

Summer 2023 – MPH Health Promotion Practicums

H.K.A.

University of Toronto, Health and Wellness Centre & Centre for International Experience

For my practicum placement I was hired by the Health and Wellness Centre (HWC), and the Centre for International Experience (CIE) at the University of Toronto - St. George campus, for the position of MPH Practicum Student. The main project I was responsible for was developing a health education workshop to promote the mental health and well-being of international students at the University of Toronto, St. George campus. The duration of my practicum placement was for 16 weeks, from May 2023 to August 2023 - a total of 650 hours. The pilot project was organized into three phases: (1) the research phase, (2) the development phase, and (3) the pilot and feasibility phase. Within the 16-weeks of my placement, I successfully completed all three phases and developed a mental health education workshop for international students at the University of Toronto, St. George Campus. At the end of my practicum, I was invited to present an overview of the pilot project, which included the major takeaways and future recommendations to the Directors, supervisors, and staff from HWC and CIE. Being invited to present my work and receiving positive feedback and interest from both my supervisors and Directors from HWC and CIE, was a great way to measure the success of the work I completed.

The following include a list of deliverables I produced during my placement: a literature review, environmental scan summary report, stakeholder consultation summary report, mental health education workshop (facilitator speaking notes, pre-workshop questionnaire, post-workshop questionnaire, participant handout), logic model, and high-level project summary report.

B.B.

Ontario 211 Services

Serving as the Data Insights Coordinator for the nonprofit organization 211 Ontario, my practicum placement involved contributions to data strategy and partnership on multiple fronts. First, I helped enhance 211 Ontario's capacity to conduct geospatial and sociodemographic analyses by creating linkages between their current data and relevant datasets from Statistics Canada and Public Health Ontario. Additionally, I conducted a large-scale review of 211's current data collection practices in order to provide evidence-informed recommendations on future directions, as well as to draft organizational documents such as a data dictionary and logic model. Thirdly, I contributed to multiple projects involving 211 Ontario's data partnerships, such as planning focus groups with postsecondary institutions involved in the Good2Talk service, engaging in data sharing and optimization discussions with the Canadian Centre to End Human Trafficking, co-creating data data-sharing templates for Ontario Health Teams and other stakeholders utilizing Microsoft PowerBI. Lastly, I served as a liaison between 211 Ontario and both academic and non-academic audiences by presenting a research project that occurred during my first practicum in collaboration with 211 Ontario at the Canadian Association of Health Services and Policy Research Annual Conference, Ontario 211 Services Board Meeting, and to various staff of 211 Ontario Regional Service Providers across the province.

E.M.C.

University of Toronto, Dalla Lana School of Public Health

For my practicum, I supported Dr Kate Mulligan and her research assistants, as well her team at the Canadian Institute for Social Prescribing (CISP). I was given the opportunity to participate in several social prescribing-related research projects, including a scoping review on social prescribing among children and youth, and two policy scans focused on opportunities for social prescribing in Canada. For CISP, I was tasked with creating a draft theory of change and logic model to guide the implementation of social prescribing programs in Canada. Through CISP's integration with the Canadian Red Cross (CRC), I was also able to provide part time support to the CRCs Connected Communities project and assist with planning and implementation of their programming in two Toronto Senior Housing buildings. Throughout my practicum I was given time to attend an Alliance for Healthy Communities social prescribing conference, as well as participate in meetings with CISP co-design partners and other social prescribing related organizations, creating valuable connections and learning experiences about the social prescribing landscape across the world.

H.D.

