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 Summer 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.

**R.M**

Faraja Cancer Support Trust

As a Queen Elizabeth Scholar in Nairobi, Kenya, I had the opportunity to complete my practicum placement at Faraja Cancer Support Trust. A breast cancer educational tool (BCET), consisting of one video module, was designed to educate patients with breast cancer (BC) about: the basics of genetics; the genetic development of BC; possible inheritance patterns and potential consequences. The BCET was created for patients of Faraja Cancer Support Trust in Nairobi, Kenya, in consultation with patients affected by BC to better educate them about their cancer journey. My project entailed evaluating the BCET to see whether or not it actually increased knowledge of the genetics of breast cancer and genetic testing amongst patients, and to gain feedback on the perceived utility and quality of the BCET in order to improve it prior to widespread dissemination. I started my placement off by engaging with stakeholders to understand their needs for this evaluation in order to come up with a comprehensive evaluation plan. Subsequently, the majority of my placement entailed engaging with stakeholders to build a thorough evaluation instrument to collect data from the patients with breast cancer for the evaluation. I worked closely with the breast cancer support groups at Faraja as well as doctors, geneticists and other important health professionals. Towards the end of my placement, I was able to pilot the evaluation tool on volunteers and patients at Faraja to gain an understanding of the feasibility and quality of the evaluation tool. At the end of my placement, the tool was ready for complete data collection from the patients for the purposes of the evaluation.

**A.G**

Access Alliance Multicultural Health and Community Services

Access Alliance Multicultural Health and Community Services is a community health centre with four locations across Toronto. The organization’s mission is to improve health outcomes for newcomers in the city via service delivery as well as research and advocacy addressing systemic inequities faced by newcomers and their communities. I worked on Access Alliance’s Client Experience Survey, an annual mixed-methods evaluation of client experiences and satisfaction with Access Alliance programs and services. The project considered client experience across five domains: accessibility, effectiveness, equity, client-centredness, and satisfaction. I followed the project through almost all phases: I completed a literature review on alternate modes of data collection; participated in volunteer recruitment and training; administered the survey to clients; facilitated and coordinated focus groups; entered data and transcribed focus group recordings; conducted quantitative analysis using SPSS and qualitative thematic analysis using NVivo; co-wrote the final report; and prepared an infographic summarizing findings. This project allowed me to gain experience in many different research and evaluation methods and activities, and observe how evaluation is conducted in the context of a community health centre committed to anti-oppressive practices.

**A.B**

St. Michael’s Hospital

Mindfulness is the practice of paying attention to the thoughts, emotions and behaviours we experience in everyday life1. Recently, the benefits of mindfulness-based therapies have been introduced to patients with mild and moderate traumatic brain injuries (TBI). These studies have shown that mindfulness is effective in improving quality of life, improving self-esteem, reducing symptoms of depression and anxiety, increasing energy levels, reducing mental fatigue and reducing stimulus over-selectivity in individuals with concussions. However, due to the high volume of patients and the lack of access to mindfulness programming at St. Michael’s Hospital, the reach of mindfulness programs for people with concussions is extremely limited. Given these limitations, and in consultation with the head injury clinic nurse and other staff, it was determined that I would be tasked with cueing new patients to the awareness of mindfulness. This involved creating a patient education resource that would inform patients of what mindfulness is; how they could benefit from mindfulness; and where they can go to learn more about mindfulness. I was then tasked with creating the evaluation protocol necessary to evaluate this patient education resource. This involved performing a literature review, establishing a program theory base, creating a logic model, creating a patient information sheet for recruitment, creating the necessary consent forms, and creating the data collection tools. The next steps for this project are submitting for REB approval and study implementation.

**A.S**

Centre for Addictions and Mental Health (CAMH)

The Centre for Addictions and Mental Health (CAMH) is the largest mental health teaching hospital in Canada and is a global leader in mental health and substance use research. I have had the privilege over the last 4 months to work with the Client and Family Education team on two main projects. The first was a research initiative that aimed to co-create a digital harm reduction resource for and with transition aged youth by holding a number of workshops and interviews across the province. A diverse set of youth participated in order to form a picture of drug use patterns as well as thoughts and beliefs regarding harm reduction. I was able to be involved in a number of activities including strategic planning, recruitment and the design and creation of resources for the workshops (most significantly a creative agenda and evaluation form).

The second project I was working on was part of a redevelopment that is taking place at CAMH and involved the creation of a recovery college. A recovery college is a program which offers co-created mental health education resources that are delivered jointly by both mental health practitioners as well as service users. With the help of another health promotion student I worked to conduct an extensive scan of the literature regarding the components and outcomes for recovery colleges, ultimately leading to the creation of a brief that was later distributed during the inaugural advisory committee meeting for the initiative. I was also able to be actively involved in community engagement, identifying relevant community organizations and conducting a series of key informant interviews. These interviews allowed me to interact and network with a diverse set of community partners, gathering information about their role in the community as well as their future engagement with the recovery college project.

**A.F**

Canadian HIV/AIDS Legal Network

In 2017/2018, I had the opportunity to work with the Canadian HIV/AIDS Legal Network, one of the world’s leading organizations in tackling legal and human rights issues related to HIV and AIDS. My work centred on designing and conducting a research project to explore the current state of supervised consumption services (SCS) in Canada, to monitor legal and policy changes affecting SCS scale-up across the country, and to highlight facilitators and ongoing barriers faced by would-be and current SCS operators in applying for and implementing SCS. In close collaboration with Cécile Kazatchkine, a policy analyst at the organization, we conducted an in-depth literature review and a series of key informant interviews. Using this data, we drafted a report that presents an analysis of the legal regime for obtaining federal exemption from the *Controlled Drugs and Substances Act* to implement SCS, as well as a summary of the key facilitators and barriers to scale-up of SCS, as identified by the interviewees. To be published in fall 2018, the report also puts forward a number of recommendations for how federal, provincial/territorial, and municipal authorities can better facilitate the establishment of these services in Canadian communities. Our intention is that these findings will be used to help guide advocacy strategy regarding drug policy and harm reduction. My experience with the Canadian HIV/AIDS Legal Network has been incredibly valuable for my development as a public health professional, providing a space for me to build my skills in policy analysis, advocacy, and understanding of complex legal, social, and political issues.

**B.D**

Princess Margaret Cancer Centre

During this 16 week placement with Dr. Jackie Bender at ELLISCR at Princess Margaret I had the opportunity to engage with three different research project in varying capacities. This sort of practicum engagement gave me exposure to an array of health promotion competencies. The first project was a program evaluation of the TrueNTH peer navigation program from which I aided in the quantitative analysis (ei. Preparing the master patient pre/post questionnaire data) and qualitative analysis (creating a codebook for peer navigator focus groups). Next project is still ongoing, a scoping review on the effects of online virtual communities. I, with two other colleagues, engaged in reviewing inclusion/exclusion criteria, running inter-reliability tests, and screening 15, 000 abstracts, and will be soon extracting data and writing the manuscript. The final project is a needs assessment of the peer support needs of adolescents and young adults with cancer. I provided initial program coordination support, created the online survey and prepared the hard copy version, aided in the development of the recruitment strategy, and recruiting. This practicum allowed me to build a repertoire of health promotion skills/knowledge and have the opportunity to move further and delve into areas of interest/focus.

