

**B.B.**

**Dalla Lana School of Public Health, Population Health Analytics Lab**

Social needs, including housing security, access to transportation, and financial stability, account for up to 40-80% of health outcomes. Prior research indicates that individuals are likely to have multiple unmet social needs, some of which go unexpressed during standard helpline exchanges. Ontario 211 is a provincial organization which connects Ontarians to community, social, health, and other services to meet such needs. To examine the expressed and unexpressed needs of Ontario 211 users, we administered a point-in-time survey assessing a host of social needs. We then compared participants' survey data and 211 call data to distinguish which survey-identified needs were unexpressed on their initial call. Preliminary results indicate that, on average, participants called 211 expressing just one need, while having four additional unexpressed needs. The need types that were unexpressed at the highest frequency were social connection, mental health/substance use, and healthcare affordability. The need types that had the highest proportion of being unexpressed to being expressed were child wellbeing, home safety, and interpersonal violence. This study is ongoing, and results of this study may be used to develop a 211 probing protocol to improve user outcomes and reduce repeat users.

**A.C.**

**Canadian Red Cross, Community Connector Team**

For my practicum, I worked with the Canadian Red Cross on their North York Community Connector project. Through connection to community resources and primary care, the project aims to reduce social isolation and loneliness and improve the overall health and well-being of low-income older adults.

In my role, I contributed to several initiatives. First, I led the creation of a community asset map and framework. The asset map details accurate, complete, and trustful information about existing community resources in North York that older adults can access to meet their needs (e.g., related to health, finances, food support, etc.). The framework outlines the objectives, methods, data collection process, and key learnings that were done and found while completing the asset mapping process, which can serve as a reference for other agencies wanting to create future asset maps.

Second, I collaboratively planned and developed community engagement events that provided the opportunity for the Red Cross and our partner organizations to interact and build trust with the project's target population, low-income older adults.

Third, I supported volunteers engaged in the project's 'Friendly Call' program, which included assisting with making referrals, running volunteer information sessions, and processing collected data. I also participated in the 'Friendly Call' program, where I regularly communicated with a low-income older adult and helped them achieve their respective health and social goals.

Lastly, I contributed to the project's evaluation whereby I provided feedback on evaluation questions and indicators and helped identify and develop data collection tools that were needed to answer the evaluation questions of interest.

Overall, my practicum was a very valuable experience that allowed me to apply skills and knowledge gained from the classroom in a real-world environment. I acquired several new assets that I can bring to the second year of my MPH and future career.

**N.C.**

### **Ontario Health - Population Health and Prevention**

The Prevention System Quality Index (PSQI) comprehensively documents the state of cancer prevention policies and programs in Ontario. The purpose of this review was to identify the impacts of the COVID-19 pandemic on PSQI indicators, expand the scope of the PSQI to include chronic disease prevention, and identify how socioeconomic factors affect PSQI indicators in marginalized populations to support the writing of the 2023 PSQI. I searched through PubMed, OVID MEDLINE, PsycINFO, CINAHL, Cochrane Systematic Review, and McMaster Health Evidence. I also used Google and Custom Search Engines (CSEs) to identify relevant grey literature. SAS version 9.4 was used to conduct an age-standardized analysis and logistic regression that examined the relationship between excessive alcohol consumption and ON-Marg variables using data from the 2015-2017 CCHS. During the pandemic in Ontario, tobacco use had marginally decreased (1.7%), alcohol use increased by 30%, fruit and vegetable consumption decreased, and children and youth had a decrease of 168 minutes of PA per week. Prevention programs had transitioned online during the pandemic, except for emergency food delivery services. Alcohol prevention policies were loosened, however, opportunities for physical activity were restricted. There were multiple policy proposals in Ontario to strengthen the local food supply chain. Low socioeconomic status (e.g., income, sex, citizenship status, race) often worsened the negative effects of the pandemic on PSQI indicators. However, in my analysis of excessive alcohol consumption, material deprivation and increased ethnic concentration were found to significantly decrease the odds of excessive drinking, adjusted for socioeconomic variables. Ultimately, the results of the review indicate that the pandemic had an overall negative effect on cancer prevention efforts in Ontario. It would be important to strengthen upstream cancer prevention efforts for marginalized populations that have been disproportionately affected by the pandemic.

