

# Research and Practice Virtual Showcase 2020

Wednesday, October 28 2020

## Marginalized Populations and Global Health

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**Name:** Claire Carnegie

**Program:** MPH Social and Behavioural Health Science (Health Promotion)

**Project Title:** Developing Resources for Staff and Adapting Programing During COVID-19 at Fred Victor

**Research or Practice:** Practice

**Key Words:** Knowledge Translation, Marginalized Populations

**Abstract:** Fred Victor is an organization that supports those experiencing poverty and homelessness in Toronto. As a practicum student in the Health Promotions department at Fred Victor, I gained experience working on health promotion projects and was able to work directly with the community. Throughout the practicum, I worked on several projects to adapt Fred Victor's services during COVID-19. First, I worked to develop a resilience toolkit for Fred Victor staff. COVID-19 has led to higher levels of stress. This prompted Fred Victor to develop tools to support their staff. I designed a toolkit that instructs managers on how to promote resilience in their supervision sessions and team meetings. This toolkit provided information on what resilience is, as well as practical actions that managers can take to promote resilience in staff. This project involved knowledge translation to convey the research on resilience to Fred Victor staff in an accessible way. Additionally, I worked to support the development of online peer support groups. Typically, Fred Victor runs weekly in-person peer support groups for community members. However, due to COVID-19, these groups had to move to an online format. I helped facilitate this transition by developing a guide for facilitating online group programming. This guide included information on the best platforms to run online programming, how to create a safety agreement, and best practices for facilitating the group. I then conducted outreach to community members to ask for their input on the format and content of the groups. These projects are important to public health as they work to meet the public health goal to improve quality of life by promoting and encouraging healthy behaviours. These projects played an important role in promoting the health of Fred Victor staff and clients during COVID-19 by providing them with support and tools to manage their mental health.

**Name:** Katherine Charness

**Program:** MPH Social and Behavioural Health Science (Health Promotion)

**Project Title:** Pet-Friendly Shelters and Health Equity Planning for the Durham Region

**Research or Practice:** Research

**Key Words:** Marginalized Populations, Policy, Social Determinants of Health

**Abstract:** I completed my practicum placement at the Durham Region Health Department on the Health Policy and Equity Team. The role of the team is to provide policy expertise, advise, and support to meet Regional and Provincial requirements and to develop policy and health equity initiatives. This past summer I worked on two projects that supported these objectives. The first was a collaborative project between the Health and Social Services departments to assess the need and feasibility for a pet-friendly shelter in the Durham Region and outline the key health and policy considerations. Currently, there are no pet-friendly shelters in the Region, and this presents a barrier to access shelter for pet-owners experiencing homelessness. I conducted a literature review, environmental scan, key informant interviews, and designed and analyzed a survey of community members experiencing homelessness. The survey design and distribution involved collaboration with the Durham Advisory Committee on Homelessness and several community agencies in the Region. The results will be used to inform program planning, resource allocation, and shelter policies. This project demonstrates the importance of cross-sectoral collaboration to address housing as a determinant of health. The second project was a literature review and environmental scan to understand the key components of a health equity plan for public health units. In accordance with the update to include health equity in the Ontario Public Health Standards, The Durham Region Health Department is interested in developing an organizational plan for health equity. Through the environmental scan, I found that public health units are in varying stages of organizational health equity planning, and have taken different approaches to embedding health equity in health unit operations. The report will advise the direction of health equity planning for the Durham Region

**Name:** Emily Collett

**Program:** MPH Epidemiology

**Project Title:** Prevalence of Water and Food Insecurity in Children Under 5 Years of Age Among a Rural Kenyan Population

**Research or Practice:** Research

**Key Words:** Global Health, Maternal and Child Health

**Abstract:**

**Introduction:** For a person to be water secure, they require access to sufficient amounts of safe and affordable water. Globally, 1.8 billion people drink water that is unsafe<sup>1</sup> with Africa, Asia, and the Middle East having the lowest levels of water security<sup>2</sup>. Most households in Kenya obtain their water from open sources which are more susceptible to contamination<sup>3</sup>. The regions in Kenya which receive the least amount of rain experience the highest levels of food insecurity<sup>4</sup>. Water insecurity can negatively affect child physical and emotional development. The purpose of this report is to understand the prevalence of water and food insecurity among rural Kenyan children under the age of 5 years.

