

## **Summer 2015 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 2015 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.**

### **Sabrina Azwim**

The 2015 Lancet series on Early Childhood Development (ECD) aims to provide high-quality evidence that will help set priorities for ECD programmes and policies, which will ultimately work to alleviate persistent developmental inequities for young children worldwide. Acknowledging that over 200 million children under the age of five are unable to reach their development potential, the present series will report on updated interventions that support optimal development and will highlight evidence for integrated approaches. During my practicum at The Hospital for Sick Children's Centre for Global Child Health (C-GCH), under the supervision of Dr. Zulfiqar Bhutta, I was responsible for synthesizing evidence on recent health and nutrition interventions that have an effect on direct and intermediate ECD outcomes for the second paper (one of three papers) in the series. Using a comprehensive list of overviews, I critically appraised and abstracted interventions that have significant effects on child development outcomes and organized these by critical time window (preconception, pregnancy, birth and labour, neonatal, and childhood and adolescence). With commentary from Dr. Bhutta, I synthesized the results into narrative format and this will eventually add to a discussion on packages of interventions, delivered throughout the life course, that work to optimize early childhood development. In addition to this valuable experience, my time at the C-GCH enabled me the opportunity to present preliminary results at research rounds, apply skills in knowledge translation through the update of an evidence brief, receive mentorship and guidance from world-renowned maternal and child health researchers, and to learn about the incredible and passionate work being done to advance the health of the world's poorest and sickest children.

### **Meenakshi Bhardwaj**

My practicum experience involved conducting a qualitative research study. I had the opportunity to design and execute a study from beginning to end. I conducted and analyzed interviews done with South Asian Muslim women attending a mosque-based exercise intervention. Women in the study were at a high risk for type 2 diabetes and cardiovascular disease. The purpose of the study was to determine what participants identified as facilitators to attending the intervention. This research will contribute to the larger body of research on culturally appropriate health promotion intervention planning. This practicum experience was very rewarding as I had the opportunity to understand first-hand what the elements of a successfully intervention are.

### **Dara Gordon**

Dignitas International, a global health research organization, brought together collaborators from Uganda, Malawi, Chile, Brazil and Dignitas' partners in Thunder Bay and Sioux Lookout to host the inaugural Multidirectional Knowledge Translation Platform meeting (MDKTP) in Thunder Bay, Ontario on July 27-28, 2015. This MDKTP will develop a Knowledge Translation platform,

which focuses on equitable and inclusive NCD policy and practice among marginalized and specifically Indigenous populations in low-, middle-, and high-income countries. The network recognizes the growing burden of NCDs on marginalized populations across the globe and the need for a platform to facilitate knowledge exchange on inclusive and equitable NCD strategy, policy and practice. Additionally, this model aims to demonstrate the effectiveness of a new global partnership model that incorporates traditional knowledge and different types of knowledge flows.

I planned the logistics and content of the MDKTP and as such my role involved coordinating with international stakeholders, researching equitable and inclusive policies and frameworks, developing and collating a baseline survey for workshop participants, traveling to Thunder Bay to participate and present at the workshop, and contributing to the workshop evaluation design and execution.

### **Eden Haos**

My practicum was completed at the Parkdale Parents Primary Prevention Project (5Ps) of Parkdale Community Health Centre (PCHC). 5Ps is a Canada Prenatal Nutrition Program (CPNP) and Community Action Program for Children (CAPC) funded program that serves pre- and post-natal clients and their families. During this practicum I designed and launched a program to support and promote breastfeeding among 5Ps' clients and to remove barriers to accessing existing resources. The final program includes free professional breastfeeding support from lactation consultants, the provision of free breastfeeding supplies, home visits by program staff, increased pre- and post-natal health education and a peer breastfeeding support group. Throughout this process I had the opportunity to gain experience and knowledge in many health promotion competencies including program planning, implementation and evaluation, health education and communication, and partnership and collaboration.

### **Alisha Harkness**

The Canadian Partnership Against Cancer (the Partnership) is a Pan-Canadian organization funded by the federal government to enhance Canada's cancer control strategy. The Prevention Policies Directory (the Directory) is a dynamic online database developed by the Partnership, indexing Canadian municipal, provincial/territorial, and federal cancer and chronic disease prevention policies (Politis, Halligan, Keen & Kerner, 2014). The Directory's primary purpose is to facilitate inter-jurisdictional diffusion of cancer prevention policies and support the cancer and chronic disease prevention work of research, practice, and policy specialists. Directory content is indexed based on eight cancer and chronic disease modifiable risk factors such as alcohol, tobacco, physical activity, and built environment. This search platform could be improved by adding more specific search categories relevant within and across risk factors. Active Transportation is an expanding policy area where practice and policy specialists, such as city planners, influence the assortment of policies implemented in their respective jurisdictions. To improve the organization of Directory content and make the search platform more relevant to practice and policy specialists, the Partnership developed a list of active transportation themes. These themes "tag" policy documents allowing practice and policy specialists to locate targeted policy options within active transportation.

