

Summer 2017 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 2017 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.

B.Y.

Regional Municipality of York, Public Health Branch

My practicum took place with the Regional Municipality of York, which serves 9 municipalities. More specifically, I worked within the Public Health branch on the Health Promotion Unit (HPU). The HPU is a new team, comprised of the Community Liaison Team, Health Communications and Quality Assurance, in York Region and takes a health promotion lens on divisional topics/issues. The purpose of this placement was to help build internal capacity regarding health promotion principles, knowledge and theory. In addition, my practicum placement was also to assist in developing community engagement strategies for the unit. The main deliverable for this practicum was expanding the HPU process and adding guiding questions and best practices to each step. In helping to build internal capacity, I facilitated learning and development activities regarding community engagement and health promotion. I also worked to develop a community engagement reference guide for the HPU, which outlines the foundation and best practices for community engagement. Additionally, I worked with the knowledge translation nurse to develop two interview guides using the ORID framework that were used with community partners for a needs assessment. Lastly, I worked collaboratively with the health promoter and knowledge translation nurse to complete an internal research review submission form, along with its supporting materials.

K.B.

Center for Addiction and Mental Health (CAMH)

The Centre for Addiction and Mental Health (CAMH) Education division offers learning opportunities for current and future health professionals, emerging scientists, the general public, and clients and their families. The Customer Service and De-escalation training (CST) program is a one day workshop offered by CAMH Education to organizations whose front-line staff and managers work in a customer service setting, and who may occasionally interact with customers who display challenging behaviors such as anger or aggression. An embedded evaluation process is implemented by the CAMH Education Evaluation team for each CST workshop delivery to determine short-term outcomes, and to provide a final evaluation report to the external client approximately two to three months after the training. The overall purpose of my 16-week practicum placement with the CAMH Education Evaluation team was for me to (1) provide options to improve the evaluation tools and process for the CST program, (2)

provide leadership on day to day evaluation activities for the CST, (3) design and implement the first ever long-term follow-up evaluation of the CST, and (4) provide options for CST program sustainability. The major accomplishments that I achieved during my time with the CAMH Education Evaluation team included (1) the revision of the CST program evaluation tools and processes, (2) the completion of a research project on stigma-related attitude measurements, (3) the development of a CST program theory of change visual and narrative, (4) the provision of ongoing leadership on the CST file by developing and administering surveys, and writing and presenting evaluation reports for external clients, (5) designing, implementing and reporting on a long-term evaluation of the CST program, and (6) the completion of a meta-evaluation analysis of the CST program. A final report summarizing options for CST program improvement (e.g. tools, processes, scalability, and sustainability) was submitted to CAMH Education at the end of my practicum placement.

K.O.

The 519

The 519 is a City of Toronto agency committed to the health, happiness and full participation of the lesbian, gay, bisexual, trans, and queer (LGBTQ) community. The 519 is continually evolving to meet the needs of the LGBTQ community from counselling to queer parenting resources, to trans programming and seniors support. The 519 also aims to educate communities and organizations through consulting and workshop services, best practice research and public engagement campaigns.

During my time with The 519, I worked with the Education and Training Department to develop the “Still Here, Still Queer: A Handbook for Affirming LGBTQ Older Adults”. This handbook was developed with assistance from my supervisor, and the Education and Training Department’s supervisor. The purpose of the handbook is to serve as a guide that can help organizations create affirming spaces and services for LGBTQ older adults. The handbook highlights issues facing LGBTQ older adults, and presents case studies of organizations and programming that addresses the issues faced by this population. The components created were informed by educational resources and the lived experience of LGBTQ people. My role in the handbook’s development was to write up the literature reviews on the various themes and sections presented in the handbook before being sent to the design and marketing team.

Another major part of my practicum was the co-facilitation of LGBTQ Inclusion workshops. These workshops were delivered to organizations across the GTA, with the aim to raise awareness and build knowledge of trans and queer communities. These workshops serve to educate people to the impact of discrimination, and help organizations action plan strategies to create safer spaces for LGBTQ people. Altogether, I felt that this practicum served as an excellent experience to help build my researching and facilitation skills.

H.T.*National Collaborating Centre for Methods and Tools*

The National Collaborating Centre for Methods and Tools (NCCMT) is one of six National Collaborating Centres for Public Health in Canada. It is funded by the Public Health Agency of Canada. The NCCMT provides information to public health professionals that advances their use of and proficiency in evidence-informed decision making (EIDM). The NCCMT has a registry of methods and tools which helps public health organizations use up-to-date means of putting evidence into practice. The NCCMT also facilitates EIDM through the Health Evidence registry of systematic reviews. The systematic reviews featured are relevant to the practice of public health and are quality appraised so that public health professionals can access high-quality evidence quickly. The NCCMT also builds capacity and skills through their webinars, online learning center and through their Knowledge Brokering program.

My practicum experience at the NCCMT involved various projects in evidence-informed public health (EIPH) and knowledge translation (KT). These included social media projects, a quality assurance project, an organizational culture change report, outreach projects, rapid reviews and the submission of two abstracts for public health conferences. The work on these projects facilitated the development of multiple Health Promoter Competencies and served as an excellent introduction into the practice of public health. The practicum experience at NCCMT was a rich learning opportunity and served to facilitate the development of many new skills. Through working on numerous EIPH and KT projects, I was able to gain valuable skills such as presenting research in a meaningful way, developing partnerships through outreach initiatives, and identifying and utilizing qualitative and quantitative tools and methods in public health research.

S.T.*Diabetes Canada*

Diabetes Canada, a healthcare organization, releases a new set of Clinical Practice Guidelines every 5 years. The next set of Guidelines is set to be released in April of 2018. These Guidelines are released with content that is meant to help those with diabetes with self-management, to prevent the onset and complications of diabetes, and eventually to find a cure for diabetes. Diabetes Canada has identified a gap in knowledge translation, specifically in the dissemination and implementation of these Guidelines to people with diabetes. Due to the recent rise in the use of the internet and mobile health by people for disease management, Diabetes Canada aims to improve its digital presence in order to help people with diabetes self-management. The main purpose of my placement at Diabetes Canada was to determine the best knowledge translation approaches to digital education for the dissemination and implementation of Diabetes Canada's 2018 Clinical Practice Guidelines to people with diabetes, including sociocultural (high risk) groups. A detailed report was generated after a detailed literature search was conducted. The following topics are covered in the report: (1) Evidence

based online/website tools for diabetes self-management and dissemination and implementation (D&I) of CPG; (2) Mobile Health (mHealth): smartphones and tablets as diabetes self-management tools; (3) Social media, Wikis, Blogs, and Podcasts – other possible web-based avenues for knowledge dissemination and implementation; (4) Socio-cultural populations; and (5) Behaviour Change and Self-Efficacy. This research is meant to help Diabetes Canada determine which digital tools will be most effective in the dissemination and implementation of the 2018 Guidelines to people with diabetes. The contents of the report will help the different departments in the organization strengthen their digital presence and improve the health of people with diabetes.

N.K.

Women's College Hospital

Women's College Hospital is an innovative academic and ambulatory hospital that strives to improve health for all in a variety of ways. Under the supervision of Dr. Noah Ivers, I was able to engage in multiple projects that focused on quality improvement in primary care. Dr. Ivers' team works with Health Quality Ontario on several projects, including the redesign of the primary care practice report and research on the prescription of opioids by primary care providers. Over the course of my practicum, I created a codebook for the qualitative analysis of patient panels that assessed the indicators on primary care practice reports. We found that patients have some difficulty understanding the utility of these reports, and often want to talk about the broader issues they experience with the Ontario healthcare system. Additionally, I developed a protocol for a scoping review on opioid prescribing in primary care, that has resulted in a total of 70 studies for data extraction. These studies are interventions that focus on decreasing opioid prescribing among primary care providers. The goal of this research is to use the Theoretical Domains Framework to identify the motivators and barriers to prescribing behaviour change among physicians. We are beginning to become aware of the difficulties of behaviour change in primary care, and hope that this research informs future interventions that attempt to reduce the high-risk prescribing of opioids.

S.F.

Egale Canada Rights Trust

Egale Canada Human Rights Trust is Canada's only national non-profit organization promoting lesbian, gay, bisexual, trans, queer, intersex, and two-spirit (LGBTQI2S) human rights. Egale's vision is a Canada, and ultimately a world, free of homophobia, biphobia, transphobia, and all other forms of oppression so that everyone can achieve their full potential, free from hatred and bias. Egale works towards this vision through research, education, and community engagement. The organization has a head office that houses their Community Engagement Team, Research + Policy Team, Operations + Stewardship Team, and Development Team. Additionally, Egale has two satellite sites: Egale Youth Outreach, a drop-in and counseling service centre; and an LGBTQI2S homeless youth emergency and transitional housing unit.

My time spent at Egale has been under the supervision of the Seniors Programs and Services Coordinator, where I have been tasked with supporting work that addresses the needs, strengths, and opportunities of LGBTQI2S older adults and their service providers. My work for this portfolio has included: synthesizing two qualitative data sets into knowledge sharing documents for public distribution, conducting environmental scans to understand Canadian service providers and programs targeting LGBTQI2S older adults, and drafting content for egale.ca/seniors. I have also been heavily involved in community engagement and stakeholder management, where throughout the summer I have attended community consultation meetings, joined community-groups, and sat on Egale's National Senior's Advisory Council – participating actively at all events, and amplifying the voices of LGBTQI2S older adults to better inform service providers, researchers, and policy makers. My experiences advocating for this community has taken the form of creating resource lists for policy makers, vocalizing concerns at government community consultation events, and making recommendations to service providers to improve their quality of care for LGBTQI2S seniors. Cumulatively, these experiences have expanded my understanding of health promoting strategies that act through intersectional and anti-oppressive frameworks in creating societal change.

B.W.