**L.M.D.**

### **Black Health Matters Covid-19**

The Covid-19 pandemic has had a great impact on the world at large; however, African/Black communities locally and globally have been disproportionately impacted. The inequitable impacts of the pandemic can be attributed to anti-Black racism and intersectional forms of violence that exists in our many systems. However, since the lack of commitment to collect race-based data continues to be an issue, Dr. Roberta Timothy set out to highlight the voices and experiences of African/Black communities nationally and transnationally through a trail-blazing project: Black Health Matters Covid-19 (BHMCV-19).

I had the pleasure of completing my practicum with the BHMCV-19 project where I worked as a Research Assistant and supported various projects including 7 national focus groups, co-creating a Black Health Library Resource Guide for the new MPH in Black Health, co-organizing the *Black Health Matters: A Discussion of Preliminary Findings* webinar, and co-developing a proposal for a Black Birth Justice Workshop. The practicum allowed me to sharpen my qualitative research skills as I became immersed in

every step of the focus group process such as outreach, recruitment, reflexive thematic notetaking, and transcription. The focus groups we held investigated the impacts of Covid-19 on diverse sub-groups in the African/Black community such as Black Seniors, Black Nurses, Black PSWs, Black People living with Long-Term Covid-19, Black Youth, Black People living with Chronic Health Conditions, and the Black Queer/Trans Community. Additionally, my role in co-organizing the webinar involved designing the webinar flyer, co-creating the webinar agenda, presenting the opening and closing statements, and recruiting French & ASL interpreters to support the accessibility of the webinar. The Black Health Library Resource Guide that I had the opportunity to co-create will also be available on UofT's website to support future students conducting Black Health research. Lastly, the Black Birth Justice workshop is anticipated to be held in the coming months and will center self-advocacy, reproductive justice, and healing and wellness for Black Mothers in Canada.

## **B.S.D.**

### **Health Promotions Program, Fred Victor**

I completed my practicum in the Health Promotions Program (HPP) of Fred Victor, a charitable organisation that has been working in Toronto to reduce homelessness and its contributing factors for over 125 years. The HPP is a small program that takes part in a large number of health promotion activities, and as a practicum student I had the opportunity to take part in many of them.

Throughout my 16 weeks at Fred Victor, the most regular activity was facilitating Peer Support Groups for emotional and mental wellness twice per week. These have been online groups since the beginning of the pandemic and include conversational peer support along with other activities like meditation and online games. If a group member needed some assistance with any other issues, for example housing or access to healthcare, I would work alongside the other members of the HPP team to refer onwards to the appropriate services.

I was able to get involved in several other exciting activities that aim to improve health for people experiencing marginalisation in Toronto. This included working with many partnering organisations to develop harm reduction services in residential buildings and taking part in the St James Town Service Provider Network. There was also the opportunity to continue my professional development, and I was able to take part in the McGill Summer Institutes in Global Health, attending courses on Decolonising Humanitarian Action and Health and Peace.

Towards the end of my practicum, I worked with other members of Fred Victor Health Services staff to develop a Fred Victor-specific implementation guide for the Ontario Perception of Care for Mental Health and Addictions. This is a standardised program evaluation tool which allows service-providers to understand the experience of service users, and the data collected can be used to remove systemic barriers for marginalised people, and make the services provided as equitable as possible.