Institute for Work & Health (IWH)

During my practicum at the Institute of Work & Health (IWH), the focus of my role has been on leveraging the insights derived from a comprehensive study on opioid-related harms among Ontario workers to facilitate the creation of impactful knowledge translation materials. The primary objectives encompassed developing diverse communication skills, fostering health promotion strategies, and nurturing collaborative partnerships with key stakeholders. Central to the job was the task of transforming research findings into tangible knowledge translation products through diverse materials, such as manuscripts, lay summaries, infographics, website content, and presentations. This process required a deep understanding of the research itself and honed communication and writing skills to convey complex information in diverse accessible formats. Engagement with partner organizations, notably the Occupational Cancer Research Centre (OCRC), was integral to the role. Collaborative efforts extended to participation in an advisory committee meeting, attendance at stakeholder and academic presentations, and conveying the research implications to diverse audiences. This experience contributed to the development of partnership and collaboration competencies, showcasing the ability to bridge the gap between research and practice. The role also highlighted leadership skills and the capacity to enhance organizational capabilities. Participation in stakeholder interactions demonstrated communication strategies, establishing a link between research outcomes and stakeholder needs. Engaging with knowledge translation and exchange experts throughout the project work was valuable for professional development. My practicum involved preparing a lay summary, and various infographics, and contributing to the results of a manuscript in progress. Through this work, I was able to showcase a diverse skill set, including health promotion knowledge, partnership cultivation, effective communication, and proactive leadership. Through strategic collaboration, knowledge translation, and a commitment to health promotion principles, I contributed to bridging the gap between research outcomes and their real-world impact, thereby advancing the understanding and mitigation of opioid-related harms among Ontario workers.

B.D.S.

Dalla Lana School of Public Health

The Opioid Poisoning Education and Naloxone Distribution Practicum was conducted with a team from the Dalla Lana School of Public Health, supervised by Dr. Aaron M. Orkin. The main goal was to conduct a scoping review about virtual and remote opioid poisoning education and naloxone distribution (OPEND) programs worldwide and to support the process evaluation of Canadian Red Cross' (CRC) offerings. My specific practicum objectives included 1) developing my skills in quantitative and qualitative research and 2) program evaluation, and 3) gaining a deep understanding of the impact of opioid poisoning in Canada and the effectiveness of OPEND programs. By working on the course evaluation report for two CRC online courses - "Becoming an Opioid Harm Reduction Champion" and "First Aid for Opioid Poisoning Emergencies", and presenting the findings for the organization, I achieved the first two objectives. These reports, coupled with the peer engagement framework designed for an advisory group composed of people with living and lived experience in opioid use, will help guide CRC offerings in opioid harm reduction. As part of the third objective, I conducted a scoping review of OPEND programs worldwide. The process involved screening 10,003 studies, from which 32 were selected for data extraction and analysis. Overall, this in-depth research process allowed me to gain valuable insights into the global impact of the opioid poisoning crisis, enabling me to contribute effectively to the practicum project and expand my knowledge in this area. By assembling a coherent overview of distance-based OPEND programs, along with their pros and cons, we hope to foster the growth of future virtual OPEND initiatives to increase the accessibility of these educational programs.

I.M.S.F.

Municipal Region of York (York Region), Community Development

York Region's Community Development team leads several initiatives under York Region's 2022-2026 Community Safety and Well-Being Plan. Under this plan, the team implements and supports social development, prevention, and risk intervention programs to reduce crime and victimization, and enhance community safety and well-being. Research and outreach with service providers and residents in four focus areas (Central Newmarket, South-Central Richmond Hill, South-Central Markham, and Northern Georgina) determined mental well-being, housing stability, and economic stability as priority needs in the region. Projects aim to address root causes of crime and health disparities in the region, and also model sustainable, community-driven approaches to public health programming.

I was involved in several projects, including the Community Action Tables (CATs); the Community Violence Prevention Fund; Child, Youth, and Family Situation Tables; and the Traumatic Incident Response Protocol Pilot. Policy related projects included: drafting evidence-based proposals for interventions; conducting environmental scans for potential programs; and preparing and presenting comparative analyses for grant applications and programming across departments to encourage collaboration. I also attended virtual and in-person meetings and community events with service providers and resident leaders around the region and promoted York Region initiatives. I was involved in planning and leading sections for events such as the CAT Internal Partners Meeting, the CAT Community Ambassador Community of Practice Day, and the CAT Celebration. I also supported the production of the upcoming York Region CAT video, by attending filming sessions with residents and service providers and helping ask follow-up questions off-camera.

