

## **Summer 2024 – MPH Health Promotion Practicums**

**A.N.A.**

### **Public Health Agency of Canada**

During my practicum with the Strategic Integration (SI) division of the Office of International Affairs (OIA) at the Public Health Agency of Canada (PHAC), I had the opportunity to work on several impactful projects that aligned with the OIA's mandate of advancing global health priorities and promoting policy coherence. One of my primary responsibilities was working on the International Horizontal Policy Platform (IHPP), an online platform designed to enhance knowledge exchange, policy coherence, and collaboration across the branch. My contributions to the IHPP included updating information related to cross-cutting global health issues such as Mental Health and Digital Health, reorganizing content for better navigation, and ensuring that the platform effectively communicated key strategic information. In addition to my work on the IHPP, I served as the lead pen on developing Standard Operating Procedures (SOPs) for collaboration and task management with the Director General's Office. This project involved drafting detailed guidelines to improve workflow efficiency and interdepartmental collaboration. I also assisted on editing the International Health Engagement Report and the OIA transition deck, which was presented to the Deputy Minister. My role further extended to creating communication materials, including a launch email and an infographic for the IHPP, as well as drafting and publishing the biweekly Current Affairs newsletter to keep the OIA informed on branch activities and global health developments. Throughout my practicum, I gained valuable experience in strategic planning, content management, and policy analysis, while contributing to the OIA's efforts in shaping Canada's global health agenda. This experience has significantly enhanced my strategic thinking, business writing, and research skills, and has provided me with a deeper understanding of the complexities of global health policy.

**S.A.H.**

**Public Health Agency of Canada**

I completed my practicum placement with the Public Health Agency of Canada (PHAC) as a Junior Policy Analyst on the Family and Gender-Based Violence (FGBV) Prevention team. My role primarily involved supporting the implementation of PHAC's component of the Federal Strategy to Prevent Gender-Based Violence. This included advancing key priorities identified by the FGBV Program team and monitoring funded projects across Canada from a policy perspective. My work was centered on providing strategic analysis and recommendations, collaborating with the FGBV Policy team on various cross-cutting files, and contributing to action requests and public correspondence related to FGBV. Throughout my placement, I contributed to several key projects. One of my major accomplishments was drafting 26 project descriptions and supporting the development of updated investment overview web pages for the FGBV Program. I also assisted with the screening of academic publications to identify and quantify the output of peer-reviewed publications resulting from FGBV-funded projects. This work aimed to capture changes in the number of publications produced in the field of violence prevention over the last decade in Canada. Additionally, I completed a quality control assessment of records of decision for recent solicitations. This involved reviewing over 120 applications and supporting documents, synthesizing the assessments, and recording the final decisions for each. I also input information on current and previously funded projects into a new tracker to assist with project monitoring and responding to corporate requests. Furthermore, I was responsible for monitoring the team's generic inbox, which included reviewing questions from internal and external stakeholders, consulting with team members, and drafting responses. This experience provided me with valuable insights into the policy-making process and the importance of collaboration and communication in addressing gender-based violence.

**D.H.B.**

**Policy Development, Canadian Public Health Association (CPHA)**

During my practicum at the Canadian Public Health Association (CPHA), I had the privilege of working closely with Natalie Brender, the Director of Policy. Given the small size of the team, I was able to make significant and impactful contributions to our projects. A key responsibility I undertook was drafting several sections of the Position Statement titled "A Public Health Approach to the Toxic Drugs Crisis," specifically focusing on Decriminalization, Other Harm Reduction Measures, and Substance Use Treatment. This task required me to summarize and synthesize current literature, ensuring that our recommendations were both evidence-based and reflective of the latest research. The topic of toxic drugs is dynamic and controversial, involving frequent updates and evolving political discourse. To stay up to date on these changes, I actively monitored new developments and incorporated relevant insights into our work. This was crucial in maintaining the relevance and accuracy of our position statement amidst a rapidly shifting landscape. Additionally, I was given the opportunity to write a blog post on a topic of my choosing. I chose to address health inequities in Scarborough, a community issue that is deeply personal to me and often underrepresented in public discussions. This blog post aimed to shed light on the systemic challenges faced by residents in Scarborough, highlighting the need for more targeted interventions and equitable health policies. Through these experiences, I not only enhanced my skills in policy analysis and public health communication but also contributed to meaningful work that addresses pressing issues within our community.