**C.D**

Princess Margaret Cancer Centre

The Global Institute for Psychosocial, Palliative, and End-of-Life Care (GIPPEC) at the Princess Margaret Cancer Centre is dedicated to improving access to high-quality end-of-life services worldwide. This practicum placement provided the opportunity to work on a mixed-methods research project evaluating the utility and acceptability of the Quality of Death and Dying (QODD) questionnaire in Kenyan palliative care facilities. This work involved quantitative and qualitative data analysis and interpretation, conducted in collaboration with senior scientists and researchers. The practicum also involved conducting a literature review on attitudes and perceptions towards death, dying, and end-of-life care in Kenya. This review was developed to inform work by GIPPEC and others as the burgeoning field of African palliative care continues to develop. The practicum also allowed the student to assist with other research projects within GIPPEC, including the Managing Cancer and Living Meaningfully (CALM) global initiative, which hopes to make the CALM therapy method a standard of care for palliative cancer patients worldwide.

**C.U**

Innovation Lab, Employment and Social Development Canada, Government of Canada

The Innovation Lab is a human-centered design lab, uniquely situated in the department of Employment and Social Development Canada (ESDC). ESDC is responsible for services to Canadians, including Employment Insurance, Canada Pension Plan, Old Age Security, Canada Child Benefit and student loans and grants. The Lab draws on systems-thinking, design-thinking, and behavioural insights to find solutions to complex challenges related to policy and service delivery. This is accomplished by bringing together key stakeholder from the outset, using empathy-based approaches to deeply engage with people in order to understand the problem, developing insights, and prototyping, testing, and iterating ideas to quickly learn what works and what doesn’t.

As an Innovation Research Assistant in the Lab this summer, I was involved in supporting the Major Project Unit. I supported the research, report writing, briefing, and presentation development for the Lab’s project on the Canada Learning Bond; designed process materials, liaised with colleagues across the department, and planned meetings for clients interested in the next major project intake call. Additionally, I supported workshop design and advising on the prototype phase for the Canada Service Corps (youth service) project. Additionally, the three MPH students in the Lab developed and facilitated a “Public Health Meets Human-Centered Design” session. The session brought together young public servants to learn a tool (fusion of the Socio-ecological Model and Empathy Map), discuss and map out issues facing Canadians such as affordable housing, precarious work, etc., and to critically reflect on ESDC’s impact on the health and well-being of Canadians. Overall, I gained new approaches and perspective working on the upstream determinants of health, and a better understanding of the complexities and structures of influence within federal public administration.

**J.M**

City of Toronto

The City of Toronto (CoT) commits to a community health initiative every five years called the Toronto Strong Neighbourhood Strategy (TSNS). My main task was to develop an evaluation framework for the CoT for the TSNS 2020, outlining objects that the city hopes to meet by the year 2020. I worked to develop general approaches to evaluation, including targets and objectives, key areas of interest, and the tools used to collect data. These include surveys, interviews, focus groups, monitoring tools in Excel, and training modules for city staff to focus on using the developed data collection tools. I was also able to engage with community development projects, where I attended community meetings and collected data from stakeholders first-hand through surveys and focus groups. I was able to complete a draft outlining the entire evaluation framework, as well as a resident engagement report for the Jane and Finch area. This second report looked to identify the state of and ways to improve resident engagement in the Jane and Finch community. My practicum allowed me to gain experience working on different types of projects, individually and as a part of a team. In all, I was able to develop my competence in Research and Evaluation, Community Mobilization and Development, and Partnerships and Collaboration.

**D.B**

Hospital for Sick Children

Practicum at SickKids at the Global Child Health department was an enriching experience as it allowed me to strengthen my Global health research skills. The AQCESS project that I was working in at SickKids was working on MNCH in conflict prone communities, which was an enriching experience to analyze the social determinants of health, health inequities, various stakeholders and further identifying the assets of community health workers and partnerships. Another reason to begin this practicum was to get exposed to a different culture/population, as I plan to set a career in global health. This project was happening in Mali and it provided me a direct as well as indirect exposure to the African culture. Working on populations from 4 different LMIC under the AQCESS project, spread across 2 continents, was an exciting as well challenging experience. My role was mainly, but not restricted to, coding and analyzing qualitative data collected for a MNCH project across Mali. The research would be further used to address policies surrounding MCH of these countries at various levels. Thus while preparing presentations for these governments, I was also developing skills for advocating at the policy level. This practicum has helped me acquire various practical as well as conceptual health competencies. Furthermore, it has made me harness the skill to use NVivo software to analyze qualitative data. The huge network of this organization and its wide reach in this globe also provided me an exciting opportunity to set my foot on the path in the field of Global Health.

**D.F**

Canadian Observatory on Homelessness (COH)

I had the opportunity to complete my practicum at the Canadian Observatory on Homelessness (COH) - the largest, non-partisan research institute focused on homelessness in the world. I was specifically a part of the Hub Solutions team – a social enterprise run by the COH whose mandate is to help agencies, communities, and governments build solutions to homelessness through research and evaluation. Almost all of the projects undertaken by the Team primarily centres on evaluating programs focused on youth homelessness. The team uses a mix of quantitative (surveys, questionnaires) and qualitative (interviews and focus groups) research methodologies for data collection. The team also uses a variety of evaluation methodologies, ranging from formative to summative evaluation methods in their various projects. I was involved in three main projects that the team was working on and supported about two other ones. Namely: HireUp, A Way Home Toronto (AWHT), and EGALE Youth Outreach Program. I supported the projects through data collection by conducting interviews, attending and taking field notes for focus groups; through data analysis by coding and performing thematic and content analysis; as well as with writing sections for reports, reviewing and editing of draft reports. Working at the COH was a thrill as the team and the organization as a whole are supportive and very inclusive. They are embracing of all and treat students as valuable members of the team. Overall, it is a great environment for learning and I appreciate the team I worked with as they are supportive, encouraging and receptive; things that are essential to a student’s success in practicum.

**E.U**

Faculty of Dentistry, University of Toronto

My practicum was completed through the University of Toronto at the Faculty of Dentistry. I was the student investigator on phase 1 of a project nested within, *Nishtam Niwiipitan: My First Teeth*. *Nishtam Niwiipitan* aimed to work collaboratively with Indigenous communities to prevent and decrease the rates of children undergoing general anesthesia for treatment of Early Childhood Caries (ECC). ECC is a significant public health concern and is defined by the presence of tooth decay involving primary teeth in a child under six years of age (Irvine, Holve Krol, Schroth, 2011). Some of my responsibilities throughout the practicum involved travelling to remote Indigenous communities to meet with community partners, stakeholders and participants. Other responsibilities included creating instruments for the project, holding Learning Circles, transcribing and analyzing data, and creating digital stories with participants. The digital stories created in Phase 1 of the study will be used later on as an oral health education tool and as a motivational interviewing instrument. Overall, the practicum was a great learning experience and I have developed many skills and competencies that will be useful in my future health promotion work.

**E.E**

FoodShare Toronto and FLEdGE (Food: Locally Embedded, Globally Engaged)

My first practicum was with FLEdGE (Food: Locally Embedded, Globally Engaged) and FoodShare Toronto. FLEdGE is a research and knowledge sharing partnership, based out of Wilfred Laurier University, that explores the current and potential role of community food initiatives to act as pillars of regional, sustainable transformation. FoodShare is a non-profit organization with a mission to increase access to, knowledge of and consumption of vegetables and fruit through community led projects. I worked primarily with FoodShare, but I was conducting research for FLEdGE. My project was focused on FoodShare and I submitted a report and a blog post about my research to FLEdGE at the end of my practicum. During my time with FoodShare, I worked on their *Growing Good Food Markets* project, which is a focused expansion of Good Food Markets in the York South Weston region. The aim of this project was to dedicate funding, resources and energy into one geographical region of Toronto in order to create increased impact and results. Under this project, I created logic models for the Good Food Program and the Community Food Animation Program. I also completed a community needs assessment of York South Weston. This assessment identifies the community’s food access concerns, any populations with unmet needs, and gaps in current food access services available to York South Weston residents. Through my work with FLEdGE, I gained exposure to their broad research partnerships and gained an understanding of the importance of working collaboratively across sectors to achieve healthier, more sustainable communities. Through my work with FoodShare, I gained experience in program planning, needs assessments, qualitative and quantitative research methods, and community development.