### **Alia Januwalla**

My practicum experience was with the Re:searching for LGBT Health Team, operating within the Centre for Addiction and Mental Health and the University of Toronto. This team adopts principles of participatory and community-based research to understand how LGBTQ people experience physical and mental health, as well as factors that affect their access to health services. I worked as a research associate for a longitudinal mixed-methods study aimed at understanding the contributing factors to perinatal mental health and well-being among heterosexual and sexual minority mothers. Through this experience, I developed numerous research related skills, such as literature and evidence review, quantitative and qualitative data analysis, and knowledge translation strategies. Most importantly, I was able to strengthen many health promotion core competency skills; particularly learning the importance and significance of conducting community-based research, and how it aligns with health promotion principles of empowerment, equity, and anti-oppression.

### **Joel Kaushansky**

In summer 2015, I completed a 16-week practicum with the Healthy Eating and Active Communities Team at Region of Waterloo Public Health and Emergency Services in Waterloo, Ontario. During my practicum, I served as Team Lead and oversaw all aspects of two projects from conception to final report and presentation: the Community Garden Survey and the report on the Collective Impact Model. The purpose of the Community Garden Survey was to: improve the Community Garden Council of Waterloo Region's new website; identify how the Community Garden Council of Waterloo Region could best support community gardens in Waterloo Region; and, identify how the organizational structures of community gardens in Waterloo Region could be improved. The purpose of the report on the Collective Impact Model was to assist the Waterloo Region Active Living Network in deciding whether or not to adopt the Collective Impact Model as a way to address low physical activity rates among all demographics in Waterloo Region.

### **Jessica Kwan**

This summer, I completed my MPH practicum in collaboration with the Government of Nunavut and the Arviat Health Centre. I consulted with an advisory group of community stakeholders to develop, implement and evaluate a youth sexual health program utilizing art and filmmaking. I facilitated 8 workshops on different sexual health topics, held an arts exhibition displaying body-mapping artwork and produced a sexual health film (in progress) to be screened to the community. The program was featured in two regional news articles, presented at the Northwest Territory and Nunavut Public Health Association, video clips from the film has been uploaded onto IsumaTV, a collaborative broadcasting company specializing in Inuit and Aboriginal film productions. Program results will provide evidence to inform current and future sexual health initiatives and policies on a territorial level.

### **Nazeefa Laher**

My summer practicum was at St. Michel's Hospital where I spent most of my time working in a Model School's Clinic. This clinic is a part of a partnership between St. Michael's Hospital and the Toronto District School Board (TDSB) called the Model School paediatric Health Initiative. The goal of this initiative is to serve families in over 100 inner-city schools across the city where many families earn less than \$30,000 per year and the majority of parents are born outside of Canada. This clinic was placed in one of the priority neighbourhoods to allow for an integrated way to assist families facing healthcare barriers; families perceive stigmatization and

fear of the medical system as barriers to accessing health care and social services. The clinic prioritizes the social determinants of health as it has a major impact on well-being and health status. As part of my practicum I was involved in a number of projects involving the clinic. For my main project I worked with my team to create a user-friendly interactive social history electronic application called Family FIRST (family-based interactive risk screening tool) based on the ITHELLPS social history mnemonic (Income, Transportation, Housing, Education, Literacy, Legal Status, Personal support, Safety) to screen families for social risk. We conducted a feasibility study on the tablet application by implementing it into the clinic and assessing its usability through feedback questionnaires and semi-structured interviews. I was involved in the research project from start to finish: the research proposal, REB process, data collection, transcribing, data analysis, and writing up the paper to be published. I was also involved in putting together an information bulletin board in the clinic, presenting at a Wellness Fair with the clinic team, and working on a systematic review that is looking at the impact of school-based clinics around the world. Through my practicum experience I have grown as a health promoter, a public health student, a researcher, and as a person.