**A.B.**

**Health Canada, Controlled Substances and Overdose Response Directorate**

I completed my first practicum at Health Canada as a Junior Policy Analyst in the Controlled Substances and Overdose Crisis Response Directorate (CSORD). Health Canada aims to help the people of Canada maintain and improve their health at the federal level. CSORD is part of the Controlled Substances and Cannabis Branch (CSCB) that prioritizes reducing or preventing the harms associated with the use of substances in Canada. Over the practicum, I was primarily responsible for leading the development of country profiles on their approach to substance use. I developed a list of countries based on how often we engaged with them in international forums and alliances such as the North American Drug Dialogue (NADD) consisting of a Mexico-US-Canada partnership. Each country profile provided a comprehensive analysis of (1) the country's national drug strategy (if available), (2) an overview of the region's drug situation using key indicators such as trends in drug consumption, drug-related hospitalization, drug-related infectious diseases, and drug-related deaths drug, (3) key policies and legislations shaping the current policy climate, and (4) a review of substances that are categorized as illicit vs illicit. These country profiles provided the opportunity for Canada to gain a deeper understanding of the drug landscape across different regions and inform prevention, harm reduction, treatment and recovery, and enforcement initiatives in Canada. This project was rewarding for me as it not only supported my team in understanding how we can work with other countries to advance Canada's drug policy priorities but also supported other departments in the Branch to help inform national drug policy approaches through this critical analysis and international scan.

**B.E.D.**

**University of Toronto - Dalla Lana School of Public Health**

I completed my practicum with the Clinical Public Health Division of the Dalla Lana School of Public Health (DLSPH). I worked as a research assistant on a variety of projects under Dr. Aaron Orkin's supervision, related to innovative interventions aimed at addressing the health of people experiencing homelessness (PEH) in Toronto and across Canada. My main responsibilities involved the protocolization of two major study grants, for dissemination to partner organizations and stakeholders, and assisting in the preparation for their implementation. Both projects involved peer-based community health approaches to connecting PEH in Toronto with priority public health services. I had the opportunity to work directly with Women's Health in Women's Hands (WHIWH) Community Health Centre, and the REACH Nexus team at St. Michael's Hospital, on one of these projects which was aimed at promoting HIV and Syphilis prevention/treatment among this population. My involvement in these projects required a high degree of critical thinking, knowledge of equity in healthcare, health promotion theory, research methodology, and implementation science. The coursework in the first year of my MPH was undeniably valuable to this role. I was also responsible for conducting both qualitative and quantitative data analysis for an online opioid poisoning education pilot project run by the Canadian Red Cross. I valued the ability to exercise the more technical skills I had built in Biostatistics and Epidemiological Research Methods. I look forward to continue gaining exposure to public health thinking and programming, and applying the skills and lessons gained through this experience to my next practicum and beyond.

**S.G.**

**Northwestern Health Unit**

For my practicum placement, I joined the substance use and injury prevention team at the Northwestern Health Unit (NWHU). Collaborating with health promoters, community organizations, health professionals, and clients, I worked on a project aimed at reducing the stigma associated with substance use in northwestern Ontario (NWO). I conducted a demographic analysis of the region, performed an environmental scan of the 19 municipalities, and produced a literature review on destigmatization strategies for the public in regard to substance use. Using this information, I am developing a logic model to illustrate how an evidence-based approach to reducing stigma can be implemented in NWO. Additionally, I designed and conducted an internal survey to assess NWHU staff's understanding of harm reduction. Based on the survey results, I am creating an evidence brief of the results and formulating recommendations for actions that the NWHU can take to improve internal attitudes and knowledge regarding harm reduction. To support this, I created a frequently asked questions document for staff to refer to. I moved to Dryden, Ontario for two months to work in office and gain a better understanding of the community that I was serving. As someone who has always lived and worked in a major Canadian city, this practicum opportunity enlightened me on the intricacies of working in rural public health. Overall, it was a fantastic experience that bolstered my skills in evaluation, health promotion, and communication.

