

Winter 2025 – MPH Health Promotion Practicum Abstracts

A.W

Association of Ontario Midwives

The Association of Ontario Midwives is dedicated to supporting and advancing the clinical and professional practice of registered and Indigenous midwives across Ontario. This includes producing different resources, such as clinical practice guidelines for midwives and handouts for midwifery clients. The Clinical Knowledge Translation team is currently working on a clinical practice guideline on the Diagnosis of Active Labour (DAL). There is no standardized criteria that defines typical labour duration, and both the onset and length of different labour phases is highly subjective and dependent on various factors such as pelvic shape, size of fetus, parity, and psychological state of the birthing individual. To our knowledge, little is known about midwifery clients' experiences of the early labour phase. Therefore, to accompany the clinical practice guideline on DAL, client handouts and an academic manuscript on midwifery clients' experiences and management of early labour will also be produced to fill in some of the knowledge gaps in this scant area of research. Throughout November 2024 - December 2024, three focus groups were held to ask midwifery clients about their experiences with early labour. The focus groups were 1-2 hours long, and were recorded, transcribed, and cleaned. In my role as a Knowledge Translation practicum student, I conducted qualitative data analysis of the focus group transcripts using Braun and Clarke's (2019) reflexive thematic analysis. My analysis will contribute to the development of the academic manuscript on focus group findings, as well as forthcoming client handouts on the experience and management of early labour. Peppered throughout my time at the AOM were opportunities to attend and support various meetings, including the biweekly Clinical Knowledge Translation planning meeting, where I also presented my research findings thus far to the team.

A.A

West Toronto Ontario Health Team

During my Winter 2025 practicum with the West Toronto Ontario Health Team (WTOHT), I supported a range of equity-driven, community-based initiatives aimed at improving health and wellness in high-priority neighbourhoods. My work focused on health promotion, mental health and addictions, tenant engagement, and intersectoral collaboration-reflecting my interest in the intersection of policy, programming, and community engagement. One of my core projects was the development of a Mental Health and Addictions (MHA) Asset Map for the West Toronto region. This included presenting findings to two key community advisory groups, integrating their feedback, and creating a complementary interactive Google Map. Additionally, as part of the scale-up of iHelp Health & Wellness Centres in Toronto Community Housing buildings, I took the lead in contributing to tenant engagement planning, including community profiling, resource mapping, and developing an engagement strategy for a new site. Furthermore, I also supported other cross-cutting initiatives such as painting workshops for mental wellness, harm reduction strategy coordination, and the development of an anti-Black racism resource repository in collaboration with LAMP Community Health Centre. I also led the creation of a community cookbook and wellness resource flyer, which was launched at a community outreach event I co-coordinated with partners. This practicum experience allowed me to strengthen core public health competencies in community mobilization, health equity, and evaluation, while contributing meaningfully to real-world systems change in local health delivery.

M.R

Public Health Agency of Canada

As a Student Research Analyst at the Public Health Agency of Canada's Infectious Disease and Immunization Programs branch, I led a scoping review from protocol development stage to manuscript writing. The scoping review aimed to identify and synthesize the evidence that discussed the influence that experiences accessing vaccination, healthcare and government services and information have on knowledge, attitudes, beliefs and behaviours of people in Canada about vaccines. For the study, PubMed, Embase, Scopus and APA PsychINFO were searched. Using Covidence software, abstracts of 1933 articles were screened that we found from the four databases. Full text of 194 articles were screened and 89 articles were included in the study for review. The findings from the study will be presented to the branch director and at the interdepartmental meeting. The study will also support a large-scale mixed methods study and provide evidence for the qualitative strand of the study. A manuscript to report the findings is also underway.