**A.F.**

**Sioux Lookout First Nations Health Authority, Approaches to Community Wellbeing department**

The Sioux Lookout First Nations Health Authority (SLFNHA) provides health services to 33 First Nations across Northwestern Ontario. I completed my practicum with the Approaches to Community Wellbeing (ACW) department, which supports the development of integrated, sustainable, and community-owned approaches to wellbeing in collaboration with First Nations communities. The primary objective of my practicum was to collaborate with my team to develop an educational toolkit that SLFNHA health professionals can use to centre First Nations' rights in health promotion and advocacy work. In my role, I created information resources which identify how Treaty Rights are linked to health promotion. Additionally, I developed a set of health promotion tools that health professionals can use when supporting and working with First Nations communities. These tools include: (1) a resource for understanding the determinants of Indigenous peoples' health and how to communicate using strengths-based language, (2) a guide for practicing reflexivity while engaging in health promotion work, and (3) a searchable database that can be used to explore the rights, calls to action, agreements, and articles in the United Declaration on the Rights of Indigenous Peoples, the Truth and Reconciliation Commission, the Numbered Treaties, the Canadian Charter of Rights and Freedoms, and the Indian Act. Throughout my practicum, my team and I met with community stakeholders to ensure that our toolkit aligns with their vision of wellbeing and supports the work they do. In addition to developing the toolkit, I participated in the planning of other SLFNHA projects, including community-led food sovereignty and food security initiatives. Overall, this practicum provided me with a better understanding of the considerations needed when practicing health promotion in the context of ongoing colonialism and complex governance systems.

**K.J.G.**

**Public Health Agency of Canada (Immunization Partnership Fund)**

I completed my practicum at the Public Health Agency of Canada, working as a Junior Analyst on the Strategic Planning and Engagement team at the Immunization Partnership Fund (IPF). In response to the COVID-19 pandemic, IPF has funded over 100 community-based programs to facilitate COVID-19 vaccine uptake and confidence. In my role, I conducted a literature review of theoretical frameworks applied to vaccination programs, a review of recipient program theories of change, and qualitative interviews with select projects. I gained experience with critical analysis and writing and a deeper understanding of how public health operates at different levels to support diverse communities and equity-deserving groups across Canada.

**P.G.**

**Unity Health Toronto - MAP Centre for Urban Health Solutions**

The onset of the COVID-19 pandemic and its resultant economic effects have led to a rise in precarious employment, and without the safety net of workplace benefits and permanent job protection, workers and their families are exposed to various negative health- and economic-related impacts. In my practicum placement with the MAP Centre for Urban Health Solutions under the supervision Dr. Patricia O'Campo, I engaged in various research activities to uncover the effects of precariousness on workers. I analyzed interview data to understand if, and how, employment precarity is related to participant exclusion based on identity factors such as gender, age, and race. This analysis, while still ongoing, may reveal how intersecting systems of inequality create new or compound to existing work-related challenges or opportunities. As part of the COVID-19 and precarious employment (COPE) project working with Dr. Virginia Gunn, I conducted a systematic literature review using the following research question as guide: what kind of gender-based analysis plus have been conducted to date to assess covid-19 specific policies? After using three databases to conduct the review and completing an abstract and full-text screening, I created a data extraction tool to use on the selected studies. I also briefly worked on a project studying intimate partner violence, where I developed communication materials for clinic partners on the intimate partner violence screening program. I am staying on with the MAP team to engage in additional analyses and synthesize findings.

**B.L.H.**

**Public Health Agency of Canada, Social Determinants of Health Division**

As part of the Health Equity Integration Team, my practicum project was an environmental scan and comparative analysis of Indigenous approaches to sex-and gender-based analysis (SGBA) and Intersectionality. Using PHAC's current SGBA Plus framework as the comparator, I explored frameworks and approaches developed by Indigenous organizations, with the objective of informing what the Health Equity Integration team can learn from Indigenous approaches and Indigenous knowledge to improve their equity analysis and internal capacity as the SGBA Plus focal point for the agency.

My final report includes four Indigenous-specific frameworks and identifies four core areas that differentiates Indigenous approaches to SGBA and Intersectionality and the current SGBA Plus framework: Indigenous Knowledge, Colonialism (including gender and sexual colonialism), Distinctions-Based Approaches, and Self-Determination.

**V.K.**

**Public Health Agency of Canada, Social Determinants of Health Division**

For my practicum, I worked in the Social Determinants of Health Division in the Centre of Chronic Disease Prevention and Health Equity at the Public Health Agency of Canada. My team specifically was tasked with the LGBTQ2+ Action Plan and advising strategic policy direction within the division. With a greater focus on horizontal initiatives and plans, alongside championing a whole-of-government approach, our team was looking to build capacity for strategic policy advice in this niche. I was tasked to do a rapid literature review to understand how the principles of Health in All Policies, intersectoral action, intersectionality, and social determinants of health are all used in policy to advance health

equity. The goal of the review will be to create a short brief to inform future directions for our team to ensure future horizontal strategies in the Government of Canada are incorporating health equity and how we can better use these principles to guide future policy and initiatives. In addition to my project, I was able to respond to action requests related to 2SLGBTQI+ health, including presentations and briefing notes to Members of Parliament. I also had the opportunity to work on interdepartmental and inter-agency initiatives, including work with Health Canada and CIHR. The practicum was an engaging opportunity to understand the role of the Canadian public service in health policy, health programming, and health equity.

