Remerciements et partenaires

Merci d'abord à toutes les participant.e.s à cette table-ronde pour votre implication et votre intérêt pour ces enjeux importants.

- *L'équipe de recherche*

  Shari Brotman (McGill School of Social Work) – chercheuse principale

  Julien Simard (INRS-UCS) – coordination et animation

  Pascual Delgado (ACCÉSSS) – collaborateur et animation

  Denis Dubé (McGill School of Social Work) - prise de notes

  Julie Bruneau (UQAM) - prise de notes

  Kharoll-Ann Souffrant (McGill School of Social Work) - prise de note

  Ash Lowenthal (McGill School of Social Work) - animation

- *Les partenaires*

  Nous aimerions remercier chaleureusement Pascual Delgado (ACCÉSSS) et Carole Charvet (Carrefour d'intercultures de Laval) pour leur précieux conseils et pour leurs incalculables contributions à l'organisation de cet évènement.

- *Bailleurs de fonds*

Introduction

- Présentation du projet

Le projet *Tirer des leçons des expériences de personnes âgées immigrantes* porte sur les stratégies requises pour faire face à l'exclusion sociale des personnes âgées immigrantes. Il a pour objectif de réunir les intervenant.e.s du réseau public et communautaire qui desservent les personnes âgées immigrantes pour discuter de leurs réalités et de pistes de solutions face aux enjeux touchant cette clientèle.

Ce projet est la deuxième phase d'une étude sur les parcours de vie des personnes âgées immigrantes qui s'est déroulée entre 2014 et 2017 : *Les expériences de personnes âgées immigrantes Une étude narrative - « photovoix »*. Cette étude incorpore l'approche narrative et la technique *photovoix* dans le but d'explorer comment le processus de l'immigration influence la vie des personnes âgées. Les résultats de cette étude sont présentés sous forme d'une exposition de photos, résumant les parcours de vie et les expériences de 19 personnes âgées immigrantes. Un des principaux buts du projet est de contribuer aux efforts permettant d'améliorer notre capacité - en tant que chercheur.e.s, praticien.n.e.s et militant.e.s - de travailler ensemble pour contrer les stéréotypes affectant personnes âgées immigrantes, qui sont malheureusement trop communs dans notre société. Il s'agit également d'adapter nos services pour mieux répondre aux besoins et aux réalités des diverses communautés.

- Équipe de travail

Notre équipe de recherche représente un partenariat entre l'université et la communauté, avec des comités consultatifs composé d'organismes communautaires ethnoculturels et d'immigrants, de prestataires de services et de décideurs politiques du Québec, Alberta et de la Colombie-Britannique. Nous avons travaillé au sein d'une diversité d'immigrants et de groupes ethnoculturels, et ce dans 7 langues différentes pour atteindre les personnes âgées immigrantes qui sont sous-représentées dans la prestation de services, dans les politiques et dans la recherche.

- Description du présent rapport

Ce rapport préliminaire présente un résumé des discussions de la première table ronde qui a eu lieu le 12 mars 2019, au Centre Communautaire St-Joseph de Laval. Cette table ronde avait comme thématique principale *l'isolement et l'inclusion sociale* et a réuni plus de 33 participant.e.s. À chaque table, 10-12 participant.e.s appartenant à diverses organisations communautaires et institutionnelles et une personne chargée de l'animation ont échangé ensemble pendant près d'une heure. Les grandes lignes de leurs propos, notés minutieusement par des membres de notre équipe, furent par la suite rapportés en plénière. Veuillez noter que les opinions présentées dans ce rapport ne reflètent pas nécessairement celles de l'équipe de recherche ou de tous les participant.e.s présents, mais reflètent plutôt la diversité des positions et des commentaires formulés par tous nos participant.e.s.

- Prochaines étapes

Un rapport final sera produit à la fin des consultations pancanadiennes. Ce rapport résumera les thématiques et les discussions éamanant de toutes les tables rondes qui auront lieu au cours des 18 prochains mois dans 5 différentes villes (Laval, Montréal, Québec, Calgary et Vancouver). Au total, à l'échelle du Canada, se tiendront 10 évènements sur divers thèmes. Parmi ceux-ci : l'isolement et l'inclusion sociale, la proche-aidance, le logement et les transports, et la maltraitance.

Présentation de Pascual Delgado

McGill | School of Social Work

ACCÉSSS
Alliance des Communautés Culturelles pour l'Égalité dans la Santé et les Services Sociaux

Carrefour d'Intercultures de Laval

Projet « *Tirer des leçons des expériences de personnes âgées immigrantes* »

Première table-ronde d'organismes lavallois desservant les personnes âgées immigrantes

Le 12 mars 2019

IMMIGRATION À LAVAL

« En 2016 on avais plus de 100 000 immigrants à Laval. De 2001 à 2011, la part des immigrants dans la population lavalloise est passée de 15,5 % à 24,6 %. C.-à-d., presque **1** Lavallois sur **4** est un immigrant (**24,6 %**). En 2011, la proportion d'immigrants à Laval était près de deux fois plus grande que celle de l'ensemble du Québec (12,6 %). »

Tiré de *2020 : Le portrait de la population lavalloise,* www.lavalensant.com/.../cisss.../PAR 2016-2020-Portrait sante....pdf

IMMIGRATION À LAVAL

« Après Montréal…, Laval est la deuxième région où la proportion d'immigrants est élevée…Toutes les autres régions du Québec affichent une proportion inférieure à 5,0 %.

« La croissance démographique lavalloise est principalement due à l'immigration. De 2001 à 2011, le nombre d'immigrants à Laval a augmenté de 84,1 %, tandis que le nombre de non-immigrants a augmenté de seulement 2,9 %. »

Tiré de *2020 : Le portrait de la population lavalloise,*
www.lavalensant.com/.../cisss.../PAR 2016-2020-Portrait sante....pdf

Aînés immigrants à Laval

Pour la RMR Laval en 2016, les personnes de 65 à 74 ans représentaient 17 % de la population, soit 72 930 Lavallois. **25,3%** des aînés lavallois étaient originaire des communautés immigrantes, équivalent à 18 451 personnes.

Tiré du Recensement de 2016, Statistiques Canada.

La diversité ethnoculturelle des Lavallois

Avec la diversification des sources d'immigration, cette population est de plus en plus hétérogène au point de vue ethnoculturel.

Alors qu'auparavant 90% de l'immigration annuelle provenait d'Europe, près de **70%** des nouveaux arrivants sont issus de **sources non européennes** depuis quelques décennies.

« L'ISOLEMENT SOCIAL…

…est communément défini comme le fait d'avoir peu de contacts et de piètre qualité avec autrui. Cette situation suppose moins de relations sociales et peu de rôles sociaux ainsi que l'absence de rapports mutuels gratifiants. L'isolement social peut entraîner des problèmes de santé, la solitude, des troubles émotionnels et d'autres effets négatifs. »

Tiré de *Isolement social des aînés, Vol.1*, *page 5*, Groupe de travail fédéral, provincial, et territorial (FPT) sur l'isolement social et l'innovation sociale.

Conséquences de l'isolement social

L'isolement et l'exclusion sociales sont associés à …

- la réduction de la qualité de vie ;
- l'affaiblissement du sentiment de bien-être ;
- la détérioration générale de l'état de santé ;
- plus d'incapacités liées à des maladies chroniques ;

ainsi que 

Conséquences de l'isolement social

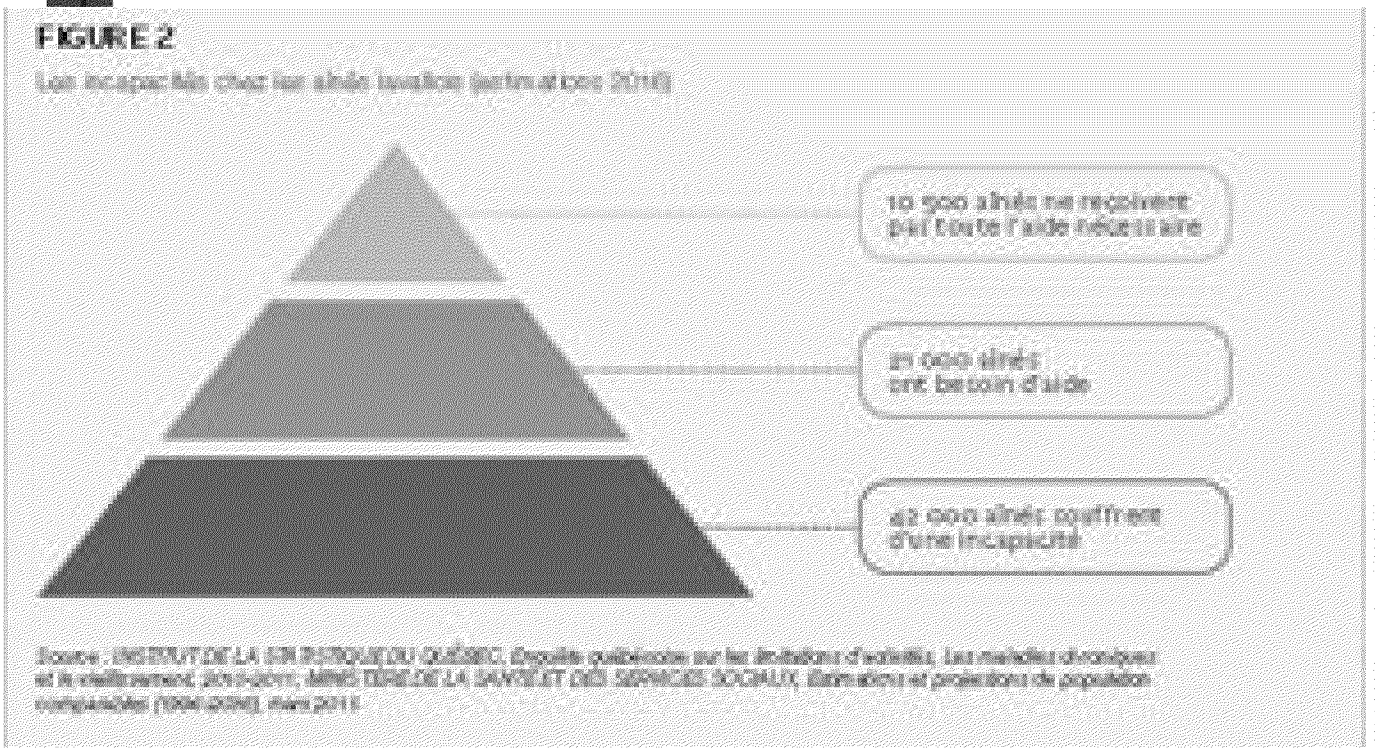
- la fragilisation de la santé mentale ;
- une augmentation des états de dépression ;
- le développement de la démence ;
- une utilisation accrue des services de santé et de soutien ;
- l'augmentation du fardeau pour les proches aidants ;
- un risque accru de décès prématurés.

Tiré de *Isolement social des aînés, Vol.1, page 15*, Groupe de travail fédéral, provincial, et territorial (FPT) sur l'isolement social et l'innovation sociale.

Comment les aînés deviennent-ils socialement isolés?

L'isolement social des aînés peut résulter de plusieurs facteurs. De nombreux aînés font l'expérience de changements physiques (comme la maladie ou **l'incapacité**) et de transitions de la vie (comme la perte d'un conjoint), ce qui peut réduire le nombre d'interactions sociales et restreindre les activités. Les facteurs sociaux et environnementaux, comme la **pauvreté** ou le manque d'accès à un **transport** adéquat, peuvent aussi accroître le risque d'isolement social des aînés.

Tiré de *Isolement social des aînés, Vol.1, page 6*, Groupe de travail fédéral, provincial, et territorial (FPT) sur l'isolement social et l'innovation sociale.



Les incapacités chez les aînés lavallois

Tiré de *Sélections Santé Laval*, D.S.P.- CISSS de Laval, Novembre 2016

Conditions socio-économiques

Comparativement aux personnes nées au pays, le taux de faible revenu est près de deux fois plus élevé chez les immigrants lavallois, et davantage chez les immigrants récents.

Les situations de détresse économique telles le chômage ou la déqualification peuvent générer du stress et de troubles émotionnels chez l'individu.

L'accès aux programmes et services

« Le *Rapport du Conseil national des aînés* montre…que les aînés autochtones, **immigrants** et ceux qui sont des proches aidants sont plus à risque d'isolement social que d'autres. Ces groupes peuvent…avoir des réseaux sociaux restreints et éprouver des difficultés à accéder à des programmes et services….appropriés. »

Tiré de *Isolement social des aînés, Vol.1, page 12*, Groupe de travail fédéral, provincial, et territorial (FPT) sur l'isolement social et l'innovation sociale.

Les barrières linguistiques

« Les aînés nés à l'extérieur du Canada qui ont des connaissances linguistiques limitées ou de faibles compétences de lecture et d'écriture en anglais ou en français auront plus de difficulté à trouver et à utiliser les programmes et services…., augmentant ainsi leur **risque d'isolement social**.

« Si ces aînés parviennent à accéder aux programmes, il peut encore y avoir des différences culturelles qui font en sorte que les programmes leur apparaîtront rébarbatifs. »

Tiré de *Isolement social des aînés, Vol.1, page 12*, Groupe de travail fédéral, provincial, et territorial (FPT) sur l'isolement social et l'innovation sociale.

Obstacles à l'inclusion sociale

Quels sont les obstacles à l'inclusion sociale des personnes aînées dans la communauté lavalloise ? Considérons les obstacles physiques, sociaux, économiques ou culturels, ainsi que les obstacles relatifs aux services (par exemple, des attitudes créant l'exclusion, des barrières institutionnelles ou structurelles.)

Adapté de *l'Isolement social des aînés, Volume II – Trousse d'outils pour soutenir les activités d'échange d'idées* – Groupe de travail fédéral, provincial, et territorial (FPT) sur l'isolement social et l'innovation sociale. (2018), p. 32

Questions pertinentes à discuter

- Quelles sont-elles les préoccupations exprimées par les aînés lavallois?
- Comment réduire les facteurs de risque en relation à l'isolement social, et améliorer les facteurs de protection et de participation sociale?
- Quels facteurs de risque sont les plus communs dans la communauté lavalloise?
- Quels facteurs de protection et de participation pourraient être renforcés?

Questions pertinentes à discuter

- Comment les gens et les organismes divers de la communauté peuvent-ils collaborer pour mieux répondre aux besoins des aînés?
- Comment la Ville de Laval peut-elle renforcer ses programmes, son financement, son expertise et son expérience?
- Quels sont les nouveaux partenariats intersectoriels possibles?
- Y a-t-il des projets qui ont été mis en œuvre ailleurs, et qui pourraient être adaptés à Laval?

Adapté de *l'Isolement social des aînés, Volume II – Trousse d'outils pour soutenir les activités d'échange d'idées* – Groupe de travail fédéral, provincial, et territorial (FPT) sur l'isolement social et l'innovation sociale. (2018), pp. 28 et 29

Merci et… bon dialogue!

Madame Carole Charvet, Directrice générale

Carrefour d'Intercultures de Laval

Dr. Shari Brotman, Chercheure principale et Monsieur Julien Simard, logistique

McGill School of Social Work

Monsieur Pascual Delgado, Directeur des programmes aux personnes aînées

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Notes des discussions

Table A

- Partie 1 – Commentaires et réactions en lien avec l'exposition

- Ce sont des cheminements impressionnants, des histoires émouvantes et intenses, ça a provoqué beaucoup d'émotions.
- On remarque la différence entre les parcours mais aussi la similitude du choc culturel qui est vécu à leur arrivée au Canada.
- On remarque l'énorme capacité de résilience. Peu importe les épreuves rencontrées, les expériences de violence etc…
- Suscite une réflexion sur notre propre point de vue sur le vieillissement et sur l'immigration, en tant que personnes « à l'aise ».
- L'exposition met en lumière beaucoup de difficultés/ d'embuches liées à l'immigration et à l'intégration ; on se dit que finalement le Canada n'est pas du tout la terre promise parfaite que ces personnes avaient imaginée.
- L'implication communautaire - s'impliquer et s'investir dans la communauté - ressort comme un facteur important de résilience.
- Le désir presque commun à tous de vouloir « donner au suivant », de vouloir aider les autres immigrants.
- Briser l'isolement par l'implication communautaire et l'accès aux services des organisations communautaires contribue souvent à briser l'isolement.
- Premiers contact… Souvent, le premier contact significatif à leur arrivé au Canada est une/des personnes de même origine.

- Partie 2 – Quels sont les obstacles et les défis rencontrés par les personnes âgées immigrantes

- La langue : Peut être très facilitant de parler français pour se faire comprendre et pouvoir naviguer le système communautaire ou les autres systèmes de la société québécoise. Sinon, ne pas comprendre ou ne parler français adéquatement est une grande barrière d'accès et d'intégration, crée de l'isolement, des difficultés d'accès et moins de support.
- Il y a un manque de soutien autour du processus d'intégration (de l'arrivée à l'obtention d'un statut permanent), Ex. s'il y a perte d'emploi et besoins de soins médicaux, il n'y a pas de filet, les immigrants doivent s'endetter, ça les rend encore plus vulnérables.

- Contrairement à ce que plusieurs immigrants ont compris avant d'arriver, il n'y a pas d'obligation pour les ordres professionnels d'accepter les diplômes des pays de provenance (ou très peu d'ententes favorisant cette pratique).
- La discrimination (accent, noms qui ne sont pas « québécois ») se ressent sur la qualité de la conversation avec des interlocuteurs, ce qui souvent cause de la méfiance de la part des personnes immigrantes envers le système/ les services ou autres.
- En CHSLD, l'offre de service, n'est pas ou très peu adaptée aux besoins des personnes immigrantes : Langues, alimentation, mœurs habitudes, codes sociaux.
- Lorsque les organismes organisent des activités culturelles il est difficile de réunir tout le monde, de choisir des activités qui sont plus « intégrantes ». C'est aussi un plus grand défi d'emmener les personnes immigrantes à participer régulièrement.
- Difficulté de certains organismes à adapter leurs pratiques aux différences culturelles (mécanismes d'accès au logement par exemple).
- Difficulté de repérer et de contacter les organismes et services disponibles pour les personnes âgées immigrantes (services d'interprètes par exemple).
- Isolation, difficulté à briser l'isolement social des personnes âgées qui n'ont plus de contacts sociaux, besoin de plus de ressources.
- Besoin d'un Bottin des services pour personnes âgées immigrantes qui soit accessible, particulièrement pour les personnes qui ne parlent pas français et qui n'ont pas accès à internet. Les services de référencement sont peut-être mal pensés pour les personnes âgées (Appel au 211, on les réfère à des sites web) Y a-t-il différentes langues disponibles ?

• Partie 3 – Pistes de solution

- Publiciser les concertations qui ont lieu, les rendre accessible au public et aux organismes de toute une région/un réseau
- S'inspirer d'initiatives communautaires (rurales ou urbaines, issues d'autres contextes, de nos réseaux de contact) pour construire une réponse plus adaptée aux personnes âgées immigrantes.
- Avoir un vrai souci de la façon de communiquer, penser ses services en fonction de comment on va rejoindre la clientèle isolée, qui ne parle pas français, qui n'a pas accès à internet.
- Donner plus d'information sur le contexte d'immigration au Canada en amont, directement dans les pays de provenance. (Faire de la prévention)
- Faire plus d'intervention de proximité, mettre l'accent sur les contacts direct avec les personnes vulnérables (travail de rue), faire de la sensibilisation auprès des institutions et organismes de la vulnérabilité/ des particularités des personnes âgées immigrantes.
- Besoin de plus de suivi « global » pour supporter l'intégration (ex. initiatives régionales qui prennent en charge les immigrants, leur fait rencontrer la communauté, découvrir la région, les services etc.). Faire un processus d'accueil systématique plus complet.
- Entraide et solidarité PRDS (Politique régionale en développement social). Nouvelle initiative régionale à Laval qui semble intéressante et porteuse.

Table B

- Partie 1 – Commentaires et réactions en lien avec l'exposition

- Surprise de la grande proportion de personnes âgées immigrantes à Laval présentée par Pascual Delgado.
- Obstacles significatifs à l'implication économique des immigrants (intégration professionnelle et économique)
- Grande diversité des trajectoires migratoires. Beaucoup de difficultés rencontrées, peu de chances de retrouver le même statut social et économique que dans le pays d'origine.
- Grande diversité des profils d'immigrants et des objectifs de chacun ainsi que de leurs besoins de soutien.
- Biais potentiel de la recherche : on n'a pas rencontré des gens qui sont retournés dans leur pays d'origine.
- Parcours migratoire très difficile, requiert une énorme capacité de résilience, gestion de deuils, pertes, changements, adaptation simultané et multiple. Très lourd à porter tout en même temps.
- Réalisations positives et grand cheminement des immigrants malgré le processus complexe et toutes les embuches associées (Ex. Mme afghane a pris en main la famille et s'est prise en main après le décès de sa mère).
- Plusieurs personnes ont de long et tortueux parcours migratoire. L'intégration au marché du travail était la priorité pour faire vivre la famille, beaucoup de beaux cheminements, résilience, reconstruction.

- Partie 2 – Quels sont les obstacles et les défis rencontrés par les personnes âgées immigrantes

- Processus complexe de reconnaissance des acquis professionnels/académiques, souvent méconnus et décevants pour les immigrants. Pas assez d'information donnée à ce sujet à l'avance, immigrants se retrouvent dans une situation précaire et souvent isolés.
- Beaucoup de préjugés liés à la méconnaissance des immigrants. La société a de la difficulté à s'adapter à la diversité des immigrants et de diversifier son offre de service, ses mécanismes d'accès. « Pour faire rentrer une balle à l'intérieur d'une boite, ça prend de l'espace ».
- Nommer et essayer d'accepter les attitudes discriminatoires (personnelles, systémiques) pour être en mesure de mieux accueillir les immigrants.
- Isolement relié à la langue, obstacle supplémentaire pour les aînés immigrants en comparaison avec les aînés en général, difficulté d'accès aux services, peut ultimement mener à des problèmes de santé.
- Avec l'isolement, l'état de santé peut se détériorer sur plusieurs plans.
- Déplacement pour les gens qui n'ont pas auto, grand territoire à Laval, accès diminué aux services, enjeux économiques, précarité.

- Un ainé immigrant lavallois sur cinq ne parle ni français ni anglais. Comment aller rejoindre cette population plutôt que d'attendre qu'ils viennent à nous ?
- Personnes âgées en général ne connaissent pas les services, barrières (perte d'autonomie), barrières culturelles, ce ne sont pas toutes les communautés qui ont confiance au système en raison des traumas antérieurs (anxiété, stress beaucoup plus grande que les personnes âgées en général). Ne sortent pas beaucoup hors de leurs communautés (religieuses par ex.)
- Si la personne ne peut pas parler français ni anglais et qu'elle est obligée d'aller à l'hôpital ou en hébergement de longue durée, son angoisse doit être encore plus grande.
- Méconnaissances des particularité culturelles. Par ex. personne âgées restent à la maison, enfants et connaissances qui offrent leur soutien dans les pays africains. Ici, ça créé des barrières, ainé veut des services seulement des gens qu'il connaît.

• Partie 3 – Pistes de solution

- Faire du parrainage : prendre en charge l'immigrant aîné pour l'aider à cheminer. Mais la personne qui est responsable de l'immigrant aîné parrainé doit aussi l'aider à cheminer, le diriger vers les ressources, connaître ses droits, les services, faire de la francisation (à un âge plus élevé peut être plus ardu).
- Il faut publiciser les ressources. Faire des dépliants en plusieurs langues, mais il est important d'aller au-delà de simplement donner l'information, il faut aussi travailler sur la compréhension du service. Les enfants intégrés qui vont prendre en charge l'aîné immigrant. Un immigrant vit plein de premières fois, à chaque étape de sa vie, c'est pas simple en raison du statut, des ressources, historique du travail.
- Chercher des façons des briser l'isolement, favoriser les déplacements, accompagner dans des activités quotidiennes. Utiliser la tablette électronique pour avoir des contacts avec des ressources et communauté.
- Manque d'employés qui parlent la langue de l'ainé immigrant, juste donner un dépliant n'est pas assez. Messages peuvent être interprétés différemment. Visites d'Amitié : par ex. : ne veulent pas recevoir des étrangers chez eux, c'est n'est pas adaptable dans d'autres cultures/réalités. Il faut que ça fasse du sens pour la personne, même si le service peut être très bien.
- Représentativité des personnes immigrantes au sein du réseau de la santé et des services sociaux ; ça enverrait une autre sorte de message. Par ex. : offre de popotes roulantes pour des communautés culturelles spécifiques. On devrait être créatifs, trouver des choses que les gens de ces communautés pratiquent déjà, pour rejoindre plus facilement le système. Il faut aussi que le système soit ouvert pour essayer de nouvelles pratiques. C'est dans les 2 sens.
- Information de bouche à oreille plutôt qu'un dépliant. Cibler des personnels qui travaillent dans le domaine de la santé et de la services sociaux de certaines cultures pour offrir un service. Dépliant peut être utile (par ex. : coordonnées de la ressource) mais il faut l'expliquer.
- Bouche à oreille, lien personnel, via la fratrie, la famille, les proches, les enfants. Ces intermédiaires ont la confiance, connaissent les codes culturels, etc. difficile à établir ce lien quand on part de zéro.

- Il faut être persévérants, ce n'est pas parce qu'une personne refuse au début, qu'elle n'acceptera pas dans le futur (cheminement).
- Ne pas cloisonner, c'est donner un point de repère. (par ex : menu vietnamien mais ne pas donner que ça à des personnes vietnamiennes, leur laisser le choix de prendre également des menus québécois s'ils le désirent, mais d'offrir l'option.).
- Réunir les gens autour de la cuisine. « Dans la cuisine, toutes les barrières tombent. » Transmission intergénérationnelle de la cuisine, trouver une reconnaissance de ce qu'ils connaissent, de ce qu'ils peuvent transmettre.
- Prendre en compte la prestation et l'offre de services en se basant sur une analyse basée sur le genre. (par ex. les hommes qui vont + chercher des services que les femmes dans certaines communautés et vice versa dans d'autres communautés).

Table C

- Partie 1 – Commentaires et réactions en lien avec l'exposition

- **Ce sujet n'a pas été couvert dans les discussions autour de la table.*

- Partie 2 – Quels sont les obstacles et les défis rencontrés par les personnes âgées immigrantes

- Un défi important a été la question du repérage de la maltraitance et/ou de l'isolement chez les personnes ainées immigrantes. Plusieurs facteurs :
    - Les difficultés pour les organismes à entrer en dialogue et créer un lien de confiance solide avec les personnes aînées immigrantes
    - La méfiance des personnes aînées immigrantes à s'ouvrir à des personnes extérieures, comme dans le cas des visites à domicile
- Les bénévoles et les employé.es sont les personnes de première ligne dans les organismes, ce sont « les yeux et les oreilles », mais leur formation est insuffisante sur :
    - Le référencement aux bonnes ressources quand le bénévole ou l'employé.e est témoin d'abus et d'isolement chez des personnes aînées.
    - Le référencement est subjectif selon l'organisme : les critères pour accéder à certains services varient, ce qui limite l'accessibilité.
    - Les obstacles culturels, linguistiques et spirituels : le manque de formation sur les réalités multiples des personnes racisées crée des barrières réelles dans la communication.
    - La signification même de la notion d'isolement : il faut distinguer l'isolement physique du sentiment d'isolement. Une personne vivant seule ou dans la solitude ne vit pas nécessairement de l'isolement. Une personne vivant dans un contexte communautaire, familial peut ressentir de l'isolement et de la négligence. Il faut donc que les intervenant.es soient en mesure de savoir comment identifier et briser les tabous autour du sentiment d'isolement.

- Les services d'interprètes représentent un réel enjeu dans le travail des organismes
    - Il faut des interprètes qualifiés et formés face aux réalités des personnes aînées immigrantes
    - Il y a une méconnaissance de l'existence de ces services au sein des CISSS
    - Certains OBNL offrent les services d'interprétation bénévolement, se font refuser le financement par les CISSS et ont trop de demandes.
    - Un enjeu important est le manque de diversité culturelle et linguistique au sein même des organismes et des CISSS

Partie 3 – Pistes de solution

- Les participant.e.s ont mentionné l'importance de miser sur des initiatives existantes. Plusieurs organismes ont déjà mis en place des projets afin de répondre à certains enjeux énumérés précédemment. Ainsi, certains de ces projets amènent de nouveaux défis et nécessitent des ajustements, notamment au niveau de la formation, de la communication, de la compétence culturelle.
- Le programme AMPÉRAGE, a pour but de répondre aux problématiques liées au repérage. C'est grâce au plan concerté sur la maltraitance et l'isolement des personnes aînées immigrantes par le Ministère de l'immigration que ce projet a vu le jour. Il y a trois volets : 1- les visites d'amitié, qui permettent de mieux comprendre la réalité de la personne aînée, 2- l'accompagnement, afin d'aider à mieux connaître les ressources, 3- activités et sorties, pour faciliter la socialisation
- Faire du repérage par de la visite à domicile accompagné.e d'une personne immigrante.
- Membre bienveillant : chez les usagers et usagères de l'organisme, le membre bienveillant fait du repérage des changements chez les membres : une personne ne vient plus, est malade, nomme un abus, etc. Ce membre permet de faciliter les interventions des employé.es.
- Projet PAS : Équipe réunissant un.e intervenant.e, service de police et service incendie. Fait de la prévention en sécurité et du repérage. Cela se fait à la demande des résident.es qui auront reçu le dépliant du projet PAS.
- Titres de transport gratuit pour les personnes ne pouvant pas se déplacer à cause des obstacles physiques et économiques, afin d'aller à des rendez-vous médicaux ou participer à des activités de socialisation.
- Recrutement : Recruter en amont des employé.es dans les organismes et les CISSS qui sont issus de la diversité et qui parlent des langues autres que l'anglais et le français.
- Soutien pour les proches aidant.es : Un projet pour les proches aidant.es allophones, afin de leur offrir du soutien, de l'accompagnement et des ressources. Cela permet de faire de la prévention et du repérage.
- La patience : Pour plusieurs, il était important d'accepter que le processus de prévention, repérage, référencement et socialisation est long. Il faut s'armer de patience face à la situation des personnes aînées immigrantes vivant de l'isolement et de la maltraitance : c'est le temps nécessaire pour développer un lien de confiance qui sera solide et qui perdurera dans le temps.

Plénière – Discussion en grand groupe

À la fin de l'activité, les preneurs de notes étudiants ont présenté un résumé des discussions en table-ronde. En discussion en grand groupe, quelques points supplémentaires ont été soulignés par les participant.e.s :

- Popotes roulantes : les acteurs sont très préoccupés par la capacité de rejoindre les aînés des communautés culturelles ; difficile de satisfaire tout le monde avec les ressources que l'on a.
- Ressources : les personnes immigrantes et des communautés culturelles, ressources et expertises qu'il faut valoriser (expérience du trajet migratoire) pour mieux adapter les institutions publiques. Rien ne peut remplacer cette expérience vécue.
- Embauche des nouveaux intervenants, tenir compte de cette expertise, c'est des ressources intéressantes qu'il faut utiliser et exploiter. Important de cheminer vers une société + cosmopolite, parce que ce sont des réalités auxquelles nous serons confrontées dans l'avenir.
- Recrutement : offres d'emploi, français et anglais une priorité. Est-ce qu'il y a probabilité d'ajouter d'autres langues dans les offres d'emploi ?

Contact

Coordination :

Julien Simard

julien.simard@umontreal.ca

From: McLeod, Robyn (PHAC/ASPC) on behalf of Tam, Dr Theresa (PHAC/ASPC)

Sent: 2019-12-19 9:43 AM

To: Hostrawser, Bonnie (PHAC/ASPC); Rendall, Jennifer (PHAC/ASPC); Bell, Tammy (PHAC/ASPC)

Subject: FW: Chief Public Health Officer's Annual Report on Stigma Launches Tomorrow// Le Rapport annuel de l'administratrice en chef de la santé publique sur la stigmatisation sera publié demain

Attachments: A LFLEAI - RAPPORT - 12 mars 2019.pdf; A LFLEAI - Rapport - 12 avril 2019_FINAL.pdf; A EVENT 3 - RAPPORT FINAL (16-10-19) ver (06-11-19_.pdf

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FYI

From: [redacted]
Sent: 2019-12-19 7:39 AM
To: Tam, Dr Theresa (PHAC/ASPC)
Subject: Re: Chief Public Health Officer's Annual Report on Stigma Launches Tomorrow// Le Rapport annuel de l'administratrice en chef de la santé publique sur la stigmatisation sera publié demain

Dr. Tam:
On behalf of my organization let me take this moment to congratulate you and your team for your excellent work as exemplified by this report. We will surely use your recommendations as a template for future activities. I also attach 3 reports on our consultations this year focusing on the problematic of seniors of immigrant origins (e.g., social isolation, family caregivers and housing issues) wherein the question of stigma surfaced during all discussions.
I also wish you and your staff a very Happy Holiday Season.
I am at your beck and call for any future collaboration and
remain yours sincerely,
[redacted]

From: Tam, Dr Theresa (PHAC/ASPC)
Sent: Tuesday, December 17, 2019 4:35 PM
To: CPHO Report / Rapport ACSP (PHAC/ASPC) ; Rendall, Jennifer (PHAC/ASPC) ; Hostrawser, Bonnie (PHAC/ASPC)
Subject: Chief Public Health Officer's Annual Report on Stigma Launches Tomorrow// Le Rapport annuel de l'administratrice en chef de la santé publique sur la stigmatisation sera publié demain
(Le français suit)

Greetings,

I am pleased to let you know that tomorrow, my annual report on the state of public health in Canada will be tabled in Parliament. This year's annual report provides a snapshot of key public health trends in Canada and shines a light on stigma and its impacts on health.