**G.Q**

Wellesley Institute, Supports for Success

Over the course of the 16-weeks at Wellesley the focus of my practicum was Qualitative analysis and Knowledge translation. The project Supports for Success was a research project with quantitative and qualitative research methods. The goal of the project was to identify barriers and facilitators to youth being successful in Ontario. My role specifically was help with coding and analyzing data in the form of transcripts (focus groups/interviews) and to synthesize this information into themes. The subsequent tasks involved report writing, community engagement, knowledge translation and communications activities. All occurring at different stages throughout the practicum but necessary components to the larger project objectives. The report writing was broken into smaller teams and went through several drafts to make a easily digestible report for the different stakeholders/audiences who would be reading. Community engagement took the form of leading public sessions to ensure that the thematic analysis could be reinforced by thoughts and feelings people had about their communities. Knowledge translation was incorporated into the report writing and brainstorming of how information was going to be presented. While communications was a task assigned to me because of my interests in how it could be incorporated with health equity/public health work. It took the form of stakeholder engagement, development of infographics and other forms of visually presenting information related to the project.

**H.T**

The College of Physicians and Surgeons of Ontario

This past summer, I had the pleasure of being a practicum student with the College of Physicians and Surgeons of Ontario (CPSO). As a provincial regulatory body, CPSO regulates the practice of medicine and works to protect and serve the public. My role as a research and evaluation assistant entailed working with the Quality Management Partnership, which combines Cancer Care Ontario and CPSO. The Partnership looks into quality measures across three health service areas: mammography, colonoscopy, and pathology. My main project involved the evaluation of facility reports, and factors that influence their use or non-use. There were four main deliverables from my practicum. The first deliverable was a literature review on quality improvement and audit and feedback interventions, which related directly to the Partnership’s facility reports. Furthermore, I looked into contextual factors in facilities that can influence their ability to partake in quality improvement efforts. By using this literature review, I created a theory of change for facility report use as my second deliverable. Next, I utilized data from a previous quality improvement consultation report to conduct qualitative data analysis. From this analysis, I created a report on my findings which served as the third deliverable. Lastly, I prepared a recommendations report for the Partnership by using both the literature review and the data analysis in order to inform future facility reports.

Throughout my practicum, I had weekly meetings with my supervisor to go over my progress and to have any of my questions answered. I also participated in weekly team huddles, the Partnership’s Evaluation Working Group, monthly team meetings, Partnership Leadership Committee meetings, as well as many other social events at the CPSO. Overall, I had an incredible learning experience with a wonderful team and organization!

**H.A**

Toronto Western Hospital, Krembil Research Institute, University Health Network (UHN)

Over the course of the summer months I had the opportunity to complete my summer practicum as a graduate health behaviour outcomes trainee at the Arthritis Community Research and Evaluation Unit (ACREU) based at the Toronto Western Hospital Krembil Research Institute. ACREU is an interdisciplinary research unit with a focus on reducing the adverse impacts of arthritis on individuals, their families and generally within the population. It achieves this through a comprehensive applied health services program leading to the development of innovative programs and policies. During my time at ACREU I had the opportunity to work on two projects in collaboration with two agencies. The first is The Arthritis Society (TAS), which is a national health charity dedicated to providing health information, programs, and supports to Canadians with arthritis and their families. My first project with the Arthritis Society involved me gathering evidence based information on sports injuries and the risk of osteoarthritis, and formulating a report on the present literature. The information will used in the future for their publications including their website and online magazine. Currently arthritis is the largest chronic health condition with no cure, however many individuals shy away from disclosing it to their employers, afraid of it being used against them. In the second half of my practicum I worked with TAS and the Institute for Work and Health to look into an environmental scan done on resources available for episodic conditions. I coded, and analyzed the findings and compared how Canadian arthritis resources compared to non-arthritis Canadian resources when it comes to accommodation and disclosure. At the end I presented my work to TAS and created a formal report. Overall, I had a great summer working alongside many great individuals and really grew professionally.

**I.A**

Healthier Cities and Communities Hub

The Healthy by Design project is a partnership between the Healthier Cities and Communities Hub at the University of Toronto, Toronto Public Health, the Storefront in Scarborough and The Community Place Hub in Weston to change the built environment of apartment buildings. The University of Toronto will be evaluating how successful this project is and whether it can change healthy eating, physical activity and community connections among residents over the next 5 years.

As a practicum student, I was able to participate in a project which aims to make improvements to the physical environment of two private, low-income apartment complexes in East Scarborough and Weston-Mount Dennis (Etobicoke) to better support physical activity, healthy eating, and community connectedness. The site in which I was overseeing for evaluation purposes was the Mount-Dennis Weston location. My main tasks included developing partnerships with community organizations and members at the Weston-Mount Dennis site in order to promote community engagement in the evaluation process. Furthermore, I was leading the management of baseline data collection process – 100 surveys, 4 focus groups, and Spring and Summer observation sessions and other evaluation activities as they came up. Through my role, I strengthened and further developed program evaluation skills. This included collaborating with community members and organizations to track changes to the built environment and collect baseline information. This practicum relied heavily on community engagement and leadership skills. It encompassed the development of evaluation skills through observations of overall design of a project evaluation, data collection and data entry (qualitative and quantitative) which is to continue into the next semester.

**J.F**

Women’s College Hospital Institute for Health Systems Solutions and Virtual Care (WIHV)

Women’s College Hospital Institute for Health Systems Solutions and Virtual Care (WIHV) is devoted to promoting the innovation and implementation of new models of care designed to improve patient experiences and population-level health outcomes, all while trying to lower costs and resources within healthcare systems. This is achieved by conducting rigorous health services research, alongside the evaluation and testing of various virtual care platforms for scale and spread.

WIHV partners with a variety of organizations to achieve its mandate. One of such organizations is the Ontario Telemedicine Network (OTN), a not-for-profit corporation in Ontario focused on developing telemedicine solutions that increase access to health care services within the province. Two initiatives currently being investigated are the Enhanced Access to Primary Care (EAPC) and Telepalliative programs. The former is a technological platform that facilitates virtual access and communication to a family physician with the intention of reducing unnecessary in-person, walk-in and emergency department visits, which are costly to the system. The latter is similarly a technology designed to connect clients to services and supports when receiving palliative care in home settings. During my practicum at WIHV, under the supervision of Ms. Baranek and Ms. Kelley, I was responsible for supporting the evaluation of these two initiatives. This role involved liaising with partners from OTN and coordinating and conducting qualitative interviews with key stakeholders who could inform the evaluation of these initiatives. In addition, I attended regular meetings with OTN and other stakeholder groups to provide progress updates on the evaluation and a summary of main findings.

In addition, I also supported a knowledge synthesis of findings from the Industrial Research Assistant Program (IRAP) – a program designed to provide small and medium-sized enterprises (SMEs) free consultation (from WIHV) on their business model and scalability of their health-related virtual care ideas. More specifically, I conducted a qualitative content analysis of reports and documents drafted for SMEs to identify the key barriers of implementing health-related technologies and to evaluate the consultative framework used by WIHV, to be drafted in a publication.

My final task with WIHV was assisting with the data collection of a study examining the effects of incorporating walking activities with counselling sessions. In this role, I scheduled routine follow-up study visits with participants and helped collect questionnaires and measurements, alongside data entry.

