

## **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.

## **L.M.D.**

### **Public Health Agency of Canada & Public Health Sudbury & Districts**

As a Junior Public Health Officer with the Public Health Agency of Canada's (PHAC) Canadian Public Health Service, I had the opportunity to be stationed with a northern Ontario public health unit to support valuable work on the toxic drug crisis. This unique practicum placement allowed me to have access to PHAC training and mentorship opportunities while working remotely to support Public Health Sudbury & Districts' (PHSD) Health Promotion Division. During my practicum placement, I worked closely with the PHSD's Mental Health and Substance Use team to lead an internal comparative report highlighting why northern Ontario is experiencing disproportionately higher toxic drug poisonings compared to southern Ontario. This role allowed me to gain strong leadership and collaboration skills by delegating tasks to members on the team and collaborating in an efficient manner to produce a quality report. I also gained critical insight into the day-to-day operational tasks of a mental health substance use team such as how to respond to media requests and publish toxic drug alert warnings. Ultimately, I was able to apply my expertise in health promotion and public health by critically analyzing the social and structural determinants of health in northern Ontario, using the Social Ecological Model to guide the

report's key findings, and presenting recommendations for future health promotion programs and harm reduction policies that support the health and wellbeing of people who use drugs in northern Ontario.

**B.E.**

Women's College Research Institute

During my final year, I did my second practicum at the Women's College Research Institute with Addressing Sex Trafficking through Education and Research (ASTER) led by Dr. Robin Mason and Dr. Janice Du Mont. Through this practicum, my primary tasks focused on a social media campaign and the development of the ASTER WebPortal. Our social media campaign, #AddressingSexTrafficking, had two components. I first wrote an article published on Women's College Hospital's Connect to mark National Human Trafficking Awareness Day in Canada (February 22), highlight sex trafficking in Canada, along with ASTER, and the upcoming social media campaign. #AddressingSexTrafficking was a social media campaign primarily located on Twitter, but was additionally shared on Instagram and LinkedIn. Through this campaign, perspectives from social service providers supporting survivors of sex trafficking were highlighted along with macro to micro ideas about sex trafficking, and barriers and facilitators to supporting survivors of sex trafficking. I collaborated with the Strategic Communications team for both of these projects. I additionally worked on further developing of the ASTER WebPortal using SquareSpace. Prior to adding resources to the WebPortal, each resource was screened and evaluated for inclusion and exclusion criteria using an excel spreadsheet which included articles, presentations, videos, reports, guidelines, and more. Lastly, I am working on drafting a newsletter for inclusion on the WebPortal, which would highlight its launch and ASTER.

**A.F.**

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

The Kijibashik Engaging in Early Partnerships II (KEEP2) project aims to take an action-oriented, community-based approach to supporting Indigenous women, men, and 2SLGBTQIA+ peoples with previous experiences of incarceration. I completed my practicum at the AMP Lab, where I led a scoping review investigating programs available to incarcerated and previously incarcerated Indigenous peoples. The overall goals of this review are to describe supports for Indigenous peoples exiting prison, explore participants' experiences and perspectives of programming, and identify gaps and strengths in services. KEEP2 is establishing an Ontario-wide Indigenous guidance council to inform future directions and research activities; the findings of this scoping review will help researchers and community partners determine next steps for supporting the wellbeing of Indigenous peoples exiting prison. I also conducted a grey literature search to create a database of programs, services, and interventions that can be used to find relevant supports for Indigenous peoples with experiences of incarceration, as well as inform the development of programs which address gaps in service delivery. Beyond gaining valuable research and project management skills, I explored incarceration as a key determinant of health that reproduces health inequities, and learned about Indigenous-led approaches which resist colonial systems of punishment and promote collective healing. Lastly, I supported the KEEP2 research team to put together care packages for community partners to provide to clients exiting prison.

