



RESEARCH AND PRACTICE DAY 2018

POSTER PRESENTATIONS

Friday, November 9, 2018 | 1 - 4:30pm | MSB Stone Lobby

1PM Opening Remarks 4:30PM Awards and Closing Remarks

Name	Program	Title of abstract
1 Sarah Sutherland	PhD Epidemiology	The role of resilience in the relationship between care environment and adverse health-related behaviours in orphaned and separated children and youths (OSCA) in Western Kenya
2 Jennifer Jairam	PhD Epidemiology	The Association Between Maternal Residential Neighbourhood Income and Concomitant Preterm and Severely Small-for-Gestational Age Birth-weight: An Ontario-Wide Study
3 Natasha Altin	PhD Social and Behavioural Health Sciences	Human Rights-Based Analysis of access to Assistive Technology for people with disabilities in Canada.
4 Branavan Sivapathasundaram	MPH Epidemiology	Quantitative Microbial Risk Assessment of Third-generation Cephalosporin-Resistant Salmonella Heidelberg in Canadian Broiler Chicken
5 Robyn Beckett	MPH Social and Behavioural Health Science (Health Promotion)	Party & Play and Sexually Transmitted and Blood-borne Infection and Sexually Transmitted Enteric Infection Risk: A Systematic Review
6 Kathryn Zhang	MPH Epidemiology	Characteristics and methods of incorporating randomized and non-randomized evidence in network meta-analyses: a scoping review
7 Meghan O'Neill	MPH Epidemiology	Estimating the future prevalence of obesity in Canada: application of the Obesity Population Risk Tool
8 Zahra Mamdani	MPH Social and Behavioural Health Science (Health Promotion)	"So Hungry": Experiences of Food Insecurity among Low-Income Households in Toronto
9 Gabriella Luongo	MPH Social and Behavioural Health Science (Health Promotion)	Diabetes Canada: Food Skills for Families Active Seniors Curriculum Update
10 Alanna Chu	MPH Epidemiology	The epidemiology of all-terrain vehicle and snowmobile injuries in Ontario
11 Harunya Sivanesan	MPH Epidemiology	The effect of screen time on cardiometabolic risk in young children: A longitudinal cohort study
12 Ivy Fong	MPH Epidemiology	Epidemiology Practicum at the Ontario Ministry of Children, Community and Social Services



RESEARCH AND PRACTICE DAY 2018

MASTERS POSTER PRESENTATIONS

Friday, November 9, 2018 | 1 - 4:30pm | MSB2172

Name	Program	Title of abstract
13 Megan Saad	MPH Social and Behavioural Science (HP)	Providing Trans-Affirming Care for Sexual Assault Survivors": Development of a Novel Curriculum for Sexual Assault Nurse Examiners
14 Ruhee Mardhani	MPH Social and Behavioural Science (HP)	Evaluation of a Breast Cancer Educational Tool in Nairobi, Kenya
15 Heather Abela	MPH Social and Behavioural Science (HP)	The Implications of a Needs Assessment on Sexual Health and Youth Across Canada: How Can Sexual Health Services, Resources, and Education Be Improved?
16 Navitha Jayakumar	MPH Epidemiology	Mixing Tobacco with Marijuana: A cross-sectional study of Ontario Adults
17 Salima Mithani	MPH Social and Behavioural Science (HP)	CULINARY ARTS AS A TOOL TO CREATE SOCIAL SUPPORT NETWORK FOR YOUNG MOTHERS IN TORONTO
18 Nicholas Moroz	MPH Social and Behavioural Science (HP)	Identifying Children with Medically Necessary Physical Activity Restrictions: Optimizing their Safe and Successful Participation with Peers and in Community
19 Jessica Lee	MPH Social and Behavioural Science (HP)	A media analysis of Theme 3 of the Healthy Kids Community Challenge: Exploring engagement with an online social marketing campaign
20 Reilly Jones	MPH Social and Behavioural Science (HP)	The Canadian HIV Pregnancy Planning Guidelines (CHPPG): A National Implementation Science Project Protocol
21 Rijwana Haque	MScCH Family and Community Medicine	Evidence-based intervention for improvement of maternal and child health: Lessons learned from Japan
22 Maureen Gustafson	MPH Social and Behavioural Science (HP)	Exploring the Intersections Between Health Promotion & Indigenous Health through a Practicum Experience at the Well Living House
23 Yifan Zheng	MPH Social and Behavioural Science (HP)	Global Health Practicum with Study on Global AGEing and Adult Health (SAGE)
24 Tierza Johnson	MPH Epidemiology	Ureteral complications in adult kidney transplant recipients: Incidence, risk factors, outcomes, and clinical management practices



