

Summer 2014 Practicum Abstracts

MPH Health Promotion students conduct placements at a variety of organizations and on a variety of topics. Below you will find a selection of practicum abstracts from summer 2014 practica. Students have provided their consent to share these abstracts, which were submitted to the DLSPH as a part of their final practicum package. The structure of the abstract varies depending on the amount of information that could be shared by the student and the student's preferences in format.

Mariajosé Aguilera

Objectives: Given the evidence on mental health and emotional well-being impact on families separated by migration or forced displacement processes, we systematically reviewed the literature to identify interventions aimed at promoting the mental health of parents and children that had experienced this type of family fracture.

Methods: We conducted a systematic review of the literature based on MedLine, PsycINFO, and Web of Science to identify studies which described or evaluated mental health interventions targeting separated parents and children.

Results: We identified seven studies which described mental health interventions. The majority of articles described therapeutic interventions upon parent-child reunification. Other interventions indirectly addressed the mental health of immigrant mothers which had left children behind in their home countries.

Conclusions: The existing evidence on mental health of families torn apart by migration processes has important implications for public health and clinical practitioners. Nonetheless, there is a dearth of literature on existing interventions and the effectiveness of interventions that aim to prevent or treat mental health consequences due to parent-child separation. ICTs have untapped potential for interventions in mental health promotion and facilitating access to support and services at different stages of migration-related separation.

Bethel Woldemichael

The Hospital for Sick Children (SickKids) is Canada's most research-intensive hospital and the largest centre dedicated to improving the health of children (SickKids, 2014). In 2007, SickKids introduced the Learning Institute to embrace, support, and advance all educational endeavours, connect staff and discover innovative ways of bringing new knowledge to improve child health care systems. The Learning Institute's programs and services support the educational activities at SickKids through three main pillars: Education Resource Group, AboutKidsHealth, and Hospital Library and Archives. My practicum was with the Education Resource Group, which offers resources, training and consultative services to build capacity within the hospital and beyond. Specifically working with the Knowledge Translation Specialist, Program Evaluation Specialist and eLearning design Program Manager, I alongside my colleagues helped build infrastructure to extend, disseminate, and share knowledge and learning resources across the hospital. Through research, literature reviews, creating infographics, and building an eLearning module, I gained an enriched learning experience with the Education Resource Group. Building from my in-class knowledge, I applied my core health promotion competences into practice through the use of advanced technologies, Knowledge Translation strategies, and program evaluation best practices in a hospital-based setting.

Gabrielle Steinberg

From May to August 2014 I completed a placement at the Davenport-Perth Neighbourhood and Community Health Centre (DPNCHC). DPNCHC is a multiservice community health centre that supports community members facing economic and social barriers to take control over and improve their health and wellbeing. Because DPNCHC is both a neighbourhood centre and a health centre, it is able to serve residents at every stage of their lives, helping community members stay healthy, develop leadership skills, make positive lifestyle choices and build strong relationships. With DPNCHC, I worked in two different departments. I spent half my time with the Quality, Integration and Evaluation (QIE) department and the other half of my time in the Community Development and Health Promotion (CDHP) department. My primary tasks with the QIE department were to examine current evaluation practices and make recommendations for improvement in agency-wide evaluation methods, conduct client satisfaction surveys at the Health Centre, and undertake a multiple-case study evaluation project. One key piece to my work with the QIE department was to create and implement a process evaluation tool that will be used across the agency to evaluate program component delivery for all ongoing and future programs/services. My primary tasks with the CDHP department were to support and make recommendations for current CDHP programming, develop and draft proposals for new CDHP initiatives, and assist in methods for obtaining and securing CDHP program funding. One of the CDHP initiative I coordinated is a group called Latin Men United (LMU), which is a soccer program for Latin American men challenged with addiction, unemployment, language barriers, and chronic diseases. Other initiatives that I was a part of to develop a clear language and design project proposal, conduct Democracy Talk workshops as part of a voter engagement strategy and develop ping pong and bicycle repair drop-in clinics for participants of all ages. Through my practicum I gained essential skills in interacting with clients, project coordination, research, grant writing, data collection, data analysis, establishing networks and collaborating in multidisciplinary teams. Overall, I gained important insights for how community health centres function in the field and behind the scenes. This experience was rewarding and I feel confident in my capabilities to hold employment in such a setting after completion of my degree.

