



# Panel Presentations

**BOOK OF ABSTRACTS**

**CAHSPR 2021**

**ID: 149**

## **How do Quebec health and social care workers strive to better meet the needs of vulnerable migrant populations?**

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**Importance and Relevance of the Topic:** Due to a growing anti-migrant sentiment, healthcare budgetary and time constraints, and policies that restrict access to services, many migrants experience poor quality health and social care. In this context, especially in the current pandemic which has exacerbated inequalities, innovative approaches are required to better respond to migrants' needs. Using the case of Quebec – the second largest migrant-receiving province – we will discuss the social and health concerns of the most vulnerable (e.g., asylum seekers, refugees) and present diverse approaches that consider the complex and difficult circumstances of these populations, in order to better address their needs.

**Approach - Panel:** Dr. Merry will speak about young migrant families' transnational ties and how they may contribute to their hardships and/or may be a source of resiliency. She will then discuss how 'transnationalism' may be considered and addressed in care. Dr Tiné will present her research showing how healthcare and community workers are finding creative solutions in order to provide access to antiretroviral treatment for migrants living with HIV/AIDS without medical insurance. Drs Bentayeb and Leclair Mallette will share their results from their work which highlights the challenges, experiences and expertise of employees, social workers and managers of a specialized program designed to provide support and care to asylum-seekers. Dr. Gautier will report her findings from a recent scoping review and present lessons learnt regarding care-provision of vulnerable migrants during COVID-19. All panelists will share their perspectives on how care provision for vulnerable migrants should be reimagined in 2021 and beyond.

**Objectives:** This multi-disciplinary panel aims to present insightful experiences and strategies that consider the complex and difficult circumstances in which vulnerable migrants live, in order to better respond to the health and social care needs of these populations- during the COVID-19 pandemic and beyond.

**Invited Experts:** • Panel organizer: 1. Lara Gautier PhD, Département de Gestion, d'Évaluation et de Politique de Santé, École de Santé Publique, University of Montreal ; Centre de recherche en santé publique (CRéSP), Montreal, QC. lara.gautier@umontreal.ca • Panelists' names, affiliations, email addresses: 2. Lisa Merry PhD, Faculty of Nursing, University of Montréal, Montreal, QC. lisa.merry@umontreal.ca 3. Naima Bentayeb PhD, CIUSSS du Centre-Ouest-de-l'Île-de-Montréal, Montreal, QC. naima.bentayeb.ccomtl@ssss.gouv.qc.ca 4. Isabelle-Ann Leclair-Mallette PhD, CIUSSS du Centre-Ouest-de-l'Île-de-Montréal, Montreal, QC. isabelle-ann.leclairmallette.ccomtl@ssss.gouv.qc.ca 5. Stella Carine Kengne Tiné, MD, MSc, PhD Candidate in Public Health/Global Health, Centre de recherche en santé publique (CRéSP), École de santé publique, University of Montreal, Montreal, QC. c.kengne.tine@umontreal.ca

**Primary Theme:** Equity and Vulnerable Populations

**Secondary Theme:** Primary Healthcare

**Methods:** Mixed Methods

**AuthorNames:** Lara Gautier, Lisa Merry, Naima Bentayeb, Leclair-Mallette Isabelle-Ann, Stella Carine Kengne Tiné

**ID: 229**

## **Leveraging Virtual Care within Hospital Systems: Case example at St. Joseph's Healthcare Hamilton**

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**Importance and Relevance of the Topic:** Patients and healthcare providers have expressed a desire to engage in virtual care delivery to save time, increase convenience and streamline care. In fact, health systems are investing resources to modernize care delivery through virtual modalities to respond to the increasing resource strain and inefficiencies. St. Joseph's Healthcare Hamilton (SJHH) is an early implementer of digital health prior to COVID-19, offering a suite of synchronous and asynchronous virtual care modality options. This hospital system case example is of great interest and importance to Ontario's Digital First for Health strategy to understand the implementation of virtual care in a hospital setting.

**Approach - Panel:** The panelists will briefly introduce themselves and provide a broad overview of an evaluation conducted at SJHH on how virtual care was leveraged across different clinical areas at the hospital. Panelists will also provide a comparison of the deployment and implementation of virtual care services at SJHH before and during COVID-19. The panel will draw from patient, healthcare provider, and administrative staff experiences to discuss the motivations, enablers, and barriers of virtual care delivery. We anticipate that the insights from this panel will inform future digital health policy and decision-making and serve as an important milestone towards a greater understanding of what factors affect virtual care adoption in hospital systems, and how we can improve adoption and virtual care use in Ontario. Participants will have the opportunity to ask questions about virtual care delivery during COVID-19 and discuss how virtual care can be optimized across the health system.