**Methods:** The data used in this analysis was collected for the pediatric portion of the Shamba Maisha cluster-randomized control trial. The intervention group received a loan (\$150), a water pump and farm equipment, and training in sustainable farming and financial management. A score was created for water and food security based on the sum of the responses for each topic. The water security score has a possible range of 0-60 and the food security score had a possible range of 9-36.

**Results:** Most participants (92.76%) experienced slight or no water insecurity. The net decrease in mean of water security scores for the intervention group was 8.8437 while it was 4.8796 for the control group. Most participants (58.55%) experienced either slight food insecurity or none at all. The intervention group had a net decrease in mean food security scores of 7.8368 and the control had a net decrease of 5.6013.

**Conclusions:** These results are important to public health because they identify the scale of water and food insecurity among children under five years in rural Kenya. This information can help inform interventions meant to improve child development in these communities.

**Name:** Letebrhan Ferrow

**Program:** MPH Indigenous Health

**Project Title:** Circling Back to Prison Abolition

**Research or Practice:** Practice

**Key Words:** Indigenous Health, Marginalized Populations

**Abstract:** Discussion of the prison industrial complex has gained resurgence in recent times, although the statistics on the Canadian prison population have shown apparent racial disparities for decades, a culture change in the mainstream conversation has come to the surface. One of the clearest examples of racism in the prison population is overrepresentation of Indigenous peoples incarcerated in Canada. Within the conversation about incarceration, advocates for prison abolition have called for the closing of all prisons as a resolution not only for the criminal justice system but for the public health system as well. Correctional facilities have proven that they are not equipped to address their high rates of mental health issues, as the facilities do not prioritize healing for those incarcerated, their families or their community. This project focuses on literature that discusses Indigenous justice systems through an abolitionist lens. Before colonization, Indigenous communities dealt with unacceptable behaviour in a variety of ways, depending on the traditions of that specific community and the actions by the offender. Alternatives to incarceration may include restitution given to the victim, incorporation of community members and Elders when deciding the appropriate course of actions, as well as counselling offered to all involved. Not only would prison abolition benefit Canadian society as a whole, it is necessary when speaking about cultural safety, self-determination and the health of Indigenous communities.

**Name:** Emilie Pianarosa

**Program:** MPH Epidemiology

**Project Title:** Global Rural and Remote Patients with Rheumatoid Arthritis: A Systematic Review of Disease Epidemiology, Clinical Outcomes and Health Service Utilization

**Research or Practice:** Research

**Key Words:** Global Health, Marginalized Populations, Social Determinants of Health

**Abstract:**

**Background:** Rural and remote patients with rheumatoid arthritis (RA) are at risk for inequities in health outcomes based on differences in physical environments and healthcare access potential compared to urban populations. The aim of this systematic review was to synthesize epidemiology, clinical outcomes and health service use reported for global populations with RA residing in rural/remote locations.

**Methods:** Medline, EMBASE, Healthstar, CINAHL and Cochrane were searched from inception to June 2019 using librarian-developed search terms for RA and rural/remote populations. Peer-reviewed published manuscripts were included if they reported on any of an epidemiology, clinical or health service use outcomes.

**Results:** 54 articles were included for data synthesis, representing studies from all continents. In 11 studies where there was an appropriate urban population comparator, rural/remote populations were not at increased risk for RA, whereas 1 study reported increased and 5 studies reported decreased prevalence in rural/remote populations. Clinical characteristics of rural/remote populations in studies with an appropriate urban comparator showed no significant differences in disease activity measures or disability, but with 1 study reporting worse physical function and health-related quality of life in rural/remote populations. Studies reporting on health service use provided evidence that rural/remote residence impacts diagnostic time, ongoing follow-up, access to RA-care related practitioners and services, and with variation in medication access and use.

