# RESEARCH & PRACTICE DAY 2023
## PhD 3 Minute Thesis Competition

**Friday, November 24, 2023 | 12:30pm-2:00pm | MSB3278**

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| 12:35 - 12:50 | **Lauren Tailor** (PhD Epidemiology)  
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| 12:50 - 12:55 | **Claire Cook** (PhD Epidemiology)  
The association between reproductive health history and abdominal adipose tissue among postmenopausal women: results from the Women’s Health Initiative |
| 12:55 - 12:57 | **Snigdha Velugu** (PhD Social & Behavioural Health Sciences)  
Uncovering Menstrual Experiences of Slum-dwelling Menstruators in Hyderabad, India |
| 12:57 - 12:59 | **Alessandra Andreacchi** (PhD Epidemiology)  
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| 12:59 - 1:00  | **Myrtha Elvia Reyna Vargas** (PhD Epidemiology)  
Associations of Somatic Growth patterns on asthma development: The CHILD Cohort Study |
| 1:00 - 1:05   | **Sterling Stutz** (PhD Social & Behavioural Health Sciences)  
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| 1:05 - 1:10   | **Jessica Bytautas** (PhD Social & Behavioural Health Sciences)  
Things Living and Left Behind: An Ethnographic Study of Legacy Activities in End-of-Life Care |
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**Closing Remarks**
Lauren Tailor
(PhD Epidemiology)
Examine the Association Between Prenatal Psychotropic Exposure and the Incidence of Childhood Cardiometabolic Diseases
Key Words: Chronic Disease, Maternal and Child Health, Prevention

Abstract:
Background: HIV disproportionately impacts adolescent girls and young women living in Southern Africa. Rates of mother-to-child HIV transmission are also elevated in this group, highlighting the need for targeted interventions to improve the health of young mothers living with HIV. A non-profit organization in Zimbabwe, Zvandiri, founded a peer-led care model, the Young Mentor Mother (YMM) program, in response to this issue.

Methods: Four University of Toronto students conducted semi-structured virtual interviews (N=29) among Zvandiri staff and YMMs to identify the benefits and challenges of the YMM program. We applied deductive and inductive thematic analyses to transcriptions and performed a qualitative analysis using Dedoose software.

Results: Participant narratives revealed several themes, including three vital benefits from the YMM program: 1) peer-support, 2) holistic care, and 3) women’s empowerment. Barriers to the success of the program identified from interviews mapped onto the social-ecological model, whereby structural factors (lack of funding, food insecurity), community-level factors (HIV-related stigma, socio-cultural differences in accepting HIV care), and interpersonal factors (intimate partner violence) were found to impact the implementation and scale-up of the program. Barriers to scaling-up the YMM program included limited funds, lack of resources, and cultural and geographic differences. We also identified socio-structural challenges to scale-up, such as intimate-partner violence, food insecurity, and HIV-related stigma.

Conclusion: Zvandiri’s YMM program fills an important gap in HIV care for young women and girls and has several benefits, such as peer-support, holistic care, and women’s empowerment. Future research focused on the perspectives of clients, stakeholders, and young fathers will further inform the scaling of the program to new countries and regions.

Claire Cook
(PhD Epidemiology)
The association between reproductive health history and abdominal adipose tissue among postmenopausal women: results from the Women’s Health Initiative
Key Words: Marginalized Populations, Social Theory, End-of-life Care

Abstract:
Objective: To describe differences in visceral adipose tissue (VAT), subcutaneous adipose tissue (SAT), total body fat, and anthropometric measures according to reproductive health history among postmenopausal women in the Women’s Health Initiative (WHI).

Methods: We examined reproductive health history (collected at baseline) and abdominal adipose tissue with the WHI body composition sub-study. Adipose tissue measures included Dual Energy X-ray Absorptiometry (DXA) and anthropometric measures. Descriptive analyses and multivariable linear regression models were conducted.