S.G

Centre for Addiction and Mental Health

For my practicum placement, I worked as a research student at the Centre for Addiction and Mental Health (CAMH) within the Institute for Mental Health Policy Research, under the supervision of Dr. Christine Wickens. My project focused on identifying barriers and facilitators to mental healthcare access among medical students in Ontario, with a specific emphasis on gender-based disparities. Using NVivo, I conducted a thematic analysis of 30 interview transcripts, developing a structured coding framework with over 300 subcodes to systematically capture emerging themes. This process required iterative coding, interpretation, and refinement to ensure methodological rigor, as well as careful consideration of the nuances in students' experiences with mental healthcare services. A key component of my practicum was collaborating with a fellow MPH student in a double-coding process to enhance inter-coder reliability. Through regular discussions and alignment meetings, we ensured consistency in thematic analysis, strengthening the validity of our findings. This experience honed my ability to engage in collaborative research, navigate coding discrepancies, and critically analyze qualitative data. In addition to data analysis, I completed multiple research ethics and privacy certifications, which reinforced my expertise in ethical research practices and privacy regulations. Beyond technical skills, this practicum provided exposure to the broader implications of mental health policy and the structural barriers that medical students face in accessing care. By uncovering factors such as stigma, confidentiality concerns, and institutional constraints, our findings offer valuable insights that can inform systemic changes in medical education and training environments. My contributions to this research will inform a final report aimed at improving mental healthcare policies for medical trainees. This experience deepened my understanding of mental health equity, strengthened my qualitative research skills, and reinforced my commitment to advancing health policy initiatives that promote equitable access to mental healthcare.

N.A

Health Commons Solutions Lab

Over the course of my practicum with Health Commons Solutions Lab, I contributed to several deliverables focused on scaling and sustaining the Community Ambassador (CA) model across Ontario. My work included co-developing a tiered matrix outlining CA roles, activities, and competencies-designed to inform standardized training, role clarity, and integration into health systems. I also co-led the planning and facilitation of a multi-part discovery session in partnership with OCAD University, which gathered input from ambassadors and sector partners to inform a shared vision and theory of change for the CA workforce.

I supported the development of internal planning documents, session briefs, and strategy notes that are now guiding Health Commons' approach to workforce development and ecosystem engagement. I also contributed to the drafting of external-facing materials, including website content that frames the CA Program as a strategic offering, and helped coordinate feedback loops with community and system stakeholders.

Throughout this placement, I was able to strengthen my skills in facilitation, stakeholder engagement, strategic writing, and health workforce planning. This practicum gave me valuable experience working at the intersection of policy, design, and community-led health promotion, and has helped prepare me for future roles focused on systems-level public health equity work.

S.H

Family and Gender-Based Violence Prevention Team, Public Health Agency of Canada

During my practicum with the Public Health Agency of Canada (PHAC) in the Family, Gender-Based Violence (FGBV) team, I contributed to several key initiatives related to public health funding and policy implementation. I played a pivotal role in the setup of a new Call for Proposal (CFP) for child maltreatment by assisting with the intake process-responding to inquiries from interested organizations and distributing funding request application packages. Additionally, I was heavily involved in facilitating a large World Health Organization (WHO) grant, where I completed the Funding Approval Form, drafted the memorandum, reviewed the budget, and collaborated with stakeholders to refine financial and programmatic components.

Beyond funding-related tasks, I provided policy and ministerial support by preparing briefing materials for site visits, contributing to an investment page documenting PHAC's FGBV project funding history, and reviewing annual reports to assess program impact. This experience allowed me to develop practical skills in grant and funding management, stakeholder engagement, program administration, and policy development. I also gained a deeper understanding of government funding mechanisms, public health program implementation, and strategic decision-making within a federal public health agency.

This practicum has been an invaluable opportunity to apply my academic knowledge in a real-world setting while strengthening my ability to navigate complex public health initiatives. The experience has deepened my passion for public health policy and funding, equipping me with the skills necessary to contribute meaningfully to initiatives that advance health equity and social well-being.

M.J

Public Health Agency of Canada - Government of PEI Chief Public Health Office

As a Student Public Health Officer during my practicum with the Government of Prince Edward Island through Public Health Agency of Canada, I engaged in a detailed analysis of multi-substance use survey data, focusing on the epidemiology of substance use and its public health implications. Under the guidance of the Chief Health Officer, Deputy Chief Health Officer, and the Principal Epidemiologist, I used R programming to develop and apply advanced data analysis techniques to interpret the complex data collected from diverse populations across the region. The primary outcome of this analysis was the creation of a comprehensive, interactive dashboard that visually represents the findings, making them accessible and understandable for public health stakeholders.

This project allowed me to significantly enhance my data analysis skills and deepen my understanding of substance use epidemiology. It also provided valuable experience in effectively communicating complex data through the use of tables, figures, and interactive dashboards. These skills are crucial for informing and shaping public health policies and interventions aimed at addressing substance use issues. Also, my collaboration with senior public health leaders enriched the practicum, enabling me to engage in strategic discussions and gain insights into the decision-making processes that drive public health interventions. The practicum not only fulfilled but expanded my capabilities in public health surveillance, offering a foundation for future work in public health analytics and policy development with a diverse team.