As part of the development of the report, it was important to me to hear from experts, including those with lived and living experience, on the topic of stigma and health. I am grateful for the input and insights you shared this spring through discussion groups and key informant interviews and applaud your leadership in this area to improve health and address stigma. Hearing from and

collaborating with Canadians on this issue grounds the report in the realities of day-to-day experiences and is essential for accelerating progress toward a more inclusive health system.

Tomorrow, my office will send you a link to the report and additional available materials including the What We Heard report which summarizes the findings from the discussion groups and key informant interviews.

Also, as part of continuous learning and improvement, we will be sending out a feedback survey at a later date on the report and would be grateful for your input.

Thank you again for your contributions.

Dr. Theresa Tam, BMBS (UK), FRCPC
Chief Public Health Officer of Canada
Public Health Agency of Canada
Bonjour,

Je suis heureuse de vous informer que mon rapport annuel sur l'état de la santé publique au Canada sera déposé demain devant le Parlement. Le rapport annuel de cette année présente un aperçu des principales tendances en matière de santé publique au Canada et fait la lumière sur la stigmatisation et ses effets sur la santé.

Dans le cadre de l'élaboration du rapport, il était important pour moi d'avoir l'avis des experts, y compris ceux ayant une expérience vécue, au sujet de la stigmatisation et de la santé. Je suis reconnaissante de la contribution et des perspectives que vous avez partagées ce printemps lors des groupes de discussion et des entrevues menées auprès d'informateurs clés et j'applaudis votre leadership dans ce domaine afin d'améliorer la santé et de lutter contre la stigmatisation. Obtenir l'avis des Canadiens et collaborer avec eux sur cet enjeu fonde le rapport sur la réalité des expériences quotidiennes et est indispensable pour accélérer les progrès en vue d'un système de santé plus inclusif.

Demain, mon bureau vous enverront un lien au rapport et à d'autres documents disponibles, y compris le Rapport sur ce que nous avons entendu, qui résume les conclusions des groupes de discussion et des entrevues menées auprès d'informateurs clés.

Dans le cadre de nos efforts de formation et d'amélioration continues, nous vous enverrons un sondage sollicitant votre rétroaction concernant le rapport à une date ultérieure. Nous vous serions reconnaissants de nous faire part de vos commentaires.

Nous vous remercions encore une fois de votre contribution.

D^{re} Theresa Tam, BMBS (R.-U.), FRCPC
Administratrice en chef de la santé publique
Agence de la santé publique du Canada

From: Tam, Dr Theresa (PHAC/ASPC)

Sent: 2019-12-17 4:36 PM

To: CPHO Report / Rapport ACSP (PHAC/ASPC); Rendall, Jennifer (PHAC/ASPC); Hostrawser, Bonnie (PHAC/ASPC)

Bcc: [redacted] Blair, Alexandra (PHAC/ASPC); [redacted]

[redacted]

Maika, Christine (PHAC/ASPC); Bland-Lasso, Laura (PHAC/ASPC)

Subject: Chief Public Health Officer's Annual Report on Stigma Launches Tomorrow// Le Rapport annuel de l'administratrice en chef de la santé publique sur la stigmatisation sera publié demain

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(Le français suit)

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Tomorrow, my office will send you a link to the report and additional available materials including the What We Heard report which summarizes the findings from the discussion groups and key informant interviews.

Also, as part of continuous learning and improvement, we will be sending out a feedback survey at a later date on the report and would be grateful for your input.

Thank you again for your contributions.

Dr. Theresa Tam, BMBS (UK), FRCPC
Chief Public Health Officer of Canada
Public Health Agency of Canada

Bonjour,

Je suis heureuse de vous informer que mon rapport annuel sur l'état de la santé publique au Canada sera déposé demain devant le Parlement. Le rapport annuel de cette année présente un aperçu des principales tendances en matière de santé publique au Canada et fait la lumière sur la stigmatisation et ses effets sur la santé.

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Dans le cadre de nos efforts de formation et d'amélioration continues, nous vous enverrons un sondage sollicitant votre rétroaction concernant le rapport à une date ultérieure. Nous vous serions reconnaissants de nous faire part de vos commentaires.

Nous vous remercions encore une fois de votre contribution.

D^{re} Theresa Tam, BMBS (R.-U.), FRCPC
Administratrice en chef de la santé publique
Agence de la santé publique du Canada

From: Tam, Dr Theresa (PHAC/ASPC)

Sent: 2019-12-03 6:23 PM

To: Hostrawser, Bonnie (PHAC/ASPC)

Subject: Re: Chronic Pain in the ICD

Thanks Bonnie.

I think this fine for now and when I have a Bilat with Eric I will ask whether he needs more info.

I think it would be good to do low key exploration with HPCDP on what it means if we had to add chronic pain into chronic disease surveillance. We have not committed to anything but backpocket info on just how big a deal this would be, will help me think through any future engagements with the pain stakeholders.

Sent from my iPhone

On Dec 3, 2019, at 18:07, Hostrawser, Bonnie (PHAC/ASPC) <bonnie.hostrawser@canada.ca> wrote:

> Hi Theresa, here is the result of a 5 minute Google search. Let me know what more you would like because there is a link to a series of 10 articles that informed the inclusion of chronic pain in the ICD. The information below is from the website: International Association for the Study of Pain who partnered with WHO to develop the classification system that was adopted in the ICD-11.
>
> I have just reorganized (a copy and paste job) in the case that this might help you with an email to Eric. Again more information is easily accessible. Please also let me know if you would like me to follow up with HPCDPB to see if adding chronic pain to the chronic disease indicator framework is possible in the near future (more like a convo on how and when)
>
> ---
>
> Chronic pain is defined as pain that lasts or recurs for more than three months.
>
> The ICD classification describe 2 types of chronic pain: chronic primary and chronic secondary pain. The inclusion of the chronic

pain conditions in the ICD-11 recognizes chronic pain as a health problem in its own right and can contribute to accurate epidemiological investigations and support health policy decisions regarding chronic pain such as adequate identification and access to multimodal pain management.

Chronic primary pain represents chronic pain as a disease in itself. Chronic secondary pain is chronic pain where the pain is a symptom of an underlying condition.

In chronic pain syndromes, pain can be the sole or a leading complaint and requires special treatment and care. In conditions such as fibromyalgia or nonspecific low-back pain, chronic pain may be conceived as a disease in its own right; This subgroup is classified as “chronic primary pain.” It is characterized by disability or emotional distress and not better accounted for by another diagnosis of chronic pain. Here, you will find chronic widespread pain, chronic musculoskeletal pain previously termed “non-specific” as well as the primary headaches and conditions such as chronic pelvic pain and irritable bowel syndrome. They are recognized as a group of chronic pain syndromes for the first time in ICD-11.

Chronic secondary pain is organized into the following six categories:

1. **Chronic cancer-related pain** is chronic pain that is due to cancer or its treatment, such as chemotherapy. It will be represented in the ICD for the first time.
2. **Chronic postsurgical or post-traumatic pain** is chronic pain that develops or increases in intensity after a tissue trauma (surgical or accidental) and persists beyond three months. It is also part of the ICD for the first time.
3. **Chronic neuropathic pain** is chronic pain caused by a lesion or disease of the somatosensory nervous system. Peripheral and central neuropathic pain are classified here. These diagnoses are also newly represented in the ICD.
4. **Chronic secondary headache or orofacial pain** contains the chronic forms of symptomatic headaches (those termed primary headaches in the ICHD-3 are part of chronic primary pain) and follows closely the ICHD-3 classification. Chronic secondary orofacial pain, such as chronic dental pain, supplements this section.
5. **Chronic secondary visceral pain** is chronic pain secondary to an underlying condition originating from internal organs of the head or neck region or of the thoracic, abdominal or pelvic regions. It can be caused be persistent inflammation, vascular mechanisms or mechanical factors.
6. **Chronic secondary musculoskeletal pain** is chronic pain in bones, joint and tendons arising from an underlying disease classified elsewhere. It can be due to persistent inflammation, associated with structural changes or caused by altered biomechanical function due to diseases of the nervous system.

From: Tam, Dr Theresa (PHAC/ASPC)
Sent: 2019-12-19 9:32 AM
To: Macey, Jeannette (PHAC/ASPC)
Subject: CHUM
Attachments: CHUM_Stigma_Prep_18Dec2019_v1.docx

Dr. Theresa Tam, BMBS (UK), FRCPC
Chief Public Health Officer of Canada
Public Health Agency of Canada
[redacted]
Follow me on Twitter

Administratrice en chef de la santé publique du Canada
Agence de la santé publique du Canada
[redacted]
Suivez-moi sur Twitter

CPHO ANNUAL REPORT 2019 Date: December 18, 2019

Media: CHUM group radio, CKLW [redacted]

QUESTION	SUGGESTED RESPONSE

Why is stigma an issue in the health care system? How prominent is it?	Stigma is when we devalue people based in perceived differences. Persons with certain health conditions such as substance use disorder, mental illness, HIV are stigmatized by society and the health system. They may also feel shame as a result of internalizing stigma. Someone may also be stigmatized and discriminated against because of social identities such as race, sexual orientation and gender. Stigma is a major barrier to people obtaining the care that they need because they delay people seeking care because people,are afraid to go to the hospital or clinic or pharmacy for fear of being judged. They do not trust the health system as a safe place. They may not treated in the same manner as others. Stigma in the health system makes people afraid and ill – this in a place where we want to achieve healing and good health Being exposed to stigma leads to a host of negative health impacts for people. In addition to being a barrier • blocks access to health services, • negatively affects both mental and physical health (higher risk of CVD, anxiety and depression), and • exposes people to violence (bullying/hate crimes) and ongoing trauma. • It also keeps people away from the resources they need to live a healthy life, such as having housing, an income. • To make matters worse, many people in Canada experience more than one stigma. So not everyone in Canada has the same opportunity to achieve optimal health - too often this is due to to how people are treated Stigma is pervasive in our society, which means it is also pervasive in our health system. In its simplest form, **stigma is when we devalue people based on differences,** creating and maintaining an “us” vs “them”. Stigma can benefit those in power by **keeping people IN** by enforcing social norms, **DOWN** which maintains one’s group advantage and **AWAY** in order to avoid a disease or a threat It does not just exist in relationships between people,it is also our health system in the form of **policies that are not inclusive, snap judgments, preconceived notions and stigmatizing language.** It is important to recognize that stigma is a fundamental driver of health inequities/barrier to achieving optimal health. **Stats** • One in four Canadians has reported experiencing at least one form of discrimination, **with racism being the most common type reported.** • **Indigenous people and Black Canadians are twice as likely** as the general population to report being treated unfairly. • **LGBTQ2S community members are three times more likely** to report being treated unfairly than the general population.

	• **Half of Canadians in recovery** from substance use disorders report experiencing stigma and discrimination.

What kind of stigma are we most likely to see, in the health care system?	In my report we examine several types of stigma. There is **health** related stigma such as one experiences if they are living with mental illness, a substance use disorder or obesity. There are also **social** stigma like being devalued based on race, gender and or sexual orientation. We found that when these stigmas intersect, people experience multiple stigmas, the negative health impacts can be greater. For example LGBTQ2 people are more likely to drink heavily than heterosexual women. This can only be explained by how people are treated. Stigma and discrimination can happen the moment someone walks through the door of a health organization such as doctors office or clinic even a pharmacy when someone is filling a prescription. When people experience stigma in these settings, they feel helpless and stressed because they have not been heard or received quality care. **These negative experiences prevent them from seeking and getting the right help in the future.** **For example**, people who are impacted by the opioid crisis are not getting the care they need because of fear of judgement and exclusion. They are afraid of the health system and because of that, are dying alone **Another example** is when the physical environment may not be set up in a way that takes care of the needs of different groups. For example, washrooms that are only single sex and clinics that are not adapted for larger bodies. Stigmatizing language, disrespect focus on the disease not the person. What is wrong with you not what happened to you. Not having gender choices on intake forms, not asking someone what name they want to use/pronouns. Physical space Lack of workforce diversity; lack of involvement with population being served.

What can health providers do to eliminate stigma?	First we can acknowledge that it exists in our health system and we can examine our own assumptions and biases. **Then it is about putting people first in our policies and practices** My report calls on actions at all levels in our organizations and society. I call for a cultural shift in the health system. We need to implement Cultural safety: create spaces where everyone feels respected and physically, emotionally, socially and spiritually safe 1. **Culturally safe environments** which means: a. Posters/videos represent the diversity of the population b. Staff come from the diverse cultures in Canada c. **We do need to name racism and other discrimination when we see it and address it** 2. **Trauma and violence informed** approaches to keep our patients and clients safe and support people who have experiencing violence in their lives 3. Ways of **meaningfully including people** who experience stigma in defining priorities and policies These actions will create better health outcomes, particularly for those who need it the most. Build awareness among health providers eg in effects of trauma and violence; training on cultural humility- aware of oneself as a learner in relation to understanding some else's experiences Build safe and welcoming environments for everyone; **Cultural safety: create spaces where everyone feels respected and physically**, emotionally, socially and spiritually safe Commitment to cultural safety - Declaration of commitment to advance cultural safety and humility in health and wellness services and organizations Hire diverse workforce at all levels including leadership at Exec Build partnerships with persons with lived experience / elders. Strength based capacity building approach. Advance science and evidence based practiceseg brain; disease transmission, new treatments U=U; Address data gaps Cultural safety FNHA- hiring indigenous people in positions of leadership; navigator positions eg elders and indigenous liaison positions) ; conduct research that respects culture and tradition; cultural safety training with feedback and evaluation

What can we all do, as Canadians, to help with addressing stigma?	Everyone, in all sectors and across society, has a role to play in reducing it. Those of us in the health and social services sector – **in fact all Canadians – need to reflect on our own personal attitudes and beliefs** and **our employers need to review the policies that reinforce stigma and discrimination** so that we can reduce health inequities in our society. I am trying to **ignite a movement to eliminate stigma** but it has to start with each one of us **reflecting** on our own biases and behaviour. We can work to **challenge our own biases,** while bringing our personal awareness to our workplace or schools, our leisure activities and communities. Leave our assumptions out side the door We need to dismantle “us” and “them” and recognize that everyone deserves respect. We all need to stop using stigmatizing language. For example: ● Instead of *addicts* we can say *people who use drugs* ● Instead of *mentally ill* we can say *people living with mental illness* ● Instead of *poor people* we can say *people experiencing poverty* Finally, we can look for opportunities in the places where we work, live and play to make all of us feel welcomed and valued. **Ending stigma is a lifelong commitment, one that requires us to name stigma when we see it.**

Why was this an important issue for you?	In my meetings with people across Canada I have talked to 100s of people – those impacted by the opioids crisis, people living in communities the north with TB, people living with obesity and those living with dementia, Indigenous people, lesbian, gay, bi-sexual and transgender people, Black Canadians. I have been struck by how much of a barrier stigma is for many health issues we live with. **It is a life and death issue.** **The example of Brian Sinclair dying in a hospital waiting from complications of diabetes when everyone ignored him assuming his was intoxicated only because of his skin colour. Brian was Indigenous.** One of my top priorities is to reduce health inequities, which are health differences between groups because of unfair life circumstances. These health inequities prevent many from being able to achieve their full potential. Often these differences can only be explained by how people are treated. I also know how hard it is to examine our own biases and to recognize how they exist in our policies and practices. But my report gives us some practical tools to understand stigma so that we can address it together across society and the health system I believe we are going in the right direction but we need to do more. We can create the most inclusive health system in the world AND people in Canada will be healthier. Important to address stigma now: strength based, inclusive, building in U=U... indigenous woman surgeon. **It is easier to change a whole culture's values than it is to change a single person's mind** It is about respect, compassion, trust. **Strength based and /resilience approach** "We have to get back to finding our kindness, and our humanness, and recognizing that if we were all the same it would be a very boring place to be and that the difference is what makes us stronger"

From: Tam, Dr Theresa (PHAC/ASPC)

Sent: 2019-12-19 9:21 AM

To [redacted]

Subject: CHUM_Stigma_Prep_18Dec2019_v1

Attachments: CHUM_Stigma_Prep_18Dec2019_v1.docx; ATT00001.txt

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CPHO ANNUAL REPORT 2019

PREP FOR INTERVIEW

Date: December 18, 2019

Media: CHUM group radio, CKLW [redacted]

CONTEXT/ASK:

Bonjour Dr. Tam,

We have a bite from media (aside from the proactive performed this a.m.).

This reporter for CKLW radio in Windsor, Ontario contacted us after seeing the NR on your report re: stigma.

Ideally, she wanted a pre-recorded interview today, to edit for the Afternoon News show today (the show is between 3 and 6 p.m. today).

**Excerpts for the interview would be pulled to be included in a news story to be distributed within the CHUM group of radio stations, operated by BellMedia, across the country.

In light of your availabilities today, they would be willing to do the interview tomorrow, either late a.m. (11 a.m.) or early p.m. (1 p.m.)

We recommend this interview to take place, at your convenience, as it will give us a radio audience from coast to coast.

We are also contemplating calling upon the special offer i.e. making health system actors available for additional perspective on the issue. That determination will be done only once you tell us if this interview is of interest to you.

QUESTION	SUGGESTED RESPONSE

Why is stigma an issue in the health care system? How prominent is it?	Stigma is when we devalue people based in perceived differences. Persons with certain health conditions such as substance use disorder, mental illness, HIV are stigmatized by society and the health system. They may also feel shame as a result of internalizing stigma. Someone may also be stigmatized and discriminated against because of social identities such as race, sexual orientation and gender. Stigma stops people from reaching their full potential Stigma is a major barrier to people obtaining the care that they need because people,are afraid to go to the hospital or clinic or pharmacy for fear of being judged. They do not trust the health system as a safe place. They may not treated in the same manner as others. Stigma in the health system makes people afraid and ill – this in a place where we want to achieve healing and good health Being exposed to stigma leads to a host of negative health impacts for people. In addition to being a barrier • blocks access to health services, • negatively affects both mental and physical health (higher risk of CVD, anxiety and depression), and • exposes people to violence (bullying/hate crimes) and ongoing trauma. • It also keeps people away from the resources they need to live a healthy life, such as having housing, an income. • To make matters worse, many people in Canada experience more than one stigma. So not everyone in Canada has the same opportunity to achieve optimal health - too often this is due to to how people are treated Stigma is pervasive in our society, which means it is also pervasive in our health system. In its simplest form, **stigma is when we devalue people based on differences,** creating and maintaining an “us” vs “them”. Stigma can benefit those in power by **keeping people IN** by enforcing social norms, **DOWN** which maintains one’s group advantage and **AWAY** in order to avoid a disease or a threat It does not just exist in relationships between people,it is also our health system in the form of **policies that are not inclusive, snap judgments, preconceived notions and stigmatizing language.** It is important to recognize that stigma is a fundamental driver of health inequities/barrier to achieving optimal health. **Stats** • One in four Canadians has reported experiencing at least one form of discrimination, **with racism being the most common type reported.** • **Indigenous people and Black Canadians are twice as likely** as the general population to report being treated unfairly.

	• **LGBTQ2S community members are three times more likely** to report being treated unfairly than the general population. • **Half of Canadians in recovery** from substance use disorders report experiencing stigma and discrimination.

What kind of stigma are we most likely to see, in the health care system?	In my report we examine several types of stigma. There is **health** related stigma such as one experiences if they are living with mental illness, a substance use disorder or obesity. There are also **social** stigma like being devalued based on race, gender and or sexual orientation. We found that when these stigmas intersect, people experience multiple stigmas, the negative health impacts can be greater. For example LGBTQ2 people are more likely to drink heavily than heterosexual women. This can only be explained by how people are treated. Stigma and discrimination can happen the moment someone walks through the door of a health organization such as doctors office or clinic even a pharmacy when someone is filling a prescription. When people experience stigma in these settings, they feel helpless and stressed because they have not been heard or received quality care. **These negative experiences prevent them from seeking and getting the right help in the future.** **For example**, people who are impacted by the opioid crisis are not getting the care they need because of fear of judgement and exclusion. They are afraid of the health system and because of that, are dying alone **Another example** is when the physical environment may not be set up in a way that takes care of the needs of different groups. For example, washrooms that are only single sex and clinics that are not adapted for larger bodies. Stigmatizing language, disrespect focus on the disease not the person. What is wrong with you not what happened to you. Not having gender choices on intake forms, not asking someone what name they want to use/pronouns. Physical space Lack of workforce diversity; lack of involvement with population being served.

What can health providers do to eliminate stigma?	First we can acknowledge that it exists in our health system and we can examine our own assumptions and biases. **Then it is about putting people first in our policies and practices** My report calls on actions at all levels in our organizations and society. I call for a cultural shift in the health system. We need to implement Cultural safety: create spaces where everyone feels respected and physically, emotionally, socially and spiritually safe 1. **Culturally safe environments** which means: a. Posters/videos represent the diversity of the population b. Staff come from the diverse cultures in Canada c. **We do need to name racism and other discrimination when we see it and address it** 2. **Trauma and violence informed** approaches to keep our patients and clients safe and support people who have experiencing violence in their lives 3. Ways of **meaningfully including people** who experience stigma in defining priorities and policies These actions will create better health outcomes, particularly for those who need it the most. Build awareness among health providers eg in effects of trauma and violence; training on cultural humility- aware of oneself as a learner in relation to understanding some else's experiences Build safe and welcoming environments for everyone; **Cultural safety: create spaces where everyone feels respected and physically**, emotionally, socially and spiritually safe Commitment to cultural safety - Declaration of commitment to advance cultural safety and humility in health and wellness services and organizations Hire diverse workforce at all levels including leadership at Exec Build partnerships with persons with lived experience / elders. Strength based capacity building approach. Advance science and evidence based practiceseg brain; disease transmission, new treatments U=U; Address data gaps Cultural safety FNHA- hiring indigenous people in positions of leadership; navigator positions eg elders and indigenous liaison positions) ; conduct research that respects culture and tradition; cultural safety training with feedback and evaluation

What can we all do, as Canadians, to help with addressing stigma?	Everyone, in all sectors and across society, has a role to play in reducing it. Those of us in the health and social services sector – **in fact all Canadians – need to reflect on our own personal attitudes and beliefs** and **our employers need to review the policies that reinforce stigma and discrimination** so that we can reduce health inequities in our society. I am trying to **ignite a movement to eliminate stigma** but it has to start with each one of us **reflecting** on our own biases and behaviour. We can work to **challenge our own biases,** while bringing our personal awareness to our workplace or schools, our leisure activities and communities. Leave our assumptions out side the door We need to dismantle “us” and “them” and recognize that everyone deserves respect. We all need to stop using stigmatizing language. For example: ● Instead of *addicts* we can say *people who use drugs* ● Instead of *mentally ill* we can say *people living with mental illness* ● Instead of *poor people* we can say *people experiencing poverty* Finally, we can look for opportunities in the places where we work, live and play to make all of us feel welcomed and valued. **Ending stigma is a lifelong commitment, one that requires us to name stigma when we see it.**

Why was this an important issue for you?	In my meetings with people across Canada I have talked to 100s of people – those impacted by the opioids crisis, people living in communities the north with TB, people living with obesity and those living with dementia, Indigenous people, lesbian, gay, bi-sexual and transgender people, Black Canadians. I have been struck by how much of a barrier stigma is for many health issues we live with. **It is a life and death issue.** **The example of Brian Sinclair dying in a hospital waiting from complications of diabetes when everyone ignored him assuming his was intoxicated only because of his skin colour. Brian was Indigenous.** One of my top priorities is to reduce health inequities, which are health differences between groups because of unfair life circumstances. These health inequities prevent many from being able to achieve their full potential. Often these differences can only be explained by how people are treated. I also know how hard it is to examine our own biases and to recognize how they exist in our policies and practices. But my report gives us some practical tools to understand stigma so that we can address it together across society and the health system I believe we are going in the right direction but we need to do more. We can create the most inclusive health system in the world AND people in Canada will be healthier. Important to address stigma now: strength based, inclusive, building in U=U... indigenous woman surgeon. **It is easier to change a whole culture's values than it is to change a single person's mind** It is about respect, compassion, trust. **Strength based and /resilience approach** "We have to get back to finding our kindness, and our humanness, and recognizing that if we were all the same it would be a very boring place to be and that the difference is what makes us stronger"

From: Tam, Dr Theresa (PHAC/ASPC)
Sent: 2019-12-13 12:27 PM
To: [redacted]
Cc:

Subject: Re: clarification please

Yes

[redacted]

Sent from my iPhone

On Dec 13, 2019, at 10:56, [redacted] wrote:

> Dea[redacted]and Theresa , could I double check? Do you mean to delete the last sentence of the para 12?
> Thanks
> **From:** [redacted]
> **Sent:** Friday, December 13, 2019 4:26 PM
> **To:** [redacted]
> **Cc:** [redacted] Tam, Dr Theresa (PHAC/ASPC) [redacted]
> **Subject:** Re: Urgent guidance please - EB report
> The suggested revisions look fine to me — and I would opt for the second option on Para 12.
>
> [redacted]
>
> Sent from my iPhone

On Dec 13, 2019, at 9:55 AM, [redacted] wrote:

Hi all - the suggested revisions look fine to me.

[redacted]

Sent from my iPhone

On Dec 13, 2019, at 09:26 [redacted] wrote:

> Dear all
> We are at the final stage of producing the EB report and would like to seek your urgent guidance on two paragraphs. Please note that we aim to finalize the document by COB today.
>
> [redacted]

[redacted]

Thank you very much for your guidance

Best regards

[redacted]

From: Tam, Dr Theresa (PHAC/ASPC)
Sent: 2019-12-16 1:59 PM
To: McLeod, Robyn (PHAC/ASPC)
Cc: Macey, Jeannette (PHAC/ASPC); Hostrawser, Bonnie (PHAC/ASPC); Chia, Marie (PHAC/ASPC); Bell, Tammy (PHAC/ASPC); Russo, Laura (HC/SC)
Subject: FW: CMAJ: COMMENTARY: How to address the resurgence of syphilis in Canada

---

Hi Robyn
Please print.
Please also get the CMAJ articles mentioned

For OCPHO/Comms – potential for more media interest this week on STBBI and why we are seeing a resurgence of Syphilis.

From: Cammock, Adelaide (HC/SC) **On Behalf Of** Media Monitoring / Suivi des Medias (HC/SC)
Sent: 2019-12-16 10:36 AM
Subject: CMAJ: COMMENTARY: How to address the resurgence of syphilis in Canada

Distribution group/Groupe de distribution: HC.F PEIA Infectious Diseases / Maladies infectieuses AREP F.SC

December 16, 2019
How to address the resurgence of syphilis in Canada
CMAJ, Ameeta E. Singh

KEY POINTS

- The incidence of syphilis infection is rising in Canada and beyond.
- Although syphilis does not discriminate and is easily acquired, certain behaviours put people at high risk of syphilis infection, including sex without barrier protection, multiple and frequent sex partners, and substance use that is associated with risky sex.
- Prevention and control will require multisector involvement including education initiatives, a high index of suspicion among all clinicians, timely and detailed surveillance to target interventions, quicker access to testing, more discreet access to regular screening for at-risk populations, and addressing the social determinants of health in some populations.

Three linked Practice articles published in this issue of CMAJ depict different clinical features of syphilis. The burden of syphilis has been increasing in recent years in North America in many population groups.1,2 Although the natural epidemiology of syphilis shows recurrent peaks and troughs of infection in roughly 10-year cycles3 related to changing risk behaviours and waxing and waning partial host immunity at the population level, several potential drivers of the current rise in incidence have been identified. All physicians should be aware of the myriad presentations of syphilis to be able to support efforts to address the problem of increasing incidence, through risk-reduction counselling and referral to regional specialist services for treatment.

Although syphilis does not discriminate based on age, race, ethnicity or sexual orientation, certain behaviours increase a person's risk of infection. A recent rise in the use of smartphone-based dating applications, which make it easier to meet sex partners, has been linked to increased likelihood of risky sexual behaviours among people of all sexual orientations.4,5 Although much of the rise in incidence of syphilis has been observed among gay and bisexual men who have sex with men (gbMSM), an increase in incidence rates has also been reported among women, with a striking increase in congenital syphilis.1

Among gbMSM, the widespread uptake of HIV pre-exposure prophylaxis (PrEP) has led to reduced condom use, with an associated rise in incidence of sexually transmitted infections (STIs).6 Some health care providers have been reluctant to prescribe PrEP because of concern that use of PrEP will lead to more sex without condoms and therefore higher risk of STIs. However, given that PrEP is highly effective in interrupting HIV

transmission, it should be prescribed to people at risk, and practitioners can take the opportunity to ensure screening for, and treatment of, STIs to interrupt their transmission. Other cited reasons for the rise in STI incidence among gbMSM are reduced fear of HIV infection and reduced condom use ("condom fatigue").7

An analysis of primary and secondary syphilis surveillance data for 2013–2017 in the United States showed that, among cis-gender heterosexual people, a large proportion of men and women with syphilis reported using methamphetamine, injection drugs or heroin.8 Drug use, particularly the use of methamphetamine, has been associated with risky sexual behaviours, including having multiple or concurrent sex partners, inconsistent condom use and exchange of sex for drugs or money.8 Substance use and misuse are also prevalent among Canadian gbMSM of all ages according to data from the National Sex Now Survey.9 People who use drugs are, in turn, more likely to report stigma and mistrust of the health care system. This, along with unstable housing, poverty, incarceration and other social factors, may contribute to decreased health care utilization and reluctance to identify and locate sex partners.8

Around the turn of the century, syphilis infection became more prominent among middle-aged and older adults. From 1997 to 2007, infectious syphilis rates increased 11-fold among middle-aged (40–59 yr) adults as compared with a 5-fold increase among younger (15–29 yr) adults.10 In 2007, men represented 93% of cases among middle-aged adults. The reasons for the rise include changes in social patterns such as more single, middle-aged adults as a result of relationship change and the availability of drugs to combat erectile dysfunction.10

Awareness of local syphilis epidemiology is important for practitioners who must identify and treat patients with syphilis infection. In Canada, limited availability of quality and timely national data on the epidemiology of notifiable STIs — currently collected separately for 13 provinces and territories — makes this difficult. Although increasing coordination of data collection and timeliness of their availability are important, additional information, such as ethnicity and sexual orientation, must be collected and analyzed with surveillance data to ensure appropriate targeting of interventions. Ethnicity data are largely missing from national surveillance data11 for syphilis, but even in provinces and territories where they are routinely collected and available, reluctance to make these data available because of concerns about stigmatizing some at-risk populations has hampered efforts to intervene appropriately. Furthermore, although data on sexual risk behaviours and STIs are widely available for some groups (e.g., gbMSM in Canada), few data are available for Indigenous Peoples, who are disproportionately affected by STIs.11 To address this concern, it is essential for federal, provincial and territorial governments to collaborate with affected populations and community-based organizations to ensure that data are collected and presented with culturally and socially appropriate perspectives, without promoting further stigma and discrimination.

Because syphilis may be asymptomatic or present in many ways, and often mimics other conditions (as shown by the 3 linked articles), practitioners should maintain a high index of suspicion and a low threshold for testing for syphilis, particularly among those who are at increased risk. Regular screening (e.g., at least annually) is warranted for those at increased risk. Depending on the individual's sexual risk behaviour, screening at more frequent intervals (e.g., every 3–6 months) may be necessary. Making screening easier may help to facilitate this. For example, an entirely Web-based service for STI testing was piloted in British Columbia to facilitate regular screening among people who may be reluctant to come to clinics for testing (www.bccdc.ca/about/news-stories/news-releases/2017/gco-expansion). This approach has been expanded further and should be scaled up in Canada, alongside other nontraditional ways of reaching at-risk populations.

Improved education of those at risk of acquiring the infection is also important. For example, accessible education campaigns that provide information on the relative ease with which syphilis can be transmitted — especially through intimate contact without intercourse, such as kissing — may help to alter sexual behaviours.12

Access to timely syphilis testing in remote regions of Canada may be limited, with test results taking up to 2–3 weeks, thus impeding efforts to treat cases and partners in a timely fashion. Use of point-of-care tests could solve this problem; however, no point-of-care tests for the detection of syphilis have been approved for use by Health Canada. An initiative funded by the Canadian Institutes of Health Research will commence shortly in the remote regions of Nunavut and Nunavik to evaluate the acceptability, performance and utility of a point-of-care test for syphilis (http://webapps.cihr-irsc.gc.ca/decisions/p/project_details.html?applId=388947&lang=en).

To bring the current high rates of syphilis infection in Canada under control again will take the combined efforts of public health education; astute primary care practitioners armed with up-to-date local epidemiological information; a high index of suspicion among all clinicians; a low threshold for testing for syphilis; and the capacity to connect patients with specialist STI services, faster testing and more accessible screening processes.

https://www.cmaj.ca/content/191/50/E1367

From: Tam, Dr Theresa (PHAC/ASPC)
Sent: 2019-12-17 3:29 PM
To: Hostrawser, Bonnie (PHAC/ASPC)
Cc: Bell, Tammy (PHAC/ASPC); Macey, Jeannette (PHAC/ASPC)
Subject: FW: Coast Mountain News: B.C. creates first guideline in Canada for treating alcohol addiction

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Bonnie, could someone take a look at these, as prep for media interviews.

From: Cammock, Adelaide (HC/SC) **On Behalf Of** Media Monitoring / Suivi des Medias (HC/SC)
Sent: 2019-12-17 3:20 PM
Subject: Coast Mountain News: B.C. creates first guideline in Canada for treating alcohol addiction

Distribution group/Groupe de distribution: HC.F PEIA Controlled Substances / Substances designees AREP F.SC; HC.F PEIA Health Promotion / Promotion de la sante AREP F.SC

December 17, 2019
B.C. creates first guideline in Canada for treating alcohol addiction
Guideline focuses on early prevention, including screening patients as young as 12 years old
Mountain News, Ashley Wadhwani

The B.C. government will soon be rolling out a first-in-Canada guideline for doctors dealing with people suffering from alcohol addiction as it works to curb a rise in high-risk drinking among youth.