Overall, the multi-project nature of my practicum was an exciting opportunity to learn about the range of projects being evaluated and/or considered with the goal of enhancing or increasing access to care, alongside novel health management tools. This was undoubtedly a positive experience, as I gained a breadth of knowledge and skills in health services research, policy, evaluation and implementation. What ultimately made my practicum fulfilling was the supportive learning environment, whereby I felt I was an active contributor and member of a positive, uplifting, cohesive, and hard-working team of extraordinary knowledge, talent and skills. I recommend any MPH student consider a practicum at WIHV, as my supervisors were very open to hearing my suggestions, tailoring my practicum to my skills and learning goals, and ensuring I was integral in all the projects I was part of.

**J.X**

Centre for Addictions and Mental Health (CAMH)

The Centre for Addictions and Mental Health (CAMH) is the leading mental health hospital and research institute in Canada. Through clinical and non-clinical services, research, and advocacy CAMH aims to reduce the number of barriers individuals face in accessing mental health services. During the period of May to August 2018 I was fortunate enough to complete a practicum at CAMH, as part of my Masters in Public Health. During my time at CAMH with the Client and Family Education team, I worked on two projects. The first was centered around the planning of CAMH’s recovery college. A recovery college is a program which offers co-created mental health education resources that are delivered jointly by both mental health practitioners and service users. For this project, I was tasked with collecting and assessing the existing evidence base as well as conducting community consultations with key stakeholders. Through this process I was able to provide CAMH with promising outcomes that had been associated with existing recovery colleges, ultimately informing the design and development of CAMH’s own recovery college. I was also given the opportunity to present a summarized version of these findings at CAMH’s first recovery college advisory meeting.

The second project I worked on was an environmental scan of community hubs and other organizations offering mental health services in Toronto. The goal was to identify resources in the community as well as apparent service gaps in order to inform the development of CAMH’s own community hub. This environmental scan would prove pivotal for the community consultation my colleague and I later conducted through key informant interviews. These interviews created a space for rich dialogue to take place with community facing organizations. This being an important program development stage in which CAMH’s was able to identify local community capacities and build relationships with potential collaborators.

**J.L**  
Public Health Ontario

In response to high rates of childhood overweight and obesity, the Ministry of Health and Long-Term Care developed the Healthy Kids Community Challenge (HKCC), a health promotion program providing 45 communities across Ontario with resources and tools to promote healthy behaviours among children ages 0 through 12. The HKCC is a theme-based program with a social marketing component that aims to promote healthy behaviours at the population level using hashtags related to the program (e.g., #HKCC, #ChooseToBoostVeggiesAndFruit). The HKCC’s Theme 3 (*Choose To Boost Veggies and Fruit*) focused on the promotion of increased fruit and vegetable consumption. Public Health Ontario is conducting a provincial evaluation of the program to examine the impact of HKCC. Theme-based media analyses help to examine the social marketing component of the program. The media analysis of Theme 3 explored engagement with HKCC Twitter content across the theme to understand the utilization of and potential exposure to social media messages in health promotion settings. This project piloted the use of a data collection tool, NCapture, and used virality metrics as evaluation indicators. Overall, there was an increase in engagement with Twitter messages and an increase in tweets that promoted the theme’s target behaviour.

**K.W**

Global Health Emergency Medicine

The practicum placement with the Health Equity Committee of the Global Health Emergency Medicine (GHEM) group was an 18-week long placement that provided the student an opportunity to lead his own research project, entitled Determining Evidence Base and Knowledge Translation Opportunities for Health Equity in the Emergency Department. Through a series of in-depth qualitative interviews with various stakeholders, including emergency department (ED) physicians, social workers, and community service providers, the student conducted a participatory asset mapping project of the existing health equity initiatives across the Greater Toronto Area. The purpose of this project was three-fold: to identify best-practices in addressing social needs of marginalized communities in EDs across the GTA that could be integrated into practices at Toronto General Hospital and shared across the hospital sites in the University Health Network, to identify and establish a network of service providers for strategic partnerships and future advocacy efforts, and to provide a foundation in formative research for future research by the Health Equity Committee. Through this practicum, the student not only developed core health promotion competencies, including situational assessment as well as partnership and collaboration, but they also developed qualitative research skills through the creation and revision of data collection tools, conducting qualitative interviews, performing analysis of the interviews, and synthesizing knowledge from findings. Other soft skills developed included project management, communication and report writing. A summary of findings was produced for GHEM Executives, and a research framework was also created to aid in the continuation of this project and for future qualitative research regarding clinical care of patients impacted by health inequities.

**L.S**

Gender, Equity and Human Rights team, World Health Organization, Switzerland

I completed my second MPH-HP practicum with the Gender, Equity and Human Rights team at the World Health Organization (WHO) in Switzerland. I had three main projects and responsibilities during my practicum: 1 – Conduct a mapping of WHO programs to identify those that include a specific legal work stream, 2 – Provide technical and administrative support to activities related to WHO’s engagement with human rights accountability mechanisms, and 3 – Provide technical support to the development of technical guidelines for non-discrimination in health care settings. For the outcomes related to the first project, I conducted and summarized interviews with WHO colleagues about how they use the law in their program areas to promote health. My second set of responsibilities was more spontaneous. As needed, I supported my team in organizing a meeting between the WHO and the Committee on the Convention on Ending All Forms of Discrimination Against Women (CEDAW) and attended and participated in meetings at the Human Rights Council and other UN forums about how the WHO can engage more systematically with treaty member bodies and the Universal Periodic Review. For my third project, I conducted a document analysis of 31 WHO guidelines to assess the extent to which they include clear, actionable recommendations for preventing and redressing discrimination in health care settings, presented my findings at two seminars and wrote a brief report on the research.

**M.H**

Dental Public Health at the Faculty of Dentistry, University of Toronto

My practicum placement was within Dental Public Health at the Faculty of Dentistry, University of Toronto. I was a Student Investigator on the *Nistam Niwiipitan* project, which seeks to find effective preventative measures to increase the oral health of young Indigenous children. My project involved part of the study which was to engage with stakeholders, identify strengths within communities, and identify needs based on this communication. My main focus was on measuring acceptability of a new oral health treatment. My responsibilities included developing education materials, collect and analyze data on a new treatment option using a mixed methods approach, liaise with community partners and community members and provide support for other on-going components of the project. I incorporated health promotion theories and framework into health education materials, as well as delivered health education sessions to some First Nations communities in Northern Ontario. This experience allowed me to enhance my health promotion competencies in health communication, partnership and collaboration and diversity and inclusiveness. Working with different communities and a variety of stakeholders was a key component of this practicum and enhanced my education as a Public Health professional.

**M.N**

Pedagogy for the Anthropocene: Land-Based Learning for Socioecological Transformation (P4A)

**Practicum Organization Description:** Pedagogy for the Anthropocene: Land-Based Learning for Socioecological Transformation (P4A) is a collaborative, community-based research project that responds to the ever-evolving context of looing ecological crises and persistent global inequities. In these contexts, the role and processes of academia, including how academia generates and shares knowledge, shapes “problems” and therefore “responses” are no longer seen as adequate. It is within these complex contexts that transformative pedagogical approaches are required to challenge the unfair power structures and ideologies underlying persistent global issues. P4A is a partnership research project between several researchers affiliated with the University of Toronto and Conscious minds Cooperative (CMC) – a GTA organization run by youth, for youth – that centers around cultivating space for youth to learn about how to build healthy and resilient communities connected to land and relationships. The project has multiple components including an evaluative component of CMC activities in order to brainstorm how to “scale up,” and implement CMC’s pedagogical approaches within the university – as well as using the project itself as a case-study to examine university-community partnerships and dynamics at play.

**Objectives:** A 12-week practicum at P4A was undertaken to gain a better understanding of the process involved in developing transformative pedagogical approaches to address inadequacies of academia. The practicum was also meant to facilitate several skills related to qualitative research, including transcribing, interviewing, and analyzing of primary data, as well as enhance conceptual understanding of research topics related to land-based education, transformative education, critical pedagogical approaches, and the Anthropocene, among others.