B.D

Ontario Mission, Heart & Stroke Foundation of Canada

I completed my 2025 Winter practicum with the Ontario Mission team of the Heart & Stroke Foundation of Canada, working as a research and policy analyst on projects aimed at improving access to cardiac and stroke care at a systems level. My primary responsibilities included conducting a policy scan of nursing practice related to in-hospital cardiac defibrillation and planning the data analysis for a provincial mixed methods study of stroke survivors. The policy scan involved comprehensive research into each province and territory's regulatory landscape concerning the roles of registered nurses and nurse practitioners in responding to in-hospital cardiac arrests. This work contributed to the Foundation's ongoing advocacy efforts to improve cardiac arrest response across Canada. For the stroke study, I collaborated with an interdisciplinary leadership team to understand the project's goals and applied research methodology principles to design a robust data analysis plan. My involvement in these projects required critical thinking, knowledge of public health policy, health promotion theory, and both qualitative and quantitative research methods. Coursework throughout my MPH program played an essential role in preparing me for this placement. I greatly valued the opportunity to gain experience in the non-profit sector, particularly within an organization so influential in national health advocacy. I look forward to carrying the skills and insights gained into future professional opportunities.

R.P

**Edwin S.H. Leong Centre for Healthy Children, The Hospital for Sick Children
(SickKids)**

I completed my practicum at the Edwin S.H. Leong Centre for Healthy Children at SickKids, under the supervision of Dr. Astrid Guttman (General Paediatrician and Senior Scientist) and Dr. Andi Camden (Postdoctoral Fellow). During my time at SickKids, I contributed to the Pan-Canadian Perinatal Opioid Use Surveillance System, with a primary focus on supporting a Delphi study for the Canadian Perinatal Opioid Project. This project aims to establish core indicators for monitoring perinatal opioid use and improving maternal-child health outcomes in response to the opioid crisis in Canada.

In my role, I supported the development, dissemination, and analysis of two-round surveys and facilitated a consensus meeting with knowledge users who work with people who are pregnant and using opioids. Concurrently, I collaborated with co-investigators, qualitative researchers, and a peer researcher to develop an interview guide for upcoming interviews with individuals who have lived or living experience of perinatal opioid use. The results from these interviews, along with the survey data and consensus meeting findings, will inform the final set of core surveillance indicators.

This Delphi study supports the launch of Canada's first national surveillance system for perinatal opioid use. The dashboard will provide critical data on opioid use patterns, prescription records, and provincial estimates. Ultimately, it will help target prevention, intervention, and substance use services to address health disparities and improve maternal and child health outcomes.

The opportunity to work closely with knowledge users and individuals with lived/living experience to co-develop materials has been invaluable. This collaborative approach will continue to shape my work at SickKids beyond my practicum.

A.K

Women's College Hospital

During my practicum at Women's College Hospital's WIHV, I worked as a Research Assistant on a project examining and elevating the role of Medical Office Assistants (MOAs) in Ontario's primary care system. MOAs play a critical yet often under-recognized role in clinics through managing administrative tasks and patient-facing responsibilities. The project aimed to better understand their experiences, challenges, and opportunities for role optimization.

A key part of my practicum involved conducting qualitative interviews with MOAs across Ontario. These conversations gave me firsthand insight into their perceptions of their work, the emotional and logistical demands they face, and the deep impact they have on patient care and clinic operations. I also contributed to the analysis of open-ended survey data, supported thematic coding using Quirkos, and engaged in a realist review exploring interprofessional models of team-based care and their impact on increasing provider capacity.

One of the most valuable experiences was facilitating internal discussions with MOA researchers on the future of the MOA role in Ontario. These sessions explored innovative policy solutions, systemic barriers, and opportunities to expand MOA capacity to better meet the needs of primary care. I also led the development and presentation of a knowledge translation poster based on survey findings, which I presented at the Women's College Hospital Day of Excellence. This practicum gave me a unique opportunity to engage in qualitative research, policy-oriented dialogue, and knowledge translation, while deepening my appreciation for workforce equity and the structural changes needed to support frontline healthcare staff.