Alcohol addiction is the most common substance-use disorder in the province, according to BC Centre on Substance Use. Most concerning is that more than 20 per cent of British Columbians over the age of 12 are currently taking part in heavy drinking – a stat that screams for the need for early intervention, Addictions Minister Judy Darcy said during an announcement Tuesday.

Speaking at the centre in Vancouver, Darcy said that the goal of the guideline is to bridge the gap between research and practice and be used by clinicians to manage and treat high-risk drinking and alcohol-use disorder.

“The health system has generally failed people who use alcohol,” said Dr. Keith Ahamad, an addiction specialist at St. Paul’s Hospital who helped write the guideline.

“The result is our hospitals and emergency rooms are filled with individuals suffering a range of consequences of alcohol addiction. We’re left managing the devastating effects rather than preventing and treating the addiction itself.”

Ashley Wadhwani @ashwadhwani: @judydarcy and the @BCCSU are releasing new guidelines for doctors to help with those suffering from alcohol addiction. Includes how to identify the issue sooner, treatment, and the overall process towards healing. Goal is a focus on prevention. @BlackPressMedia #BChealth

Ashley Wadhwani @ashwadhwani: The guidelines will be implemented by @BCCSU through a series of in-person seminars throughout the province, working with Doctors of B.C. and a free, self-paced course offered in partnership with UBC.

Roughly 17,000 people died due to alcohol in 2017 – the most recent data available publicly – according to the Canadian Institute for Substance Use Research at the University of Victoria. That’s up 2,000 deaths from 2013.

Ahamad said the new resource will help family doctors and physicians, who are often the first point of contact for people who are concerned about their alcohol use, connect their patients to the care they need more easily.

The guideline also includes a focus on how doctors can improve early screening and intervention for youth as young as 12 years old, before their high-risk drinking becomes a more serious addiction.

“Traditionally, evidence-based treatment and recovery have not been well integrated and implemented into routine clinical care,” said Cheyenne Johnson, co-interim executive director at the centre.

“We’re hopeful these new guidelines will support the development of a substance-use continuum of care that identifies signs of alcohol addiction early and provides evidence-based treatment and referral to recovery services.”

Health Canada considers low-risk drinking as no more than 10 drinks a week for women, limited to two drinks per day, and up to 15 drinks a week for men, not exceeding three drinks a day.

The guideline was created by a committee of 43 clinicians and researchers in B.C., as well as people with lived experience. Darcy said that the committee will update the guideline every three years to ensure it is based on the most current research available.

Moving forward, staff with the centre will be working with Doctors of B.C. medical association to roll out the guideline province-wide through in-person seminars. A free, online course will also soon be offered through the University of B.C.

Researchers will also be working with the First Nations Health Authority to create a supplement of the guideline focused on culturally safe care for Indigenous peoples who are addicted to alcohol, as well as a second supplement to help woman who are pregnant.

More to come.

https://www.coastmountainnews.com/news/b-c-creates-first-guideline-in-canada-for-treating-alcohol-addiction/

From: Tam, Dr Theresa (PHAC/ASPC)
Sent: 2019-12-23 5:28 PM
To: [redacted]
Cc:
Subject: Comments on the Cannabis statement

HI [redacted]

[redacted]

TT

Dr. Theresa Tam, BMBS (UK), FRCPC
Chief Public Health Officer of Canada
Public Health Agency of Canada
[redacted]
Follow me on Twitter

Administratrice en chef de la santé publique du Canada
Agence de la santé publique du Canada
[redacted]
Suivez-moi sur Twitter

From: Tam, Dr Theresa (PHAC/ASPC)
Sent: 2019-12-23 5:30 PM
To: Auger, Julie (PHAC/ASPC); CCMOH SECRETARIAT / CMHC (PHAC/ASPC)
Subject: FW: Comments on the Cannabis statement

Heads up provided.

From: [redacted]
Sent: 2019-12-23 5:29 PM
To: Tam, Dr Theresa (PHAC/ASPC) ; [redacted]
Cc: [redacted]
Subject: RE: Comments on the Cannabis statement

Thanks, Theresa. Sounds good.

[redacted]

From: Tam, Dr Theresa (PHAC/ASPC) <[redacted]
Sent: Monday, December 23, 2019 3:28 PM
To: [redacted]
Cc: [redacted]
Subject: Comments on the Cannabis statement

HI [redacted]

[redacted]

TT

Dr. Theresa Tam, BMBS (UK), FRCPC
Chief Public Health Officer of Canada
Public Health Agency of Canada
[redacted]

Follow me on Twitter

Administratrice en chef de la santé publique du Canada
Agence de la santé publique du Canada
[redacted]
Suivez-moi sur Twitter

From: [redacted]
Sent: 2019-12-19 7:20 PM
To: Tam, Dr Theresa (PHAC/ASPC)
Subject: Re: Congratulations

[redacted]

Sent from my iPhone

On Dec 19, 2019, at 7:13 PM, Tam, Dr Theresa (PHAC/ASPC) wrote:

Yes, Let's get together in 2020!
(Good grief 2010 seems like only yesterday)

From: [redacted]
Sent: 2019-12-19 6:29 PM
To: Tam, Dr Theresa (PHAC/ASPC)
Subject: RE: Congratulations
Thanks TT. I will have [redacted]ink with her
Happy Christmas ☺ Let's try to meet up for drink/dinner one of the times I am in Ottawa.

[redacted]

From: Tam, Dr Theresa (PHAC/ASPC) [mailto:[redacted]
Sent: December 19, 2019 6:08 PM
To: [redacted]
Cc: Bell, Tammy (PHAC/ASPC) <tammy.bell@canada.ca>
Subject: RE: Congratulations
Hi[redacted]
Great to hear from you. I am glad you had a chance to look at the report. We will be publishing accompanying tools eg on the evidence review, in the new year.
I am always interested in feedback on the report and how the report is being used, so we may come back to you for input in the future.
Tammy Bell who is the Executive Director of my office will help figure out the best way to provide a presentation at the PHO grand rounds.
Happy holidays and a smashing New Year.
TT

From: [redacted]
Sent: 2019-12-19 9:40 AM
To: Theresa Tam[redacted]
Subject: Congratulations
HI Theresa
I hope you are doing well. Congratulations on a great report!! Is there someone from your office who may be interested in doing an accredited PHO grand rounds to discuss. Jeannette maybe??

https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/addressing-stigma-toward-more-inclusive-health-system.html

Wishing you the very best Christmas and New Years

[redacted]

From: Namiesniowski, Tina (PHAC/ASPC)

Sent: 2019-12-18 6:04 PM

To: Lucas, Stephen (HC/SC); Costen, Eric (HC/SC)

Cc: Tam, Dr Theresa (PHAC/ASPC); Romano, Anna (PHAC/ASPC); Johnstone, Marnie (PHAC/ASPC); White, Belinda (HC/SC)

Subject: Construction workers/Ellis don

Stephen/Eric. Please find below a short summary of the pilot we are undertaking linked to Ellis Don. As noted this morning, this pilot is focused on smoking cessation but could potentially provide a foundation on which to build. Food for thought. Think Eric and Anna shd discuss potential to leverage this project further to ministers interest in reaching trade workers. Since this is a pilot already we cd pilot approach(es) re other substances and move into promotion/prevention space.

Multi-Sectoral Partnership (MSP) project -*Build Smoke Free*:

· Description: Tobacco cessation intervention delivered to workers on construction sites in Ontario (Toronto, Ottawa) and Alberta (Calgary and Edmonton)

· Policy authority: Funded through the *Healthy Living and Chronic Disease Prevention – Multi-sectoral Partnerships* program(Canada's Tobacco Strategy)

· Target is to reach 2000 construction workers over 5 years.

· [redacted] Canadian Cancer Society; December 2018 – November 2023 / [redacted]

Partners and their roles:

· **EllisDon Construction:** EllisDon is the construction workplace partner, permitting access to work sites and actively supporting local public health units/NGOs to deliver the program. EllisDon on-site staff supports delivery of the program through dedicated on-site activities. EllisDon also provides support for incentive prizing, site trailer space, resource support and website/social media awareness raising.
· **Johnson and Johnson Inc.**: Provides and subsidizes Nicotine Replacement Therapy and sponsor contest prizes.
· **Smokers Help Line (SHL):** Provides telephone, online and text support services to workers and, reaches out to all participants. Further, the SHL will provide aggregate reporting of referrals/contacts for clinical and evaluation purposes.
· **Centre for Addiction and Mental Health:** Facilitates NRT disbursement and provides training to all lead interveners in each jurisdiction through

TEACH certification.
· **Ontario Tobacco Research Unit**: Leads performance measurement, and developmental evaluation and reporting.
· **Canadian Cancer Society** (CCS): As project lead, CCS contributes staff time, financial and material resources. CCS leads project planning and implementation as well as the train-the-trainer program in conjunction with Ottawa Public Health for each of the sites.
· **Ottawa Public Health:** Program partner with CCS in updating program material from the pilot, leading initial training sessions, and co-lead training. Ottawa Public Health also works in conjunction with CCS to improve and adapt program delivery methods and materials.

A potential enhancement on pain management/opioids to this project would present potential advantages in terms of efficiency (reach of the target audience, etc.) and the ability to address multiple substance use issues in this population. However, there are some important considerations:

· PHAC administers the Canada Tobacco Strategy, renewed in January 2019. The authorities are specific to tobacco cessation and prevention (vs other substances like opioids). Sole focus is on priority populations, i.e., higher rates of tobacco use and health inequality.

[redacted]

· Canadian Cancer Strategy (CCS) leads the project on tobacco due to the direct connection between tobacco and cancer. CCS has no expertise in opioids. However, one of their key partners, Centre for Addiction and Mental Health, would be well placed to contribute.
· [redacted], this project could possibly be enhanced, given the partners at the table (i.e., CMHA, EllisDon).

Sent from my iPhone

From: Costen, Eric (HC/SC)

Sent: 2019-12-19 8:08 AM

To: Namiesniowski, Tina (PHAC/ASPC)

Cc: Lucas, Stephen (HC/SC); Tam, Dr Theresa (PHAC/ASPC); Romano, Anna (PHAC/ASPC); Johnstone, Marnie (PHAC/ASPC); White, Belinda (HC/SC); Bogden, Jacqueline (HC/SC)

Subject: Re: Construction workers/Ellis don

Thanks Tina. I will definitely connect with Anna and Theresa to discuss this some more.

Also, FYI, Steve and I briefly spoke to Sabina yesterday and she mentioned that the minister may be interested in forming a task force of some kind that would draw in the major trade unions and associations to further advance efforts.

And as a follow up to yesterday's dms mtg my team and I are setting out a bit of a near-term game plan for moving ahead the various actions Steve touched on in his wrap up, including a concerted effort re engagement of priority sectors such as the trades. I will keep Anna and your team close on all this as it comes together.

Thanks again.

Eric

Associate Assistant Deputy Minister

Controlled Substances and Cannabis Branch

Health Canada

Sous-ministre Adjoint Délégué

Direction générale des substances contrôlées et du cannabis

Santé Canada

On Dec 18, 2019, at 6:04 PM, Namiesniowski, Tina (PHAC/ASPC) <tina.namiesniowski@canada.ca> wrote:

Stephen/Eric. Please find below a short summary of the pilot we are undertaking linked to Ellis Don. As noted this morning, this pilot is focused on smoking cessation but could potentially provide a foundation on which to build. Food for thought. Think Eric and Anna shd discuss potential to leverage this project further to ministers interest in reaching trade workers. Since this is a pilot already we cd pilot approach(es) re other substances and move into promotion/prevention space.

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· [redacted] this project could possibly be enhanced, given the partners at the table (i.e., CMHA, EllisDon).

Sent from my iPhone

From: Pearson, Michael (PHAC/ASPC)
Sent: 2019-12-20 11:42 AM
To: Johanna.Kruger@international.gc.ca; Michael.Gort@international.gc.ca; Joshua.Tabah@international.gc.ca
Cc: Christopher.MacLennan@international.gc.ca; norton, leslie (Ext.); Tamara.Mawhinney@international.gc.ca; Kristen.Chenier@international.gc.ca; Niloofar.Zand@international.gc.ca; Joseph.Jenkinson@international.gc.ca; Palanque, Nicolas (PHAC/ASPC); King, Elisabeth (PHAC/ASPC); Trotter, Kate (PHAC/ASPC); Verhoeve, Francesca (PHAC/ASPC); D-MND-Tous_All@international.gc.ca; trevor.smith@international.gc.ca; Jennifer.Lai@international.gc.ca; Stephen.Salewicz@international.gc.ca; Tara.Carney@international.gc.ca; Sekyen.Tyoden@international.gc.ca; Kara.Mitchell@international.gc.ca; Gillian.Gillen@international.gc.ca; Cam.Do@international.gc.ca; Kerry.Max@international.gc.ca; Jeffrey.Marder@international.gc.ca; Christina.Komorski@international.gc.ca; Yvona.Tous@international.gc.ca; Anthony.Hinton@international.gc.ca; Geoff.Black@international.gc.ca; Karine.Tardif@international.gc.ca; Kaitlyn.Pritchard@international.gc.ca; Florian.Leuprecht@international.gc.ca; Lucas, Stephen (HC/SC); Namiesniowski, Tina (PHAC/ASPC); Tam, Dr Theresa (PHAC/ASPC); Wen, Vanessa (HC/SC); Murseli, Lissa (HC/SC); Johnstone, Marnie (PHAC/ASPC); Bell, Tammy (PHAC/ASPC); Thornton, Sally (PHAC/ASPC); Charos, Gina (PHAC/ASPC); Romano, Anna (PHAC/ASPC); Hoffman, Abby (HC/SC); Saulnier, Marcel (HC/SC); Ianiro, Robert (CFIA/ACIA)
Subject: RE: GENEV-6163: WHO DG Tedros bilateral

Thx Johanna for this and the earlier mission report on the joined up visit, which we agree went well (and thx again for the superb support provided by GENEV). We are finalizing our own report on the visit and will be happy to share it when ready (hopefully Monday).

[redacted]

work (both as the 3rd largest $ contributor among the 30+ PAHO members and through active health engagement in the Americas on a number of other fronts). Given PAHO's role as a regional body of the WHO, the Geneva HQ needs to recognize and understand this. Recommend we reinforce that point in future discussions with the DG and his Executive team.

Vanessa – you may wish to share the mission report with MINO for info.

Happy holidays to all. MP

From: Johanna.Kruger@international.gc.ca
Sent: 2019-12-20 10:42 AM
To: Michael.Gort@international.gc.ca; Joshua.Tabah@international.gc.ca; Pearson, Michael (PHAC/ASPC)
Cc: Christopher.MacLennan@international.gc.ca; norton, leslie (Ext.) ; Tamara.Mawhinney@international.gc.ca; Kristen.Chenier@international.gc.ca; Niloofar.Zand@international.gc.ca; Joseph.Jenkinson@international.gc.ca; Palanque, Nicolas (PHAC/ASPC) ; King, Elisabeth (PHAC/ASPC) ; Trotter, Kate (PHAC/ASPC) ; Verhoeve, Francesca (PHAC/ASPC) ; D-MND-Tous_All@international.gc.ca; trevor.smith@international.gc.ca; Jennifer.Lai@international.gc.ca; Stephen.Salewicz@international.gc.ca; Tara.Carney@international.gc.ca; Sekyen.Tyoden@international.gc.ca; Kara.Mitchell@international.gc.ca; Gillian.Gillen@international.gc.ca; Cam.Do@international.gc.ca; Kerry.Max@international.gc.ca; Jeffrey.Marder@international.gc.ca; Christina.Komorski@international.gc.ca; Yvona.Tous@international.gc.ca; Anthony.Hinton@international.gc.ca; Geoff.Black@international.gc.ca; Karine.Tardif@international.gc.ca; Kaitlyn.Pritchard@international.gc.ca; Florian.Leuprecht@international.gc.ca
Subject: GENEV-6163: WHO DG Tedros bilateral

Summary: On Wednesday December 18th, Ambassador Norton held her first formal bilateral meeting with World Health Organization (WHO) Director General Tedros Adhanom Ghebreyesus. Also in attendance were Jane Ellison, Executive Director, External Relations and Special Advisor to the Director General (Canadian) Peter Singer. The meeting served as good opportunity to highlight the many shared global health priorities between WHO and Canada, in particular with regard to universal health coverage, health security, sexual reproductive health rights, health and the environment, gender equity, non-communicable diseases, and many other areas. This first meeting also provided an opportunity to reaffirm Canada's continued commitment to the WHO, [redacted] Ambassador Norton reassured DG Tedros of Canada's continued interest in WHO, as evidenced by the recent joint visit of trip by the Health Portfolio (OIA/Pearson) and Global Affairs (MND/Tabah) (reftel: GENEV: 6158), and our plans for a bilateral strategic dialogue in early 2020. The bilateral meeting set the stage for continued strong Canada-WHO coordination going forward.

2. Report: DG Tedros began the bilateral expressing support for Canada's security council campaign, emphasizing Canada's values and principles as a foundation for our strong candidacy. The DG commented on WHO's policy priorities, and their close alignment with Canadian priorities (in contrast to our US neighbours). He highlighted in particular, Canada's approach to universal health coverage, health security, sexual reproductive health and rights, gender equality, health and the environment (citing the recent COP 25), non-communicable diseases (NCDs) and antimicrobial resistance (AMR). DG Tedros emphasized WHO's role as the global norm setter, his interest in further reinforcing this role, including at the country level. In the effort to achieve results on global health, DG Tedros underscored the importance of both Health and Foreign/Development ministries involvement in WHO's work. He noted that that both political and financial support are welcome. [redacted]

[redacted] DG Tedros welcomed the upcoming Canada-WHO strategic dialogue, to be held in Ottawa in early 2020. Looking forward, the DG noted that WHO will be fully focussed on implementation its organizational transformation, and hoped for vocal Canadian support for this process.

3. Ambassador Norton welcomed the discussion with DG Tedros and the collaboration with WHO, reaffirming Canada's continued commitment to the WHO and interest in making it a strong, accountable and well governed institution. At times, our questions and messages on accountability and transparency may seem strong, but these should be read as messages of support to WHO, in order to help strengthen the institution. Amb Norton highlighted Canada's joined up visit between DGs from both the Health Portfolio and GAC Health as evidence of our interest in WHO; the upcoming strategic dialogue will be another step. DG Tedros welcomed these messages, including on governance, and reemphasised his hope that our shared priorities would translate to more concrete financial support.

Comment: This first formal meeting went very well from both sides and will be an opportunity to clarify some misperceptions, and to continue to strengthen the relationship - especially given the common priorities as articulated by DG Tedros. 25% of Canada's aid budget currently goes to global health, but the majority of it goes to Global Fund, GAVI and GFF and others who rely on WHO's technical expertise and country presence to underpin their own work. According to the Secretariat's latest numbers, WHO is now only 17% funded by assessed contributions (AC), making it more dependent on voluntary funding. For the WHO to deliver on its programme of work, and continue the norm setting (and other) work that Canada and many others rely on, it will require either more assessed contributions (which has not been suggested by WHO at this stage), or flexible/lightly earmarked voluntary funding from donors. Fundamentally, the WHO agenda is now well aligned with Canadian policy priorities, and while new funding in the near term may not be possible, Canada can still be supportive of WHO's agenda through our technical expertise and political support.

Drafted: GENEV/Kruger
Consulted: GENEV/Mawhinney, Chenier
Approved: GENEV/HOM

From: Kropp, Rhonda (STATCAN)

Sent: 2019-12-18 11:02 PM

To: Tam, Dr Theresa (PHAC/ASPC)

Subject: RE: LE Indigenous peoples_ stat comparison.docx

Definitely

Internally, which makes no sense, the health analysis group (who did the recent report) is in an entirely different branch than health and demography which sit with me.

I'm doing what I can to align our analysis plans, and, to create our plan with PHAC, HC and Cihi. Ideally, we (and others depending on content) would co-release and/or simultaneously release info on the same topics at the same time to optimize reach and impact. At minimum, we should be aware of each others plans so we can give shout outs and draw attention to them. January I plan to actively help the team get there. Will work with Sheriff and Anne-Marie on your end.

So much good work to be done.

R

-------- Original message --------

From: "Tam, Dr Theresa (PHAC/ASPC)"

Date: 2019-12-18 10:53 PM (GMT-05:00)

To: "Kropp, Rhonda (STATCAN)"

Subject: Re: LE Indigenous peoples_ stat comparison.docx

This seems to be a methodological change/advancement at the Stats Can end so I just want to understand it better and perhaps update the data at our end after discussing with the

Health Inequalities data tool team in HPCDP.

I'll get the PHAC team to link with Stats.

In terms of my report, I would welcome some different way of checking in with Stats during report development. We did get input from Stats Can on the overall life expectancy trends which was great. May be there is a way to look at each other's data analysis plans for the next year, based on the suite of indicators that I am tracking or new and emerging data that is worth highlighting from Stats Can's perspective.

TT

Sent from my iPad

On Dec 18, 2019, at 10:15 PM, Kropp, Rhonda (STATCAN) <rhonda.kropp@canada.ca> wrote:

> Read the differences
>
> That is frustrating
>
> If there are info needs like these for your report or anything else going forward, we can definitely help. If the team wants to reach out to me at any point to get ideas for what is in the art of the possible with existing data, we can figure it out.
>
> R

Sent from my Bell Samsung device over Canada's largest network.

-------- Original message --------

From: "Tam, Dr Theresa (PHAC/ASPC)" [redacted]

Date: 2019-12-18 9:13 PM (GMT-05:00)

To: "Kropp, Rhonda (STATCAN)" <rhonda.kropp@canada.ca>

Subject: LE Indigenous peoples_ stat comparison.docx

I read the Stats Can Health Reports summary that Anil sent.

I read the “Life expectancy of First Nations, Métis, and Inuit household populations in Canada,” report with interest as the LE estimates are very different to what I use in my CPHO annual report just published today.

Here is a summary of the differences in methodology and the LE estimates. I am speaking with my team on the need to adjust the data that I will be using going forward - assuming I will go with the Stats Can estimates. The health inequality remains for FN, Metis and Inuit but the estimates for every group (including the general population) are much more positive than the ones previously published!

From: Tam, Dr Theresa (PHAC/ASPC)
Sent: 2019-12-21 8:56 AM
To: Krishnan, Lakshmi (Ext.)
Cc: Cox, Andrew (Ext.); Kuo Lee, Rhonda (Ext.)
Subject: Re: Haemophilus influenzae type a vaccine update

Hi Lakshmi,

Great news and congrats to all for getting to this stage.

Please keep me updated and I will look for the upcoming news release.

Have a relaxing holiday season and an inspiring 2020.

TT

Sent from my iPhone

On Dec 21, 2019, at 00:20, Krishnan, Lakshmi <Lakshmi.Krishnan@nrc-cnrc.gc.ca> wrote:

> Dear Theresa
> We just wanted to share with you some positive news regarding the next stages of development for the Haemophilus influenzae type a vaccine. Colleagues at McGill have been successful in obtaining funding from the Hewitt Foundation for $1M to initiate the first stages of clinical development for the vaccine. These funds should facilitate the toxicology work required before clinical work can take place with the vaccines that will be produced by our partners InventVacc Biologicals Inc. These funds should also enable a Phase 1 clinical trial in the general population that is designed to illustrate that the vaccine is safe.
> Please do not disseminate widely prior to the official press release regarding this from McGill scheduled for mid-January.
> However, please feel free to let us know any questions or comments that you might have and we look forward to continued engagement as we move forward.
> Best wishes
> Happy Holidays
> Lakshmi
> Lakshmi Krishnan
> Director General
> Human Health Therapeutics
> National Research Council

From: Namiesniowski, Tina (PHAC/ASPC)
Sent: 2019-12-17 7:41 PM
To: Steven.Buchta@international.gc.ca
Cc: Christina.Connelly@international.gc.ca; Tam, Dr Theresa (PHAC/ASPC); Denis, Joel (PHAC/ASPC); Bent, Stephen (PHAC/ASPC); Romano, Anna (PHAC/ASPC); Johnstone, Marnie (PHAC/ASPC)
Subject: Re: MNPLS Report: Women-, LGBTQ+- and Indigenous-Owned Food Business Find Community of Support and Opportunity in Minnesota

---

Steve. Thanks so much for sharing. Am copying some of my PHAC colleagues who will be interested. MISB. That wasn't yesterday.

Sent from my iPhone

> On Dec 17, 2019, at 6:01 PM, "Steven.Buchta@international.gc.ca" <Steven.Buchta@international.gc.ca> wrote:
>
> Hi Tina:
>
> I worked in AAFC MISB Regional offices during your tenure as ADM. I am now posted to Minneapolis.
>
> I just wanted to share that one of our special guests at a trade event this fall was [redacted] (full report attached). He spoke highly of PHAC and some indigenous recipe cards he collaborated on.
>
> In reading the new Ministerial mandate letters, I noted support for indigenous peoples is once again stressed across cabinet. As such, please find [redacted] as a helpful contact for PHAC leadership during outreach in the [redacted]
>
> [redacted]
>
> Kind regards,
>
> Steve
>
> Steven Buchta
> Consul and Trade Commissioner / Consul et délégué commercial Consulate
> General of Canada in Minneapolis| Consulat général du Canada à
> Minneapolis Government of Canada | Gouvernement du Canada
> 701 4th Avenue South, Suite 900, Minneapolis, MN 55415-1899 Telephone
> | Téléphone 612-492-2913 Cellular | Cellulaire 612-799-9620
> From: Connelly, Christina -MNPLS -TD
> <Christina.Connelly@international.gc.ca>

> Sent: December 5, 2019 10:36 AM
> To: *MNPLS <D-MNPLS@international.gc.ca>; Wong, Christine -BTR
> <Christine.Wong@international.gc.ca>; Jebson, Diane (AAFC/AAC)
> <Diane.Jebson@canada.ca>; Leblanc, Jean-Benoît -NNC
> <Jean-Benoit.Leblanc@international.gc.ca>; Philippe, Richard -NNC
> <Richard.Philippe@international.gc.ca>; kim.meegan@canada.ca; Bigall,
> Chris -CHCGO -TD <chris.bigall@international.gc.ca>; Landgrebe, Cécile
> -ATNTA -TD <Cecile.Landgrebe@international.gc.ca>; Lekborg, Colette
> -BOSTN -TD <colette.lekborg@international.gc.ca>; Aune, Laura -DALAS
> -TD <laura.aune@international.gc.ca>; Foley, Brittany -DTROT -TD
> <Brittany.Foley@international.gc.ca>; Palmarini, Karen -DENVR -TD
> <Karen.Palmarini@international.gc.ca>; Thérien, Maxime -DENVR -TD
> <Maxime.Therien@international.gc.ca>; Savone, Rick -NND
> <Rick.Savone@international.gc.ca>; Labonté, Stéphane -BIS
> <Stephane.Labonte@international.gc.ca>; justin.sugawara@canada.ca; De
> Castro, Cristina -LNGLS -TD <Cristina.DeCastro@international.gc.ca>;
> Havixbeck, Brad -ROMSK -TD <Brad.Havixbeck@international.gc.ca>;
> Brown, Kimberly -ROMSK -TD <Kimberly.Brown@international.gc.ca>
> Subject: MNPLS Report: Women-, LGBTQ+- and Indigenous-Owned Food
> Business Find Community of Support and Opportunity in Minnesota
>
> ** SEE FULL REPORT ATTACHED **
>
> SUMMARY
> MNPLS delivered a pioneering agri-food trade mission to Minneapolis focused on Canadian indigenous-, women-, and LGBTQ+-owned companies. Post conceived of the initiative as an opportunity to capitalize on Canada's progressive trade agenda alongside Minnesota's increasingly receptive business and political climate for minority-owned businesses. Ten companies from three provinces joined the mission and participated in events designed to address the varied hurdles as well as highlight the potentially bright prospects faced by these suppliers. Post also arranged B2B meetings and store tours with local grocery retailers. Although Post intended the mission to be predominantly educational, it anticipates significant KPIs and follow-on opportunities to result from the initiative. Perhaps more importantly, the mission succeeded in raising local awareness of not just capabilities among Canada's minority-owned suppliers, but Canadian leadership in policies and business practices that support and celebrate Canada's growing community of food business owners from diverse backgrounds.
>
> KEY OUTCOMES TO DATE
> Participation
>
> · 10 Canadian food businesses and chefs from three provinces (Ontario, Manitoba, and Quebec) joined the delegation to Minneapolis.[1] Four companies were indigenous-owned, seven women-owned, and one LGBTQ+-owned (with crossover among types of ownership).
>
> · 15 retailers, brokers, food manufacturers, and community leaders from Minnesota provided presentations to the delegation.
>
> · 4 grocery retailers of varying sizes provided customized, private store tours.
>
> · 120+ local community leaders and food business owners attended an indigenous food systems panel and follow-on Indigenous Peoples Day reception, featuring Canadian client panelists.
>

> · 30+ food system stakeholders attended events focused on supplier diversity and women/LGBTQ+ food entrepreneurs.
>
> Activity and KPIs To Date
>
> · 40+ SRs (one-on-one meetings, personal introductions during events, etc.)
>
> · 8 B2B meetings between Canadian suppliers and Minnesota retailers
>
> · 12 outcalls
>
> · 2 Opportunities
>
> · 1 OP
>
>
> [Indigenous
> Panel][cid:image003.jpg@01D5AB57.CE4E2570][cid:image004.jpg@01D5AB57.C
> E4E2570]
>
> Christina Connelly
> Trade Commissioner | Déléguée commerciale
> christina.connelly@international.gc.ca<mailto:christina.connelly@inter
> national.gc.ca>
> Telephone | Téléphone 612.492.2915
> Facsimile | Télécopieur 612.332.4061
> 701 Fourth Avenue South, Suite #900
> Minneapolis, MN 55415-1899
> Consulate General of Canada in Minneapolis | Consulat général du
> Canada à Minneapolis Foreign Affairs, Trade & Development Canada |
> Affaires étrangères, Commerce et développement Canada
>
> [cid:image005.png@01D26BFE.58E12120]<https://twitter.com/CanCGMPLS>
> [cid:image006.png@01D26BFE.58E12120]
> <https://www.facebook.com/CanCGMPLS/>
>
> [cid:image007.jpg@01D26BFE.58E12120]
> Join MY
> TCS<http://tradecommissioner.gc.ca/secure-securisee/sign-in-inscrivez-
> vous.aspx?lang=eng> / Privacy
> Notice<http://tradecommissioner.gc.ca/world-monde/143272.aspx?lang=eng
> > / Disclosure
> Notice<http://tradecommissioner.gc.ca/world-monde/TCS_disclosure-divul
> gation_SDC.aspx?lang=eng> / Find A Trade
> Commissioner<http://tradecommissioner.gc.ca/trade-commissioner-delegue
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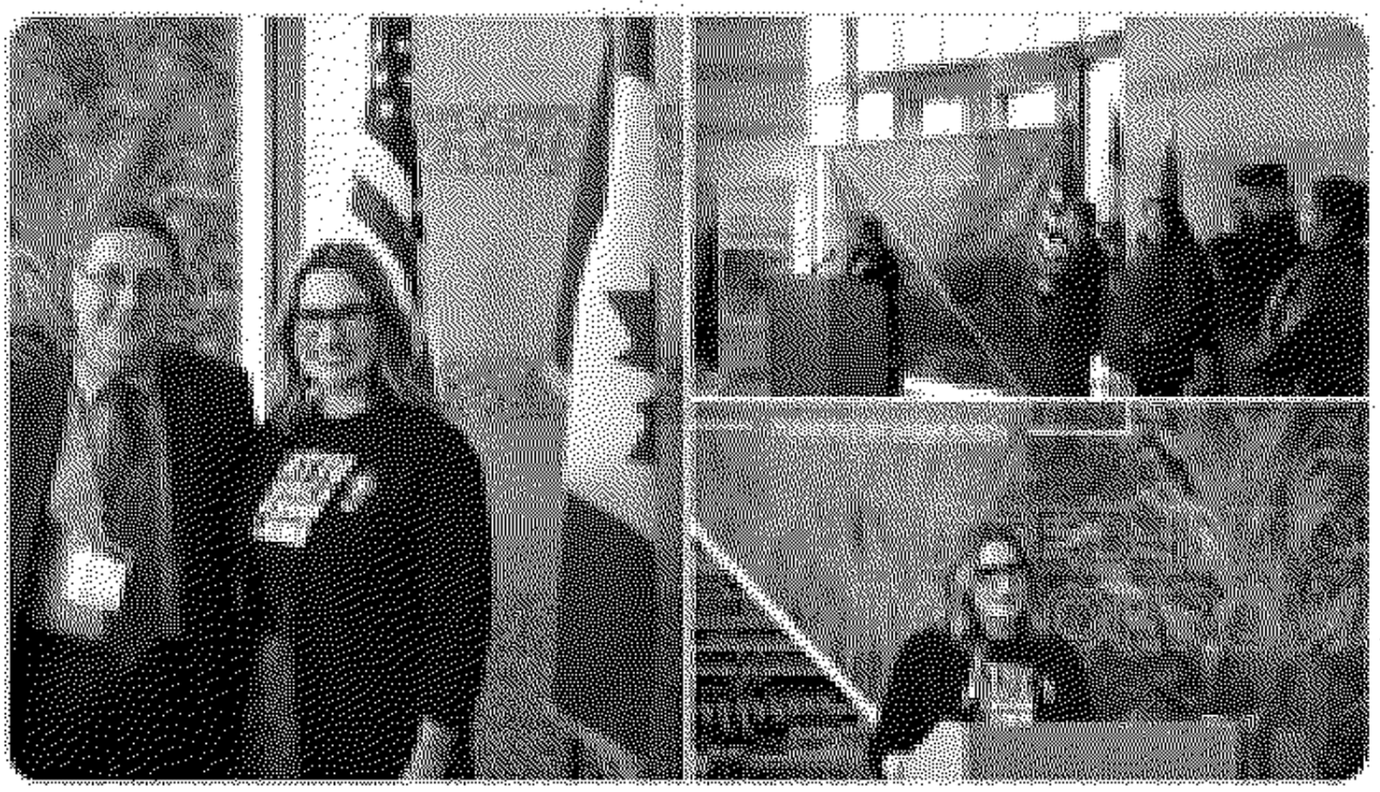
> SDC<http://deleguescommerciaux.gc.ca/secure-securisee/sign-in-inscrive
> z-vous.aspx?lang=fra> / Énoncé de
> confidentialité<http://deleguescommerciaux.gc.ca/world-monde/143272.as
> px?lang=fra> / Avis de
> divulgation<http://tradecommissioner.gc.ca/world-monde/TCS_disclosure-
> divulgation_SDC.aspx?lang=fra> / Trouvez un délégué
> commercial<http://deleguescommerciaux.gc.ca/trade-commissioner-delegue

> -commercial/search-recherche.aspx?lang=fra>
>
>
> _____
>
> _____
>
> [1] Three additional companies, one from Alberta and two from Ontario, had initially applied for the mission but unfortunately cancelled their participation.
> <image001.jpg>
> <image003.jpg>
> <image004.jpg>
> <image005.gif>
> <image006.gif>
> <image007.jpg>
> <image008.jpg>
> <REPORT - IndigneousWomenLGBTQ Food Business Mission to Minneapolis -
> Oct 2019.pdf>

Lt. Governor Peggy Nagagan @
@PeggyNagagan

Miigwech to Canadian Consul General [illegible] for welcoming me to Canada's #IndigenousPeoplesDay Celebration in MN! I'm having a great time with our North American brothers and sisters, celebrating our shared Native history and eating some pretty delicious Indigenous foods.