Results: Among 10184 participants, most (69%) had completed high school, were married (62%), had a household income < $75,000 (57%), mean age 62.4 years (±7.4), and were never smokers (55%). Women who had early menarche (< 9 years) or early menopause (<40 years) had greater adipose tissue levels. There was a dose-response relationship between parity and adiposity and no marked differences related to infertility and adiposity, apart from infertility specific to hormone dysregulation. Multivariable linear regression models demonstrate increased adiposity among women with early menarche; compared to those with age at menarche ≤10 years, those with age at 11, 12, 13, or 14 years had -5.87, 15.1, 21.8, and 23.3 cm2 less VAT.
Conclusion: Among postmenopausal women, those with an earlier age at menarche, earlier age at menopause, greater parity, and shorter reproductive lifespan had increased levels of one or more of VAT, SAT, total body fat, and BMI. Reproductive health history is a presently untapped opportunity for chronic disease screening, identification, and prevention of chronic disease unique to postmenopausal women. As the Canadian population ages and accumulates chronic disease, an improved understanding of reproductive health and metabolic outcomes is critical to address changing demographic characteristics and health system needs. Further investigation of reproductive health risk factors and chronic disease outcomes among postmenopausal women would thus help prevent accumulation of chronic disease and promote healthy aging.

Snigdha Velugu
(PhD Social & Behavioural Health Sciences)
Uncovering Menstrual Experiences of Slum-dwelling Menstruators in Hyderabad, India

Key Words: Food and Nutrition, Mental Health and Addictions, Non-Communicable Diseases

Abstract: In India, menstrual experiences are shaped by a combination of deep-rooted cultural norms and emergent socio-political discourse, capturing a spectrum from taboos and stigmas to empowerment and the quest for bodily autonomy and agency. Beyond this complex menstrual narrative, several other factors shape the menstrual experiences of menstruators living in India’s slums. These include spatial congestion, financial uncertainty, concerns about personal safety, communal tensions, and limited water resources. By 2050, urbanization is expected to raise global slum populations six-fold and double India’s. The rapid urbanization in India is straining the government’s capacity to provide basic amenities like housing, sanitation, electricity, and water. This significantly affects the ability of menstruators in the slums to tend to their bodies with comfort, confidence, and safety. Menstruation is not merely a matter of hygiene and dignity. It’s also a social determinant of sexual and reproductive health and rights, influencing vital life events that determine the overall health and well-being of menstruators. Rooted in the lived experiences of menstruators, my proposed research aims to uncover the multifaceted influences on menstrual experiences in Hyderabad’s slums. Guided by biopolitics and poststructuralist feminism, I will take a critical-participatory approach to identify and unpack the factors that shape the menstrual experiences of slum-dwelling menstruators. The novelty of my study is predicated on the use of a multi-method critical qualitative study design that integrates participatory and arts-based methodologies into critical ethnography using complete-the-story, a participatory interview strategy and digital storytelling. My study’s findings will (1) highlight the sociocultural, socio-political and geographical factors affecting menstruators’ health and their bodily autonomy and agency and (2) inform future menstrual hygiene management strategies implemented by India’s state and national government, NGOs, and academics, ensuring they account for the contextual needs of menstruators when crafting policies and programs.

Alessandra Andreacchi
(PhD Epidemiology)
Inspirits of Change: Uncovering Trends in Canadian Alcohol Use

Key Words: Chronic Disease, Food and Nutrition, Mental Health and Addictions

Abstract: In my dissertation research, I uncover the intricate landscape of Canadian alcohol use, leveraging over two decades of national health survey data. While overall trends in alcohol use appear stable, a closer examination within specific subgroups defined by gender and age reveals compelling shifts. Traditionally, men have greater rates of alcohol use than women. However, trends have been converging by gender driven by increases among women and decreases among men in certain age groups. These dynamic changes are multifaceted and may reflect shifts in traditional gender norms surrounding alcohol use, challenging conventional patterns. This nuanced understanding gained by uncovering trends by gender and age offers valuable insights into the evolving dynamics of alcohol use in Canada. These insights play a pivotal role in guiding efforts aimed at ensuring the well-being of all Canadians. Recognizing and comprehending these subtle yet significant changes pave the way for informed public health policies tailored to the diverse needs of different demographics.
Myrtha Elvia Reyna Vargas
(PhD Epidemiology)