**S.G.**

**Public Health Agency of Canada**

For my practicum placement, I was a Student Policy Analyst with the Vaccine Behaviour and Confidence (VBAC) team at the Public Health Agency of Canada (PHAC), I led two key projects focused on vaccine safety and the impact of mis- and disinformation (MIDI). These projects included creating a Backgrounder Report on Vaccine MIDI in Canada and conducting an Evidence Review on how Adverse Events Following Immunization (AEFI) reports are utilized within misinformation campaigns. I explored the complex intersections between MIDI and vaccine safety, assessing the role of publicly available AEFI data in fueling misinformation. I conducted systematic literature reviews using databases like PubMed and EMBASE, employing targeted search queries that incorporated concepts and operators. I also analyzed publicly available AEFI reports, grey literature, and correspondence to examine how these were referenced in MIDI campaigns. My findings were synthesized to identify common themes and gaps in existing research, which informed the development of evidence-based mitigation strategies and a comprehensive case study. In addition to these projects, I delivered a detailed presentation summarizing my research findings and proposed strategies at the Community for Vaccine Confidence and Surveillance meeting, attended by key teams within PHAC, including the Vaccine Safety Team, CAEFISS team, and Immunization Support and Knowledge Mobilization Team. These contributions have provided more understanding of how misinformation impacts vaccine safety and provided actionable recommendations to enhance public trust in immunization programs. With the support of my amazing manager and team, I was able to deepen my expertise in public health policy analysis and contribute to the ongoing efforts to strengthen vaccine confidence in Canada.

**M.L.B.H.**

**Ontario Association of Residents' Councils**

I completed my practicum with the Ontario Association of Residents' Councils (OARC). I primarily worked on a research project looking at how residents living in long-term care (LTC) homes are involved in home-level decision making. My main responsibility was to conduct the analysis and write-up of a scoping review, for which articles had been selected prior to my arrival. I conducted an analysis of 62 research articles by applying a combination of several frameworks and methods, including RE-AIM/PRISM, the Framework Method, and the Family and Patient Engagement Framework. I then drafted the manuscript for the scoping review, and led a collaborative revision process with researchers, LTC residents, OARC staff, and OARC board members, which culminated in a manuscript that is ready for submission for publication in the Canadian Journal on Aging. In addition to leading the scoping review, I worked on several other projects, including creating promotional material for Residents' Council Week, creating an evaluation plan for OARC's Togetherness Training Workshop, participating in an organizational strategic planning refresh, attending the Board of Directors' annual general meeting, and transcribing and analyzing qualitative interviews with residents, administrators, and staff members. Throughout my practicum, I had the opportunity to engage with the OARC team in several ways, including attending two in-person days that included several meetings as well as team-building activities. I also attended weekly virtual team meetings and met with several members of the team for virtual "coffee chats", where I was able to learn more about the team's work outside of my direct responsibilities. My experience working at OARC was enriching and inspiring and provided me with significant professional experience in community-based and community-led research.

**M.J.**

**Northwestern Health Unit**

In my placement, I chose alcohol as my topic of interest and its prevention and de-normalization in Northwestern Ontario. To prepare for the study, I first had a look at the theories of behaviour change and the most effective interventions in the case of alcohol consumption among youths and the de-normalization theory. This involved the evaluation of literature that highlighted the approach and techniques that may transform the existing culture of alcohol consumption in the different subgroups of the population. Based on the systematic literature review for the identification of evidence and the knowledge derived from a number of interventions implemented worldwide, I constructed a logic-model along with a range of prototypes of short- and long-term recommendations. These were developed for specific demographic subgroups in the region in order to make the interventions culturally appropriate. As a part of this plan, I proposed several municipal policy opportunities with the purpose of creating the better and more responsible alcohol consumption culture.

One major activity entailed writing/creating geographically appropriate logic model and approaches for the use in implementing these interventions. After that I would concentrate on coming up with the implementation and program plan for the recommendation plan that had been approved. This involved the development of potential plans of action given evidence -informed practices to enhance their efficiency and legitimacy in the community. Some of the specific outputs of the placement were a demographic analysis report of alcohol use and attitude, a literature review of behavior change interventions, and a set of intervention strategies. I also made a PowerPoint presentation at the Northwestern Health Unit (NWHU) presenting the following recommendations. Further, I developed different planning and assessment papers, informative and promotional tools such as educational materials, briefing notes, and campaign papers to enhance the likelihood of the effectiveness of the proposed interventions.



**M.J.**

**Public Health Agency of Canada**

During my placement with the Public Health Agency of Canada's Health Equity Integration Team (HEIT), I contributed to three key projects. For the first project, I had to analyze Branch Integration Plans (BIPs) and methodically enter data into a master Excel sheet that the Senior Analyst had created. My final product was a presentation that emphasized three main points: (1) Branches' actions that affect the HEIT team; (2) similarities between the plans' activities; and (3) recommended general activities and themes to highlight in an extensive report. High level executives on the Strategic Planning Committee from throughout the branch were given this summarized presentation. For the second project, I used information from the Women and Gender-based Equality (WAGE) survey to design infographic and succinct data visualizations using Canva, which helped me effectively present the results in an eye-catching way. My third and main practicum project examined how health equity is incorporated into climate change plans across Canada in order to fill a gap in the 2022 Health Canada Climate Change Report. My initial goal was to evaluate current approaches, but I soon discovered that no previous database or thorough analysis existed on this subject. I changed my focus in response, creating a unique repository that documents health equity-integrating federal, provincial, territorial, and non-governmental organizations' climate change initiatives. Professionals working on climate change that I spoke with confirmed the project's value and possible influence on upcoming studies and policy choices. I categorized the data to make it easier for users to access it and performed in-depth thematic analyses and searches of the grey literature to ensure accuracy. The resulting repository, which highlights ongoing initiatives and points out areas for improvement, serves as a centralized resource for scholars, decision-makers, and stakeholders. This project supports more informed and equitable climate action across Canada in addition to bridging a critical knowledge gap.



