**Winter 2017 Health Promotion 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 the winter 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.

**A.B., Women’s College Research Institute**

Beginning in January 2017 I completed my second practicum in Toronto at Women’s College Research Institute (WCRI) under the supervision of Dr. Robin Mason and Dr. Janice Du Mont. My work was centred on an Ontario Women’s Directorate-funded project to develop interactive online training for health and social service providers on recognizing and responding to common but lesser understood sequelae of sexual assault. This training will be located at dveducation.ca alongside other modules on domestic violence and sexual assault. At this placement I was supported in my pursuit of many professional development opportunities: workshops, trainings and hospital rounds. Data to inform the development of this curriculum was drawn from three places: an advisory group, a literature review and a discourse analysis of posts by survivors on an anonymous online forum (reddit). My role in the project focused on the collection and thematic analysis of data from reddit to provide a survivor perspective in the curriculum. Data collected included behaviours and sequelae resulting from adult sexual assault in women, as well as any help-seeking behaviours/experiences. In addition to informing the curriculum, this data is being used to draft an article to be submitted for publication on help-seeking, which I am also working on. I have learned about and participated in the development process of a competency-based curriculum during this placement, and found it to be a rewarding and challenging experience at WCRI.

**A.G., Sanofi Pasteur**

This semester, I had the opportunity to complete my practicum at Sanofi Pasteur; Canada’s leading provider of vaccines and a part of the world’s top 5 pharmaceutical companies. Sanofi Pasteur is the vaccine-producing branch of the overarching Sanofi brand.

I was placed within the small team of ‘Pharmacoepidemiologists’ or ‘PE’ on site. The PE team, was a key member in most ‘safety’ related components of the vaccine production process. More specifically, our team focused on the post-marketing safety outcomes of vaccine use in all the countries Sanofi products were used. We were also involved in signal (a safety situation regarding a product) detection protocol development, signal management and even study methods review.

My role on the team was two-fold: (i) to develop a database that provided the background incidence rates of different adverse events (AEs) and (ii) to start a systemic review of under (over) reporting rates of AEs in the context of vaccine use.

  I was to focus more explicitly on the first project: focusing on 10 previously identified AEs, my task was to complete a critical appraisal/review of literature, databases, and gray literature to compile a list of background incidences for each respective AE. In addition, I was required to stratify the results by region of study, age, sex and season to identify if there were any particular disease patterns or epidemiological trends that each AE followed. These trends were then summarized in the form of reports for the rest of the company’s use.

**A.D., Mount Sinai Hospital**

This winter, I worked as a Research Manager at the Lunenfeld-Tanenbaum Research Institute at Mount Sinai Hospital. My main project for the semester was to advance a systematic review concerning health equity and population vulnerability in task-shifting interventions as a co-author. This involved helping to develop online systems and resources to manage the review, and managing other co-authors, ensuring that primary screening of all titles/abstracts was completed on time. I also contributed substantially to conducting the review itself, revising and advancing the study protocol and methodology, and conducting title and abstract screening for over 4,200 articles. During my practicum, I also supported the early stages of implementing the Surviving Opioid Overdose with Naloxone Education and Resuscitation (SOONER). This project is an RCT that will design and evaluate overdose education and naloxone distribution tools for a variety of populations, settings and contexts. I learned much from attending investigators’ meetings throughout the semester, including the level of interdisciplinary collaboration required to conduct a scientifically rigorous large-scale RCT. Finally, I helped submit a manuscript regarding drug related cardiac arrest to PLOS ONE after coordinating with the authorship team to incorporate feedback from reviewers. Through these activities, I worked towards developing a number of health promotion competencies that will continue to serve me well in my career in public health research.

**B.N., Snider Mountain Ranch (SMR)**

SMR is a year-round equine camp facility that has been in operation for 30 years. SMR has several seasonal programs, including New Horizons. SMR is a Canadian Registered Charity and an organization that focuses on making a social impact primarily targeting children and youth. New Horizons works with at-risk youth through mentorship- and skills-based programming. The ultimate purpose of New Horizons is to contribute to breaking the cycle of generational poverty through youth empowerment, consistent mentoring and skill mastery.