SickKids

The Strategy for Patient-Oriented Research defines patient-oriented research as patients having a higher level of engagement throughout the research and knowledge translation process. Under the supervision of Dr. Helen Dimaras at SickKids, I worked to unpack how to meaningfully engage patients in research, through the lens of retinoblastoma research. A national retinoblastoma patient engagement strategy was created to respond to the need for inclusive, high-quality, and translatable research. The strategy is led by a multidisciplinary advisory board, whose mission statement is to create meaningful, co-directed retinoblastoma research that is relevant to patients and improves outcomes. A component of the strategy involves the creation of a patient registry that connects retinoblastoma families to research results, opportunities, and the broader retinoblastoma research community.

My projects ranged from creating policies to guide the registry to developing a recruitment strategy and co-writing a manuscript with patient, medical, and research representatives on patient engagement in research. This work is important because including patients in research, leads to knowledge that is more likely to be relevant to patients and adopted into common practice. It is my hope that this work will help to shape the future of retinoblastoma research.

R.A.

Women's College Hospital Research Institute

The main project for the practicum was a thematic analysis examining barriers to accessing services for sexual assault. This project included data extraction from Reddit.com, a

social media website. In particular, data was extracted from a “sub-reddit,” r/rapecounseling, in which survivors discussed their experiences seeking counseling and other services for sexual assault. This project is entitled, ‘r/rapecounseling’: A preliminary examination of barriers to getting help among sexual assault survivors. The project included data analysis and manuscript preparation. Other projects included preparing draft script segments for a curriculum on sexual assault for health and allied professionals, and creating a draft storyboard for a knowledge translation video detailing a needs assessment on sexual assault nurse examiners’ competency providing services to transgender survivors in Ontario. The curriculum is entitled, Recognizing and Responding to the Common but Less Understood Sequelae of Sexual Assault. Script segments that I wrote included the neurobiology of trauma, unacknowledged rape, and sexual re-victimization. These contributions were based on a literature that had previously been conducted. As a part of this project, I also sourced materials to enrich the curriculum, such as Ted Talks, you tube videos, and other media. In addition to these projects, I have been engaged in helping to organize an international knowledge exchange forum on violence against older women. I have been responsible for drafting and sending out invitations to participants, and monitoring the attendee database.

K.T.

Peel Public Health

As one of Canada’s leading public health units, Peel Public Health uses a population health approach that emphasizes prevention to serves a vibrant and culturally diverse community of more than 1.4 million residents in Brampton, Caledon and Mississauga (Region of Peel, 2014). Involving stakeholders and mobilizing partners through the Peel Healthy Schools Partnership Declaration, the Peel Safe and Active Routes to School (PSARTS) Committee, and Sustainable Transportation Strategy (STS), supports the Region of Peel’s objective of increasing rates of active transportation (AT) to and from school. In 2016, the Active Living team in Peel Public Health launched the first year of the School Travel Planning (STP) program in 28 elementary schools across Brampton and Mississauga. My practicum was with the STP group which worked toward three main goals: (1) promote AT among students (K-12), (2) increase utilitarian physical activity among school-aged children and youth through active transportation, and (3) build capacity in schools to sustain active transportation initiatives. Specifically, I applied health promotion competencies to support the Active Living and School Health teams by providing strategic planning support, data analysis and collation (both quantitative and qualitative), and effective report writing to deliver the 2016-17 STP Evaluation Report. This evaluation report will be used internally for evidence-informed decision making for STP, as well as externally to various stakeholders to communicate the progress and potential of STP. Overall, this positive working experience allowed me to gain valuable health promoter skills that have built my confidence as a public health professional.

L.A.*Holland Bloorview Kids Rehabilitation Hospital*

The Holland Bloorview Kids Rehabilitation Hospital is Canada's largest children's rehabilitation hospital. Patients are primarily those with cerebral palsy, acquired brain injury, muscular dystrophy, amputation, epilepsy, spina bifida, arthritis, cleft-lip and palate, autism and other developmental disabilities. The purpose of this placement was to assist with a major, multi-year hospital-based initiative that will transform how clinicians interact with clients and families and help them build capacity to navigate through life's multiple transitions and challenges. More specifically, my role was to support activities around the implementation and evaluation of hospital-wide roll-out of solution-focused coaching (SFC), a strengths-based method of service delivery that builds on clients' and families' strengths, and builds capacity. Throughout this experience, I was provided with the opportunity to help facilitate SFC trainings and practice opportunities with service providers and clinical care teams, adapt and deliver tailored training to specific audiences, assist with key tasks around the training evaluation study, draft brief reports on the use of SFC in various contexts and best training practices, and draft proposals related to procuring additional resources to both aid in training and practice as well as develop partnerships with other organizations using or introducing SFC to their care delivery model, and evaluating the feasibility and acceptability of a transition-focused parent group workshop utilizing SFC as a primary strategy. In addition to being trained in SFC, this placement afforded me with multiple opportunities to observe and participate in a large organizational change initiative including planning, implementation, evaluation, and research. I also had the opportunity to learn more about change management, service delivery, research, and program planning in pediatric rehabilitation, as well as network and gain exposure to new career opportunities. Lastly, I was able to practice and apply newly acquired knowledge around program planning, behavior change theories, socioecological models, and social determinants of health.

M.S.*Toronto Public Health, Food Strategy Group*

The Toronto Food Strategy takes an "action research" approach to develop and prototype projects that focus on addressing complex, interconnected elements of the food system. This approach is reflected in six strategic goals: healthy food access, community building and inclusion, food literacy, community economic development, infrastructure and supply chain, and improving the Food environment. It is evident that it is a great learning opportunity for health promotion students to advance their understanding and training in this discipline. As the Toronto Food Strategy aims to promote health through employing various strategies and interventions in food systems and by increasing awareness and access to affordable healthy food, this setting is highly conducive for enhancing health promotion skills and knowledge.

My primary practicum project aimed to evaluate the "TTC-FoodShare Pop-Up Market". This is a collaborative initiative of Toronto Public Health, FoodShare and Toronto Transit Commission (TTC). The goal of this initiative is to increase the TTC commuters' access to affordable healthy food. My task has been to plan, design and implement an evaluation strategy for the Pop-up market. I took the lead on this evaluation and have been responsible for monitoring its progress as per the proposed aims and objectives and anticipated timelines. The project has been successfully completed and data analysis and interpretation is being undertaken. The final evaluation report will be ready by the end of this month.

In conclusion, my practicum project progressed very well and it has been an excellent learning experience. The key learnings from this practicum include familiarity with the TPH programs and initiatives, the concept of food systems, and the role of healthy food strategies and policies in promoting the health of populations. I am certain that the knowledge and skills gained from this practicum will be of significant importance for my career in public health.

R.N.

Asociacion Red Innova

My global public health practicum was completed at Asociacion Red Innova (ARI) in Lima, Peru. I assisted in the evaluation of a community health worker (CHW) program in three remote communities of the Peruvian Amazon. My main tasks included: 1) the creation of a measurement tool for assessing the CHWs' knowledge of health education messages that they are required to deliver to the families within their catchment area, 2) conducting an extensive literature review on CHW programs in various contexts, and 3) assisting in the writing of the final evaluation report summarizing our evaluative process and its results. I also completed two field visits to the Peruvian Amazon for data collection, where I was able to visit several health facilities and homes to obtain more contextual information and data for informing our project. Additionally, as the data analysis required greater expertise than I was able to provide, I was assigned the task for drafting a research ethical protocol for a new \$3 million project being carried out by ARI. The project was to test a new mobile phone app, called HemaApp, which is a measurement tool for testing haemoglobin levels, as anemia can be highly prevalent in some Peruvian communities. The app was to be tested in three different contexts of Peru, including the clinics, urban slums, and remote Amazonian communities.

M.S.

City of Toronto, Social Development Finance and Administration Division

During my 16-week practicum at the City of Toronto's Social Development Finance and Administration Division I conducted applied research to inform the development of a grant program focused on advancing the Toronto Youth Equity Strategy (TYES). The TYES is aimed at promoting resiliency among youth most vulnerable to involvement in serious crime and violence in Toronto (MVP youth: Most Vulnerable Persons). The applied research I conducted involved key informant interviews and a literature review examining approaches most effective

at promoting mental health literacy and skills building among MVP youth and their families. The review involved developing a specific research question, tailoring search strategies, searching journal databases and google (for grey literature), developing inclusion and exclusion criteria, screening results based on these criteria, critically appraising studies, extracting and analyzing data and writing the actual review. The process of conducting key informant interviews involved consulting internal staff to identify agencies and individuals doing work in areas relevant to the research question, preparing questions to ask interviewees, reaching out to agencies, conducting interviews over the phone and in-person, and analyzing high-level themes among responses. I presented themes among interview responses and the literature to my supervisors and other staff members in a succinct, clear and relevant manner. This presentation also involved providing key recommendations for the focus and structure of the grant program. By the end of the practicum, I had improved various health promotion competencies, gained knowledge about the roots of youth violence and developed an increased understanding of pathways to promote youth resiliency in a Toronto context.

J.O.

Centre for Infectious Disease Research in Zambia, Tuberculosis Department Unit

This practicum was completed at the Centre for Infectious Disease Research in Zambia (CIDRZ), with the Tuberculosis (TB) Department Unit. CIDRZ is a non-governmental organization focused on translating research into practice, to ultimately improve access to high quality health services. CIDRZ's research agenda responds to locally identified health priorities, recognizing that findings will contribute to creating a sustainable public health system in Zambia.