This practicum allowed me to gain insight into how public health needs are addressed at the municipal level. It was an opportunity to take public health theories and models from courses and implement them on the ground, and learn how to navigate stakeholder engagement, problem solving, and resource allocation in community work.

A.W.Y.F.

Princess Margaret Cancer Centre

During the summer, I was a practicum student with the Cancer Experience Program (CEP) and the Global Institute of Psychosocial, Palliative and End-of-Life Care (GIPPEC) at the Princess Margaret Cancer Centre (PM) in Toronto, Ontario. The CEP is a close-knit team focused on improving the cancer experience of patients and their family members through initiatives categorized into five main pillars. One pillar is specifically focused on staff well-being and I conducted a literature review on how PM could effectively integrate staff well-being into the organization. I presented my paper twice - once to my team and once at a Steering Committee meeting that included physicians, senior leadership, and researchers. The review will serve as background information for the development of a workshop for core leaders and managers to engage in about the well-being strategy. I also sat in on weekly meetings regarding the CEP's implementation of two projects, which was great exposure into program planning, implementation and the challenges faced by the team into getting a project up and running throughout the hospital.

GIPPEC is focused on the research of palliative care issues. I worked with a palliative care physician to produce bite-sized lectures and teaching materials for PallCHASE, an international organization, on topics related to palliative care in humanitarian crises, such as communication skills. I also assisted in updating GIPPEC's website, writing the quarterly newsletter, and transcribing interviews for a study about a revised version of the Quality of Death and Dying Questionnaire.

S.J.K.

Access Alliance Multicultural Health and Community

Access Alliance Multicultural Health and Community Services (Access Alliance) provides services and advocates to improve health outcomes for immigrants, refugees, and their communities, which have been made vulnerable by systemic barriers and poverty. In my role as a practicum student, I contributed to two main departments - Community Programming and Research & Evaluation. Firstly, I was able to directly engage with community members through service delivery and program support. Specifically, I assisted with on the ground programming related to arts-based methods, mental health, food sustainability, and other community services at Access Alliance. This included co-facilitating activities as well as supporting program logistics such as outreach, development, materials, attendance, evaluation, and drafting final reports. Secondly, as part of the Research & Evaluation department, I conducted a policy scan that focused on newcomer perspectives within gender-based violence (GBV) policies and initiatives in Canada. From this research, I developed knowledge mobilization products including a policy scan infographic, a related policy map, and a fact sheet that explores the distinct experiences of newcomers who are at risk of or experiencing GBV. This work serves as a meaningful contribution to Access Alliance's advocacy efforts by providing information on the current policy landscape, aligning Access Alliance in the GBV sector, and identifying key stakeholders for future engagement. I am grateful for the opportunity to participate and provide valuable contributions to the Access Alliance programs and initiatives. Overall, these projects are important in promoting the health of diverse communities in Toronto, with a focus on immigrant, refugee, and newcomer populations.

N.E.B.K.

University of Toronto Scarborough (Benoit Lab)

I completed my practicum at the Health and Society Department at the University of Toronto Scarborough. During this time, I had the opportunity to contribute to a knowledge translation and exchange (KTE) framework for the WHiSE 2.0 (Walking for Harm Reduction Through Street Engagement) study.

The WHiSE 2.0 project aims to provide novel insights into the harm reduction approaches and strategies desired and used by Indigenous people in Thunder Bay, Sault Ste. Marie, and Sudbury. The study also aims to understand the rates of Sexually Transmitted and Bloodborne Infections and substance use rates among Indigenous people who reside in the study locations.

To create a knowledge translation and exchange plan, I embarked on a comprehensive 4-month social media dissemination project. This initiative involved the creation and distribution of diverse knowledge materials aligned with the themes of Knowledge Translation and Exchange (KTE), Indigenous KTE, Community-Based Research, Harm Reduction, and Harm Reduction Resources and Services. Through Instagram, Facebook, and Twitter, I created and shared posters, videos, infographics, and slideshows. The themes of the content posted on social media adhered to the three knowledge translation and exchange objectives of the WHiSE 2.0 study. These included aiding in the referral and delivery of harm reduction services, building relationships between Indigenous communities and harm reduction organizations, and develop KTE products for Indigenous communities and service providers.