Vinusiya Peranandan

During my practicum experience at Dalla Lana School of Public Health under the supervision of Dr. Suzanne Jackson, I was involved with various public health and health promotion projects that developed various academic and practical skills revolving around course and program evaluation. The major projects of my practicum experience included the course evaluation of the Introduction to Public Health Sciences course that all new incoming graduate students are required to complete. This project involved the analysis and summarizing of various sources of qualitative data collected from different evaluations of the course elements such as course content, structure, and skills workshops. Specifically, this project sought out to understand the benefits of interdisciplinary education and how to go about enhancing the student learning experience. Another major project that I developed during my placement was an evaluation tool in collaboration with DLSPH and CAMH. This tool was specifically created to complement the Best practices guideline for mental health promotion programs for older adults over the age of

fifty-five. Essentially, these projects helped to develop my evaluation skills over the length of my placement and other various health promotion competencies.

Sahar Fanian

In circumpolar regions, Indigenous populations experience disproportionately higher rates of suicide than non-Indigenous populations, most notably among youth. Suicide presents a serious public health problem. Thus, more effort is needed to prevent suicide in Indigenous communities across the arctic. My practicum placement consisted of 2 components within our broader suicide prevention project: 1) a scoping review and inventory of current suicide prevention interventions in the circumpolar north for Indigenous peoples, and 2) implementation and evaluation of Kotsiitla, a creative arts and music workshop with the aim of empowering and building resiliency among Indigenous youth in Behchoko, NWT. My learning objectives were 1) to acquire skills in community-based research and community development, 2) to gain experience using creative, arts-based methodologies for community engagement, research and evaluation, and knowledge translation, 3) to develop health promotion competencies within a Northern, Indigenous context. All of the above objectives were met. The results of the Kotsiitla initiative indicated that youth found arts to be an engaging, culturally relevant, and safe way to express themselves and to cope with issues in their lives and communities. Youth showed an increase in confidence and artistic and personal skills, and formed positive relationships with their mentors and peers throughout the week. The youth also expressed a desire to share their artwork with others as a way of spreading their messages and generating dialogue.

Alyssa Kelly

In pursuit of establishing developed country status by the year 2020, Trinidad & Tobago established a National Policy on Persons with Disabilities to address disability issues from a human rights perspective. Given this increased awareness of improving the quality of life for people living with disabilities, Dr. Natalie Dick has taken the initiative of opening the first interdisciplinary assessment and treatment clinic for children with disabilities in Trinidad and Tobago. This Child Development and Behaviour Unit will be located at the Eric Williams Medical Sciences Complex, and is expected to open in 2015. To ensure this unique clinic will meet the needs of children with disabilities across the country, I was recruited by Dr. Dick to conduct research in Trinidad & Tobago to determine how to best measure success of this clinic. From interviewing approximately forty-five health care professionals and parents of children with disabilities, I was able to better understand what people define as “success”, what types of challenges exists for both the patient and for service providers, and what types of measures are currently in place. From combining this valuable information with the results of an extensive literature search, I produced a report outlining current measures used, realistic recommendations, and steps to move forward. This practicum placement was a positive learning experience and mutually beneficial for all parties involved.

Emily Shallhorn

Emily Shallhorn, a student at the Dalla Lana School of Public Health at the University of Toronto, completed a 16-week MPH Health Promotion practicum in Aboriginal health in Montreal from May until August 2014. Her main project was to provide support to a grass-roots community organization, the Montreal Urban Aboriginal Health Committee, whose mission is to improve the health status of the urban Aboriginal population of Montreal. She worked with

MUAHC to develop a comprehensive proposal for a holistic urban Aboriginal health centre, including developing the strategic plan and the 2 phases of service implementation. She also assisted in the planning of youth friendly health services for the Cree Public Health Department of the Cree Board of Health and Social Services of James Bay (Quebec) through collaborating with the planning committee, reviewing stakeholder consultation data, and researching evidence based best practices to inform the practice model for the upcoming pilot clinics.

Renira Narrandes

Public Health Ontario (PHO) is an excellent, student-friendly, and supportive institution in which to complete a practicum. My work involved conducting an integrative literature review on compulsory physical education for secondary school students, which I completed with supervision from one of PHO's senior scientists, as well as with guidance from the Manager of Library Services. The review involved developing specific research objectives, tailoring search strategies, searching nine electronic databases, developing inclusion and exclusion criteria, screening results based on these criteria, critically appraising studies, extracting and analyzing data, and writing the actual review. Aside from this deliverable, there were many other learning opportunities at PHO. Students were provided with a full-day workshop on how to develop a public health communications strategy, there were numerous rounds on interesting public health topics, and an afternoon event was held to showcase and celebrate student work. By the end of the placement, I was able to meet all my learning objectives. I would highly recommend a practicum with this organization.