**Objectives:** The objectives of the panel are the following: 1. To provide an overview of the organizational strategy in the implementation and use of virtual visits and the patient-facing portal across SJHH. 2. To describe the degree of alignment between healthcare leaders' and healthcare providers' experiences in the implementation and utility of virtual care. 3. To describe the degree of alignment between patients and healthcare providers' benefits and challenges using virtual care within SJHH. 4. To highlight emerging and high value clinical cases in which virtual care could be leveraged in similar clinics across other hospital sites.

**Invited Experts:** The invited panel experts, corresponding to each of the panel objectives include: 1. Andriana Lukich, Director of Digital Solutions at St. Joseph's Healthcare Hamilton 2. Dr. Suman Budhwani, Postdoctoral Fellow at Women's College Hospital Institute for Health System Solutions and Virtual Care 3. Dr. Laura Desveaux Scientist at Women's College Hospital Institute for Health System Solutions and Virtual Care 4. Jamie Fujioka, Research Coordinator at Women's College Hospital Institute for Health System Solutions and Virtual Care 5. Dr. Rebecca Liu, Research Associate at Women's College Hospital Institute for Health System Solutions and Virtual Care

**Primary Theme:** Health System Performance (including access to care, quality, safety, efficiency, leadership)

**Secondary Theme:** Health Policy, Healthcare Reform (includes priority setting, politics)

**Methods:** Healthcare Service or Policy Initiative

**AuthorNames:** Rebecca Liu, Laura Desveaux, Suman Budhwani, Jamie Fujioka, Vess Stamenova, Andriana Lukich

**ID: 299**

## **What is a Sustainable Health System? Considering environmental Sustainability in Canadian Healthcare**

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**Importance and Relevance of the Topic:** Environmental sustainability receives little attention in healthcare: Not in our strategic plans, in corporate score cards, in quality improvement programs, in accreditation standards, in the health information we collect and in funding priorities and accountabilities. A recent issue of Healthcare Papers provides an explosive picture of the and environmental impact of our health systems. It delves into the longer-term harms and consequences for social equity. Miller and Xie (2020) discuss how the health sector should provide leadership on environmental stewardship. The commentaries that follow their article give an array of vital insights and perspectives on the issues.

**Approach - Panel:** Dr. Miller will Chair an open discussion across participants to address the major challenges highlighted in the special issue of Healthcare Papers on environmental sustainability for healthcare. The Chair will initiate the panel with brief introductions of the topic and the panelists, as well as polling participants on their background, interest and capacity for enacting change. Each panelist will provide a 3 minute overview of their position related to environmental sustainability in healthcare, and then the Chair will moderate a discussion on controversial or challenging issues related to sustainability. The Chair will poll participants on the key areas of focus for discussion. Participants will be able to engage through the Q&A capacity of the software. In conclusion, the Chair will poll participants on how they will move forward to support sustainability in healthcare, summarize discussions and close the session with an opportunity to take the discussion further on Twitter.

**Objectives:** This panel session's primary objective is to create a call to action for Canadian healthcare on environmental sustainability. The secondary objectives are to outline the approaches Canadian healthcare can take to achieve environmental sustainability; to highlight the role of equity in delivering sustainability; and to provide conference participants with challenges and actions they can take towards supporting environmentally sustainable healthcare systems in Canada.

**Invited Experts:** Fiona Miller (PhD) is Professor of Health Policy and Director of the Centre for Sustainable Health Systems at UofT. Her research focuses on health technology and innovation policy and sustainable health systems. Karen Born (PhD) is Knowledge Translation Lead for Choosing Wisely Canada and organizes the Choosing Wisely international Collaboration, bringing together more than twenty countries with Choosing Wisely campaigns. Quinn Grundy (PhD) is Assistant Professor with the Faculty of Nursing at UofT. Quinn's research explores the commercial determinants of health, health evidence and health services. Kathleen Morris (MBA, CHE) is VP for Research and Analysis at the Canadian Institute of Health Information, leading an integrated program of health services and population health initiatives. Jennifer Zelmer (PhD) is inaugural President and CEO of the organization formed from amalgamating the Canadian Foundation for Healthcare Improvement and Canadian Patient Safety Institute to achieve safer, higher quality and more coordinated patient-partnered healthcare.

