setting](#)
7. [Mental Health Status of High School Students during the COVID-19 Pandemic: a Cross-Sectional Study](#)
8. [Assessment of Mental Health of Health Care Workers in Oman during the COVID-19 Pandemic](#)
9. [Knowledge, Attitudes, Practices and Perceived Barriers among Mental Health Professionals in Sudanese Psychiatric Hospitals regarding COVID-19 Outbreak](#)
10. [The Impact of COVID-19 Pandemic on the Mental Health of Adults in Kuwait](#)
11. [The impact of COVID-19 pandemic on mental health among adults in Saudi Arabia](#)
12. [Assessment of the Long-term Physical and Mental Well-being of Discharged COVID-19 Patients in Aruba: A cross-sectional cohort study](#)

Oral Presentation J: Curricula, Competencies & Assessment

To review the recorded session, click [here](#).

To review all posters for this session, click [here](#).

1. [Point of Care Ultrasound in the Sierra Madre of Chiapas: Implementing an Ultrasound Curriculum for Medical Students During Their Social Service Year](#)
2. [Learning Environment of Basic Health Sciences in Private \(Integrated\) versus Public \(Traditional Curriculum\) Medical Schools during COVID-19](#)
3. [Deconstructing and Reconstructing: Reimagining Service Learning Curricular Objectives Together](#)
4. [Responsive Curricula for Healthcare Professionals](#)
5. [Decolonization of Professional Programs](#)
6. [Effect of Formula Scoring on Student Performance and Behaviour in Multiple Choice Summative Assessments](#)
7. [The Most Significant Change of Colombian Medical Trainees after Transformative Learning for Cultural Safety Training: qualitative results from a randomised controlled trial](#)
8. [Quality of MCQs in Undergraduate Medical Qualification Exam at Debre Tabor University, Ethiopia](#)
9. [Volunteers or Stakeholders?](#)

10. [A Handbook for Health Professions Education Interns in Uganda](#)
11. [Empowering Health Science Education Development Centers \(HSEDCs\) Leverages Quality Improvement Activities at Higher Education Institutions \(HEIs\)](#)
12. [Training Laboratory Professionals to Meet Challenges in the COVID -19 Era: experiences from a low-resource country](#)
13. [Scholarship in Health Professions Education: role of the international journal education for health](#)

Oral Presentation K: COVID 19 Vaccination

To review the recorded session, click [here](#).

To review all posters for this session, click [here](#).

1. [COVID-19 Vaccine Hesitancy: Knowledge and Attitude of Sudanese Medical Students Towards COVID-19 Vaccine](#)
2. [Awareness, Barriers and Perceptions Regarding the Intake of SARS-CoV-2 Vaccine Among the Adult Population in the Kingdom of Saudi Arabia](#)
3. [The Global Pandemic Crisis: COVID-19 Vaccine Perceptions Among Population of a Village Eastern Gezira State, Sudan](#)
4. [Knowledge and Attitude about COVID-19 Vaccine Safety, Effectiveness, and Implications for Acceptance in Kuwait](#)
5. [Collaborate to Fight COVID-19 \(COFIGHT\): Assisting COVID-19 Vaccination in Primary Health Care Centers to Accelerate Vaccine Coverage at Every Level of Society](#)
6. [Knowledge, Attitude and Acceptance on COVID-19 Vaccine among Omani Adults: A web-based survey](#)
7. [COVID-19 Vaccines Hesitancy and Refusal among People in Rural Areas in Egypt \(Assiut city\) from the Educational and Cultural Point of View: a cross sectional study](#)
8. [Knowledge, Attitudes and Practices of Gezira Medical Students towards COVID-19 Vaccines](#)
9. [Determinants to People Adherence to Preventive Measures Against COVID-19 among Adult Bahraini Residents \(18 and above\).](#)
10. [The Influence of Awareness of COVID -19 on the Wellness Indicators of the Saudi Population, Aseer Region, Saudi Arabia](#)
11. [COVID-19 Sikh Gurdwara Initiative](#)

Oral Presentation L: Social Accountability & Responsibility

To review the recorded session, click [here](#).

To review all posters for this session, click [here](#).