**T.A.K.**

### **Human rights-based law reform options: Equitable access to COVID-19 vaccines in Uganda**

This practicum benefitted my interest in learning about human rights approaches to health from an African perspective, and in contributing to advocacy on this topic in Uganda. I had the privilege to work with leading human rights advocates in Uganda and to learn about Ugandan law and policy related to health.

The global COVID-19 response has presented significant challenges to the promotion and protection of health and human rights. In Uganda, equitable access to COVID-19 vaccines is not only an important strategy for controlling the COVID-19 pandemic, it is also central to operationalizing the right to health. The global failure to share vaccines is evidenced by the disparity between those fully vaccinated in high-income versus low-income countries; for example, in Canada (85%) compared to Uganda (27%) as of July 2022. The conditions in Uganda for a rights-based policy push for COVID-19 vaccines are particularly promising and therefore the central question of my research practicum asks: to what extent are Ugandan laws, policies, and strategic plans compliant with human rights and the right to health framework? The four elements of availability, accessibility, acceptability, and quality (AAAQ) are essential to the enjoyment of the right to health and provide the primary analytical framework to analyze Uganda's compliance with the right to health. In the context of access to vaccines, Uganda offers a unique opportunity to practically apply a decolonized right to health analysis, also relevant to other low- and middle-income countries.

This research training opportunity is funded by the University of Toronto's Connaught Global Challenge Award under the direction of Dr. Lisa Forman and Mr. Moses Mulumba. Ugandan partnership for this initiative is led by Ahaki (Afya na Haki), a Kampala-based litigation and advocacy organization.

**T.L.**

### **Joannah and Brian Lawson Centre for Nutrition**

The Feeding Kids, Nourishing Minds (FKNM) project, led by Dr. Mavra Ahmed, aims to evaluate the current school food landscape in Canada. Findings will be used towards designing a national school feeding strategy, with consideration of the impacts of the COVID-19 pandemic.

The work I have undertaken during my placement corresponds to one of the four project tracks: Landscaping, Review, & Dashboard, which has the following goals:

Provide an overview of school food programs through a comparative analysis of the various design, components, and gaps, as well as emergency feeding strategies in marginalized communities.

To better understand the different facilitators, barriers, and user groups of school food programs.

As a Stakeholder Analyst, I focused on the planning and implementation of focus groups to better understand the perspectives and opinions of various stakeholder groups involved in the Canadian school food landscape to discern the facilitators and barriers towards implementing a national school feeding strategy. Three stakeholder groups were identified - (A) policymakers and private sector partners, (B) school food personnel, and (C) parents and caregivers. I focused on Analysis A, refining the focus group guide/questions based on research conducted on school food program components and frameworks, reaching out to and liaising with relevant stakeholders to set up the focus groups, and writing a technical report on the work being done.

The Analysis A focus groups have not yet been conducted, but I am continuing with the FKNM project to implement these and will later analyze the data collected from the transcripts to formulate findings. This term, I assisted with the focus groups for Analysis C through noting participant behaviours, cleaning transcripts, and devising methods to facilitate open discussions. Findings from these stakeholder analyses will contribute towards the creation of a living dashboard that will provide insight on the Canadian school food landscape.