**D.K.**

**Centre for Global Health, Dalla Lana School of Public Health**

I completed my summer practicum from May to August with the Center for Global Health at Dalla Lana School of Public Health. My responsibilities involved designing and implementing three Mastercard Foundation-funded programs: the Junior Faculty Development Program (JFD), Epidemiology of Communicable Diseases (ECD) with the African Institute for Mathematical Sciences (AIMS), and the Women in Global Health Leadership Fellowship (WGHLF) program. My work with the JFD program included conducting a needs assessment (NA) study to inform competency-based curriculum development centred on faculty professional development. For the NA I scheduled and took notes of 13 KIIs, qualitative analysis of 17 KIIs transcripts, codebook development, findings synthesis, draft manuscript, and presentation of preliminary findings to the advisory committee.

For the ECD program with AIMS, we conducted an NA for the Cooperative MSc in Mathematical Epidemiology in partnership with UofT, DLSPH. The NA was in the form of an online survey, KIIs, and FGDs. Its purpose is to understand the key factors to consider in curriculum development and implementation of the new master's program. My work included a thematic analysis of 5 KIIs (which I also conducted) and the preparation of an NA workshop toolkit distributed to participants. The final deliverable for this program is the synthesis of NA findings and workshop inputs into a collaborative tool (mural app) to be shared with all participants for final revisions.

For the WGHLF, my work constituted the development of evaluation materials: a mid-mentorship survey (analyzed and created a report), phase 3 and an end-of-program surveys. Beyond these programs, my work at the center also included attending weekly staff meetings and the Monitoring and Evaluation for Learning and Adaptation (MELA) workshop series to support the development of monitoring of the MasterCard-funded programs.

**A.F.K**

**Public Health Agency of Canada**

During my practicum, I worked as a Junior Policy Analyst in the Office of the Chief Public Health Officer (CPHO) at the Public Health Agency of Canada (PHAC). My primary focus was on contributing to the development of the 2024 CPHO annual report, which centered on vaccination efforts across Canada. Led by Dr. Theresa Tam, the 2024 vaccination report is a public health document aimed at evaluating and improving immunization strategies nationwide, which directly impacts the health and well-being of Canadians. Given my passion for advocating for marginalized populations and addressing structural barriers that hinder access to healthcare, this role aligned perfectly with my interests and goals. The purpose of my practicum was to assist in the development of the vaccination report by conducting literature reviews, drafting evidence briefs, and synthesizing research findings to support the report's recommendations. I was involved in analyzing various vaccine-related topics, including the efficacy of motivational interviewing in increasing vaccine uptake, different vaccine types, and school-based immunization programs. Additionally, I participated in interviews with Medical Health Officers from across Canada, gathering qualitative data and insights to inform policy decisions. This hands-on experience allowed me to contribute to meaningful public health work while also deepening my understanding of how vaccination programs can be improved, especially for populations facing barriers to access. My personal goals for the practicum included developing my skills in health policy analysis, strengthening my research capabilities, and gaining insight into the intersection of public health and equity. I was particularly eager to learn how policy decisions are informed by data and how research can be translated into impactful, evidence-based public health initiatives. This experience has not only helped me grow professionally but has also reinforced my commitment to advocating for those who are often left out of critical public health conversations.

**S.K.**

**Ghana Health Service**

I undertook my summer practicum with the Health Promotion Division of the Ghana Health Service (GHS) - Ghana, West Africa. The agency is mandated to provide sustained health promotion services that contribute to improving health and wellbeing across Ghana. This responsibility involves leading health communication, advocacy, and social mobilization efforts, in collaboration with both local and international partners.