1. [Drivers of Social Accountability among Alumni of Christian Medical College, Vellore, India: A Case Study](#)
2. [Exploring Social Accountability within Various New Mexico and Newfoundland and Labrador, Canada Cohorts through an Arts Integrated Method](#)
3. [Proposing a New Community Triad Model to Action Social Accountability in Medical Schools](#)
4. [Efforts to Build Social Accountability Indicators in The Eastern Mediterranean Region.](#)

5. [Efforts to Adopt Social Accountability in Medical Schools in the Eastern Mediterranean Region](#)
6. [How will an organization be social accountable? Introducing the general model of social accountability](#)
7. [Social Accountability in Health Research, a Concept Analysis Study](#)
8. [Development and Application of a Social Accountability Assessment Tool in Shahid Beheshti University of Medical Sciences](#)
9. [A Social Accountable Model for Medical Education System in Iran: a grounded-theory](#)
10. [What makes a Medical School Socially Accountable in the Eastern Mediterranean Region](#)
11. [Malaria, Conflict and Social Responsibilities: A case study on Myanmar's current situation](#)
12. [Social Responsibility and Dental Students: a field experience](#)

Oral Presentation M: Sexual, Reproductive & Maternal Health

To review the recorded session, click [here](#).

To review all posters for this session, click [here](#).

1. [Sexual Health and Persons with Disabilities \(PWD\): An Analysis of Disability Components in SRHR Policies in West Africa](#)
2. [Assessment of Sexual Reproductive Health Rights, Needs, Attitudes, Beliefs and Practices among Staff and Students at Mbarara University of Science and Technology](#)
3. [Spacing Births through Insertion of Immediate Post-Partum Intra-Uterine Contraceptive Device in a Rural Community in India](#)
4. [Dispensing Practices of Emergency Oral Contraceptives among Community Pharmacists](#)
5. [A Narrative Literature Review on Media and Maternal Health in Africa](#)
6. [Another Victim of the COVID-19 Pandemic: Maternal Mental Health](#)
7. [Care of Pregnancy, Childbirth and Puerperium by Public Health Institutions in Mexico from 2018 to 2021](#)
8. [Defining the Correlation between Antenatal Depression and Obstetrical Complications in Sudan 2022](#)
9. [Socio-Economic Factors associated with Adolescent Pregnancy and Motherhood: analysis of the 2017 Ghana maternal health survey](#)

Oral Presentation N: Interprofessional Education & Practice

To review the recorded session, click [here](#).

To review all posters for this session, click [here](#).

1. [Interprofessional Collaboration in Multiple Sclerosis Management Course](#)
2. [Health Professional Students and Faculty Perceptions of Interprofessional Education's Influences on Interprofessional Collaborative Practice](#)
3. [Understanding, Creating, and Establishing Psychological Safety in Simulation-Enhanced Interprofessional Education using an Equity, Diversity, and Inclusion Lens](#)
4. [Research on Assessment in Interprofessional Education - A Scoping Review](#)

5. [Interprofessional Education \(IPE\) for Better Oral Health: together, a step ahead- students and facilitator experience](#)
6. [Using Mixed-Methods Research Methodology to Design and Evaluate Interprofessional Education and Collaborative Practice \(IPECP\) Initiatives](#)
7. [TUFH Mentorship Program – The intersectoral & intergenerational initiative within the TUFH Community](#)
8. [Health After 2020: Supporting interdisciplinary collaborations at an inflection point in society](#)
9. [Innovative, Collaborative, and System-based Approaches in Delivering Healthcare Practice and Education](#)
10. [Workshops to Facilitate Collaborative and Cooperative Learning for Masters in Public Health Students](#)
11. [Factors Associated with Medical Students’ Career Choices Regarding Internal Medicine in Uganda.](#)
12. [Training For Impact: Incorporating Social Accountability Principles into General Practice Training & Education](#)

Oral Presentation O: Rural Health

To review the recorded session, click [here](#).

To review all posters for this session, click [here](#).

