Canadian Small Jurisdictions Modelling Working Group Agenda

Agenda Items

Time	Topic
Lisa **2:00 - 3:00**	**Let's Discuss!** - Group name - Communication channel - Use website for links and action items instead of access to the folder without context To do: Manage the access to the links **Let's reset!** This group was more meaningful and much needed than anticipated so we are taking this opportunity to revisit our group vision. Final outcomes/deliverables from these exercises: 1. Everyone within this working group could have a better understanding of what small jurisdiction in a disease modelling context for Canada means and also how others perceive this group 2. Everyone could have a better understanding the purpose of this group 3. Everyone will be aware of the upcoming goals and timelines **Let's prioritize!** - Canadian Small Jurisdictions Definition - Group's Vision and Purpose - What information we wish to disseminate to, where, why and to whom - New timeline
Mike **3:00 - 3:30**	**Let's discuss!** communications and awareness
Mike & Lisa **3:25 - 3:35**	**Let's brainstorm!** Build Modelling and Response Capacity Pilot projects

Everyone **3:35 - 4:00**	**Free discussion!** - think about new time for meeting

Activity 1: How do we define "Canadian Small Jurisdiction"?

Think Pair Share – 5 minutes each

Time: 15 minutes

Why? This is our definition and we are covering this scope, nothing beyond.

Overall: A small jurisdiction typically refers to a governmental or administrative region with a relatively small population or geographical area. This term can apply to various contexts, such as municipalities, counties, states, or even entire countries. The specific criteria for what constitutes a "small" jurisdiction can vary depending on the context and the standards set by different organizations or regulations. Generally, it is characterized by limited resources, smaller administrative structures, and often a more intimate and direct form of governance compared to larger jurisdictions. In the context of disease modeling, a "small jurisdiction" typically refers to an area with a limited population size and geographical scope, such as a small town, a rural county, or a minor administrative region.

Key characteristics of small jurisdictions in disease modeling versus larger jurisdictions include:

1. **Population Size(x,x,x,x**

example: Small jurisdictions have fewer residents, which can lead to different dynamics in disease spread and control. The smaller population can make it easier to trace contacts and contain outbreaks but can also result in more significant impacts from a few cases. (e.g… we can perhaps stick to how Statistics Canada define population center sizes Table 7 Distribution of population by size of population centre, 2001 and 2006 censuses (statcan.gc.ca))

2. **Healthcare Resources (x,x,x**

example: Limited healthcare infrastructure and resources in small jurisdictions can affect the capacity for disease testing, treatment, and public health interventions compared to larger jurisdictions with more robust systems.

3. Data Availability

example: Disease modeling in small jurisdictions might face challenges due to less comprehensive data collection and availability. Smaller sample sizes can lead to greater variability and less statistical power.

4. Social Dynamics

example: Smaller communities often have closer social networks, which can influence disease transmission patterns. For example, a highly interconnected population can facilitate rapid spread, but strong community ties can also aid in quicker dissemination of public health information and adherence to interventions.

5. **Intervention Strategies (x,**

example: Public health interventions might need to be tailored differently in small jurisdictions. Strategies such as localized lockdowns, targeted vaccination campaigns, and community-specific public health messaging can be more effective.

6. Impact of Outbreaks

example: The proportional impact of an outbreak can be more significant in small jurisdictions, potentially overwhelming local healthcare systems more quickly than in larger areas.

example:

7. Mobility Patterns

example: Residents in small jurisdictions might have different travel and mobility patterns, which can influence the introduction and spread of disease compared to larger, more urbanized areas.

8. Geographical Location: (x,x

Example: Actually being physically isolated from larger jurisdictions with potentially more capacity . (e.g., Remote communities in the North Territories).

Any missing?

9 Pathogen specific (x
10. social (x,
11. capacity (x,
12 connectivity (x
13 Physical vs political (x
14 First Nation (
15. Modelling(x
16. Network
17. burden
18. Size

Activity 2: What is our purpose?
Think Pair Share – 5 minutes each
Time: 15 minutes

1. Gather Canadian researchers and modellers to specifically focus on smaller jurisdiction infectious disease monitoring and modelling efforts
2. Foster collaboration between modelers from larger and smaller jurisdictions to share knowledge and insights.
3. Encourage the exchange of ideas and experiences to enhance the understanding of the specific challenges faced by smaller communities.
4. Actively involve modelers from smaller jurisdictions in the planning and execution of external modeling meetings.
5. Ensure that their perspectives are considered, and their expertise is utilized in a way that addresses the unique challenges they face.

Any others?

Activity 3: What are we going to do with this information?
Time: 10 minutes

Papers: We have gathered models. Why? What are we going to do with this?

1. Copy paper with Xia et al (2021??) but focus on SJ?
2. Write new paper looking at the thresholds for small vs large jurisdiction methods?
3. Copy paper by Nick Ogden et al. but focus on SJ?

Capacity building exercises:

- ideas?
- Yukon Pilot project

Presentations/Conferences/Posters/Guides?

- CAIMS - check! ✅

Activity 4: What is our new timeline and set of goals?
Time: 10 minutes

Goals and timelines:

1. Small Jurisdiction Models - April ✅
2. Communication and Awareness - May ✅

RESET

3. Data Collection and Analyses - June
4. Build Modelling and Response Capacity – June CAIMS meeting
5. September/October - vision for future research and training in emerging infectious disease modelling for small jurisdictions in Canada
6. November/December 2025 - Conclusions/Discussion
7. January/February 2025 – edits & Yukon pilot project for capacity building
8. March 2025 - submit publication

Activity 5: Mike lead Communication and Awareness

Time: 20 minutes

1. Think about question/issue/problem point
2. Think about why was it necessary to solve this
3. Explain how was it solved or could be solved