S.V

Dalla Lana School of Public Health

For my second practicum I had the wonderful opportunity to be working as an Implementation Science Research Student that focused on Antimicrobial Stewardship (AMS) at the University of Toronto with the PHarmacists Provide Accessible Antimicrobial STewardship Services (PHAAST) team. Antimicrobial resistance is a serious public health concern that needs immediate attention. AMS activities have the potential to address antimicrobial resistance as it targets and promotes the judicious use of antimicrobials. My main role in this position was leading a qualitative research project that assessed barriers and facilitators to AMS in community pharmacy from the perspectives of community pharmacist, patient partners, and prescribers. This role included completing 35 qualitative interviews and data analysis through a deductive thematic analysis approach that mapped major themes to the Consolidated Framework for Implementation Research (CFIR) and Theoretical Domains Framework (TDF) on NVivo. I also got the opportunity to work on a second manuscript that will summarize the findings from the qualitative interviews as well as a knowledge mobilization product that will provide actionable items for change supported by the findings from this research and the use of implementation science. Not only was I able to contribute to research that aims to target a pressing public health concern, I also got the opportunity to take introductory and advanced courses on implementation science offered by the Center for Implementation. This allowed me to develop a nuanced understanding of the effects of determinants on implementation and the importance of providing evidence-based research to support the implementation and sustainability of innovations.

D.B

Leong Centre for Healthy Children, The Hospital for Sick Children and University of Toronto

My practicum took place at the Edwin S. H. Leong Centre for Healthy Children, an interdisciplinary research centre at the University of Toronto and The Hospital for Sick Children. I collaborated with the principal investigator and research coordinator on a scoping review examining the health of international students across Canada, focusing on access to health care and health outcomes as well as if and how the social and structural determinants of health impacted these outcomes. My primary responsibilities included systematically reviewing the peer-reviewed literature identified in a structured database search led by an academic librarian. I was responsible for conducting title and abstract screening of 281 articles, full-text screening of 52 articles, and data extraction for 21 articles of study characteristics and study findings. Additionally, I contributed to manuscript preparation by writing key sections, including the introduction, methods, results, and discussion, and developed tables and figures to visualize the findings. To support knowledge translation and exchange, I shared the results and helped facilitate a presentation to key stakeholders (i.e., community partners, academic co-authors), contributing to the broader dissemination of our research. This experience strengthened my research skills and provided valuable training in conducting systematic scoping reviews, stakeholder engagement, and evidence synthesis in child health research.

M.G
Health Canada

I completed my practicum with Health Canada in the Care Continuum Policy Division as a Junior Policy Analyst. During my practicum at Health Canada, I contributed to key policy initiatives in palliative care, sexual and reproductive health (SRH), and broader public health issues. My primary responsibilities included researching and drafting two background reports on palliative care: one analyzing gaps in research and the other identifying international and national best practices. These reports will serve as foundational documents for future policy development in palliative care.

I also supported the SRH team in assessing and processing funding applications for community-based organizations through the SRH Fund. This included reviewing applications, completing necessary documentation, and providing funding recommendations to ensure federal resources were allocated effectively. Additionally, I conducted environmental scans on a range of health-related topics, such as political platforms on palliative and continuing care, provincial and territorial abortion legislation, and federal SRH programs and initiatives.

To support senior officials, I reviewed newly released policy reports, including analyses on continuing care models and national caregiving strategies, and prepared concise summaries. I also served as Health Canada's in-person representative at a Knowledge Translation workshop hosted by the Canadian Home Care Association, gaining insights into best practices in home and community care.

Throughout my placement, I actively participated in meetings with stakeholders and government teams, prepared briefing materials for management, and drafted ministerial correspondence on various health policy topics. This experience enhanced my research, policy analysis, and communication skills while providing me with firsthand exposure to the federal policymaking process. My practicum strengthened my commitment to advancing equitable and evidence-based health policies in Canada.