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Name	Program	Title of abstract
25 Leandra Galloro	MPH Epidemiology	Scaling laws and population health: Exploring the scaling of maternal, newborn, and child health indicators with settlement size
26 Jingqian Liu	MPH Epidemiology	Tobacco use in Peel
27 Natalie Troke	MPH Epidemiology	Master of Public Health (MPH) Practicum Experience at St. Michael's Hospital
28 Rachel Kirkland	MPH Social and Behavioural Science (HP)	Supports for Success Community Profiles: A Health Promotion Practicum
29 Sadaf Sanaat	MPH Occupational and Environmental Health	Health and Safety in Nail Salons: A Survey in Toronto, Canada
30 Shatabdy Zahid	MPH Epidemiology	How are arthritis and associated factors related to labour force participation among Canadians aged 45-54 years, 55-64 years and 65+ years?
31 Nousin Hussain	MPH Social and Behavioural Science (HP)	Creating a WHO Community of Practise to Coordinate Multi-Sectoral Action on NCD Prevention and Reduction
32 Shudipta Islam	MPH Social and Behavioural Science (HP)	Healthy By Design: Building a Healthier Environment for Kingston-Galloway, Ontario
33 Crystal Su	MPH Epidemiology	Influenza surveillance in England: establishing epidemic timing and severity thresholds, 2010-2011 through 2015-2016
34 Selena Hussain	MPH Epidemiology	A Flash Glucose Monitoring System for People with Type 1 or Type 2 Diabetes: Clinical Evidence of a Health Technology Assessment
35 Hiba Ahmed	MPH Social and Behavioural Science	Episodic Disabilities in the Workplace: An Environmental Scan of Existing Workplace Resources With A Focus on Arthritis
36 Natasha Sheikhan	MPH Social and Behavioural Science (HP)	Trends in Online Drug Promotion Violations: 2015-2017
37 Tamara Brownstone	MPH Epidemiology	A temperature-dependent model of yellow fever transmission risk by <i>Ae. aegypti</i> and <i>Ae. albopictus</i> mosquitoes in Canada
38 M. Lyndsay Howitt	MPH Social and Behavioural Science (HP)	Summer Student Practicum at the Global Institute for Psychosocial, Palliative and End-of-Life Care (GIPPEC)
39 Mary-Rose Faulkner	MPH Epidemiology	Waning of Measles Immunity from Previous Infection In Elimination Settings



