**Winter 2018 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 Winter 2018 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.

**S.T.**

Institute of Public Health Lahore

The main purpose of my placement at the Institute of Public Health Lahore (in Lahore, Pakistan) was to research the current breastfeeding practices of new mothers residing in the catchment area of IPH, with a child younger than 25 months. A quantitative survey was generated to collect demographics (age, income, number of children, etc.) and basic information on current breastfeeding practices (i.e. does the mother currently breastfeeding, why or why not). This survey was administered verbally in Urdu as some mothers were unable to read or write. In addition to the survey, focus groups were also held with a group of five to seven mothers. The aim of these focus groups was to gather in-depth information on why mothers are not breastfeeding their baby and how they can possibly be motivated to breastfeed their baby. All of collected data was collated and a report was generated for IPH with the main findings. The data collected during this practicum will help IPH determine the possible barriers mothers are facing to breastfeeding. This can help IPH modify their current educational materials and programs to address these barriers. Furthermore, they can also create and implement new programs.

**H.T.**

Centre for Global Child Health (CGCH), Hospital for Sick Children (SickKids)

The Centre for Global Child Health (CGCH) is located in the Hospital for Sick Children (SickKids), which is one of the world’s tip paediatric hospitals. The CGCH has a mission to both directly and indirectly improve the lives of children and families in resource-poor environments. The Centre supports global newborn, child and adolescent health through research, capacity –building, evaluation and advocacy. In addition, knowledge synthesis and translation is used to inform policy development. My practicum experience at the CGCH involved working on a research paper on antenatal depression in Senegal. I analyzed data from baseline surveys of a larger study on group antenatal care using STATA software. The final report will include an estimate of antenatal depression prevalence in Senegal, as well as risk factors associated with depression symptoms. My practicum objectives included: (1) developing skills in quantitative data analysis; (2) working on a research paper that will be submitted for publication; (3) gaining experience in global health practice. I was able to achieve these objectives through my work on this research paper.

**P.D.**

Association of Ontario Midwives

The Association of Ontario Midwives is dedicated to advancing the clinical and professional practice of Indigenous/Aboriginal and Registered midwives in Ontario. Our vision is midwives leading reproductive, pregnancy, birth & newborn care. I conducted my practicum at the Association of Ontario Midwives in the Clinical Practice Guidelines department. Although the Association does not address public health, the practicum provided me many experiences that aligned with the health promotion competencies. I was able to develop my quantitative and qualitative data analysis skills. I also had the opportunity to partake in developing knowledge translation materials.

**K.H.**

COMBIEL Lab at Princess Margaret Cancer Centre

I completed my practicum with the COMBIEL LAB at Princess Margaret Cancer Centre, under the supervision of Dr. Geoffrey Liu and Dr. Wei Xu. During my practicum I worked as the primary data analyst on several projects examining patient-reported outcome measures for oncology patients with all types of cancer. In this role I worked with clinicians and medical student trainees to refine their research questions and design appropriate analyses. I cleaned, prepared, and harmonized data in R and SAS software packages, produced reports and visualizations of descriptive statistics, and performed various types of statistical analysis including linear and logistic regression, generalized linear mixed models, and time-to-progression survival analysis. My goals for this practicum project were to expand my knowledge of quantitative research methods and improve my proficiency in data management and use of statistic software. This placement has allowed me to develop the skills to conduct quantitative research and has exposed me to some of the key challenges in providing equitable, accessible, and supportive cancer care in a Canadian context.