E.K

Office of the Chief Medical Officer of Health, Public Health

For my practicum placement, I had the opportunity to join the Office of the Chief Medical Officer of Health (OCMOH) within the Ontario Ministry of Health. The OCMOH is responsible for provincial public health, develops public health strategic policy and supports local public health units in program delivery. In my role as an MPH Policy Co-Op Student, I supported the Capacity Planning and Standards Unit (CPSU), within the OCMOH's Public Health Strategic Policy, Planning and Communications Branch, with their role overseeing and coordinating the update of the Ontario Public Health Standards (OPHS). To support the policy work associated with reviewing and revising the OPHS, I helped assess proposed standards and protocols for alignment with provincial public health strategy, feedback from stakeholders, including Boards of Health, and best available evidence on effective public health practice. I collaborated with program areas to help outline the requirements for Boards of Health related to comprehensive health promotion, health equity, population health assessment and surveillance, and other key public health programs and services at the local level. Additionally, I worked with my CPSU colleagues to conduct other complementary activities in the OPHS review process including, drafting briefing decks for ministerial approval, preparing materials for a regulatory impact analysis and developing materials to identify policy priorities for Boards of Health, to support the implementation of the OPHS.

J.R
Realize Canada

Background: Realize Canada is a national Canadian organization working to improve the health and well-being of people living with HIV (PLWHIV) and other episodic disabilities across the lifespan through research, education, policy, and practice. My role as HIV and Aging Initiatives Lead focuses on advancing the efforts to support the growing aging population living with HIV in Canada.

Responsibilities and Key Accomplishments: My three main areas of focus for my practicum were the following: (1) Develop comprehensive knowledge of the current health status of older PLWH in Canada; (2) Identify and connect with relevant stakeholders to advance educational and advocacy opportunities; (3) Adapt, plan, and facilitate educational workshops on HIV and Aging for pre-entry-to-practice and practicing health and social service providers.

The first practicum goal was met through the planning and co-hosting of the annual Realize Think Tank. This year's theme was "Ageism and Ableism in the HIV, Hepatitis C, and STBBIs response," critically examining the experiences of individuals aging and/or living with a disability. The event successfully gathered community members and experts across the HIV, disability, and sexual health sectors. The next practicum goal was met through the ongoing outreach to promote HIV and aging awareness in various public health settings. Finally, the last goal was accomplished through the development and facilitation of three blended-learning courses on HIV and aging, educating over 50 public health professionals.

Conclusion: Being the HIV and Aging Initiatives Lead has developed my skills in relationship building, curriculum development, and delivering presentations. Most importantly, it fostered the importance of continued reflexive practice as an individual without lived experience working in this field.

E.P

Cancer Quality Lab, Princess Margaret Cancer Centre

Following the Canadian Cancer Society's call for culturally relevant patient navigation programs, this research aims to understand and determine how to operationalize the specific navigation needs of patients with breast cancer who self-identify as Black. Prior to the beginning of my practicum, my team conducted a needs assessment to elucidate the supportive care needs of individuals who self-identify as Black and are in the treatment or survivorship stages of breast cancer care. The predominant need identified by participants was the development of a trauma-informed patient navigation program that provides connections to tailored community resources and supports patients throughout transitions in care, from treatment through survivorship. The priority of my practicum was to conduct a systematic review to characterize existing navigation programs and identify factors that make them both effective and culturally relevant. The comprehensive search strategy included terms related to breast cancer, Black identity, and supportive care, and was translated appropriately across databases. The literature search yielded a total of 7508 results; 1748 articles were removed as duplicates, 5760 abstracts were screened, and 450 are presently being considered for inclusion. Most of the relevant literature describes navigation programs targeted at the screening and diagnosis stages of the cancer care continuum, thus further highlighting the need for navigation programs that provide continuity of care by targeting treatment and survivorship phases. Abstraction is ongoing and is expected to be completed prior to the end of my practicum. Results from this literature search will also be used to answer two other research questions regarding existing tailored supportive care programs and to validate the findings of the aforementioned needs assessment. The findings of this project will help inform the co-development of a culturally tailored navigation program. Finally, throughout this semester I have also assisted with REB applications, needs assessments, survey development, and an environmental scan.

S.K

Li Ka Shing Knowledge Institute (MAP Centre for Urban Health Solutions)

My practicum with the Housing, Homelessness, and Health team at the MAP Centre for Urban Health Solutions provided invaluable hands-on experience in homelessness and health research, intervention design, and evaluation strategies. During this placement, I contributed to screening and extracting data for a systematic review on the effectiveness of medical respite programs for persons experiencing homelessness (PEH), conducted environmental scans on; transit programs for PEH, and extreme weather response interventions. Additionally, I contributed to discussions on the process evaluation of the team's Beyond Housing Project, participated in stakeholder engagements, visited shelter and respite sites, and participated in discussions with the Community Expert Group (CEG) on homelessness, housing, and health.