I served on an intersectoral committee that drafted an RCCE plan for Pandemic Influenza Preparedness (PIP) aimed at enhancing the country's preparedness and resilience to future influenza outbreaks. My involvement extended to sensitization campaigns, technical report writing, and field assessments in communities affected by dengue fever and Mpox outbreaks. Additionally, I developed social and behaviour change materials for campaigns on the outbreaks and Ghana's Annual Health Check program. Such SBC interventions promoted preventive health practices. Furthermore, I monitored and analyzed public sentiments on social media for insights on misinformation and disinformation trends, which produced reports aimed at enhancing public trust in health information. Lastly, I drafted a comprehensive research proposal on Infection Prevention and Control (IPC) in Ghana.

This practicum enabled me to apply key health promotion theories and concepts from my first-year coursework like social and behavioural theories, situational analysis, systems thinking, social determinants of health among others. My experience underscored the importance of intersectoral collaboration and partnerships, adaptability, ethical sensitivity, anti-oppression and community/stakeholder involvement in public health practice. The experience deepened my competencies in health communication, program planning, and stakeholder engagement, while offering a meaningful opportunity to contribute to health and wellbeing in my home country.

**J.A.T.M.**

**Azrieli Adult Neurodevelopmental Centre**

During my first practicum with the Centre for Addiction and Mental Health, working within the Azrieli Adult Neurodevelopmental Centre, I have had the honour of contributing to multiple projects that ultimately aim to support individuals with intellectual and/or developmental disabilities (IDD), family caregivers, and service providers. The main focus of my practicum has been working on a research study evaluating a program that aims to support the brain and mental health of those with IDD, family caregivers, and service providers. Through this, I have worked with the advisory team, consisting of those with lived experience, in developing course content and materials and the execution of all sessions. With the first cycle of the courses being complete, I am now working on analyzing and writing a paper on aspects of the qualitative data collected to better understand how the family caregiver course can be improved for future iterations of this program. In addition, I had the opportunity to engage with the Special Olympics community at the Provincial Special Olympics Games as part of a knowledge mobilization project. This project aims to understand how best to share research and healthcare-related information with Special Olympics athletes, coaches, and family caregivers. At the games, I engaged in discussions with athletes, coaches, and family caregivers to better understand what health topics they wanted to learn more about and in what ways they prefer to learn new things. Using this information, and input from the advisory team, we are in the process of creating a total of 25 knowledge products, which we aim to disseminate in fall. This experience is not only expanding my qualitative research skills, but has allowed me to work directly on various types of knowledge mobilization efforts.

**M.M.**

**Public Health Agency of Canada**

From May to August 2024, I worked as a student policy analyst with the Health Equity Integration Team (HEIT) at the Public Health Agency of Canada. I applied Sex and Gender-Based Analysis Plus (SGBA Plus), which is an analytical framework that looks at how sex, gender, age, race, ethnicity, socioeconomic status, disability, sexual orientation, cultural background, migration status, and geographic location interact and intersect with broader systems of power. As part of my work plan, I developed a narrative rapid review that analyzes health equity considerations based on SGBA Plus when using artificial intelligence (AI) in public health settings in Canada. I collected academic and grey literature to identify, synthesize, and analyze health equity considerations, and how this may affect priority populations. My second project was to create an infographic to summarize the findings in the "What We Heard Report: Integrating SGBA Plus in Public Health Surveillance", which recommended seven approaches to enhance health equity and SGBA Plus in public health surveillance. Finally, I collaborated with team members across the Health Equity Policy Directorate (HEPD) to co-lead a web optimization exercise. We developed a repository of all external HEPD links on the Government of Canada website to create a "Health Equity Hub" landing page to increase the web presence of current health equity efforts. Throughout my practicum, I had the opportunity to also engage in other side projects such as leading directorate-wide meetings and weekly scorecard team meetings, attending and creating meeting minutes in SGBA Plus workshops, resolving action requests (providing health equity-related feedback on reports or policies), and contributing to other knowledge translation products (slide decks and supplementary infographics).

**G.N.**

**Northern Health Authority**

During my practicum at Northern Health Authority's Population and Public Health (PPH) Department, I led an internal staff project aimed at assessing the internal adaptation actions that PPH teams are implementing to address the health impacts of priority climate hazards such as extreme heat, extreme cold, wildfires, and wildfire smoke. The primary objectives were to determine existing and planned adaptation actions, identify gaps, and provide actionable recommendations to enhance PPH's response to these climate-related threats.

I began with a targeted review of two key external reports, including the Health of Canadians in a Changing Climate and Climate Change and Health in British Columbia: From Risk to Resilience (in-press) report, to establish a foundation of best practices in climate adaptation. Following this, I conducted a detailed internal document review, analyzing key documents within PPH Sharepoint folders to assess current and planned adaptation actions. In addition to the document reviews, I distributed a survey to PPH teams to gather further data on their climate adaptation efforts and conducted 27 key informant interviews to gain deeper insights into the challenges and successes of these actions. This comprehensive data collection culminated in a detailed report outlining the methods, key findings, and recommendations to strengthen climate adaptation strategies across PPH.