**S.A.**

Healthier Cities and Communities Hub at the Dalla Lana School of Public Health

As a practicum student at the Healthier Cities and Communities Hub, my primary role involved creating a project plan to evaluate the implementation and impact of TPH’s Healthy by Design project, which was submitted to UofT and TPH’s REBs. This project aims to improve the built environment of two apartment complexes in Toronto. I worked with the team to design the methodology for each of the six data collection methods: observations, pre-post intervention resident surveys, resident focus groups, design charrette surveys, partner interviews, and document analysis. Through frequent communication with the two community organizations involved with each apartment complex, I aided in the development of the sampling and recruitment strategy for each method along with the pre-post intervention resident survey and the design charrette survey. I created six information sheets and consent forms, and various recruitment tools (interview job ads, event postcards, and 12 recruitment scripts). One of my most notable work involved developing the observation method. I created a protocol, a schedule, a built environment observation tool and a human observation tool for each apartment complex, and an 84-page training manual. The tools were piloted tested and revisions were made. After submitting the four completed REB applications to TPH/UofT, we received comments from both REBs. I aided in the response to these comments and the modifications to the protocols as well. Moreover, I worked on and submitted a 102-page environmental scan to TPH. The purpose of the scan was to provide a comprehensive description of the two apartment complexes based on what is already known about each area through maps, Ward data, census data, articles about the community in grey/white literature and newspapers, etc. Other smaller tasks that I completed involved creating six data collection method summaries and data dictionaries for the four pre-post intervention resident surveys.

**R.A.**

Our Kids Network (OKN)

The vision of Our Kids Network (OKN) is, “All children thrive.” OKN promotes healthy development among children, youth and families through research, knowledge mobilization and action using a collective impact framework. As a practicum student with OKN, I developed a knowledge mobilization (KM) plan for the Early Years Initiative, which targets children aged 0-6 and their families. To develop the KM plan, I worked both with OKN staff, and neighbourhood stakeholder representing multiple sectors including early child development, mental health, housing, and Newcomer services. In my role, I engaged relevant literature on knowledge translation, social marketing, and health communication to identify potential avenues of health promotion action. Moreover, I planned and facilitated a series of meetings with core OKN staff to establish goals and objectives for the KM plan. Separate to this, I facilitated four discussions with Early Years Initiative Neighbourhood Planning Tables. Based on input from core OKN staff and Planning Tables, I developed a document outlining the goals and objectives of a knowledge mobilization plan for the Early Years Initiative. Furthermore, I developed a discussion guide, interview questions, and recruitment strategy for focus groups and semi-structured interviews with parents of children 0-6 across Halton Region. Qualitative research results will inform the execution of the knowledge mobilization plan.

**R.L.**

Association of Ontario Health Centres

The Association of Ontario Health Centres is comprised of 107 community-governed primary health care organizations. Members of the association include community health centres (CHC), Aboriginal Health Access Centres, Community Family Health Teams and Nurse Practitioner-Led Clinics in Ontario. Guided by the Model of Health and Wellbeing (MHWB), principles include the highest quality of health care services delivered, utilization of a people-and community-centred approach; commitment to health equity and social justice; as well as investment in partnerships with community members to support community vitality and belonging. The purpose of the project was to conduct a descriptive case study on one community health centre in Ontario, that well exampled the MHWB. A single-case in-depth study using an embedded design was conducted. Translating theory into practice, the 5 constructs of Implementation Research were utilized as part of the case study protocol design and analysis. The main goal of the project is to contribute to organizational performance standards by showcasing the effective execution of the Model of Health and Wellbeing.

Results: Study results reveal the adaptability of the MHWB as exampled in a local setting context. The 8 attributes of the MHWB are exampled to be cross-cutting within all programs and services delivered. CHC staff well exhibited the 5 constructs, including barrier mitigation, strong workplace culture and leadership, attributable soft skills, and a staff champion to guide the process.
Outcomes: Study results will be shared at the upcoming June AOHC June 2018 Conference: Health Equity Action and Transformation with conference attendees. The final report will be submitted to the Journal of Community Health for publication.