**Methods:** a developmental approach to evaluation was undertaken, involving the collection of field notes, journaling exercises, etc. Literature reviews were based on several researcher’s contribution to a shared Zotero library. Data analysis and reporting followed Braun and Clarke (2006) guide to thematic analysis. Nvivo software will be used to analyze the second set of data collected.

**Results:** Camp data in the form of journals and google form responses by participates were analyzed to develop a preliminary coding tree which will serve to guide the future analysis of post-camp data. The literature review is ongoing and due to the large variety of topics to cover, the literature review format has been changed to literature “briefs” which will summarize key points of the literature to guide team members.

**Next steps:** Post-camp data via interviews still have to be collected for several participants. This data must then be transcribed and analyzed. The scope and function of a literature review remain to be fully fleshed out amongst the team. A meeting in the first week of September will be used to plan a fall event where the researchers plan to present their findings to the academic community.

**M.H**

Global Institute for Psychosocial, Palliative and End-of-Life Care (GIPPEC)

Major disparities exist in access to palliative care worldwide. My practicum placement took place at GIPPEC, a global institute seeking to improve the wellbeing of individuals at the end of life through research and education. During my practicum, I supported data analysis for a study conducted in collaboration with Kenyan researchers assessing the quality of death and dying of patients who have utilized hospice services in Kenya. A questionnaire, previously validated in North America, was used to collect data from bereaved caregivers prior to the start of my practicum and cognitive interviews were conducted to understand how the questionnaire was understood among participants. During my practicum, I conducted qualitative data analysis of the cognitive interviews using NVivo software. I also contributed to a literature review of perceptions of end-of-life care in Kenya that will be used to assess the cultural relevance of the questionnaire administered. Analysis of the study data continues, but the results will inform palliative interventions to improve the quality of life of patients and their caregivers in Kenya. During my practicum I also assisted with preparing documents for other research projects, assisted with preparation for a workshop and summarized the workshop evaluation findings. This practicum allowed me to advance my research skills and understand how research projects that require international collaboration are managed and coordinated.

**M.G**

Well Living House

From May through August 2018, I completed a practicum at the Well Living House, an action research centre based out of the Centre for Urban Health Solutions at St. Michael’s Hospital that is dedicated to infant, child, and family wellbeing in Indigenous communities. I worked primarily on Our Health Counts, a community-driven population health study that has been undertaken in four urban centres across Ontario and is now underway in Kenora and Thunder Bay. My responsibilities included assisting in community engagement and priority setting activities, in addition to contributing to the survey development process. As a part of this process, I conducted two rapid response research projects focusing on survey tools related to speech development as well as Indigenous birthing and child rearing practices. I also undertook a review of literature exploring the association between Indigenous culture and health. The themes emerging from this review will be important in their own right, serving as a testament to the importance of Indigenous self-determination, and will provide context to some of the results from the Our Health Counts study. A key part of this experience also involved building meaningful relationships with colleagues and community partners, which is an important part of doing this work in a good way from an Indigenous perspective. This practicum provided a meaningful setting from which to explore the interface between Indigenous ways of knowing and health promotion research.

**N.Z**

St Michael’s Hospital

The Centre for Urban Health Solutions (C-UHS) at St Michael’s Hospitals is an interdisciplinary research centre that undertakes solutions-focused research to advance urban health equity. They develop and implement concrete responses within healthcare and social service systems, and target public policy to tackle inequity. My practicum was with Dr. Stephen Hwang, the Director of C-UHS, who focuses on researching and implementing interventions to prevent and end homelessness. My practicum focused on two projects. The first was to propose a model of community-responsive research that involves people with lived experience in driving the research agenda on housing, homelessness, and health within St Michael’s Hospital. To do this, I did a rapid review of published literature on involving people with lived experience in research, conducted a consultation process of St Michael’s researchers, service providers, and people with lived experience of homelessness. I was able to apply for two grant applications to fund the implementation and evaluation of a pilot version of the proposed model. My second project focused on developing a collaborative evaluation design for an Indigenous Housing First program in Hamilton, Ontario. I worked with the Indigenous Access Health Centre to design an evaluation that addressed their needs. To date, we have developed an ethics protocol for the project.

**N.H**

Association of Ontario Midwives

The Association of Ontario Midwives (AOM) is a non-profit organization that represents midwives, midwifery students and midwifery practice across Ontario. I worked with the Clinical Practice Guideline (CPG) Program to complete my practicum placement. The CPG Program develops evidence-informed clinical guidelines that incorporate midwifery values and philosophy of care including informed choice, client as the primary decision maker, choice of birthplace, and appropriate use of technology. I was given the opportunity to participate in several projects throughout my practicum. My two main projects were to assist in completing a systematic literature review and creating a process evaluation plan with dissemination materials. The systematic literature review involved completing an evidence review to update the guideline for the Management of Low and High BMI. In this process, I strengthened my skills in quantitative analysis, consensus building exercises, evaluating research through the GRADE methodology and became familiar with tools such as AGREE, NVivo, RevMan, Mendeley and Rayyan QCRI. In the process of completing my evaluation project I interviewed stakeholders and enhanced my skills in creating objective and effective surveys while engaging stakeholders and the community for a process evaluation. The findings from my work will help the AOM identify achievements and areas for improvement with member engagement while developing a CPG and will support midwives in making informed clinical decisions in their practice. Ultimately, this practicum placement has provided me a good foundation in research, knowledge translation, community engagement and evaluation.

**P.T**

Toronto Health Economics and Technology Assessment (THETA)

The Toronto Health Economics and Technology Assessment (THETA) collaborative is a research organization that provides sound scientific evidence regarding different forms of health technology. They carry out clinical and economic evaluations to determine cost effectiveness, ethical and social implications of implementing new health technologies. This information is then presented to policy and decision-makers, assisting them in making the most informed decisions possible. During my practicum, I was tasked with carrying out a systematic review on the long-term effects of Zika virus infection in adults. I produced and submitted a PROSPERO protocol, screened articles for inclusion into the study, abstracted data from selected articles, conducted quality appraisal and produced the final manuscript for publication.

This experience allowed me to see the direct impact research has in decision-making processes, as well as learn more about health technology assessment, an area I was previously oblivious to. I was also able to produce my first manuscript for publication, and thus gain skills in writing for a scientific audience. Another important experience was being able to bridge lessons learnt in research with frontline work in public health, and being able to see how different disciplines are able to work together in their various ways, towards a common goal. Research feeds into policy and program decisions, whereas community experiences and results from running programs inspire new or continuing research. Collaboration and partnership are key factors in bridging the gap between the two, with health education and communication facilitating knowledge synthesis, dissemination and translation to relevant stakeholders, in the appropriate format.

**R.W**

World Health Organization (WHO) - Geneva, Switzerland

This practicum placement took place at the World Health Organization (WHO) Headquarters in Geneva, Switzerland in the Department of Public Health, Environmental, and Social Determinants of Health. Working within the radiation programme, the project involved updating WHO’s health-related data on regulations for ionizing radiation, specifically indoor radon. Radon is a colourless, odourless gas that is classified as a human carcinogen and poses a potential health risk as the second leading cause of lung cancer. In 2005 as part of the International Radon Project, WHO administered a survey to all Member States on national radon levels, measurement techniques and tools, prevention or mitigation measures, and risk communication. A lot has changed in the environmental sphere since then, thus providing an opportunity to update the existing radon data. The current practicum project involves the creation of a new survey to better capture the current status of radon activity at the country level, particularly as it applies to regulations and legislations involving indoor radon. The goal is to develop a database of radon activity from all Member States that can also serve as a resource for countries seeking to increase their national radon activity. An 87-item survey was created with the assistance of radon experts from around the world, aimed at capturing national-level information on a) radon activities, b) radon action plans & regulations, c) radon reference levels, d) radon concentration measurements, e) radon prevention & mitigation, f) radon communication, and g) linkage to other national strategies. A survey was then developed on DataForm, an online survey application, where it will be sent to representatives from all 194 Member States to complete. In addition, a template was created for the Global Health Observatory (GHO), the main hub for global health data at WHO, where the radon survey data will eventually be published after survey responses are collected and compiled. The GHO is an online resource accessible to health specialists and the public more broadly.