TB is a major public health concern in Zambia. Here, sputum smear microscopy is the primarily diagnostic method for pulmonary TB despite its relatively low sensitivity, particularly for individuals co-infected with HIV. The TB Department Unit is currently conducting a study investigating the impact of a new, near point-of-care TB diagnostic tool, Gene Xpert MTB/RIF, on clinical decision-making and TB-related outcomes for persons living with HIV/AIDS. This practicum involved the abstraction of data from hard copies of medical records and electronic medical records to case reporting forms (CRFs). Abstracted data included: HIV characteristics (initiation of anti-retroviral therapy, anti-retroviral therapy regimen, CD4 count, and WHO stage), medication history, physical examination, laboratory results, and treatment outcomes. The latter part of this practicum focused on the quality control of CRFs and inputting data into a database management system. This practicum provided insights into the source, nature, and quality of quantitative data and the link between evidence-based strategies and public health policy.

S.B.*Trillium Health Partners*

Cannabis (marijuana) has a unique double identity as both a medicine and an illicit drug. Given its contradictory classifications – as of medicinal value and as a class 1 substance (of no medicinal value) – the experiences of individuals who use cannabis for medical purposes may be complex. Users of medical cannabis may feel conflicted because while they may reap significant therapeutic benefits from cannabis products, they may also experience social stigma towards their cannabis use. If the experience of using medical cannabis is worsened by social perceptions and stigma toward cannabis, then gaining a richer understanding of the dynamics and factors influencing the experiences of using medical cannabis can inform the improvement of healthcare services and policy-making. My practicum consisted of working as a research assistant for a project on the experiences of using medical cannabis. The project came out of a collaboration between a group of international researchers who are members of DIPEX International (www.dipexinternational.org), an organization that brings together qualitative researchers from around the world to research patient experiences of health and illness. I was supervised by Dr. Susan Law, who is a qualitative health research scientist and the director of research at the Institute for Better Health, the research center affiliated with Trillium Health Partners hospital network in Mississauga. My main tasks were: working as a member of an international research team; coordinating team meetings; synthesizing existing qualitative literature on experiences of using medical cannabis; doing an analysis of medical cannabis regulatory contexts in the six partner countries' (Canada, U.S., Israel, U.K., Australia, Germany); and researching the sex and gender issues concomitant with experiences of using medical cannabis. The overarching goal was to do thorough and methodical literature reviews in order to develop a full-scale proposal for the international project to explore narratives of people who use medical cannabis.

C.U.*Government of Nunavut, Department of Health*

The Government of Nunavut Department of Health aims to promote, protect, and enhance the health and well-being of Nunavummiut, incorporating Inuit Qaujimajatuqangit at all levels. The Department is unique in that it is the only government department in Canada directly responsible for the delivery of health care in addition to public health programming. The Department serves a relatively small population of around 35,000 people, of which 85% are Inuit. There are particular challenges for achieving and maintaining good health for artic/northern residents including changing lifestyles, geographical isolation, and the increasing impact of climate change. Informed by the Government's Mandate, the department develops multiple strategies and action plans, often in collaboration with other GN departments and community organizations. These strategies (e.g. Public Health Strategy, Suicide Prevention, Tobacco Framework) establish clear goals and guide the work of staff.

My practicum at the Department of Health within the Government of Nunavut aimed to investigate the research and knowledge translation processes in Nunavut. Broadly, knowledge translation is the process of moving research into action. The long-standing issues that led to the practicum are high staff turnover, health implications of cross-disciplinary projects, and inconsistent guidelines for how the department should handle research (i.e. facilitate research, engage with researchers, and respond to research). My practicum involved conducting key informant interviews with various Health staff and external partners to understand the current process (and gaps); a literature review on promising KT practices and frameworks; and preliminary developments of a department-wide research policy and KT guidelines. This included producing a stakeholders database, updating the Interagency Research Review Committee Terms of Reference, and starting a business case for a Research Coordinator position.

A.N.

World Health Organization, Department of Public Health, Environmental and Social Determinants

I worked with the Social Determinants of Health Unit at the Department of Public Health, Environmental and Social Determinants at the World Health Organization, where I was involved in monitoring action on the social determinants of health. I worked with WHO staff to identify indicators and data sources, and designed analyses for the first and upcoming global monitoring report. This work is part of the broader advancement of monitoring action areas across the Rio Political Declaration to improve accountability for progress on the social determinants of health. Hence, I assessed and reported on indicator data to be used in the global monitoring report. I also helped create the indicator database. In addition, I was able to participate in a collaboration with another department/team at WHO, the Health Systems Governance, Policy and Aid Effectiveness team regarding universal health coverage, for which I prepared a briefing and small presentation. My practicum was essential to building my skills in & knowledge of social epidemiology, giving me insights into the importance & contributions of this field - and some its challenges at the global level - in my quest to address health inequities. Additionally, being at WHO Headquarters allowed me to observe aspects of global health governance & policy- making, which was especially a highlight through attending and participating in the 70th World Health Assembly. Outside my core work outputs, near the end of my practicum I also had the opportunity to get involved with the intern community at WHO, and collaborated with other international students/interns at WHO as part of a working group to create a presentation to the Director-General, Dr. Tedros, on Grassroots engagement in global health: youth-led action. This collaboration enhanced my intercultural communication skills in an international setting.

A.S.

Toronto Public Health, Healthy Public Policy Directorate

A no-smoking housing policy protects residents from the dangerous health effects of drifting second-hand smoke, yet Toronto lags behind other jurisdictions when it comes to smoke-free living options. Toronto Public Health has been asked to recommend policy options for increasing smoke-free housing options for the City's social housing provider, Toronto Community Housing Corporation. As part of the City of Toronto's smoke-free policy development process, I developed a work plan to assess the health equity considerations of the implementation of a No-Smoking policy in Toronto Community Housing. The project involved conducting research to develop a jurisdictional scan of various municipal and provincial social housing providers and public health units as well as an in-depth consultation process on the resident impact of no-smoking policy. It was found that four main populations in the City of Toronto could experience potentially negative impacts as a result of the proposed policy: people with mental health/addictions issues, physical disabilities, recently homeless/marginally housed and indigenous peoples. In order to make the transition as equitable as possible, it is recommended that policy options include resident supports and services that facilitate compliance and provide flexible solutions upon violations. These include the provision of smoking cessation services and designated smoking areas, resident follow-up programs, flexibility in enforcement, tenant-landlord communication and social service workers for case management. I consent to the use of my abstract for DLSPH promotional materials.

E.P.

Well Living House Action Research Centre for Indigenous Infant, Child, and Family Health & Wellbeing

Well Living House Action Research Centre for Indigenous Infant, Child, and Family Health & Wellbeing is part of St. Michael's Centre for Research on Inner City Health. The focus of WLH is on gathering, using, sharing, and protecting Indigenous health and well-being knowledge and practices, while drawing on both Indigenous and public health knowledge to inform cutting edge scholarship and best practices. The long-term vision of the Well Living House is that every Indigenous infant will be born into a context that promotes health and well-being – at the individual, family and community levels. The Centre actively works toward achieving this vision by improving health policies, services and programs through applied knowledge work.

My Practicum focused primarily on the Reconciling Relationships Project. Reconciling Relationships is a three-armed Randomized Control Trial that involves the development and evaluation of state-of-the art Cultural Safety training at a busy urban teaching hospital. This is a policy-friendly trial that hopes to show that in depth, Indigenous-specific cultural safety training has more impact on physician actions and patient outcomes than the more general, less intensive industry standards. I contributed to research and development of Cultural Safety curriculum, and intervention evaluation tools including Unannounced Standardized patients.

While Reconciling Relationships was my primary focus the project outlined in my work plan, I also contributed to the community engagement process to share and get feedback on two-spirit date from the Our Health Counts Survey. This included creating data fact sheets, working with Elders and community leaders to create a community engagement plan that includes KI interviews and Focus Groups, and supporting REB application.

A.F.

Drug Policy Alliance

From January to August 2017, I had the opportunity to work with Drug Policy Alliance (DPA), an American non-profit organization, on advocacy relating to the establishment of supervised consumption services (SCS) in California. An evidence-based public health approach employed across Canada, Australia, and Europe, SCS continue to be a contentious topic in the U.S. and progress is hindered by regressive policy decisions. AB 186 (Eggman), a state bill currently progressing through the California legislature, marks a step forward as the first state bill on SCS to ever win a legislative vote in the U.S. If passed, AB 186 would provide legal protections to eight cities and counties to open SCS on a pilot basis. My role with DPA centred on advocating for this bill by way of preparing research summaries and fact sheets for a variety of audiences. I compiled material for elected officials and participated in meetings and lobby days at the state capitol in Sacramento to discuss the potential health, public safety, and economic benefits associated with bringing these services to California. At the local level, I prepared campaign documents for the “Yes to SCS – California” campaign and engaged with community groups, organizations, and people who use drugs across the state to coordinate unified, collection action on this issue. This up-close view of how policy decisions and campaign strategies are made – often behind closed doors – was incredibly valuable for my development as a public health professional. My experience with DPA has empowered me to more confidently and skillfully engage with the policymaking process at all levels to ensure that decision makers account for the impact of policies on public health.

K.H.

TARGet Kids!

I completed my practicum placement with TARGet Kids! a practice-based research network associated with St. Michael’s Hospital and the Hospital for Sick Children, under the supervision of Dr. Jonathon Maguire. TARGet Kids!’ mission is to improve child health outcomes through primary research, and their cohort has now enrolled over 8000 children. For my practicum project, I designed and conducted an original research study using data from one of TARGet Kids!’ recent RCTs. Our primary objective was to determine whether high-dose vitamin D supplementation (2000 IU/day) could reduce symptom severity of upper respiratory tract infection (URTI) in healthy preschool-age children during the winter viral season, compared to the standard recommended supplemental dose (400 IU/day). Through this practicum I gained valuable experience analyzing quantitative data to test the effectiveness of vitamin D

supplementation as a public health intervention. I developed my skills in designing statistical analyses and coding in R statistical software, as well as in communicating my findings to the scientific community to inform evidence-based best practices.