1. [Household Model: First Look at an Innovative Approach to Professionalize Community Health Workers and Facilitate Healthcare Access in Rural Communities of the Sierra Madre of Chiapas](#)
2. [Educating for Collaborative Practice and Rural Health Equity: a virtual exchange that goes the distance](#)
3. [Teaching and Assessing the Rural Determinants of Health](#)
4. [Impact of Mobile Clinics Initiative as an Innovative Model of Healthcare Delivery to the Pregnant Women in Rural Sudan](#)
5. [Enhancing Rural Community Resiliency to Climate Change and Ecosystem Disruption: Building on the lessons learned from the first year of the COVID-19 Pandemic](#)
6. [Using Human-centered Design Approaches to Develop Innovative Models for Delivery of Essential Health Services in Three Philippine Rural Communities during the COVID-19 Pandemic](#)
7. [Beyond Exposure: Immersive Community Engaged Education for Rural Practice](#)
8. [Rural eMentoring BC: Sparking and supporting youth interest in rural healthcare careers](#)
9. [Rural community-engaged health services planning achieves sustainable systemic improvements](#)
10. [Health Providers and Young People in Rural Communities need Awareness of Disorders Of Aging for Wellness Of Elderly](#)
11. [Barriers to Healthcare Access Among Residents of a Rural Community in Eastern Uganda Amidst The COVID-19 Pandemic.](#)
12. [Association of Sleep Quality with Work Productivity amongst Urban and Rural Populace: a cross-sectional comparative study](#)
13. [A Supportive Clinical Supervision Model: the Partners in Health Mexico Experience.](#)

Oral Presentation P: Health Equity

To review the recorded session, click [here](#).

To review all posters for this session, click [here](#).

1. [Towards Gender Transformative Responses for Community Health: An exploratory rapid appraisal to initiate intersectional gender analysis of social innovations in health](#)
2. [Breastfeeding and Social Determinants in the State of Morelos, Mexico](#)
3. [Local Health Equity Action Teams lead the restructuring of health services in Kansas, USA](#)
4. [An Introduction to Diversity, Equity and Inclusion in Medical Education](#)
5. [Determinants of protecting daughters from Female Genital Mutilation: Evidence from 19 countries](#)
6. [Towards Social Impact: taking health care to the people](#)
7. [Addressing Lifesaving Nutrition Services to Vulnerable Communities in a Multidisciplinary Approach and Harmony of Organization Structure](#)
8. [Implementing a Community Engagement Self-Monitoring \(CE-SM\) Strategy for Social Innovations in Health: the Philippine Pilot](#)
9. [Expanding Health Employment Opportunities to achieve Universal Health Coverage: lessons from multi-stakeholder partnerships in Ethiopia](#)
10. [Educating Future Physicians for Francophone Official Language Minority Communities in Canada: A Case Study](#)
11. [COVID-19 Exposed Inequitable Access and Use of eHealth Services by Cancer Support Groups in KwaZulu-Natal, South Africa](#)
12. [Health Financing in Africa 20 years after the Abuja Declaration: a literature review](#)
13. [Taking Healthcare to Where People Live: Implementing Centralised Chronic Medicine Dispensing and Distribution in KwaZulu-Natal, South Africa](#)

Oral Presentation R: Impact of COVID 19

To review the recorded session, click [here](#).

To review all posters for this session, click [here](#).

1. [Impact of COVID-19 Lockdown on Physical Activity among University Students](#)
2. [Impact of COVID-19 Pandemic on Anxiety, Depression and Stress, among Cured and Uninfected People in Saudi Arabia.](#)
3. [Impact of Training of Medical Laboratories Working in Primary Health Care Centres on their Practice during the COVID -19 Pandemic](#)
4. [Clinics But No Clinical Training: Decoding the impact of COVID-19 lockdown on Indian medical undergraduates](#)
5. [Impact of COVID-19 Pandemic on Weight Change in Adults in the UAE](#)
6. [Biocultural Anthropology of Communities' Responses to Disease Outbreaks: a case of COVID-19 in Uganda.](#)
7. [The Prevalence of Depressive Symptoms among Adults Living in the UAE during the COVID-19 Pandemic](#)
8. [Prevalence of Burnout Syndrome among School Teachers in the UAE During the COVID-19 Pandemic](#)

9. [Impact of COVID-19 on Medical Education in Different Income Countries: a scoping review of the literature](#)

Oral Presentation S: co-hosted by Women and Health Together for the Future (WHTF): Safe Abortion Access

To review the recorded session, click [here](#).