**R.K**

Wellesley Institute

My work at the Wellesley Institute was with the Supports for Success (SFS) project, a mixed-methods, community-led research project that aims to help develop more effective supports for the children and youth of Ontario to achieve social, educational, and economic success from birth to employment. The phase of the project I was involved in aims to generate an evidence-base using four research sites (Thunder Bay, Kingston, Scarborough, and Brant) to help inform the development of a collective impact approach to child and youth well-being – an approach that builds on existing community assets by uniting three key groups of stakeholders (funders, service providers, and community leaders) to work towards a common agenda through mutually reinforcing activities and targeting commonly shared goals. My role involved two key aspects of research - qualitative data analysis and the Community Profiles. I worked with the Thunder Bay and Brant sites for the qualitative analysis, analyzing 33 interviews and focus groups with children/youth, families, and service providers to identify key themes within and across sites. I also helped lead the quantitative Community Profiles work, retrieving and synthesizing population-level datasets to help develop a child and youth health “profile” for each of the project sites. These research components were used to identify existing assets and areas of opportunity within each of the sites. Following these analyses, I was responsible for writing the key findings for the Community Profiles in each of the four community-specific reports and creating infographics to maximize knowledge translation. Additionally, in partnership with the community and local researchers, I analyzed the qualitative data for Brant to identify the community’s assets and determine actionable policy recommendations. This research will inform key stakeholders of the children/youth development landscape in Ontario from a social determinants of health/equity perspective and ideally help drive policy change.

**R.N**

Public Health Agency of Canada

At the Public Health Agency of Canada, I worked as a policy analyst under the infectious disease branch for the Centre for Communicable Disease and Infection Control. My work was specific to the development and implementation of the federal government’s response to sexually transmitted and blood borne infections (STBBI) in Canada. This required the completion of various tasks, including: 1) the development of briefing materials, such as issue sheets, briefing notes, and scenario notes, for senior management, including Canada’s Minister of Health; 2) completing an extensive environmental scan with the objective of advocating for terminology change to address issues with potentially stigmatizing language used by PHAC; and 3) assisting in the development of the Pan-Canadian STBBI Framework for Action (released in the summer of 2018), as well as the development of the Federal Implementation Plan (expected release date TBD). Completing such work allowed me the opportunity to sit in on various meetings, such as virtual roundtables with individuals living with or affected by STBBI, as well as meetings with different stakeholders on both the federal and provincial and territorial levels. My experience with PHAC provided me with great insight on the mandate, responsibilities, and key areas of focus/deliverables under the federal jurisdiction in comparison to the work being carried out at the provincial and territorial level. In addition to my work as a policy analyst, I also peer reviewed a manuscript for a Canada Communicable Disease Report (CCDR) and attended meetings with senior management and various professional development workshops, which were greatly informative and valuable for my own learning.

**R.B**

Public Health Ontario (PHO)

My practicum was completed at Public Health Ontario (PHO) in the Communicable Disease Unit. Over the course of my placement I was responsible for conducting a systematic review on the topic of Party and Play (PnP) which is also known as chemsex and refers to sexualized drug use or the use of drugs immediately before or during sex. This project was initiated by the Gay Men’s Sexual Health Alliance (GMSH) who are embarking on a new campaign to respond to potential challenges posed PnP in the cisgender and transgender gay, bisexual, queer, two spirit and other men who have sex with men (MSM) communities and to promote informed, compassionate and progressive conversation on sex and substance use. The systematic review involved developing a strategized literature search with PHO’s Library Services, a titles and abstracts screen followed by full-text screen, an evidence appraisal using PHO’s evidence appraisal tool (MetaQAT), data extraction, knowledge synthesis and writing an evidence brief detailing our findings. The project also involved communication with our primary stakeholders, GMSH to ensure the product aligned with their needs. My placement at PHO involved more than just this project as the organization is highly oriented towards student experience. We had the opportunity to attend weekly learning sessions on the various departments within PHO which exposed us to the work these team members conduct as well as their educational and career paths. PHO also set us up with mentors who were an invaluable resource for professional development, networking and simply navigating PHO and the public health field broadly. PHO was an exciting, challenging and fun organization with which to complete my practicum.

**R.K**

Wellesley Institute

I completed my summer practicum position at the Wellesley Institute, contributing to Phase 3 of the Supports for Success (SFS). Initiative. SFS is an upstream project aimed at creating a collective impact to promote the success of marginalized children and youth in four sites across Ontario. My main responsibility was to code transcripts for key informant interviews, consultation interviews, discussion group and sharing circles for Scarborough and Kingston sites using NVivo. Throughout the qualitative analysis process, I was able to work alongside other practicum students in generating analytical themes that emerged from the data, and also consulted with Dr. Angela Mashford-Pringle and Diane Longboat from the Waakebiness-Bryce Institute of Indigenous Health to generate themes from Indigenous-specific transcripts. Toward the end of the practicum, I contributed to writing a community report on the gaps and opportunities in the Thunder Bay site, through highlighting key themes and policy recommendations. This report was a deliverable to our main funder, the Ministry of Advanced Education and Skills Development.

Through my experience at the Wellesley I was also able to benefit from several professional development opportunities. I gained skills in project management through taking on the lead project management role of the data analysis process; this included coordinating communication between the SFS team and the practicum students and setting up a system to track our progress with the analysis. I was also able to facilitate a community feedback session in Scarborough and had the chance to prepare knowledge translation documents for other feedback sessions. I was able to attend meetings with one of our partners at the Ministry of Child and Youth Services, as well as an annual general meeting for the Children and Youth Services Planning Committee in Kingston.

Weekly research meetings at the Wellesley were also a great opportunity to learn about work being done in health equity and to present our research findings. There were also opportunities to assist with data collection for other projects at the Wellesley, and to network with researchers and junior fellows.

**S.A**

Access Alliance Multicultural Health and Community Services

Access Alliance Multicultural Health and Community Services is a community health centre with three locations in Toronto. They provide a wide range of primary health care services, community health and wellness programs, and settlement and social services, community-based research, and language services for immigrants, refugees, and other vulnerable communities. I worked at the West location, AccessPoint on Jane, in the community health and wellness department. My major project was to develop and implement a community garden at the Marie Baldwin Park. The community garden aimed to build capacity among participants and engage the community while also helping reduce food security. I recruited participants and volunteers and planned and executed outreach for the program. I created flyers and a binder for the program in order to collect data and keep track of what is going on in the community garden, a logic model to help outline the objectives of the program, and created an evaluation framework. I also planned and developed a timeline and calendar for the community garden that included weekly meetings, workshops, and other events. I connected the community garden to other organizations and built partnerships in order to help with the sustainability of the program. I worked with the Soup-ers club at AccessPoint on Jane and various community members to decide what will be growing in the garden I have connected the community garden with the Soup-ers club, Access Alliance’s youth programs, and a local food bank so that some of the produce from the program is going towards reducing food security in the community.