N.H.

Association of Ontario Midwives

The Association of Ontario Midwives (AOM) represents midwives and midwifery practice across Ontario. During my practicum placement, I worked within the Clinical Practice Guideline (CPG) Program, which provides evidence-informed clinical guidelines that are consistent with midwives' philosophy of care and values. Currently, the CPG team has embarked on a new guideline on the topic of hyperbilirubinemia (HBR) of the newborn. Severe HBR is sometimes referred to as clinical jaundice, and is identified by high levels of bilirubin in an infant's blood stream and a yellowing of the skin. In Canada, severe HBR is the most common reason for re-admission to hospital during the neonatal period. My main project during this practicum was to assist in the ongoing development of the HBR CPG. During this time, I organized and conducted two consumer focus groups on the experience of having an infant who needed phototherapy for HBR while under midwifery care. These sessions provided valuable insight into the development of future knowledge translation materials for clients to allow them to make informed decisions about care. I also contributed to the qualitative analysis (using NVivo and thematic analysis) of a survey conducted with Ontario midwives, which collected more than 200 responses. This survey shed light on the current management practices of midwives and other health practitioners regarding HBR. Ultimately, this work will contribute to recommendations for best clinical practice and standard of care surrounding HBR.

T.K.

Responsible Gambling Council

The Responsible Gambling Council (RGC), is a world leader in the design, evaluation, and implementation of responsible gambling programs. Currently, the RGC operates all Responsible Gambling Resource Centres (RGRCs) located in casino and community gambling centres across the province of Ontario. RGRCs have served to deliver information on safer gambling practices to casino patrons, and provide support and referrals for those demonstrating gambling-related concerns. To further advance RGRCs, a rebranded innovative service delivery model has been introduced as of January 2017. At this early stage of implementation, an evaluability assessment is required. Many programs skip this critical pre-evaluation step. The objective of this project was to complete an evaluability assessment to gain deeper understanding of the new program and identify factors in advance that may affect future evaluations. The evaluability assessment consisted of the following steps: 1) review of program documentation; 2) development of program logic model; 3) stakeholder interviews; and 4) a literature review. Revisions were made to the logic model on the basis of information provided by interviewees, and consensus was derived among key stakeholders. Certain program features were identified

that have not been implemented as designed, as well as external factors that may influence a future evaluation. Prior to conducting a process evaluation, it is critical that the output metrics will be refined and restructured to capture the aims of the new service delivery model. This practicum project contributes a logic model and a framework for a process evaluation of the Shorelines Casino Belleville PlaySmart Centre.

L.S.

Health Check 2.6

Health Check 2.6 is an early childhood intervention program, implemented by Community Health Nurses (CHNs) in Labrador-Grenfell Health (LG-H) region of Newfoundland and Labrador, which screens children between 30 and 36 months of age for health and developmental concerns. Health Check 2.6 has never been evaluated; therefore a process and outcomes evaluation was implemented with the goal of assessing the efficiency and effectiveness of the program. Qualitative and quantitative methods were used. Qualitative data included 33 interviews with CHNs, referral service providers, parents, and the manager and coordinator of the program. Quantitative data included 82 surveys from parents whose children attended Health Check 2.6 and information on 123 Health Check 2.6 clients documented by CHNs in an online documentation system during a six month evaluation period. The findings for the process evaluation include strengths and areas of improvement in the implementation of Health Check 2.6. Strengths include communication between CHNs and service providers, easy-to-use screening tool, and consistent resources and education for CHNs. Areas of improvement include standardized booking processes, flexible administration of the screening tool, greater CHN involvement in the coordination of services for children, and more accurate documentation by CHNs. The outcomes evaluation findings determined that Health Check 2.6 reached 78% of eligible children during the evaluation period; the remaining gap in attendance is in part attributable to high no show rates at two sites. There was a 23% referral rate during the evaluation period, however there are long waitlists for these referred services. Overall, Health Check 2.6 is a well-regarded program that provides parents with anticipatory guidance and identifies health and developmental concerns in children for early intervention. Recommendations were tailored to key stakeholders in the implementation of Health Check 2.6. These findings and recommendations will be used by LG-H to improve program efficiency and effectiveness.

S.D.

Planned Parenthood Toronto

The primary focus of this practicum is to assist with a mixed-methods community-based research project based at Planned Parenthood Toronto (PPT) and is supported by Women's College Hospital's, Women's Xchange program. The research project is focused on determining what young adult sex workers (YASW) in Toronto identify as their sexual and reproductive health needs, and aims to develop recommendations regarding education,

programs, and services to better meet the needs of this extremely marginalized group. This placement involves opportunities to assist with the literature review process, participant recruitment, youth advisory committee facilitation, survey development using Qualtrics, data collection, and analysis of qualitative and quantitative data. Additionally, the project involves gaining hands on experience in community-based research and working with YASW from a sex work-positive perspective. A major secondary project involves supporting the development and launch of a social marketing campaign challenging homophobia, biphobia, and transphobia among youth. This task involves reviewing website content, creating an evaluation plan and survey for the website, developing an outreach strategy for the campaign, co-facilitating LGBTQ+ youth advisory committee meetings, and attending outreach events such as Pride. Lastly, this placement involves working with PPT's community programming and research team to help prepare agency needs assessment reports, data entry and coding of evaluation forms, and attending drop in programming for young parents.

H.T.

Toronto Western Hospital, Krembil Research Institute

This past summer, I had the opportunity of working as a health behaviour outcomes research trainee at the Arthritis Community Research and Evaluation Unit (ACREU) within Toronto Western Hospital. ACREU is an interdisciplinary research unit consisting of various health fields such as epidemiology, rheumatology, family medicine, and other allied health professional areas. The primary goal of the unit is to reduce the negative impacts of arthritis in the population by engaging in research related to service and care delivery. Closely linked with ACREU, The Arthritis Society is a not-for-profit organization which provides health information, programs, and support to Canadians with arthritis and their families. The mission of The Arthritis Society is to grant funding to researchers, execute advocacy efforts, and create solutions to improve the lives of Canadians affected by arthritis.

My role as a research trainee with ACREU was to work alongside The Arthritis Society and gather evidence on self-management information for individuals with arthritis. With a focus on the health promotion competency of health communication, this information will be included in future manuals and on the website for the general public to access. Some of the many topics for which I conducted a literature review included physical activity, nutrition, complementary and alternative medicine, and mental health. Focusing mainly on meta-analyses and systematic reviews, I provided The Arthritis Society with summary reports consisting of information to disseminate amongst the public.

Towards the middle of the practicum, myself and another practicum student began working on a Patient Empowerment report with ACREU. Although the work was in its primary stages, it may a project that will be continued after the duration of this practicum. Overall, this practicum provided me with the chance to become more comfortable with the world of epidemiology and work alongside an amazing team of scientists at ACREU.

R.L.*Peterborough Public Health*

Peterborough Public Health (PPH) serves Peterborough and County, and includes the two First Nation Reserves, Hiawatha and Curve Lake. The vision at PPH is healthy people in healthy communities. This is achieved through a community-centred focus, through strengthened capacity and infrastructure, increased focus on the determinants of health and health equity, and quality and performance assurance.

I conducted a process evaluation to assess internal Policy 3-60: Ensuring Access to Programs and Services for end-users. Using a goals-based evaluation approach, my project sought to assess the overarching goal at the health unit to reduce barriers and increase access to PPH programs and services. The first four steps of the Evidence Informed Public Health were completed using qualitative research methods. In-person and phone interviews were conducted with PPH staff, 4 regional health units, and 10 community organizations. A focus group was also conducted with community informants representing several priority populations in Peterborough.

A synthesis of four key themes were created and guided by public health expertise on program planning recommendations: 1. Expand program delivery across age groups, 2. Enhance community partnerships 3. Employ the WHO model Leave No One Behind model to ensure program inclusivity of priority populations, and 4. Investment in staff training.

This practicum was an opportunity to understand how theory is translated into practice at a local health unit. Several health promotion competencies were met, including knowledge on the determinants of health, identifying resources and strategies utilized by community partners, knowledge translation of best practices exercised, and utilizing effective communication to contribute to organizational learning in program planning development.

P.P.*Public Health Agency of Canada*

My first practicum was a 16-week placement at the Public Health Agency of Canada's Center for Communicable Diseases and Infection Control within the Community Acquired Infections Section. I was part of an interdisciplinary team which included physicians, nurses, epidemiologists and students from different health disciplines. I worked for the HIV team where my primary project was a systematic review entitled: Evidence for optimal HIV testing intervals in HIV-negative individuals from various risk group. The findings were synthesized into an internal report for PHAC senior management and a manuscript for publication in the Canada

Communicable Disease Report (CCDR). The purpose of the systematic review is to inform and update the screening guidelines in the HIV Screening and Testing Guide written in 2012 and to better address the UNAIDS 90-90-90 goals. An additional project I undertook was to update and create new content for the HIV/AIDS pages on Canada.ca. My tasks included compiling resources for HIV prevention and treatment, and knowledge translation and health communication strategy creation to ensure that the information was accessible to the general-public with varying levels of health literacy. Through this experience, I was able to develop key public health competencies in health communication and research, such as critical appraisal of evidence, conducting systematic reviews, synthesis of scientific evidence for audiences with varying levels of expertise, and the creation of relevant and evidence informed recommendations.

M.B.

Toronto Centre for Active Transportation

The Toronto Centre for Active Transportation (TCAT) is a non-profit working to advance knowledge and evidence to build support for safe and inclusive streets for walking and cycling. The Active Neighbourhoods Canada project at TCAT is a participatory urban planning initiative that supports communities to impact and improve the built environment of local neighbourhoods and create safe and inviting spaces for pedestrians and cyclists. As part of a wider national initiative, this project also involves collaboration with other non-profit organizations across Canada to scale up and impact policy and professional practices in city-building to accelerate building healthy active communities for all ages and abilities through urban design. In my practicum, I developed two functional levels of the evaluation of this national project. This included an empowerment evaluation framework with tools to evaluate local community projects happening across Canada and also a participatory process with national project partners informed by development evaluation to determine primary evaluation questions for this level of the project as they relate to emergent project goals for building knowledge, influencing professional practices and impacting policy.