**B.L.H.**

Family and Child Health Initiative, Institute for Better Health, Trillium Health Partners

This practicum placement is positioned within the Family and Child Health Initiative at the Institute for Better Health (IBH), a research institute of Trillium Health Partners in Mississauga, Ontario. As a research associate trainee and practicum student, I was working on the CAPACITY Phase I project, which is a multi-site, national project aimed at developing the first Canada-wide data registry for pediatric diabetes. In this role, I was an active member of a small team (<5 staff) responsible for leading Phase I of the project, which focused on community co-design. Phase I involved coordinating a community project advisory board, a knowledge exchange event, and a series of data-oriented workshops based on co-design principles, methods, and best practices. Day to day activities included team brainstorming meetings, bi-weekly project meetings, preparing for project advisory board meetings, planning and implementing co-design events, creating participant recruitment strategies, and finding innovative ways to do co-design virtually and on a national scale. During this placement, I was able to bring in a lot of my previous experience working with community steering committees, planning events, and community engagement. It also allowed me the opportunity to refine my skillset and knowledge in co-design methods and best practices, learn more about diabetes as a chronic disease, and gain greater understanding of the diverse experiences pediatric diabetes patients and their caregivers go through in accessing care and improving quality of life upon diagnosis. The Family and Child Health Initiative at IBH is an innovative, community-oriented initiative that is doing progressive work to break down barriers to equitable participation in research and bridge the gaps between clinical practice and communities in Peel region and across Canada. It was a valuable practicum experience to see what's possible in research with the right leadership, team and resources, while still recognizing how far we have to go.

**V.K.**

#### **Prevention Institute - Safety and Wellbeing team**

For my practicum placement, I worked in the Safety and Wellbeing team at Prevention Institute. Within the Safety and Wellbeing team, I worked closely with projects that managed community collaboratives that work to create upstream, equitable public health solutions for complex issues like domestic violence and mental health and wellbeing. For my practicum project, I explored how Prevention Institute guided collaboratives to do community assessment and planning. This included interviewing staff, community members, and collaborative leaders as well as going through internal documents and existing reports. After synthesizing this information, I developed a framework and recommendations to improve the community assessment and planning process. In addition to my practicum project, I was able to work on a community assessment guidebook and presentation for incoming community collaboratives, build internal capacity by leading coaching skills learning modules, learn about impact and metric evaluation, and contribute to ongoing policy advocacy efforts for California-state level policy initiative. Throughout my practicum, I had the opportunity to grasp how upstream, multisectoral public health solutions can make tangible improvements to health equity and racial justice throughout the United States.

**T.A.K.**

#### **SHIFT Collaborative**

The practicum experience as a Health and Climate Change Consultant at SHIFT Collaborative provided an opportunity to explore the health impacts of climate disasters in British Columbia (BC). My role in the project, funded by the BC Ministry of Health and Health Canada, focused on examining the health

impacts of extreme heat, which has become a significant concern in the region due to the 2021 heat dome.

BC's Climate Preparedness and Adaptation Strategy involves assessing climate change's health impacts through Vulnerability and Adaptation assessments. My practicum project was part of this process, with the Ministry of Health and health authorities collaborating on a coordinated approach to generate evidence for adaptation planning at provincial and regional levels to protect public health in a changing climate. This will lay the groundwork for further assessments and generate evidence to inform adaptation planning to protect and promote public health and health system functioning in the context of a changing climate.

The practicum involved working with an interdisciplinary team, conducting research, and summarizing effective climate adaptation strategies to best support the health system. During my practicum I gained qualitative research skills by conducting a literature review on the health impacts of the 2021 extreme heat dome, analyzing the impacts on priority populations and examining the benefits and limitations of adaptation strategies. I also contributed to a high-profile report on climate change and health, taking the lead on the extreme heat chapter and co-leading the climate and health equity chapter. This experience allowed me to develop data collection, analysis, critical thinking, and writing skills, while adhering to specific guidelines and writing for a specific audience.

Overall, this practicum experience provided an excellent opportunity to make a positive impact on a critical issue and gain practical experience in the field of public health.

**T.L.**

### **Regional Municipality of York, Health Promotion Unit**

I completed my practicum as one of two Health Promotion Students in the Health Promotion Unit (HPU) of the Child and Family Health Division at York Region. We were co-leads for two projects - the Resources Project (RP) and the Community Partner and Engagement Project (CPEP).

