

## **Winter 2019 Practicum Abstracts**

MPH Health Promotion students complete practica at a variety of organizations and on a variety of topics. Below you will find a selection of practicum abstracts from Winter 2019 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.D.**

Dalla Lana School of Public Health - Waakebiness-Bryce Institute for Indigenous Health

Our health is intricately connected to the environments in which we live, work and play. This means that we cannot separate our quality of life from the quickly deteriorating health of the planet. The Many Lenses for Planetary Health Project is based around the idea that we cannot solve the problems that the western world created using western ways of thinking. We need to look beyond this limited perspective to other non-dominant ways of knowing, ways that are constantly marginalized in our western world, to envision what kind of future we would like to build.

While this seems like an enormous undertaking, the Many Lenses Project is simply looking to catalyze discussion around the issue. With a research team that was spread across Canada, we held one-on-one interviews with experts in the fields of sustainability, Traditional Ecological Knowledge, and community development. We also held a series of six dialogue circles that engaged students, Indigenous community members, local activists, and sustainability experts in respectful discussions rooted in Indigenous and other non-dominant ways of thinking, knowing and being. Our overall goal of these discussions was to learn how we can bring different lenses, methodologies, and theories into conversations about sustainability with the hopes of re-imagining and co-producing a brighter future.

### **B.D.**

National Collaborating Centre for Methods and Tools (NCCMT)

The National Collaborating Centre for Methods and Tools (NCCMT) is one of six National Collaborating Centres funded by the Public Health Agency of Canada. It aims to enhance public health practice and policy in Canada by providing leadership and expertise in evidence-informed decision making to Canadian public health organisations. The NCCMT developed a seven step model to evidence-informed public health (EIPH)-define, search, appraise, synthesize, adapt, implement, and evaluate-and practicum projects reflected all seven steps in some capacity. Define, search, and appraise steps were reflected in work done by the practicum student on Health Evidence TM, one of the NCCMT's knowledge repositories which adds critically appraised articles to a body of evidence on effective public health interventions. Synthesize was demonstrated when student was asked to draft reports and recommendations based off findings from projects to inform the next fiscal year. Adapt and implement were seen through multiple projects student led to use evidence gathered and adapting it for the organisation and implementing recommendations. Finally evaluate was demonstrated in multiple program evaluation projects the student undertook of the NCCMT's resources or outreach efforts. As projects reflected all seven of the EIPH steps, the practicum student built capacity to use evidence within and across the EIPH steps. Preparing them to be effective public health professionals and increasing their capacity to work towards EIPH in their career.

## **G.Q.**

### Population Health Solutions Lab

The Population Health Solutions Lab is an organization that tackles complex health issues from a Systems-Thinking and Human Centered Design framework. Meaning that although their work directly impacts health, a lot of their partners, projects and initiatives fall outside the more typical healthcare sector parameters. My project specifically was called Neighbours Helping Neighbours. The goal of my project was to address seniors living with social isolation and identify meaningful ways for them to improve their quality of life in a sustainable way. Throughout my time on this project I had an opportunity to engage in Qualitative analysis by reviewing the focus group/interview material that was captured from some of the tenants involved in the project. I also had multiple opportunities to develop and refine stakeholder engagement skills, communication skills and create material that was accessible depending on the audience I was interacting with. Furthermore, I was involved in the developing of several Design Principle workshops and participated in community engagement events. I helped to develop an evaluation framework that will help validate some of the core concepts within the project. Lastly, with the breadth of projects the Population Lab engages in this practicum gave me an opportunity to learn about other projects related to the City Policy, Overdose Response, Community Profiles, Data Visualization, Digital Platforms and more.

## **H.A.**

### Women's College Hospital – Women's College Research Institute

Over the course of January to April 2019 I had the opportunity to complete my second and final practicum at Women's College Hospital as a graduate trainee at the Women's College Research Institute. My supervisor works in collaboration with the Ontario Network of Sexual Assault/ Domestic Violence Treatment Centre. The centre was established in 1993 by the Ministry of Health and Long Term-Care and currently supports 35 hospital-based sexual assault and domestic violence treatment centres across Ontario. Through the collaboration with the research team, the network creates education and training activities.