Through this practicum, I developed important skills in research, collaboration, communication, and leadership while gaining firsthand experience in the complexities of implementing climate adaptation actions within a public health context. This experience deepened my understanding of how public health organizations must adapt to evolving climate risks, reinforcing my commitment to pursuing a career in climate change and health.

**R.P.**

**Dalla Lana School of Public Health**

I completed my practicum at the Population Health Analytics Laboratory at the Dalla Lana School of Public Health, under the supervision of Dr. Laura Rosella. My primary focus was conducting a scoping review to identify multi-level type 2 diabetes prevention interventions and assess their effectiveness in addressing population inequities in diabetes risk. This involved screening over 4,000 abstracts, conducting full-text reviews of 127 articles, extracting data from 25 studies, and analyzing and synthesizing the findings. At the beginning of the term, we published the scoping review protocol on the Open Science Framework, and we are currently finalizing the review for submission to a peer-reviewed journal.

Beyond my research activities, my practicum experience was enriched by professional development and networking opportunities through the Novo Nordisk Network for Healthy Populations (NHP). I participated in various sessions on goal setting, mentorship, and knowledge mobilization, which facilitated connections with fellow students engaged in diabetes research across the network. Additionally, I presented my work during the NHP Summer Research Day, which provided a platform to share my findings with students and their supervisors across the network. Overall, this practicum provided me with invaluable experience in research, communication, and practical application, all of which align with my long-term career goals in public health.



**A.P.**

**University of Toronto Institutional Strategic Initiative**

For my practicum, I had the opportunity to be placed with the Sustainable Development Goals at the University of Toronto Institutional Strategic Initiative (ISI) hosted at the University of Toronto Scarborough as the Program Coordinator, Evaluation and Knowledge Mobilization. This tri-campus initiative aims to advance research, action, and awareness on the United Nations Sustainable Development Goals (UN SDGs). There are 17 goals and 169 targets that were formulated to be met by the year 2030. However, it has been accepted that most of these goals will not be met, and it has been recognized that academic institutions have a crucial role in conducting research to advance the goals and inform the post-2030 agenda. As the Program Coordinator, I have had the opportunity to engage with the initiative at a deep level through several projects. One of my main projects was to conduct a literature review, key informant interviews, and draft a concept note to inform the development of a community of practice centred on transdisciplinary knowledge co-production within SDG research. I also played a crucial role in the ISI's partnership development/engagement strategy by conducting a scan of internal and external institutions and organizations who would be ideal partners for the initiative and its future events and projects. Another main project I led was in developing a logic model and theory of change for the initiative to be used when creating an annual evaluation strategy for the ISI. Other successes and accomplishments through this placement include coordinating the first Scholars Research Day for our inaugural fellows and the first 2024-2025 Student Advisory Committee meeting, writing a meeting report, supporting with drafting entries for two annual reports, co-writing a blog post, maintaining stakeholder relationships, drafting and distributing letters for grant application results, and even supporting with hiring/onboarding.

**E.T.P**

**The Hospital for Sick Children**

I completed my practicum as a Research and Knowledge Translation Student at the Mahmud Lab, which conducts research related to type 1 diabetes (T1D) at the Hospital for Sick Children. My main responsibility while in this role was to work alongside my team members and a Knowledge Translation Specialist to develop and revise study materials for the EVERYONE Study. This study aims to identify T1D endotypes (subtypes of T1D that are impacted by individual variations in factors such as genetics, autoimmunity, metabolism, social health, mental health, and environment) in children and adolescents. As this study involves complex factors and has a large recruitment goal (n = 1000 participants), it was necessary to ensure that the recruitment materials were designed to be as accessible and effective as possible. Therefore, I began my practicum by attending the Specialist Knowledge Translation Training Program and Storytelling Workshop at SickKids to build skills in sharing research evidence with a broad range of audiences and learn novel communication strategies. I used my knowledge from these courses to develop various study materials, including a brochure, website recruitment messaging, social media posts & marketing strategies, and an informed consent presentation. Community engagement is a critical component of conducting research that is relevant, engaging, accessible, and patient-centered. Therefore, I established and subsequently collaborated with a research Patient and Family Advisory Committee (rPFAC). Finally, I also assisted with tasks related to a recently completed clinical trial, which investigated the impact of a new class of medication on renal function and T1D management in adolescents. These tasks included data abstraction, lab organization, logging of various biological samples, and helping to prepare a presentation and newsletter of the study's final results for distribution to its participants.