**S.M**

Applied Health Research Centre, St. Michael’s Hospital

Being passionate about integrating arts as a tool for maternal and child health, I chose my own practicum opportunity at Applied Health Research Centre, St. Michael’s Hospital to work as a program evaluator. My first practicum project was aimed towards improving social support network for young mothers in Toronto using culinary arts. Here, I was involved with collecting and analyzing evaluation data and creating a summary and an infographic tool for knowledge mobilization. Moreover, in collaboration with our stakeholders we introduced the idea of entrepreneurship to the mothers who branded themselves to sell their baking goods in a grand community event and later continue it on a personal level. Getting the opportunity to connect with the participants on ground level gave me an insight to their challenges and allowed me to witness the strength of a mother when she is given the space for expression. My second project was to assist with modifying the program design and conducting a developmental evaluation of “Community Kitchen”. Working alongside the projects broadened my knowledge, skills and understanding of how to effectively design, monitor and evaluate interventions aimed at addressing public health issues and their underlying determinants of health. My MPH coursework played an important role to my learning and success in this practicum, as my projects integrated the theories, concepts and principles I learned in courses such as program evaluation, health promotion and social innovation and entrepreneurship.

**S.F**

Sinai Health System’s Population Health Solutions Lab

Sinai Health System’s Population Health Solutions Lab is an inter-organizational and collaborative department that designs and implements interventions targeting complex public health issues. As a practicum student, I was brought on to support their Neighbours Helping Neighbours project, which looks to address social isolation among older adults through community development approaches to improving community care. The project collaborates with community agencies to improve service provision, better connect older adults with assets currently operating in their communities, and create networks of informal peer support between those who need help and those who can offer help. In addition to these on-the-ground activities and strategies, the project looks to create a higher-level culture shift within service providing organizations to see older adults as a source of resilience, strength, and guidance, rather than in-need service users. My direct contributions to the Neighbours Helping Neighbours included: producing an asset map of local resources that was converted into a booklet and large poster formats; collecting and analyzing quality of life and tenant interest data, and amalgamating it into a building profile for use by staff and volunteers; creating a Journey Map document that captures key milestones, inspirations, and emotional moments from the Lab’s collaboration with a major community organization; and communicating, coordinating, and liaising with stakeholders and other team members.

**S.W**

Simcoe Muskoka District Health Unit

Simcoe Muskoka District Health Unit (SMDHU) is an independent health unit who serves 26 municipalities encompassing both rural and urban areas with varying population demographics and size. SMDHU recognizes climate change as an issue of public health importance and incorporated this view into the agency’s strategic plan in 2014. Since then, SMDHU has developed a climate change action plan which provides guidance on actions to reduce the health risks of and increase resilience to climate change across Simcoe Muskoka. SMDHU is also one of three health units who completed a climate change and health vulnerabilities assessment to date.

During my practicum, I worked in the Environmental Health Department, Healthy Environments Program to support climate change and public health work. My role at the health unit was to support the health promotion and community engagement phase of the action plan, which incorporates the integration of climate change lens into the health units programming. As climate change is a complex issue, it requires different approaches and thus I was able to support many different projects, primarily in the planning phases which will be instrumental in efficacious implementation. Moreover, since climate change and health are an emerging field in public health, the work I was engaged in will contribute to the evidence-base moving forward. A larger component of my practicum was coordinating and facilitating the development of a regional climate change committee composed of municipal and community stakeholders across Simcoe Muskoka. GIS Story Mapping was another key project of mine. I worked with Health Promoters and an Epidemiologist from other departments to communicate findings from the vulnerability’s assessment into a GIS story map aimed to increase municipal staff awareness of climate change exposure, sensitivity, and adaptive capacities. This practicum gave me the opportunity to apply and build health promotion competencies and learn about the structure and function of an independent health unit. Beyond this, I was warmly welcomed into the Healthy Environments Program at SMDHU, had outstanding leadership and support, and gained invaluable experience working in a team setting.

**S.A**

Employment and Social Development Canada (ESDC) Innovation Lab

My practicum at The Innovation Lab provided me with an in-depth look at how the Employment and Social Development Department at the federal government is changing the way it produces policy programs. The Innovation Lab employs a technique called human centered design to policy and programs. This technique focuses on user/citizen need first, and then prototypes and experiments quickly based on these needs. It is an iterative process in contrast to the traditional government approach, which first researches, develops policy and then consults citizens before employing the policy. Similar to public health’s health promotion practice, the Innovation Lab uses empathy to learn and listen from citizens, often marginalized populations, to shape successful policy. The approach adds a vital qualitative and lived experience lens to the quantitative data at the beginning.

I worked on several different projects including but not limited to: a three day design workshop, a Medium Term Planning policy workshop, a data strategy workshop and an unconscious bias workshop. I also designed my own workshop with fellow public health students, one which merged human centered design and public health. The aim of this workshop was to give participants, young employees of the public service, an understanding of public health issues facing Canadians and how a socio-ecological model can be a useful tool to explore these issues more deeply and holistically. This opportunity allowed me to bring in several public health lenses like the socio-ecological model, the social determinants of health, health promotion and health equity.

**S.I**

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

My summer practicum was with the Healthier Cities & Communities Hub at the Dalla Lana School of Public Health with the project, Healthy By Design. Healthy By Design is jointly funded by the Public Health Agency of Canada (PHAC) and Toronto Public Health (TPH) and has been implemented in two of Toronto’s 13 priority neighbourhoods, namely, Kingston-Galloway in East Scarborough and Weston Mt. Denis in Etobicoke. The project has partnered up with property managers at each site to design and implement changes to the built environment in these two sites over the next five years with the intention of facilitating healthy communities with greater access to physical activity, nutrition and community belonging. In addition, the project is working closely with community partners at each site (The Storefront at Kingston-Galloway and Progress Place at Weston Mt. Denis) to ensure appropriate strategies. The Healthier Cities & Communities Hub comprises the evaluation team for this project. For the duration of my practicum I was assigned to the Kingston-Galloway site, where I served as the site liaison between the neighbourhood and the Hub and worked closely with the Storefront to access the community members. As the project is currently in Year 2, the evaluation team collected baseline data which would then be analyzed, and later compared to post-intervention data after four years to assess the success of this project. Throughout my practicum, I was responsible for overseeing and managing the data collection process from the Scarborough site, the hiring and coordination of 14 community interviewers to conduct 98 survey interviews, developing and facilitating three training sessions for community interviewers, and supporting five focus groups (four on my assigned site, and 1 at Weston Mt. Denis). In addition, I have begun the data entry process for the surveys, as well as conducted two environmental scans (a spring and summer observation) using a previously developed observation tool.

**S.L**

Dalla Lana School of Public Health, University of Toronto

My summer 2018 practicum with the Global Institute for Psychosocial, Palliative and End-of-Life Care (GIPPEC) at Princess Margaret Cancer Centre entailed working to a varying degree on 2 main research projects: Quality of Dying and Death (QODD) in Kenya and Global CALM (Managing Cancer and Living Meaningfully)—a psychotherapeutic intervention for people living with advanced cancer. The practicum provided students with the opportunity to gain insight to many phases of a research project including but not limited to research ethics board and protocol development processes, project management, and research implementation, analysis, and dissemination—all within a global health context. Some examples of my contributions to GIPPEC include a literature review exploring perceptions of end-of-life care among people in Kenya, qualitative analyses of cognitive interviews, researching measures for assessing counselor self-efficacy, supporting activities related to the implementation and evaluation of an international training workshop, supporting the development of an interview guide for conducting cognitive interviews in Uganda, and more. Cumulatively, these experiences enhanced my awareness and skills in the area of mixed-methods research, strategies for facilitating partnership and collaboration in global research, and assessing cultural relevance of measures developed in a Western context for use non-Western settings (e.g. low-middle income countries). Finally, as part of the broader University Health Network, students of GIPPEC were welcomed to participate in a wealth of learning and networking opportunities including research rounds and the *Summer Student Learning Series.* Overall, I had a range of enlightening experiences and it was a privilege to work with such a dedicated and diverse professional team in a renowned teaching hospital. I consent to sharing this abstract with others.