5:28 PM · Oct 14, 2019 · Twitter for iPhone

6 Retweets 53 Likes

From: Arora, Anil (STATCAN)

Sent: 2019-12-08 9:19 PM

To: Namiesniowski, Tina (PHAC/ASPC)

Cc: Tam, Dr Theresa (PHAC/ASPC); Johnstone, Marnie (PHAC/ASPC); Patrice, France (PHAC/ASPC); Barr-Telford, Lynn (STATCAN); Forsberg, Melanie (STATCAN); Kropp, Rhonda (STATCAN)

Subject: Re: Our upcoming meeting

Hi Tina,

Likewise, we look forward to strengthening our partnership with you as well as the whole health portfolio. We have done some good collaborative work over the last year which has taught us some good lessons. We look forward to sharing our experiences as well as deepening our collaboration in the areas you have outlined and more!

Take care!

Anil Arora

Chief Statistician of Canada
Statistics Canada / Government of Canada
anil.arora@canada.ca / Tel: 613-951-9757

Statisticien en chef du Canada
Statistique Canada / Gouvernement du Canada
anil.arora@canada.ca / Tél.: 613-951-9757

On Dec 8, 2019, at 9:06 PM, Namiesniowski, Tina (PHAC/ASPC) <tina.namiesniowski@canada.ca> wrote:

> Anil
>
> We are looking forward to meeting you and your team to have a discussion on specific areas of mutual interest, to learn from you/Stats Can on your related experience and explore ways that we can work together bilaterally (at some point it probably makes sense to meet trilaterally with Health Canada as well. In the meantime we've got some PHAC specific needs that we'd like to discuss).

Specifically, we want to:

· Learn about your/Stats Can's vision and experience with your data strategy and transformation activities. We have a PHAC data strategy that's pretty ambitious but we are in early days so would like to learn from you;
· Discuss key findings from the CPHO annual report (soon to be released - assuming a December tabling date in Parliament - on stigma and its impact on health. Learn about how Stats Can is addressing national data gaps eg disaggregated data on the health status of diverse populations (eg gender, race/ethnicity), to inform policies and programs on health equity.
· Discuss way forward for the National Drug Observatory, including Stats Can's value proposition;

Think would also be good just to touch base on your recent interactions with PTs in access to data and how that issue continues to unfold.

Looking forward to our mtg.

Tina

Sent from my iPhone

From: Arora, Anil (STATCAN)

Sent: 2019-12-04 1:51 PM

To: Arora, Anil (STATCAN)

Subject: Upcoming releases - Survey on Safety in Public and Private Spaces, 2018

Good morning,

On December 5th 2019, Statistics Canada will be releasing a *Juristat* report entitled "**Gender-based violence and unwanted sexual behaviour in Canada, 2018: Initial findings from the Survey of Safety in Public and Private Spaces**". This *Juristat* article will provide an in-depth analysis on the experiences of inappropriate behaviours in public, online and at work, as well as information on experiences and characteristics of violent victimization. Using data from the 2018 Survey of Safety in Public and Private Spaces (SSPPS), this gender-based analysis fills a critical gap by measuring behaviours that have not previously been a focus of other surveys.

In addition, on December 9th Statistics Canada will be releasing another report using the SSPPS data entitled "**Perceptions related to gender-based violence, gender equality, and gender expression**". This *Juristat* Bulletin-Quick Fact will examine Canadian's perceptions of and attitudes towards gender-based violence, gender equality, and gender expression.

The Survey of Safety in Public and Private Spaces is part of the Government of Canada's *It's Time: Canada's Strategy to Prevent and Address Gender-Based Violence.* The SSPPS is the first of three surveys developed by Statistics Canada in collaboration with Women and Gender Equality Canada as part of the Strategy.

Both reports will be released with infographics highlighting key results.

++++++++++

Bonjour,

Le 5 décembre 2019 Statistique Canada diffusera un rapport *Juristat* intitulé « **La violence fondée sur le sexe et les comportements sexuels non désirés au Canada, 2018 : Premiers résultats découlant de l'Enquête sur la sécurité dans les espaces publics et privés** ». Cet article de *Juristat* présente une analyse approfondie des expériences vécues relativement à des comportements inappropriés en public, en ligne et au travail, ainsi que des renseignements portant sur les expériences de victimisation avec violence et les caractéristiques de cette victimisation. Réalisée au moyen des données de l'Enquête sur la sécurité dans les espaces publics et privés (ESEPP) de 2018, cette analyse comparative entre les sexes comble une lacune fondamentale en mesurant des comportements sur lesquels aucune autre enquête n'a porté de façon spécifique auparavant.

De plus, le 9 décembre Statistique Canada diffusera un autre rapport basé sur les données de l'ESEPP intitulé «**Perceptions à l'égard de la violence fondée sur le sexe, de l'égalité des genres et de l'expression de genre** ». Le Bulletin *Juristat* - En bref porte sur les perceptions et les attitudes des Canadiens à l'égard de la violence fondée sur le sexe, de l'égalité des genres et de l'expression de genre.

L'Enquête sur la sécurité dans les espaces publics et privés fait partie de la stratégie annoncée par le gouvernement du Canada *Il est temps : la Stratégie du Canada pour prévenir et contrer la violence fondée sur le sexe*. L'ESEPP est la première d'une série de trois enquêtes développées par Statistique Canada en collaboration avec Femmes et Égalité des Genres Canada dans le cadre de la Stratégie.

Chacun des rapports sera accompagné d'une infographie présentant les statistiques clés.

Anil Arora

Chief Statistician of Canada
Statistics Canada / Government of Canada
anil.arora@canada.ca / Tel: 613-951-9757

Statisticien en chef du Canada
Statistique Canada / Gouvernement du Canada
anil.arora@canada.ca / Tél.: 613-951-9757

Subject: Meeting w/ Dr. Charu Kaushic
Location: 130 Colonnade rd. room 146-B pls contact Robyn upon arrival 954-0594

Start: Tue 2019-12-17 3:30 PM
End: Tue 2019-12-17 4:30 PM
Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: Tam, Dr Theresa (PHAC/ASPC)
Required Attendees: kaushic@mcmaster.ca; Macey, Jeannette (PHAC/ASPC); Johnstone, Marnie (PHAC/ASPC); Elmslie, Kim (PHAC/ASPC); Namiesniowski, Tina (PHAC/ASPC)
Optional Attendees: Ephrem, Bersabel (PHAC/ASPC)

Agenda and CIHR Deck added on Dec 17th @ 8:57 am.


2019.12.17 - PHAC-III meetin...


2019.12.17 - Agenda_PHAC_C...

From: Kaushic, Charu [mailto:kaushic@mcmaster.ca]
Sent: 2019-10-08 1:01 PM
To: Tam, Dr Theresa (PHAC/ASPC)
Cc: Pattison, Tiffany
Subject: Meeting to discuss AMR and other public health related files

Dear Dr. Tam,

I am reaching out to introduce myself, as the (relatively) new Scientific Director of CIHR Institute of Infection and Immunity (III). I took over in this position in July 2018 and although my staff and I work quite closely with Kim Elmslie and her staff on a number of files, I have not yet had a chance to meet with you one on one. I think that might be overdue, so I thought I would reach out and see if something could work out between our schedules.

For background, as you may know, III is the CIHR lead on AMR, HIV, HepC, Pandemic Preparedness, Vaccine research and currently we are in the process of developing a strategic plan for next 5 years (not to be confused with CIHR's overall Strategic Plan which is also under development). The Institute strategic plan is within the mandate of Infection and Immunity and is coincident with the changing of guard with the Scientific Directors. The strategic plan will hopefully provide for me the road map for where our strategic investments will be over next few years, during my mandate.

I would love to provide you some background and discuss how you could provide us some input into our strategic plan from a public health perspective. Also happy to discuss other files like TB, which are a growing interest at CIHR.

I am in Ottawa every month, sometimes multiple times, so I would be happy to come to your office on one of my trips. My next trip is coming up next week, but I am happy to schedule it whenever your schedule allows.

Best regards
Charu

Charu Kaushic. PhD

Scientific Director/Institute of Infection and Immunity
Canadian Institutes of Health Research (CIHR)/Government of Canada
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Professor, Department of Pathology and Molecular Medicine
McMaster University, MDCL 4010
1280 Main Street West, Hamilton, Ontario L8S4K1

CIHR IRSC
Discoveries for life

AGENDA

Opportunities for Collaboration

between

Canadian Institutes of Health Research- Institute of Infection and Immunity (CIHR-III)

and

Public Health Agency of Canada (PHAC)

Date: Tuesday, December 17, 2019
Time: 3:30 pm- 4:30 pm EDT
On-site location: PHAC, 130 Colonnade Rd, Room 146-B
Upon Arrival to PHAC: Contact Robyn at 613-954-0594

Participants:

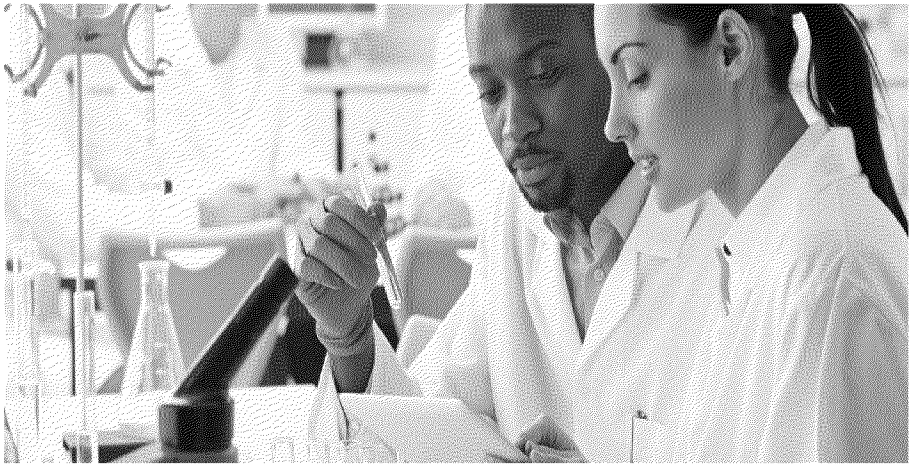
PHAC
Tina Namiesniowski, President
Theresa Tam, Chief Public Health Officer
Kim Elmslie, Vice-President of the Infectious Disease Prevention & Control Branch
Bersabel Ephrem, Director General, Centre for Communicable Diseases & Infection Control
Marnie Johnston, Executive Director in President's office

CIHR-III
Charu Kaushic, Scientific Director – CIHR III
Suzette Dos Santos, Project Lead Initiative Management and Institute Support – CIHR III

Agenda Item	Participant
1. Roundtable introductions	All
2. CIHR overview and CIHR-III initiatives of interest to PHAC ○ CIHR/III/HIV&STBBI Strat planning ○ AMR (including JPIAMR) ○ HIV & STBBI ○ Pandemic preparedness (including GloPID-R) ○ Vaccines ○ Tuberculosis ○ Microbiome Initiative	C. Kaushic in discussion with all PHAC Team
3. Future areas of collaborations	All

CIHR IRSC

Canadian Institutes of Health Research | Instituts de recherche en santé du Canada



CIHR Institute of Infection and Immunity

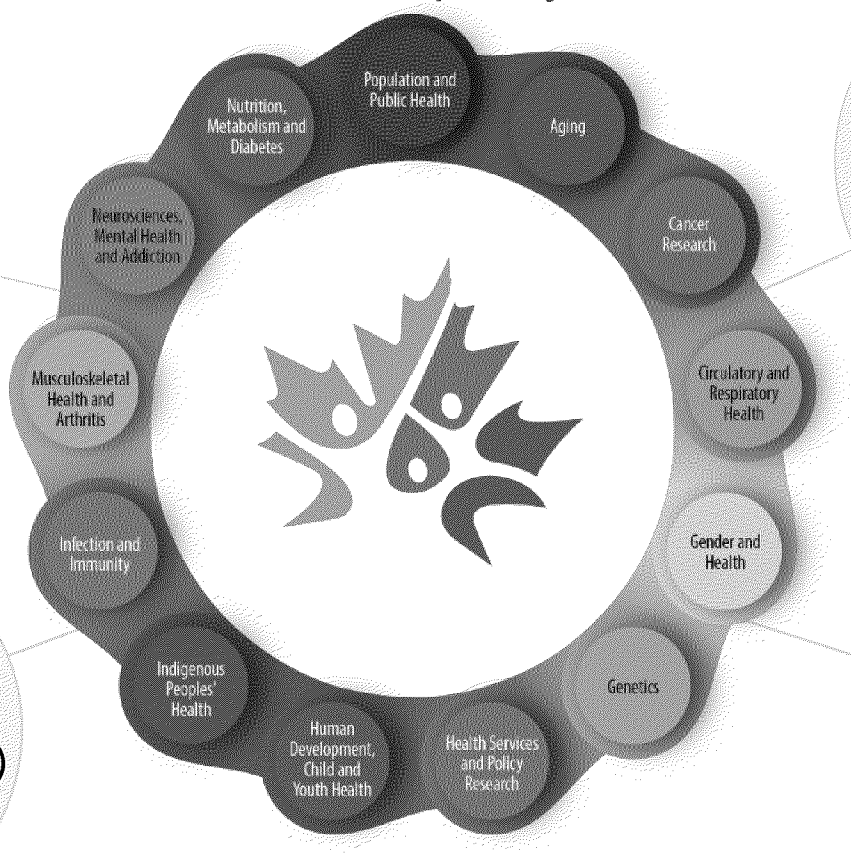
Purpose: To provide a general overview of CIHR Institute of Infection and Immunity and discuss joint files with PHAC

Overview of CIHR

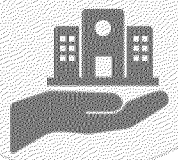
According to the CIHR Act, CIHR is mandated to:

"advise the Minister in respect of any matter relating to health research or health policy"

250 +
Partners

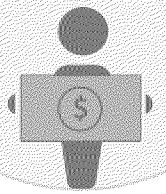


265 +
Institutions supported



$1.18B
Forecasted budget* (2019-20)

7,400+
Grants and awards



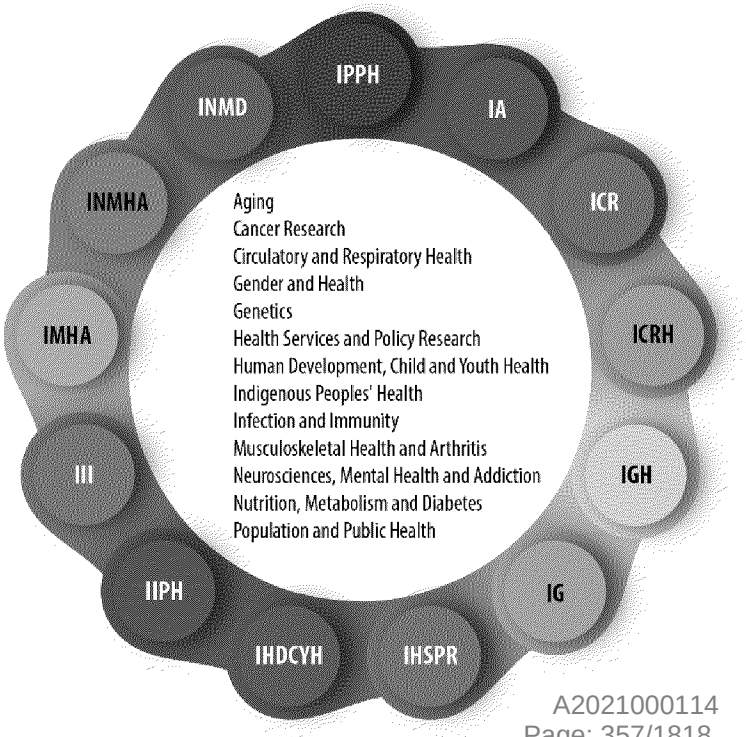
*Source: Main Estimates (https://www.canada.ca/en/treasury-board-secretariat/services/planned-government-spending/government-expenditure-plan-main-estimates/2019-20-estimates/main-estimates.html)

Institutes

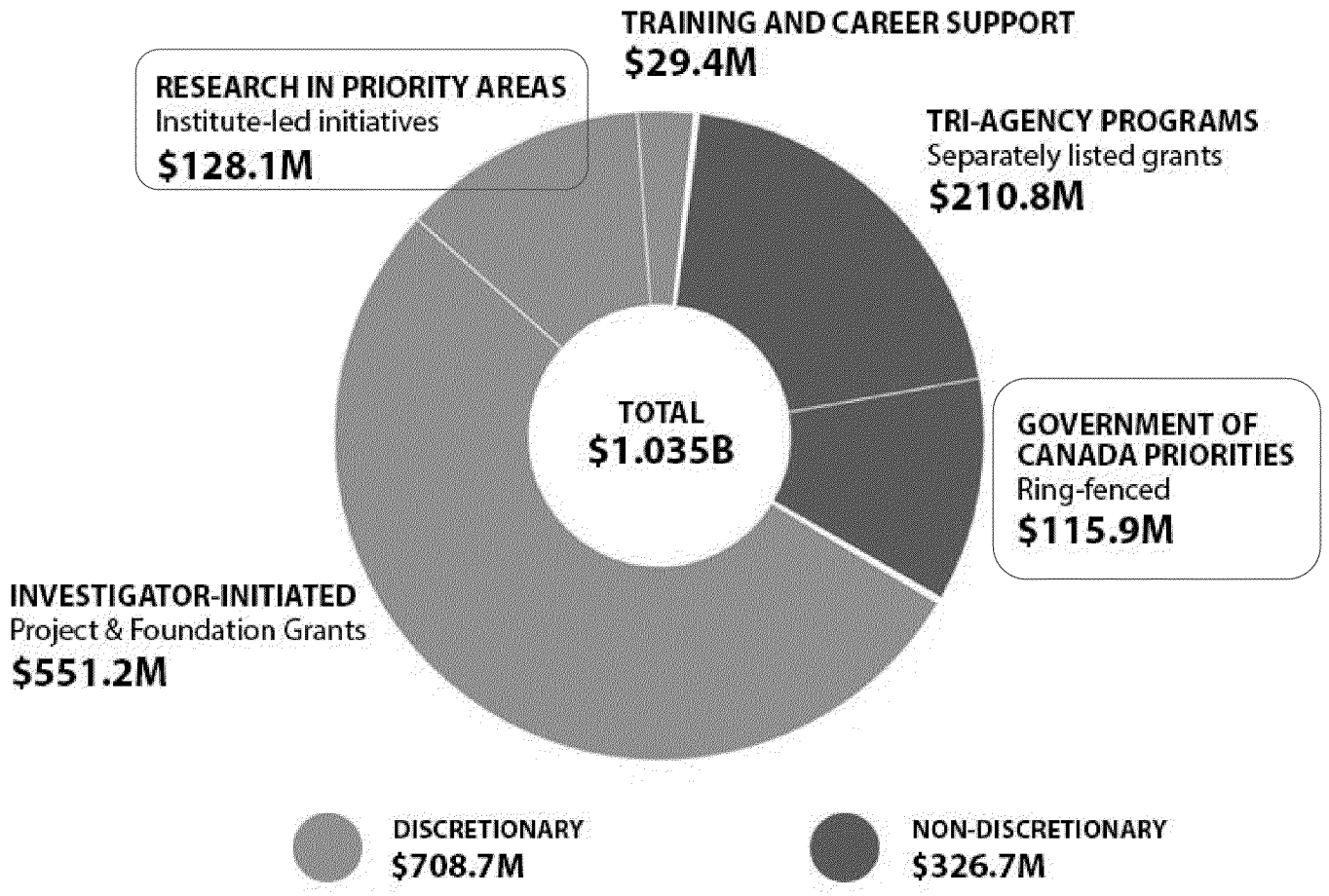
- A **unique model** for health research, CIHR Institutes share the responsibility for fulfilling its mandate.

- Each institute is a **network of researchers** brought together to support a broad spectrum of research in its topic areas and, in consultation with its stakeholders, **sets priorities for research in those areas**.

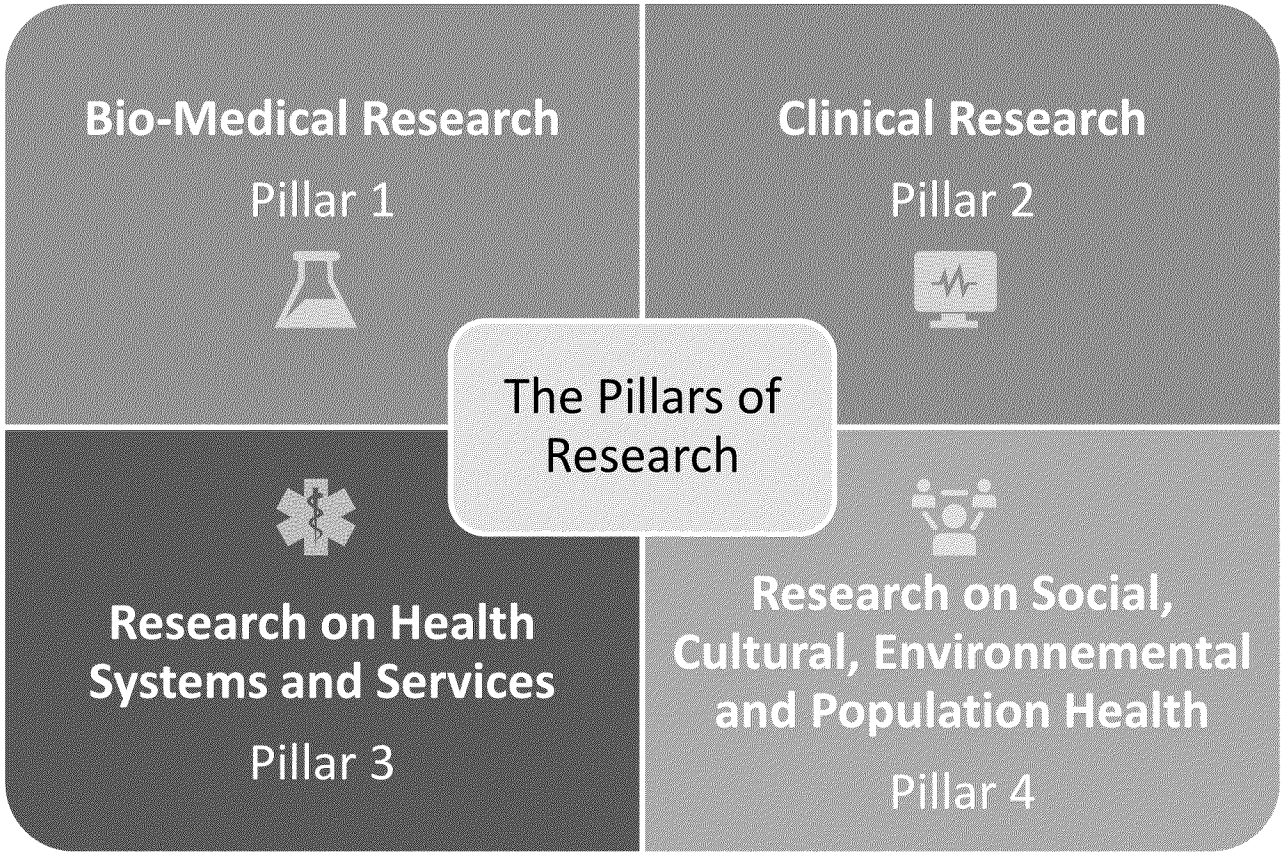
- The model enables optimal use of existing knowledge to fill research gaps, **maximize cooperation** and **minimize duplication**.



The CIHR Grants and Awards Expenditures



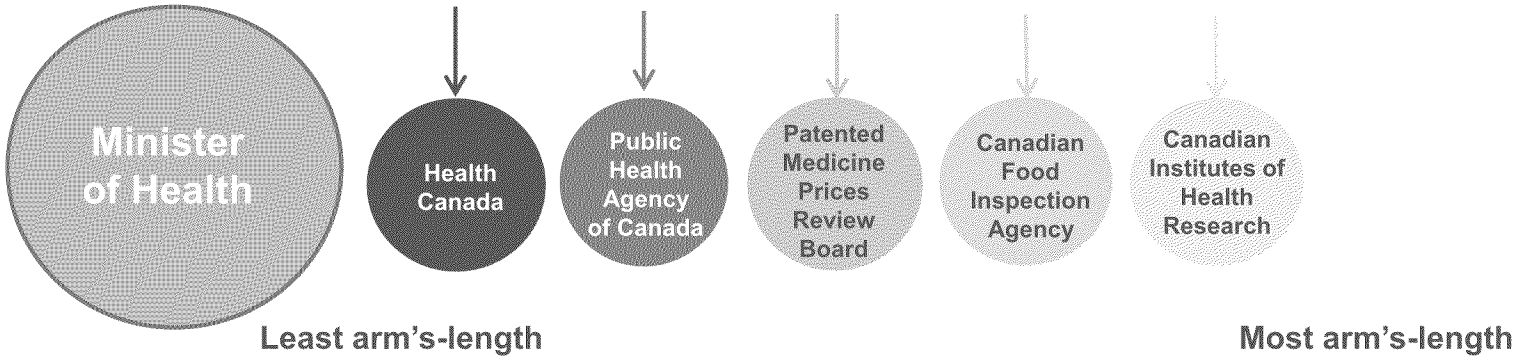
The CIHR Pillars of Research



CIHR's Role within the Health Portfolio

As a Government of Canada agency within the Health Portfolio, CIHR must fulfill certain functions:

- **Report to Parliament** (e.g., Departmental Results Report)
- **Advise the Minister of Health** in respect of any matter relating to health research or health policy
- **Support federal government policy directions** (e.g., participate in parliamentary committee hearings)

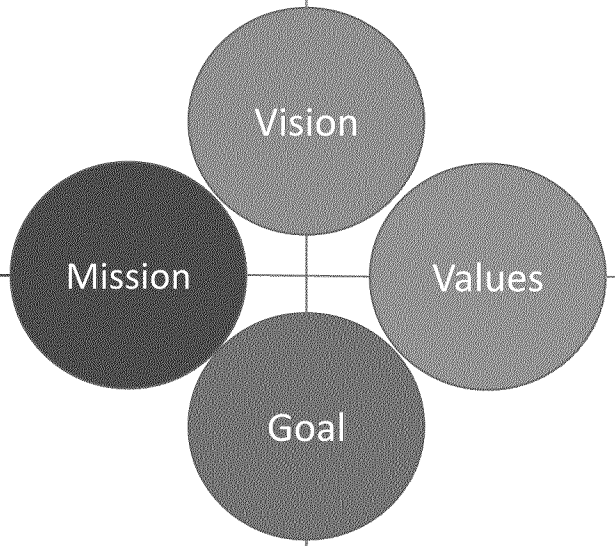


As per the *CIHR Act*, CIHR is managed by a Governing Council, rather than directly by the Minister of Health.

CIHR Institute of Infection and Immunity

To be the **Canadian focal point of reference** to harness research in infection and immunity

To become the national and international reference in the **utilization of those research results to improve health care**



Provide **national leadership, priorities** and **programs** to promote novel infection and immunity research

Excellence, **Scientific Integrity** and **Ethics**, **Collaboration**, **Innovation**, and **Public Interest**

Promotes and supports excellence in research in infection and immunity

Identify research priorities, establish partnerships and undertake collaborative research initiatives

Strategic Plans

CIHR IS DEVELOPING A NEW STRATEGIC PLAN (2020-2025)

STAKEHOLDER ENGAGEMENT & ANALYSIS — **DEVELOP & VALIDATE PRIORITIES AND DRAFT PLAN** → **PUBLIC LAUNCH**

MAY 2019 — **JANUARY 2020** — **JUNE 2020**

CIHR III NEW STRATEGIC PLAN (2021-2025)

PLANNING
Building Consensus on Planning

SETTING THE PRIORITIES
Survey, Focus Groups, Workshops

CONCEPTUAL FRAMEWORK
Draft of Strategy, Key informant interviews

PRODUCTION
Strategic Plan production & publication

→ **PUBLIC LAUNCH**

SPRING 2019 → **JULY 2019 – FEB 2020** → **MARCH – JULY 2020** → **AUG – OCT 2020**

CIHR HIV&STBBI STRATEGIC PLAN (2020-2025)

PHASE 1
Information gathering, Engagements, Prioritization

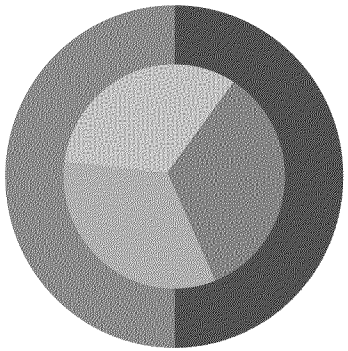
PHASE 2
Strategic plan drafting and Validation

PHASE 3
Strategic plan production & alignment

→ **PUBLIC LAUNCH**

SPRING – FALL 2019 → **WINTER 2020** → **SUMMER 2020**

CIHR-III Strategic Plan 2019-2020

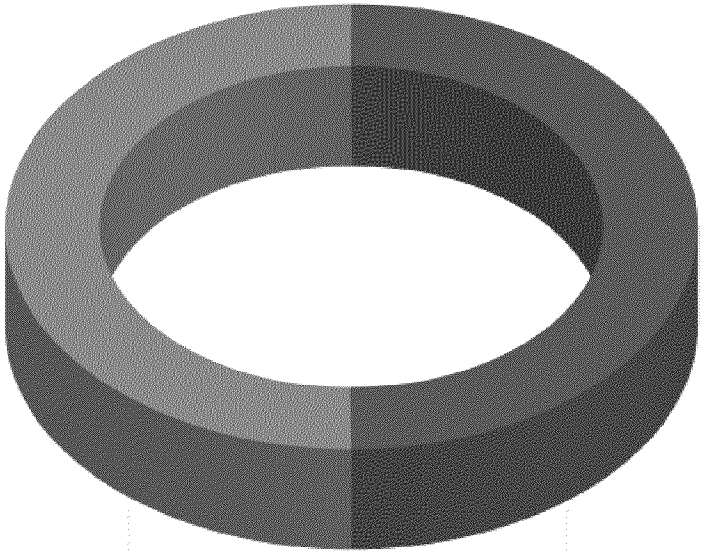


STRATEGIC OBJECTIVE 1 Strengthen and coordinate infection and immunity research

Priority 1

Prepare and respond to current and emerging threats to health

- Antimicrobial Resistance
- Tuberculosis
- Global health
- Vaccines



Priority 2

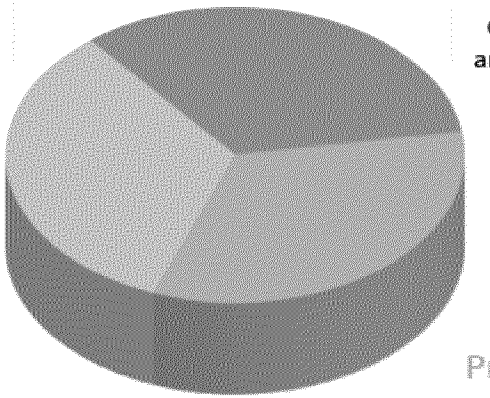
Integrate infection and immunity knowledge in the control and prevention of chronic diseases

- Inflammation
- Diabetes

STRATEGIC OBJECTIVE 2 Ensure the application and impact of research

Priority 3

Collaborations and Partnerships



Priority 1

Support through Life-span

(Capacity Development)

Priority 2

Communications Strategy

HIV and STBBI

Federal Initiative to Address HIV/AIDS in Canada

- CIHR HIV/STBBI Research Initiative is responsible for the management and oversight of the research components of the Federal Initiative to Address HIV/AIDS in Canada

$21 Million Per Year

- **New expanded scope** to encompass HIV, Hepatitis C and other STBBIs
- Strategic Planning to determine **2020-2025 research priorities** for launch in Fall 2020
- Exploring international partnership opportunities and c**omplementary between teams** (CanCURE and NIH Martin Delaney Collaboratory: Towards an HIV-1 Cure)

Antimicrobial Resistance

CIHR AMR Research Initiative

- CIHR AMR Research Initiative supports the development of a broader, more cohesive engagement and actions, methods and tools to combat AMR and improve antibiotic use

$1.8 Million Per Year

- **Pan-Canadian Action Plan** on AMR to launch in Spring 2020 under the following pillars:
  - Surveillance
  - Stewardship
  - Infection Prevention and Control
  - Research and Innovation