To review all posters for this session, click [here](#).

1. [The Right to Safe Abortion: A Global Perspective](#)
2. [Expanding Access to Safe Abortion in India: the new amendment in legal provisions](#)
3. [50 years of Abortion Law in India](#)
4. [Access to Safe Abortion in Canada](#)
5. [Restrictions on Access to Safe Abortions in the United States](#)
6. [The Right to Safe Abortion in Mexico](#)
7. [From Repeal to Review: Access to Safe Abortion Care in Ireland in 2022](#)
8. [The Right to a Safe Abortion: A South African Perspective](#)
9. [A Qualitative Survey of Rwandan Medical Providers' Perceptions about using Misoprostol for Clandestine Abortions in Rwanda](#)

Oral Presentation T: Telehealth

To review the recorded session, click [here](#).

To review all posters for this session, click [here](#).

1. [Telemedicine in Bahrain](#)
2. [Opportunities of Telemedicine Service in Health Care Delivery System during COVID Pandemic in a Low Resource Setting: Experience from Bangladesh](#)
3. [Role of Telemedicine on Healthcare Delivery amidst Epidemic and Pandemic on Indigenous people in LMICs](#)
4. [Role of Telehealth during COVID and COUP in Myanmar](#)
5. [Which Skills Do Healthcare Professionals Need to Implement Digital Health Solutions?](#)
6. [AKSATA - A Mobile Application Aims To Improve The Antiretroviral Therapy Adherence Rate for People Living with HIV/AIDS in Indonesia](#)
7. [Educational Games on Cultural Safety by Medical Students](#)
8. [Experiences and challenges with mobile technologies on COVID-19 responses in southeast Myanmar](#)
9. [Attitude, Perceived usefulness and perceived ease of use of technology in health care](#)
10. [Advancing Digital Health Innovation for Indigenous Peoples](#)
11. [Telehealth Dementia Caregiving Micro-Credential Curriculum Development for Cross-Health Social Professional Programs](#)

Oral Presentation U: Community Involvement

To review the recorded session, click [here](#).

To review all posters for this session, click [here](#).

1. [Resident Involvement in Asylum Care as a Model for Community Responsive Resident Education](#)
2. [Teaching Design Thinking Approach to Promote Community Participation and Collaboration in Public Health](#)
3. [Community Participations Matter : Immunization Program for Rohingya Community in Cox's Bazar Camps, Bangladesh](#)
4. [Developing Communities in Cikini Ampun: Building A Blueprint for Equal Healthcare for All](#)
5. [Exploring Community Health Workers Support Structures using Ecograms: South African Perspective](#)
6. [Primary and Community Care Mapping \(PACC\): A co-design approach to primary care service planning](#)
7. [Building Partnerships for Health Equity through Shared, Community-Based Action Frameworks](#)
8. [Medical Students Participation on KKN Program \(Community Service Learning\): Improving Community Health through Health Promotion in Universitas Gadjah Mada \(UGM\), Yogyakarta, Indonesia](#)
9. [Education for Health: the impact of health education sessions provided during antenatal care on pregnant rural women's awareness of basic health information](#)
10. [Readiness of Health Care Providers Working in PHC to Participate in Community-Based Medical Education \(CBME\), Bisha University, University of Medicine](#)
11. [Introducing Program Accreditation to Improve Competence of Health Workers in Ethiopia](#)

Oral Presentation V: Healthy, Equitable and Safe World

To review the recorded session, click [here](#).

To review all posters for this session, click [here](#).

1. [Promotion of Safe Water, Sanitation and Hygiene Using a One Health Approach: A Field Experiential Placement at a Slum in Kampala, Uganda.](#)
2. [The Mutralizer: Step Towards Sustainable Water Resource](#)
3. [Odour Control from Landfills for a Better Living](#)
4. [Rapid Needs Assessment to Support the Implementation of Project Nourish in Humanitarian Crisis](#)
5. [Development of the WHO Community Engagement Package: a Global Collaboration to support Learning and Practice](#)
6. [Using Data to Advance Human Rights: The impact of resources on respectful and collaborative data collection](#)
7. [Powerful Learning Environments to Support Education for Primary Care](#)
8. [Preventive Medicine for Tenggerese: participatory research for sustainable health](#)
9. [Conceptualising a Youth Development Intervention for Improved Primary Health Care \(PHC\) in Cape Town, South Africa](#)

10. [Development of a Knowledge Broker Group to support Evidence-Informed Policy: lessons learned from Myanmar](#)
11. [Institutionalization of Recognition of Social Innovation in Health Research in the Public Sector](#)
12. [Health NGOs and Charities: a Model to improve Impact and Performance](#)

Oral Presentation W: Building Better Together

To review the recorded session, click [here](#).