**J.M.R**

**Realize Canada**

Realize Canada is a national Canadian organization working to improve the health and well-being of people living with HIV (PLWHIV) and other episodic disabilities across the lifespan through research, education, policy, and practice. My focus as a practicum student was on HIV and Aging. Older people living with HIV (OPLWHIV), especially those living with HIV the longest, often experience double the discrimination in daily life based on their HIV status and age.

My two projects of focus were the Preferences And Needs for Aging Care among HIV-positive Elderly people (PANACHE) study and the Financial Empowerment (FE) study, which are community-based research studies (CBR). The former is a national assessment of the health and social care needs and preferences of older people living with HIV (PLWH, age >60 years). The latter is a mixed-methods study gathering information from the current and anticipated needs for financial information, services, and support for OPLWHIV (age 50+).

My primary efforts for PANACHE were to support the submission of a research ethics board submission (complete protocol and required appendices) and assist the Research Coordinator in preparing the Community Researchers for the launch of the study. For the FE study, I led outreach for study recruitment and co-facilitated focus groups with service providers. Given that both studies had not gathered much data, I took on a knowledge mobilization initiative for the PANACHE Ontario study by developing a toolkit for HIV and aging for long-term care stakeholders. This included an English and French video of a policy brief, sample HIV-inclusive policy wording, a plain language article for public access, and a proposal for a storytelling series to spotlight the expertise of OPLWHIV. Most importantly, this placement allowed me to develop a comprehensive understanding of the topic of HIV and aging in Canada.

**S.V.S.**

**Women's College Hospital, Women's College Research Institute**

During my practicum at the Women's College Hospital Research Institute, I worked with the ASTER (Addressing Sex Trafficking through Research and Education) team on a qualitative study exploring healthcare providers' perceptions of vulnerabilities to domestic sex trafficking in Canada. This study is part of a larger project investigating knowledge, attitudes, and practices related to sex trafficking among healthcare professionals in Ontario. Domestic sex trafficking is a significant issue in Ontario, especially since COVID-19 amplified pre-existing determinants known to lead to trafficking. My role mainly involved data analysis and knowledge translation, including contributing to the drafting of a manuscript to disseminate our findings.

Through a mini-literature review, I found that healthcare providers may be influenced by myths and stereotypes surrounding sex trafficking, which can impact their ability to identify and care for individuals who are sex trafficked. By applying a critical social theory, intersectional paradigm and modified Taxonomy of Vulnerability, three themes were identified- traumatic history, social identities and relationships, and structural determinants. Findings highlighted the need for a more comprehensive understanding of vulnerability that addresses larger systemic inequities. Other projects I was responsible for included updating and expanding the ASTER Webportal to disseminate important findings through the team's latest publications, and policy briefs.

Overall, my practicum experience provided me with valuable insight into the complex and pressing issue of domestic sex trafficking in Ontario, as well as the opportunity to contribute to important research and knowledge translation efforts.

**S.C.T.**

**Fred Victor Centre**

During the summer of 2024, I completed a 16-week practicum at Fred Victor Centre within the Health Promotions division. My practicum focused on gaining hands-on experience in health promotion, community engagement, and advocacy. I worked extensively with the St. James Town Service Providers' Network (SPN), facilitating peer support groups and participating in various committees and initiatives aimed at addressing systemic barriers in service provision. My work included organizing and facilitating community conversations at the SPN Spring Gathering, where we discussed critical topics such as housing affordability, food security, and community connection. These discussions led to the creation of a comprehensive event report, which I contributed to by coding qualitative data, identifying key themes, and drafting this section of the report. Additionally, I was involved in advocacy efforts concerning a proposed condo development in St. James Town, creating informational materials and strategies to address issues around displacement, gentrification, and lack of affordability.

## **G.O.U.**

### **Public Health Ontario**

Health equity is recognized as a core competency for public health and a Foundational Standard and Guideline to support the implementation of the Ontario Public Health Standards (OPHS). Fundamental to enabling health equity is the adoption of anti-racist approaches to public health planning, service delivery, and decision making. Racism is a public health issue that is embedded within society and its institutions. As a determinant of health, systemic racism interacts with and amplifies every determinant of health, creating barriers and inequities for individuals and communities that experience racism. The Ontario Public Health Association (OPHA) Anti-Racism Task Group (ARTG) was created in June 2020 to explore and tackle the ways in which racism, particularly anti-Black and anti-Indigenous racism, operates within public health. To guide the work of the OPHA Anti-Racism Task Group in supporting public health units and members in addressing systemic racism in public health, I produced an environmental scan that identifies frameworks and tools to further anti-racism practice in public health planning, service delivery. To do this, I followed the protocol of a rapid review, screening over 700 records to synthesize overlapping themes within a final count of 18 relevant resources. Resources were synthesized by the equity considerations implemented in framework development and by the anti-racism practices geared towards a particular population of focus.