This practicum significantly enhanced my research, evaluation, and intersectoral collaboration skills while deepening my understanding of homelessness as a public health issue. The experience reinforced the importance of evidence-based, equity-driven public health interventions, and strengthened my commitment to addressing housing and health inequities. The supportive, well-structured, and intellectually stimulating environment provided by my supervisor and staff enabled me to engage meaningfully in projects, develop relevant skills, and establish professional networks. The insights and competencies gained will inform my contributions to addressing housing and health inequities in my future professional engagements.

G.U

The Regional Municipality of York (York Region)

York Region helps residents stay healthy at all ages and stages. With evidence-based public health programs and services, York Region prevents diseases, supports child development, protects resident safety and promotes healthy lifestyles. Considering that the Ontario Public Health Standards are being updated this year (2025), there is a need to understand staff professional learning needs as they relate to the health promotion concepts of the OPHS. To this end, with the support of practicum student Gloria Umogbai, York Region Public Health's Healthy Living Division conducted a needs assessment to identify which concepts staff members felt they needed more training on. To create the needs assessment, in addition to the OPHS, Gloria reviewed key foundational documents such as the Healthy Living division strategic action plan, and PHAC's health promotion core competencies. Gloria was also engaged in consistent partnership with staff members from other teams to seek feedback on the concepts represented in the survey. The aim of the gap analysis was to inform and design a plan of action to support public health promotion or health protection needs. The survey revealed the topic areas with the most interest and Gloria was involved in curating learning content to be delivered to staff members in the form of a presentation. Gloria also worked to design tools and provide resources and training that will help healthy living public health staff address competency gaps.

S.S

Centre for Global Health, Dalla Lana School of Public Health

My second practicum was with the Centre for Global Health; this opportunity provided hands-on experience to apply public health and health promotion theories and knowledge to program planning, implementing and evaluation activities. Over the course of the placement, I supported three Mastercard Foundation programs: the Junior Faculty Development (JFD) program with Moi University, the Epidemiology for Communicable Diseases (ECD) program with African institute of Mathematical Sciences (AIMS), and the Women in Global Health Leadership Fellowship (WGHLF) with Moi University and University of Cape Town. My key contributions involved supporting the Social Sciences and Humanities Research Council (SSHRC) Connection Grant activities which included developing a Case Compendium information package to guide students and faculty in creating case studies together on addressing climate and environmental change in Kenya and Canada. The purpose of the package was to facilitate a series of collaborative activities between faculty and students in order to integrate climate and environmental change educational content into global health curricula. Additionally, I engaged in program implementation and evaluation activities by developing a Monitoring, Learning, Evaluation, and Adaptation (MELA) plan, synthesizing evaluation reports, designing assessment tools, and co-conducting an environmental scan. This experience also deepened my understanding of meaningful engagement with academic leaders, faculty, and partners across diverse geographies, emphasizing the importance of incorporating multiple perspectives to ensure program sustainability. It reinforced the value of reciprocity and power-sharing in institutional decision-making related to program planning, implementation, and evaluation. The insights gained will inform my future work in global health, equipping me with the skills to contribute to equitable and sustainable health-related educational programs. Overall, my practicum experience with the Centre greatly enriched my learning and professional development in public and global health.

J.M
Public Health Agency of Canada

I completed my practicum placement with the Public Health Capacity and Knowledge Management Unit at the Public Health Agency of Canada (PHAC) as a Research and Policy Assistant. The Public Health Capacity and Knowledge Management Unit primarily serves the Ontario region, focusing on delivering regional intelligence to support PHAC in enhancing its region specific policy and program offerings. It additionally plays a key role in mobilizing PHAC knowledge products to relevant stakeholders across Ontario.

As a part of my practicum I had the opportunity to complete a variety of tasks and projects to support my team. My main project was an environmental scan on the use of artificial intelligence in public health. I gathered information on current and potential applications, challenges, policies, and guidelines both within Ontario and throughout Canada. I presented the results of the scan to a group of managers that represent equivalent units in other regions across Canada. This information will be used to inform future actions of my department and broader regional offices related to this subject area.