During my time at Women's College Research Institute I was able to be part of adapting an in-person Elder Abuse Nurse Examiner E-Learning Curriculum to an online format using the software Articulate Storyline 360. The curriculum was guided by the 12 Principles of Multimedia Learning (Mayer, 2001), in which a series of interactive elements including videos, images, numbers, and tabs, clinical case scenarios, game-based learning activities, reflection pauses, and quizzes were developed to encourage learners' reflexivity, engagement, immediate application of learned knowledge and retention of knowledge. The curriculum which was funded by the Ministry of Senior Affairs had very tight deadlines and required multiple reviews from the research team and external reviewers. Additionally, the team developed evaluation tools as part of the curriculum which included a pre- and post- questionnaires and a clinical vignette. I had the opportunity to develop knowledge translation tools including a poster for a provincial conference and an information card to be distributed out to forensic nurses at conferences, seminar and events. Finally, I had the opportunity to start preparing the final report for the Government of Ontario, who were the funders of the project. Overall, this was a good learning experience and I was able to learn about an area of research that I was not too familiar with.

## **I.A.**

### **Novo Nordisk**

The South Asian Digital Storytelling Campaign is a partnership between the Cities Changing Diabetes initiative at Novo Nordisk and Dunya Media based in Vancouver, BC. This campaign, which began in Denmark, has now been adopted by several cities across the globe and has sought to change the way Diabetes is conceptualized and raise awareness on sugar consumption, active living and Diabetes across populations that are disproportionately affected. The South Asian Digital Storytelling Campaign in particular aims to increase awareness of Diabetes and sugar consumption among the South Asian community in Metro Vancouver. As a practicum student, I was able to participate in a project which aims to increase the knowledge on Type 2 Diabetes within the South Asian communities in Metro Vancouver and Greater Toronto Area. My role included developing the evaluation plan for this project to assess the Digital Storytelling Campaign's effectiveness in increasing awareness of, access to, and use of resources that promote awareness of Diabetes among the South Asian community in Metro Vancouver, fostering community involvement and promoting the incorporation of culturally relevant resources and usage of health services. The Healthy by Design project encompasses the practices and competencies of health promotion practice which includes:

- Core Competency #1: Draw upon a multi-disciplinary base of core concepts, principles, theory and research to understand core concepts, principles, theory and research to understand health issues and inform health promotion action.
- Core Competency #3: Working with stakeholders, develop a plan to achieve measurable health promotion goals and objectives based on a situational assessment's findings. Modify the plan as needed based on monitoring of its implementation and evaluation of its impact
- Core Competency #5: Facilitate community mobilization and build community capacity around shared health priorities
- Core Competency #6: Work collaboratively with partners and across sectors to enhance the impact and sustainability of health promotion action
- Core Competency #9: Provide leadership within employing organization to build health promotion capacity and performance including team and individual level learning.

Although this campaign was intended to be a video project with the filmmakers, they realized through time that this project is indeed a health promotion project that is driven by health promotion theories through a community lens. This practicum engaged with community development principles and ensured the evaluation incorporated evidence-based best practices to assess the effectiveness of this campaign on the South Asian community within the GTA and Metro Vancouver.