**J.L.**

### **Elevate NOW**

For my summer practicum placement, I worked as a Research Assistant with Elevate NWO under the supervision of Dr. Anita Benoit. This position was held remotely. The project I worked on investigated Indigenous women's experiences with accessing health and cultural services in Thunder Bay, Ontario. This study was also the first phase of a larger project aiming to develop an Indigenous Healing Program for Indigenous women to embed into their circle of care if they wish to do so. In this position, I worked on the following: 1) conduct thematic analysis on transcribed interview/focus group recordings, 2) create a codebook based off of the thematic analysis findings, 3) write a draft manuscript, 4) submit the draft manuscript to an appropriate journal. During thematic analysis, I lead data coding meetings with the wider research team, including co-investigators, collaborators, and knowledge users. As well, I circulated many versions of the draft manuscript to the wider research team for their review and feedback, and made edits where necessary. During my time in this practicum, I was able to hear first-hand the lived experiences of Indigenous women in Thunder Bay while dealing with the COVID-19 pandemic. I was able to identify the multiple social, environmental, and behavioural determinants that contribute to an individuals' health. Overall, I enjoyed the flexibility of the practicum and being able to apply course concepts (e.g., health promotion theories, socio-ecological model) in a research setting.

**R.M.**

### **Occupational Cancer Research Centre, Ontario Health**

I completed my practicum at the Occupational Cancer Research Centre (OCRC) at Ontario Health, under the supervision of Dr. Paul Demers and Dr. Jeavana Sritharan. Primarily, my practicum role supported knowledge translation (KT) for the Occupational Disease Surveillance System (ODSS). The ODSS is a system that links provincial health databases with job information of over 2 million workers in Ontario.

My main project involved developing a knowledge dissemination plan that targets the construction sector for Ontario Occupational Disease Statistics (OccDiseaseStats). OccDiseaseStats, developed in partnership with the Canadian Centre for Occupational Health and Safety (CCOHS), is a web-based data tool created to explore disease risks and exposures across occupation and industry groups using surveillance data from the ODSS. The construction sector was selected as a high-priority group due to elevated risks for multiple cancers (e.g., bladder cancer, kidney cancer, lung cancer, and mesothelioma) and non-cancer chronic diseases (e.g., chronic obstructive pulmonary disease and asbestosis) related to workplace exposures. A literature review on behavioural change theories in occupational health and safety (OHS) and an environmental scan of existing applications of KT strategies were conducted. My final deliverables included an infographic and a user toolkit tailored to the construction sector, which explained the purpose of the data tool, how to navigate it, and how to interpret results on occupational disease risks and exposures. Lastly, I collaborated with the KT team to develop a dissemination strategy which will be implemented following my practicum.

In addition to this project, I assisted with general communications for the ODSS. This included creating plain-language summaries of occupational cancers, including testicular cancer and melanoma, on the ODSS project website ([www.odsp-ocrc.ca](http://www.odsp-ocrc.ca)). This process involves using a subset of ODSS cohort data and conducting literature reviews, data quality review, data interpretation, and data visualization using statistical software including R and SAS.

## **V.P.**

### **Public Health Agency of Canada**

I completed my practicum with the Public Health Agency of Canada, in the Vaccine Confidence division on the Stakeholder Engagement Strategic Policy team. My project involved creating an index that maps the existing stakeholders that PHAC is engaged with who work in the vaccine-related knowledge translation space. The purpose of the stakeholder index is to inform us on which priority groups are being engaged, and to help identify any gaps in engagement that we can address, specifically during fall campaigns to promote the catch up of routine vaccinations or additional doses of the COVID-19 vaccine. In alignment with our team's plan, the index intends to be equity-oriented, intersectional, and adaptive. It also intends to promote that vaccine confidence work is a shared responsibility between PHAC'S VC division and external stakeholders. I created this index by meeting with different teams both internal and external to our division to gain access to their stakeholder networks, and used this information to populate the index. I also created the index to be user-friendly and filterable by categories such priority population, type of stakeholder engaged, geographic region and if they work with an additional focused population area. After creating the index, I conducted an analysis to identify gaps in PHAC's stakeholder engagement, and then curated a list of potential new stakeholders to engage with to address these gaps. Examples of these recommendations include prioritizing Indigenous health scholars and public health influencers to extend vaccine confidence efforts to focused populations. A key consideration is that this index views stakeholder engagement from a quantitative lens and does not capture the complexities of quality community relationships. As such, the findings of this index are meant to inform and encourage relationship aspects of stakeholder engagement. Also, the definition of which social groups are priority populations for vaccine confidence is complex, fluid, and mirrors the changing landscape of infectious diseases. Disaggregated data to identify these priority groups will help to reduce stigma and promote equity in vaccine confidence efforts.