I also assisted with a range of other tasks to support various projects within my unit. For example I acted as a reviewer for funding proposals under the Dementia Community Investment Fund. I also helped prepare briefing materials for our Chief Public Health Officer during her visit to Toronto. Additionally, I identified and established contact with stakeholders, gathering their contact information to extend invitations for participation in an informational webinar sharing the results of the 2024 CPHO Report. Finally I assisted in summarizing departmental achievements as a part of end of year reporting requirements.

J.A.M

Azrieli Adult Neurodevelopmental Centre, Centre for Addiction and Mental Health

During my second practicum with the Azrieli Adult Neurodevelopmental Centre, within the Centre for Addiction and Mental Health (CAMH), I have had the honour of mainly working on a project titled Special Olympics Knowledge Mobilization project. The aim of this project was to better share important health information and research with the Special Olympics community, including athletes, families, and coaches. We achieved this by co-creating over 40 knowledge products, most being available in both English and French, including tip sheets for families and coaches, easy-reads, animated videos, and podcast episodes, across six health topics (men's health, women's health, health check-in, mindfulness, sleep, and diabetes). My role has involved supporting the creation of all products by meeting with team members with lived experience to brainstorm ideas, review drafts, and facilitate podcast interviews for which Special Olympics athletes are the co-hosts of. I have also had the opportunity to take on a coordinator role for this project whereby I was tasked with ensuring that all products were being reviewed, necessary changes were made, and deadlines were met. Moreover, this project involved working with over 20 partners with varying roles, including family members, coaches, Special Olympics athletes, Champions Network Athletes, researchers, and clinicians to ensure that all products contained ideas, thoughts, and experiences of individuals with various backgrounds. During my practicum, I also had the opportunity to co-facilitate a workshop at the Health and Wellbeing in Developmental Disabilities conference where we were able to gain some excitement and anticipation for our products to launch. Overall, my practicum experience at CAMH has been extremely insightful into the work of co-creation, an experience that I will take with me into my future career endeavours.

M.H

Occupational Cancer Research Centre, Ontario Health

I completed my practicum at the Occupational Cancer Research Centre (OCRC) at Ontario Health (OH). I worked with the knowledge transfer and exchange (KTE) team on the OCRC's public-facing communications, policy advocacy, and internal operations. I worked with the OCRC's three teams (surveillance, exposure, and epidemiology) to disseminate research findings to a variety of audiences and build organizational capacity for KTE. The public-facing content that I worked on included three infographics on the risks of melanoma, silica exposure, and lymphoma among Ontario workers. I also assisted in the migration of content from a defunct website to the main OCRC website, which led to me leading an informal accessibility audit of the OCRC website. Moreover, I developed social media posts for LinkedIn covering awareness campaigns (e.g. colorectal cancer awareness month), publications, and educational seminars, including a video that is set to be shared across Ontario Health. In addition, I drafted a policy brief and related materials to support efforts to advocate for tighter restrictions on hazardous asbestos exposure among construction workers. My work on internal content included drafting several sections of two reports for a three-year grant from the Workplace Safety and Insurance Board that funded research on COVID-19 surveillance in Ontario. In addition to summarizing knowledge translation activities and writing lay-language summaries, I drafted sections of the reports on the implications of the research on worker compensation claims and occupational disease surveillance. Finally, I worked on a tool to guide OH employees through developing high-quality performance and development goals. This template has been shared with the OCRC team and will be disseminated to Ontario Health's directors in the coming weeks. Overall, my experience at the OCRC expanded my knowledge of occupational health and KTE skills in an environment where I felt challenged, supported, and embraced.

M.J

Data Surveillance and Foresight Branch, Public Health Agency of Canada

During my practicum, I worked on the integration of Sex- and Gender-Based Analysis Plus (SGBA Plus) and disaggregated data within public health policy and program evaluation. A key component of my role was developing an SGBA Plus toolkit for employees within our Branch. This resource, housed in a OneNote document on the shared corporate repository, was designed to help employees orient themselves on relevant policies and best practices. I structured the toolkit in an organized manner, incorporating multimedia elements where necessary to improve accessibility and usability.

Additionally, I contributed to the year-end reporting process for our Branch's SGBA Plus framework. This involved tracking progress on 35 action items through a preliminary dashboard and established reporting indicators. By synthesizing data and providing unique ideas into implementation gaps, I supported the final assessment of SGBA Plus integration across key initiatives.