**Primary Theme:** Health Policy, Healthcare Reform (includes priority setting, politics)

**Secondary Theme:** Equity and Vulnerable Populations

**Methods:** Healthcare Service or Policy Initiative

**AuthorNames:** Fiona Miller, Jennifer Zelmer, Quinn Grundy, Kathleen Morris, Karen Born, Eddy

Nason, Edward Xie

**ID: 324**

## **Public perspectives on health data and research – Hearing from the ICES and HDRN Canada Public Advisory Councils**

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**Importance and Relevance of the Topic:** Public and patient perceptions on data are increasingly considered a key input into shaping approaches to health data use and access. The public's opinions, values, and tolerance for how their health data is used are often context-specific, fluid and influenced by current issues in politics, technology and media. The health research community has become more attuned to public values, and the public has asked for more transparency on who uses their data and for what. This panel invites 5 public members to share their perspectives on what they feel are the current and future opportunities for health data and research.

**Approach - Panel:** The panel approach will be focussed on putting the human experience back into the data and will be positioned to create an open space for dialogue and experience. Panelists will briefly introduce themselves and the perspective they bring (~3-5 minutes each). The moderator will ask panelists questions related to the way health data has been, is currently and will be used in the future, and the role of public members in shaping these decisions (~40 minutes). Questions will be related to health data governance, privacy, collection and use in research. The last 15 minutes of the session will be reserved for Q&A and dialogue with the audience. The overall goal of this approach is to enable an open exchange of views between the presenters and the audience.

**Objectives:** Through this panel, we aim to empower public members to share their reflections and hopes for how their health data are used and their understanding of how public data has influenced the theme "Hindsight, Insight and Foresight". It is also an opportunity for the research community to hear directly from public members on the use of data for health research and solicit perspectives by asking their own questions. We also see this panel as an effort to demonstrate the value of public engagement and participation in health research and identify some misunderstandings that may exist in the research community.

**Invited Experts:** Moderator: • Jenine Paul (Manager of Public Engagement and Knowledge Translation, ICES) Panelists: • Frank Gavin (Chair of Public Advisory Council, HDRN Canada) • Mpho Begin (HDRN Canada's PAC) • Krysta Nesbitt (ICES and HDRN's PACs) • Gyan Chandra (ICES PAC) • Randy Davidson (ICES PAC) The panel will consist of 4 public members who have been involved in either ICES' or HDRN Canada's Public Advisory Councils to share their perspective. The panel will be moderated by Jenine Paul who leads the implementation of the ICES strategy to engage Ontarians in decisions related to the use of health data for research.

**Primary Theme:** Patient and Public Engagement

**Secondary Theme:** Equity and Vulnerable Populations

**Methods:** Knowledge Translation and Exchange (KTE) Methods

**AuthorNames:** Jenine Paul, Frank Gavin

**ID: 328**

## **Health Data Research Network Canada – Outputs, Outcomes, and Getting Involved**

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**Importance and Relevance of the Topic:** Health Data Research Network Canada (HDRN Canada) is a pan-Canadian network of organizations working together to facilitate and accelerate multi-jurisdictional research that will foster improved health outcomes. Key activities of the Network include harmonization of data access processes, collection of standardized database documentation and validation of health measures across provinces, territories, and pan-Canadian organizations to improve efficiency, comparability, and reproducibility of cross-jurisdictional population-based health research. HDRN Canada launched the Data Access Support Hub (DASH) in February 2020 as a single-stop online portal through which researchers can request data access and gain access to inventories of database documentations and algorithms.

**Approach - Panel:** This panel session will provide a real-time demonstration of the resources available through HDRN Canada and give examples of their uses in current health research projects. Leads for the DASH and AHD Working Groups will showcase the features and supports available to researchers who wish to conduct multi-jurisdictional studies. The panel members will describe how HDRN Canada is approaching data sharing and access challenges, study design services and supports, and approaches to troubleshoot common issues in multi-jurisdictional research. Two clinician-scientists currently using and contributing to HDRN Canada resources will provide their perspectives and describe their approaches to multi-jurisdictional research, along with the challenges they face. Best practices to maximize the utility of health and social data assets across Canada will be described, such as data cataloguing and development of common data models. Attendees will be encouraged to ask questions and provide input on potential priority areas for HDRN initiatives.