**M.S.**

Health Promotion Chronic Disease and Injury Prevention, Public Health Ontario

During my practicum at Public Health Ontario (PHO)’s Health Promotion Chronic Disease and Injury Prevention department, I completed a comprehensive report guided by multiple objectives, for a study aimed at quantifying the burden of domestic violence and abuse (DVA) and associated craniomaxillofacial (CMF) trauma (injury to face, skull, or jaw) in Ontario. The primary purpose of this study is to ascertain the scope of dental health professionals in mitigating this burden. DVA can be defined as a pattern of assault and/or coercive behaviour that occurs among family members, intimate relationships and/or within a household. In compiling the 4 main sections of this report (background, methods, results, and discussion) I searched journal databases and google (for grey literature) to justify our investigation and contextualize our findings in the broader body of knowledge. I also interpreted quantitative data extracted from IntelliHEALTH databases by an epidemiologist, presented results in tables and figures using Excel and described key results. Throughout the process I worked closely with my supervisor and the epidemiologist who extracted emergency department visit data for this study. Towards the end of the practicum, I presented an overview of this project to PHO staff in a succinct and clear manner. By the end of the practicum, I had improved various health promotion competencies, developed an increased understanding of descriptive analysis and knowledge synthesis, and gained knowledge about DVA, related CMF trauma and dental health professional’s role in addressing the issue.

**B.Y.**

Centre for Communicable Disease and Infection Control (CCDIC), Public Health Agency of Canada

Background: The Public Health Agency of Canada (PHAC) takes on the federal role of convenor and leader of public health issues across the country. My placement was within the Centre for Communicable Disease and Infection Control (CCDIC), which is located organizationally within the Infection and Prevention Control Branch. As this was my second practicum, the intention was to further develop the core competency of policy development and advocacy.

Objective: A scoping review was undertaken to identify methodologies that can be used to evaluate antimicrobial stewardship interventions. The results of this review will be used to help inform the development of an evaluation framework, which has been outlined as a key component in tackling antimicrobial resistance within the Pan-Canadian Framework for Action.

Methods: The research question was developed collaboratively with a senior policy analyst and epidemiologist. A systematic literature review was completed by the Health Library, which returned 133 articles. A title and abstract review and full-text review was completed followed by quality appraisals. ICROMS was selected as the appraisal tool due to the variability in the types of studies included. Next steps will be to extract data and reach out to external stakeholders for their expert opinions.

Results: As the review is still underway, the results can only be anticipated. Once completed, it is expected that the results will be used to develop an evaluation framework for antimicrobial stewardship interventions across the nation. This framework will help to gather data on a more uniform basis and work to fill current data gaps that have been identified by the Canadian Antimicrobial Resistance Surveillance System (CARSS).

**R.L.**

Injury Prevention Research Office, St. Michael’s Hospital

Over the past 12 weeks, I completed my practicum with St. Michael’s Hospital in the Injury Prevention Research Office. I was fortunate enough to work a second term under the supervision of Dr. Michael Cusimano, one of the top neurosurgeons in Canada. Dr. Cusimano founded The Injury Prevention Research Office over 20 years ago to conduct a variety of neurosurgery and brain injury research studies. I worked on two main research projects looking at head injury in sport. The first utilized an artificial intelligence algorithm to analyze Tweets from Twitter regarding head injury in the 2014 FIFA World Cup. The study focused on gaining an understanding of the attitudes of the public towards head injury in professional sport. This project involved multiple literature reviews, collaboration with various co-workers and scholars from outside of the hospital, and brief policy analysis. The second research project looked at head injury in the Olympic sledding sports (bobsleigh, luge, and skeleton). This project involved creating a coding scheme, conducting video analysis, assessing inter-rater reliability, organizing large data sets in Microsoft Excel, conducting statistical analysis, as well as completing a manuscript for publication in a peer-reviewed journal.