To review all posters for this session, click [here](#).

1. [Antimicrobial Resistance and One Health in the Post COVID-19 Era: What should Health Students Learn?](#)
2. [Rapid Diagnostic Testing for C-reactive Protein to Differentiate Bacterial and Viral Infection in Febrile Patients to Reduce Antimicrobial Use in Remote Health Care Centers of Gulmi District of Nepal: a Cluster Randomized Controlled Trial](#)
3. [Non-prescription Antibiotic Use among University Students in Sudan: a cross-sectional study.](#)
4. [Identification of Signal for Aminoglycoside Antibiotic-induced Acute Generalised Exanthematous Pustulosis: a potential adverse event amongst the public](#)
5. [Self-medication of Antibiotics to Prevent COVID 19 Infection during Pandemic: a cross-sectional questionnaire-based study](#)
6. [Osteoarthritis: South African Healthcare Professionals' Perceptions of a Team-Based Approach in Therapeutic Medicine](#)
7. [Osteoarthritis Rehabilitative Practices among Healthcare Practitioners in South Africa](#)
8. [Management Modes for Knee Osteoarthritis: an explorative, descriptive survey to understand the prescription tendencies of medical and allied healthcare practitioners](#)
9. [Where are the TB Patients?: Reflections from low yield of tuberculosis contact tracing and investigation in Ugandan military health facilities](#)
10. [The Role of Gezira Students Surgical Society: Basic Life Support Event in Raising Awareness of Medical Students in Basic Life Support and Soft Skills](#)
11. [The Influence of Direction Degree and Consistency of Handedness on the Approach Avoidance Motivation in College Students](#)
12. [Impact of Rural Hospital Environment in Altekaina Hospital, Gezira, Sudan, 2021](#)
13. [What works for whom regarding Psychosocial Interventions in Autism Spectrum Disorders \(ASD\)](#)

Oral Presentation X: Student Research

To review the recorded session, click [here](#).

To review all posters for this session, click [here](#).

1. [Assessing Knowledge and Health Beliefs Toward COVID-19 Among Medical Students at Kuwait University](#)
2. [Knowledge, Attitude and Practice of Patients on Concomitant Utilization of Complementary and Alternative Medication with Allopathic Medicines](#)

3. [Knowledge, Attitudes, and Practices regarding Dietary Supplement Use during COVID-19 among Adults of the United Arab Emirates.](#)
4. [Knowledge and Attitude of Final Year Medical Students, Bahri and Khartoum Universities toward Palliative Care, 2022](#)
5. [The Impact of a Community-based Research Program on Identifying Community Health Problems in the United Arab Emirates: an example of dyslexia among students](#)
6. [Exploring the Public Attitude towards Preventive Behaviors of COVID-19 Pandemic in Oman using the Health Belief Model](#)
7. [Perceptions and Practices towards traditional Family Planning Methods among Sudanese Women: a Qualitative Study](#)

Oral Presentation Y: co-hosted by Women and Health Together for the Future (WHTF): COVID-19 '7 Country' Study of Community Expectations

To review the recorded session, click [here](#).
To review all posters for this session, click [here](#).