**Objectives:** The purpose of this interactive panel session is to provide participants with experiential knowledge about HDRN resources and their use to benefit multi-jurisdictional research. Three resources will be highlighted: (1) An inventory of data access processes, which allows researchers to understand and compare requirements across provinces, territories, and pan-Canadian data holding organizations, (2) A searchable inventory of more than 375 health, social, survey, and registry datasets available at HDRN Canada organizations, (3) Detailed information about 175+ algorithms that can be applied to identify health conditions, health services use and health determinants, and (3) Process for submitting a project request through DASH.

**Invited Experts:** Dr. Lisa Lix: Professor, University of Manitoba and Lead, Algorithms and Harmonized Data Working Group, HDRN Canada. Lisa is internationally recognized for her research about the quality of electronic databases and algorithm development/validation. Ms. Juliana Wu: Manager, Decision Support Services and Corporate Data Request Program, Canadian Institute for Health Information (CIHI) and Lead of DASH. Juliana has 15+ years of experience managing and developing CIHI's data holdings. Dr. Amy Y. X. Yu: A clinician-scientist, neurologist at the Sunnybrook Health Sciences Centre, and Assistant Professor, University of Toronto. Dr. Yu is leading "External validation of the Passive Surveillance Stroke Severity score", a project supported by HDRN Canada to expand its Algorithms Inventory. Dr. Scott Garrison: A clinician-scientist and Associate Professor, University of Alberta, who leads the Pragmatic Trials Collaborative and the BEDMED multi-site randomized trial focusing on hypertension management. BEDMED is supported by HDRN Canada.

**Primary Theme:** Knowledge Translation & Exchange (includes KTE methods)

**Secondary Theme:** Health Informatics

**Methods:** Healthcare Service or Policy Initiative

**AuthorNames:** Lisa Lix, Juliana Wu, Scott Garrison, Amy Yu, Nicole Yada, Kimberlyn McGrail



**ID: 365**

## **Medication abortion in Canada: Past, Present, and Future Directions**

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**Importance and Relevance of the Topic:** The gold standard regimen of medication abortion, mifepristone and misoprostol, became available across Canada in 2017. The registration of the drug was initially encumbered with a number of non-evidence based restrictions that limited the potential to make abortion care more accessible. However, Health Canada quickly made changes to the product monograph and Canada is now a global leader in the evidence-based regulation of mifepristone. This policy environment has facilitated novel health service delivery strategies for the provision of the drug. These strategies have implications for abortion care in Canada and may be particularly poignant during the COVID-19 pandemic.

**Approach - Panel:** We will draw on original research conducted by panel members to meet our objectives for the session. At the time of the conference, these data will not yet be published. These data include: a national qualitative study of abortion patients across Canada, an audit of abortion services provided at hospitals across the country, and a qualitative case study about the integration of mifepristone into primary care settings carried out in conjunction with Planned Parenthood Ottawa. We will also share results from ongoing research studies about how COVID-19 has impacted abortion care across the country and discuss future directions for research in this area.

**Objectives:** During this panel, we will: • Provide an overview and a discussion of limitations about how abortion care has historically been provided across Canada • Examine how provincial and territorial policy environments have impacted access to abortion across the country, before and during the COVID-19 pandemic • Explore potential policy and health service delivery strategies for improving access to medication abortion, during and after COVID-19 • Discuss the future of medication abortion care in Canada

**Invited Experts:** Dr. Angel M. Foster is a professor in the Faculty of Health Sciences at the University of Ottawa. She is a leading, internationally-recognized expert on abortion care and sits on the Board of the National Abortion Federation. Dr. Kathryn LaRoche is a postdoctoral fellow at the School of Public Health at Indiana University, Bloomington. She has over nine years of experience conducting policy-oriented research about abortion in Canada and abroad. Mr. Abdiasis Yalahow (PhD student), Ms. Srishti Hukku (PhD student), and Ms. Carly Demont (MSc student) are students in the population health and interdisciplinary health sciences programs at the University of Ottawa under the supervision of Dr. Foster. Mr. Yalahow has published several peer-reviewed articles about sexual and reproductive health issues in Canada and abroad, and Mr. Yalahow, Ms. Hukku, and Ms. Demont are all contributing to original research projects about abortion policy and medication abortion in Canada.