R.L.

St. Michael's Hospital, Injury Prevention Research Office

Over the past 16 weeks, I completed my practicum with St. Michael's Hospital in the Injury Prevention Research Office (IPRO). I was fortunate enough to be under the direct supervision of Dr. Michael Cusimano, one of the top neurosurgeons in Canada. Dr. Cusimano founded The Injury Prevention Research Office in 1996, and the office has since been dedicated to neurosurgery and brain injury research. The project I was assigned to work on was a sub-section of a larger project, the Strategic Teams in Applied Injury Research project (STAIR). The STAIR project looked at Traumatic Brain Injury (TBI) and Violence among vulnerable populations such as the homeless, domestic violence victims, motor vehicle crash victims, and foster children. My branch of the study focused on exploring various forms of brain injury in Crown

Ward youths, through qualitative data. In the short period of 16 weeks, I have been able to complete a literature review, coding of 47 transcripts, writing of memos, summaries, timelines, and complete thematic analysis. Most importantly, I am in the process of finishing a manuscript, presenting my results, which will soon be submitted to the peer-reviewed journal, BMC Public Health, for publication.

J.F.

SickKids, Centre for Global Child Health

The Hospital for Sick Children (SickKids) is a leader in the provision of pediatric health care and research and is dedicated to advancing children's health through the integration of patient care, research and education. The SickKids Centre for Global Child Health is an innovative hub dedicated to global child health-focused activities including collaborative research, capacity building through education, evidence-informed policy development and advocating for improved health for children and families.

Retinoblastoma (RB), a form of childhood eye cancer, is curable with early diagnosis and treatment. However, patient outcomes remain poor in many low- and middle-income countries. In response, the One Retinoblastoma World Map (www.1rbw.org) was created to identify health services available for patients diagnosed with RB and to connect patient families, clinicians and researchers to foster coordinated care. During my practicum at the Hospital for Sick Children's Center for Global Child Health (C-GCH), under the supervision of Dr. Helen Dimaras, I was responsible for coordinating the update of the map with more up-to-date data. This role involved liaising with a web developer and personnel at various treatment centers to ensure that the new map was updated with the most accurate information. In addition, to support the management and ongoing update of the 1rbw.org platform, I created easy-to-use tracking documents and standard operating procedures for future users. Along with the update of the map, my primary deliverable was a global situational analysis for RB care. This involved using treatment center survey data to map the global distribution of health services and expertise for retinoblastoma, which was synthesized in a manuscript. This placement expanded my knowledge and skills in global child health research, data collection and analysis, global standards of care and human resources for health. In addition, I was exposed to health systems perspectives of global cancer treatment and global health partnerships designed to foster collaborative and coordinated care. Overall, this placement was a valuable experience that allowed me to learn more about global child health inequities and strategies to reduce them.

S.H.

Simcoe Muskoka District Health Unit

Although rare, it is widely recognized that some individuals will experience serious adverse events following immunization or AEFIs. In fact, Public Health Ontario recently indicated that there were 34 reports of serious AEFIs in Ontario in 2015. These serious AEFIs are

recognized as conditions that are fairly debilitating, such as Guillian-Barré syndrome. The recognition of these serious AEFIs has led to global discussions regarding the provision of compensation for these vaccine-related injuries. In total, there are 19 jurisdictions that have a compensation program, including the province of Quebec. However, the unavailability of compensation for vaccine-injury cases in other provinces has raised some concern, and has further inspired suggestions for what a Canadian compensation program could look like. In comparison, the local/federal contexts and barriers to program implementation have not been comprehensively explored. As a public health practicum student, I worked with the Vaccine Preventable Disease Program at Simcoe Muskoka District Health Unit to: (i) conduct a scoping review of vaccine-injury compensation (VIC); and (ii) explore how compensation for these injuries is being discussed in a Canadian context. By using three academic databases (Ovid Medline, CINAHL, and JSTOR) and several grey literature sources, we were able to reveal the various perspectives and dialogues on the topic of VIC in Canada since the early 1980s. Subject-matter expert interviews (11 participants) were also conducted to address some of the gaps in the literature. These interviews revealed the past and present policy discussions on VIC, which allowed us to identify a number of reasons for why a compensation program in Canada remains intangible. The conclusions of this scoping review will initially be shared through a report to public health professionals who are experienced and/or involved in immunization programming and policy. This report will summarize the knowledge base on the issue, highlight the federal and local jurisdictional contexts, and further identify gaps that need to be addressed to better inform future decisions pertaining to immunization policy. Commentary will be welcomed by our experts and will be used to inform future publication on this topic. In summary, this practicum experience offered the opportunity engage in a timely, yet complicated, public health issue and collaborate with immunization experts in Ontario and across the country.

S.D.

Women's College Research Institute

This summer I completed my practicum at Women's College Research Institute (WCRI). WCRI is an interdisciplinary research centre based out of Women's College Hospital and is fully affiliated with the University of Toronto. WCRI has a strong focus on women's health. I applied to WCRI as part of the Summer Student program which places undergraduate, masters and medical students with scientists at WCRI. There are weekly research skills sessions offered to all students, as well as a Summer Student Research Day where students present their work to staff at WCRI.

I worked under the supervision of Dr. Lorraine Lipscombe, who is a staff scientist at WCRI and the Division Director of Endocrinology and Metabolism at WCH (among other appointments). Dr. Lipscombe is currently running the Avoiding Diabetes After Pregnancy Trial

in Moms (ADAPT-M) trial which is examining a home-based lifestyle intervention program to decrease the risk of Type 2 Diabetes in women who had gestational diabetes. The study looks at the effectiveness of a physical activity, diet, and a combined intervention compared to the standard of care. As a summer student I was able to conduct research assessments with patients. I also co-created an interview guide and conducted telephone interviews with the Health Coaches who deliver the research program to participants, to gain their feedback on the aspects of the program that work and those that need improvement.

I was also given the opportunity to create a research question for my own student project. I created a protocol with the guidance of Dr. Lipscombe to assess culturally relevant resources for South Asian immigrant women with gestational diabetes in Toronto. I was in charge of coordinating all aspects of the research implantation process including research ethics approval, data transfer agreements, data collection, data analysis, and preparation of a manuscript. The project is still ongoing, and therefore I will continue to work on it past my summer practicum.

W.J.

Global Humanitarian Lab

My passion for humanitarian action lead me to my current position at the Global Humanitarian Lab (GHL) an organization hosted by the United Nations in Geneva, Switzerland. The GHL is unique cross-sector partnership that accelerates bottom-up innovation. The GHL recognizes the massive technological revolution and has identified that only 0.01% of humanitarian funding is designated to innovation. The purpose of the GHL is to utilize its position as a United Nations organization to promote and scale the most innovative solutions to humanitarian challenges. The functions of the GHL are three fold. Firstly, the GHL improves the efficiency of humanitarian action through discussion and feedback on humanitarian projects that are presented to the steering committee comprised of the Heads of Innovation from the WFP, UNHCR, ICRC, Handicap International, and Terres Des Hommes. Secondly, the GHL empowers local actors recognizing the capacities of the individuals at-need and inspiring bottom-up solutions by working with local actors to innovate and launch their own solutions. Thirdly, the GHL's purpose is to restore dignity to survivors of humanitarian crises by being the bridge between humanitarian solutions and the individuals at need.

At the GHL my specific role is working on the mobile health project. Utilizing my Master's degree in Public Health at the University of Toronto to perform epidemiological calculations and monitor diagnosis algorithms. In addition to my specific Public Health responsibilities, I am responsible for finding partners and funders for three humanitarian organizations that are currently working on mobile health projects: Doctors Without Borders, Terres des hommes, and the International Committee of the Red Cross. At the GHL we recognize the immense capacity derived from collaborations; therefore, three workshops have been hosted on mobile heath inviting the leaders in the field to collaborate to create the most efficacious platforms for implementation. I know my experience working for the United Nations

and collaborating with the world leading humanitarian organizations will offer immense benefits as I continue in my career in public health as I have now been exposed to the synergies derived from technology and health care while accounting for the health promotion competencies of equality and social justice. Working for the United Nations has provided me with an expansive network including some of the world's most influential people, companies, and organizations; therefore, I will be an asset as I can offer new and creative partnerships, particularly from an international standpoint

S.A.

Centre for Addiction and Mental Health, Education Department

As a practicum student within the Education Department at the Centre for Addiction and Mental Health (CAMH), my primary role was to work to inform the development of the CAMH RBC Patient and Family Learning Centre, which will be opening in 2020. This involved completing three primary deliverables with the ultimate aim of contributing to the evidence base.

A literature review was initially conducted utilizing both white and grey literature to identify what processes health institutions across the world undertake to establish learning centres, how they gain an understanding of patients and families' health information needs, and what methods they utilize to evaluate these centres. The results from the literature review indicated that evidence is inconclusive with regards to how other patient and family learning centres are established, how they ascertain the needs of patients and families, what methods are used to evaluate the processes and impacts of these centres along with what information, services, resources and supports patients and families need/want.

As a result, an environmental scan of Ontarian patient and family learning centre's websites was performed in an attempt to fill the gaps that the literature review identified. Key informant interviews were also conducted with individuals who are connected to and/or involved in patient and family learning centres to identify how the experiences of other centers across Ontario can inform the development of the CAMH RBC Patient and Family Learning Centre.