### **Pascale Leclair-Roberts**

There are more than 611,500 Francophones who call Ontario home, which represents about 5% of the total provincial population. Yet, finding services in French is a lot more challenging than one would think. Numbers show that there is a serious gap in French language health services, and the lack of health services in French can be a contributing factor to the poor health outcomes among Ontario's Francophone population<sup>1,2</sup>. Studies have shown that the health of Franco-Ontarians lag behind the rest of the province, as they perceive greater daily stress and report more chronic diseases than their English counterparts. Over the summer, I worked to develop a toolkit on the Active Offer. The Active Offer aims at reducing these gaps. It is a proactive approach to the regular and permanent offer of services in the French language to the Francophone community. It encourages organizations or agencies to initiate the process of offering French Language Services (FLS) rather than waiting for clients to ask for such services. It respects the principle of equity, aims for service quality that is comparable to what is provided in English, and is linguistically and culturally appropriate to the needs and priorities of Francophones. The toolkit provides English speaking organisations with practical and user-friendly tools to develop their FLS capacities and ultimately become bilingually designated.

### **Stephanie Massot**

**Topic:** Evaluation of an Advocacy Office Program

Create an Advocacy Office report – interview Peer Advocates and Coordinators, analyze the data, and share the best practices with Peer Advocates and Coordinators to improve their assistance of community members who come to the Advocacy Office seeking support for a mix of basic needs such as housing, income, medical, mental health, employment, and legal supports.

**Issue:** One of the key objectives of Community Food Centres Canada (CFCC) is to provide evaluation expertise to CFCs. One main activity of CFCs is to improve empowerment and decrease social isolation Stephanie Massot – Practicum Student at Community Food Centres Canada through community action and building through advocacy by low-income community members. Although Peer Advocates and Coordinators use visitor satisfaction surveys at Advocacy Offices, they have not been using a consistent system to track which interventions

provided yield the most success for community members. The aim of the practicum was to prepare a report that captures the most effective interventions used by Peer Advocates and Coordinators to support community members in the Advocacy Offices.

**Description:** Determine an evaluation approach, select nine interviewees who work at Advocacy Offices (Peer Advocates and Coordinators), create an interview guide, and record and transcribe interviews. Code interviews and analyze the data according to themes. Select theories and models to frame the data and finalize a report format to present to provide to a select audience. Disseminate report findings to interviewees through a webinar.

**Lessons Learned:** I learned how to create an interview guide and analyze qualitative data. Making themes out of the qualitative data codes and creating links within these themes and to health promotion theories and models was challenging and crucial to capturing the most effective interventions used at Advocacy Offices. To increase the capacity of Peer Advocates and Coordinators in new and existing Advocacy Offices to best support visitors, it was important to keep them in mind as the main audience when designing the format of the report. From this practicum experience I now have the confidence to develop an interview guide, code and analyze data, and create a report that clearly explains the best practices of a program. Most importantly, I now understand that a report will go through several iterations before there may be an agreed upon approach to the format and that if deadlines are shifting, revising the work plan and indicating potential impacts on the final outcome is beneficial for all stakeholders.

**Recommendations:** Gather feedback about the effectiveness of the report for Peer Advocates and Coordinators in the Advocacy Offices, such as using the report to create work plans. Approach the funder to see if broader results from the report can be shared with key partners of the Advocacy Office to extend partners' knowledge of this unique model and increase their capacity to support Advocacy Offices.

### **Samara Mayer**

**Abstract Title:** Depression Programs at the Calgary Counselling Centre

**Background:** Approximately 8% of Canadians will experience depression in their lifetime<sup>1</sup> and nationally each year roughly \$14 billion dollars a year have been attributed to both direct and indirect costs<sup>2</sup>. Despite the high prevalence and growing awareness of the impact of depression on society, of surveyed Alberta adults who met criteria for a past-year addiction or mental health problem, almost half (48.7%) reported unmet needs for one or more services and unmet needs for services were greatest among those experiencing depression<sup>3</sup>. Poor availability of and access to evidenced-based interventions<sup>3</sup>, stigma<sup>4</sup> and a lack of comprehensive depression strategies at the provincial or national level<sup>5</sup> continue to contribute to depression being undiagnosed and undertreated in the province.

The Calgary Counselling Centre (CCC) provides affordable, evidenced based counselling for individuals and groups to help clients develop coping skills to manage their depression. In 2014, the CCC provided depression counselling for 1281 clients, making depression the second most common reason that clients sought counselling at the centre.