The goal of the RP was to revamp the HPU's approach to resource management. With the team, we identified pain points, which were analyzed and categorized into themes, and objectives/goals were created. We also conducted an environmental scan with other health units to better understand existing best practices and common struggles. We produced a report summarizing the activities of the project, recommendations, prioritized action areas, and defined team roles going forward.

The CPEP aimed to better articulate the value and difference that the division's outreach and engagement work brings. This was done through consulting the HPU team to better understand their work, creating a search strategy and implementing it, and researching academic and grey literature, and divisional and external resources. The report outlines background research, findings, and recommendations for the HPU to bring forward as impact measures when evaluating their work. The reports and findings of the RP and CPEP were presented to the HPU.

Other activities included facilitating micro-sessions to increase the health promotion knowledge and capacity of the team, as not everyone has a public health background. We held 5 sessions to discuss the priority action areas of the Ottawa Charter, each ending in a discussion focusing on its connection to the HPU's current and future work. An additional session was used to discuss key takeaways of a conference

we attended, with a similar goal of incorporating our learnings towards divisional goals. Lastly, we outlined and presented the team's logic model for each stream of the HPU.

**J.L.**

**Public Health Agency of Canada, Department of Health and Social Services in the Government of Yukon**

I completed my second practicum placement at the Government of Yukon through the Student Public Health Officer matching program by the Public Health Agency of Canada (PHAC). As part of my work, I collaborated with the Department of Health and Social Services (HSS) to support the health and climate change file. My responsibilities included a review of current climate change policies and actions being undertaken by the Government of Yukon through the Our Clean Future file. As well, I conducted jurisdictional scans and literature reviews on other initiatives and legislation being implemented throughout Canada and internationally. Part of the evidence collection process included coordinating meetings with other Government of Yukon departments (e.g., Emergency Management, Environment, Water Quality) to understand local priorities and discuss action areas for climate change and health. Through this work, I was responsible in providing recommendations for future efforts, actions, and next steps to the Department of HSS. Final deliverables for my placement include a recommendations document detailing potential actions for climate change adaptations and mitigations to be proposed to the Department of HSS and Climate Change Secretariat. In addition, a presentation was made to the Department internally, and to other Student Public Health Officers as part of the PHAC placement program. Skills and competencies gained from this placement include qualitative data collection and synthesis, relationship management and networking, as well as evidence-informed decision making. This practicum opportunity allowed me to gain deeper insights and understanding on public health work in a governmental setting, as well as learning more about the public health impacts of climate change.

**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. I completed my winter practicum with the Public Health Agency of Canada, in the Vaccine Confidence division on the Strategic Planning, Policy and Engagement team. My project involved an analysis of community-based approaches to dispelling vaccine-related mis- and disinformation (MIDI) through Immunization Partnership Fund (IPF) projects. To start, I conducted an internal review of project activities. This phase involved developing an Excel tool to capture information and identify project-level strategies and activities. The main sources of data were project progress reports. After extracting relevant data, the findings were validated, and thematic analysis was conducted to recognize key overarching themes across project activities. To ensure theme relevancy, key themes were also validated through interviews with IPF program analysts. The four key overarching themes and approaches are education, community engagement, social media/online tools and local outreach. The findings and analysis of these four themes will be formally presented in a Best Practices Resource/Guidebook for dissemination to current and potential future IPF projects. The IPF has over 100 recipients, all working on projects to promote vaccination to Canada's diverse audiences. All projects focus on increasing vaccination rates and confidence, while also working to dispel vaccine misinformation and combat vaccine hesitancy. As these projects have had success in dispelling vaccine-

related MIDI, what our team needs a catalogue of the specific, granular activities that projects used to target and address vaccine-related MIDI and an analysis of these approaches. Having this information is useful because it will allow for an understanding of which community-based activities are impactful and effective in dispelling MIDI. This analysis can also help to inform future IPF projects that may have a goal in mind for their community, but need help in brainstorm what effective activities can be taken to reduce and dispel MIDI.

## **D.M.S.**

### **University of Jaffna and World Health Organization**

Over the past few months, I have been working out of the Faculty of Medicine at the University of Jaffna (UoJ) for the World Health Organization's (WHO) local Healthy City initiative (HCI). My role as a Program Coordinator gave me the opportunity to learn more about health promotion and public health in both Sri Lankan and global contexts. I was able to participate in meetings with international stakeholders from organizations such as USAID, UNICEF and WHO. The goal of my practicum was to practice health promotion in Jaffna, evaluate existing and ongoing projects that were relevant to the Healthy City Jaffna project and further develop local resources and capacity.