The literature review, environmental scan and key informant interview was able to provide me with an in depth understanding of patient and family learning centres across Ontario and the world while contributing to the evidence base. These deliverables resulted in the production of recommendations to inform the development of the CAMH RBC Patient and Family Learning Centre.

M.J.

Faraja Cancer Support Trust

My practicum placement in Nairobi, Kenya was through the Queen Elizabeth II Jubilee Scholarship's Enhancing Health and Science Education Program. Working under the supervision of Dr. Helen Dimaras at The Sick Kids Hospital in Toronto and in collaboration with the Faraja Cancer Support Trust in Nairobi, I developed a knowledge translation product on the topic of genetic testing targeted to cancer patients in low and middle-income countries (LMICs). My work builds upon the research conducted last summer by former MPH students, who explored the knowledge, experiences and attitudes of heritable cancer survivors and families on genetic testing and counseling. This research revealed a need for better methods to communicate the genetics of cancer to affected patients and families. Specifically, participants identified a desire to receive more comprehensive information about the genetics of their disease through tangible resources. To achieve the goal of developing a knowledge translation tool to better communicate genetic information in low resource settings, I employed human centered design and applied theoretical knowledge of health promotion and patient communication to come to the conclusion that an interactive educational video would be an effective educational tool. My work this summer will contribute to the generation of knowledge and awareness of genetic testing and its beneficial uses for cancer patients in Kenya.

A.A.

University of Toronto, Department of Occupational Science and Occupational Therapy

Throughout my practicum at the Department of Occupational Science and Occupational Therapy, I completed many tasks that have honed my skills as a Health Promoter. I began by employing a Project Management strategy of creating a Gantt Chart to plan my four months and set deadlines for my tasks. I also conducted a literature review to have a better understanding of my topic area, which was the historical implications of rehabilitation in Ukraine and other post-Soviet regions. I attended observerships at a number of Physiotherapy and Occupational Therapy clinics in the Greater Toronto Area to observe the rehabilitation system in a Canadian setting. As one of the major reasons for my employment was to conduct key informant interviews, I applied for ethical approval from the University of Toronto's Research Ethics Board, preparing an application including a recruitment email, letter of information, consent form and interview guide. Once approved, I began the interview process by securing candidates and customizing the interview material for each participant. I completed thirteen key informant interviews, transcribing and coding each in NVivo. The common themes from the interviews were then compiled to create a final report that summarized the current rehabilitation system in Ukraine and what changes could be made to create a more collaborative and sustainable system. This report including observations and recommendations will be circulated among key stake holders in the Ukrainian healthcare system in Ukraine, Canada and the US.

A.K.

Heart & Stroke

My summer practicum placement at Heart & Stroke involved working with the Health Promotion and Health Policy teams on three major projects. The first of these projects was a series of jurisdictional scans focusing on nutrition policy within Canada and internationally. Topic areas of these scans included restrictions on food and beverage marketing to children; policy interventions for sugary drink consumption; and provincial school food policies. Completing these scans included literature reviews on policy parameters and evaluations, synthesized into concise documents to inform the policy team's position statements. The second project was an environmental scan of population health research shared as a summary report of data and trends to inform the integration of population health into Heart & Stroke's new research strategy. The third project was leading the development of an advocacy booklet to seek public officials' support on federal nutrition policy. This included: the development of an interview guide; the recruitment and scheduling of participants from across the country; conducting semi-structured interviews; coding transcripts to identify key themes of support; and creating a booklet template of written content for publication. Other key learning occurred through: preparation of a policy brief for Bill S-228 and attendance at its Senate committee hearings; participation in community events to engage diverse populations in heart health awareness; identifying relevant stakeholders for policy endorsement; and providing culturally-appropriate and evidence-based recommendations for the implementation and evaluation of the HeartSmart Kids resource in Indigenous communities. This practicum was a great opportunity to see the connections between health promotion and health policy in the non-profit sector, while working across many projects to make an impact on the future landscape of population health research and nutrition policy in Canada.

P.D.

Centre for Addiction and Mental Health

Conducting my practicum at CAMH was a fulfilling experience. I purposefully applied to practica where I did not have experience using those skills or engaging with those projects. Although I thought at first this was hindering me in securing a practicum, it was all worth it in the end. During my practicum, I was able to gain further understanding of what a career in research would look like. I also gained insight into the structures of a hospital. Getting to experience those two has allowed me to more seriously think about where I see myself working in the future. The team at CAMH was supportive and helpful at all times and even provided a panel discussion about careers in research for us students. I worked in CAMH Education on the Thought Spot Team. I was involved in a series of platform optimization activities which included leading focus groups. I was also given the opportunity to conduct key informant interviews and draft two manuscripts for publication. Lastly, I created a comprehensive recruitment strategy for the RCT beginning in the Fall.

L.M.

Toronto Public Health

Partnerships and collaboration are one of the four foundational principles of public health practice as they are essential for building capacity and meeting the needs of communities (MOHLTC, 2017). A Community Partnership Framework was created for TPH in 2002. However, an environment scan showed no current use of the framework among TPH staff. The Excellence Toronto Divisional group at TPH recommends the revision of the Community Partnership Framework to help strengthen and improve cross-sector collaborations within the city (Excellence Toronto, 2017). The revised Community Partnership Framework will further TPH's capacity to improve population health and reduce health inequities. The revised Community Partnership Framework is multi-purpose. It can be used as a troubleshooting guide for TPH staff already involved in community partnerships and as a planning tool for TPH beginning a community partnership.

B.N.

Snider Mountain Ranch

The main activity of this placement was to equip SMR with the resources and framework to perform critical self-assessment in the future. A program evaluation with both formative and summative components was completed to 1) assess the quality and extent to which the program and activities aligned with New Horizons program objectives and goals to determine whether the structure and activities of the program were achieving the intended behavioural and social outcomes specified by the program objectives; 2) provide evidence-informed recommendations to address opportunities for growth. The objectives contained both behavioural and psychosocial outcomes. These measurements were performed using surveys and interviews that obtained both observational and self-reported data. The quality of the New Horizons program was evaluated using a rubric of best practices of highly effective out-of-school time programs compiled by the Harvard Family Research Project (2008). Psychosocial data was collected at the midpoint of the program and compared to baseline data from the beginning of the pilot year. A selection of behavioural outcome results from a similar out-of-school time program was used for comparison with the interim New Horizons outcomes.

J.R.

City of Toronto, Employment and Services Division, Strategic Program Development Department

I completed my second practicum at the City of Toronto, in the Employment and Services Division (TESS), in the Strategic Program Development Department. I was being managed by two policy development officers (in this case, Ontario Works – social assistance – policy). My particular role was research assistant on the Singles Study, which was research dedicated to understanding the lives of single individuals without dependants on the Ontario Works (social assistance) caseload (number of individuals using OW). Singles are the largest group of individuals on the caseload at the moment, and we can anticipate this number to grow, with the growing aging population in Ontario. The aim of the study was (is) to understand the needs specific to this group of individuals, with regards to why they access OW, why they are cyclic on OW, while they may leave OW (or not) and the supports that would be most

helpful to them as OW users. As a research assistant, I was responsible for study management, participant recruitment (over the phone), conducting qualitative one-on-one interviews, the introductory stages of data analysis and contributing to the study literature review and methodology. The experience was hugely beneficial to me as a researcher interested in social policy, provided me the ability to understand political forces on income and health, and opened my eyes to how the government operates at a local level and interacts with the provincial government.

S.L.

Shanghai Municipal Centre for Disease Control and Prevention

The Shanghai Municipal Centre for Disease Control and Prevention is a government agency in charge of district CDCs, which works to protect the health of Shanghai citizens through planning, designing and implementing different measures. It is in charge of multiple areas: emergency outbreak, health surveillance, safety testing, etc. It works for both communicative and non-communicative disease topics. It responds to the public health needs in Shanghai by implementing mass interventions, in the form of screening or educational campaigns. It works with other government agencies, non-government organizations and hospitals at all levels (three different levels depending on the community/district). It has a similar role as Public Health Ontario and Toronto Public Health (but in the scale of a metropolitan city).

I worked on writing a research paper for publication. Because I do not speak fluent Mandarin, I had to work from already collected data (could not directly participate in data collection). Though this was not a problem in my previous practicum or other research experience. My other deliverable was to work on an evaluation plan for the Shanghai indoor smoking ban. Additionally, while waiting for the approval to use the Health Promotion Centre's data, I drafted another manuscript on lung cancer incidence rate in Shanghai.

A.H.

United Nations Headquarters (Vienna, Austria), United Nations Office on Drugs & Crime

UNODC, a co-sponsor of the Joint United Nations Programme on HIV/AIDS (UNAIDS), is the convening agency for HIV prevention, treatment and care among i) people who inject drugs and ii) people in prisons. UNODC supports governments and civil society organizations to implement large-scale and wide-ranging evidence-informed and human rights-based interventions, focusing on five pillars: guidance, advocacy, policy, technical assistance, and capacity building. Working in a small team of technical experts and the Chief of the section, there are multiple projects that the student can immerse themselves in. In my time, I have been able to support the work on the global review of the HIV/AIDS epidemiological situation and service coverage in prisons. Working closely from my place at the UN headquarters with international research consultants, and UNODC team members in the regional and field offices

worldwide, I have generated strategic information on the epidemiological situation of HIV in prison settings, availability and coverage of services to feed into: i) developing relevant policies and strategies ii) monitoring interventions. I have also had the great opportunity to contribute to the development of international standards, guidelines, standard operating procedures, toolkits, and training manuals to help build capacity of national authorities, and NGOs to implement and deliver HIV prevention, treatment and care for people in prisons. The UNODC is a forefront leader in advocating for harm reduction oriented approaches in service delivery, and ensuring that the health of prisoners are upheld. Living in prisons means losing many freedoms, but it should not also mean losing fundamental human rights, including the right to health. I had the privilege of incorporating the values of harm reduction and human rights when piloting a survey for prison administration, law enforcement and Ministry of Health individuals in our country office of Zambia. Moreover, I have supported the rolling out of interventions to ensure access to services for women in prisons which are based in public health and human rights approaches through the provision of technical support to national authorities. Lastly, I was able to support the team in ensuring gains have been made through providing HIV services in the community and/or in prisons are retained through smooth, uninterrupted continuity of care services, transfer between and upon release from prisons. It has been an incredibly rewarding experience that would be a fantastic fit for anyone who is looking to be exposed to approaches of harm reduction, drug and prison policy, advocacy and programming at an international level.