As the social media dissemination project concluded, I wrote a manuscript detailing the methodologies employed within the dissemination project. The manuscript also highlighted the results of the project and discussed the limitations and possible future directions of a social media based KTE model for WHiSE 2.0.

While the WHiSE 2.0 study is still ongoing, once completed, the findings of the study will allow harm reduction-based organizations to modify their services according to the needs of their Indigenous clients. Moreover, the KTE model created during my practicum will enable the researchers involved in this study to effectively disseminate the findings of the study to Indigenous people in the study cities, harm reduction organizations, service providers, students, and other academics.

N.S.

Health Canada

I completed my practicum with the Climate Change and Innovation Bureau at Health Canada. The primary focus of my practicum was to author a stock take report of key technical documents and articles focused on building climate-resilient and low-carbon health systems. Climate change has adverse outcomes on human health and well-being across the globe. To mitigate climate-related health impacts, health systems must adapt and prepare for climate change. The purpose of this report is to provide comprehensive guidance and tools for climate change and health adaptation, focusing on the development of climate-resilient and low-carbon health systems, for domestic and international organizations at all levels. To complete this report, I began by conducting research on adaptation strategies in Canada and internationally to determine the extent to which adaptation strategies have been implemented in health systems. I then conducted a search of publicly available documents and articles that provide guidance and tools for developing climate-resilient and low-carbon health systems. I summarized the objectives and how each resource can be used for the adaptation of health systems for clarity and ease of access. Additionally, I outlined key elements, noted throughout these resources, required for the development of climate-resilient and low-carbon health systems. In addition to this report, I supported the HealthADAPT team by generating various materials, attending, participating and facilitating meetings and engaging with the community of practice. I also attended meetings for other files and assisted other teams on an ad hoc basis. The work I completed as part of my practicum allowed me to develop my research synthesis and policy analysis competencies while improving my knowledge of public health and global health issues and understanding how such issues are addressed at a domestic and international level.

S.J.W.L.

SickKids/Unity Health, TARGetKids!

TARGetKids! is a joint lab between St. Michael's Hospital and SickKids focused on pediatric research. Practicum students had opportunities to participate in a variety of projects and tasks over the summer months to develop and refine their skills in data analysis. Students were provided with the resources to develop their own research study using TARGetKids! data. I designed a survival analysis study to explore COVID-19 vaccine effectiveness in children aged 5-12 in Ontario and presented the proposal at a science table meeting consisting of fellow students and multidisciplinary professionals, such as pediatricians, dietitians, researchers, and data analysts. The presentation was an exceptional opportunity to practice my presentation skills and receive feedback to refine my study design. Following the data cut process, I explored my data and conducted descriptive analysis to understand the study sample better. After some data manipulation, the data proved to lack statistical power to address the proposed research question, requiring the project to be pivoted into a cohort profile. The cohort profile will be submitted for journal publication and for presentation at the Pediatric Academic Societies Conference in 2024. While the project did not proceed as planned, these challenges are common in the world of research and provide a realistic learning opportunity that traditional classrooms could not.

E.L.

Health Canada - Climate Change and Innovation Bureau

I completed my first practicum placement on the National Adaptation Strategy (NAS) team, in the Climate Change and Innovation Bureau (CCIB), at Health Canada. The CCIB is the federal government lead on climate change and health issues in Canada, and is responsible for increasing knowledge of climate change and health risks and informing adaptation measures to protect Canadians. The NAS team is responsible for leading coordination of the "Health and Well-being system" of the National Adaptation Strategy, including facilitating its development, implementation, and monitoring.

I worked on an array of products during this practicum, which offered an introductory glance into the work of a policy analyst working at the federal level. I contributed to a scan of the climate change and health plans of the provinces and territories in Canada. The National Adaptation Strategy was released in June 2023, and the scan will inform engagement with provincial and territorial governments as the Government of Canada progresses with implementation. Additionally, I conducted an environmental scan on policy position statements on climate change and health from national stakeholders, which will inform future National Adaptation Strategy engagement outreach. I also produced a summary of a chapter from the Health of Canadians in a Changing Climate (2022) report, for the chapter on Adaptation and Health System Resilience. The summary will help disseminate findings from the report.