**A.N.**

Princess Margaret Cancer Centre’s Supportive Care Research’s Division

I worked as a research trainee for the Global institute of Psycho-social, Palliative and End-of-Life care (GIPPEC), housed in Princess Margaret Cancer Centre’s Supportive Care Research’s Division. I developed a complete proceedings report on a GIPPEC symposium and worked with scholars in the field to address equity in palliative and end-of-life care. The report will be reviewed by contributors of the event and distributed to groups of interest to help guide decision-making on providing culturally appropriate palliative and end-of-life care. Writing the report, I gained knowledge translation abilities and had the opportunity for a more diverse audience including physicians, community members, scholars, etc. In addition, I’ve got to support qualitative research and developed qualitative interview questions for a research study in Uganda to understand death and dying perspectives in Uganda. These activities that I was involved in further nurtured my academic writing abilities and gave me insight and skills to working as part of a global research team; hence my skills in global health research strengthened in a more nuanced and scientific manner. I also gained intellectually, gaining further on the knowledge on the subject of palliative and end of life care – something that is becoming increasingly universal, and an area that faces ethical, legal, and cultural challenges.

**M.B.**

Toronto Public Health

Toronto Public Health is Ontario’s biggest public health unit. It is focused on protecting and promoting the health of all Toronto residents. Toronto Public Health’s mission is to reduce health inequities and improve population health. It is guided by its Strategic Plan *A Healthy City for All*. The purpose of the practicum placement in Toronto Public Health’s Healthy Public Policy Directorate was to support the development and evaluation of a pilot community grants program underneath the City of Toronto’s Vision Zero Road Safety Plan. This included the development of evaluation indicators, a guide to perform the evaluation and preliminary tools to be used to evaluate the success of projects funded through the pilot grants program. To accomplish this, I performed a jurisdictional scan of similar programs and their assessment and evaluation practices, a review of the literature regarding road safety programs and contributed this information during meetings with interdivisional partners engaged in the Vision Zero Road Safety Plan.

**S.H.**

WHO Collaborating Centre for Governance, Accountability and Transparency in the Pharmaceutical Sector

The World Health Organization (WHO) hosts a number of Collaborating Centers across the globe to probe research and inquiry into novel areas of investigation that are relevant to the WHO’s responses to global health issues. The WHO Collaborating Centre for Governance, Accountability and Transparency in the Pharmaceutical Sector (WHO CCGAT) is one such centre that is located in Toronto and hosted through the Leslie Dan Faculty of Pharmacy. WHO CCGAT engages in innovative research initiatives to respond to issues related to medicines, the pharmaceutical sector, as well as the health sector, more broadly.

Corruption is a pervasive and growing problem, which has increasingly gained attention across the global and international community. Similarly, good governance has broadly been recognized as an essential component of global systems and programs and can be used to mitigate corrupt activities. While there are many definitions of good governance, two important and salient aspects are accountability and transparency. However, there appears to be variability in how these terms are conceptualized, and consequently, in how they are operationalized. This means that there is diversity in the implementation of good governance strategies. Unfortunately, there is limited empirical evidence related to how international organizations have used governance to mitigate corruption. This has raised some concern, as there are gaps in knowledge regarding implementation, best methods, and whether current efforts are able to mitigate corruption. As a public health practicum student, I worked with the Director of the WHO Collaborating Centre for Governance, Accountability, and Transparency to: (i) conduct a scoping review of good governance strategies across international organizations; and (ii) explore which strategies have been successful in mitigating corruption. By using three academic databases (ProQuest, EBSCOhost, and Social Sciences Citation Index), we were able to reveal the state of the evidence on the implementation of good governance strategies since the early 1990s. This review revealed the historical progression of this dialogue and how governance, accountability and/or transparency have been conceptualized and operationalized. Further analysis allowed us to identify a number of gaps in knowledge, especially as it relates to implementation and evaluation of the aforementioned strategies. Our analysis of trends and major findings will primarily be shared through a report, and likely discussed during upcoming academic venues. This report will also be shared with our partners and collaborators to receive their feedback on the feasibility and prioritization of future areas for investigation. In summary, this practicum experience offered the opportunity to engage in a topical, yet challenging, global health issue and collaborate with a multi-disciplinary and global research team.