**Conclusion:** This synthesis highlights that RA epidemiology and clinical outcomes are not necessarily different between rural/remote and urban populations, however rural/remote patients face greater barriers to care which increases the risk for inequities in outcomes. From a public health perspective, we need leadership to implement structures and policies to support better outcomes in rural and remote populations. Access to health services is a recognized determinant of health, which presents the opportunity for actionable strategies and approaches to resolve inequities in care delivery.

**Names:** Aliza Mohamed and Ronaz Remtulla

**Program(s):** Master of Health Informatics (IHPME), MPH Epidemiology

**Project Title:** The Canadian Community's Knowledge on the History and Matters of Indigenous Peoples of Canada

**Research or Practice:** Practice

**Key Words:** Indigenous Health, Social Determinants of Health

**Abstract:**

**Objective:** To gather informal evidence on the Canadian community's knowledge of the history and matters of Indigenous Peoples of Canada and identify gaps in education and awareness.

**Methods:** A cross-sectional study was performed through a structured and anonymous questionnaire that was completed on a voluntary basis. Knowledge gained from partnering with Indigenous members of the community and participating in a blanket exercise was used to produce questions surrounding current and historical matters of Indigenous peoples of Canada. The blanket exercise is an Indigenous-led educational program that tells the story of Canadian history from an Indigenous lens. The inclusion criteria for the study was individuals enrolled in a primary and/or secondary Canadian educational institution and non-Indigenous self-identification. The survey sample most closely represents individuals between 18 to 24 years old in the population.

**Results:** The target demographic scored an average of 54.4% on knowledge-based survey questions. Most individuals answered questions more accurately on topics relating to historical facts, such as the content of the Indian Act, than they did on topics relating to current Indigenous issues, like percent of land mass occupied by Indigenous peoples. Despite indicating primary and secondary schooling as the main source of education on Indigenous history, 86% of participants found their education "limited" and "inadequate". Results of the survey do not definitively represent the Canadian population, as this was an informal study completed on a voluntary basis.

**Conclusion:** Survey results highlighted gaps in the Canadian population's knowledge on challenges faced by Indigenous members of Canada. Many respondents recognized an inadequate primary and/or secondary education on Indigenous issues, suggesting a need for educational reform. Increasing awareness on Indigenous matters can potentially reduce discrimination and systemic racism, which can improve social determinants of health. This data can serve as an informal basis of knowledge until further research is conducted.

**Name:** Mariana Villada Rivera

**Program:** MPH Social and Behavioural Health Science (Health Promotion)

**Project Title:** Advancing Health Promotion Perspectives on the COVID-19 Pandemic: A Health Promotion Practicum at Global Health Promotion, International Union for Health Promotion and Education

**Research or Practice:** Practice

**Key Words:** Global Health, Knowledge Translation, COVID-19

**Abstract:**

**Background:** The International Union for Health Promotion and Education (IUHPE) is a global, independent agency comprised of individuals and organizations committed to improving health and well-being through education, community action and the development of healthy public policy. Global Health Promotion (GHP) is the IUHPE's official publication, publishing authoritative peer-reviewed articles and practical information.

**Call for Papers on COVID-19:** In April 2020, GHP participated in a Joint Call for Papers with *Health Promotion International*, inviting contributions on Health Promotion Perspectives on the COVID-19 Pandemic. The Call encouraged the contextualization, development and exchange of health promotion perspectives, informed by global efforts in research, education, policy and practice. Over 170 abstracts were submitted for consideration and 49 were selected exclusively for GHP. Authors were invited to submit the full papers for peer-review by July 2020. Manuscripts that successfully complete the review process will be published online at the end of 2020 and assigned to an issue in early 2021.

**Health Promotion Practicum:** The practicum encouraged close work with the Editor in Chief, Managing and Guest Editors of GHP to support the editorial process of the Call. Main contributions included developing a special pool of peer-reviewers, planning an online collections structure, and supporting a communications strategy to disseminate published content and promote the journal.