## **J.L.**

### **Wellesley Institute**

The Wellesley Institute's Diversity & Equity in Long-Term Care Project aims to explore the experiences of older adults and their family caregivers from diverse ethnocultural communities who are on waitlists for long-term care (LTC) homes. As the diversity in languages and cultures is increasing in the GTA's older population, there is a growing demand for linguistically and culturally appropriate care LTC homes. Long waitlists for ethnospecific LTC homes reflect the high demand for such care for older adults from diverse ethnocultural communities, especially for older women who face challenges in finding the right care

with limited financial resources. This project has three main objectives: 1) to gain a better understanding of the needs for ethnocultural accommodation in LTC; 2) to examine how waiting for care impacts health and well-being; and 3) to develop community-informed policy recommendations to improve LTC access for diverse ethnocultural communities. To achieve the third objective, an international environmental scan was conducted to identify promising national or state/provincial-level strategies to address ethnocultural needs in long-term care settings. International jurisdictions were selected if the proportion of foreign-born populations was similar to that of Canada's. The purpose of this environmental scan is to compile promising practices to present to key decision-makers within the Government of Ontario to inform policy decisions to foster more culturally and linguistically appropriate LTC planning.

#### **M.H.**

##### Academic Model Providing Access to Healthcare (AMPATH)

For my practicum I worked as a Research Assistant on an implementation science study which examined how to increase HIV service uptake among street involved youth. This was a collaborative research project that consisted of a transnational team and different study sites in Canada (Toronto, London, Montreal) and in Kenya (Eldoret and Kitale). The project sought to explore and evaluate the use of peer supports to increase linkages to HIV treatment, prevention and testing among specific inner city youth and youth in middle and low income countries. My position was situated within Phase 1 of this study, which was to evaluate and explore the appropriateness and acceptability of the intervention. My role was to support the team in a variety of on going components including data analysis, literature reviews, and development of data collection and educational tools. I used participatory visual methodologies to incorporate youth voices into the data collection process as well as to create videos that will be used as educational tools for the intervention. I was also able to take part in a symposium on youth sexual health at the University in Toronto and present preliminary data findings from three different sites.

#### **N.H.**

##### South Asian Health Research Lab at University of Toronto

The South Asian Health Research Hub (SAHRH) at the University of Toronto consists of a group of South Asian researchers and allies that seek to empower South Asians to improve their health and well-being. The research studies at SAHRH will help South Asians have more insight and awareness about how various social factors influence and interact with health issues. I worked on two main projects during my practicum: The South Asian Adolescent Diabetes Awareness Program (SAADAP) and the Sri Lankan Migration and Diabetes Study (SLMDS). SAADAP is a pilot program with adolescent youth in the Peel region. SAADAP provides adolescent youth with a family history of diabetes access to information about diabetes, preventative measures, and engages them in critical discourse about the intersection of diabetes, culture and the social determinants of health. SLMDS is a qualitative study that uses a Community-Based Participatory Research approach, to explore the influence of migration on diabetes among Sri Lankan Tamil immigrants through an Intersectional Analytical Framework. I had the opportunity to create a quantitative code dictionary, code and analyze quantitative data and co-facilitate a focus group for SAADAP. I was given the opportunity to take the lead on various tasks for SLMDS, this included completing Research Ethics Board applications and amendments, creating a project video, designing recruitment materials, revising and translating the interview guide, collaborating with the community advisory team and conducting interviews. I was also given the opportunity and time to work on a policy related special interest project.

**R.K.**

Public Health Agency of Canada - Office of International Affairs for the Health Portfolio

My practicum placement was with the Office of International Affairs for the Health Portfolio (OIA) in global health policy and diplomacy. OIA represents Canada's domestic interests in the global health arena and works horizontally across all the federal Health Portfolio organizations (Public Health Agency of Canada, Health Canada, the Canadian Institutes of Health Research, the Canadian Food Inspection Agency, and the Patented Medicines Prices Review Board). As Junior Policy Analyst on the Eurasia team within the Bilateral Engagement, Summits, and Trade Division, I supported Canada's engagement with key bilateral partners in the Eurasia region on shared health priorities. This included researching the health priorities of Canada's bilateral partners, crafting briefing materials on key policy issues for the Health Minister or senior management, and monitoring emerging global public health policy issues. One of the key files I supported was for the AsiaPacific Economic Cooperation (APEC), where Canada is currently the co-chair of the Health Working Group which prepares for health-related threats to economies, trade, and security in the APEC region. I led the development of a policy discussion on immunization and had the opportunity to create a concept note on the importance of equity and access to immunization in the APEC region that served as the basis for the discussion the twenty-one APEC member economies had during the first Senior Officials Meeting of the year in Chile. Other key work during my practicum included writing a briefing note for Canada's High Commissioner to Malaysia to prepare her for a meeting with Malaysia's Health Minister, preparing "country profiles" that highlight key health priorities and the state of bilateral relations with countries in the Eurasia region, and conducting a global policy scan to support the development of an OIA Africa Engagement Strategy.