**Practicum Deliverables:** The provision of accessible and evidenced based counselling will help to improve the mental health outcomes of individuals in Calgary and surrounding area. In order to make clear the importance and value of counselling as a treatment for depression and to encourage greater investment in community mental health services, CCC program outcomes, assumptions, evidence base and the value of depression counselling must be apparent. This practicum position involved the completion of theory of change report, logic model, and a visual of client progression

through counselling therapy at the centre. A social return on investment report was also completed for a four-year reporting period. This report assigned financial proxies to the projected social and health outcomes related to improved mental health, and found a high social return for individuals receiving depression counselling at CCC. These items are used to evaluate current and projected program impact, and communicate to stakeholders both internally and externally the value and effectiveness of evidence based counselling therapy for depression in a community based centre.

### **Fatima Mussa**

**Practicum Site:** Access Alliance, AccessPoint on Jane

**Location:** Toronto, ON

**Title:** Practicum Student – Child and Family Team, Access Alliance

Access Alliance Multicultural Health and Community Services is a community health centre that uses social determinants of health approach to serve newcomers, immigrants, and refugees who may face systemic barriers to health care. AccessPoint on Jane's Child and Family Team provides programming to children, families, and seniors, varying from yoga to expressive arts programs, in the Rockcliffe-Smythe and surrounding neighbourhoods of Toronto's York district. My role as a student at AccessPoint on Jane was very flexible, and included developing and facilitating programming for Senior's Yoga and Diabetes Prevention, evaluating various programs including a pilot arts-based program for LGBTQ+ women, and participating in the planning of a community appreciation event. I was also quite fortunate to work on a Women's Xchange funded research project with the Research department at the College Street site, focusing on cervical cancer screening among Somali women in Toronto, writing a systematic literature review and compiling a knowledge and attitudes survey inventory tool with my MPH colleague, and developing and facilitating training on cervical cancer screening for the peer researcher involved in the project.

### **Maeve Paterson**

Half of all women in Canada have experienced at least one incident of physical or sexual violence since the age of 16 at the hands of an intimate or formerly intimate partner. Despite the prevalence of the problem, many professional health, allied health, social work and social service programs fail to include intimate partner violence (IPV) in their training programs. Consequently, a lack of education is cited as a critical barrier to identifying and caring for women facing abuse. In response to this issue, "Responding to Domestic Violence in Clinical Settings" was created to provide an accessible and valuable e-learning opportunity for busy professionals. Although a majority of the users are healthcare providers (nurses, doctors and medical students), approximately 510 social workers, counsellors and therapists have accessed the program (making up 5% of users in total). We report on this subset of learners and focus on self-assessed competency and knowledge while examining how such self-evaluations differ depending on age and number of years in practice. Drawing upon the small sample of those who completed the pre and optional post-test, we show that even amongst professionals considered to be the most knowledgeable on the topic of gender-based violence, an interactive, online curriculum can enhance levels of competency and skill.

**Overall Practicum Experience:** My first practicum placement was under the supervision of Dr. Robin Mason in the Violence and Health Research Program at Women's College Research Institute. My preliminary objective was to use health communication theories, social marketing strategies, health promotion values and knowledge translation and exchange (KTE) methods to develop and implement an outreach plan for the program "Responding to Domestic Violence in

Clinical Settings.” This online curriculum, is an evidence-based, competency-driven course that prepares health care providers and their allies to better identify and respond to women who have experienced or are experiencing intimate partner abuse. With references recently updated this past summer, the program was originally developed by an expert panel chaired by Dr. Robin Mason and Dr. Brian Schwartz (Director of the Sunnybrook-Osler Centre for Prehospital Care/Chief, Emergency Preparedness for Public Health Ontario). In addition to completing this objective, I also had the opportunity to manage and organize evaluation data for the educational workshop; “Making Connections”, analyze qualitative and quantitative records, conduct literature reviews, submit a proposal and subsequent poster for an upcoming conference (in October), participate in weekly “research skill” summer student sessions, and attend research and hospital medical rounds. During these research rounds presentations were made on a wide range of health related topics including HIV and infant feeding, mental and physical illness co-morbidity and understanding women's choice for mastectomy. Overall my time at WCRI was an eclectic, memorable and inspiring educational experience that improved my understanding the importance of research in all health related programs and practices, how research is meticulously conducted, and the need to carefully disseminate important findings so they can better inform evidence-based professional practice, leading to improved patient-oriented care.

### **Micaela Periera Bajard**

**Background:** The Canadian HIV Women’s Sexual and Reproductive Health Cohort Study (CHIWOS) is the largest multi-site Canadian community-based study exploring the impact of women-centred care on the health and well-being of women living with HIV (WLWH).