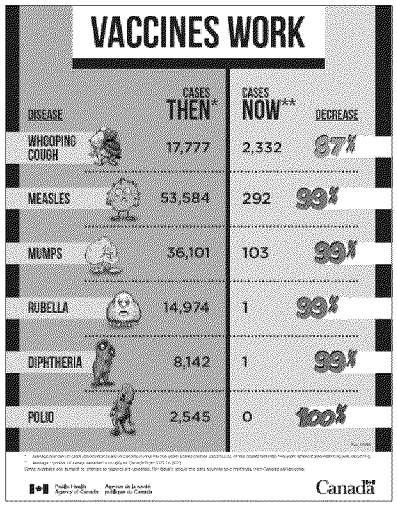
Joint Programming Initiative on AMR (JPIAMR)

- 27 countries who support **collaborative action** to fill knowledge gaps in AMR
- III leading **JPIAMR – Virtual Research Institute**, a virtual platform to connect research networks and research performing institutes in a larger global network with a One Health approach

Vaccines

Canadian Immunization Research Network

- $10 Million of CIHR and PHAC funding from 2017 – 2022
- Network of vaccine researchers across Canada that develop and test methodologies related to vaccines – **safety, immunogenicity & effectiveness**, **program implementation & evaluation**
- Rapid response capacity with ability and infrastructure to scale for emerging threats



Themes of Current Research Studies

- Addressing **vaccine hesitancy** and monitoring **vaccine refusal**
- Vaccine studies on Ebola, influenza, pneumococcal disease
- Canadian National Vaccines **Safety** Network
- Development of Human Challenges Capacity

Coalition of Epidemic Preparedness Innovation

- Partnership on secondment at CEPI for III mid-career investigator

CEPI | New vaccines for a safer world

Tuberculosis

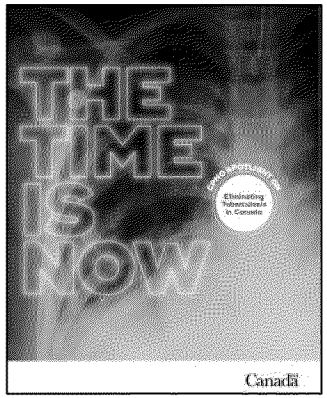
- TB is a major global health problem and leading cause of death worldwide
- **Indigenous Peoples** and **foreign-born individuals** from high TB incidence countries are disproportionally affected by **persistently higher rates of infection** in Canada

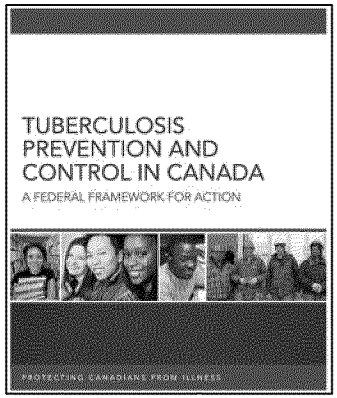
Canadian born non-Indigenous	Foreign-born	Canadian born Indigenous	First Nations	Métis	**Inuit**	Total Canada
0.5	14.7	21.5	17.1	3.5	**205.8**	4.9

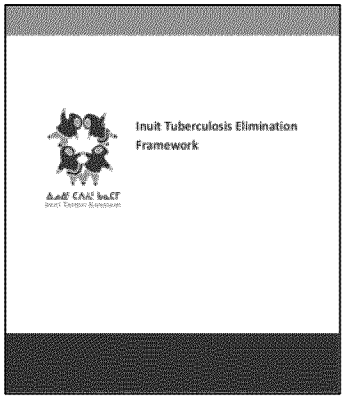
2030 GOAL

On **March 23,2018,** the **Government of Canada** announced their commitment to eliminating TB in Canada's North by **2030**

Government of Canada / Gouvernement du Canada







- **TB Eradication Plan** in Canada's North **is to be led by the Inuit Tapiriit Kanatami (ITK)**
- **CIHR-III, ICRH and IIPH** are discussing the potential contribution of research in the eradication plan with ITK, including development of a strategy that aligns with the Inuit TB Framework

Pandemic Preparedness

Global Research Collaboration for Infectious Disease Preparedness

- GloPID-R brings together funding organizations on a global scale to facilitate outbreak preparedness and rapid response
  - Renewed GloPID-R strategy to have more focus on Preparedness
  - Discussion on governance and engagement of members
  - Exploration of the capacity of different members

- Collaborative funding approach in which III is leading the **Joint Funding Working Group** for outbreak preparedness

Dr. Kaushic is Co-Chair of GloPID-R

- Identify critical challenges & knowledge gaps
  - WHO R&D Blueprint for Action to Prevent Epidemics

Canadian Microbiome Initiative 2

$17.5 Million Per Year

- To support **translational research** on the **causational links** between microbiome and human health and disease and bring the **microbiome research community together**

Phase 1 – Research Core

Supports the development of key infrastructure:

- Repository of bacterial strains
- Repository of harmonized research protocols
- Enhanced cohorts with microbiome samples
- Hub to facilitate interdisciplinary training, networking, collaboration, knowledge exchange

Phase 2 – Research Teams

The proposed Research Teams will:

- Create knowledge through translational research on the **causational links** between microbiome and health and disease, for the **development of new preventative and therapeutic interventions**
- Utilize the resources of the Core, build synergies, facilitate data sharing and knowledge translation

Capacity Building

Career Transition Awards

- III has identified Capacity Building as a foundational priority
  - It's crucial to strategically support the next generation of researchers and key factors have been identified in limiting entry of the new generation into the faculty labor market

- III is beginning to develop a **Transition to Academia Initiative** in order to:
  - Increase the number of III Early Career Researchers in Canada
  - Increase career readiness of PDFs in III research
  - Support the timely transition of PDF trainees into launching an independent research career

COLLABORATION PHAC – CIHR-III

Public Health Agency of Canada
Agence de la santé publique du Canada

CIHR IRSC Institute of Infection and Immunity
Institut des maladies infectieuses et immunitaires

MOVING FORWARD

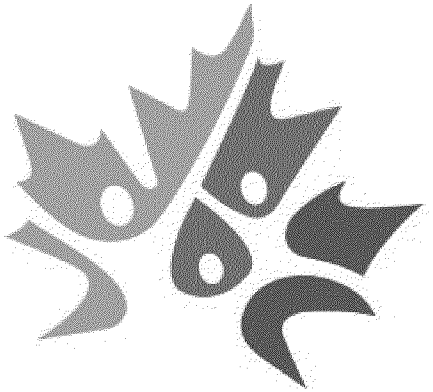
- In summary, CIHR-III is engaging in strategic planning to determine research priorities for the **CIHR-III 2021-2025 Strategic Plan** and the **CIHR HIV/AIDS and STBBI Strategic Plan** to launch in **Fall 2020**

- Emerging opportunities

  Tuberculosis | Global Health | Vaccines

- Current and upcoming initiatives

  Lyme | AMR | HIV/AIDS and STBBI



CIHR IRSC

Canadian Institutes of Health Research

Instituts de recherche en santé du Canada

Discoveries for life / Découvertes pour la vie

HIV and STBBI

Recent Funding Activity

2019

- **Centres for HIV/AIDS, Hepatitis C and other STBBIs Research – $10M**
  - CIHR Centre for REACH in HIV/AIDS (REACH 3.0), PI: Dr. Sean Rourke
  - Feast Centre for Indigenous STBBI Research, PI: Randy Jackson
  - Wuniska! Indigenous Centre on HIV/HCV/STBBI Inequities, PI: Alexandra King

2018

- **HIV/AIDS Biomedical and Clinical Research – Prevention and Cure – $20M**
  - **Prevention:** Unlocking HIV-1 Towards a Cure, PI: Andrés Finzi
  - **Prevention:** CD8 T Cell Based Eradication of HIV Reservoirs, PI: Mario Ostrowski
  - **Prevention:** The Microbiome in HIV Prevention, PI: Adam Burgener
  - **Prevention:** Combination HIV Prevention: Using Anti-Retroviral and Anti-Inflammatory Medications to Prevent New HIV Infections, PI: Keith Fowke
  - **Cure:** Canadian HIV Cure Enterprise 2.0, PI: Eric Cohen

- **CIHR Clinical Trial Network in HIV/AIDS – $22.85M**
  - CIHR Clinical Trial Network in HIV/AIDS, PI: Anis Aslim

Antimicrobial Resistance

Recent Funding Activity

2019

- **Network for Global Governance Research on Infectious Disease – $2M**
  - One Health Network for the Global Governance of Infectious Disease and Antimicrobial Resistance, NPI: Dr. Ronald Labonté
- **JPIAMR Diagnostic and Surveillance (15 Member States) – $1.8M**
  - Results to be announced soon

2018

- **AMR: Point-of-Care Diagnostics in Human Health Phase 2 – $2M**
  - PoC Diagnostic Discrimination Between Bacterial & Viral Infections Using a Nanostructured Platform Device for Detection of Host Biomarkers, NPI: Dr. Robert Burrell
  - Reducing the burden of AMR via rapid diagnosis of UTIs, NPI: Dr. Ian Lewis
  - Development of an automated PoC system for rapid multiplex detection and AMR profiling of microbial pathogens, NPI: Dr. Tony Mazzulli

From: Tam, Dr Theresa (PHAC/ASPC)
Sent: 2019-12-23 10:59 AM
To: Hartigan, Maureen (PHAC/ASPC); Johnstone, Marnie (PHAC/ASPC)
Subject: FW: Hia funding new release

FYI - Good News spreading across DM level.

Vaccines have not been part of pharmacare discussions to date but they could be, at least for rare diseases. While in the preceding few years we have tried to "right size" our engagement on pipelines for vaccines and MCMs, we may have to regroup and think about our role in these innovation pathway discussions. At a minimum we have to keep up with what is going in other federal departments and ensure that the HC DM knows PHAC need to be informed of these developments.

TT

From: Lucas, Stephen (HC/SC)
Sent: 2019-12-23 10:37 AM
To: Stewart, Iain
Cc: Perron, Sony (AADNC/AANDC) ; Kennedy, Simon (IC) ; Szumski, Roman (Ext.) ; Krishnan, Lakshmi (Ext.) ; Turcot, Marcel ; Tremblay, Jean-Francois (AADNC/AANDC) ; Namiesniowski, Tina (PHAC/ASPC) ; Tam, Dr Theresa (PHAC/ASPC) ; Saulnier, Marcel (HC/SC) ; Sabourin, Pierre (HC/SC)
Subject: Re: Hia funding new release

Iain - great news indeed! This will help us learn for the innovation pathway for rare diseases that we're developing.

Steve

Stephen Lucas, PhD
Deputy Minister
Health Canada

On Dec 23, 2019, at 10:33 AM, Stewart, Iain <Iain.Stewart@nrc-cnrc.gc.ca> wrote:

> Dear Sony,
>
> Some fantastic news to share regarding a file of mutual interest! You'll recall when we met over the summer that we'd discussed the Hia vaccine that was developed jointly via PHAC and the NRC… at the time, the vaccine had been licensed to a Canadian company but so far failed to attract required funding for clinical trials. I'm very pleased to inform you that, via fundraising efforts from stakeholders at the McGill University Health Centre (MUHC), a generous commitment of $1 million dollars has been made by The Hewitt Family Foundation towards the completion of Phase 1 human clinical trials.
>
> Worth noting that the Phase 1 trials will involve testing of the vaccine for safety in a general population, before potentially moving towards assessment in affected populations in Phases 2 and 3. As you well know, hundreds of Indigenous infants and immunocompromised adults are at risk of infection each year, primarily in the North. Naturally, as the project moves forward we're committed to ensuring continued and ongoing engagement with Indigenous groups.

This development is a significant step forward, with hope of more to follow. News of the funding donation will be announced via the MUHC likely in early/mid-January. I look forward to future discussions as we continue to move forward in addressing a significant challenge to the health of Indigenous communities in the North.

With best regards,

Iain

From: Tam, Dr Theresa (PHAC/ASPC)
Sent: 2019-12-24 12:18 PM
To: Bell, Tammy (PHAC/ASPC); Rendall, Jennifer (PHAC/ASPC)
Cc: McLeod, Robyn (PHAC/ASPC)
Subject: FW: IPAC New Public Servants Workshop - Invitation To Be A Speed Mentor

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From [redacted]
Sent: 2019-04-11 3:30 PM
Subject: IPAC New Public Servants Workshop - Invitation To Be A Speed Mentor

Hello there,

The Institute of Public Administration of Canada (IPAC) is hosting an exciting workshop for new public servants on **May 16, 2019** at Ottawa Art Gallery at 50 Mackenzie King Bridge in Ottawa. The theme of this year's workshop is "**Be the change, lead the change.**" New public servants can expect the challenges of the future to be both complex and surprising. Meeting these challenges will require innovative thinking, leveraging new tools and resources, and working collectively across all orders of government along with the public and the private sector to ensure we leverage those best positioned to achieve results. This workshop aims to leave participants excited and inspired to drive positive change in their careers, and to ultimately take action within their organizations to better serve Canada. We are expecting approximately 150 new participants, mainly comprised of professionals from Carleton University, École nationale d'administration publique, Queen's University, the University of Ottawa, and new public servants from all orders of government.

A team member from the IPAC Workshop Organizing Committee has identified you as a potential speed mentor. We believe your participation in the workshop will provide an important and motivating contribution to our workshop participants. I would like to invite you to be a **speed mentor** from **3:00-3:45pm** for the **Speed Mentoring session.** This session consists of a series of 10-minute speed mentoring rotations where workshop participants will have the opportunity to practice their elevator pitches, ask questions, and get answers. If you are able to participate, you are invited to stay for the closing keynote with Alex Benay, and receive free admission to our networking event at Jackson from 5:00-7:00pm.

An indication of whether you are able to accept this invitation would be greatly appreciated by **April 18, 2019**. If you are interested, please confirm if you are comfortable to support this session in both official languages; if not, please indicate your preference. I would be happy to work with you to confirm the logistics of this session, to discuss the workshop theme in greater detail, and to assist in any way possible to maximize your participation.

Thank you for considering our invitation. I look forward to hearing from you.

Sincerely,

[redacted]

From:	Kropp, Rhonda (STATCAN)
Sent:	2019-12-19 2:15 PM
To:	Tam, Dr Theresa (PHAC/ASPC)
Subject:	FW: Information Release Schedule
Attachments:	Branch Release Schedule 2019-2020 DEC 2019.xlsx

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fyi

From: Kropp, Rhonda (STATCAN)
Sent: December 19, 2019 8:35 AM
To: Brzozowski, Jodi-Anne (HC/SC) <jodi-anne.brzozowski@canada.ca>; Abdou, Sheriff (PHAC/ASPC) <sheriff.abdou@canada.ca>; Ugnat, Anne-Marie (PHAC/ASPC) <anne-marie.ugnat@canada.ca>
Cc: Gravel, Ron (STATCAN) <ron.gravel@canada.ca>; Tremblay2, Sylvain (STATCAN) <sylvain.tremblay2@canada.ca>; Saunders, Kelly (STATCAN) <kelly.saunders@canada.ca>
Subject: Information Release Schedule

Hello all,

I've been having bilateral discussions with many of you about our desire to better coordinate our releases…..both in terms of joint planning with you all regarding our collective analysis plans going forward (in hopes of finding opportunities for us to co-release info, or draw attention to each other's releases) and also to ensure everyone has a sufficient heads up of what is coming up.

In the new year, I would love to gather us all together to see if we can't find a way to choose some key health topics we'd like to release data/info on together…either through joint work or through releasing complimentary info on the same topics at the same time. I also plan to chat with CIHI about this. Great chance for us to maximize impact and reach of our info to those who need it going forward.

Until then, attached as a start is our release schedule for the coming three months. We'll be happy to share this regularly so you know what is coming up when. Jodi-Anne, we have a series on Care Giving that may be of particular interest to you guys. You'll see a series of releases coming up in Jan and Feb.

Wishing you all a very happy holidays and thank you very much for our ongoing work together!!!

Rhonda

Rhonda Kropp

Director General – Health, Justice, Diversity and Populations Branch

Social, Health and Labour Statistics Field
Statistics Canada / Government of Canada
rhonda.kropp@canada.ca / Tel: 613-410-5452

Directrice générale — Direction de la santé, de la justice, de la diversité et des populations

Secteur de la statistique sociale, de la santé et du travail
Statistique Canada / Gouvernement du Canada
rhonda.kropp@canada.ca / Tél. : 613-410-5452

Release Schedule for Health, Justice, Diversity and Populations Branch (HJDPB)

Schedule Date(D/M/Y)	Branch	Release	Realease Category
DECEMBER			**Data Table/Fact Sheet/Publication/Infographic/Data File**
2019-12-12	Diversity and Sociocultural Statistics	Indigenous people with disabilities in Canada: First Nations people living off reserve, Métis and Inuit aged 15 years and older	
2019-12-12	Canadian Centre for Justice and Community Safety Statistics	Family violence in Canada: A statistical profile, 2018	Publication
2019-12-13	Canadian Centre for Justice and Community Safety Statistics	Data tables: Victims of police-reported violent crime, 2009 to 2018	Data table
2020-12-16	Diversity and Sociocultural Statistics	IMDB release and data tables: Socio-demo profile, incomes and mobility of immigrants	
2019-12-18	Centre for Population Health Data	Integration & Analysis: two new CODR tables (CanCHEC) CENSUS DATA to be released with health report	Data table
2019-12-19	Centre for Demography	Quarterly pop estimates, October 1st 2019.	Publication, CODR Table
JANUARY			
2020-01-08	Diversity and Sociocultural Statistics	Care Counts: Caregivers in Canada	
2020-01-13	Diversity and Sociocultural Statistics	IMDB (Immigration) 2018 data tables and data content release: Release 2	
2020-01-15	Diversity and Sociocultural Statistics	Care Counts: Care receivers in Canada	
2020-01-22	Diversity and Sociocultural Statistics	Care Counts: Receiving and providing care for a mental illness	
2020-01-28	Centre for Population Health Data	Vitals: Updated deaths data 1991 to 2017	Data file
2020-01-28	Centre for Demography	Life tables for Canada, provinces and territories, 2016-2018.	Publication, CODR Table
2020-01-29	Diversity and Sociocultural Statistics	Canadians with mental health-related disabilities	
2020-01-29	Centre for Population Health Data	Cancer: Cancer Incidence	Data table
FEBRUARY			
TBD/02/2020	Centre for Population Health Data	Vitals: Health fact sheet: Months of Births	Fact sheet
2020-02-13	Canadian Centre for Justice and Community Safety Statistics	Socio-economic outcomes of youth in restorative justice in Nova Scotia	Publication
2020-02-17	Diversity and Sociocultural Statistics	Care Counts: Caring for many (Sandwich caregiver)	
2020-02-19	Diversity and Sociocultural Statistics	Parental Leave in Canada	
2020-02-19	Centre for Population Health Data	CHMS: Relationship files & Indoor air	Data file
2020-02-20	Centre for Demography	Subprovincial pop estimates, July 1st, 2019. First time STC will release pop estimates at the CSD level (municipalities in Canada).	Publication, CODR Table, Infographic
2020-02-25	Diversity and Sociocultural Statistics	Study: The Black population in Canada: A portait of some socioeconomic challenges and issues	
2020-02-25	Centre for Population Health Data	Cancer: Cancer staging	Data table
2020-02-26	Canadian Centre for Justice and Community Safety Statistics	Police-reported hate crime, 2018	Publication, Infographic
MARCH			
2020-03-03	Centre for Population Health Data	Vitals: Health fact sheet; months of births	Fact sheet
2020-03-04	Diversity and Sociocultural Statistics	Care Counts: Women and Caregiving	
2020-03-05	Canadian Centre for Justice and Community Safety Statistics	Measuring efficiency in the Canadian criminal court system: Criminal court workload and case processing indicators	Publication, Infographic
2020-03-18	Diversity and Sociocultural Statistics	Persons with Disabilities by Industry and Occupation	
2020-03-19	Canadian Centre for Justice and Community Safety Statistics	Residential facilities for victims of abuse serving Indigenous communities in Canada, 2017/2018	Publication
2020-03-20	Diversity and Sociocultural Statistics	Education Levels in Nunavut and Inuit Nunangat	
2020-03-24	Diversity and Sociocultural Statistics	Population by language used at work, Canada, provinces, territories and Canada oustide Quebec	
2020-03-24	Diversity and Sociocultural Statistics	Population by language spoken at home, Canada, provinces, territories and Canada outside Quebec	
2020-03-24	Diversity and Sociocultural Statistics	Population by language spoken most often at home, Canada, provinces, territories and Canada outside Quebec	
2020-03-24	Diversity and Sociocultural Statistics	Document d'orientation sur le traitement et la diffusion des données sur les langues	
2020-03-24	Centre for Population Health Data	Focus: Canadian Health Survey on Children and Youth	Data file
2020-03-26	Canadian Centre for Justice and Community Safety Statistics	Survey on Individual Safety in the Postsecondary Student Population (SISPSP) - Provincial results	Publication, Infographic
2020-03-30	Diversity and Sociocultural Statistics	IMDB 2018 data tables: Release 3	
2020-03-30	Diversity and Sociocultural Statistics	Overqualification of English-speaking immigrants in the Montreal CMA	
2020-03-30	Canadian Centre for Justice and Community Safety Statistics	Trafficking in persons in Canada, 2018	Publication, Infographic
Late March	Canadian Centre for Justice and Community Safety Statistics	Civil Court Survey, 2018/2019	Data table
Late March	Canadian Centre for Justice and Community Safety Statistics	Survey of Maintenance Enforcement Programs: Child and spousal support, 2018/2019	Data table

From: Tam, Dr Theresa (PHAC/ASPC)
Sent: 2019-12-20 5:41 PM
To: Bell, Tammy (PHAC/ASPC); Rendall, Jennifer (PHAC/ASPC)
Cc: McLeod, Robyn (PHAC/ASPC)
Subject: FW: Invitation to IPAC-NCR Women in Leadership Event

---

I am not familiar with IPAC but Tina thinks this would be a good thing for me to do. I do think it is an opportunity to get myself better networked across the GoC.

Can you do some googling and give me some final advice before I respond? Deadline is Jan 31.

I think this is a nice thing to do though not a must. I am a bit concerned about timing and would prefer to do something like this when we are not in the full swing of budget discussions and Ministerial briefings etc.
TT

From: [redacted]
Sent: 2019-12-16 10:58 AM
To: Tam, Dr Theresa (PHAC/ASPC)
Subject: Invitation to IPAC-NCR Women in Leadership Event

Dear Ms. Tam,

On behalf of the National Capital Region (NCR) group of the Institute of Public Administration of Canada (IPAC), I would like to invite you to be a distinguished panelist at our event entitled *Women in Leadership*.

IPAC, founded in 1947, is an association of public servants, academics, and others interested in public administration who are dedicated to promoting excellence in public service. The NCR regional group maintains an active event program throughout the year and in partnership with Deloitte, is presenting a series on topics of interest to the Canadian public sector. Also, next year IPAC-NCR will be hosting the 72nd annual IPAC National Conference on August 16-19, 2020.

Our next event will focus on women in leadership. The most successful organizations in the world recognize that diversity and inclusion spur innovation, increase productivity and create a healthy, respectful workplace. Although there are signs of progress and growing momentum among senior leaders and employees to support diversity and inclusion across the public service, women only make up 55% of the public service, and only 48% of executives. What more can be done?

As Canada's Chief Public Health Officer, Public Health Agency of Canada, we would be honored to hear of your thoughts and perspectives on the challenges, needs, and opportunities unique to women leaders. We would like to host this evening event on **Thursday, January 30 from 5:00-7:00pm.**

Networking will follow the panel discussion. We expect 60-80 individuals to attend, mostly from the Government of Canada, drawn broadly across both central agencies and line departments at all levels, in addition to some attendees from private sector and academia.

Please let us know by **December 31** if this is of interest to you. We would be happy to answer any questions you may have and discuss specific logistics.

ATIA - 19(1)

Kind regards,

[redacted]

ATIA - 17 ATIA - 14 ATIA - 19(1)

From: Tam, Dr Theresa (PHAC/ASPC)
Sent: 2019-12-17 7:53 PM
To: Bell, Tammy (PHAC/ASPC); Rendall, Jennifer (PHAC/ASPC)
Subject: FW: MNPLS Report: Women-, LGBTQ+- and Indigenous-Owned Food Business Find Community of Support and Opportunity in Minnesota

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FYI

-----Original Message-----
From: Namiesniowski, Tina (PHAC/ASPC) <tina.namiesniowski@canada.ca>
Sent: 2019-12-17 7:41 PM
To: Steven.Buchta@international.gc.ca
Cc: Christina.Connelly@international.gc.ca; Tam, Dr Theresa (PHAC/ASPC) [redacted]Denis, Joel (PHAC/ASPC) <joel.denis@canada.ca>; Bent, Stephen (PHAC/ASPC) <stephen.bent@canada.ca>; Romano, Anna (PHAC/ASPC) <anna.romano@canada.ca>; Johnstone, Marnie (PHAC/ASPC) <marnie.johnstone@canada.ca>
Subject: Re: MNPLS Report: Women-, LGBTQ+- and Indigenous-Owned Food Business Find Community of Support and Opportunity in Minnesota

Steve. Thanks so much for sharing. Am copying some of my PHAC colleagues who will be interested. MISB. That wasn't yesterday.

Sent from my iPhone

> On Dec 17, 2019, at 6:01 PM, "Steven.Buchta@international.gc.ca" <Steven.Buchta@international.gc.ca> wrote:
>
> Hi Tina:
>
> I worked in AAFC MISB Regional offices during your tenure as ADM. I am now posted to Minneapolis.
>
> I just wanted to share that one of our special guests at a trade event this fall was [redacted](full report attached). He spoke highly of PHAC and some indigenous recipe cards he collaborated on.
>
> In reading the new Ministerial mandate letters, I noted support for indigenous peoples is once again stressed across cabinet. As such, please find [redacted] as a helpful contact for PHAC leadership during outreach in the [redacted]
>
[redacted]
>
> Kind regards,
>

> Steve
>
> Steven Buchta
> Consul and Trade Commissioner / Consul et délégué commercial Consulate
> General of Canada in Minneapolis| Consulat général du Canada à
> Minneapolis Government of Canada | Gouvernement du Canada
> 701 4th Avenue South, Suite 900, Minneapolis, MN 55415-1899 Telephone
> | Téléphone 612-492-2913 Cellular | Cellulaire 612-799-9620
> From: Connelly, Christina -MNPLS -TD
> <Christina.Connelly@international.gc.ca>
> Sent: December 5, 2019 10:36 AM
> To: *MNPLS <D-MNPLS@international.gc.ca>; Wong, Christine -BTR
> <Christine.Wong@international.gc.ca>; Jebson, Diane (AAFC/AAC)
> <Diane.Jebson@canada.ca>; Leblanc, Jean-Benoît -NNC
> <Jean-Benoit.Leblanc@international.gc.ca>; Philippe, Richard -NNC
> <Richard.Philippe@international.gc.ca>; kim.meegan@canada.ca; Bigall,
> Chris -CHCGO -TD <chris.bigall@international.gc.ca>; Landgrebe, Cécile
> -ATNTA -TD <Cecile.Landgrebe@international.gc.ca>; Lekborg, Colette
> -BOSTN -TD <colette.lekborg@international.gc.ca>; Aune, Laura -DALAS
> -TD <laura.aune@international.gc.ca>; Foley, Brittany -DTROT -TD
> <Brittany.Foley@international.gc.ca>; Palmarini, Karen -DENVR -TD
> <Karen.Palmarini@international.gc.ca>; Thérien, Maxime -DENVR -TD
> <Maxime.Therien@international.gc.ca>; Savone, Rick -NND
> <Rick.Savone@international.gc.ca>; Labonté, Stéphane -BIS
> <Stephane.Labonte@international.gc.ca>; justin.sugawara@canada.ca; De
> Castro, Cristina -LNGLS -TD <Cristina.DeCastro@international.gc.ca>;
> Havixbeck, Brad -ROMSK -TD <Brad.Havixbeck@international.gc.ca>;
> Brown, Kimberly -ROMSK -TD <Kimberly.Brown@international.gc.ca>
> Subject: MNPLS Report: Women-, LGBTQ+- and Indigenous-Owned Food
> Business Find Community of Support and Opportunity in Minnesota
>
> ** SEE FULL REPORT ATTACHED **
>
> SUMMARY
> MNPLS delivered a pioneering agri-food trade mission to Minneapolis focused on Canadian indigenous-, women-, and LGBTQ+-owned companies. Post conceived of the initiative as an opportunity to capitalize on Canada's progressive trade agenda alongside Minnesota's increasingly receptive business and political climate for minority-owned businesses. Ten companies from three provinces joined the mission and participated in events designed to address the varied hurdles as well as highlight the potentially bright prospects faced by these suppliers. Post also arranged B2B meetings and store tours with local grocery retailers. Although Post intended the mission to be predominantly educational, it anticipates significant KPIs and follow-on opportunities to result from the initiative. Perhaps more importantly, the mission succeeded in raising local awareness of not just capabilities among Canada's minority-owned suppliers, but Canadian leadership in policies and business practices that support and celebrate Canada's growing community of food business owners from diverse backgrounds.
>
> KEY OUTCOMES TO DATE
> Participation
>
> · 10 Canadian food businesses and chefs from three provinces (Ontario, Manitoba, and Quebec) joined the delegation to Minneapolis.[1] Four companies were indigenous-owned, seven women-owned, and one LGBTQ+-owned (with crossover among types of ownership).
>

> · 15 retailers, brokers, food manufacturers, and community leaders from Minnesota provided presentations to the delegation.
>
> · 4 grocery retailers of varying sizes provided customized, private store tours.
>
> · 120+ local community leaders and food business owners attended an indigenous food systems panel and follow-on Indigenous Peoples Day reception, featuring Canadian client panelists.
>
> · 30+ food system stakeholders attended events focused on supplier diversity and women/LGBTQ+ food entrepreneurs.
>
> Activity and KPIs To Date
>
> · 40+ SRs (one-on-one meetings, personal introductions during events, etc.)
>
> · 8 B2B meetings between Canadian suppliers and Minnesota retailers
>
> · 12 outcalls
>
> · 2 Opportunities
>
> · 1 OP
>
>
> [Indigenous
> Panel][cid:image003.jpg@01D5AB57.CE4E2570][cid:image004.jpg@01D5AB57.C
> E4E2570]
>
> Christina Connelly
> Trade Commissioner | Déléguée commerciale
> christina.connelly@international.gc.ca<mailto:christina.connelly@inter
> national.gc.ca>
> Telephone | Téléphone 612.492.2915
> Facsimile | Télécopieur 612.332.4061
> 701 Fourth Avenue South, Suite #900
> Minneapolis, MN 55415-1899
> Consulate General of Canada in Minneapolis | Consulat général du
> Canada à Minneapolis Foreign Affairs, Trade & Development Canada |
> Affaires étrangères, Commerce et développement Canada
>
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> [cid:image006.png@01D26BFE.58E12120]
> <https://www.facebook.com/CanCGMPLS/>
>
> [cid:image007.jpg@01D26BFE.58E12120]
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> _____
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> [1] Three additional companies, one from Alberta and two from Ontario, had initially applied for the mission but unfortunately cancelled their participation.
> <image001.jpg>
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> <REPORT - IndigneousWomenLGBTQ Food Business Mission to Minneapolis -
> Oct 2019.pdf>

From: Courville, Renée (PCH) on behalf of Laurendeau, Hélène (PCH)
Sent: 2019-12-20 9:45 AM
To: graham.flack@hrsdc-rhdcc.gc.ca; chantal.maheu@labour-travail.gc.ca; Catrina.Tapley@cic.gc.ca; Peter.Wallace@tbs-sct.gc.ca; Yazmine.Laroche@tbs-sct.gc.ca; Borbey, Patrick (CFP/PSC); Watson, Daniel (AADNC/AANDC); Tremblay, Jean-Francois (AADNC/AANDC); [redacted] Anne.Kelly@csc-scc.gc.ca; Brenda.Lucki@rcmp-grc.gc.ca; Nathalie.G.Drouin@justice.gc.ca; John.Ossowski@cbsa-asfc.gc.ca; Marta.Morgan@international.gc.ca; Diane.Jacovella@international.gc.ca; John.Hannaford@international.gc.ca; chiefcommissioner-presidente@chrc-ccdp.gc.ca; Arora, Anil (STATCAN); Lucas, Stephen (HC/SC); Tam, Dr Theresa (PHAC/ASPC); Thao.Pham@pco-bcp.gc.ca; christiane.fox@pco-bcp.gc.ca
Cc: Slowey, Charles (PCH); Inman, Lisa-Marie (PCH); Mondou, Isabelle (PCH); McLeod, Isabelle (PCH); Courville, Renée (PCH); Bujold, Marthe (PCH)
Subject: FW: Mise en oeuvre de la Stratégie canadienne de lutte contre le racisme 2019-2022 / Implementation of Canada's Anti-Racism Strategy 2019-2022
Attachments: Exemplesdesinitiativesencourscontreleracismeetladiscrimination.DOCX; Examplesofongoinginitiativesthatcontributetoaddressingracismanddiscrimination.DOCX; OGDContactListMasterDGandDirectorsDecember22019.DOCX

Chers collègues,

Nous sommes heureuses de vous inviter à collaborer avec le ministère du Patrimoine canadien à la mise en œuvre de la nouvelle stratégie fédérale de lutte contre le racisme intitulée *Construire une fondation pour le changement : la stratégie canadienne de lutte contre le racisme 2019-2022*.

Le budget de 2019 prévoyait 45 millions de dollars sur trois ans afin de prendre des mesures immédiates pour lutter contre le racisme et la discrimination sous ses diverses formes, suite à un processus d'engagement mené en 2018. La Stratégie met l'accent sur trois principes directeurs : faire preuve de leadership fédéral, habiliter les collectivités et sensibiliser et changer les attitudes.