**Implications for Public Health:** GHP provides a global audience with an interdisciplinary forum for the dissemination and exchange of theory, innovation, research and evaluation associated with health promotion and public health practice. The Call highlights responses to COVID-19 at the global, national, organization and community levels and applications of health promotion evidence, approaches and strategies. The former will contribute necessary perspectives to literature on COVID-19, promote global and regional partnerships and capacity development, and inform future pandemic preparedness efforts.

**Name:** Yiran Wang

**Program:** MPH Nutrition and Dietetics

**Project Title:** Combat Food Insecurity amid the COVID-19 Pandemic: an emergency food project for low-income seniors in the City of Thunder Bay

**Research or Practice:** Practice

**Key Words:** Emergency Preparedness, Marginalized Populations, Food and Nutrition

**Abstract:** Food insecurity has long been a public health issue in Northwestern Ontario, which adds a substantial burden on social costs and health care. Food insecurity is further exacerbated during the COVID-19 pandemic, due to the closure or limited hours of emergency food and transportation services. Low-income seniors (age>65 years old) face additional risks of food insecurity due to their vulnerability to the coronavirus. To help reduce food insecurity in this specific population, an emergency food program named "Senior Food Bags" was established by Roots to Harvest at the City of Thunder Bay, which provides insights on incorporating skill-building into food distribution activities.

As a dietetic intern, I participated in the planning and implementation of the project. Considering that a lack of fresh produce, limited cooking skills, and comorbidities are major barriers for local low-income seniors, we aim to impart seniors with basic cooking skills and create recipes to consider health concerns. Hence, a weekly recipe was developed to encourage seniors to use healthy ingredients (e.g. fresh and preserved produces of proteins, grains, fruits, and vegetables) included in the bag for meal preparation. No ID was required, and seniors were respectfully approached for communication during the distribution. The mid-term survey suggested that all senior participants (n=40) thought the project helped reduce food insecurity during COVID-19. 1/3 of participants mentioned being more confident and capable of preparing healthier meals.

The project illustrated that skill-building and dignified services in emergency food programs can do more than provide food. To enhance the capacity of food security, the first step is to equip individuals with intentions and skills to combat food challenges. Therefore, in addition to food distribution, food donor projects should also focus on fostering individuals' food literacy development to empower them and aid public health.

**Name:** Megan Brown Wollenberg

**Program:** MPH Social and Behavioural Health Science (Health Promotion)

**Project Title:** Gender and Gender-Based Violence: associations and non-associations with malnutrition

**Research or Practice:** Research

**Key Words:** Global Health, Food and Nutrition, Gender and Gender- Based Violence

**Abstract:** Action Against Hunger is an international non-governmental organization with six headquarters located around the world that focus on ending hunger in low and middle-income countries. The Canadian office uniquely provides evidenced-based technical support and evaluation for headquarters focused on implementing interventions and programming to mitigate hunger. For my practicum I worked in the International Gender Unit to support ongoing policy development and updating of the organization's cross-network gender policy. Gender inequalities have direct causal links with malnutrition; yet, in March 2020 the Global Nutrition Report showed that global efforts to mitigate hunger by addressing gender inequalities are behind on most targets. To better capture and learn how to address underlying inequalities and drivers of malnutrition, my practicum research focused on the associations and non-associations between gender, gender-based violence, and malnutrition. This practicum placement had three objectives: 1) to provide a literature review 2) to provide a database comprised of peer-reviewed and grey literature; and, 3) to support new policy development during cross-headquarters discussions, research, and reporting. During this placement I had the opportunity to work online with individuals across five continents and twenty-one countries. This included facilitating break-out policy discussions during policy meetings, as well as semi-structured interviews that were conducted prior to providing a literature review and socio-ecological discussion on gender, gender-based violence and malnutrition. The opportunity to engage in international and cross-cultural collaborative work has been the highlight of my practicum. It has provided the opportunity to not only sharpen my reflexive praxis as a student of public health, but to sharpen my understanding of the policy process at the organizational level. It has additionally illuminated the importance of structural and social contexts in public health research and programming, especially within efforts to address gender inequalities and gender-based violence associated with malnutrition.