1. [Examination of Initial Community Reaction to COVID-19 Epidemic in Seven Low and Middle Income Countries, Spring 2020](#)
2. [Preventive Behaviors, Psychological & Domestic Stress, Knowledge & Perceived Risk by Computed Scales as Early Response to COVID-19 among Indian Population](#)
3. [Initial Experience of COVID-19 in Urban Maharashtra](#)
4. [Actions of Adults in the Early Onset of the COVID-19 Pandemic in the Philippines](#)
5. [COVID-19 Initial Perspectives of Religious Leaders in Rural Haiti](#)
6. [Initial Assessment of the Knowledge, Behavior, Socio-economic and Psychological Trauma of COVID-19 in Karachi, Pakistan](#)
7. [Actions of Adults in the Early Onset of the COVID-19 Pandemic in Nigeria](#)
8. [COVID-19 Initial Perspectives of Residents of the Western Cape, South Africa](#)
9. [Impact of Psychological and Domestic Stress on Preventive Behaviors among Egyptians by Gender During the COVID-19 Lockdown Period](#)

Oral Presentation Z: Virtual Learning

To review the recorded session, click [here](#).
To review all posters for this session, click [here](#).

1. [Virtual Out-Patient Department \(OPD\): Simulated Telemedicine Encounter with Standardized Patients in the Primary Care Setting for Medical Students](#)
2. [Medical Spanish/English Virtual Language Exchange Program for Medical Students in Mexico and the United States](#)
3. [Using a Games-Based Approach to Motivate Students to Engage with Synchronous Online Interprofessional Education \(IPE\): A Case Study](#)
4. [Development, Implementation, and Evaluation of an Online Course on Evidence-Based Medicine \(EBM\) for Medical Clerkship Students at the Faculty of Medicine, Suez Canal University](#)

5. [Mixing Online Team-Based Learning and Role-Play of Common Medical Presentations as an Alternative to Family Medicine Clinical Training](#)
6. [Effects of Online Hands-Only CPR Education on Skills Confidence and Willingness in Hispanic/Latino Communities](#)
7. [Utility of Online Assessment](#)

Workshop 1: Working in the Weave: Practical application of a Two-Eyed Seeing approach in Indigenous community engagement and research

To review the recorded session, click [here](#).

To review all PowerPoint used for this session, click [here](#).

Presenters:

Bianca Michell, Danette Dawkin, Krystal Wong & Robyn Ellsworth

Abstract:

Racism is prevalent in the health care system in Canada, especially towards our Indigenous peoples. The Rural Site Visits Project seeks to connect with over 200 rural, remote, and Indigenous communities in British Columbia to directly hear from them what their lived experiences and perspectives are regarding rural health care delivery. Through this community consultation process, it was often difficult to connect and reach out to Indigenous communities. The team partnered with an Indigenous Research consultant to co-develop a Two-Eyed Seeing approach to ensure engagement with Indigenous communities is culturally safe, more relationship-based and reciprocal. A Train-the-Trainer workshop series was developed, and the team implemented adaptations to the project based on this learning. In this workshop, participants will walk through a condensed version of the Train-the-Trainer program to learn about the value of pre-engagement, understanding the importance of cultural context, how to reach out to communities and respect cultural protocols, how to give back to Indigenous communities (knowledge translation), and sustain the relationship after your meetings. There will also be opportunities for participants to share what's currently being done around acknowledging all ways of knowing in their own countries and brainstorm how these meaningful engagement concepts from the Train-the-Trainer could be applied to their local communities. Participants will be able to understand what Two-Eyed Seeing means and how this framework can be practically applied in a real-world example, while gaining collection of perspectives from participants across the world.

Workshop 2: Practical application of a Two-Eyed Seeing approach in Indigenous community engagement

To review the recorded session, click [here](#).

To review all PowerPoint used for this session, click [here](#).

Presenter:

Teresa Marsh

Abstract:

Truth: Today any workplace or setting, be it in a mental health care setting, hospital, school, or justice system, will be faced with individuals who have struggled with the impact of trauma. In Canada we witness daily the impact of intergenerational trauma and its aftermath. Trauma is not the

story of something that happened back then. It's the current imprint of that pain, horror, and fear living inside people. Learning the essential skills for assisting those with trauma histories is fundamental to providing care, therefore, Trauma Informed skills training is essential for all health care professionals. Working with trauma survivors in high stress/high demand situations can lead to extreme reactions where fight or flight triggers lead to dangerous incidents. Learning to be a Trauma Informed practitioner, you are taught how to regulate your nervous system. With this wisdom of understanding trauma, you can make the difference in any situation between a situation which spirals out of control or one where you learn to and offer the right skills at the right time.