**Associations of Somatic Growth patterns on asthma development: The CHILD Cohort Study**

**Key Words:** Chronic Disease; Non-Communicable Diseases

**Abstract:** Background: Obesity and asthma are the most common chronic conditions affecting Canadian children, resulting in over $7 billion annually in healthcare expenditure. Studies in children suggest that obesity precedes asthma, however findings are inconsistent which may be attributed to the definition of obesity, weight growth and asthma, and paucity of longitudinal studies. Objective: In the Canadian CHILD Cohort study, we aimed to investigate whether the course of weight-for-age (WFA) and body mass index (BMI) from birth to 5 years of age were associated with asthma at age 5. Methods: A total of 3059 children with weight and height measurements available at birth, 3, 12, 26, and 60 months of age were included in this analysis. Age-and sex-specific z-scores were derived based on World Health Organization standards. WFA-z and BMI-z trajectories were modelled separately by group-based trajectory modeling. WFA-z and BMI-z was further classified as accelerated or stable based on individual growth curves obtained from linear mixed effect models. Outcomes included were asthma without atopy at 5 years of age, and trajectories of wheeze and atopic symptoms from birth to five years of age. Associations were examined using logistic regression analysis adjusting for sex, breastfeeding duration, ethnicity and maternal education, asthma, and BMI. Results: We identified four BMI-z and five WFA-z trajectories, including an accelerated WFA-z group which had the highest prevalence of asthma at age five years. Children with accelerated individual WFA-z growth curves were associated to twice the odds of 5-year asthma without atopy (OR 2.03, 95%CI 1.16, 3.46) and 1.76 times the odds of persistent wheeze with infrequent atopy (OR 1.76, 95% CI 1.1, 2.8) compared to children with stable growth curves. Rapid BMI gain did not significantly increase the risk of 5-year asthma. BMI-z and WFA-z at birth was not significantly associated to asthma nor wheeze.

Sterling Stutz
(PhD Social & Behavioural Health Sciences)

**Building a Foundation for Allyship: Jewish Community Wellbeing & Relationships with Indigenous Nations in Southern Ontario**

**Key Words:** Social Determinants of Health; Community Health; Jewish Health

**Abstract:** Using a framework of epistemic injustice grounded in Jewish diaspora theory and Indigenous ways of knowing, this doctoral project proposes to develop an Indigenous cultural safety training to reach Jewish community leaders to support intergenerational healing and the work of reconciliation within the Toronto Jewish community. Judaism as a culture and religion puts a strong emphasis on pursuing justice and repairing inequities; however, intergenerational trauma including exiles and the Holocaust act as a barrier for many Jewish peoples to understand and accept their status as ‘guests’ and/or ‘settlers’ on Indigenous lands. This acknowledge of precarity is required by many Indigenous perspectives, in order for guests to be in good relationships under treaty. The theoretical framework of epistemic injustice allows us to understand these two groups as experiencing hermeneutical injustice whereby one group cannot comprehend the experiences and perspectives of the other. I propose to develop a cultural safety training specific to working with Indigenous communities and developed from a place of Jewish pedagogical perspectives and traditional teachings that meets Jewish communities where they are at in their own learning journeys, is trauma-informed, and supports these community leaders to continue this work in their communities. This development will be done in relationship with both Indigenous Elders and Toronto Rabbi’s and other Jewish spiritual leaders. This training program, and ensuing evaluation, will demonstrate not only how to begin to broach this hermeneutical divide but I also suspect it will allow me to begin to identify nuanced concerns that Jewish communities experience regarding antisemitism, assimilation, and reconciliation.

Jessica Bytautas
(PhD Social & Behavioural Health Sciences)

**Things Living and Left Behind: An Ethnographic Study of Legacy Activities in End-of-Life Care**

**Key Words:** Marginalized Populations; Social Theory; End-of-life Care

**Abstract:** This paper explores “legacy activities” (i.e., creative works produced by a person at the end of life), in the context of a community-based hospice palliative care organization in Toronto, Ontario. Legacy work con-
what resources. Drawing on insights from new materialisms theory and ethnographic methods, I present key findings from my analysis of 50 interviews with hospice palliative care clients (n=13), volunteers (n=17), staff (n=7), and death care and industry professionals (n=13), and approximately 60 hours of participant observation. Findings explore what legacy means for people who are dying and the volunteers who care for them, the ways in which volunteers shape and are shaped by legacy activities, and how legacy activities resist, reinforce, and revise prevailing assumptions about death and dying. I discuss how these findings can engage and inform hospice palliative care policy and programming, to best support and enable client-volunteer relationships that foster participation in meaningful legacy activities at the end of life.