**Objectives:** The objectives of this practicum were to contribute to CHIWOS’ Knowledge Transfer and Exchange (KTE) projects and assist with other day-to-day operations. *Results:* I drafted two grant proposal applications, contributed to a research proposal to explore the unintended consequences of community-based research, created 18 infographics with CHIWOS data, re-coded qualitative answers into quantitative data, beta tested surveys, and coordinated interviews conducted by the Peer Research Associates, WLWH. *Conclusion:* In this practicum I gained a comprehensive understanding of community-based research, significantly develop data analysis and dissemination skills and coordinate and collaborate with team members.

### **Riley Saikaly**

During my practicum I was tasked with conducting a jurisdictional scan of program and policy decisions actions that have occurred since the release of the *Evidence to Guide Action: Comprehensive Tobacco Control in Ontario* report, which was produced by Public Health Ontario in conjunction with a Smoke Free Ontario-Scientific Advisory Committee (SFO-SAC) in 2010. The results of the scan will provide a comprehensive inventory of tobacco control efforts that have occurred in Ontario to facilitate an update of the 2010 report, at the request of the Ministry of Health and Long-Term Care (MOHLTC). The inventory can be used to illustrate progress in tobacco control in Ontario, complement trends in smoking rates, as well as to highlight potential gaps in tobacco control efforts. I worked on this project independently, but collaborated with the internal PHO SFO-SAC team, as well as colleagues working in knowledge exchange and health policy. Throughout my time at PHO I was also exposed and actively involved in grand rounds presentations; meetings with my team, department, and external clients; and had the opportunity to present my findings at an organized Student Voice day and to my

department. Overall, I obtained a well-rounded experience at PHO and gained an appreciation of the hard work the organization does to ensure quality of their products and services.

### **Navita Singh**

During Summer 2015, I undertook a 16-week practicum placement at the Dalla Lana School of Public Health under the supervision of Professor Andrea Cortinois. Professor Cortinois, along with Professor Abdallah Daar, instructs a recently introduced undergraduate global health course: PHS100 - '*Grand Opportunities in Global Health*'. The PHS100 eTextbook Development project was born of their desire to enhance the student learning experience of PHS100 students as well as students across the University of Toronto. This is an innovative project that seeks to weave together a diverse range of multimedia resources with course content in an interactive, informative, and engaging way. My placement activities required me to develop a project management strategy for the overall project, which included coordinating the involvement of the 34 course lecturers and student volunteers; explore the landscape of digital pedagogy through an annotated bibliography to uncover room for innovation in classrooms at the University of Toronto; and transcribe all the course lectures. This project will continue into the new academic year of 2015-2016, in order to successfully publish the eTextbook.

### **Ruby Sniderman**

I completed my Summer 2015 Health Promotion practicum at Davenport-Perth Neighbourhood and Community Health Centre (DPNCHC). This agency is both a health and neighbourhood centre valuing equity, diversity, accessibility and empowerment. The centre focuses on service delivery and community development for clients that face social and economic barriers, and offers services throughout the life course to community members. This summer I was the lead on executing an Association of Ontario Health Centres research initiative called, *The "Be Well" Provincial Wellbeing Survey*. I was responsible for the overarching management, volunteer team over-sight and mobilization, and internal coordination with DPNCHC program staff, to facilitate data collection for the project. I also developed a health literacy initiative at the centre. This focused on increasing the verbal communication skills of staff and updating written communication materials in order to improve client comprehension and strengthen the self-management of their health. The initiative was multifaceted, and included the development of tools and guidelines that are directed towards health professionals working in our facilities. I was also involved program planning, implementation and evaluation throughout the summer. The highlight of my program involvement was the facilitation of a diabetes prevention walking group that met weekly throughout the summer, where I was able to form strong relationships with many community members. As I was involved in a variety of projects throughout the summer I was able to gain skills in a many areas including, data collection and analysis, and program planning, facilitation and evaluation. My practicum at DPNCHC afforded me the opportunity to learn about the realities of working in a community health centre, and contribute to the centre's work through using the skills and competencies I have developed over the past year studying Health Promotion at DLPSH. I feel confident to take the skills and competencies I have developed this summer forward in my future practice.