Beyond these larger projects, I contributed to several smaller, ongoing products such as updating slide decks with information relevant to the NAS for various presentations, drafting opening remarks for the Climate Change and Innovation Bureau's Director, and conducting background research to inform the proposal of speakers at an upcoming conference involving political leadership across the country.

S.M.

George Institute for Global Health India (Health equity action Lab)

Social participation for health (SPH), such as community involvement in health system decision-making, is essential for context-appropriate, equity-advancing responses. Diverse SPH models have emerged over the last few decades, and there is scope to document and distill lessons from them using a context-sensitive paradigm.

During my practicum at the George Institute for Global Health (TGI) India, I have been involved in projects examining the 'why' and 'how' of SPH, including strengths of and learnings from countries' experiences with SPH. My primary role is in the Secretariat of Social Participation for Health: Engagement, Research, and Empowerment (SPHERE), a global consortium of civil society, health and academic organizations providing support for SPH. In each of SPHERE's focus countries (at present, Argentina, Kenya, and Vietnam), there is a civil society-academic partnership spearheading the implementation and evaluation of SPH. As a Secretariat member, I co-facilitate consortium meetings, liaise with members, provide technical support to country-level teams, and coordinate engagement in global dialogues, among other roles. As part of SPHERE, I have been able to learn about and engage with global health governance processes such as the UN Multi-stakeholder Hearings, translating evidence to guide inclusive and meaningful SPH. With the goal of informing the implementation of SPH, I am coordinating a multilingual realist review discerning how SPH can be made more accessible and inclusive. Outside SPHERE, I have had the opportunity to support a scoping review focused on the equity of health reform implementation as part of a colleague's doctoral research, alongside the organization of events such as an upcoming equity- and justice-focused colloquium.

These projects are immense sources of growth and inspiration for me as a student, researcher, practitioner, and human. They have reinforced the importance of and allowed me to practice reflexivity, while teaching me about the nuances of collaboration across time zones and contexts. I have faith that our work will continue to support the journey toward social justice and health for all.

D.J.M.

Canadian Red Cross

During my practicum with the Canadian Red Cross, I worked on a community health initiative called the North York Connected Communities project. Its goal was to alleviate social isolation and loneliness among residents at two Toronto Seniors Housing buildings in North York. My practicum focused on a weekly drop-in called the "Living Room" which provided a social space for residents to meet one another. When I first joined the team, the Living Room was reaching a small but dedicated group of regular attendees. However, we recognized that there was room for improvement. In partnership with residents at both buildings, I led a re-design of the Living Room which involved offering free coffee and tea, creating a schedule of engaging activities such as dance classes and bingo, and a communications campaign with posters and flyers translated into the languages most spoken by residents. These efforts were largely successful, and attendance at the Living Room doubled in one building (from 12 weekly participants in May to 24 in August) and tripled in the other (from 5 weekly participants in May to 15 in August). This portion of the practicum highlighted the importance of building trust and authentic relationships with community members while empowering them to shape the Living Room into something that better served their needs. Another substantial portion of my practicum involved collaborating with an external program evaluator to formalize the project's data management system and improve the efficiency of generating key performance indicators. To this end, I made careful adjustments to numerous spreadsheets, used PivotTables and other Excel formulae to generate metrics, and wrote documentation for future team members which clarified data collection and analysis procedures.

A.N.