**Primary Theme:** Maternal and Child Health

**Secondary Theme:** Health System Performance (including access to care, quality, safety, efficiency, leadership)

**Methods:** Qualitative Research Methods

**AuthorNames:** Kathryn LaRoche, Angel Foster, Srishti Hukku, Carly Demont, Asis Yalahow

**ID: 379**

## **Honouring Indigenous Data Sovereignty within Mainstream Data Environments by Weaving together Current Indigenous Data Governance Strategies**

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**Importance and Relevance of the Topic:** Globally, advancements in technology have contributed to improvements in the ways that health data are collected, stored, and analyzed. Many of these advancements have led to approaches that work to improve data access and sharing. Regrettably, these improvements often fail to consider or engage with the rights and interests of Indigenous nations. However, Indigenous nations recognize the urgent need for system improvements to support the scientific data management, stewardship, and reuse of secondary Indigenous data. Weaving together Indigenous-developed data sovereignty principles has the potential to impact ongoing policy and practice within health systems.

**Approach - Panel:** Internationally-developed approaches to data policy and practice like the FAIR Data Principles (Findable, Accessible, Interoperable, Reusable), Trust Principles (Transparency, Responsibility, User Focus, Sustainability, Technology), and Open Data Charter are leading the ways that data are regulated, used, and managed by mainstream governments and scientific institutions. Indigenous-led groups globally are advocating for improved, honest, ethical, and equitable data environments that address the collective interests of Indigenous nations. The CARE Principles of Indigenous Data Governance (Collective benefit, Accountability, Responsibility, Ethics) for instance, were designed to improve mainstream data practices by encouraging Indigenous participation. In Canada, the Principles of Ownership, Control, Access, and Possession known as OCAP® work to assert the governance rights of First Nations' across the country. By advancing discussions and current understandings of principles that have been developed and/or accepted by Indigenous nations, we can begin to consider how to advance Indigenous governance within current data ecosystems.

**Objectives:** In Canada, current mainstream practices and policies do not always align with the data requirements of Indigenous nations. Many spaces that interact with Indigenous data are seeking ways of adopting Indigenous-based data protocols that honour international human rights laws including the acknowledgement of the inherent rights of Indigenous Peoples. This presentation will provide an overview of international-level Indigenous data governance perspectives while braiding current national-level First Nations' data governance perspectives in order to stir discussions on the ways that mainstream health data holders and policy makers can honour Indigenous data governance and sovereignty throughout the data ecosystem.

**Invited Experts:** This presentation will bring together individuals from across Canada who each support or advocate for Indigenous data governance. Robyn Rowe is a PhD Candidate in the school of Rural and Northern Health at Laurentian University. Ms. Rowe and Dr. Jennifer Walker are both Executive Members of the Global Indigenous Data Alliance (GIDA) and long-standing members of the International Indigenous Data Sovereignty Interest Group within the Research Data Alliance. They were instrumental in the development of the CARE Principles. Dr. Walker is also a Canada Research Chair in Indigenous Health and an associate professor at Laurentian University. Kristine Neglia and Melissa Dane work collaboratively to advance the First Nations Principles of OCAP® and information governance with the First Nations Information Governance Centre (FNIGC) in Canada. Recently the FNIGC became a Member Organization within GIDA and are working to jointly advance global efforts that aim to improve Indigenous data sovereignty and governance.

**Primary Theme:** Indigenous Health

**Secondary Theme:** Health Policy, Healthcare Reform (includes priority setting, politics)

**Methods:** Healthcare Service or Policy Initiative

**AuthorNames:** Robyn Rowe, Jennifer Walker, Kristine Neglia, Melissa Dane

**ID: 427**

## **Confronting the Long-term Care Workforce Crisis: A Cross Jurisdictional Analysis**

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**Importance and Relevance of the Topic:** COVID-19 has exacerbated systemic vulnerabilities facing the long-term care (LTC) sector. LTC staff were particularly impacted due to a lack of personal protective equipment, compounded by workforce shortages and burnout. The LTC workforce, primarily personal support workers (PSWs), face precarious working conditions, are among the lowest paid in the healthcare sector, and are sometimes required to work more than full-time hours across multiple employers to earn a living wage. This international panel will convene researchers, advocates and trainees studying the LTC workforce. Panelists will share their lessons learned for confronting the workforce crisis in LTC amidst the COVID-19 pandemic.

**Approach - Panel:** This panel will shed light on the challenges faced within the sector, as well as efforts made to address some of those challenges, with a particular focus on multi-site work arrangements, workforce compensation, and infection control measures. From a cross-jurisdictional perspective, panelists will address a LTC workforce challenge amidst the pandemic and share lessons learned for confronting the crisis. Vyce will moderate and provide an overview of existing challenges with the LTC workforce, with a particular focus on PSWs. Laberge will focus on Quebec and speak about governance structures that may have contributed to the current situation and understaffing in LTC facilities prior to the pandemic. Clark's presentation will discuss workplace design and infection-control measures, subsequent to the single-site order, that has impacted the workforce. Reed will highlight risk recognition and compensation provided to the workforce during the pandemic. Shereen will complete the panel with an international comparative perspective.