Louisa Mussells Pires

Placement: Health Nexus (HC Link)

Online communities of practice and learning communities are increasingly being recognized as a valuable tool for professional development and collaboration in public health, however they require support and the appropriate technology in order to develop and foster social learning. Since February 2013, HC Link has been supporting a Policy for Healthy Communities Learning Community, which brings together community based individuals, groups and networks that are working to develop, change and implement local policies for healthy communities. In order to further support the learning community, HC Link was interested in exploring ways in which member participation and engagement could be facilitated. A survey of HC Link Policy Learning Community members was conducted, as well as a brief literature scan of communities of practice/learning communities and key informant interviews with facilitators of online communities at other organizations. The findings from the survey, literature scan and key informant interviews as well as consultations with HC Link internal committees informed the eight recommendations made for continued support to the Policy Learning Community.

Valerie Haboucha

The HIV prevalence among the population of Mseleni Hospital's catchment area is over 40%-- one of the highest in South Africa. Medical male circumcision (MMC) reduces the risk of heterosexually acquired HIV infection in men by up to 60%, which on a large scale over the long term translates to one infection averted for every seven circumcisions performed. While the South African Department of Health prioritized the roll-out of MMC as an essential part of a

package of sexual and reproductive health services, on the ground in Mseleni the numbers of men choosing to undergo the procedure has been dropping for several years. In an effort to understand what was happening and ultimately to reverse this trend, the hospital manager commissioned an improvement-oriented implementation evaluation of the hospital's promotion of MMC. I undertook this project for my health promotion practicum, and the findings of the evaluation led to recommendations on how hospital management can collaborate more effectively with local NGOs to improve the program plan and implementation of their promotion of MMC.

Xin Xin

My main responsibilities at the Sexual Health Department of Toronto Public Health were to examine the risk of Sexually Transmitted Infection (STI) transmission via oral sex, explore relevant risk reduction options related to safer oral sex, including reviewing literature and epidemiology related to the transmission of STIs via oral sex, documenting factors that affect their usability and acceptability, and make recommendations to inform Toronto Public Health's message related to oral sex and STI prevention. Overall, this placement has been valuable to my learning and understanding of health promotion practice. I was able to strengthen my writing and research skills through this practicum experience with Toronto Public Health and look at literature with a more critical approach. My supervisor and other program staff were also very engaged in furthering my learning throughout my time here at Toronto Public Health.

Ivneet Garcha

Patient centred care is integral to quality care. Producing physicians competent to provide this care is an important asset to the healthcare system. The Triple C Competency-based Curriculum (Triple C) is a new pedagogical approach to providing family medicine education instituted by the College of Family Physicians of Canada (CFPC). It reflects CFPC's effort to make post-graduate training comprehensive, focused on continuity, and centred in family medicine. The goal of Triple C is to produce competent family physicians that are prepared to provide comprehensive, continuing, patient centred care in any community in Canada. Triple C has been adopted across the country and a national program evaluation has been initiated. The Triple C program evaluation aims to assess both the implementation and efficacy of the curriculum. It also strives to understand the impact of Triple C on family medicine residents and faculty. Since 2012, seven family medicine residency programs across Canada have agreed to pilot elements of the Triple C program evaluation plan including a Family Medicine Longitudinal Survey that tracks residents from entry to practice after graduation (Oandasan et al., 2013). Currently, two other tools (in addition to the survey) have been developed and piloted at Toronto Western Hospital (TWH), a University of Toronto affiliated family medicine clinical teaching site. These tools are: 1) A Triple C Clinical Teaching Site Implementation Inventory exploring level of implementation of Triple C at the clinical site and 2) A Narrative Interview Guide for Learners to understand learner experiences and future practice intentions. This report will present evidence gathered from the implementation inventory, narrative learner interviews, and modified Family Medicine Longitudinal (Exit) Survey as a part of a midpoint program evaluation of the family medicine residency program at Toronto Western Hospital. The purpose of this midpoint evaluation is to pilot test and provide feedback on the feasibility and utility of the three program evaluation tools individually and in combination, to help inform other clinical teaching sites and residency programs on the value of their use in curriculum design/redesign decisions. Furthermore, this study will also demonstrate and discuss how these data sources can be used to

help understand Triple C outcomes and family medicine residents' decisions related to intentions to practice.