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Name	Program	Title of abstract
40 Saranyah Ravindran	MPH Epidemiology	MPH Epidemiology Practicum: Immunization Coverage in Ontario School Pupils: LHIN-level Estimates for the 2017-18 School Year
41 Travis McLennon	MPH Occupational and Environmental Health	A Review: Flavouring Chemical Exposure in the Food Manufacturing Industry
42 Milena Agababova	MPH Occupational and Environmental Health	Evaluation of asbestos awareness and training amongst custodian workers in Ontario schools
43 Rachel Wong	MPH Social and Behavioural Science (HP)	Survey on Indoor Radon Exposure
44 Ilhan Abdullahi	MPH Social and Behavioural Science (HP)	Healthy By Design: Weston Mt Dennis
45 Nancy He	MPH Epidemiology	Epidemiology Practicum at the Public Health Agency of Canada
46 Alice Gauntley	MPH Social and Behavioural Science (HP)	Access Alliance Multicultural Health and Community Services Client Experience Survey 2018 Results
47 Tina Pahlevan	MPH Social and Behavioural Science (HP)	Behavioural Insights in the Innovation Lab Employment and Social Development Canada, Government of Canada
48 Rachel Pickard	MPH Epidemiology	Waning of Vaccine Induced Measles Immunity in Elimination Settings: A Systematic Review
49 Gideon Quaison	MPH Social and Behavioural Science (HP)	Supports for Success
50 Archana Kunasegar	MPH Occupational and Environmental Health	Welding Related Exposure and the Risk of Lower Respiratory Tract Infections
51 Rumaisa Khan	MPH Social and Behavioural Science	Health Promotion Practicum Experience: Wellesley Institute Supports for Success Project



RESEARCH AND PRACTICE DAY 2018

PHD ORAL PRESENTATIONS

Friday, November 9, 2018 | 1 - 4:30pm | MSB2172

1:00	Welcome/ Opening Remarks
1:30—1:40	Madison Giles PhD Social and Behavioural Health Sciences “Is Ontario’s current sexual health education curriculum effective for students? Making space for student’s voice in revising the sexual health education curriculum.”
1:45—1:55	Daniel Harris PhD Epidemiology “Does personal technology use protect against cognitive decline? Results from a nationally representative cohort of older adults”
2:00—2:10	Danielle Jacobson PhD Social and Behavioural Health Sciences “Women with FGC, Health Care Practitioners and Dual Perspectives on Health Care”
2:15—2:25	Dinara Salaeva PhD Epidemiology “Health care utilization in infants and young children born to women with intellectual and developmental disabilities”
2:30—2:40	Rebecca Barry PhD Epidemiology “Rurality and Risk of Suicide among People Living in English-speaking Developed Countries: A Systematic Review”
2:45—2:55	Garthika Navaranjan PhD Occupational and Environmental Health “Early Life Exposure to Phthalates in CHILD: A Multi-City Canadian Birth Cohort”
3:00—3:10	Jean-Paul Soucy PhD Epidemiology “Multivariate modelling of resistance to six antimicrobials in urinary Escherichia coli isolates in Quebec, Canada”
3:15—3:25	Michelle Amri PhD Social and Behavioural Health Sciences “Global Urban Health Policy: Acting with a Focus on Inequalities”
3:30—3:40	Isha Berry PhD Epidemiology “Seasonal Dynamics of Invasive Pneumococcal Disease in Canada, Australia and The US”
3:45—3:55	Celina Carter PhD Social and Behavioural Health Sciences “Exploring the analytic value of the theory of biomedicalization in health research”
4:15-4:30	Closing Remarks and Awards Ceremony

Madison Giles | PhD Social and Behavioural Health Sciences

“Is Ontario’s current sexual health education curriculum effective for students? Making space for student’s voice in revising the sexual health education curriculum.”

Background Sexual health education (SHE) taught in schools shapes the sexual identities of students and influences their ability to make healthy decisions about their sexual health and wellbeing. In July 2018, the Ontario government replaced an updated version of SHE with twenty-year-old version from 1998. The 1998 version includes significant gaps, such as up-to-date ways to prevent sexual infections, and important topics like gender identity, consent and safe online practices. **Research Question** To address these gaps, I will consult with students to understand their needs and preferences for SHE and provide recommendations on the SHE curriculum in Ontario. We want to create space for the voices of students to make sure SHE is meeting their sexual realities and unique needs. Arts-based methods will be used to attract youth and create a space of openness and honesty. Our research questions are; 1) How do the intersecting identities and social locations of students inform their needs and preferences for the SHE? 2) Is SHE age appropriate, gender diverse and culturally relevant for all groups of youth? **Methods** We will conduct focus groups with students across the province, including both rural and urban settings. Of great importance are the experiences of groups of youth that are at the highest risk for negative sexual health outcomes due to health inequities (such as girls, LGBTQ+ youth and youth with disabilities). A research team of youth, parents, government members and researchers will be central to the study and will help disseminate the research findings. **Conclusion** This research will provide new information on the best SHE for students and will help change SHE in Ontario. Up-to-date and evidence-informed SHE is a human right that youth in Ontario deserve to help shape their sexual identity and make the best decisions for their sexual health.