## **H.U.**

### **Wellington Guelph Drug Strategy**

This summer, my practicum placement was with the Wellington-Guelph Drug Strategy, which is a coalition of partner agencies and people with lived and living experience of substance use collectively working to implement the Four-Pillar strategy in the City of Guelph and Wellington County through expanding prevention, harm reduction, treatment and recovery, and community safety supports and services. As a practicum student, I was responsible for three key projects: a literature review and environmental scan on wellness, grief, and loss within the substance use workforce in the context of a drug poisoning crisis and existing supports for workers, a literature review and scan of substance use prevention best practices and considerations for students in Grade 8 and existing prevention interventions and programming, and a factsheet focusing on demystifying substance use and unsheltered homelessness. The results from both literature reviews and scans will be made available to the general public, decision-makers, and professionals as brief reports-the intention is to relay evidence in a concise and accessible manner using plain language. Given the fast-paced and high-demand nature of working in the substance use sector, there were also multiple opportunities to do other work such as writing grants, supporting the development of a community-based rapid response plan to drug poisonings, literature searches, attending key meetings and helping with communications, and developing knowledge translation pieces, like a one-pager on best practices for reporting on substance use for media professionals, a factsheet for Drug Poisoning Awareness Day 2024 about the drug toxicity crisis and available resources, and a social media carousel about substance use and heat-related illness.

**S.V.**

**Dalla Lana School of Public Health**

For my practicum I had the amazing opportunity to be working as an Implementation Science Research Student that focused on antimicrobial stewardship at the University of Toronto with the PHarmacists Provide Accessible Antimicrobial STewardship Services (PHAAST) project team. Antimicrobial Stewardship (AMS) activities are interventions that target and promote the judicious use of antimicrobials with the main aim of decreasing antimicrobial resistance within organisms which have the potential of creating detrimental health effects. My main role in this position was coordinating and leading a systematic review that identified barriers and facilitators to antimicrobial stewardship for community pharmacists from various healthcare perspectives. Through this project I screened over 2000 studies including the full-text review of 147 articles which resulted in data extraction of 40 articles. This included qualitative analysis of barriers and facilitators mapped according to the Consolidated Framework for Implementation Research (CFIR) and Theoretical Domains Framework (TDF) on NVivo. I also led a presentation which included the development of a slide deck that shared my findings from the systematic review to the larger PHAAST team consisting of community pharmacists, general practitioners, and various other stakeholders. I also contributed to creating a draft of the manuscript for publication. This research is significant as it has the potential to target antimicrobial resistance at the community level which is a pressing public health issue. A secondary role I had in this team was taking part in an introductory implementation science course that provided me with the foundational skills necessary for taking on implementation research within various team environments.

A.W.

**Women's College Hospital, Gender-based Violence**

Trans and gender diverse (TGD) individuals (individuals whose true gender identity does not always align with their assigned sex at birth) experience high rates of sexual assault and intimate partner violence, and have historically limited access to supports and services. Previous priority setting work has highlighted a need for cross-sectoral collaboration to better support the unique and complex needs of TGD survivors of intimate partner violence and sexual assault. To address this need, the trans-LINK Canada Project will form an intersectoral national network to bring together community, healthcare, and public sector organizations across Canada to enhance care and supports for TGD survivors. As part of the development of the trans-LINK Canada Network, five in-person regional planning meetings were hosted across the country in May, from Central Canada, Atlantic Canada, the Prairies, the West Coast, and the Northern Territories. These meetings were held to bring together TGD-led and TGD-positive community organizations across sectors, and over 50 organizations shared their perspectives and experiences with supporting TGD survivors, and identified ways in which a national network, like trans-LINK Canada, might support them. My role at the trans-LINK Canada Project was to support connection forming between community partners. I conducted qualitative data analysis of the regional planning meeting notes and produced meeting briefs as knowledge transfer and exchange tools to be disseminated to trans-LINK Canada Network members, policy makers, and the general public. Additionally, I developed meeting materials (e.g., graphic design for presentations and newsletters), supported meetings (e.g., note-taking at the Steering Committee meeting) and contributed to the development of a manuscript on the national findings from the regional meetings.