**Objectives:** By comparing strategies amongst LTC sectors, this interdisciplinary and international panel hopes to provide an opportunity for policy learning to address the shared challenges across LTC systems. Moreover, by assessing the various strategies and measures being implemented within the LTC sectors, this panel may serve to identify ways in which governments can better compensate and protect their long-term care workforces, as well as redesign the sector both during and beyond the COVID-19 pandemic to ensure more appropriate care in the future.

**Invited Experts:** This panel is convened by: Dr. Amy Hsu, Chair in Primary Health Care Dementia Research, Bruyère Research Institute Dr. Sara Allin, Director, North American Observatory on Health Systems and Policies, University of Toronto Panelists: Amanda Vyce, CUPE National Vyce is the senior research officer at the Canadian Union of Public Employees. Maude Laberge, Université Laval Dr. Laberge, PhD, is a professor in the Faculty of Administration at the Université Laval. She teaches health economics. Dawson Clark, Carleton University Clark is a researcher and designer currently completing their Master of Design at the Carleton University School of Industrial Design. Anna Cooper Reed, University of Toronto Cooper Reed, MSW, is a PhD student at the Institute of Health Policy, Management and Evaluation, at the University of Toronto. Shereen Hussein, London School of Hygiene and Tropical Medicine Dr. Hussein, PhD, is a professor of health and social care policy, in the Department of Health Services Research and Policy.

**Primary Theme:** Home Care, Long Term Care and Aging

**Secondary Theme:** COVID-19

**Methods:** Program or Policy Evaluation

**AuthorNames:** Anna Cooper Reed, Maude Laberge, Shereen Hussein, Dawson Clark



**ID: 481**

## **Mental Health and Substance Use Workforce Capacity in Response to COVID-19**

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**Importance and Relevance of the Topic:** COVID-19 pandemic has resulted in widespread emotional distress and increased risk for mental health issues. The role of the Mental Health Substance Use (MHSU) workforce in addressing the population needs is paramount. Despite the fact that the pandemic has brought about big changes for this workforce (such as the sudden shift to virtual care), little is known about its capacity to meet the emerging MHSU needs. The issue of MHSU workforce capacity is of great relevance given its importance in addressing the rising MHSU needs and providing high quality care.

**Approach - Panel:** The session chairs, Drs. Bourgeault and Bartram, will set the stage for the panel with an overview of preliminary findings from their mixed-methods CIHR-funded study regarding the capacity impacts of COVID-19 on the MHSU workforce, including highlights from a literature review and from a pan-Canadian survey and key informant interviews with MHSU service providers. Invited experts who are also members of the study's Advisory Committee will then make short presentations providing diverse perspectives on the implications of the findings for policy and practice, followed by the questions from the chairs and audience.

**Objectives:** The purpose of this panel session is to share emerging evidence regarding the impacts of COVID-19 pandemic on the capacity of the MHSU workforce to meet emerging needs. By hearing from invited experts in the mental health, substance use and health information sectors regarding the implications for practice and policy, the panel aims to generate discussion on how best to strengthen workforce capacity and address limitations in data during the pandemic and its aftermath.

**Invited Experts:** The following policy and practice experts will shed light on this largely unexplored issue: Ivy Bourgeault (co-PI, Professor, uOttawa, Chair, Canadian Health Workforce Network) and Mary Bartram (co-PI, Director, COVID-19 Policy, Mental Health Commission of Canada) will present preliminary study findings and co-chair the panel discussion. Rebecca Jesseman (Director, Policy, Canadian Centre on Substance Use and Addiction) will speak to the unique policy issues regarding COVID-19 impacts on the capacity of the substance use workforce, including the need for improved regulation and data collection. Fred Phelps (Executive Director, Canadian Association of Social Workers) will speak to COVID-19 impacts for Registered Social Workers in Canada, including parity and equity issues that the pandemic has brought to the fore. Lynn McNeely (Manager, Health Workforce Information, Canadian Institute for Health Information) will provide an overview of current mental health and substance use workforce data holdings and priorities.

**Primary Theme:** Mental Health and Addictions

**Secondary Theme:** COVID-19

**Methods:** Mixed Methods

**AuthorNames:** Mary Bartram, Ivy Bourgeault, Rebecca Jesseman, Fred Phelps, Lynn McNeely