Depuis le lancement officiel de la Stratégie en juin 2019, Patrimoine canadien a commencé à mettre en œuvre les éléments clés de la Stratégie, y compris l'établissement du Secrétariat fédéral de lutte contre le racisme, l'appui de programmes communautaires axés sur les domaines de l'emploi et du soutien du revenu, de la justice, et de la participation sociale, des approches visant à accroître la sensibilisation des Canadiens aux causes et effets du racisme et l'amélioration des données et de la recherche. Au fur et à mesure que nous allons de l'avant avec ces initiatives clés, nous continuerons de compter sur l'appui et la participation de vos ministères.

Comme vous le savez peut-être déjà, plusieurs directeurs généraux de l'ensemble du gouvernement fédéral ont participé aux travaux du Comité interministériel des directeurs généraux qui appuient la mise en œuvre de la Stratégie canadienne de lutte contre le racisme. À ce moment-ci, nous aimerions confirmer la représentation de votre ministère au sein de ce comité. La participation de vos ministères est essentielle afin d'identifier les lacunes existantes dans nos programmes et élaborer des initiatives qui visent à lutter contre le racisme et la discrimination dont sont victimes les différentes communautés racialisées, incluant les communautés religieuses minoritaires et les peuples autochtones. **Je vous encourage donc à mettre à jour la liste de représentants de votre ministère et de transmettre l'information à Mme Lisa-Marie Inman, Directrice générale, Multiculturalisme et lutte contre le racisme (lisa-marie.inman@canada.ca).**

Nous savons que vos ministères ont été très engagés dans l'élaboration et la mise en œuvre d'initiatives visant à lutter contre le racisme et la discrimination. Veuillez trouver ci-joint une liste des initiatives et programmes fédéraux en cours qui visent à éliminer les obstacles dans divers domaines. **Je vous encourage à partager cette liste avec votre comité de gestion afin d'identifier les initiatives pertinentes que vous avez mises en œuvre pour lutter contre le racisme, mais qui n'y figurent pas. Les mises-à-jour à la liste devront aussi être transmises à Mme Inman.**

Au plaisir de travailler avec vous sur ce dossier important et nous vous remercions de votre engagement continu.

Salutations,

Hélène Laurendeau Isabelle Mondou
Sous-ministre Sous-ministre déléguée,
Patrimoine canadien Patrimoine canadien

****

Dear Colleagues,

We are pleased to invite you to collaborate with the Department of Canadian Heritage on the implementation of the new federal anti-racism strategy entitled *Building a Foundation for Change: Canada's Anti-Racism Strategy 2019-2022.*

Budget 2019 provided $45 million over three years to take immediate steps in combatting racism and discrimination in its various forms, based on what was heard during the engagement process conducted in 2018. The Strategy focuses on three

guiding principles: demonstrating federal leadership, empowering communities, and building awareness and changing attitudes.

Since the official launch of the Strategy in June 2019, Canadian Heritage has begun to implement the key components of the Strategy. Among these components are the establishment of the Federal Anti–Racism Secretariat; funding for community-based programming in the areas of employment and income supports, justice and social participation; and approaches to building awareness through improved data and evidence. As we move forward on these key initiatives, we will continue to rely on your department's support and participation.

As you may already be aware, several Directors General from across the federal government have participated in the Director General Interdepartmental Committee supporting the implementation of Canada's Anti-Racism Strategy. At this time, we would like to confirm your departmental representation on this committee. Your department's participation is essential to help identify existing gaps in our programs and to develop initiatives aimed at combatting racism and discrimination as experienced by our diverse communities, religious minority communities, and Indigenous peoples. **I encourage you to update your list of departmental representatives and to send the information to Ms. Lisa-Marie Inman, Director General, Multiculturalism and Anti-racism (**lisa-marie.inman@canada.ca**) .**

We know that your departments have been very engaged in developing and implementing initiatives aimed at combatting racism and discrimination. Please find attached a list of ongoing federal initiatives/programs that aim to address barriers in various areas. **I encourage you to share this list with your management committee to identify any relevant anti-racism initiatives that you have implemented but are not captured therein.** Updates to the list should also be sent to Ms. Inman.

We look forward to working with you on this important file and thank you for your continued commitment.

Regards,

Hélène Laurendeau Isabelle Mondou
Deputy Minister Associate Deputy Minister
Canadian Heritage Canadian Heritage

Examples of ongoing initiatives that contribute to addressing racism and discrimination

This list is not comprehensive, but rather presents a sampling of Government Initiatives:

- **National Action Plan to Respond to the Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls**
  The National Inquiry into Missing and Murdered Indigenous Women and Girls began in September 2016 with a mandate to examine and report on the systemic causes behind the violence that Indigenous women and girls experience. Its final report issued 231 Calls for Justice directed at governments, institutions, social service providers and all Canadians. The Prime Minister committed to engaging with Indigenous governments, families and survivors, Indigenous womens' organizations, provinces and territories in developing a national action plan to respond to the report.
- **National Housing Strategy**
  Announced in 2017, the 10-year, $40 billion National Housing Strategy will address a range of housing needs, from shelters and community housing, to affordable rentals and homeownership, including $1.7 billion in funding for the Distinctions-based Indigenous Housing Strategies.
- **First Nations Housing**
  Annual Government of Canada spending is approximately $319 million to support the housing needs of First Nations on-reserve.
- **Criminal Legal Aid**
  Legal aid promotes fair legal proceedings and ensures access to justice for vulnerable persons, including economically disadvantaged people who are accused of serious and/or complex criminal offences and facing the likelihood of incarceration. This includes youth charged under the Youth Criminal Justice Act. Funding of $670.9 million from 2017–2018 to 2021–2022 supports access to criminal legal aid.
- **Youth Justice Services Funding Program**
  The Government of Canada provides annual funding of $141.7 million to the provinces and territories to assist in the delivery of programs and services that target youth in conflict with the law, with a focus on diversion, rehabilitation and reintegration programming, all of which address the underlying socio-economic factors contributing to the poverty of vulnerable youth.
- **Indigenous Courtwork Program**
  These services support fair, just, equitable and culturally relevant treatment and contribute to the critical priority of reducing the rate of incarceration amongst Indigenous Peoples in contact with the criminal justice system.
- **Indigenous Justice Program**
  The Program contributes to decreasing over-representation of Indigenous peoples as victims, offenders and accused in the justice system. It provides culturally appropriate alternatives to the mainstream justice system that are sensitive to the living conditions in Indigenous communities, and mental health and addictions and other issues associated

with intergenerational trauma. There are 197 community-based programs that serve 750 communities across Canada — in urban, rural, remote and northern communities.

- **Addressing the Challenges Faced by Black Canadians**
  Recognizing the problem of Anti-Black Racism, in January 2018, Prime Minister Justin Trudeau announced that Canada officially recognized the United Nations International Decade for People of African Descent that spans from 2015 to 2024. In recognizing the International Decade, the Government of Canada commits to a better future for Black Canadians. As part of its commitment to the International Decade, Budget 2018 provided funding of $19 million over 5 years, beginning in 2018-2019, to enhance local community supports for black youth and to develop research in support of more culturally focused mental health programs in Black Canadian communities. In addition, Budget 2019 announced funding of $25 million over 5 years starting in 2019–2020, for capital assistance and projects to build capacity in Canada's vibrant Black communities, as well as to support initiatives relating to the United Nations International Decade for People of African Descent.

- **Review of federal programs that assist Indigenous students wanting to pursue post-secondary education**
  Funding of $9 million over 3 years starting in 2019–2020 was provided for investments in initiatives to ensure that Indigenous students have better access to post-secondary education, and more support to ensure that they can succeed during their studies.

- **Sectoral Initiatives Program**
  The Program provides $20 million per year to help industries identify, forecast and address employment and skills gaps, including attracting, integrating and retaining workers, including under-represented groups such as Indigenous people and new immigrants.

- **Foreign Credential Recognition Program**
  The Program works with key partners to support internationally-trained individuals to fully participate in the Canadian labour market, investing approximately $21 million annually.

- **Workforce Development Agreements**
  Workforce Development Agreements enable provinces and territories to provide employment assistance and skills training with the flexibility to respond to the diverse needs of their respective clients. These agreements include specific funding targeted for persons with disabilities, and are also used to support members of underrepresented groups such as Indigenous peoples, youth, older workers and newcomers to Canada. In addition to the $722 million provided annually to provinces and territories under the agreements, Budget 2017 added $900 million over a period of 6 years from 2017–2018 to 2022–2023.

- **Social Finance Fund – Indigenous Growth Fund**
  In 2018 the Government of Canada announced it would make a $755 million investment over 10 years to set up a Social Finance Fund. The Fund will be managed by investment managers selected through a competitive selection process in the fall of 2019. Under this initiative a $50 million investment will be made in a new Indigenous Growth Fund.

- **Improving Gender and Diversity Outcomes in Skills Programs**
  The Government provided $5 million over 5 years, starting in 2019–2020, to develop a strategy and improve capacity to better measure, monitor and address gender disparity and promote access of under-represented groups across skills programming.
- **Opportunity for All: Canada's First Poverty Reduction Strategy**
  The Strategy aims to reduce and remove systemic barriers and promote equal opportunity for all Canadians. As part of the Strategy the government is investing $12.1 million over 5 years, and $1.5 million per year thereafter to address key gaps in poverty measurement in Canada. This funding will support initiatives that will contribute in addressing issues of systemic racism and discrimination.
- **Union Training and Innovation Program**
  The UTIP (Union Training and Innovation) Program supports union-based apprenticeship training, innovation and enhanced partnerships in the Red Seal trades. The program provides $25 million annually through two streams of funding to strengthen training in the trades. Stream 1 supports investment in training equipment and Stream 2 provides support for innovative approaches to address barriers and challenges limiting apprenticeship outcomes for women, Indigenous peoples, newcomers, persons with disabilities and racialized persons to enter and succeed in the trades.
- **Skilled Trades Awareness and Readiness Program**
  The Program aims to encourage Canadians including women, Indigenous peoples, newcomers, persons with disabilities and youth to explore and prepare for careers in the skilled trades. The program provides $46 million over 5 years and $10 million per year thereafter.
- **Pathways to Education Canada**
  The Government renewed support for Pathways to Education Canada by providing $38 million over four years, starting in 2018–2019. With this renewed funding, Pathways will provide more vulnerable youth with the supports they need to succeed in school, including tutoring, career mentoring and financial help.
- **Labour Market Development Agreements**
  Each year, the Government invests over $2 billion in agreements with provinces and territories so they can support Canadians with Employment Insurance-funded skills training and employment assistance. Budget 2016 announced an additional $125 million investment in these agreements for 2016–2017, to support skills training and help Canadians succeed in the labour market. Budget 2017 announced an additional $1.8 billion over 6 years, which started in 2017–18. In addition to Budget 2017 investment, the government also broadened eligibility for programs and services under the agreements, allowing even more Canadians, including under-represented groups such as persons with disabilities, women and Indigenous peoples, to access funded skills training and employment supports.
- **Indigenous Skills and Employment Training Program**
  Funding of $2 billion over 5 years and $408.2 million per year ongoing has been provided for this new Program, that replaces the Aboriginal Skills and Employment Training Strategy. Launched on April 1, 2019, the Program introduces distinction-based funding and labour market strategies through a network of 85 First Nations, Métis, Inuit

and Urban/Non-affiliated Indigenous service delivery organizations. This will allow Indigenous organizations to provide a full suite of skills development and employment training to Indigenous people across Canada. It will also increase the ability of Indigenous service delivery organizations to support flexible long-term interventions due to 10-year funding agreements, resulting in better skills and employment outcomes for clients.

- **Skills and Partnership Fund**
  The Fund, with $50 million per year in ongoing funding, is a demand-driven, partnership-based program that supports government priorities by funding projects that contribute to the skills development and training-to-employment of Indigenous workers through strategic partnerships. It helps address labour market shortages and economic opportunities by offering targeted training to Indigenous people, with the aim of increasing their participation in the labour market.

- **Literacy and Essential Skills Program**
  Ongoing funding of $25 million per year helps adult Canadians improve their literacy and essential skills to better prepare for, get and keep a job. Funded projects primarily support the testing, replicating and scaling up of effective and innovative training models with particular attention being paid to vulnerable populations such as Indigenous people, newcomers, youth and official language minority communities.

- **Youth Employment Strategy**
  The Government of Canada dedicated funding of $448.5 million over five years, starting in 2018–2019, for the Youth Employment Strategy. The Youth Employment Strategy is a horizontal initiative involving eleven federal departments and agencies. It is comprised of three program streams: Skills Link provides funding for employers and organizations to help youth facing barriers to employment develop the broad range of skills and knowledge need to participate in the current and future labour market; Career Focus provides funding for employers and organizations to design and deliver a range of activities that enable youth make more informed career decisions, develop their skills and benefit from work experiences; and, Canada Summer Jobs provides funding to help employers create quality summer work experiences for youth aged 15 to 30. The First Nations and Inuit Youth Employment Strategy supports initiatives through the Skills Link and Summer Work Experience programs to provide First Nations and Inuit youth with work experience, information about career options and opportunities to develop skills to help gain employment and develop careers.

- **Visible Minority Newcomer Women Pilot**
  The government provided funding of $31.8 million over 3 years, starting in 2018-2019, to launch a three-year pilot to support programming for newcomer women who are also members of visible minorities.

- **Immigration and Refugee Legal Aid**
  Immigration and refugee legal aid helps asylum seekers navigate the refugee-determination process, allowing those who are successful to integrate into Canadian society and the economy more quickly. Budget 2017 provided $11.5 million ongoing for immigration and refugee legal aid, with an additional $2.7 million to address pressures in

2017–2018 and 2018–2019. Budget 2018 provided a further $12.8 million for 2018–2019.

- **On-Reserve Income Assistance**
  Budget 2018 invested $8.5 million over 2 years, beginning in 2018–2019, to work with First Nations to understand how to make the program more responsive to their needs and to help them better transition from income assistance to employment and education. Budget 2018 made a further investment of $78.4 million over 2 years, beginning in 2017–2018, for case management services to help individuals transition from income assistance to employment and education.

- **Post-Secondary Student Support Program**
  Increased funding by $90 million over 2 years, beginning in 2017–2018, was dedicated to provide financial assistance to First Nation and eligible Inuit students enrolled in qualifying post-secondary programs to improve their employability.

- **Urban Programming for Indigenous Peoples**
  Urban Programming for Indigenous Peoples assists Indigenous peoples living in, or transitioning to, urban centres. The government is providing $53 million each year for 5 years, beginning in 2017–2018.

- **Indspire**
  Funding of $25 million over 5 years was provided beginning in 2017–2018 to assist Indigenous students with financial support to complete their education, become self-sufficient, contribute to the economy and give back to their communities.

- **Family Violence Prevention Program**
  The government committed $33.6 million over 5 years and $8.3 million ongoing through the Family Violence Prevention Program to provide funding designed to ensure the safety and security of Indigenous women, children and families on reserve.

- **Sport for Social Development in Indigenous Communities**
  The government invested $47.5 million over 5 years, beginning in 2018–2019, and $9.5 million per year ongoing, to expand the use of sport for social development in more than 300 Indigenous communities. This initiative is going to scale up a highly successful model developed by Right to Play that has led nearly 90% of participants to have a more positive attitude toward school and a greater sense of identity.

- **Canadian Arts Presentation Fund**
  The Canada Arts Presentation Fund provides funds to professional arts presenters at arts festivals and performing arts series, and supports organizations. In 2018-2019, $4.1 million in funding was focused on those judged to be underserved (Indigenous, ethno-cultural, official language minority, youth, remote and rural communities, contemporary artistic disciplines and genres.

- **Canadian Arts Training Fund**
  The Canada Arts Training Fund contributes to the development of Canadian creators and future cultural leaders of the Canadian arts sector by supporting their training. It directs its resources to organizations that provide training to Canadians – including youth, Indigenous Peoples and those from ethno-cultural communities, who received $1.4 million in funding in 2018-2019.

- **Canada Cultural Spaces Fund**
  The Canada Cultural Spaces Fund seeks to improve the physical conditions for arts and heritage related to creation, presentation, preservation and exhibition, and prioritizes investments that will benefit underserved groups (including Indigenous communities, ethno-cultural populations and official language minority communities). These investments totaled $4.0 million in 2018–2019.

- **Multiculturalism Program**
  Budget 2018 announced $23 million over 2 years, starting in 2018–2019, to increase funding for the Multiculturalism Program and to support cross-country consultations on a new national anti-racism approach. The Program, through its Community Support, Multiculturalism and Anti-Racism Initiatives Program, provides grants and contributions to organizations for projects and events that promote intercultural/interfaith understanding, equal opportunity for individuals of all origins, and foster citizenship, citizen engagement and a healthy democracy. It undertakes public outreach and promotion activities that are designed and delivered to engage Canadians on multiculturalism issues. It receives $12 million per year in ongoing funding.

- **Court Challenges Program**
  The Court Challenges Program, which receives $5 million per year of ongoing funding, provides financial support to Canadians to bring cases of national significance related to constitutional and quasi-constitutional official language rights and human rights before the courts.

- **Reintegration Support for Indigenous Offenders**
  Funding of $65.2 million over 5 years was provided starting in 2017–2018, and $10.9 million per year ongoing thereafter to help previously incarcerated Indigenous peoples heal, rehabilitate and find employment.

- **Crime Prevention Program**
  Through the Crime Prevention Program, which receives $53.9 million per year ongoing, the government works with stakeholders to prevent and reduce crime in populations and communities most at risk and to build resilience in the face of threats to safety and particularly to well-being. The Program includes the Communities at Risk: Security Infrastructure Program, which provides funding for security enhancements for not-for-profit community centres, provincial educational institutions and places of worship linked to communities at-risk of hate-motivated crime. The Infrastructure Program received $9 million over 5 years (infrastructure is provided as matching funding at 50%).

- **Canada Centre for Community Engagement and Prevention of Violence**
  With $10 million per year in ongoing funding, the Canada Centre for Community Engagement and Prevention of Violence leads the Government of Canada's efforts to counter radicalization to violence. The Community Resilience Fund supports capacity building, evidence-based models and practices, and empowerment of local communities, including through initiatives designed to support youth-driven efforts to build resilience to hate and violent extremism.

- **Cultural Competency and Trauma-informed Gender-based Violence Training**
  Budget 2017 allocated $2.4 million over 5 years and $0.6 million ongoing to develop and deliver cultural competency and trauma-informed gender-based violence training for all RCMP (Royal Canadian Mounted Police) members.
- **National Youth Leadership Workshop**
  The RCMP's National Youth Leadership Workshop invites Indigenous youth to discuss social issues surrounding young people in their communities, with $0.3 million per year in ongoing funding.
- **Centre for Gender, Diversity and Inclusion Statistics**
  Budget 2018 announced $6.7 million over 5 years, starting in 2018–2019, and $0.6 million per year ongoing, for the creation of a new Centre for Gender, Diversity and Inclusion Statistics. The Centre will maintain a public-facing data hub to support evidence-based policy development and decision-making.

Exemples des initiatives en cours qui contribuent à la lutte contre le racisme et la discrimination

Cette liste n'est pas exhaustive, mais présente plutôt un échantillon d'initiatives gouvernementales :

- **Plan d'action national pour répondre au rapport final de l'Enquête nationale sur les femmes et les filles autochtones disparues et assassinées**
  L'Enquête nationale sur les femmes et les filles autochtones disparues et assassinées a débuté en septembre 2016 avec le mandat d'examiner les causes systémiques de la violence dont sont victimes les femmes et les filles autochtones et d'en faire rapport. Le rapport final a publié 231 appels à la justice à l'intention des gouvernements, des institutions, des fournisseurs de services sociaux et de tous les Canadiens. Le premier ministre s'est engagé à élaborer un plan d'action national avec les gouvernements autochtones, les familles et les survivants, les organisations de femmes, les provinces et les territoires pour donner suite au rapport.
- **Stratégie nationale du logement**
  Annoncée en 2017, la Stratégie nationale du logement, stratégie de dix ans et d'une valeur de 40 milliards de dollars, répondra à une gamme de besoins en matière de logement, allant des refuges et des logements communautaires aux logements abordables et à l'accession à la propriété, y compris 1,7 milliard de dollars en financement pour les stratégies de logement propres aux Autochtones fondées sur les distinctions.
- **Logements des Premières nations**
  Le gouvernement du Canada dépense annuellement environ 319 millions de dollars pour répondre aux besoins en matière de logements des Premières nations dans les réserves.
- **Aide juridique en matière criminelle**
  L'aide juridique favorise l'équité des procédures judiciaires et garantit l'accès à la justice pour les personnes vulnérables, y compris les personnes économiquement défavorisées qui sont accusées d'infractions pénales graves ou complexes et qui risquent l'incarcération. Cela comprend les jeunes accusés en vertu de la Loi sur le système de justice pénale pour les adolescents. Un financement de 670,9 millions de dollars de 2017–2018 à 2021–2012 appuie l'accès à l'aide juridique en matière pénale.
- **Programme de financement des services de justice pour les jeunes**
  Le gouvernement du Canada accorde un financement annuel de 141,7 millions de dollars aux provinces et territoires pour les aider à offrir des programmes et services qui ciblent les jeunes ayant des démêlés avec la justice, en mettant l'accent sur les programmes de déjudiciarisation, de réadaptation et de réinsertion, lesquels visent tous les facteurs socioéconomiques sous-jacents contribuant à la pauvreté des jeunes vulnérables.
- **Programme d'assistance parajudiciaire aux Autochtones**
  Ces services appuient un traitement juste, équitable et culturellement pertinent et

contribuent à la priorité essentielle de réduire le taux d'incarcération des Autochtones ayant des démêlées avec le système de justice pénale.

- **Programme de justice autochtone**
  Le Programme contribue à réduire la surreprésentation des Autochtones en tant que victimes, contrevenants et accusés dans le système de justice. Il offre des solutions de rechange culturellement appropriées au système de justice traditionnel qui tiennent compte des conditions de vie dans les collectivités autochtones, de la santé mentale, des toxicomanies et d'autres enjeux liés aux traumatismes intergénérationnels. On compte 197 programmes communautaires qui desservent 750 collectivités partout au pays – dans les collectivités urbaines, rurales, éloignées et nordiques.

- **Relever les défis auxquels sont confrontés les Canadiens noirs**
  Conscient du problème de racisme chez les Noirs, le premier ministre Justin Trudeau a annoncé en janvier 2018 que le Canada reconnaissait officiellement la Décennie internationale des personnes d'ascendance africaine des Nations Unies qui s'étend de 2015 à 2024. Ainsi, le gouvernement du Canada s'engage à assurer un avenir meilleur pour les Canadiens noirs. Dans le cadre de l'engagement du gouvernement fédéral envers la Décennie international, le budget de 2018 proposait un financement de 19 millions de dollars sur 5 ans, à compter de 2018–2019, pour améliorer le soutien des collectivités locales aux jeunes noirs et pour développer la recherche en appui aux programmes de santé mentale plus axés sur la culture dans les collectivités noires canadiennes. De plus, le budget de 2019 proposait un financement de 25 millions de dollars sur 5 ans, à compter de 2019–2020, pour l'aide à l'immobilisation et aux projets visant à renforcer les capacités des communautés noires dynamiques du Canada, ainsi que pour appuyer des initiatives liées à la Décennie internationale des personnes d'ascendance africaine des Nations Unies.

- **Examen des programmes fédéraux qui viennent en aide aux étudiants autochtones désireux de poursuivre des études postsecondaires**
  Un financement de 9 millions de dollars sur 3 ans à compter de 2019–2020 a été accordé pour des investissements dans des initiatives visant à assurer aux étudiants autochtones un meilleur accès à l'éducation postsecondaire et un soutien accru pour qu'ils puissent réussir dans leurs études.

- **Programme d'initiatives sectorielles**
  Le Programme fournit 20 millions de dollars par année pour aider les industries à cerner, à prévoir et à combler les lacunes en matière d'emploi et de compétences, notamment pour attirer, intégrer et retenir les travailleurs, y compris les groupes sous-représentés, comme les Autochtones et les nouveaux immigrants.

- **Programme de reconnaissance des titres de compétences étrangers**
  Le Programme travaille avec des partenaires clés pour aider les personnes formées à l'étranger à participer pleinement au marché du travail canadien et investit environ 21 millions de dollars par année à cette fin.

- **Ententes sur le perfectionnement de la main-d'œuvre**
  Les ententes sur le perfectionnement de la main-d'œuvre permettent aux provinces et territoires d'offrir de l'aide à l'emploi et de la formation professionnelle avec la souplesse nécessaire pour répondre aux divers besoins de leurs clients respectifs. Ces ententes

comprennent des fonds précis destinés aux personnes handicapées et servent également à soutenir les membres de groupes sous-représentés, comme les Autochtones, les jeunes, les travailleurs âgés et les nouveaux arrivants au Canada. Outre les 722 millions de dollars versés annuellement aux provinces et territoires en vertu des ententes, le budget de 2017 proposait 900 millions de dollars sur une période de 6 ans, soit de 2017-2018 à 2022–2013.

- **Fonds de finance sociale – Fonds de croissance autochtone**
  En 2018, le gouvernement du Canada a annoncé qu'il investirait 755 millions de dollars sur 10 ans pour mettre sur pied un Fonds de finance sociale. Le Fonds sera géré par des gestionnaires de placements sélectionnés dans le cadre d'un processus de sélection concurrentiel à l'automne 2019. Dans le cadre de cette initiative, 50 millions de dollars seront investis dans un nouveau Fonds de croissance autochtone.

- **Améliorer les résultats relatifs aux sexes et à la diversité dans le cadre de programmes axés sur les compétences**
  Le gouvernement accordera 5 millions de dollars sur 5 ans, à compter de 2019-2020, pour élaborer une stratégie et améliorer la capacité afin de mieux mesurer, surveiller et corriger les disparités entre les sexes et de promouvoir l'accès des groupes sous-représentés aux programmes de compétences.

- **Une chance pour tous : la première Stratégie canadienne de réduction de la pauvreté**
  La Stratégie vise à réduire et à éliminer les obstacles systémiques et à promouvoir l'égalité des chances pour tous les Canadiens. Dans le cadre de la Stratégie, le gouvernement investit 12,1 millions de dollars sur 5 ans et 1,5 million de dollars par année par la suite pour combler les principales lacunes dans la mesure de la pauvreté au Canada. Ce financement appuiera des initiatives qui contribueront à résoudre les problèmes de racisme et de discrimination systémiques.

- **Programme pour la formation et l'innovation en milieu syndical**
  Le Programme pour la formation et l'innovation en milieu syndical appuie la formation syndicale en apprentissage, l'innovation et l'amélioration des partenariats dans les métiers du Sceau rouge. Il accorde 25 millions de dollars par année dans le cadre de deux volets de financement pour renforcer la formation dans les métiers. Le volet 1 appuie l'investissement dans l'équipement de formation et le volet 2 appuie les approches novatrices visant à éliminer les obstacles et les défis qui nuisent aux résultats de l'apprentissage pour les femmes, les Autochtones, les nouveaux arrivants, les personnes handicapées et les personnes racisées qui souhaitent entrer sur le marché des métiers et y réussir.

- **Programme de sensibilisation et de préparation aux métiers spécialisés**
  Le Programme vise à encourager les Canadiens, y compris les femmes, les Autochtones, les nouveaux arrivants, les personnes handicapées et les jeunes, à explorer et à se préparer à des carrières dans les métiers spécialisés. Il prévoit 46 millions de dollars sur cinq ans et 10 millions de dollars par année par la suite.

- **Passeport pour ma réussite Canada**
  Le gouvernement a renouvelé son appui à Passeport pour ma réussite Canada en y accordant 38 millions de dollars sur 4 ans, à compter de 2018–2019. Grâce à ce

financement renouvelé, Passeport pour ma réussite Canada fournira aux jeunes plus vulnérables le soutien dont ils ont besoin pour réussir à l'école, y compris le tutorat, le mentorat professionnel et l'aide financière.

- **Ententes sur le développement du marché du travail**
  Chaque année, le gouvernement investit plus de 2 milliards de dollars dans des ententes avec les provinces et territoires pour qu'ils puissent aider les Canadiens grâce à la formation professionnelle et à l'aide à l'emploi financées par l'assurance-emploi. Le budget de 2016 proposait un investissement supplémentaire de 125 millions de dollars dans ces ententes pour 2016–2017, afin de soutenir la formation professionnelle et d'aider les Canadiens à réussir sur le marché du travail. Le budget de 2017 proposait un montant 1,8 milliard de dollars de plus sur 6 ans, investissement qui a débuté en 2017–2018. Outre les investissements proposés dans le budget de 2017, le gouvernement a également élargi l'admissibilité aux programmes et services prévus dans les ententes, permettant ainsi à un plus grand nombre de Canadiens, y compris les groupes sous-représentés, comme les personnes handicapées, les femmes et les Autochtones, d'avoir accès à une formation professionnelle financée et à des mesures de soutien à l'emploi.

- **Programme de formation pour les compétences et l'emploi destiné aux Autochtones**
  Un financement de 2 milliards de dollars sur 5 ans et de 408,2 millions de dollars par année a été accordé pour ce nouveau programme, qui remplace la Stratégie de formation pour les compétences et l'emploi destinée aux Autochtones. Lancé le 1er avril 2019, le Programme met en œuvre des stratégies de financement et de marché du travail fondées sur les distinctions par l'entremise d'un réseau de 85 organisations de prestation de services autochtones urbaines ou non affiliées, des Premières Nations, métisses et inuites. Les organisations autochtones pourront ainsi offrir une gamme complète de programmes de développement des compétences et de formation à l'emploi aux Autochtones de tout le Canada. Le Programme augmentera également la capacité des organisations de prestation de services autochtones à appuyer des interventions souples à long terme grâce à des ententes de financement de 10 ans, ce qui se traduira par de meilleures compétences et de meilleurs résultats en matière d'emploi pour les clients.

- **Fonds pour les compétences et les partenariats**
  Doté d'un financement permanent de 50 millions de dollars par année, le Fonds est un programme axé sur la demande et les partenariats qui appuie les priorités du gouvernement en finançant des projets qui contribuent, grâce à des partenariats stratégiques, au développement des compétences et à la formation à l'emploi des travailleurs autochtones. Il contribue à remédier aux pénuries de main-d'œuvre et favorise les possibilités économiques en offrant une formation ciblée aux peuples autochtones, dans le but d'accroître leur participation au marché du travail.

- **Programme d'alphabétisation et d'acquisition des compétences essentielles**
  Grâce à un financement permanent de 25 millions de dollars par année, les adultes canadiens peuvent améliorer leur littératie et leurs compétences essentielles afin d'être mieux outillés pour occuper un emploi, en obtenir un et le conserver. Les projets financés appuient principalement l'essai, la reproduction et la mise à l'échelle de modèles de formation efficaces et novateurs, une attention particulière étant accordée aux populations vulnérables, comme les Autochtones, les nouveaux arrivants, les jeunes et les communautés de langue officielle en situation minoritaires.

- **Stratégie emploi jeunesse**
  Le gouvernement du Canada a accordé 448,5 millions de dollars sur 5 ans, à compter de 2018–2019, à la Stratégie emploi jeunesse. La Stratégie est une initiative horizontale à laquelle participent 11 ministères et organismes fédéraux. Elle comprend 3 volets de programme : Connexion compétences offre du financement aux employeurs et organismes pour aider les jeunes qui sont confrontés à des obstacles à l'emploi à acquérir la vaste gamme de compétences et de connaissances nécessaires pour participer au marché du travail actuel et futur; Objectif carrière offre du financement aux employeurs et organismes pour concevoir et offrir une gamme d'activités qui permettent aux jeunes de prendre des décisions de carrière plus éclairées, de développer leurs compétences et de profiter d'expériences professionnelles; et Emplois d'été Canada offre du financement pour aider les employeurs à offrir aux jeunes âgés de 15 à 30 ans des emplois d'été de qualité. La Stratégie d'emploi pour les jeunes inuits et des Premières Nations appuie des initiatives dans le cadre des volets de programme Connexion compétences et Expérience emploi été afin de fournir aux jeunes inuits et des Premières Nations une expérience de travail et de l'information sur les possibilités de carrière et la possibilité d'acquérir des compétences pour les aider à trouver un emploi et à faire carrière.
- **Initiative pilote pour les nouvelles arrivantes appartenant à une minorité visible**
  Le gouvernement a accordé 31,8 millions de dollars sur 3 ans, à compter de 2018–2019, pour lancer une initiative pilote de 3 ans visant à appuyer les programmes destinés aux nouvelles arrivantes qui sont également membres d'une minorité visible.
- **Aide juridique aux immigrants et aux réfugiés**
  L'aide juridique aux immigrants et aux réfugiés aide les demandeurs d'asile à naviguer le processus de détermination du statut de réfugié, permettant ainsi à ceux qui obtiennent leur statut de s'intégrer plus rapidement à la société et à l'économie canadiennes. Le budget de 2017 proposait 11,5 millions de dollars pour l'aide juridique aux immigrants et aux réfugiés, et 2,7 millions de dollars supplémentaires pour faire face aux pressions en 2017–2018 et 2018–2019. Le budget de 2018 proposait 12,8 millions de dollars de plus pour 2018–2019.
- **Aide au revenu dans les réserves**
  Le budget de 2018 proposait un investissement de 8,5 millions de dollars sur 2 ans, à compter de 2018–2019, pour travailler avec les Premières Nations afin de comprendre comment mieux adapter le programme à leurs besoins et les aider à mieux passer de l'aide au revenu à l'emploi et aux études. Le budget de 2018 proposait un investissement supplémentaire de 78,4 millions de dollars sur 2 ans, à compter de 2017–2018, pour des services de gestion de cas visant à aider les particuliers à passer de l'aide au revenu à l'emploi et aux études.
- **Programme d'aide aux étudiants de niveau postsecondaire**
  Une augmentation de 90 millions de dollars sur 2 ans, à compter de 2017–2018, a été accordée pour fournir une aide financière aux étudiants des Premières Nations et aux étudiants inuits admissibles inscrits à des programmes postsecondaires admissibles afin d'améliorer leur employabilité.
- **Programmes urbains pour les peuples autochtones**
  Les Programmes urbains pour les peuples autochtones aident les Autochtones qui vivent

dans les centres urbains ou qui y font la transition. Le gouvernement y accorde 53 millions de dollars par année pendant 5 ans, à compter de 2017-2018.