Ontario Ministry of Health

During my sixteen-week practicum in the Tobacco and Smoking Policy and Programs Unit, Division of the Office of Chief Medical Officer of Health, Public Health in the Ontario Ministry of Health, I had the opportunity to engage in several key initiatives and build my public health skills and competencies. To begin, I completed two inter-jurisdictional scans that focused on the legislative and regulatory requirements for tobacco and vapour products in Canada. This initiative supported policy development for the Smoke-Free Ontario Strategy and enabled me to use my critical thinking, research, analytical, and policy development skills. Moreover, through creating a centralized repository for Public Health Units (PHUs) to access key information and resources to support their work to enforce the Smoke-Free Ontario Act, 2017 (SFOA, 2017) and Ontario Regulation 268/18, I applied my project management, problem-solving, program design and implementation skills. Additionally, through monitoring the Tobacco Enforcement Mailbox, which is the unit's shared mailbox, and responding to inquiries from the PHUs, I practiced critical communication and problem-solving skills through interpreting and applying legislative language (i.e., SFOA, 2017) in lay terms. Overall, this practicum experience provided me with a comprehensive learning opportunity during a time in which it remains critical to continue the efforts to reduce the prevalence of smoking and vaping in Ontario, especially since substance use has increased substantially during the COVID-19 pandemic.

T.T.N.

Ontario Health - Population Health and Prevention Team

I completed my practicum at Ontario Health in the Population Health and Prevention team. As a student, my main responsibility was to lead the wrap-up of the Chronic Disease Prevention Strategy (CDPS) 2020-23. The CDPS 2020-23 is the second strategy for chronic disease prevention at Ontario Health. It serves as a high-level guide that showcases all Ontario Health-led work related to chronic disease prevention. The wrap-up process for the strategy included engaging with stakeholders across Ontario Health to obtain updates for initiatives related to chronic disease prevention. I created a slide deck providing context about the wrap-up approach for the strategy and presented to stakeholders. In addition, I cross-referenced multiple documents to gather updates from the Ontario Cancer Progress Report 5 and created user-friendly templates for each Ontario Health team using this information so they could provide updates for the relevant initiatives led by their team. I also supported the finalization of the analysis approach to evaluate the impact of the strategy.

Two other projects I worked on were related to diabetic retinopathy, a serious eye condition that can lead to blindness for people living with diabetes. First, I conducted a jurisdictional scan on the available screening methods that supported successful eye examinations in other jurisdictions, and the effectiveness of artificial intelligence for eye screening. I was then responsible for creating a slide deck summarizing the results of my research. The second project I worked on was an evidence scan regarding three topics: 1) the resources available to patients about diabetic retinopathy, 2) the knowledge gap of diabetic retinopathy among diabetic patients, and 3) the values, attitudes, and beliefs that diabetic patients have. This evidence scan was to support the development of a provincial diabetic retinopathy screening program.

T.O.

Public Health Agency of Canada

Substance use and related harms has been an issue that is affecting many Canadians today. This issue was exacerbated by the COVID-19 pandemic, where there were increased rates of substance use and related harms. During my practicum placement, I worked on two evidence briefs on opioid use and related harms and alcohol use and related harms. The purpose of an evidence brief is to convey evidence-based information in a succinct way, and they are often used to inform policy. For the opioid use and related harms evidence brief, the results indicated that young adult populations, low-income groups, males, racialized populations, people experiencing homelessness, people with unstable employment, and people who struggle with mental health were disproportionately impacted by opioid use and related harms. Some of the considerations to improve the situation includes increasing access to harm reduction services within affordable and supportive housing. Additionally, ensuring that healthcare providers are given culturally relevant training so that stigma and discrimination against people who use opioids can be reduced. For the alcohol use and related harms evidence brief, the results showed that Indigenous communities, the LGBTQ2IA+ community, and people experiencing mental health challenges such as anxiety, depression, post-traumatic stress disorder and other mental health concerns were disproportionately impacted by alcohol use and related harms during the COVID-19 pandemic. Some of the considerations to improve the situation includes having programs that focus on providing mental health support and services for young adults.

M.S.R.

UHN- Social Medicine and Population Health

During my practicum at University Health Network (UHN), I worked with the Social Medicine team. The team's core objective is integrating vital social determinants of health, such as housing and food, into care delivery. This integration involves forging stronger alliances with community organizations to elevate the quality of care offered to underserved populations. Over the summer, I engaged in a variety of diverse projects that provided valuable insights and practical experience.