**H.H.Q.**

**University of Amsterdam and DLSPH**

Covid-19 pandemic recovery cannot be achieved without global vaccine equity, yet drastic inequitable access to vaccines exists in low- and middle-income countries. These inequities are, in part, sustained by international trade law, namely the World Trade Organization's (WTO) Agreement on Trade-Related Aspects of Intellectual Property (TRIPS Agreement), which outlines the rights and protection of intellectual property (IP) needed to manufacture medical countermeasures. Providing access to essential medicines and preventing unreasonably high medicine prices is part of States' minimum core obligations under the right to health as outlined by General Comment 14 from the Committee on Economic, Social, and Cultural Rights (CESCR). Considering the utility of human rights law within the international trade fora, the objective of our research was to explore whether human rights is present at the WTO discourse surrounding IP and Covid-19 vaccines, and how these findings compare with human rights framing in 2001 after the HIV/AIDS epidemic. Conducting and analyzing interviews with key informants (WTO members, a representative of the WTO secretariat, and a non-state actor) elucidated why negotiators choose to use or avoid human rights language within this discourse. Furthermore, a normative framework outlining explicit and implicit human rights language was developed consistent with the rights to health and science (arts 12 and 15 of the ICESCR). This framework was used for content analysis of WTO documents where members made official communications and statements. This study sampled 26 WTO members and 2 groups of members, analyzing 35 unique WTO documents on Nvivo software. The results found that members scarcely used explicit human rights frames (i.e., 'human right', 'right to health'), however, implicit language (i.e., 'equity', 'affordability') was frequently present in these discussions. A comparable number of members used human rights framing in 2001 and 2020-2022.

**A.R.**

**Public Health Agency of Canada, Vaccine Confidence Promotion Team**

For my practicum, I worked with the Vaccine Confidence Promotion Team (VCPT) to support their strategic program planning and knowledge translation development process at the Public Health Agency of Canada (PHAC). Through developing a suite of targeted knowledge translation products for healthcare providers based on current immunization research, behavioural science insights, vaccine confidence literature, and clinical guidance, the VCPT supports healthcare providers by building their competency to strengthen vaccine confidence in their patients and their communities. In needing to quickly respond to new immunization developments throughout the COVID-19 pandemic and produce salient evidence-informed resources for health care providers as flagged by groups such as the National Advisory Committee on Immunization (NACI) and the Minister of Health's office, the VCPT has faced challenges to develop a strategic approach to program planning and a clearly defined knowledge translation development process. To support the VCPT's need for a proactive and strategic approach to address the root causes of vaccine hesitancy, I conducted a rapid review and evidence synthesis of current vaccine confidence interventions in the literature along with current knowledge translation and implementation science frameworks. Key findings and recommendations included: (1) the need for social and behavioural change theories to be integrated into program planning; (2) the need to leverage greater collaboration and more diverse stakeholder engagement to successfully address vaccine confidence across multiple levels of change; and (3) the need to integrate accessible knowledge translation, prioritize health literacy, and develop a comprehensive evaluation plan within the VCPT's knowledge

translation development strategy. Key frameworks found in the literature included the Theoretical Domains Framework Linked to the COM-B Theory of Behaviour Change and the Decision-Making Support Tool for Knowledge Translation. A secondary project throughout the summer included contributing to writing and editing various issues of PHAC's Vaccine Confidence InfoBulletin (VCIB). The VCIB provides credible and current information related to vaccination topics such as vaccine confidence, immunology, mis- and disinformation, and best practices for immunization in an online published format to health care providers and public health decision makers.