- **Indspire**
  Un financement de 25 millions de dollars sur 5 ans à compter de 2017–2018 a été accordé pour aider les étudiants autochtones à terminer leurs études, à devenir autosuffisants, à contribuer à l'économie et à redonner à leurs collectivités.
- **Programme de prévention de la violence au foyer**
  Le gouvernement s'est engagé à verser 33,6 millions de dollars sur 5 ans et 8,3 millions de dollars par année par la suite dans le cadre du Programme de prévention de la violence au foyer pour assurer la sécurité des femmes, des enfants et des familles autochtones dans les réserves.
- **Le sport pour le développement social dans les communautés autochtones**
  Le gouvernement a investi 47,5 millions de dollars sur 5 ans, à compter de 2018-2019, et accordera 9,5 millions de dollars par année par la suite, afin d'accroître le recours au sport pour le développement social dans plus de 300 communautés autochtones. Cette initiative permettra d'élargir un modèle très réussi développé par Right to Play qui a permis à près de 90 % des participants d'avoir une attitude plus positive envers l'école et un plus grand sentiment d'identité.
- **Fonds du Canada pour la présentation des arts**
  Le Fonds du Canada pour la présentation des arts offre du financement aux diffuseurs des arts professionnels qui présentent des spectacles dans le cadre de festivals et de séries de spectacles artistiques, et appuie des organismes. En 2018–2019, un financement de 4,1 millions de dollars a été consacré aux personnes jugées mal desservies (les communautés autochtones, ethnoculturelles et de langue officielle en situation minoritaire, les jeunes, les collectivités rurales et éloignées, les disciplines et genres artistiques contemporains).
- **Fonds du Canada pour la formation dans le secteur des arts**
  Le Fonds du Canada pour la formation dans le secteur des arts contribue au développement des créateurs canadiens et des futurs leaders culturels du secteur des arts canadien en appuyant leur formation. Il oriente ses ressources vers les organisations qui offrent de la formation aux Canadiens, y compris les jeunes, les Autochtones et les membres des communautés ethnoculturelles, qui ont reçu 1,4 million de dollars en financement en 2018–2019.
- **Fonds du Canada pour les espaces culturels**
  Le Fonds du Canada pour les espaces culturels vise à améliorer les conditions matérielles liées à la création, à la mise en valeur, à la préservation et à l'exposition des œuvres d'art et du patrimoine, et accorde la priorité aux investissements qui profiteront aux groupes mal desservis (notamment les communautés autochtones, les populations ethnoculturelles et les communautés de langue officielle en situation minoritaire). En tout, 4 millions de dollars ont été investis en 2018–2019.
- **Programme du multiculturalisme**
  Le budget de 2018 proposait 23 millions de dollars sur 2 ans, à compter de 2018-2019, pour accroître le financement du Programme du multiculturalisme et appuyer les

consultations pancanadiennes sur une nouvelle approche nationale de lutte contre le racisme. Par l'entremise de son Programme de soutien aux communautés, au multiculturalisme et à la lutte contre le racisme, le Programme accorde des subventions et contributions à des organisations pour des projets et événements qui favorisent la compréhension interculturelle et interconfessionnelle, l'égalité des chances pour les personnes de toutes origines, la citoyenneté, la participation du citoyen et une saine démocratie. Il mène des activités de promotion et de sensibilisation du public conçues et mises en œuvre pour permettre aux Canadiens de s'intéresser aux enjeux liés au multiculturalisme. Il reçoit 12 millions de dollars par année en financement permanent.

- **Programme de contestation judiciaire**
  Le Programme de contestation judiciaire, qui reçoit un financement permanent de 5 millions de dollars par année, offre un soutien financier aux Canadiens afin qu'ils puissent porter devant les tribunaux des causes d'importance nationale liées aux droits constitutionnels et quasi constitutionnels qui concernent les langues officielles et les droits de la personne.

- **Réinsertion sociale des délinquants autochtones**
  Un financement de 65,2 millions de dollars sur 5 ans a été accordé à compter de 2017–2018, et 10,9 millions de dollars par année par la suite, afin d'aider les ex-détenus autochtones à guérir, à se réadapter et à trouver un emploi.

- **Programme de prévention du crime**
  Dans le cadre du Programme de prévention du crime, qui reçoit un financement permanent de 53,9 millions de dollars par année, le gouvernement travaille avec des intervenants pour prévenir et réduire la criminalité dans les populations et collectivités les plus à risque et renforcer la résilience face aux menaces à la sécurité et plus particulièrement au bien-être. Le Programme comprend le Programme de financement des projets d'infrastructure de sécurité pour les collectivités à risque, lequel finance le renforcement de la sécurité des centres communautaires sans but lucratif, des établissements d'enseignement provinciaux et des lieux de culte dans les collectivités susceptibles d'être victimes de crimes haineux. Le Programme de financement des projets d'infrastructure a reçu 9 millions de dollars sur 5 ans (l'infrastructure est financée grâce à un financement de contrepartie de 50 %).

- **Centre canadien d'engagement communautaire et de prévention de la violence**
  Le Centre canadien d'engagement communautaire et de prévention de la violence, qui reçoit un financement permanent de 10 millions de dollars par année, dirige les efforts du gouvernement du Canada pour contrer la radicalisation menant à la violence. Le Fonds de résilience des collectivités soutient le renforcement des capacités, les modèles et pratiques fondés sur des preuves et l'autonomisation des communautés locales, notamment par le biais d'initiatives conçues pour soutenir les efforts des jeunes visant à renforcer la résilience à la haine et à l'extrémisme violent.

- **Formation sur la violence fondée sur le sexe qui prend en considération les spécificités culturelles et les traumatismes**
  Le budget de 2017 proposait 2,4 millions de dollars sur 5 ans et 0,6 million de dollars par année par la suite pour développer et offrir à tous les membres de la GRC (Gendarmerie

royale du Canada) une formation sur la violence fondée sur le sexe qui prend en considération les spécificités culturelles et les traumatismes.

- **Atelier national de leadership pour les jeunes**
  Grâce à un financement permanent de 0,3 million de dollars par année, l'Atelier national de leadership pour les jeunes de la GRC invite les jeunes Autochtones à discuter des enjeux sociaux entourant les jeunes dans leurs collectivités.
- **Centre pour les statistiques sur les sexes, la diversité et l'inclusion**
  Le budget de 2018 proposait 6,7 millions de dollars sur 5 ans, à compter de 2018-2019, et 0,6 million de dollars par année par la suite, pour la création d'un nouveau Centre pour les statistiques sur les sexes, la diversité et l'inclusion. Le Centre tiendra à jour un carrefour de données à l'intention du public pour appuyer l'élaboration de politiques et la prise de décisions fondées sur des données probantes.

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ATIA - 19(1)

From: Wong, Tom (SAC/ISC)
Sent: 2019-12-16 7:46 AM
To: Njoo, Howard (PHAC/ASPC); Tam, Dr Theresa (PHAC/ASPC)
Cc: Dumulon, Louis (SAC/ISC)
Subject: Fw: Evaluation of expansion of Palivizumab to healthy term infants

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Importance: High
Sensitivity: Confidential

Pls see embargoed info from [redacted] regarding disappointing prelim results from Nunavik thus far

Sent from my BlackBerry 10 smartphone on the Bell network.

From: [redacted]
Sent: Monday, December 16, 2019 7:31 AM
To: Wong, Tom (SAC/ISC)
Cc: [redacted]
Subject: Re: Evaluation of expansion of Palivizumab to healthy term infants

Bonjour Tom,

Contrary to what was expected, the impact of the Nunavik Palivizumab program on RSV hospitalizations in healthy full-term Nunavik babies <3 months during 3 RSV seasons evaluated so far is disappointing.>Here are a couple of key results from our evaluation:

- The adherence to the required Palivizumab doses (up to 3-5 per RSV season) was not optimal: ≈60% of required doses were received and only 1/3 of infants received all needed doses despite important efforts from health care workers. Some ethical concerns were raised by health care workers regarding the guarantee of a free and informed consent from parents or caregivers, as well as the absence of involvement of Inuit population in the decision and implementation process.
- Prior to our evaluation, no data was available on Palivizumab effectiveness in healthy full-term babies. Our estimated effectiveness of Palivizumab to prevent RSV-confirmed hospitalization in healthy full-term <3 months babies was absent overall for the 3 RSV seasons. Despite wide confidence interval given the small sample size, there is little chance that Palivizumab protected against RSV hospitalizations since the point estimate of Palivizumab effectiveness was negative. Palivizumab failed to prevent not only regional (2 Nunavik hospitals) but also tertiary (evacuations to the South) RSV hospitalizations.>
- Many other respiratory viruses were detected in >50% of Nunavik babies hospitalized with confirmed RSV. To note that this finding is not unique to Nunavik infants or to this period: in the study of Anna Banerji published in CMAJ 2016, 46% of infants from different Canadian Arctic regions hospitalized with RSV were also coinfected with other viruses. The important proportion of coinfection may have contributed to the very low palivizumab effectiveness in this population.
- The estimated net cost of this program for the health system of Nunavik is important; the cost to prevent one RSV hospitalization in healthy full-term Nunavik babies <3 months is >200,000 $CAD in a scenario with a very optimistic assumed effectiveness of Palivizumab at 30%. Also, the management/administration of Palivizumab was associated with important workload in a setting with insufficient resources and may have had an impact on other programs such as immunization programs, prevention of suicide or sexually transmitted diseases.

The report for the first year evaluation including a qualitative analysis is available on-line (https://nrbhss.ca/sites/default/files/documentations/report_palivizumab_immunoprophylaxis_nunavik_infants_cor.pdf). We also submitted a manuscript describing the results of 3 years after the implementation of the program; it is currently under revision in a peer-reviewed journal.
I am available for further discussion by email or by phone. Please take note that I will be on vacation with limited access to e-mails from December 19 to January 3.
Thank you for your interest in this evaluation. Sincerely,

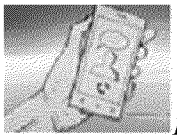
[redacted]

PS My address with [redacted] is not functional, please delete it from further correspondence.

De : Wong, Tom (SAC/ISC)
Envoyé : 14 décembre 2019 13:36
À : [redacted]
Cc [redacted]
Objet : Evaluation of expansion of Palivizumab to healthy term infants

Bonjour [redacted]
Mike and I have been approached by [redacted] about her petition to expand Palivizumab to healthy term babies. In that context, I'm very curious if you've found any benefit trends thus far, knowing that the sample size is relatively small and that your study still has 2 years to go? Any insights would be greatly appreciated.
Cordialement
Tom

Tom Wong, MD MPH CCFP FRCPC
Chief Medical Officer of Public Health and Chief Science Officer
Médecin en Chef de la Santé Publique et Conseiller Scientifique en Chef
Director General/Directeur générale
Office of Population & Public Health/ Bureau de la Santé Publique et de la Population
Indigenous Services Canada/Services aux Autochtones Canada



***First Nations and Inuit Hope for Wellness Help Line**: Help is at your fingertips…*
Call 1-855-242-3310 or chat online with a counsellor.

***Ligne d'écoute d'espoir pour le mieux-être des Premières nations et des Inuits**: L'aide est à portée de la main…*
Appelez au 1-855-242-3310 ou clavarder en ligne avec un conseiller.

From: Wong, Tom (SAC/ISC)
Sent: 2019-12-16 7:27 AM
To: Njoo, Howard (PHAC/ASPC); Tam, Dr Theresa (PHAC/ASPC)
Cc: Dumulon, Louis (SAC/ISC)
Subject: Fw: from PHAC
Attachments: FNIHB-RSV_Nunavut_NorthernL-EN_2019-12-15_18h00.docx

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Hi Theresa and Howard,

Comms just informed me that PHAC is proposing the following addition to the ML. The message about NACI is different from the message from Nunavut - that the evidence is not there yet to expand palivizumab coverage from high risk risk infants (eg. Premies, CLD, CHD, immunosuppression etc) to healthy term infants. That's the reason why Nunavik is currently doing a study to assess that and embargoed prelim info (based on relatively small sample size)from Nunavik seems to suggest that the effectiveness in term infants and the cost effectiveness are not that great and their study still has one more year to go...Would you re-look at the PHAC proposed line? Tx

• The National Advisory Committee on Immunization recommends that regardless of gestational age, all Inuit children younger than 6 months of age at the onset of the RSV season in northern remote communities should be considered to receive RSV prophylaxis.

Sent from my BlackBerry 10 smartphone on the Bell network.

From: Crowder, Cassandra (SAC/ISC)
Sent: Monday, December 16, 2019 7:16 AM
To: Dumulon, Louis (SAC/ISC); Wong, Tom (SAC/ISC)
Cc: Peltier, Katelin (SAC/ISC); Guibert, Geneviève (AADNC/AANDC)
Subject: from PHAC

Here is the document they provided.

INDIGENOUS SERVICES CANADA
MEDIA LINES
(not for external distribution - for use by spokespersons)

ISSUE

The effectiveness of palivizumab for Respiratory Syncytial Virus (RSV) prevention will be discussed during meetings with Nunavut Chief Medical Officer of Health, PHAC, ISC and [redacted]

KEY MESSAGES

- The delivery of health care in the territories is a responsibility of the tTerritorial gGovernments. Indigenous Services Canada (ISC) works in partnership with the tTerritorial Ggovernments, including the Government of Nunavut, to ensure Inuit have access to the supports and services they need.

- According to the Canadian Paediatric Society statement on Respiratory Syncytial Virus (RSV), "Paliuvizumab has minimal impact on RSV hospitalization rates as it is only practical to offer it to the highest risk group. Whether palivizumab should be offered to term Inuit infants in high incidence communities is controversial."

- All provinces and territories, including Nunavut, offer free palivizumab to high-risk infants.

- On December 16th, Indigenous Services Canada, the Public Health Agency of Canada, and the Nunavut Health Department and Public Health Agency of Canada participated in a meeting with [redacted] to learn about her research findings regarding RSV hospitalization rates in Nunavut and then to discussed potential approaches to help addressing the high rates of RSV in Nunavut.

- A study is currently taking place in Nunavik (Quebec) to evaluate the effectiveness of the expansion of palivizumab prophylaxis to full term Inuit infants. Once results are available, the Government of Canada will work with Pprovincial and Tterritorial Ggovernments, Inuit partners and communities to implement the most appropriate measures to reduce RSV hospitalization.

- ISC The Government of Canada is committed to working with Indigenous peoples to improve their quality of life and increase access to healthcare in the tTerritories.

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- **The National Advisory Committee on Immunization recommends that regardless of gestational age, all Inuit children younger than 6 months of age at the onset of the RSV season in northern remote communities should be considered to receive RSV prophylaxis.**

- For information on the prevention and treatment of ~~the Respiratory Syncytial Virus (~~RSV~~)~~ for Inuit in Nunavut, ~~please~~ contact the Communications Division of the Nunavut Department of Health~~, Communications Division, at: https://www.gov.nu.ca/health/information/media-centre-0~~.

- ~~With respect to RSV-specific information (prevention and treatment etc.), please contact the Public Health Agency of Canada (https://www.canada.ca/en/public-health.html) which is the federal agency responsible for communicable diseases.~~

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BACKGROUND

In Nunavut, Northwest Territories and Yukon, territorial governments are primarily responsible for delivering insured health services to all ~~of~~ their citizens, including First Nations and Inuit. Indigenous Services Canada provides additional funding for a variety of programs and services, such as home and community care, health promotion and disease prevention programs, Indian Residential Schools Resolution Health Support Program, the Non-Insured Health Benefits (NIHB) Program, and the Health Services Integration Fund for First Nations (including those that are self-governing) and Inuit in the territories.

Additional Links

- Nunavut Department of Health Fact Sheet on Respiratory Syncytial Virus ~~https://www.gov.nu.ca/health/documents/respiratory-syncytial-virus-rsv~~
- Vaccines for children: When to vaccinate your child
- Provincial and Territorial Immunization Information ~~https://www.canada.ca/en/public-health/services/provincial-territorial-immunization-information.html#a3~~
- **https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-5-passive-immunization.html#p5a4f**
-

DESIGNATED SPOKESPERSONS

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PRIMARY HQ CONTACT Media Inquiries Lines Media Relations (819) 953-1160	**PRIMARY SPOKESPERSON** Tom Wong

APPROVALS

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ATIA - 19(1) ATIA - 17

From: Tam, Dr Theresa (PHAC/ASPC)

Sent: 2019-12-14 4:04 PM

To: Elmslie, Kim (PHAC/ASPC); Charos, Gina (PHAC/ASPC); Njoo, Howard (PHAC/ASPC)

Subject: Fwd [redacted] to present new analysis on RSV in Nunavut on the Monday call

---

FYI

I was not able to join the call with Tom today.

Howard probably wasn't able join either.

Howard if you can catch up with Tom before Monday, that would be great. Otherwise I can.

Gina, do you know anything about [redacted]'s data?

TT

Sent from my iPhone

Begin forwarded message:

> **From:** "Wong, Tom (SAC/ISC)" <tom.wong@canada.ca>
> **Date:** December 14, 2019 at 12:50:30 EST
> **To:** [redacted]
> **Cc:** "Dumulon, Louis (SAC/ISC)" <louis.dumulon@canada.ca>, "Njoo, Howard (PHAC/ASPC)" <howard.njoo@canada.ca>, "Tam, Dr Theresa (PHAC/ASPC)" [redacted]
> **Subject:** [redacted] **to present new analysis on RSV in Nunavut on the Monday call**
>
> Hi [redacted]

We've learned internally that [redacted] is organizing a press conference for Monday but I don't know more. Comms is trying to find out for us. Will pass more info along when I receive them.

[redacted] says she's on some other business in Ottawa on Monday and she has let my office know that she's coming to my office to present the new RSV analysis on the teleconf call with you. Howard, I understand that you'll be able to dial in Monday morning.

[redacted] Howard, Theresa and Louis, would you happen to be available for a quick 20 min prep teleconference some time today?

Sat: between 2pm and 4pm ET

Between 6pm and 7pm ET

T

Sent from my BlackBerry 10 smartphone on the Bell network.

Life Expectancy at birth of Indigenous peoples in Canada (in years and by sex)

Comparison of stats used in 2019 CPHO Annual Report versus latest report published by Statistics Canada

Last update: December 18, 2019

Population		2019 CPHO Report	LE of First Nations, Métis & Inuit household populations in Canada[1]
Inuit	Males	66.4	70.0
	Females	73.1	76.1
First Nations	Males	67.6	72.5
	Females	73.7	77.7
Métis	Males	71.7	76.9
	Females	78.2	82.3
Total Canadian population	Males	79.6	81.4
	Females	83.7	87.3

Interpretation:

The difference in LE results between the two reports can be explained by significant methodological differences. The latest Stats Can report uses more sophisticated methods, not available previously, which are believed to improve LE estimate accuracy, compared to previous reports. The summary of the methodological differences between both reports are:

- The 2019 CPHO Report stats are based on the latest LE data available in the Health Inequalities Data Tool[2] which uses Vital Statistics – Death Database (2009-2011) as the primary data source. Population estimates are area-based measures where the indicated sub-population represents the predominant group.

- The latest Stats Can report is based on linking data from the Canadian Census Health and Environment Cohorts (2006-2011) with the Derived Record Depository containing basic personal identifiers using a generalized record linkage software. In essence, this process allows for the linkage of available survey and administrative data (1996 -2011). Stats Can states in their report that this is the first time they employed this new methodological approach, thereby increasing the accuracy of their LE estimates (relying on death registrations alone poses challenges for Indigenous LE estimates as these records do not consistently collect information on Indigenous identity)

[1] Statistics Canada, 2019 (https://www150.statcan.gc.ca/n1/pub/82-003-x/2019012/article/00001-eng.pdf)
[2] PHAC, 2019 (https://health-infobase.canada.ca/health-inequalities/data-tool/index)

ATIA - 17

From: Tam, Dr Theresa (PHAC/ASPC)
Sent: 2019-12-18 8:59 PM
To: McLeod, Robyn (PHAC/ASPC)
Subject: Fwd: Life expectancy of First Nations, Métis, and Inuit household populations in Canada, Trends in mortality inequalities among the adult household population & Cohort profile:
Attachments: LE Indigenous peoples_ stat comparison.docx; ATT00001.htm

---

Please print for meeting with Stats Can

Sent from my iPhone

Begin forwarded message:

> **From:** "Hostrawser, Bonnie (PHAC/ASPC)" <bonnie.hostrawser@canada.ca>
> **Date:** December 18, 2019 at 11:57:48 EST
> **To:** "Tam, Dr Theresa (PHAC/ASPC)" [redacted]
> **Cc:** "Bell, Tammy (PHAC/ASPC)" <tammy.bell@canada.ca>, "Rendall, Jennifer (PHAC/ASPC)" <jennifer.rendall@canada.ca>, "Macey, Jeannette (PHAC/ASPC)" <jeannette.macey@canada.ca>, "Grote, David (PHAC/ASPC)" <david.grote@canada.ca>, "Chia, Marie (PHAC/ASPC)" <marie.chia@canada.ca>
> **Subject: RE: Life expectancy of First Nations, Métis, and Inuit household populations in Canada, Trends in mortality inequalities among the adult household population & Cohort profile: The Canadian Census Health and Environment Cohorts (CanCHECs)**
>
> Hello Theresa,
> Here is the difference between the sources and methods used for Indigenous LE for our report and what SC released.
> Attached is a one pager showing the LE differences with rationale as copied below.
>
> - The 2019 CPHO Report stats are based on the latest LE data available in the Health Inequalities Data Tool[1] which uses Vital Statistics – Death Database (2009-2011) as the primary data source. Population estimates are area-based measures where the indicated sub-population represents the predominant group.
>
> - The latest Stats Can report is based on linking data from the Canadian Census Health and Environment Cohorts (2006-2011) with the Derived Record Depository containing basic personal identifiers using a generalized record linkage software. In essence, this process allows for the linkage of available survey and administrative data (1996 -2011). Stats Can states in their report that this is the first time they employed this new methodological approach, thereby increasing the accuracy of their LE estimates (relying on death registrations alone poses challenges for Indigenous LE estimates as these records do not consistently collect information on Indigenous identity)
>
> Thanks to David for this information.
> Bonnie

From: Tam, Dr Theresa (PHAC/ASPC) [redacted]
Sent: 2019-12-18 9:56 AM
To: Hostrawser, Bonnie (PHAC/ASPC) <bonnie.hostrawser@canada.ca>
Cc: Bell, Tammy (PHAC/ASPC) <tammy.bell@canada.ca>; Rendall, Jennifer (PHAC/ASPC) <jennifer.rendall@canada.ca>; Macey, Jeannette (PHAC/ASPC) <jeannette.macey@canada.ca>; Grote, David (PHAC/ASPC) <david.grote@canada.ca>; Chia, Marie (PHAC/ASPC) <marie.chia@canada.ca>
Subject: Re: Life expectancy of First Nations, Métis, and Inuit household populations in Canada, Trends in mortality inequalities among the adult household population & Cohort profile: The Canadian Census Health and Environment Cohorts (CanCHECs)

Thanks.
A difference in LE is several years is huge. Could you work out the difference in estimates for the inequality ie the gap in LE between FN and other Canadians etc.
Sent from my iPhone

On Dec 18, 2019, at 09:07, Hostrawser, Bonnie (PHAC/ASPC) <bonnie.hostrawser@canada.ca> wrote:

> Yes it is different. The CPHO report uses 2009-2011 data which was what was available to us at the time, indicating that LE from birth for women is as follows:, FN is 74 year, Metis 78 years and Inuit 73 years.
> The new analysis of linked census data (even though it si 2011) is as follows: life expectancy at age 1 was 77.7 years for First Nations, 82.3 years for Métis, 76.1 years for Inuit.
>
> **From:** Tam, Dr Theresa (PHAC/ASPC) [redacted]
> **Sent:** 2019-12-18 9:00 AM
> **To:** Hostrawser, Bonnie (PHAC/ASPC) <bonnie.hostrawser@canada.ca>; Bell, Tammy (PHAC/ASPC) <tammy.bell@canada.ca>; Rendall, Jennifer (PHAC/ASPC) <jennifer.rendall@canada.ca>
> **Cc:** Macey, Jeannette (PHAC/ASPC) <jeannette.macey@canada.ca>
> **Subject:** Fwd: Life expectancy of First Nations, Métis, and Inuit household populations in Canada, Trends in mortality inequalities among the adult household population & Cohort profile: The Canadian Census Health and Environment Cohorts (CanCHECs)
> Is this any different to what I ready have in my report since it is 2011 data?
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> > **From:** "Arora, Anil (STATCAN)" <anil.arora@canada.ca>
> > **Date:** December 18, 2019 at 08:34:36 EST
> > **To:** "Arora, Anil (STATCAN)" <anil.arora@canada.ca>

Subject: Life expectancy of First Nations, Métis, and Inuit household populations in Canada, Trends in mortality inequalities among the adult household population & Cohort profile: The Canadian Census Health and Environment Cohorts (CanCHECs)

Dear colleague,
Three new articles released today in *Health Reports* (see *The Daily*) feature analyses and a description of a new series of datasets developed by Statistics Canada that link several censuses to death data, making it possible to monitor mortality across different population groups over time.
The first article, "Life expectancy of First Nations, Métis, and Inuit household populations in Canada," uses the Canadian Census Health and Environment Cohorts (CanCHECs) to estimate life expectancy for First Nations people, Métis, and Inuit and to compare it with that of the non-Indigenous population. It found that life expectancy was substantially and consistently shorter for First Nations, Métis, and Inuit households from 1996 to 2011. In 2011, life expectancy at age 1 for the male household population was 72.5 years for First Nations, 76.9 years for Métis, 70.0 years for Inuit, and 81.4 years for non-Indigenous people. Among the female household population, life expectancy at age 1 was 77.7 years for First Nations, 82.3 years for Métis, 76.1 years for Inuit, and 87.3 for non-Indigenous people.
The second article, "Trends in mortality inequalities among the adult household population," examines mortality rates by income and education levels over time. Results show that although mortality rates have fallen over time, this decline has not been shared equally across all income and education levels. In 1991, men with less than a high school diploma had a death rate 50% higher than men with a university degree. By 2011, this inequality widened to 90%. In 1991, the death rate was 40% higher for women with less than a higher school diploma compared to women with a university degree. By 2011, this inequality increased to 80%.
The third article, "Cohort profile: The Canadian Census Health and Environment Cohorts (CanCHECs)," provides a description of the datasets. The CanCHEC datasets are rich national data resources that can be used to measure and examine health inequalities across socioeconomic and ethnocultural dimensions for different periods and locations. These datasets can also be used to examine the effects of exposure to environmental factors on human health.

Cher collègue,

Trois nouveaux articles diffusés aujourd'hui dans les *Rapports sur la santé* (voir *Le Quotidien*) mettent en vedette des analyses et une description d'une nouvelle série d'ensembles de données élaborés par Statistique Canada à partir du couplage de données de plusieurs recensements et de données sur le décès. Cette nouvelle série d'ensembles de données rend possible le suivi de la mortalité dans des groupes de population différents au fil du temps.

Le premier article, « Espérance de vie des populations des Premières Nations, des Métis et des Inuits à domicile au Canada », s'appuie sur les Cohortes santé et environnement du recensement canadien (CSERCan) pour estimer l'espérance de vie des Premières Nations, des Métis et des Inuits et la comparer avec celle de la population non autochtone. Les résultats révèlent que l'espérance de vie a été considérablement et constamment plus courte au sein des populations des Premières Nations, des Métis et des Inuits à domicile de 1996 à 2011. En 2011, l'espérance de vie à 1 an chez les hommes de la population à domicile était de 72,5 ans chez les Premières Nations, de 76,9 ans chez les Métis, de 70,0 ans chez les Inuits et de 81,4 ans chez les non-Autochtones. Chez les femmes de la population à domicile, l'espérance de vie à 1 an était de 77,7 ans pour les Premières Nations, de 82,3 ans pour les Métis, de 76,1 ans pour les Inuits et de 87,3 ans pour les non-Autochtones.

Le deuxième article, « Tendances des inégalités en matière de mortalité au sein de la population adulte à domicile », examine les taux de mortalité selon les niveaux de revenu et de scolarité au fil du temps. Les résultats révèlent que, quoique les taux de mortalité aient diminué au fil des années, cette diminution n'est pas commune à tous les niveaux de revenu et de scolarité. En 1991, les hommes qui n'avaient pas obtenu de diplôme d'études secondaires affichaient un taux de mortalité 50 % plus élevé que celui des hommes qui avaient un diplôme universitaire. En 2011, cet écart avait atteint 90 %. En 1991, chez les femmes qui n'avaient pas obtenu de diplôme d'études secondaires, le taux de mortalité était 40 % plus important que celui des femmes ayant obtenu un diplôme universitaire. En 2011, cette inégalité s'était chiffrée à 80 %.

Le troisième article, « Profil de cohorte : Cohortes santé et environnement du recensement canadien (CSERCan) », fournit une description de la série d'ensembles de données. Les ensembles de données

des CSERCan constituent des ressources nationales en matière de données qui sont abondantes et qui peuvent servir à mesurer et à examiner les inégalités en matière de santé selon les aspects socioéconomiques et ethnoculturels au cours de différentes périodes et à divers endroits. Ils peuvent également servir à examiner les effets de l'exposition à des facteurs environnementaux sur la santé humaine.
Anil Arora

Chief Statistician of Canada
Statistics Canada / Government of Canada
anil.arora@canada.ca / Tel: 613-951-9757
Statisticien en chef du Canada
Statistique Canada / Gouvernement du Canada
anil.arora@canada.ca / Tél.: 613-951-9757

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[1] PHAC, 2019 (https://health-infobase.canada.ca/health-inequalities/data-tool/index)

From: Arora, Anil (STATCAN)

Sent: 2019-12-09 11:38 AM

To: Arora, Anil (STATCAN)

Subject: Perceptions related to gender-based violence, gender equality, and gender expression | Perceptions à l'égard de la violence fondée sur le sexe, de l'égalité des genres et de l'expression de genre

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Good morning,

Today in *The Daily* published by Statistics Canada < https://www150.statcan.gc.ca/n1/daily-quotidien/191209/dq191209c-eng.htm > we released the report "**Perceptions related to gender-based violence, gender equality, and gender expression**". This *Juristat* Bulletin-Quick Fact examines Canadian's perceptions of and attitudes towards gender-based violence, gender equality, and gender expression.

To provide a visual overview of the key information, the infographic "**Perceptions related to gender equality in Canada, 2018**" was also released today.

Here is the report in HTML format:

https://www150.statcan.gc.ca/n1/pub/85-005-x/2019001/article/00001-eng.htm

Here is the report in PDF format:

https://www150.statcan.gc.ca/n1/en/pub/85-005-x/2019001/article/00001-eng.pdf?st=Cq_QlYlM

Here is the Infographic:

HTML: https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2019084-eng.htm

PDF: https://www150.statcan.gc.ca/n1/en/pub/11-627-m/11-627-m2019084-eng.pdf?st=RamvNhaR

Bonjour,

Dans *Le Quotidien* d'aujourd'hui publié par Statistique Canada < https://www150.statcan.gc.ca/n1/daily-quotidien/191209/dq191209c-fra.htm > nous avons diffusé un rapport intitulé «**Perceptions à l'égard de la violence fondée sur le sexe, de l'égalité des genres et de l'expression de genre** ». Le présent Bulletin *Juristat* - En bref porte sur les perceptions et les attitudes des Canadiens à l'égard de la violence fondée sur le sexe, de l'égalité des genres et de l'expression de genre.

Afin de fournir un aperçu visuel des statistiques clés, l'infographie intitulée « **Perceptions à l'égard de de l'égalité des genres au Canada, 2018**» a également été diffusée aujourd'hui.

Voici le rapport en format HTML:

https://www150.statcan.gc.ca/n1/pub/85-005-x/2019001/article/00001-fra.htm

Voici le rapport en format PDF:

https://www150.statcan.gc.ca/n1/pub/85-005-x/2019001/article/00001-fra.pdf

Voici l'infographie :

HTML : https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2019084-fra.htm

PDF : https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2019084-fra.pdf

Anil Arora

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Statistique Canada / Gouvernement du Canada
anil.arora@canada.ca / Tél.: 613-951-9757

ATIA-16(2)(c) ATIA - 19(1)

From: Tam, Dr Theresa (PHAC/ASPC)
Sent: 2019-12-14 3:57 PM
To: Dumulon, Louis (SAC/ISC)
Cc: Wong, Tom (SAC/ISC); [redacted] Njoo, Howard (PHAC/ASPC)
Subject: Re: [redacted] to present new analysis on RSV in Nunavut on the Monday call

---

Sorry I missed this call. Will catch up with Tom.