I was also involved in discussions with senior management regarding the scope of disaggregated data work as a pillar of the SGBA Plus program. This included evaluating necessary data variables for a comprehensive SGBA Plus analysis, assessing the need for a standardized data framework across the agency, and identifying potential intergovernmental collaborations. I conducted research on best practices for data standardization and stakeholder engagement, helping to inform strategic decisions on how to align SGBA Plus data practices with broader governmental efforts.

My practicum experience strengthened my ability to apply intersectional policy analysis in real-world settings and signified the importance of equity-driven decision-making in public health. By contributing to the refinement of SGBA Plus resources, reporting mechanisms, and exploring avenues for improved data collection, I gained valuable learnings into how evidence-based policymaking can drive health equity outcomes. This experience has further solidified my commitment to integrating equity and data-driven approaches in health policy and program development.

J.K
University Health Network

Co-Design of a Nurse-Led Digital Care Model to Support Breast Cancer Survivorship and Healthy Aging

Breast cancer (BCa) is the most diagnosed cancer among Canadian women, with 83% of cases occurring in women over the age of 50. Every year, as patients transition from BCa treatment to survivorship care, they commonly experience physical side effects, emotional uncertainty, and a fear of recurrence. Debilitating symptoms can disrupt daily life and lower overall well-being, contributing to high rates of early treatment discontinuation. Overwhelmed by a recent 13% rise in caseload volumes and resource constraints, current healthcare services are often fragmented and offer limited support. To address this gap in holistic survivorship care, we will present our ongoing work on co-designing Canada's first nurse-led digital program. Together with people receiving BCa survivorship care, their caregivers, and healthcare providers, we aim to improve health service delivery through accessible and equitable technology. This technology will promote healthy living through supporting wellness for aging BCa survivors by providing personalized self- management tools, improved clinical surveillance, and strengthened care team relationships. We are engaging our partners in semi-structured interviews, focus groups, and co-design workshops to capture lived experiences of survivorship care. We are exploring the role of digital literacy and baseline demographic information to understand needs, barriers, aspirations, and opportunities for intervention. We will present this work-in-progress including a preliminary service design and product concepts to iteratively inform prototype and technical product development. This work aims to disrupt and compassionately embolden how BCa survivors manage their survivorship journey, while building capacity through technology adoption in the breast cancer survivorship space.

A.P

Health & Wellness Centre, University of Toronto Scarborough

The Health & Wellness Centre (HWC) is a department within the Office of Student Experience and Wellbeing at the University of Toronto Scarborough (UTSC). The HWC offers appointments to UTSC students with a counsellor, doctor, or nurse and health education initiatives. Their goal is to provide "wellness for every student," and their mission statement is to "deliver student-focused care and support that is compassionate, culturally-affirming, and evidence-based". I have had the opportunity to be involved with the HWC for the last six years of my professional career. During my undergraduate years, I have been a Mental Wellness volunteer, a Sexual Health Campus Program Coordinator, and a Resource & Administration Coordinator at the Centre. I then worked as a Health Promotion Assistant for approximately two years. Over the past sixteen weeks, I was granted the opportunity to fulfill my second MPH placement at the HWC as a Program Coordinator, Student Wellness. My portfolio consisted of four roles, with the work I did to explore social prescribing and physiotherapy services being the focus for my practicum. One of my additional roles was to lead the Mental Health lifestyle team, which is part of the current HealthyU: Wellness Peer Program health promotion initiative. This role included providing supervisory support to the Mental Health Team Lead (work study student) and the relevant team of student volunteers, as well as coordinating an event in collaboration with a student association. Another additional role I held was overseeing the marketing and communications for the Centre, which included supervising two work study students, leading marketing meetings, and coordinating the approval of digital and print health education content and materials. My largest accomplishment within this practicum was completing a written report that answered two questions; "Which post-secondary institutions offer social prescribing for their students?" and "What can a social prescribing program look like at UTSC's Health & Wellness Centre?" My report concludes with a recommended program plan for student social prescribing at the HWC based on findings, and staff/student feedback. My role in exploring physiotherapy services included working closely with the University of Toronto's Department of Physical Therapy. I supported them with the collection of staff and student feedback on potential future services and chairing meetings for updates and next steps. Overall, this practicum was extremely meaningful and provided me with a variety of skills while also granting me the opportunity to be part of the early movement in exploring social prescribing program implementation at post-secondary institutions.