Daniel Harris | PhD Epidemiology

“Does personal technology use protect against cognitive decline? Results from a nationally representative cohort of older adults”

Background: Technology use among older adults is increasing rapidly. Cross-sectional studies have identified an association between technology use and better cognitive performance among older adults; however, to date, no studies have longitudinally investigated this relationship. **Objective:** Estimate the association between personal technology use and cognitive decline among a nationally representative sample of older adults. **Methods:** Longitudinal data (2011-2014) were obtained from the National Health and Aging Trends Study. The main exposure of interest was personal technology use, a self-reported measure of whether a participant emailed or texted within the last 30 days. At each annual assessment, cognitive performance was measured via the delayed and immediate word recall tests and the clock draw test. Linear mixed-effects models were used to estimate the unadjusted and adjusted associations between emailing/texting and cognitive performance over time. To estimate the effect of personal technology use over time, an interaction term (emailing/texting X time) was included. Analyses were adjusted for demographic, socioeconomic, and physical and mental health characteristics. **Results:** In the adjusted models, emailers/texters had 0.30-point (95%CL:0.17, 0.43) higher delayed word recall score compared to non-email/texters at baseline. Emailing/texting was also associated with 0.05 (95%CL:0.01, 0.1) more remembered words on the delayed word recall test over time, compared to non-email/texters. No significant interaction effects (i.e., emailing/texting X time) were observed between emailing/texting and immediate word recall or the clock draw test. **Discussion:** As the population ages, it is paramount to characterize and understand age-related cognitive decline because of its relationship to quality of life and health care utilization. These preliminary findings suggest that engaging with personal technology in later life has a protective effect on some aspects of cognition. Future research might consider the influence of social connection as a mediating factor in the relationship between personal technology use and cognitive performance.

Danielle Jacobson | PhD Social and Behavioural Health Sciences

“Women with FGC, Health Care Practitioners and Dual Perspectives on Health Care”

Women immigrating to Western countries arrive with bodies shaped by their natal cultures. They have different understandings of health, illness, and healthcare seeking behaviours. With many women with female genital cutting (FGC) presumably accessing Western healthcare, it is interesting that many report dissatisfying healthcare experiences. The aim of this study was to better understand what is currently known about the healthcare experiences of women with FGC across the West by conducting a critical review of the literature. We searched databases including PubMed, Embase and Google Scholar with no restriction on date. An article was deemed relevant if it included information on 1) women with FGC who 2) immigrated to a Western country, 3) in the context of health and healthcare. By reading the abstracts of articles, 44 met the inclusion criteria. We found a dual perspective: on the one hand, from women with FGC experiencing the Western healthcare system, and on the other hand, from practitioner’s perspectives interacting with patients with FGC. Despite recommendations, guidelines, and tools for practitioners, practitioners, themselves, still report feeling stress when encountering a patient with FGC. Women also report negative physical and interpersonal outcomes from the healthcare encounter including procedures going wrong, and cultural sensitivity greatly lacking. This points to a serious shortcoming in the medical treatment of women with FGC: a lack of understanding of their perspectives.