Sent from my iPhone

On Dec 14, 2019, at 14:49, Dumulon, Louis (SAC/ISC) <louis.dumulon@canada.ca> wrote:

> Thanks, noted I will be on line.
>
> Louis
>
> Envoyé de mon iPhone
>
> Le 14 déc. 2019 à 14:42, Wong, Tom (SAC/ISC) <tom.wong@canada.ca> a écrit :
>
> > Even though we haven't heard back from Howard or Theresa, perhaps we'll have the call at 330pm ET and I'll wait for a debrief with PHAC when Theresa/Howard becomes available.
> >
> > The dial in: [redacted]
> > Conf ID [redacted]
> >
> > I will also send a calendar invite with the dial in info.
> >
> > T
> >
> > t from my BlackBerry 10 smartphone on the Bell network.
> > **From:** [redacted]
> > **Sent:** Saturday, December 14, 2019 1:29 PM
> > **To:** Wong, Tom (SAC/ISC)
> > **Cc:** Dumulon, Louis (SAC/ISC); Njoo, Howard (PHAC/ASPC); Tam, Dr Theresa (PHAC/ASPC)
> > **Subject:** RE: [redacted] to present new analysis on RSV in Nunavut on the Monday call
> >
> > No worries about the ER, we have are “over staffed” at the moment, so any time before 430 today works well for me.
> > **From:** Wong, Tom (SAC/ISC) <tom.wong@canada.ca>
> > **Sent:** December 14, 2019 1:24 PM
> > **To:** [redacted]
> > **Cc:** Dumulon, Louis (SAC/ISC) <louis.dumulon@canada.ca>; Njoo, Howard (PHAC/ASPC) <howard.njoo@canada.ca>; Tam, Dr Theresa

(PHAC/ASPC) [redacted]
Subject: RE: [redacted] to present new analysis on RSV in Nunavut on the Monday call

Good to know about the ICER. Will reach out to [redacted]
Sorry to bother you when you're busy in the ER [redacted] Let's wait to see if Theresa or Howard may be able to join us between 3 and 4pm ET.
Will loop back to you once I hear from PHAC.
T

From: Patterson, Michael [redacted]
Sent: 2019-12-14 1:15 PM
To: Wong, Tom (SAC/ISC)
Cc: Dumulon, Louis (SAC/ISC); Njoo, Howard (PHAC/ASPC); Tam, Dr Theresa (PHAC/ASPC)
Subject: RE: [redacted] to present new analysis on RSV in Nunavut on the Monday call

I am in ER today, can be free for a bit between 2-4
By the way there has been some work on the analysis of data in Nunavik. The ICER for preventing admission due to RSV is quite poor. The data hasn't been publicly released yet, Tom or Howard I suggest you contact [redacted]
Mike

From: Wong, Tom (SAC/ISC) <tom.wong@canada.ca>
Sent: December 14, 2019 12:51 PM
To [redacted]
Cc: Dumulon, Louis (SAC/ISC) <louis.dumulon@canada.ca>; Njoo, Howard (PHAC/ASPC) <howard.njoo@canada.ca>; Tam, Dr Theresa (PHAC/ASPC [redacted]
Subject: [redacted] to present new analysis on RSV in Nunavut on the Monday call

Hi Mike,
We've learned internally tha[redacted]is organizing a press conference for Monday but I don't know more. Comms is trying to find out for us. Will pass more info along when I receive them.
[redacted] says she's on some other business in Ottawa on Monday and she has let my office know that she's coming to my office to present the new RSV analysis on the teleconf call with you. Howard, I understand that you'll be able to dial in Monday morning.
[redacted] Howard, Theresa and Louis, would you happen to be available for a quick 20 min prep teleconference some time today?
Sat: between 2pm and 4pm ET
Between 6pm and 7pm ET
T
Sent from my BlackBerry 10 smartphone on the Bell network.

From: McLeod, Robyn (PHAC/ASPC) on behalf of Tam, Dr Theresa (PHAC/ASPC)
Sent: 2019-12-02 5:48 PM
To: Morgan Lay; Rendall, Jennifer (PHAC/ASPC)
Cc: Steven Hoffman
Subject: RE: Development of Evidence of Policy Platform, meeting December 10th

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Dear Morgan,

Thank you for your email. No questions from our end for now.

Looking forward to discussing this all together on the 10th.

Thanks again,
Theresa

From: Morgan Lay
Sent: 2019-11-28 8:51 AM
To: Tam, Dr Theresa (PHAC/ASPC) ; Rendall, Jennifer (PHAC/ASPC)
Cc: Steven Hoffman
Subject: Development of Evidence of Policy Platform, meeting December 10th

Good morning Dr. Tam,

I am reaching out on behalf of Steven Hoffman to see whether there is any additional information we can provide ahead of the December 10th meeting between CIHR and PHAC regarding the development of an Evidence to Policy Platform (E2P). I understand you and Steven have had some early conversations about this idea but if it would be helpful, we would be happy to arrange a call in the next week to speak more about it.

I have attached an early concept note on the idea. We have had a chance to discuss this note with Tina Namiesniowski, as well as Stephen Bent and Pascal Michel and are looking forward to the discussion on the 10th with the CIHR President Dr Micheal Strong, yourself, Tina and Michel.

Please let me know if you have any questions or if I can provide any additional information.

All the very best,
Morgan

--
Morgan Lay MPH
Senior Policy Advisor / Conseiller principal en matière de politiques
CIHR Institute of Population & Public Health /
IRSC Institut de la santé publique et des populations
Canadian Institutes of Health Research (CIHR) /
Instituts de recherche en santé du Canada (IRSC)
based at the Global Strategy Lab, York University /
établi au Labo de stratégie mondiale, Université York
morgan.lay@globalstrategylab.org
@CIHR_IRSC | @IRSC_CIHR | @gstrategylab
Sign up for our newsletter! / Abonnez-vous à notre liste de diffusion!

From: Hersi, Fowzi (PHAC/ASPC) on behalf of vmn / rsv (PHAC/ASPC)
Sent: 2019-12-02 4:53 PM
To: vmn / rsv (PHAC/ASPC)
Cc: Farooqi, Shermeen (PHAC/ASPC)
Subject: Reference Documents - Preparing for Exams and Interviews / Documents de référence - Préparation aux examens et entrevues
Attachments: Behaviour Dictionary 47 pages.doc; Dictionnaire compétences comportementales 34 pages.doc; Dictionnaire de compétences 46 pages.doc; Glossary Abilities-Skills_Compétences BIL 18 pages.pdf; Glossary Personal Suitability-Qualités BIL 15 pages.pdf; Scaled Compentency Catalogue 34 pages.docx

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Good morning,

Thanks again for inviting me to present during the VMN Forum! Great job and fantastic turnout, felicitations!

Here are the 4 references documents that I promised I would send to you, so you could provide to all of the participants:

- Behaviour Dictionary (English and French)
- Scaled Competency Catalogue (English and French)
- Glossary of Abilities & Skills (Bil.)
- Glossary of Personal Suitability (Bil.)

If you have any questions, please let me know.

Take care and have a nice weekend,

Thanks,
Georgette

Georgette Thébeau
Conseillère principale en apprentissage, Apprentissage et perfectionnement de carrière
Direction des services en ressources humaines, Direction générale des services de gestion
Santé Canada et l'Agence de la santé publique du Canada / Gouvernement du Canada
Georgette.Thebeau@Canada.ca / Tél.: 613-854-6213

Senior Learning Advisor, Learning and Career Management
Human Resources Services Directorate, Corporate Services Branch
Health Canada and the Public Health Agency of Canada / Governement of Canada
Georgette.Thebeau@Canada.ca / Tel.: 613-854-6213

Achievement Orientation

DEFINITION	Focusing efforts on achieving high quality results consistent with the organization's standards.			
SCALE PROGRESSION	The increasing breadth, complexity and depth of understanding of and commitment to addressing and modelling ethical challenges in the workplace.			
BEHAVIORAL INDICATORS				
Meets pre-determined standards	Exceeds standards	Helps others meet and exceed standards	Improves organizational performance	Sets performance standards
Demonstrates understanding of, and works to meet, pre-determined standards. Promptly and efficiently completes work assignments. Continually compares own work performance against standards.	Defines ambitious, but realistic, personal goals and standards. Evaluates personal progress and adjusts actions to meet and exceed expectations. Undertakes and meets significant challenges. Tries new ways to get things done, while taking steps to reduce the risks.	Makes efforts to improve others' efficiency. Motivates and coaches others to follow own example of excellence. Contributes ideas for improvements in work methods and outcomes.	Sets highly challenging, but attainable, goals for own organizational area. Assesses group performance against goals and identifies areas for improvement. Improves inefficient/ineffective work processes. Uses positive motivational approaches, tailored to diverse individuals and groups, to help staff improve performance and maximize results achieved. Encourages responsible risk taking to achieve high quality results.	Ensures the development and use of objective criteria to measure and improve critical organizational processes and outputs. Ensures the active encouragement of ideas for improving outcomes and containing costs. Takes leading action in clarifying the boundaries of acceptable risk, congruent with achieving high quality results.

Adaptability

DEFINITION	Adjusts one's behaviour to work efficiently and effectively in light of new information, changing situations and/or different environments. Understands and appreciates diverse perspectives.			
SCALE PROGRESSION	The increasing breadth, complexity and depth of understanding of and commitment to addressing and modelling ethical challenges in the workplace.			
BEHAVIORAL INDICATORS				
Recognizes the need to adapt	Adapts to the situation	Adapts to widely varied needs	Adapts plans and goals	Adapts organizational strategies
Expresses willingness to do things differently. Understands and recognizes the value of other points of view and ways of doing things. Displays a positive attitude in the face of ambiguity and change.	Changes own behaviour or approach to suit the situation. Flexibly applies rules or procedures, while remaining guided by the organization's values. Adapts behaviour to perform effectively under changing or unclear conditions.	Adapts to new ideas and initiatives across a wide variety of issues or situations. Supports and adapts to major changes that challenge traditional ways of operating. Adapts interpersonal style to highly diverse individuals and groups in a range of situations. Anticipates change and adapts own plans and priorities accordingly.	Adapts organizational or project plans to meet new demands and priorities. Revises project goals when circumstances demand it. Recognizes and responds quickly to shifting opportunities and risks.	Adjusts broad/macro organizational strategies, directions, priorities, structures and processes to changing needs in the environment. Adapts behaviour to perform effectively amidst continuous change, ambiguity and, at times, apparent chaos. Shifts readily between dealing with macro-strategic issues and critical details. Anticipates and capitalizes on emerging opportunities and risks.
* Flexibility/Adaptability links to the TBS Key Leadership Competency Engagement and Management Excellence				

Analytical Thinking

DEFINITION	Understands a situation by breaking it down into its components and identifying key or underlying complex issues. Systematically organizes and compares the various aspects of a problem or situation, to determine the cause and effect relationships, and to resolve problems in a sound, decisive manner.			
SCALE PROGRESSION	The increasing breadth, complexity and depth of understanding of and commitment to addressing and modelling ethical challenges in the workplace.			
BEHAVIORAL INDICATORS				
Analyses Basic Situations	Identifies Key Relationships	Analyses Complex Relationships	Applies Broad Analysis	Applies a Whole System Perspective
Breaks down straightforward situations into distinct tasks or activities. Distinguishes between necessary and irrelevant pieces of information. Gathers input/ information from a few different sources to reach a conclusion.	Recognizes causes and consequences of actions and events that are not readily apparent. Identifies key connections, patterns and trends in information/data. Draws logical conclusions based on in-depth analysis of information.	Analyses complex situations, breaking each into its constituent parts. Identifies connections between situations that are not obviously related. Recognizes and assesses several likely causal factors or ways of interpreting the information available.	Integrates information from diverse sources, often involving large amounts of information. Thinks several steps ahead in deciding on best course of action, anticipating likely outcomes. Develops and recommends policy framework based on analysis of emerging trends.	Assesses and balances vast amounts of diverse information on the varied systems and sub-systems that comprise and affect the working environment. Identifies multiple relationships and disconnects in processes in order to identify options and reach conclusions. Thinks beyond the organization and into the future, balancing multiple perspectives when setting direction or reaching conclusions (eg. Social, economic, partner, stakeholder, interests, short and long-term benefits, national and global implications).
* Analytical Thinking links to the Treasury Board Secretariat Key Leadership Competency Strategic Thinking.				

Attention to Detail

DEFINITION	Demonstrates conscientiousness, consistency and thoroughness by verifying work, information, roles and functions.			
SCALE PROGRESSION	The increasing breadth, complexity and depth of understanding of and commitment to addressing and modelling ethical challenges in the workplace.			
BEHAVIORAL INDICATORS				
Recognizes Obvious Information	Recognizes Ambiguous Information	Verifies Other's Work for Accuracy and Thoroughness	Identifies Relevant Information in Complex Situations.	Establishes Processes and Develops Monitoring Systems
Identifies main concepts and ideas when reading simple, straight forward documents. Reviews own work for accuracy and completeness. Spots inconsistencies or discrepancies that indicate problems with quality of work.	Verifies assumptions and information before accepting them. Seeks out others to check and review work. Reviews all relevant information or aspects of a situation before taking action or making a decision.	Identifies multiple sources and uses a variety of approaches to gather information. Reviews the work of others for accuracy and thoroughness. Follows up to ensure tasks are completed and commitments met by others. Verifies that work has been done according to procedures and standards.	Differentiates between relevant and irrelevant information when reading complex documents. Maps out all the logistics and details of a situation to ensure smooth and flawless implementation. Identifies the subtleties of judgements rendered.	Consistently identifies all relevant details that are not obvious in complex and technical documents. Requires the highest standards for accuracy and quality of own work. Establishes processes to ensure the accuracy and quality of work products and services delivered by own team.
*Attention to Detail is involved in the demonstration of all four Treasury Board Secretariat Key Leadership Competencies.				

Business Perspective

DEFINITION	Using an understanding of business issues, processes and outcomes to enhance business performance.			
SCALE PROGRESSION	The increasing breadth, complexity and depth of understanding of and commitment to addressing and modelling ethical challenges in the workplace.			
BEHAVIORAL INDICATORS				
Demonstrates basic understanding of business issues, processes and outcomes	Makes recommendations to improve business operations	Develops business strategies	Develops strategic plan	Positions organization for long term success
Demonstrates understanding of how own responsibilities, activities and decisions relate to the success of the business. Demonstrates a working knowledge of products, services, customers, suppliers in own area.	Offers concrete suggestions to reduce costs, improve quality or revenue for aspects of key products or services in own area. Identifies potential new clients for own area. Recognizes the value of all major business areas, avoiding a "single area" bias.	Demonstrates thorough understanding of how own section adds value to the organization. Makes decisions that clearly support the business strategy (e.g., builds business cases for decisions/actions, takes a market perspective). Formulates optimal ways to improve services/products in the section, taking into account a longer-term and broader corporate perspective. Customizes the execution of broad business strategies in own area.	Demonstrates thorough understanding of a wide range of elements of the organization's business and the industries/partners with which the organization is involved. Integrates understanding of the organization's business into strategic planning and decision-making across functions or business unit boundaries.	Continuously develops ideas for positioning the organization for long-term success. Appropriately trades off short-term costs/disadvantages for long-term revenues/gains. Identifies breakthrough opportunities that will dramatically enhance business effectiveness.

Change Management

DEFINITION	Initiates and manages the implementation of new approaches, practices and processes; involves informing and inspiring groups to apply change techniques and strategies during transitions.			
SCALE PROGRESSION	The increasing breadth, complexity and depth of understanding of and commitment to addressing and modelling ethical challenges in the workplace.			
BEHAVIORAL INDICATORS				
Makes Others Aware of Change	Facilitates Change	Manages the Process for Change	Aligns Change Initiatives with Organizational Objectives	Champions Change
Identifies and accepts the need and processes for change. Explains the process, implications and rationale for change to those affected by it. Invites discussion of views on the change. Clarifies the potential opportunities and consequences of proposed changes. Explains how change affects current practices.	Asks others for input and feedback on changes that will affect the work unit. Openly shares information on decisions and changes in a timely manner. Gains support for non-traditional or innovative ideas/strategies. Involves those affected by change to enhance their understanding and commitment. Identifies and addresses specific reasons for others' resistance to change.	Adjusts priorities and reallocates resources to affect the change. Adapts existing goals, plans, and processes, or develops new ones to respond effectively to the change. Coaches others on dealing with resistance to change. Tracks the impact of the change, making adjustments as required. Partners with change leaders and managers in planning, implementing and evaluating interventions to improve organizational performance.	Links projects/objectives to department's/public service's change initiatives and describes the impact on operational goals. Presents realities of change and, together with staff, develops strategies for managing it. Identifies future needs for change that will promote progress toward identified objectives.	Personally communicates a clear vision of the impact of change. Identifies and implements broad change strategies to achieve desired results. Creates an environment that promotes and encourages change or innovation. Shares and promotes successful change efforts throughout the organization. Ensures that communication strategies on change initiatives are implemented.
* Change Management links to the Treasury Board Secretariat Key Leadership Competencies Engagement and Management Excellence.				

Client Service Orientation

DEFINITION	Identifies and responds to current and future client needs; provides service excellence to clients. A commitment to providing service that meets or exceeds clients' expectations in regards to – quality, timeliness, completeness, knowledge/skill, courtesy, fairness outcome etc.			
SCALE PROGRESSION	The increasing breadth, complexity and depth of understanding of and commitment to addressing and modelling ethical challenges in the workplace.			
BEHAVIORAL INDICATORS				
Provides Quality Service Consistent with Relevant Guidelines and Procedures	Takes Responsibility for Meeting Clients' Expectations	Anticipates, Adapts to and Exceeds Clients' Expectations	Improves Service Delivery	Partners with Clients
Strives to meet reasonable client expectations. Treats clients respectfully and courteously. Establishes/ maintains clear communication with customer regarding mutual expectations. Consistently achieves service standards by meeting established indicators of work quality and client satisfaction.	Checks own work for mistakes/ inconsistencies and ensures it is consistent with relevant guidelines, policies and procedures. Seeks immediate client feedback to clarify and validate that needs have been addressed and responds appropriately. Demonstrates a commitment to the provision of quality services to clients and provides client groups with opportunities for active participation and consultation on decisions as appropriate.	Makes self fully available, during client's critical periods. Makes concrete attempts to add value to the client by offering a better service or an extra/new service beyond the client's expectations. Knows the clients business and/or seeks information about the real underlying needs of the client, beyond those expressed initially. Identifies potential inconsistencies between own work and that of others, and takes appropriate action. Aligns services with the clients' overall objectives.	Identifies improvements to systems and processes based on reviewing and validating clients' expectations and feedback. Implements quality management approaches to optimize client satisfaction and to increase work quality and timeliness.	Develops and maintains a strategic relationship with the client based on in-depth knowledge and understanding of the client's business/needs. Seeks feedback and ongoing involvement of the client. Anticipates clients' future needs and plans, and acts appropriately.

Communication (Oral)

DEFINITION	Expresses oneself clearly in interpersonal or group situations and adapts style and content to each unique individual, audience and situation.			
SCALE PROGRESSION	The increasing breadth, complexity and depth of the acceptance and the use of creative potential of others' differences.			
BEHAVIORAL INDICATORS				
Comprehends and Presents Information Clearly	**Fosters Two-Way Communication**	**Adapts Communication**	**Communicates Complex Messages**	**Communicates Strategically**
Actively listens to maximize understanding. Communicates with others respectfully, and sensitively. Presents information in a logical manner, using appropriate phrasing and vocabulary.	Considers others' main points and takes them into account. Encourages others to express thoughts or ideas by providing positive feedback. Summarizes or paraphrases what others have said to verify understanding and prevent miscommunication of his/her understanding of the issue. Seeks clarification of others communication when necessary.	Reads cues and tailors communication (e.g., content, style and medium) to diverse audiences and organizational levels, to maximize understanding and acceptance of ideas. Understands complex or underlying needs, motivations, emotions or concerns and communicates effectively despite the sensitivity of the situation.	Communicates complex issues clearly and credibly with varied audiences. Overcomes resistance and secures support for ideas or initiatives. Handles difficult on-the-spot questions (e.g., from officials, interest groups, or the media). Ideas are presented in a concise manner, in a logical sequence and without hesitation. Word usage is clear and precise. There is certain flair in the expression of ideas.	Scans the environment for key information to develop communication strategies. Uses varied communication mediums and opportunities to promote dialogue and develop shared understanding. Communicates thoughtfully and purposely to achieve specific objectives (e.g., considers optimal "messaging" and timing of communication).
* Communication links to the Treasury Board Secretariat Key Leadership Competency Engagement				

Communication (Written)

DEFINITION	Transmits and receives information clearly and correctly. Adapts style and content to each unique individual, audience and situation.			
SCALE PROGRESSION	The increasing breadth, complexity and depth of understanding of and commitment to addressing and modelling ethical challenges in the workplace.			
BEHAVIORAL INDICATORS				
Comprehends and Presents Information Clearly	**Seeks Different Perspectives**	**Adapts Communication**	**Communicates Complex Messages**	**Communicates strategically**
Presents information in a logical manner, using appropriate phrasing and vocabulary. Writes brief, factual material (e.g., notes, e-mails, standard letters) in a clear, logical manner, using correct grammar, language, spelling and punctuation.	Considers others' main points and takes them into account. Encourages others to express thoughts or ideas by providing positive feedback. Elicits comments or feedback on information provided. Seeks clarification of one's own understanding of others' communication. Writes longer, straightforward documents (e.g., summaries of meetings, instructions) that are comprehensive, yet concise, combining information from sources, as needed.	Tailors communication (e.g., content, style and medium) to diverse audiences and organizational levels, to maximize understanding and acceptance of ideas. Writes documents that provide in-depth information on specific issues, combining information, as needed, from multiple sources, and conveying critical nuances to facilitate understanding.	Communicates complex issues clearly and credibly with varied audiences. Overcomes resistance and secures support for ideas or initiatives. Writes on complex and specialized issues (e.g., transforming technical information for non-specialist audiences as needed).	Scans the environment for key information to develop communication strategies. Uses varied communication mediums and opportunities to promote dialogue and develop shared understanding. Communicates thoughtfully and purposely to achieve specific objectives (e.g., considers optimal "messaging" and timing of communication). Writes strategically from broad, corporate perspective, clearly and accurately presenting a position, while demonstrating an understanding of the needs and sensitivities of various audiences
* Communication links to the Treasury Board Secretariat Key Leadership Competency Engagement				

Concern for Safety

DEFINITION	Identifying hazardous or potentially hazardous situations and taking appropriate action to maintain a safe environment for self and others.			
SCALE PROGRESSION	The increasing breadth, complexity and depth of understanding of and commitment to addressing and modelling ethical challenges in the workplace.			
BEHAVIORAL INDICATORS				
Follows health and safety guidelines	Makes recommendations to optimize a safe and healthy environment	Promotes a safe and healthy environment	Implements health and safety policies and procedures	Develops organization wide health and safety strategies
Understands and applies health and safety regulations and policies that relate to own position. Maintains/updates knowledge of safety issues. Acts to correct obviously unsafe conditions in the work place.	Recommends improved safety procedures where appropriate. Identifies potentially unsafe conditions in the workplace. Conducts analysis to avoid hazards in the workplace.	Promotes a safety conscious working environment. Notices potentially hazardous situations that are not apparent to others. Consistently enforces safety procedures and demands compliance with health and safety regulations.	Recognizes unsafe or potentially hazardous elements within work systems and procedures, and acts to correct the situation. Emphasizes the importance of health and safety issues by regularly communicating the need for safe work practices. Investigates incidents (including near incidents) promptly and thoroughly, demonstrating strong commitment to unearthing and addressing underlying causes.	Implements safety standards and programs on an organization-wide basis. Takes health and safety and environmental issues into consideration when evaluating new initiatives. Ensures that preventive and contingency plans are developed to maintain organizational safety.

Conflict Management

DEFINITION	Develops working relationships that facilitate the prevention and/or resolution of conflicts within the organization. * Conflict refers to actual or perceived differences of needs, values, or actions between individuals or groups.			
SCALE PROGRESSION	The increasing breadth, complexity and depth of understanding of and commitment to addressing and modelling ethical challenges in the workplace.			
BEHAVIORAL INDICATORS				
Identifies Conflict	Addresses Conflict as it Occurs	Anticipates and Addresses Sources of Potential Conflict	Introduces Strategies for Resolving Existing and Potential Conflicts	Creates an Environment where Conflict is Resolved Appropriately
Recognizes that there is a conflict between two or more parties. Brings conflict to the attention of the appropriate individual(s).	Works to prevent disputes by discussing conflicts with the parties involved, having an open mind and actively listening. Promotes a mutual understanding by identifying overlapping areas of shared interests in an honest, respectful and timely manner.	Anticipates and takes action to avoid and/or reduce potential conflict (e.g. By encouraging and supporting the various parties to get together and attempt to address the issues themselves). Refocuses teams on the work and end results, instead of personality issues.	Provides consultation to, or obtains consultation/mediation for those who share few common interests and who are having a significant disagreement. Introduces innovative strategies for effectively dealing with conflict (e.g. Mediation, collaboration, “mutual gains” strategies).	Creates a conflict resolving environment by anticipating and addressing areas where potential misunderstanding and disruptive conflict could emerge. Employs conflict as a catalyst for positive change. Provides advice to others on all aspects of the dispute resolution spectrum, including referral to neutral intervention services such as mediation.

Continuous Learning

DEFINITION	Identifies and addresses individual strengths, developmental needs, and evolving work and organizational factors to enhance personal and organizational performance and foster a supportive learning environment.			
SCALE PROGRESSION	The increasing breadth, complexity and depth of understanding of and commitment to addressing and modelling ethical challenges in the workplace.			
BEHAVIORAL INDICATORS				
Assesses and Monitors Oneself to Maintain Personal Effectiveness	Seeks to Improve Personal Effectiveness in Current Situation	Seeks Learning Opportunities Beyond Current Requirements	Aligns Personal Development with Objectives of Organization	Promotes Continuous Learning and Development
Pursues learning opportunities and ongoing development. Self-assesses and seeks feedback from others to identify strengths and weaknesses and ways of improving.	Demonstrates enthusiasm and motivation to learn, through a variety of learning strategies (courses, e-learning, peer-learning, mentoring, etc.). Reflects, analyzes and learns from self and others' past performance, both successes and challenges. Tries new approaches to maximize learning in current situation. Integrates new learning into work methods.	Demonstrates curiosity to further individual understanding beyond immediate requirements. Actively pursues self-development on an ongoing basis technically and personally. Pursues assignments designed to challenge abilities.	Designs personal learning objectives based on evolving needs of the portfolio or business unit. Uses organizational change as an opportunity to develop new skills and knowledge.	Identifies future competencies and expertise required by the organization and develops and pursues learning plans accordingly. Continuously scans the environment to keep abreast of emerging developments in the broader work context. Aligns personal learning with anticipated change in organizational strategy.

Creative Thinking

DEFINITION	Discovers new opportunities and solutions for problems by looking beyond current practices and using innovative thinking			
SCALE PROGRESSION	The increasing breadth, complexity and depth of understanding of and commitment to addressing and modelling ethical challenges in the workplace.			
BEHAVIORAL INDICATORS				
Acknowledges the Need for New Approaches	Seeks to Improve Current Approaches	Introduces Innovative Approaches	Creates New Concepts	Nurtures Creativity
Questions the conventional approach and seeks alternatives. Demonstrates a willingness to accept new and creative ideas from others.	Analyzes strengths and weaknesses of current approaches. Modifies and adapts current methods and approaches to better meet needs. Takes into consideration previous approaches when identifying new strategies.	Looks beyond traditional ways of thinking. Uses existing solutions in innovative ways to solve problems. Searches for ideas or solutions that have worked in other environments and applies them to the organization. Integrates new information quickly while considering different options. Sees long-term consequences of potential solutions.	Creates new models and methods for the organization. Integrates and synthesizes relevant concepts into a new solution for which there is no previous experience. Identifies flexible and adaptable solutions while still recognizing professional and organization standards. Takes appropriate risks in generating, developing and implementing new and unusual ideas.	Encourages/manages innovation. Envisions departmental goals/results in a creative and realistic manner. Develops an environment that nurtures creative thinking, questioning and experimentation. Encourages challenges to conventional approaches. Sponsors experimentation to maximize potential for innovation.

Dealing with Difficult Situations

DEFINITION	Maintains composure and controls one's emotions when faced with opposition or hostility from others.			
SCALE PROGRESSION	The increasing breadth, complexity and depth of understanding of and commitment to addressing and modelling ethical challenges in the workplace.			
BEHAVIORAL INDICATORS				
Responds Calmly in Emotionally Charged Situations	Takes Positive Action to Calm Others	Models Effective Behaviour during		
Communicates with confidence, and provides explanation(s) calmly and reasonably to achieve desired results. Continues to function effectively when dealing with ongoing interpersonal stressors. Maintains composure in situations when one's opinions or ideas are being challenged.	Strives to calm other parties (e.g. listening, empathizing, paraphrasing etc.) and finds effective/acceptable solutions. Anticipates potential negative reactions and adapts one's approach to the situation.	Observes hostile, negative, or potential conflict and takes a leadership role in diffusing the situation. Facilitates communication between parties to find common ground for understanding.		

Dependability

DEFINITION	Consistently performs in a reliable manner, while recognizing the importance of personal responsibility and commitment to colleagues, clients and the organization.			
SCALE PROGRESSION	The increasing breadth, complexity and depth of understanding of and commitment to addressing and modelling ethical challenges in the workplace.			
BEHAVIORAL INDICATORS				
Consistently Performs in a Competent Manner	**Follows Through with Commitments**	**Recognizes the Importance of Responsibilities**	**Promotes, Exemplifies and Demonstrates a Dependable Work Ethic**	
Is punctual and reliable. Performs duties with minimal supervision. Constantly meets deadlines and ensures quality of work. Is able to efficiently manage workload and asks for help when necessary. Demonstrates good attendance record; Is aware of the impact that missing work will have on the client as well as co-workers.	Remains accountable and can be counted on to meet deadlines. Responds to work assignments and requests by being cooperative and available. Actively demonstrates commitment by maintaining a consistent work schedule and by communicating alternative means of access to service when unavailable for extended periods.	Makes well reasoned decisions. Recognizes the relative importance of certain tasks and responsibilities and has the ability to prioritize to ensure that deadlines are met. Actively demonstrates dependability and importance of work to customer and peers. Accepts ownership of projects; carries out duties in a responsible manner.	Acts as a reliable and accurate resource. Develops reliable working rapport with clients and colleagues. Acts in a decisive and committed way to ensure that key objectives are met on time. Consistently sets standards of excellence, while committing to organizational values.	

Decisiveness

DEFINITION	Makes decisions involving varied levels of risk and ambiguity, considering timelines and impact.			
SCALE PROGRESSION	The increasing breadth, complexity and depth of understanding of and commitment to addressing and modelling ethical challenges in the workplace.			
BEHAVIORAL INDICATORS				
Makes Decisions Based on Well-Established Rules	Makes Decisions by Interpreting Rules	Makes Decision in Vague Situations	Makes Complex Decisions in Highly Ambiguous Situations	Makes High-Risk Decisions in Complex and Ambiguous Situations
Applies established guidelines and procedures. Makes straightforward decisions, involving little or no consequence of error, based on adequate information. Deals with exceptions using clearly specified rules. Verifies decisions.	When dealing with unclear or missing information, is able to interpret guidelines and procedures. Makes straight-forward decisions, involving minor consequence of error, based on information that is generally clear and adequate. Considers the risks and consequences of action and/or decisions. Seeks guidance as needed when the situation is unclear.	Applies guidelines and procedures that leave considerable room for discretion and interpretation. Makes decisions by weighing several factors, some of which are partially defined and entail missing pieces of critical information. As needed, involves the right people in the decision-making process. Balances the risks and implications of decisions across multiple issues.	Makes complex decisions for which there are no set procedures. Considers a multiplicity of interrelated factors for which there is incomplete and contradictory information. Develops solutions to problems, while recognizing the risks and implications to the organization. Balances competing priorities in reaching solutions.	Uses principles, values and sound business sense. Makes high-risk strategic decisions that have significant consequences. Makes decisions in a potentially volatile environment in which weight given to any factor can change rapidly. Reaches decisions assuredly in an environment of public scrutiny. Balances a commitment to excellence with the best interests of clients and the organization.

Discretion/Tact

DEFINITION	Sensitive to appropriate behaviour when dealing with others, includes the ability to speak or act without offending. This includes being aware of tone and using careful choice of words, while ensuring that the intended message is clear, polite and readily understood.			
SCALE PROGRESSION	The increasing breadth, complexity and depth of understanding of and commitment to addressing and modelling ethical challenges in the workplace.			
BEHAVIORAL INDICATORS				
Respectful and Courteous	Considers Multiple Viewpoints	Anticipates and Manages Situations		
Respects diversity; understands and values differences between people. Strives to establish and consistently sustains good relationships with others throughout the organization. Courteous, interacts positively in the face of others' opposing viewpoints. Carries out interactions in a respectful manner that maintains the dignity of others. Exercises discernment and good sense in both actions and communications.	Actively strives to understand the people and the data before making decisions and taking action. Utilizes multiple approaches when dealing with others. Understands underlying meaning behind certain situations or issues. Relates effectively to people having different values, personalities or cultural backgrounds; listens and responds with empathy.	Effectively handles tense situations by anticipating and preparing for responses. Promotes harmony and consensus by creating an atmosphere that puts others at ease. Manages difficult or awkward interpersonal situations in a positive manner. Delivers difficult messages with sensitivity in order to minimize negative impact on others.		

Enforcement

DEFINITION	Understanding and applying enforcement policies to detect violations of legislation, identify conditions and/or persons responsible, and take appropriate action.			
SCALE PROGRESSION	The increasing breadth, complexity and depth of understanding of and commitment to addressing and modelling ethical challenges in the workplace.			
BEHAVIORAL INDICATORS				
Explains relevant enforcement policies	Handles straightforward non-compliance situations	Investigates complex non compliance issues	Leads prosecution cases	Prepares submissions for highly complex cases for court proceedings
Demonstrates knowledge of the potential impact of non-compliance and deviation from standards. Detects, and communicates to own supervisor, obvious cases of non-compliance.	Detects and communicates non-compliance to appropriate level in operators' establishments. Deals with non-compliance issues requiring straightforward corrective action.	Demonstrates solid knowledge of: appropriate control actions; methods of interviewing and investigating violations; and techniques involved in the collection of evidence for use in prosecutions. Detects and independently deals with the most non-compliance issues. Seeks guidance on complex non-compliance cases. Conducts interviews and investigates suspected violations.	Takes action up to and including prosecution against operators with continued offences. Provides advice on more complex cases. Coaches others on preparation for court cases.	Prepares reports suitable for submission to legal council and appears as expert witness in court proceedings. Advises on highly complex cases.