### **Alisha Somji**

In the absence of personal experience, news coverage is important in shaping the public and policymakers' perceptions of public health issue and solutions. Berkeley Media Studies Group



conducts research on how media frames public health issues to answer the question, “If we only heard about \_\_\_\_\_ from the news, what would we know?” The goal of this type of research is to provide media advocacy recommendations and help advocates illuminate the need for policy changes that support healthy environments. During my summer with the organization, my main project focused on news, social media and campaign material content analysis of Berkeley and San Francisco’s sugary beverage tax proposals. Through this qualitative analysis we were able to understand what arguments were used and whose voices were heard on both the pro- and anti-tax sides of the debate. These findings can help inform advocates in other cities who are working to craft their messages in order to pass their own sugar-sweetened beverage taxes.

### **Charlotte Switzer**

My practicum experience was undertaken at Sanofi Pasteur, the vaccines division of Sanofi, a global healthcare company dedicated to providing the highest quality of healthcare biotechnological and pharmaceutical products to the consumers. My work was with the pharmacoepidemiology team, which works to analyze safety surveillance data of our vaccine products to improve the available evidence for public licensing and regulatory agencies regarding vaccine recommendations.

### **Keisha Williams**

During my practicum I had the opportunity to work with Dr. Ingrid Tyler and other HPCDIP and PHO staff on two key projects related to Health Equity. The goal of both projects is to build capacity regarding health equity in Ontario. My primary project was to develop the content for the PHO Health Equity eLearning Tool. This project is a Health Promotion Capacity Building product, which once completed will be a series of self-directed online modules available on the PHO website. My work involved converting content from the health equity training delivered in-person by PHO to public health professionals in Ontario. Subsequently, I completed additional health equity related research and then converted all material to module format including creating learning objectives and interactive exercises for adult learners. The conversion stage was split into two parts for feasibility. My focus was on Module One and Two. I then set up an advisory committee comprised of the leading health equity experts in the province to provide the first round of feedback. Next steps include further development of Modules Three and Four; conversion of all four modules into articulate storyline, an online learning developing software used by PHO; and further review by the advisory committee and clearance by the HPCDIP Chief. My secondary project was an evidence brief on the impact of HEIA on public health initiatives. This project involved an extensive literature search, data extraction process, and then writing a summary of the evidence found.

### **Gemma Woticky**

The main component of my practicum was to commence the process of evaluating Stroke Recovery Canada®; a program of March of Dimes Canada. Currently there are over 400,000 Canadians living with the after effects of stroke. Stroke Recovery Canada® provides a network of peer support groups, up to date health resources, two regional hospital visitation programs, an Aphasia and Communication Disorders Program and special events and programs for stroke survivors and their caregivers. The program evaluation was a useful process as it yielded several key results. The literature review, evaluation matrix, logic model and pilot survey demonstrated that the program was well received for those who were able to access it. Stroke Recovery

Canada® yielded a 73 % satisfaction rate. Unfortunately, the research indicated that the program is only reaching approximately 0.86% of Canadians living with the after effects of stroke. The quantitative and qualitative program analysis and overview highlighted a stark reality. The program evaluation will be ongoing and continue to use various appraisal techniques to monitor different regional and the stroke recovery community. Moving forward, adjusting the survey to reach a greater breadth of people living with stroke will be crucial. In opposition to the literature and paper surveys, March of Dimes Canada's online "stroke" statistics indicate they are reaching almost 8,000 people monthly through their website and social media and of those 8, 000 almost 200 are engaging directly with the online posts through liking or sharing. This could be an indicator that this recorded low percentage of Canadians living with stroke being reached may not be completely accurate. In addition, to evaluating the program I worked on updating a manual for caregivers of those living with stroke for Stroke Recovery Canada®. Furthermore, I developed an awareness campaign and timelines around the importance of immunization. One of the key components of this campaign was orchestrating and developing an educational video. My practicum ensured that I developed my program evaluation skills while contributing to the program I was evaluating through the development of educational and awareness tools.

### **Rebecca Yang**

The Region of Peel is a regional municipality west of Toronto. It serves 1.4 million citizens in the cities of Brampton, Caledon, and Mississauga. My practicum involved designing a process of conducting qualitative Continuous Quality Improvement (CQI) in Family Health. CQI entails achieving various indicators of quality through rapid phases of assessment and evaluation to improve the health of the population. I then piloted my CQI template on Peel's breastfeeding services. The goal was to understand how Peel can better support mothers and their newborns with breastfeeding in the first two weeks postpartum. I conducted telephone interviews with 61 mothers, analyzed the data, and presented the findings to various internal and external stakeholders. My practicum was an excellent introduction to public health at the local level and I was able to significantly improve my research and collaboration skills.