Dinara Salaeva | PhD Epidemiology

“Health care utilization in infants and young children born to women with intellectual and developmental disabilities”

Background Despite increasing childbearing rates, women with intellectual and developmental disabilities (IDD) continue to experience disparities which could impact the health care use of their children. Early childhood is a critical stage that establishes a foundation for lifelong health. Access to preventive health care during this period supports healthy development, while suboptimal health care patterns, such as emergency department visits for preventable diseases, may indicate inadequate access to primary care. This study aims to systematically review and appraise evidence on infant and early child health care use in offspring of women with and without IDD. **Methods** Following Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, an electronic search in four databases, MEDLINE, EMBASE, CINAHL, and PsycInfo, was performed from database inception to May 18, 2018. We included observational studies comparing scheduled preventive health care visits, immunizations, emergency department visits, and hospitalizations among infants and young children less than five years born to women with and without IDD. Two independent reviewers extracted data and assessed study quality (i.e., study design, measurement bias, confounding) using a standardized instruments. Due to heterogeneity, we performed a qualitative synthesis. **Results** Of 5888 articles, 3 papers describing 2 cohort studies and 1 cross-sectional study met our criteria. Maternal IDD status was associated with increased rates of infant hospitalization. All studies were rated as weak. **Conclusion** There are few studies examining the impact of maternal IDD status on health care utilization in their young children; high-quality population-based studies are needed. The synthesis of existing evidence contributes to the development of research that will ultimately facilitate establishment of stronger health systems and improve quality and efficiency of services for women with IDD and their offspring.

Rebecca Barry | PhD Epidemiology

“Rurality and Risk of Suicide among People Living in English-speaking Developed Countries: A Systematic Review”

PURPOSE: This systematic review aims to determine whether those living in rural areas are more likely to complete suicide or attempt suicide than those living in urban areas. This review also assesses secondary outcomes such as help seeking prior to suicide and suicide attempts, mental illness diagnoses and variation in suicide methods. **METHOD:** Observational studies that examined completed and attempted suicide by rural and urban status published between 2006 and 2017 were selected for inclusion. The study population is people aged 10 and older living in Canada, the United States, the United Kingdom and Australia. Search terms included Suicide(s)(al), “self harm”, “self mutilation”, “automutilation”, “Rural(ity)”, “frontier”, “farm(s)”, and “agriculture(al)”. All methods are registered on Prospero (Registration number: CRD42016049310). **RESULTS:** 59 studies met inclusion and exclusion criteria. Overall findings suggest that those living in rural areas are more likely to complete suicide, with almost all studies observing this association. Meta-analysis results indicate a strong positive association between rurality and completed suicide (OR=1.24, 95% CI=1.17-1.32). Many studies suggest that there is an interaction between sex and rurality and meta-analyses support this finding, where rural men are more likely to complete suicide than their urban counterparts (OR=1.48, 95% CI=1.33-1.66) but rural women are equally or less likely to complete suicide than their urban counterparts (OR=1.11, 95% CI=0.71-1.72). Results for attempted suicide are mixed and the results of the meta-analysis did not show a significant association between rurality and attempted suicide (OR=1.15, 95% CI=0.97-1.35). Few studies examine secondary outcomes, but findings indicate that those living in rural areas are more likely to use firearms. **CONCLUSIONS:** These findings indicate that those living in rural areas are at increased risk of suicide. This is an important issue for public health and interventions to help address this disparity should be explored.

Garthika Navaranjan | PhD Occupational and Environmental Health

“Early Life Exposure to Phthalates in CHILD: A Multi-City Canadian Birth Cohort”

Phthalates, used as plasticizers and solvents, are ubiquitous in the environment. Phthalate exposure has been associated with adverse health effects including childhood asthma and allergic disease. Few studies have examined exposure to phthalates during early life particularly in infancy, a critical window for development. The Canadian Healthy Infant Longitudinal Development (CHILD) Study, a population-based birth cohort, has examined multiple environmental exposures during early life. The goal of this study was to characterize exposure to phthalates during infancy and early childhood in representative participants in CHILD. Pregnant mothers were enrolled 2009-2012 across 4 cities and 1 rural area in Canada. Urine samples were collected at 3, 12 and 36 months of age and, in the first 1,578 children, analyzed for eight phthalate metabolites. Questionnaires were administered at each time point documenting the home environment and maternal and infant behaviours. Geometric mean (GM) metabolite concentrations were calculated at each age and trends were examined using mixed models. Differences in phthalate concentrations by key behaviours and factors including gender, study site, maternal age, breastfeeding status, and socioeconomic status were assessed using analysis of variance at each age. Results indicated widespread exposure to phthalates during early life. The highest urinary concentration was for the metabolite MBP at all ages (GM: 15-32 ng/mL). Concentrations of all phthalate metabolites significantly increased with age from 3 to 36 months. Statistically significant differences in concentrations were observed for all phthalate metabolites by household income, with higher concentrations consistently observed in the lowest income category. There were no other consistent differences in phthalate concentration by other factors examined. This study is the largest to examine phthalate exposure during early life, which can be used in future epidemiological studies to understand subsequent health effects. These findings also inform the design of interventions aimed at reducing the infant’s exposure to phthalates.