The objective of this workshop is to provide a trauma informed lens to helpers to manage job stressors, and to bring forth their best skills and care when working with potentially traumatized populations. You will receive a toolkit of approaches as you learn to respect and gain insight, so you can understand how to manage your own reactions and warning signs as well as those you see in the populations you serve.

Workshop 3: Improving Quality, Equity, Relevance and Cost Effectiveness of Care by Integrating the Social Determinants of Health into Education, Training and Practice

To review the recorded session, click [here](#).

To review all PowerPoint used for this session, click [here](#).

Presenter:

Björg Pálsdóttir

Abstract:

USAID-funded Local Health System Sustainability Project (LHSS) led by Abt Associates, works with partners in low- and middle-income countries to reduce barriers to care and treatment, ensure equitable access to essential health services, and improve the quality of health services. THENet, a LHSS partner, implemented projects to identify, analyze and document successful efforts to integrate the social determinants of health (SDoH) into health workforce education, quality assurance, and service delivery. Methods included a literature review, surveys, theory of change, case studies, policy brief and process guide developed through Delphi methodology.

Learning Objectives

1. To understand how the lack of clarity around the SDoH and the roles of stakeholders in addressing them hinders effective research, practice, and analysis.
2. To understand the scope of evidence on how education institutions and providers integrate SDoH competencies into education, training, practice, and quality assurance processes.
3. To understand how education institutions have integrated SDoH into training using examples from a case study at Patan Academy of Health Sciences in Nepal.
4. To understand key steps to identify and integrate SDoH competencies into education, training, and practice.

The session includes presentations of project findings and small group discussions to clarify terminology, explore roles of health professionals in mitigating the effects of the SDoH and the integration of SDoH competencies into education and practice. While there are gaps in evidence on impact, findings suggest that putting SDoH competencies into practice in community rotations can help graduates improve the equity and quality of care.

Workshop 4: Primary Health Care Education in Rural Settings: Learning generalism in rural, by rural, for rural

To review the recorded session, click [here](#).

To review all PowerPoint used for this session, click [here](#).

Presenters:

Roger Strasser & Sarah Strasser

Abstract:

Local comprehensive Primary Health Care (PHC) is how people are helped to live healthy, fulfilling, and productive lives, with access to health care that meets their needs when required. PHC combines the public health focus on education, health promotion, and illness prevention with access to the clinical services that meet the health needs of the local population. Around the world, people living in remote and rural communities have comparatively limited access to health care and worse health status.

Over the last decade, there has been a growing discourse on “generalism” in health care and education. This workshop will explore the challenges and opportunities of PHC education in rural settings with an emphasis on producing generalists who have the skills and commitment to deliver high-quality PHC services.

By the end of the workshop, participants will be able to:

1. Describe the role Primary Health Care in rural health
2. Place generalism in the context of rural Primary Health Care
3. Identify key components of successful rural Primary Health Care education

Workshop 5: Social accountability of medical schools towards French speaking populations

To review the recorded session, click [here](#).

To review all PowerPoint used for this session, click [here](#).

Presenters:

Jacques E. Girard, Julien Poitras, Hèlène Boisjoly, Ahmed Maherzi, Charles Boelen, Danielle Barbeau-Rodrigue, Genevieve Moineau & Joseph LeBlanc

Abstract:

French speaking communities are demographically declining in Canada and elsewhere. As a basic health right, people from these communities feel they should be cared for in their own language by professionals providing culturally safe care, adjusted to their reality.

Training in health professions is increasingly offered in English as are the learning material and journals in health sciences. Barriers exist that make it harder for French speaking students to access healthcare training. Presenters will discuss initiatives from some Canadian faculties making them more socially accountable towards French speaking communities, recruiting and training health professionals empathic to the reality of those communities. Participants will be invited to share their experiences, successes, failures and concerns. The discussion will bear on the importance of faculty leadership to ensure training is congruent with the principles of social accountability (SA), the need for a strong linkage between the faculty and a territory where learners are longitudinally immersed in communities' reality, and the role of the accreditation of faculties in SA to warrant ongoing socially

accountable training. Furthermore, we will discuss the contribution that an international network like the Réseau International Francophone pour la responsabilité sociale en santé (RIFRESS) can bring in this endeavour. Participants will leave with a set of applicable tools in order to build a capacity in SA towards French speaking communities and so contribute to attenuate their assimilation, while increasing learners competencies in cultural and ethical sensitivity for minorities overall, including Indigenous communities in the Canadian context.