During my practicum, I predominantly worked on initiatives related to waste management, MHH, and physical activity (PA). With waste management, my focus was on advocating for better working conditions for waste management workers (WMW). However, upon coming to Sri Lanka, some of the biggest issues in the waste management sector of Jaffna stemmed from the failure to address caste-based discrimination experienced by WMW. The first step in understanding how to better support this population was to conduct a needs assessment and develop a relevant action plan that addressed casteism. When working on MHH-related programs, I was predominantly supporting the evaluation of ongoing initiatives that were implemented in schools. In Jaffna, the culture and stigma surrounding MHH often cause students with periods to miss days of classes. In some extreme cultural contexts, menstruators are isolated from friends and families for the duration of their period. As a result, the HCI worked with local schools to improve washroom facilities, ensure that students had adequate resources to support their menstruation, and educate students, teachers and families about periods.

One of the most recent activities carried out by the HCI team was to publish educational materials and books for students to learn about puberty. Students were also given workshops to learn how to advocate for themselves in their schools, reduce stigma and improve MHH facilities. Lastly, I worked on initiatives aimed at increasing the PA of Jaffna residents. Due to poor urban planning after the conflict ended in 2009, the city struggled to build adequate spaces for residents to exercise, walk, or bike and it became increasingly congested. Thus, the HCI is working with municipal and provincial governments to improve road conditions and city spaces to promote PA in the population. This practicum provided me with an opportunity to better understand health systems in the global south and how to adapt health promotion efforts to different cultural contexts.

## **H.S.**

### **Sinai Health System, Psychiatry**

For my first practicum, I was a qualitative research assistant with the SUMMIT Trial, through Sinai Health System's Psychiatry department. The Scaling Up Maternal Mental health by Increasing access to

Treatment (SUMMIT) Trial is an international, multi-site, randomized trial studying different methods of delivering a Behavioural Activation (BA) intervention for depression and anxiety in perinatal individuals. The SUMMIT Trial is investigating the effectiveness of BA when delivered by specialist (eg. clinician) vs. non-specialist providers (eg. nurses, midwives, etc.), and when delivered in-person vs. via telemedicine. During my practicum, I analyzed participant responses to the Client Satisfaction Questionnaire (CSQ) to determine what SUMMIT participants liked, disliked, or would change about their experiences with the trial. I also recruited, conducted interviews, and analyzed interview data, and presented findings from participants and their significant others to gain a deeper understanding about barriers and facilitators to treatment, as well as any unmet needs or improvements the trial could make in the future. Finally, I conducted research and suggested a demographic categorization framework based on existing best practices in the United States and Canada. This work will support the scaling of brief psychological interventions for perinatal individuals, particularly by helping to reduce barriers to care.

**A.V.**

### **Institute for Work & Health and Occupational Cancer Research Centre**

For my second practicum, I worked on the Opioid-Related Harms among Ontario Workers project, a collaboration between the Institute for Work & Health (IWH) and the Occupational Cancer Research Centre (OCRC). This project examines rates of opioid-related harm among previously injured workers in Ontario, with an aim of establishing a surveillance program to monitor emergency department visits and hospitalizations due to adverse drug effects, mental and behavioural disorders, and opioid-related poisonings. As a practicum student with IWH and OCRC, I worked on a variety of knowledge translation products to disseminate the projects findings to a broad audience. My main task involved using Tableau to create a data visualization tool that displays surveillance data in a visually appealing and user-friendly manner. I also worked on a plain language user guide and a technical appendix to accompany the data visualization tool. Additionally, I drafted a lay summary and created an infographic to communicate complex epidemiological research findings in a manner that is accessible to the projects target audiences: policymakers, employers, and the public. Overall, my practicum was a wonderful learning opportunity that provided me with valuable experience in knowledge translation, data visualization, and health communication. I am deeply appreciative of IWH and OCRC for their support and for providing me with opportunities to follow my interests and further my knowledge of research in occupational health.