A significant portion of my time was dedicated to UHN's Stabilization and Connection Centre (SCC). Despite the center's operational tenure, a structured framework and formal evaluation had not yet been established. To address this gap, I formulated a logic model framework, carefully aligning it with the program's activities. This framework is to serve as a guiding beacon to align the center's activities with its intended outcomes. Additionally, I initiated the evaluation process by collaboratively shaping evaluation objectives with the team. The deliverables included an evaluation matrix, a comprehensive survey tailored for SCC clients post-stay, along with an interview guide designed to collect pertinent data from interviews.

Another highly impactful project was a collaborative effort with Ontario Health, whereby I developed an Implementation Guide for the Measuring Health Equity initiative. This guide offers hospitals and Community Health Centres (CHCs) across the Toronto region with a strategic roadmap for optimizing demographic data collection practices. Beyond outlining effective data collection methodologies, the guide also features essential resources and training materials for staff, supporting the implementation of equitable care practices.

Engaging in literature searches to inform ongoing publications by UHN's Social Medicine team further enriched my experience. Reflecting on my practicum journey, I discovered that promoting health equity in an acute care clinical setting is an immensely rewarding and insightful endeavor.

J.R.S.

Cancer Quality Lab - Princess Margaret Cancer Centre

Over the course of this summer I had the pleasure of doing my practicum placement in the Cancer Quality Lab (CQuaL) within the Princess Margaret Cancer Centre. In my role as a research student, I took on a variety of quality improvement projects both new and pre-existing within the lab. The primary project I had assisted with was a scoping review, in which I assisted with abstract/title screening, full text screening, and data abstraction along with thematic analysis. The review was focused on virtual modes of healthcare, specifically synchronous interactions between adult patients and providers, and looked at reviews of primary sources only. When abstracting data, we centered findings around the quintuple aim framework to see which components were underrepresented in the literature. From these findings, we will be conducting nominal group interviews in the fall with various groups of stakeholders. In my practicum I helped to prepare for these interviews, by conducting mock trials. These interviews will serve as a way to fill gaps in the literature by hearing about virtual care from participants, and how it can be improved upon. I also assisted in writing a manuscript draft for a qualitative interview study that was carried out prior to my practicum. The interviews were conducted with oncology patients surrounding the medication reconciliation process, in which patients would input their medication histories into an online portal to then be reviewed by their practitioner. While writing the manuscript I had to do background research on medication reconciliation to understand the topic, and go through patient interviews to record thematic analysis. I was also responsible for making edits to the lab website. This included adding new publications, editing team member biographies and photos, and updating the "events" section to include different workshops and presentations that my lab would put on.

A.E.C.T.

Public Health Agency of Canada

I completed my practicum at the Public Health Agency of Canada (PHAC) in the Applied Policy Research (APR) unit, which brings a socioeconomic perspective to policy work. Specifically, the team supports the development and analysis of research products intended to inform policy decisions regarding economic and socio-economic health matters. My main project was to conduct an evaluation of the 2016 Direct Economic Burden of Socio-Economic Health Inequalities Report to inform its renewal. I conducted a literature review to develop a 'best practices' guide of methods for measuring the economic cost of inequality, which I used to execute a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis of the Report. I determined successful aspects of the Report, as well as areas for improvement, with a specific focus on data and methods, and provided recommendations as to how the renewal process should be undertaken. In addition, I supported a Rapid Review of the Cost-Effectiveness of Prevention Strategies for Sexually Transmitted and Blood Borne Infections (STBBI), for which I completed primary and full-text screening of cost-effectiveness analyses. I also worked on scoping, planning and facilitating a 'Lunch & Learn' Presentation on the Canadian Public Health Data System, which focused on current health data issues and recent strides to address said issues, using an APR file as a case study to contextualize the presentation. Finally, I conducted a summary presentation of the Government of Canada's Quality of Life Framework. I then established partnerships with two teams within the Directorate to determine how the QoL Framework can be integrated further into the Health portfolio at the federal level. Particularly, I supported linking components of PHAC's Departmental Results Framework to the Domains of the QoL Framework, which I grounded in evidence, to develop a narrative as to how PHAC's initiatives promote and address elements of QoL.

J.Y.T.