**C.M.R.**

### **Humber River Hospital - Department of Occupational Health, Safety, & Wellness**

Over the last few months, I have had the pleasure of working at Humber River Hospital's (HRH) Department of Occupational Health, Safety, and Wellness (OHSW). HRH deemed occupational wellness a strategic priority after reviewing the results from both 2020 and 2022 Employee Engagement Surveys. In these surveys, staff reported high levels of occupational stress, burnout, and difficulty managing work-life balance - largely coinciding with the emergence and evolution of the COVID-19 pandemic. My practicum focused on the execution of this strategic priority by creating a formal corporate wellness strategy for all hospital employees. To begin, I summarized the results of a needs assessment conducted by the Healthy Hospital Working Group (HHWG), an inter-organizational network that collaborates on the promotion of occupational wellness across various Canadian healthcare institutions. I also conducted an environmental scan of current and past health/wellness initiatives specific to HRH, as well as reviewed results from a 2021 Gap Analysis focusing on psychological safety within the organization. I also collaborated with various OHSW stakeholders (such as the Human Resources Department) to identify contextual priorities. Using evidence-informed methods, I then constructed a 3-staged strategy that focused on organizational, interpersonal, and individual wellness interventions. I presented this multi-pronged approach to senior leadership and collaborated on its amendments. Phase one will begin to roll out in the coming months.

**C.H.J.S.**

### **MAP Centre for Urban Health Solutions**

The MAP Centre for Urban Health Solutions is a research centre affiliated with St. Michael's Hospital and focused on tackling complex health issues in communities. I joined Dr. Stephen Hwang's Homelessness, Housing, and Health research team to collaborate on two ongoing projects.

(1) MAP's Community Expert Group (CEG) is a group of individuals with lived expertise of homelessness working with MAP to align the organization's research agenda on homelessness and housing with community priorities. I was given the opportunity to collaborate on a research project with two members from CEG and a Research Coordinator investigating the punitive elements of Ontario's social assistance programs and ways for research organizations to help social assistance recipients navigate these programs. My role was to take the lead on two deliverables. The first is a policy brief that analyzes the problems with income exemptions and benefit claw-backs codified into Ontario Works (OW) and the Ontario Disability Support Program (ODSP) policy directives. It provides policy recommendations to reduce the impacts of these punitive policies and recommendations for research organizations in Ontario on how to adequately work with social assistance recipients. The second is an in-progress

document containing a review of existing guidelines and proposed guidelines for researchers and research staff at St. Michael's Hospital on how to engage and compensate individuals participating in research who are also receiving social assistance through OW or ODSP.

(2) The Downtown East Toronto (DET) Ontario Health Team (OHT) is a group of over 35 health and social service providers, including St. Michael's Hospital, approved in November 2020 by the Ministry of Health to form an OHT. The overall vision is to organize and deliver a coordinated system of care to people in their communities, as one team. One of the DET OHT's goals is to organize and deploy health and social service providers to under-resourced sheltering and drop-in sites in the DET region that serve people experiencing homelessness and people with mental health symptoms and/or addiction diagnoses. I had the opportunity to join a Research Manager and Research Program Manager with Dr. Stephen Hwang's research team in developing an evaluation plan of the intervention at baseline and at six months of follow-up. This involved creating a theory of change and program logic models to support the planning and implementation of the service provider team.

**A.V.**

### **Inner City Health Associates - Population Health Services**

Inner City Health Associates (ICHA) is an organization that provides care and promotes health among people experiencing homelessness in Toronto. ICHA's Population Health Services department also manages data collected through the Community Assessment and Risk Evaluation (CARE) program, which leverages the knowledge of shelter staff to categorize residents according to their perceived health and support needs. This data is then used for system planning, risk mitigation, and case management purposes. As a practicum student with ICHA, I was responsible for leading analysis on data collected through the CARE program. My first major project involved conducting a descriptive analysis and drafting a report on the needs of shelter residents. This descriptive analysis also resulted in a paper about the CARE program that will soon be submitted for publication. Additionally, I drafted a research article examining the association between substance use and perceived housing support need among shelter residents. Completing these research projects greatly improved my data analysis skills and my understanding of the sector. In addition to my research work, I participated in front-line health promotion at shelters in Toronto. This included promoting ICHA's STI clinics and engaging in discussions with people experiencing homelessness about perceived gaps in the system. Overall, my practicum was an excellent learning opportunity that provided me with valuable experience in both data analysis and health promotion. I am greatly appreciative of ICHA for providing me with opportunities to build upon my coursework and follow my interests.