P.N.

Pan American Health Organization

Interning at the Non-communicable disease and Mental Health (NMH) department at PAHO, I worked on two main projects. The first involved me drafting a questionnaire to assess harm reduction programming and policy in the PAHO member states. The second involved me drafting policy briefs on marijuana for policy mobilizers (advocacy groups, decision makers) in member states that requested these briefs. In producing these deliverables, I had to draw on my course work and previous practicum experience. In doing so, I incorporated health promotion theories like Community Coalition Action Theory (CCAT) and drew on health promotion values like harm reduction, equity, and a commitment to target the social determinants of health, when producing these deliverables. My day-to-day tasks involved me partnering with community organizations and drawing on on-the-ground experience to understand needs, priorities, assets, and challenges in an effort to produce meaningful deliverables. I also drew on the experience and knowledge of these diverse coalitions to improve the validity and reliability of these public health tools after they were first drafted. Working at PAHO proved to be a (rewarding) challenge because I had to disavow my north/euro-centric public health biases to work in earnest with PAHO member states to improve people's health.

J.D.

Pan American Health Organization

The Pan American Health Organization (PAHO) is the specialized health agency of the Inter-American System and the Regional Office for the Americas of the World Health Organization. My practicum at PAHO headquarters was on the Health Promotion team within the special program for Sustainable Development and Health Equity. During my practicum, my main project was leading the coordination of Wellness Week 2017. PAHO's Wellness Week is an annual corporate initiative dedicated to promoting health and well-being across the Americas. By mobilizing intersectoral partners across the Region, Wellness Week seeks to build a social movement to raise awareness of and influence change toward healthy living, healthy environments, and healthy policy. In coordinating the planning, implementation, and evaluation of Wellness Week 2017, I drew on several health promotion competencies. Coordinating this health promotion initiative involved working collaboratively with key stakeholders to define project goals, objectives, and implementation steps; drafting planning documents and resources; providing operational planning and support; and creating an evaluation plan. Highlights of this experience included working closely with the department-wide Steering Committee, creating an online planning tool to support the Region, and designing and implementing the communications strategy in collaboration with the communications team.

S.A.

Dalla Lana School of Public Health, Healthier Cities & Communities Hub

My practicum with the Healthier Cities & Communities Hub at the Dalla Lana School of Public Health was a challenging but rewarding learning experience. As part of the Healthy by Design project, I helped create a mixed methods evaluation plan to better understand the mechanisms through which changes in the built environment influence accessibility, community perceptions, and health behaviors. I completed a literature review and environmental scan using peer reviewed articles, census data, mapping information, and NGO reports to identify community demographics, assets and resources that may hinder or promote the evaluation design. As part of the project, I developed a survey instrument to capture baseline health behavior, built environment, social cohesion, and socio-demographic information. I also proposed a qualitative component to harness lived experiences of residents through guided walks to discuss the built environment, the meanings of the interventions, and how residents perceive and use intervention resources. Finally, I helped draft a research methodology draft with sampling strategies and research study design. The project was in collaboration with several organizations including the City of Toronto, local NGOs, and businesses which enhanced my understanding of how to communicate and collaborate with interdisciplinary teams. Overall the practicum opportunity was an incredibly valuable experience that greatly increased his capacity as a professional in health promotion.

C.H.

Centre for Addiction and Mental Health (CAMH), Opioid Resource Hub, Provincial System Support Program

During my practicum at the Provincial System Support Program, Opioid Resource Hub I had the opportunity to work on: developing an impact evaluation of Strengthening Your Voice public speaking training program, compiling a literature review on the topic of engaging people with lived experience of marginalization in sharing their stories publicly, developing a series of checklists for organizations seeking to engage people with lived experience of opioid use and addiction in their work and developing components of and providing input into the pilot Opioid Problems, Treatment Solutions course for health service providers

The key learnings I have developed throughout my practicum has shaped my career as a public health professional where the core competencies that I have acquired: Health Promotion Knowledge and Skills; Plan and Evaluate Health Promotion Action Facilitate community mobilization and build community capacity around shared health priorities; Interact effectively with diverse individuals, groups and communities; Policy Development and Advocacy; Partnership and Collaboration; Communication and Leadership and Building Organizational Capacity have equipped me with skills that I need to make a difference and bring about social change. These skills will be transferable and applicable to my future pursuits and career goals. I have greatly valued my time working with the Opioid Resource Hub. I had the opportunity to work on a systems level program and also work towards addressing a complex health issue. Working with an innovative, collaborative, credible, action-oriented program has greatly grounded my passion in public health.

M.C.

The Ontario HIV Treatment Network

The Ontario HIV Treatment Network (OHTN) is a non profit organization made up of a collaborative network of people living with HIV (PLWH), health care providers, community-based organizations, policy makers, educators and researchers. Through funding and conducting HIV research, the OHTN strives to support and share high quality evidence with the goal of ending the HIV epidemic in Ontario. Its activities include capacity building, evaluation, data collection, education, and monitoring for HIV services.

In my time at the OHTN, I have worked as a Knowledge Synthesis Specialist, integrating and synthesizing current HIV research evidence into user-friendly products for various stakeholders. This included designing search strategies of academic databases (e.g. Cochrane, Medline, etc.), reviewing titles and abstracts for inclusion, performing data extraction/quality assessments and synthesizing the literature in written form for both academic and lay audiences. The Knowledge Synthesis department is part of the OHTN's objective to guide the implementation of effective HIV programs, service delivery and advocacy through Knowledge Translation (KT). Projects included updating an online database of HIV-related systematic reviews, drafting a manuscript for peer-review focusing on a 9-year evaluation of the OHTN's Rapid Response Service, and authoring a rapid synthesis on barriers to accessing health care experienced by transgendered people in Ontario. Important knowledge and skills were gained with regards to situational assessments, collaboration, and building organizational capacity, and overall this practicum was an extremely rewarding and positive learning experience.

J.S.

Ministry of Health (Northern Province); University of Jaffna, Department of Community and Family Medicine

During my placement, I primarily collaborated with the Provincial Ministry of Health (Northern Province) on a number of disability-related projects. The placement involved collaborating with a number of interdisciplinary stakeholders and learning about health issues in the context of Sri Lanka, particularly in the Northern Province, a post-conflict area. One of my main projects was to develop an accessibility checklist to assess the accessibility of health care institutions, specifically hospitals in all five districts of the Northern Province. This checklist was aimed at assessing the built environment of healthcare institutions and whether institutions align with national accessibility guidelines and legislation (such as Sri Lanka's National Disability Act). Additionally I had the opportunity to contribute to an ongoing identification survey aimed to identify disabilities in the Northern Province through the development of a written report, with intentions to be published by the Ministry of Health Northern Province. Furthermore I gained exposure to policy development through my involvement in drafting a policy document on autism for the Northern Province. This included input from various interdisciplinary stakeholders at different levels, including input from the WHO expert to Sri Lanka. Throughout the duration of my placement I had the opportunity to learn about health in Sri Lanka, particularly regarding disability in the Northern Province and how current developments are being developed and implemented to produce evidence-informed initiatives to bridge gaps, address health inequities and promote overall wellbeing. Overall this placement provided me with a wealth of insight on working in a global context.

L.K.

Centre for Addiction and Mental Health (CAMH)

During my 2017 practicum I completed a program evaluation of YMCA Sprott House, Canada's first LGBTQ2S transitional housing program for youth, which is located locally in downtown Toronto. This project was carried out under the guidance and supervision of Dr. Alex Abramovich, an independent scientist in the Institute for Mental Health Policy Research (IMHPR) at the Centre for Addiction and Mental Health (CAMH). The stated goals of my practicum were to 1) gain knowledge in the area of mixed-methods, community based, and qualitative research design, 2) gain knowledge regarding LGBTQ2S health research, 3) practice co-analyzing and co-authoring qualitative and quantitative data (in a two-person team), and 4) co-author a paper on LGBTQ2S youth health for publication. The main output for this practicum was an evaluation report prepared for the municipal government, which we are currently in the process of preparing as a separate manuscript for publication. Briefly, the work that I completed in my role as an IMHPR Research Trainee included survey analysis, thematic analysis of interview transcripts, interpretation of results, report writing and design, and manuscript preparation.

L.L.*Simon Fraser University's Health and Counselling Services*

Over the past 12 weeks, I have been working with the Health Promotion Team within Simon Fraser University's Health and Counselling Services. I was interested in working with SFU Health Promotion because of their widely recognized leadership in health promoting universities, including their role in developing and promoting the Okanagan Charter - an international charter for health promoting universities, and their success in implementing the Healthy Campus Community initiative at SFU. During my practicum, I was primarily involved in a qualitative research project examining the factors that contribute to international students' health and wellbeing on campus. My role involved analyzing focus group data and producing a final report outlining findings and key recommendations to enhance international student health at SFU. In addition, I supported the team by researching and developing new survey methods for program evaluation and contributing to the development of a new mental health initiative. This practicum allowed me gain insight into the operation and organizational structure of a university health centre while building practical skills in health promotion. Furthermore, the practicum introduced me to many inspiring initiatives happening within SFU and other universities across the country that are supporting students in maintaining their physical and mental health and thriving throughout their university careers.