Jean-Paul Soucy | PhD Epidemiology

“Multivariate modelling of resistance to six antimicrobials in urinary Escherichia coli isolates in Quebec, Canada”

Introduction: Empirical treatment of urinary tract infections should be based on susceptibility profiles specific to the locale and patient population. Typically, susceptibility data are presented using tables of resistance proportions for various sub-groups (e.g., men vs. women). This method is limited in its ability to inform empirical treatment decisions for two reasons. First, these tables often consider no more than two potentially relevant factors simultaneously. Second, resistance to different antimicrobials is correlated, but this method usually treats each type of resistance as independent. We aimed to use a multivariate, model-based approach to estimate the probabilities of resistance to six antimicrobials in various patient populations. **Methods:** We used hierarchical logistic regression models to investigate geographic, temporal, and demographic trends in resistance to six antimicrobials in community-acquired and nosocomial urinary Escherichia coli isolates from three communities in the province of Quebec, Canada procured between April 2010 and December 2017. **Results:** A total of 74,986 community-acquired and 4,384 nosocomial isolates were analyzed. In both community-acquired and nosocomial isolates, we found geographic variation in the prevalence of resistance; we also found male sex (top-level community OR 1.24, 95% credible interval: 1.00–1.53; top-level nosocomial OR 1.16, 95% CI: 0.95–1.42) and recent hospitalization (top-level community OR 1.48, 95% CI: 1.32–1.66; top-level nosocomial OR 1.29, 95% CI: 0.98–1.78) to be associated with a higher risk of resistance to most antimicrobials. We found distinct seasonal trends in both community-acquired and nosocomial isolates, but only community-acquired isolates showed a consistent annual pattern. Ciprofloxacin resistance increased sharply with patient age. **Conclusions:** We found clinically relevant differences in antimicrobial resistance in urinary E. coli isolates between locales and patient populations in the province of Quebec. This model could be incorporated into a decision-support system for clinicians to inform empirical treatment of urinary tract infections.

Michelle Amri | PhD Social and Behavioural Health Sciences

“Global Urban Health Policy: Acting with a Focus on Inequalities”

The world is rapidly urbanizing: by 2050, 66 percent of the world’s population is expected to reside in cities, adding 2.5 billion people to the world’s urban population (UN DESA, 2014). Urban living has implications on human health, thus codifying “urban” or city-living as a determinant of health (Vlahov et al., 2007). While there is no unified definition of “urban health”, prominent urban health scholars, Galea and Vlahov, have classified the work that falls under urban health into three subfields: the urban physical environment (e.g. built environment), the urban social environment (e.g. inequality), and health and social services (e.g. availability). The urban social environment is of particular interest as research has shown that a major challenge facing cities is growing levels of income inequality (Barber, 2013; Florida, 2017); with income inequality (Marmot, 2015) and socio-economic status (SES) (Elo, 2009) both influencing health. Global urban health policy may be one avenue to address these disparities. However, global urban health policy has largely focused on developed regions, such as the World Health Organization’s (WHO) Healthy Cities initiative, largely being centred in the Europe Region, or on programming within a few select countries, such as India through Asian Development Bank projects. As a result, many cities of the global south are neglected in policy, particularly because developing regions house approximately 75% of the world’s urban population (UN DESA, 2007). Employing both discourse and case study methodologies, I will aim to answer: **what does WHO’s discourse on global urban policy suggest for development of equity-oriented policy for urban settings across low-, middle-, and high-income countries?** This has importance for public health as it will contribute to understanding global policy’s approach to addressing inequality in cities, which may assist in identifying new courses of action for planning or managing urbanization in ways that promote equity.