Public Health Agency of Canada

My 16-week practicum was spent as a Junior Policy Analyst at the Public Health Agency of Canada (PHAC) working on the Health Equity Integration Team (HEIT). HEIT is the main focal point for Sex- and Gender- Based Analysis Plus (SGBA Plus) at PHAC. SGBA Plus is an approach to ensuring that health equity is considered in different policies, programs, and practice. SGBA Plus considers how multiple social identities such as race, age, income, sexual orientation, and socioeconomic status intersect to influence health outcomes. The intersection between these identities occurs within a context of connected systems and structures of power (e.g., laws, policies, governments) to shape experience. SGBA Plus is an intersectional approach to advance health equity by taking into account the various intersecting structural and social determinants of health.

Using this SGBA Plus approach, I was tasked to write two separate evidence briefs on substance use and its related harms in Canada, focusing specifically on cannabis and stimulants. Literature was obtained through PHAC's library services along with conducting grey literature searches. Using this information, I disaggregated data based on factors such as stigma and discrimination, race and Indigeneity, sexual diversity status, and socioeconomic status with the goal of painting the picture of why certain populations are disproportionately impacted by the harms of cannabis and stimulants. These evidence briefs concluded with a "considerations" section, where various policy and program recommendations were made. These briefs will be passed along to the Substance Use Program Area to help with decision-making on the policy level.

S.R.T.S.

Sinai Health System

For my practicum placement, I had the opportunity to work on a qualitative research project on the Scaling Up Maternal Mental healthcare to Improve Access to Treatment (SUMMIT) trial at Sinai Health System. The SUMMIT trial is a multi-site, ongoing non-inferiority trial that aims to improve perinatal mental health by comparing the effectiveness of brief behavioral activation (BA), a patient-centered psychotherapy, delivered by a non-specialist provider compared to specialist and telemedicine compared to in-person format. During my placement, I had the chance to develop and enhance my qualitative interviewing, analysis, and knowledge mobilization skills on an independent research project where I explored the perspectives of perinatal participants who opted to discontinue their BA treatment. For this project, I asked participants about the context behind their decision to discontinue treatment and what they perceived to be barriers and facilitators to mental healthcare for the perinatal population. Throughout my time at SUMMIT, I was also able to collaborate with a diverse research team that brought unique insights to our work based on a large range of educational backgrounds and lived experiences. I'm grateful to have had this experience and been surrounded by a team that was just as passionate as I am about improving mental healthcare and related policies to support pregnant and postpartum individuals.

X.A.Z.

Canadian Institute for Social Prescribing

During my 16-week internship with the Canadian Institute for Social Prescribing, I was deeply engaged in a wide spectrum of activities that collectively underscored my profound exploration of the public health domain. Through meticulous data extraction and rigorous analysis, I played an integral role in executing literature reviews, navigating academic databases, knowledge translation, and data synthesis, making significant contributions to impactful projects such as "Social Prescribing for Children and Youth" and "Interactions between Community-Led Health Programming and Health Policymaking." My active participation in multidisciplinary team meetings and spirited discussions not only fostered collaboration but also enriched my perspective by drawing on the diverse expertise of my colleagues.

I extended my involvement to constructing a robust Theory of Change model and an intricate logic model, both of which illuminated the intricate pathways, nuanced outcomes, and underlying drivers inherent in health promotion interventions. This all while drawing from the content I have learned from my first-year courses and by referring back to my coursework. Furthermore, my research and analysis skills took center stage through policy scans, reviews, and the formulation of the "Social Prescribing Policy Scan Report," where I identified trends and future opportunities for social prescribing in Canadian healthcare policy.

Throughout my placement, ethical considerations were paramount in my endeavors. I meticulously navigated the research landscape with a strong commitment to upholding ethical guidelines, ensuring utmost diligence in data handling and the accurate representation of outcomes. These practical experiences enriched my professional acumen far beyond the classroom realm, profoundly impacting my skillset in research, evaluation, partnership building, facilitation, advocacy, and ethical considerations. This immersive journey has indelibly deepened my comprehension of the complexities within the realm of public health, imparting invaluable insights that will undoubtedly shape my future contributions to the field.