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. 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.

**B.S., Responsive Health Management, Inc.**

I did my second practicum at Responsive Health Management, a private organization providing long-term care services. I worked at a nursing home called Vermont Square, which is managed by RHM. The goal of this practicum for me was to understand and experience the long-term care service sector, and what can be the potential role of health promoters in these settings. During this practicum I contributed towards developing the quality improvement plan for 2017 by performing evaluations and data analysis of the nursing home’s performance of past two years. I also developed a tool kit for the program staff to engage residents with moderate to advanced dementia. This practicum provided me opportunities that were challenging and were beyond my skills I learnt in my program. At the same time the experience I gained here allowed me to develop on my core competencies listed for health promoters. Finally it was a very interesting learning experience for me that made me further appreciate the vitality of acting on upstream determinants, something we are trained for as health promoters.

**C.L., Centre for Addiction and Mental Health**

The Provincial System Support Program (PSSP) at the Centre of Addiction and Mental Health (CAMH) seeks to transform the mental health and addictions system by translating evidence-based practices, enhancing and disseminating various knowledge products and expanding its reach by collaborating with multiple stakeholders, communities and organizations across the province of Ontario. Working in a fast-paced environment where Ministry requests for certain evidence comes frequently, I was able to integrate myself into this environment and experience the true meaning of being a knowledge broker. Within my role, I developed a webinar series translating evidence from Ontario’s largest mental health and addiction survey report. Identifying key messages to translate while also selecting appropriate individuals as the target audience were key activities highlighted during this project. Another major project I spearheaded was developing and evidence in action knowledge product on community-based Suboxone programs for First Nations community in Northern Ontario to be utilized by the Aboriginal Engagement and Outreach team. Here I was able to conduct an environmental scan, critically analyze all implemented models and develop evidence-based recommendations for best-practices and how we can scale-up an important public health program to communities in need. Other projects and task I was able to complete/take part of included, facilitating a focus group, and conducting key informant interviews developing an infographic, critically reviewing an opioid treatment program and developing a webinar summary.

**E.B., Haliburton Kawartha Pine Ridge District Health Unit**

I completed my second practicum at the Haliburton Kawartha Pine Ridge District Health Unit in the Chronic Disease and Injury Prevention Department. I completed seven pre-planning documents on the following topics: opioid use, cannabis legislation, distracted driving, drug-impaired driving, social media use in health promotion, other injuries of public health importance and mental health promotion. I conducted situational assessments and environmental scans to identify community asses, resources, challenges and gaps. I considered competing priorities to make programming recommendations to management based on the findings. I also prepared a poster in partnership with the Northumberland Food Policy Council using health communication strategies and gained experience working with community groups. Finally, I prepared an evaluation proposal of the municipal engagement strategy which aims to increase the role of public health in municipal decision-making.

**K.T., Public Health Ontario (PHO)**

For my practicum at PHO, I was responsible for conducting an evidence brief on the topic of neighbourhood walkability and overweight and obesity. An evidence brief is a knowledge synthesis product that uses systematic review methods condensed into a shorter time frame with the goal of answering a time-sensitive research question. I worked together with PHO’s Library Services to develop a literature search strategy. I then screened the retrieved articles for eligibility. I developed two data extraction tables and used them to extract relevant data from the included articles. Presently, I’m performing a quality appraisal of the included articles and will write a report synthesizing these articles once the appraisal is complete. The completed evidence brief will be published on PHO’s external-facing website to inform public health professionals, policy makers and the general public. It will also be used to inform future research at PHO. I really enjoyed my placement and would encourage other students to apply for a placement with PHO.