**S.U**

Wellesley Institute

I completed my practicum at the Wellesley Institute, working on two separate projects. The first project “Mobilizing Around Mental Wellbeing in Toronto” focused on developing a model for building mental health capacity in Toronto through a Collective Impact approach. My work mainly consisted of literature searches to provide research support, as well as attending stakeholder meetings. The rest of my time was focused on Phase 2 of the Supports for Success program. This program aims to identify opportunities for building community support to promote the well-being of children and youth throughout the life course, in order to ensure that all children have a fair shot at success. My work involved extensive qualitative analysis of key-informant and focus group interviews, synthesizing and communicating findings, and assisting with the writing of the final community report. Overall, it was an incredible opportunity to gain hands on experience working as part of a research team, and to understand the process of carrying out a research project. The culture at the Wellesley Institute is one of collaboration and sharing of resources, and I learned just as much, if not more, from research meetings with colleagues than I did working on my own specific projects.

**T.P**

Employment and Social Development Canada (ESDC) Innovation Lab

My practicum placement was completed at Employment and Social Development Canada (ESDC), in the Innovation Lab. The Innovation Lab is at the forefront of public sector innovation, with expertise in human-centric design, including design thinking, systems thinking, and behavioural insights. I worked as part of the Behavioural Insights Research and Design team, the team focuses on promoting the use of experimentation and evidence-based practice within ESDC. Within this team, I contributed to designing behavioural insight trials that ranged from increasing uptake of Job Bank services to improving the uptake of federal benefits for low-income families. My experience was dynamic in nature, I was able to conduct data analysis, design trials, consult in evaluation plans for departmental initiatives, and facilitate workshops. I was able to draw from the key principles and theories learned from the first year of my degree, including from health promotion, introduction to qualitative research, and health policy evaluation. I gained an in-depth understanding of the design process and behavioural insights as a policy tool; this was a new addition to my toolkit. I was also able to gain a rich understanding of how federal government is structured and operates.

**T.L**

SKETCH Working Arts

SKETCH empowers young people experiencing homelessness and street-involved youth by providing community art programs for youth to explore their experiences of marginalization within a communal/relational space. By doing so, SKETCH examines the social determinants of poverty that disproportionately affects the health outcomes of youth who are queer and trans, racialized, and living with disabilities. During my placement, my involvement with activities and projects at SKETCH took place at different levels that are inherently reciprocating with each other: interpersonal, systems, and structural. On an interpersonal level, I engaged in relationship-building with the community through holding space for supportive listening and art-making. This included hosting and maintaining the drop-in space, supporting the program team, and providing general support such as crisis intervention, giving referrals, and conflict resolution. On a system level, I worked with SKETCH to evaluate the design of their current art-based programming for youth. On a structural level, I critically examined the social determinants of poverty and the barriers that are imposed onto homeless and street-involved youth. With that in mind, my supervisor and I collaborated to propose an on-going community-based participatory action research project that aims to address how SKETCH can be made more accessible for queer and trans youth.

Therefore, the purpose of our main community-based participatory action research project proposal is to cross all three levels. Our approach is informed by existing literature, community generated knowledge, and transformative justice frameworks. And so by building a relationship with folx who hold intersecting identities through an anti-oppressive framework, we hope to invite them to share their lived experiences and insights in order to transform the oppressive and health-threatening structures that the SKETCH community is not immune to.

**Y.Z**

Shanghai Municipal Centre for Disease Control and Prevention (SCDC)

During my practicum with Shanghai Municipal Centre for Disease Control and Prevention (SCDC), I participated in a WHO ongoing study-Study on Global AGEing and Adult Health (SAGE), a population-based longitudinal study collecting data on the aging trend and its effect on the health of older adults. The purpose of SAGE program was to provide data foundation and research evidence for the development of public health actions and for the government to plan or formulate health policy for older adults. Under the guidance of my supervisor, I established a sub-study by using the data from SAGE Wave 1, which consisted of 10,218 households and 14,813 respondents in China. My research theme focused on the association of lifestyle and cognition in elderly. In the course of the research, I conducted data analysis, literature review and paper writing and finished a manuscript which might be submitted to an academic journal. In addition to the completed manuscript, I also have two other papers based on the result of SAGE data analysis in progress. It’s expected that my practicum will yield at least three published articles in future. The experience with SCDC and SAGE team allows me to develop my analytical ability and research skills in understanding specific public health problems. Besides, I also got an opportunity to apply social media methods to health communication on the topic of scientific method of losing weight for teenagers, giving me insights into the role of theory and method in the planning and implementation of health promotion intervention.

**Z.M**

Access Alliance Multicultural Health and Community Services (AA)

The practicum placement at Access Alliance Multicultural Health and Community Services (AA) provided an opportunity to work with immigrants and refugees, gain a better understanding of, as well as address, the social determinants of health relevant to this vulnerable population.

My primary project involved disseminating knowledge gained from a research conducted by AA in 2017 on food insecurity in low income neighbourhoods in Toronto. This was conducted through several means: a thorough report of the study, a PowerPoint presentation, a video presentation, an infographic, a brochure, a page on the AA website, as well as an article submission to a blog. In addition to conducting knowledge translation, my role involved planning, implementing and/or evaluating food-security related programs at AA. This includes the emergency food cupboard initiative, which I initiated at one of the sites of AA. As part of the planning and evaluation for this initiative, I created a logic model, a plan-do-study-act cycle, a process map, and an evaluation plan. My role also involved scoping out the possibility of starting a good food market at AA and preparing a briefing note for further consideration by the management team.

Besides my work on the food security project, I was involved in quality improvement (QI) work at AccessPoint on Jane (APOJ). I led a QI project to improve the number of client suggestions and feedback received in the waiting room. I also conducted a QI basics training for the APOJ team, and provided consulting services to staff as they conducted their annual evaluations of their projects and prepared plan-do-study-act cycles.

One of my side projects was to create a civic engagement plan for AA for 2019. I created flyers to recruit more members to the Community Reference Group (CRG) that serves as an advisory to AA, and represents the voices of the communities that AA serves. I led an activity at the CRG meeting in July to identify the top four issues faced by these communities and created the civic engagement plan for 2019, using each of these four issues as themes for each quarter of the year.

Overall, this placement has allowed me to tap into as well as develop several skills and health promotion competencies. This experience has prepared me well for future work in the health promotion field.

**Z.S**

Heart and Stroke Foundation

This summer, I worked as a Health Policy Intern with The Heart & Stroke Foundation of Canada (H&S), a leading Canadian charity that aims to promote the health and wellbeing of Canadians, specifically in regards to heart disease and stroke. In my role as an intern, I was exposed to the research, advocacy, and policy work that H & S engages in, and had the opportunity to partake in a number of policy and prevention-related projects: from conducting evidence reviews on menu labeling policies, to developing environmental scans on Tobacco Endgame measures, and even attending a launch event for new tobacco products to make note of the industry’s tactics. I had heard of these policies in passing, and so to be able to contribute to real-world policy-making efforts was an exciting, and very valuable opportunity. In addition to policy-related work, I had the opportunity to analyze data for a novel, qualitative research study that explored how tobacco is portrayed through celebrity social media accounts. As much as this was enjoyable, it also allowed me to develop my qualitative research skillset and gain a better understanding of how research can inform policy. During my practicum, I was also tasked with the development of an evaluation plan for a CIHR, Hacking Health, and H&S- funded event. Stepping into the role of an evaluator, I conducted key stakeholder interviews, analyzed the results, and developed a final evaluation report for H&S that is being circulated within the organization today. Overall, I appreciated the diversity of my projects, the ability to meaningfully contribute to current policy efforts, and I gained a greater appreciation for the role charities play in improving population health. It was an experience that I would surely repeat again and one that I would highly recommend to students seeking an avenue for personal and professional growth.