Workshop 6: Music as an Experience of Complexity: The Whole is More than the Sum of the Parts

To review the song that came out of the workshop, click [here](#).

To review all PowerPoint used for this session, click [here](#).

Presenter:

Steve Reid

Abstract:

The conceptualization, creation, development, adaptation, rehearsal and performance of music holds many parallels for the work that we do in complex health and educational systems. Most of us are familiar with the many moving parts of a curriculum or health service that produces, at best, 'music' that is not a progression of sounds, but a sequence of ideas, aspirations, plans, hopes, disappointments and celebrations. In the field of education for health, there is usually a multiplicity of stakeholders with different parts to play, brought together around a curriculum (a 'score') and coaxed more or less successfully by educational leaders to align their efforts. No single part (module, course, or educational event) makes sense by itself: we rely on each other to create the whole together. The only 'music' is the whole, which is always more than the sum of its parts. The aim of the workshop is to introduce the experience of creating music as a device for understanding the complex adaptive systems in which participants work. Participants will be guided in small groups to create a short song which will be rehearsed and shared, leading to a reflection on the experience of making music as an educator, health worker or student. The workshop process will then be related to working in complex systems in health and education.

What you will get from this workshop is:

- A fun experience in collaboration
- The opportunity to exercise your musical talent!
- The possibility of seeing your work differently

TUFH Talks A

To review the recorded session, click [here](#).

To review all posters for this session, click [here](#).

1. [Systems Change to Increase Access to Care for People with Intellectual Disability](#)
2. [Project for Empowering Adolescents \(10-19\) with Knowledge about Menstrual Hygiene Management in Uganda](#)

3. [Fertility Awareness to Improve the Quality of Cancer Management in Young Female Patients](#)
4. [Responsiveness to Health Needs of Rural & Remote Communities](#)
5. [Rural Health: The Role of Health Students](#)
6. [Incorporating Local Knowledge in an Evidence-Based Mental Health Intervention in Rural Mexico](#)
7. [Real-Time Virtual Support: Relationship-Based Virtually Enhanced Collaborative Care in Rural British Columbia](#)
8. [Role of Digital Transformation in Access to Universal Healthcare](#)
9. [Tele Medicine: The Future is Here](#)
10. [Asynchronous Structured Independent Learning for Continuing Professional Development](#)
11. [Environmental Accountability in Undergraduate Medical Curriculum](#)

TUFH Talks B

To review the recorded session, click [here](#).

To review all presentations for this session, click [here](#).

1. [Sharing is Caring: Online Hub gives Voice to Community Innovations filling Health Care Gaps](#)
2. [Community and Communication: a Grassroots Collaboration](#)
3. [The Population Health Impact of Community-campus Engagement](#)
4. [Impact of Community Outreach Activities on the Preparation of a Young Doctor](#)
5. [A New Medical Education Law in Indonesia: Towards Social Accountability for Medical Schools](#)
6. [Making the Most Out of Mental Models](#)
7. [Let Us Recognize, Advocate And Act On SDH: University Of Gezira Medical Students As A Model](#)
8. [The White Coat Project](#)
9. [Learning from my Family](#)
10. [Educating Students to become Advocates for Social Accountability](#)

TUFH Documentaries

To review the recorded session, click [here](#).

Abstracts:

1. [Strengthening CHWs through Interprofessional Education](#)
2. [Moving towards a Resilient Primary Care system in British Columbia, Canada](#)
3. [Bridging the gap: Healthcare and Civil Unrest Movements](#)
4. [Tenggerese Youth Empowerment in enhancing Community Health by One Health and Ecosystem Approach](#)
5. [Quality Rural Health Improvement Program: A Global Health Partnership Initiative](#)
6. [Collaborative Care for Remote and Rural Communities](#)
7. [Shaping the Mission of a Medical School through Public Input](#)
8. [Sharing Strategies for Exercising Autonomy in Health and Wellness for Indigenous Communities](#)

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18. TUFH 2022 Declaration

<https://thenetworktufh.org/tufh-2022-declaration/>