**K.R., Princess Margaret Hospital**

During my practicum placement in the Department of Medical Oncology and Hematology (DMOH) at the Princess Margaret Hospital in Toronto, I worked as part of the DMOH Quality Committee, as the DMOH Quality Coordinator. The DMOH Quality Committee not only handles critical and severe incidents that occur within the department, but it is also responsible for planning and implementing a number of Quality Improvement (QI) initiatives in order to ensure that the division is providing the highest quality of care to its patients. This experience provided me with the opportunity to conduct audit and feedback on a number of quality metrics and to report back these findings monthly on a DMOH Quality Board and at the DMOH Divisional and Quality Meetings. Furthermore, through this experience, I conducted a mini needs assessment to understand current consent for chemotherapy practices and to identify whether or not these practices needed to be improved, based on the standards set out by the hospital’s consent to treatment policy. Once I had collected this data, I was responsible for developing a business proposal outlining the need for an eConsent initiative (as opposed to obtaining paper consent), which would ideally improve the ease with which physicians could obtain consent and which would thereby enhance the consent discussion between patient and provider. By working as a DMOH Quality Coordinator at Princess Margaret Hospital, I have learned a lot about the importance of partnership and collaboration between stakeholders and about the importance of conducting a needs assessment prior to implementing a health promotion or quality improvement initiative. Furthermore, this experience provided me with the opportunity to lead and plan my own project (eConsent) and to advocate for the implementation of eConsent as a means to improve patient experience and safety.

**L.K., Parkdale Community Health Centre**

 I completed my practicum at Parkdale Community Health Centre (PCHC) with the Parkdale Parents’ Primary Prevention Project (5Ps). I undertook various initiatives for the 5Ps team, including focused outcome evaluations of their Maternal/Child Postnatal Program (0-12 months) and their Fatherhood Involvement programs, as well as a comprehensive Program Review of their Infant Feeding Program, which included components of a process and outcome evaluation, and a current state assessment. Throughout my practicum, I attended the 5Ps programming, developed and adapted evaluation tools conducted staff consultations, client surveys and one-on-one client interviews for each of the programs of interest, analyzed the data, presented the results and recommendations to the Population Health team, and submitted detailed reports and a conference poster. I took initiative to implement some of recommendations that arose from the evaluations. For example, I developed a new data collection process to track client outcomes, such as breastfeeding duration and exclusivity, and I also initiated a data dictionary. PCHC is integrating with Queen West Community Health Centre, therefore these reports and new processes will be useful to convey 5P’s program achievements, clients’ experiences, and recommendations for program improvement.

**L.A., Women’s College Hospital (WCH)**

Women’s College Hospital Research Institute performs health system and clinical research aimed at providing more efficient, better quality, and safer care to Ontarians. The institute takes a multidisciplinary approach to the research conducted in order to create a better patient experience across the health system and improve patient health outcomes.

The placement provided me with hands-on clinical research experience within a primary health care setting, learning about the Women’s College Hospital Research Institute’s functioning, and about the processes involved in clinical research. It has further developed my research and analytical skills by undertaking study planning processes and participant recruitment activities. I contributed to the development of advancements in primary care by incorporating SWYW results into health care decision-making processes and policy-making.

**M.S., Access Alliance Multicultural Health and Community Services**

For my practicum placement I was involved in two projects. The first project was the Refugee Health Best Practices Project. The goal of this project was to produce an environmental scan report detailing best practice recommendations for collaboration between agencies responding to refugees arriving in Canada. For this project, I conducted and transcribed several key informant interviews with service providers and agencies involved in the Syrian refugee response. In collaboration with the research team, I analysed and synthesised this qualitative data using NVIVO software in order to produce the environmental scan report. The second project that I was involved in is titled the Good Jobs project. This project aims to address the growing problem of precarious work in Ontario at the community level, institutional and organizational level and the systemic level. Although I was involved in work at all three levels, my primary role for this project was to develop community based workshops in collaboration with the project’s community action leaders, who are people with lived experiences of precarious work. In these workshops, we educated community members in the GTA about issues around precarious work, workers’ rights and civic engagement. The goal of these workshops was to build capacity in community members to participate in advocacy initiatives that address precarious work at the systematic level. For both projects I was also responsible for developing an evaluation framework and producing midterm evaluation reports.