**R.B.**

Centre for Addiction and Mental Health (CAMH)

At the Centre for Addiction and Mental Health (CAMH), I completed my practicum on the Evaluation Team within the Education Department. This means that I helped to plan, implement, and report upon a range of different evaluations of internal and external programs run through CAMH with the guidance of my supervisor, Dr. Faisal Islam. One program was the Customer Service-De-Escalation Training (CSDT). CSDT is a training program directed toward public-facing workers who may at times experience anger, aggression, or heightened emotional states from customers. CSDT's goal is to provide participants with tools and knowledge to de-escalate challenging customer interactions with understanding, empathy, and respect. For this evaluation I assisted with coding, cleaning, analyzing, and reporting upon the evaluation data. A second program was the Continuing Medical Education Psychiatry Blog "Readings of the Week" developed and run by Dr. David Gratzler. The evaluation of this blog was the primary project for my practicum and for this evaluation, with the guidance of my supervisor, I lead the theory-based survey design, the cleaning, coding, and analysis of the data, and the report development. While working at CAMH I have also had the opportunity to be involved with multiple Evaluation and External Project team meetings that have given me insight into business development and CAMH operations from a higher-level.

**S.M.**

AMREF Health Africa in Canada

Being passionate about Maternal and Child Health and understanding Canada's role in this sector

as a global MNCH champion, I chose my own practicum with AMREF Health Africa Canada (an International NGO that is dedicated to creating lasting health change in Africa by increasing sustainable health access to communities in Africa through solutions in human resources for health, health services delivery and investments in health. Working on one of their projects Uzazi Uzima II which aims to reduce maternal and child mortality by 20% by 2020 in five districts of Simiyu region in Tanzania, I was exposed to the Tanzania's healthcare structure, role of Canada as funders (funded by Global Affairs Canada), and the reporting system to GAC. My major work included creating a mapping tool to identify potential partners and donors across Canada and Africa working in the Reproductive Maternal, Neonatal, Child, and Adolescent Health (RMNCAH) sector, revising and providing feedback on Gender Strategy, Annual Work plan, Health Facility Assessment Tool, identifying and correcting discrepancies within GANTT chart, Logic Model, and Performance Measurement Framework (PMF), all of which are submitted to GAC. I also learned how the partnerships are operated at this level and what value does each partner bring in. Overall, my experience was fantastic and provided me a lot of insights in to the how big projects are operated and sustained.

### **S.A.**

#### Alliance for Healthier Communities

I completed my practicum at the Alliance for Healthier Communities, as a Research and Evaluation Assistant focused on the Social Prescribing Pilot in Ontario. The Alliance for Healthier Communities represents over 100 community-governed primary care clinics in Ontario, which provide health care and social services. Of these community-governed primary care clinics, eleven community health centres (CHC) are currently participating in the pilot. Social Prescribing is a specially structured way of enabling primary care providers (doctors, nurses and other health care professionals) to refer patients who are experiencing social isolation, anxiety or other poor mental health conditions to non-medical supports in the community. These non-medical supports include: hiking, knitting groups, cooking classes and other social activities. Research has shown, particularly in the UK where social prescribing is used in many GP practices, that referrals to these kinds of social-supports can meaningfully address symptoms of social isolation, improve well-being and reduce unnecessary physician visits. As such, the aims of this evaluation are to understand the effects of social prescribing on CHC clients and staff, and the impacts on healthcare use by using a realist approach: where it is working, for whom and under what contexts.