K.M.*Permanent Mission of Canada to the United Nations in Geneva*

The actions of the World Health Organization (WHO) and the International Labour Organization (ILO) are driven by the will of their 194 and the 186 Member States, respectively. As an intern at the Permanent Mission of Canada to the United Nations in Geneva, I was exposed to the mechanics of this relationship, and how global health and labour priorities are established and negotiated by Member States through multilateral diplomacy. My practicum lied within the crossroads of global health and international relations, which offered me a really fascinating perspective on Global health policy development. I worked within the profiles of health, labour, and governance, directing my efforts to issues that fall under the WHO and the ILO, with an additional focus on the governance and management of the organizations. As an intern I attended meetings, negotiations, and conferences based on Canada's interests; and produced read-outs and formal reports for Health Canada, the Public Health Agency of Canada, and Employment and Social Development Canada, so that counterparts in Ottawa were able to position Canada appropriately on a particular issue. I also produced said readouts and reports for regional groups within which Canada is positioned, such as the Group of the Americas, and 'like-minded' such as the group of Industrialized Market Economies. While the areas in which I covered were broad and the meetings many, some examples include the negotiation for a Declaration against Child Labour, a global coalition for enhancing prevention efforts for HIV, the establishment of the programme and budget for the WHO, and meetings around noncommunicable diseases, antimicrobial resistance, vector control, inclusive economic

development and trade, and many others. Additional tasks of mine included writing policy briefs for the Ambassador of Canada to the UN for meetings with Ministers and Director Generals, and offering administrative and logistic assistance for visits from Canadian Cabinet Ministers. I gained tremendously from this experience, and really recommend it for anyone interested in global health policy!

E.O.

Public Health Agency of Canada

In summer 2017, I completed a practicum placement with the Innovation Strategy at the Public Health Agency of Canada (PHAC). PHAC describes the Innovation Strategy as a national funding program that is designed to support the development, implementation and evaluation of promising population health interventions that help Canadians achieve positive physical and mental health. The knowledge gained from funded interventions is used to positively influence public health policy and practice. In this practicum, I assisted with co-writing the annual Core Indicator Report, which measures and reports on the performance of funded interventions through a set of core performance indicators. These indicators address a range of areas, including reach, impact on health outcomes, knowledge development and exchange, partnership development, policy change influence and many others. My work on this report involved reviewing evaluation reports submitted by funded interventions, and collecting, analyzing and synthesizing relevant data to address core indicators. In addition to this work, I also conducted a literature review to identify performance measurement tools that can be used to evaluate population health intervention research. As the Innovation Strategy plans the next inception of the program (set to begin in 2020), this review will help revise and update the reporting tools and support the planning of evaluation activities for the next funding cycle. Working alongside the Innovation Strategy this summer has broadened my knowledge and skills of how to effectively design, monitor and evaluate interventions aimed at addressing complex public health issues and their underlying determinants of health. I recommend this practicum placement for any health promotion student interested in pursuing work in the field of population health intervention research.

B.N.

International Care Ministries, Bacolod, Negros Occidental, Philippines

The purpose of this project was to learn from the health workers at ICM and share strategies for building community capacity and strong social networks that improve socio-economic status and health in the midst of poverty. Organizations like ICM rely heavily on funding from wealthier nations who often require evidence-based practices. Part of my work was to contribute to some of that evidence in literature. Another goal of mine was to get to know the health workers and advocate for any needs they identified. The main activity of this placement involved designing subject-specific interview guides, gathering qualitative data and using the results to design a quantitative data collection instrument

for ICM, and beginning the analysis and writing stages. I was located in the Philippines for the first six weeks of my placement to complete the data collection phase and begin analyses. I conducted 18 semi-structured interviews, three focus groups and designed an electronic survey for 150 community health workers, in addition to observation time in the field. The following six weeks I continued the qualitative analyses and began the writing stage remotely from Canada.

Preliminary results indicated that community capacity can be built through effective health and livelihood education. CHW agree that TB stigma is defeated by an openness to accurate education, which is only accomplished through a trusting relationship with an educator. CHW have reported that a local liaison, such as community counsellors or religious leaders increase the success of rapport-building with communities. ICM CHW believe that communities have a role to play in eliminating TB in the Philippines. Program partners reported that health workers need to take an active role in developing community connectedness, especially among remote villages and crowded squatter communities.

The findings of this research can contribute to global health knowledge and practice in areas of extreme poverty and communicable diseases, such as TB in particular. There are complex interactions of poverty, social isolation and tuberculosis. The determinants of poverty must be addressed in tandem with medical interventions. Livelihood and health training is effective in poverty alleviation and should be a joint primary method to control tuberculosis.

C.C.

Public Health Ontario

Efforts to build capacity for knowledge exchange within Public Health Ontario are relevant to and important for helping the organization to realize this strategic direction and its mission. In my practicum, I have planned and led the initial implementation of a situational assessment exploring individual and organizational-level strategies for knowledge exchange capacity building. Situational assessment refers to the systematic process of gathering, interpreting, synthesizing and communicating data for the purpose of informing planning decisions. In the present case, data were obtained through literature review, internal document review and key informant interviews. The findings of the situational assessment are being interpreted to identify strategies for knowledge exchange capacity building that are of potential relevance to Public Health Ontario. The ultimate aim of this work is to develop a strategic approach to build capacity for knowledge exchange at Public Health Ontario.

Y.S.

Mahidol University, Bangkok, Thailand

My practicum experience, broadly speaking, can be divided into two parts: (1) field-based practical experience; (2) community visits and academic learning to better understand the lived experiences of disabled older adults living in Bangkok. During my first 3-weeks in Thailand, I joined a group of Thai students in a semi-urban village in Ratchaburi Province as part of a mandatory field-training course that Bachelor and some Masters students must take to fulfill their degree requirements. The aim of this course is to enhance our community development competencies such as carrying out a needs assessment, participatory learning and community engagement, rapport building as well as program development and evaluation. As part of the field training, the students were required to live within the community and interact with the community members on a regular basis. This helped to ensure that community members were actively involved in the health promotion project and that we, the students, had a good understanding of the community context. The second part of my placement consisted of a combination of conference and class attendance, self-study and community visits. I attended the 1st APACPH Bangkok Region Conference and the 8th International Public Health Conference toward Achieving Sustainable Development Goals, 2030. I have also made visits to numerous institutions working on improving the health and wellbeing of Thailand's aging population. This includes attending the Regional Seminar on Long Term Care, visiting Bang Saen in Chon Buri, where they are initiating the Smart City project as well as visits to Phrapradaeng Home for Disabled People in Samut Prakan Province. I have also initiated a qualitative research project focused on understanding the perspectives of disabled people living in Bangkok. The background research and the interview guide have been completed, but this project is still ongoing.

A.Z.

University of Nairobi

I completed my second practicum in Nairobi, Kenya as an intern of the Queen Elizabeth II Diamond Jubilee Scholarship program. I was officially affiliated with the University of Nairobi under the Human Pathology department, although my project took me all around Nairobi. My direct supervisor was Dr. Helen Dimaras of University of Toronto/Hospital for Sick Children. My project was a mixed methods research study investigating the opportunities and barriers of genetic testing and counseling services in Kenya from a healthcare professional perspective. I designed this study over the school year prior to the practicum. For the 12 weeks I was in Nairobi, I was identifying possible participants, recruiting, collecting data and some preliminary analysis.

Throughout this practicum project, I built a number of health promotion competencies. Firstly, I expanded my global health field work research skills. Secondly, I built strong partnerships and collaborations with key stakeholders in the field of genetics in Nairobi. Thirdly, I contributed to a situational assessment of the assets and barriers of the genetics services community. Lastly, I contributed to ongoing community mobilization of genetic service providers.

I also got the opportunity to give an oral presentation at the 7th International Scientific Conference at Kenyatta National Hospital/University of Nairobi. This was a great experience to see the exciting research happening domestically and make international connections. Overall, I highly enjoyed my experience in Nairobi. Outside of my health promotion competencies, I believe I also gained valuable skills in cultural competency, initiating and maintaining relationships, self-directed field work, and leadership.

M.Q.

Cancer Care Ontario

In 2017, the OCRC developed the Occupational Disease Surveillance System (ODSS), a novel approach to identifying, tracking, and preventing disease in the workplace. ODSS links workplace compensation time loss claims submitted by Ontario workers to other administrative databases such as hospital records, physician billing, and the Ontario Cancer Registry. In doing so, an open ended cohort is formed of Ontario workers who took time off due to injury or illness. As more and more workers enter the ODSS cohort by submitting a time loss claim, they are followed up over time to see if they develop a chronic disease or cancer. The ODSS cohort is made up of 2.2 million Ontario workers and spans across a wide range of occupations and industries. Of the numerous chronic diseases and cancers identified through ODSS, certain cancers were chosen to focus on. The purpose of my project was to perform analytics on ODSS findings for female breast cancer from 1983 to 2016. This involved documenting descriptive statistics of the females in the ODSS cohort, identifying which occupations or industries have an excess risk of breast cancer, new or unexpected associations between occupation and breast cancer, and the occupations or industries that have previously a priori established associations with breast cancer that were not detected by ODSS. The end goal of this project is to generate knowledge and add to existing epidemiological knowledge on female breast cancer and occupational exposures in hopes of decreasing the incidence of breast cancer in the future as more and more females enter the Canadian workforce.

For large projects like ODSS that have enormous amounts of valuable data, knowledge translation is vital. I did not expect myself in my practicum to be doing knowledge translation but I am thrilled that I was given the opportunity to do so. I created an animated infographic for the entire ODSS project that will now be shared with the Ministry of Health and Long-Term Care, Cancer Care Ontario, and stakeholders. In addition to my project, giving me the opportunity to use my skills in design, graphics, and the animation was a great way to add onto my learning experience here at the OCRC.