**N.H.**

Women’s College Research Institute (WCRI)

Women’s College Research Institute (WCRI) is a multidisciplinary and innovative hospital-based research institute, located within Women’s College Hospital. WCRI specializes in the promotion of women’s health by utilizing a critical intersectional lens when assessing health conditions and medicine that are applicable to women. I completed my second practicum placement under the supervision of Dr. Janice Du Mont, a scientist at WCRI, who conducts research and creates knowledge translation tools specific to women who have experienced violence. My specific project during the practicum aimed to advance policy and advocacy on the issue of violence against older women. To do this, I developed knowledge translation materials in the form of three video learning modules that address the competing frameworks used to understand violence against older women, the important advocacy and activism strategies they may use to make change in this area, and the promising practices for working with older women who have experienced abuse. This work consisted of engagement with various professionals in the field, including scholars, researchers, and community leaders.

**A.K.**

Canadian Public Health Association

The Canadian Public Health Association (CPHA) is a national non-profit organization that acts as an independent advocate for public health. CPHA works to review and provide evidence to decision-makers that can help to improve population health. My practicum at CPHA focused on the development of knowledge products and advocacy materials on current public health policy issues. As part of the policy development team, my major deliverables contributed to a public policy toolkit aimed at increasing children's access to unstructured play, while additional projects supported a report on health system reform in Canada and its implications for public health practice. Over the term, I had the opportunity to produce a literature review on health system organization as it relates to public health; an environmental scan of recent provincial health system changes; a federal policy proposal and discussion paper on the emerging concept of play-friendly cities; and a policy development guide on best practices of play policies in childcare settings.

**P.P.**

The Centre for Urban Health Solutions (CUHS), St. Michael’s Hospital

My second practicum was a 12-week placement at the Well Living House (WLH) in the Center of Urban Health Solutions at the St. Michael’s Hospital in Toronto. The Well Living House (WLH) is an action research centre for Indigenous infants, children, and their families' health and well-being. My primary project was supporting the recruitment and implementation of a randomized control trial entitled *Reconciling Relationships: Piloting an Interactive Health Care Professional Indigenous Cultural Safety Training Intervention at St. Michael’s Hospital.* The study is assessing the effectiveness of Indigenous cultural safety for healthcare professionals through a three-armed trial. Reconciling Relationships is in response to the Truth and Reconciliation Commission of Canada’s calls to action to ensure that all healthcare professionals undertake cultural safety training to reduce the address the impacts of racism on the health and wellbeing of Indigenous people. My tasks included curriculum development as it pertained to the Indigenous adaptation of anti-bias training module, the development of a control arm, conceptual contributions to the RCT evaluation survey tools, and the development of an online survey platform. I was also able to contribute to the data cleaning, framing and analysis of an additional project in partnership with Webequie First Nation, examined the relationship between culture as healing in a community embedded Suboxone program. Through this experience, I was able to develop public health competencies in Indigenous research and building personal and organizational capacity in Indigenous cultural safety.

**S.B.**

Sherbourne Health Centre

Sherbourne Health Centre is a not-for-profit organization located in downtown Toronto, committed to providing health services and programs to underserved, marginalized or high-needs groups, such as underhoused individuals, newcomers to Canada, and the LGBTQ2S population. For my placement, I work on the Newcomer Health Team, for the health promotion lead. I was involved in the mapping of an internal resource guide for low-cost or uninsured services, the planning, implementation and evaluation of a community ambassador training program, as well as the planning, delivery, data collection and data analysis from an annual community consultation in the neighbourhood of St James town called Spring Gathering. I was involved in health promotion programming delivered to and alongside residents of St James town, a very diverse and densely populated community in Toronto with a high proportion of newcomers. The practicum considered structural, environmental and social determinants of health in order to provide resources and programs that build capacity in the neighbourhood for individuals to gain control over their own health.