**M.P., Ontario Tobacco Research Unit (OTRU)**

My second practicum was with the Ontario Tobacco Research Unit (OTRU) at the Dalla Lana School of Public Health (DLSPH). I developed a base of evidence on the use, impact, and control of commercial tobacco use among aboriginal peoples in Canada and globally. This evidence will be used to support the development and implementation of OTRU’s project with partnered Ontario aboriginal communities called RETRAC2: Research on Commercial Tobacco Reduction in Aboriginal Communities, which is entering its community led intervention phase.

I completed an OTRU Special Report on the available evidence for effective tobacco control interventions among aboriginal communities globally. I produced an estimate of the burden of the smoking attributable fraction of mortality among aboriginal peoples in Canada using data from the Canadian Community Health Survey 2013-14 block, the Aboriginal Peoples Survey 2012, and the Census Cancer and Mortality Followup Study 2006. Smoking prevalence is high and comparable between aboriginal men and women. The smoking attributable fraction of mortality is high for both aboriginal men and women nationally and by aboriginal identity. The next step is to estimate of the burden of smoking deaths among aboriginal peoples.

**S.T., Toronto Arts Council (TAC)**

 My role with TAC’s *Arts in the Parks* program involved working with the existing outreach and engagement and impact evaluation leads on the team to i) extend the reach of the program into the health sector and to maintain engagement with organizations local to the neighbourhoods where over 50 arts events will be taking place this June-September, and ii) to develop the evaluation plan to include more ways to be involved and participate in evaluation and improve the existing survey tools. The work involved developing a targeted outreach plan and thinking through my approach to introduce and promote the Arts in the Parks program, while also offering to partner in ways that offered mutual benefit, be it cross-promotion, servicing particular communities and their needs, deeper involvement to collaborate with the artists, or to see how outdoor arts engagement could contribute to any other priorities. For the evaluative component, my contributions involved working alongside the impact evaluation lead to develop and enhance survey tools to measure the benefits of Arts in the Parks to and assess areas of improvement in over 50 arts events across the city. I was challenged to come up with evaluative components that encouraged people to get involved and as a result, we came up with three new participatory evaluation activities: Cluster Mapping, Visual Bar Graph, and Narrative Stems, for audience member to engage, make their mark, and see their answers in relation to others’, in a real-time, evolving manner.

 Overall, this practicum was a great fit and has made me more interested in public sector initiatives and city-building. I hope to continue building my work as a health promoter on similar strategic city-wide initiatives to benefit where local residents work, learn, and play.

**T.S., St. Michael’s Hospital**

 My 12 week practicum placement was completed at the Centre for Urban Health Solutions in the Li Ka Shing Knowledge Institute at St. Michael’s Hospital. The Centre for Urban Health Solutions is an interdisciplinary research center that aims to improve the health and social conditions for people living in urban environments through research, policy, and knowledge translation. With the center, I had the opportunity to engage in a community-based research project that focused on health service utilization patterns among adults in Toronto who were homeless or recently housed. The project was developed in partnership with several community agencies in Toronto serving homeless communities, people with lived experience, and service providers that were concerned with the increase in recent homeless deaths. This engagement ultimately led to a research project evaluating whether such increase was happening and whether these individuals were being inappropriately turned away from health services. I was responsible for liaising with community partners, preparing an inventory of available databases and data management, preparing data for linkage through the Institute of Clinical Evaluative Sciences (ICES), and writing REB applications and research protocols. It is hope that demonstrating a pattern of health service use among recently deceased homeless adults in Toronto will help inform strategies to improve health care delivery to people with experiences of homelessness, including the potential for developing destigmatizing interventions, changing health care provider perceptions about threshold for admission to the hospital, and better linkage to care for homeless individuals at risk for dying.