Andrew Posen

On the Communications team at the Toronto Central Community Care Access Centre (CCAC), I not only refined my professional communication skills, I also developed new competencies in areas including evaluation, project management, and data collection and analysis. I also learned a great deal about what it will be like to work in the public sector after graduation, and how to succeed in this environment through excellent time management and effective collaboration with others. Indeed, this experience illustrates how the practicum element of the MPH program benefits students—by giving us a window into potential careers in public health after graduation, and equipping us with both the hard and soft skills that will help us to pursue those careers.

Gurkirat Randhawa

During my 16-week practicum at Parkdale Community Health Centre I helped create a “menu” of brief and evidence-based health education and health promotion workshops that staff members can select from and deliver to clients and other community members when running programs. These workshops provide the key information in an engaging manner for clients with low literacy, low English skills, limited ability to concentrate, etc. The workshops also have very key “action” items attached to each one. The workshops follow a train-the-trainer model, so the workshops that have been created are put together in a way that is very easy for someone to print off and understand how to run that workshop with a limited amount of training. They also include all relevant handouts and evaluation tools in very simple language and format. All the educational information is based on best practice and focuses on empowering the community members through knowledge building, but also routes to making changes either in their personal behaviours or at a larger systems level. This will help clients realize the importance of the health issues being discussed and increase their confidence around how they can help themselves be healthier. Furthermore, I helped plan a twelve week health education program that is going to be launched in September for the Roma community in the area. Some of the workshops that developed will be used for this program.

Emily Gross

During my practicum at the Occupational Cancer Research Centre, I worked with Dr. Desre Kramer on the Awareness to Behaviour Change (A2B) study. This qualitative study is “investigating the fulcrums-of-change that lead to reduced exposure to occupational hazards in the presence of heightened social awareness, community pressure, and union action and regulations”¹. Primarily, this practicum experience developed my qualitative analysis skills. Dr. Kramer taught me her method for qualitative data analysis, which helped organize 30 hours of interview data. Conclusions were then checked against the coded transcripts with the help of NVivo software. I was able to practice reflexivity while coding and forming conclusions and was able to make links to Health Promotion theories and models learned this past year. Further, I became familiar with the logistics of the research process – something that I had not yet learned during my MPH. This practicum was a change from the knowledge-use to the knowledge-creation side of public health. Overall, this was a tremendous intellectual experience and I have

become deeply committed to this project. I look forward to continuing part-time with this incredibly supportive supervisor and team while we move our investigation from Sarnia to Sudbury, Ontario.

Erin Lawson

The practicum placement at Parkdale Community Health Centre (PCHC) working with the Parkdale Parents' Primary Prevention Program (5Ps) is intended for a MPH student in Health Promotion given its primary focus on program evaluation. The student had the opportunity to design a unique outcome evaluation in its entirety starting with the initial steps of stakeholder consultation, logic model revision to completion of data collection and data analysis strategies. Additional skill development focused on collaboration with communities and staff, use of participatory methods in design, production of written materials such as an evaluation tool kit, and dissemination of the evaluation design through various formats. Through this placement, the student had the opportunity to develop a sound understanding of the Community Health Centre model of care and its beneficial role in addressing the social determinants of health in the community and society.

Tanveer Singh

Please note that the following abstract is a research abstract based on one of two major projects completed during this practicum. It is an abstract that corresponds with the poster completed for this practicum based on an evidence brief completed at Public Health Ontario.

Body mass index (BMI) is an important indicator of overweight and obesity in childhood and adolescence. In order to generate accurate population level estimates of overweight and obesity, height and weight measures must be accurate in the calculation of BMI. Height and weight measures can be collected either by self--reports or direct 5 measures. Self--reports include reports by the child/adolescent or a parent on behalf of the child/adolescent. Direct measures are taken by a practitioner using appropriate equipment and measurement protocols. Although self---reports are economically and logistically attractive, direct measures of height and weight are considered to be the gold standard in the calculation of accurate BMI. The purpose of this evidence brief is to review the literature comparing self--reports and direct measures of height, weight, and BMI from 2004---2014 in children and adolescents (age 0---18) in order to understand the attributes of each type of measure in generating population---level estimates of overweight and obesity. The results of this evidence brief suggest that direct measures are the preferred method for the most accurate estimation of BMI and the overweight/obesity prevalence.