**E.W.**

Population Council in Cambodia

I am completing my global public health practicum with Population Council in Cambodia, under the supervision of Dr. Ashish Bajracharya. I am developing knowledge products and conducting research for the WorkerHealth project, which is looking at the reproductive health of garment factory workers. In this South East Asian country, the garment industry has around 700,000 workers, making it Cambodia’s largest formal employer. In this female-dominated industry, women account for 85% of all workers, most of whom are of reproductive age. WorkerHealth is therefore using policy, research, and service delivery to help ensure women in this important sector have access to voluntary and informed family planning services.

During my 12-week practicum, I have developed presentations for the project’s final dissemination workshop and evidence briefs, which will be shared with stakeholders, including government, brands, factories, and other NGOs in the sector. I am also developing an abstract and manuscript looking at workers’ determinants of traditional contraceptive use.

**A.A.**

Chronic Disease and Injury Prevention (CDIP) Directorate, Toronto Public Health (TPH)

Throughout my practicum at Toronto Public Health (TPH) with the Chronic Disease and Injury Prevention (CDIP) Directorate, I completed many tasks that have honed my skills as a Health Promoter. I was originally hired to create a Theory of Change but was very fortunate to become involved with a number of other projects along the way. The purpose of the Theory of Change was to better understand the benefits of taking an organizational capacity building (OCB) approach within the CDIP directorate by combining supportive evidence from the literature with the experiences of front-line workers. This Theory of Change will be used as a foundational document to support this shift towards OCB. Along with the creation of a Theory of Change, I was able to conduct a literature scan to create an educational guide that supports the use of videos in TPH’s practice to both educate the public as well as train internal staff. This guide is a mixture of a literature review and a best-practices document that will be used to support the increased development of health promotion videos. I also assisted in collecting baseline information about the current status of CDIP projects with regards to their adherence to the performance management framework outlined for all CDIP programming. Lastly, I was able to attend a number of meetings on topics such as IT support, quality improvement, and components of performance management such as logic model development. This exposure to a wide range of topics provided me with insight into the responsibilities of a public health unit as well as the variety of career options available at an organization like TPH.

**N.K.**

Schwartz-Reisman Emergency Medicine Institute (SREMI)

The Schwartz-Reisman Emergency Medicine Institute (SREMI) is a research centre that houses leading scientists and physicians in the field of emergency medicine. SREMI works to improve the effectiveness of emergency departments and their personnel. They are involved in a variety of work, including work on growing conceptual topics such as task shifting. Task shifting involves the rational redistribution of tasks from trained health workers (i.e. physicians), to less specialized or untrained workers. Under the supervision of Dr. Aaron Orkin, I completed a practicum that involved the development of a protocol for a scoping review of systematic reviews on task shifting. This review aimed to identify definitions of task shifting in global health literature, as well as identify the contexts in which task shifting interventions take place. So far, we have found that many reviews identify task shifting in some way, and provide a rationale that explains the shortage of human health resources in their location. Moreover, interventions often focus on the treatment of HIV/AIDs and maternal/child health issues. Some interventions have focused on mental health treatments and type 2 diabetes. We hope that this work helps to initiate a Delphi process that works to engage with task shifting experts to create a conceptual framework for task shifting. Finally, in this practicum I was involved in a systematic review that explored health equity and vulnerability definitions and outcomes in task shifting literature. Over 100 articles were assessed and we found that there is an abundance of literature that fails to identify their populations’ inequities and vulnerability. Moreover, task shifting interventions aim to reduce inequity by creating additional health human resources, but fail to evaluate this reduction using equity-relevant outcomes. The research undertaken in this practicum was very valuable, and will hopefully help to advance research in the field of task shifting.