Isha Berry | PhD Epidemiology

“Seasonal Dynamics of Invasive Pneumococcal Disease in Canada, Australia and The US”

Background: Invasive pneumococcal disease (IPD) is a major cause of wintertime morbidity and mortality worldwide. Seasonal fluctuations in IPD have been found to coincide with environmental conditions and influenza virus activity, but this relationship is poorly understood. This study investigated the relationship between influenza, environmental conditions and IPD in 12 regions across three countries (Australia: Adelaide, Brisbane, Melbourne, Perth, Sydney; Canada: Alberta, Halifax, Toronto, Vancouver; United States: Baltimore, Philadelphia, Providence). **Methods:** We evaluated 25,292 cases of IPD across 12 global regions between January 1998 and April 2011, reported through population- and hospital-based surveillance. Associations between environmental exposures (i.e. temperature, absolute humidity, ultraviolet radiation) and influenza activity on IPD occurrence were evaluated using a 2:1 matched-period case-crossover design with random directionality of control selection. Acute effects were estimated by region using conditional logistic regression with time lags of 1-to-3 weeks, and meta-analytic techniques were used to determine pooled odds ratios (ORs). **Results:** In all regions, IPD exhibited wintertime seasonality, with a seasonal peak between January to April in the Northern Hemisphere (i.e. Canada, US) and June to September in the Southern Hemisphere (i.e. Australia). A homogeneous increase in IPD odds was seen with elevated influenza activity at a two-week lag (pooled OR for influenza: 1.07, 95% CI: 1.01 to 1.13, p for heterogeneity = 0.69). Although significant associations occurred between environmental exposures in individual jurisdictions, these occurred at variable lags, and a given exposure could either be protective or not. **Conclusion:** We found that associations between IPD and influenza are generalizable across multiple geographies. This suggests that prevention of influenza could have important population-level impacts on reducing IPD risk. However, the impact of environmental exposures on IPD risk appears to vary across regions, limiting the usefulness of environmental exposure data for IPD forecasting.



Celina Carter | PhD Social and Behavioural Health Sciences

“Exploring the analytic value of the theory of biomedicalization in health research”

Improving the quality of end-of-life (EOL) conversations is a public health priority due to the growing number of older adults who have multiple co-morbidities and are receiving curative and/or aggressive interventions, such as mechanical ventilation, surgical interventions, and polypharmacy at the EOL. Many of these interventions do not align with patients’ care preferences and contribute to unnecessary pain and suffering. Typically, EOL conversations, conversations about advance care planning (ACP), goals of care discussions, and/or healthcare consent and decision-making at EOL, are informed by the medical model that often narrows conversations to the treatment of physical suffering and starting or stopping medical interventions. Some common questions clinicians and patients grapple with during these conversations are: when is it appropriate to withdraw life-sustaining treatments? Does intravenous hydration count as a life-sustaining treatment? Should we initiate a feeding tube? The questions listed above, when answered from a medical perspective might draw on bioethics to consider issues of consent and autonomy, or raise issues of treatment effectiveness. What is often missing from these types of conversations is attention suffering and the subjective experience. The social sciences have a rich history of theorizing about suffering, the nature of being, and subjectivity. From a theoretical perspective, it is interesting to investigate what the social sciences can offer medicine regarding another way of conceptualizing EOL issues. This presentation explores three theoretical concepts from the social sciences that theorize dying from different perspectives and discusses if alternative ways of rethinking and reframing EOL are possible and helpful.