As a Research and Evaluation Assistant I contributed to the evaluation of social prescribing in several ways. This included developing a theory of change, logic model and a literature review of social prescribing for the pilot as well as developing several communication materials. My largest project was conducting semi-structured interviews and focus groups with CHC clients who were part of social prescribing to better understand their experiences with and perspectives of social prescribing. I then conducted a qualitative analysis of those interviews, and provide a summary report to each CHC for review.

### **S.U.**

#### Ontario Aboriginal HIV/AIDS Strategy

The primary deliverable of my placement with the Ontario Aboriginal HIV/AIDS Strategy (Oahas) was a Program Evaluation of their Indigenous Peer Outreach Program. This placement allowed me to apply critical skills and theories learned in the classroom within a community driven harm reduction context. I strengthened essential public health skills and competencies through program evaluation activities such as literature reviews, designing of key informant and focus group interview protocols, conducting in-person and phone data collection, qualitative data analysis, report-writing, and presentations to community and

key stakeholders. Through this placement I was also privileged to spend time with the Peer Outreach team at Oahas and personally learn about the way Indigenous values, teachings, are at the forefront of the critical harm reduction work that they do.

### **Z.M.**

BC Centre for Disease Control

The practicum placement at BC Centre for Disease Control provided me with an opportunity to evaluate one of the key interventions that BC has designed in response to the opioid overdose crisis, i.e. the BC Take Home Naloxone Program (THN Program). This program aims at improving access to the lifesaving antidote, naloxone, by providing free naloxone kits to individuals that use drugs and those that are likely to witness an overdose.

In December 2017, the THN Program was expanded into community pharmacies. My practicum project was to conduct a one-year formative evaluation of the roll-out of the THN Program into community pharmacies, and provide recommendations for improvement and scale-up. The project involved both quantitative and qualitative aspects. THN administrative data were reviewed using descriptive methods to provide a better understanding of the clients that pick up kits through pharmacies. Furthermore, seven qualitative interviews and a focus group were conducted and analyzed thematically to identify strengths and barriers to the implementation of the THN program in community pharmacies. These qualitative interviews also captured the stakeholders' attitudes, perceptions and beliefs towards the expansion of THN in pharmacies. The results indicate that stakeholders are, in general, very happy with the program and are pleased to be involved in the program as they feel they are doing the "right thing". The stakeholders believe that the program is truly helping to increase access to naloxone and is, in turn, helping to save lives related to opioid overdoses. Overall, this placement has allowed me to develop several health promotion competencies and has prepared me well for future work in the health promotion field.

### **Z.S.**

Public Health Agency of Canada – Centre for Communicable Diseases & Infection Control

This winter, I worked as a Student Policy Analyst at the Centre for Communicable Diseases and Infection Control at the Public Health Agency of Canada (PHAC). In my role as a student policy analyst, I was tasked with developing a policy paper on Youth and Sexually Transmitted and Bloodborne Infections to inform the work of the Community Funds team, Surveillance team, and the Centre as a whole. Alongside this policy paper, I was also tasked with conducting research and analysis to support the policy team, responding to Ministerial Action requests, and drafting issue sheets and ministerial assessments for the Minister and Director's office. These tasks revealed to me just how time-sensitive the work of a policy analyst is, and how integral it is to be a strategic thinker, strong negotiator, and clear communicator in this line of work. PHAC was also a very conducive environment for my personal and professional growth: it was bustling with students and young professionals, and there were learning opportunities in the form of webinars and events every week. I also had the chance to connect with senior officials and learn more about their work, partake and actively engage in team meetings, and learn more about other branches of PHAC, such as the Office of International Affairs for the Public Health Portfolio. This practicum experience has most definitely been the highlight of my Masters degree because of the way it has shaped my understanding of the policy process on the federal level, broadened my network, and exposed me to what a policy career is- and can be.