**M.S.**

Population Health Solution Lab (PHSL)

I was placed at the Population Health Solution Lab (PHSL), located at the Bridgepoint Active Healthcare site of the Sinai Health System. The practicum work has been primarily supervised by Sophia Ikura, Director of the PHSL. The total duration of my practicum has been 12 weeks. My placement at the PHSL has been a valuable learning opportunity as it covered important areas and issues of health promotion and positively contributed to acquiring core competencies for public health. The PHSL is mandated to design and prototype solutions for important population health issues. PHSL uses a systems approach to understand the Social Determinants of Health, and develops and prototypes solutions that focus on complex and interconnected components of the system. It is obvious that such an approach provides a great learning opportunity for health promotion students to further their understanding of the discipline. I attended a general orientation about Sinai Health system on the first day of the practicum placement. I and two more MPH students were introduced to the various activities, initiatives and projects of the PHSL. The lab is currently undertaking five projects: Compassionate Care Communities, Supporting Tenancies, Opioid Overdose Response, Clinician Tools, and Local Health Integration Network (LHIN) Planning Tools projects. I was briefed about the aims and objectives of all these projects, what solutions are being considered and how these solutions will address the existing population health problems. I was primarily assigned to work and contribute to the Clinician Tools and LHIN Planning Tools projects. My tasks were to contribute to the development of an interview guide and literature search for the Clinicians Tools project and to the Environmental Scan for the LHINs project. In addition, I have been working on developing an Ethics Framework to guide the ethical conduct of the projects and activities of the lab. In conclusion, my practicum work has been progressing very well and it has been a valuable learning experience. The key learning from this placement include: population health assessment and approaches; designing population health solutions; planning, evaluating, and managing population health projects, programs, and initiatives.

**W.J.**

Public Health Agency of Canada

The Public Health Agency of Canada strives to empower all Canadians to achieve their optimal health levels. To achieve this ambition, PHAC works in partnership with various stakeholders and key populations to create initiatives that prevent disease and injury while promoting physical and mental well-being. In addition, the PHAC is responsible for knowledge translation to the entire country by synthesizing the most relevant research and evidence on health concerns and disseminating knowledge to the country in a timely and comprehensive manner. The paramount values of the agency are scientific excellence and national leadership in response to public health concerns. I moved to Canada's capital to develop world-leading policy for the federal government at the Public Health Agency of Canada (PHAC). The PHAC’s Population Health Determinants Section is responsible for advising for the federal, provincial, and territorial governments on critical health decisions. My specific responsibilities at the Agency are creating briefing materials for senior management; and conducting, synthesizing, and analyzing information to support the development of policy that will increase the health of Canadians. One of the specific documents I am designing is an update to the old Sexually Transmitted Infection brochure. This brochure was the most requested material created by the Agency, having printed over one million copies. It is my responsibility to take the current research and communicate it in an effective manner for the end users. It is paramount that stakeholder engagement is collected throughout the development and implementation of the brochure, and my role in the Programs and Partnerships Division has exposed me to the impertinence of engaging with key stakeholders. The process of developing a pan-Canadian document requires consistent iterations and prototyping, as the path to development requires various levels of approval and feedback.

**C.L.**

Health Equity Policy Unit, Ministry of Health and Long-Term Care

My practicum was completed at the Ministry of Health and Long-Term Care. This organization is responsible for administering the health care system and providing services to the Ontario public. The Health Equity Policy Unit works with stakeholders across government and the health sector to embed health equity awareness and capacity as a standard across Ontario’s health system.

This practicum provided me with an incredible opportunity to learn more about how provincial public health policy is developed and implemented. Through involvement in strategic planning and team meetings (LHIN Renewal, unit meetings, health equity team meetings, branch meetings) and networking, I have learned about a diverse set of policy issues and management processes. Having the opportunity to review key documents, I now have a better understand of how these documents are developed and how the principles of health equity are actioned (from a government perspective). Understanding opportunities for action on addressing inequities through the use of policy levers and within the current context (growing interest) has also been essential to understanding what is possible right now. During this practicum, I had practice analyzing literature related to health equity as well as opportunities to prepare briefing materials. Though not directly involved in sociodemographic data collection files, I had the opportunity to see how that policy developed over time and the opportunity to sit in on collaborative sessions held by the Anti-Racism Directorate where I learned more about the work that they have done.