Dalla Lana
School of Public Health

Summer 2025 – MPH Health Promotion Practicum Abstracts

G. A.
EVOLVERE Mental Health - Health Promotion

During my practicum at EVOLVERE Mental Health, I engaged in a diverse set of projects that advanced the organization's mission to transform student mental health through proactive, peer-driven approaches. My work combined research, program planning, partnership development, and campaign design, which provided me with hands-on experience in health promotion practice.

A key accomplishment was program development. I co-led the design of the Academic Resilience Campaign in collaboration with Blue Sky Learning, creating content and strategies tailored to the diverse needs of students, including those with neurodivergent learners. I also initiated a partnership with HealthyU to co-develop Financial Health, an upcoming event addressing the intersection of financial stress and student well-being.

Additionally, my contributions included funding analyses, grant applications, and organizational support through a series of analyses and reports.

These experiences strengthened my competencies in program planning, evaluation, communication, and partnership building. They also deepened my understanding of equity-driven approaches and the importance of digital platforms in expanding access to mental health resources. Overall, the practicum not only advanced EVOLVERE's strategic initiatives but also enhanced my skills in translating theory into practice, preparing me to contribute to innovative, collaborative approaches in public health promotion.

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K. J. B.
CAMH, Institute for Mental Health Policy Research - Ontario Tobacco Research Unit

As a practicum student with the Ontario Tobacco Research Unit, I contributed to several applied public health projects focused on tobacco control, health equity, and digital cessation interventions. My primary project supported the development of SmokeFreeConnect: A Virtual and Community Hub for Quitting Together for People Living in Rural and Remote Communities, a Health Canada-funded national study exploring an online cessation platform. I supported the research ethics board (REB) submission by developing informed consent materials, eligibility screening tools, and participant-facing knowledge translation products, including an email newsletter series and follow-up surveys to assess outcomes such as cessation behavior, motivation, and perceived community connectedness. I also built and pilot-tested a REDCap survey using validated measures, complex branching logic, and survey queues. In addition to this core project, I contributed to Youth Perspectives on the Tobacco-Free Generation and Age-Based Tobacco Control Policies across Canada: A Cross-Sectional Survey by designing and piloting a second REDCap survey and preparing ethics materials. I played a key role in the development of the Endgame 2035 Policy Report: Less Than 5% by 2035, contributing to sections on health equity, e-cigarettes, and a systems-level political analysis of Endgame that concludes the paper. I also supported a second CAMH team at the 2SLGBTQ+ Youth Health and Homelessness Research Lab, where I co-developed survey tools and drafted a semi-structured interview guide for a national study examining systemic health and housing barriers facing 2SLGBTQ+ youth. Throughout this practicum, I applied health promotion theories and tools in real-world contexts and developed skills in research ethics, survey design, KT materials, and policy writing. Working across multiple teams allowed me to contribute meaningfully while developing a broader and more transferrable public health skill set.

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F. B.
Centre for New Immigrant Wellbeing

During my practicum at the Centre of New Immigrant Wellbeing (CNIW), I had the opportunity to apply the theories and skills from my MPH coursework to real-world public health practice. My placement focused on projects that supported immigrant communities through research, program planning, health promotion, and student mentorship.

One of my primary deliverables was developing a program plan for a cancer support group aimed at immigrant patients and caregivers. Using a logic model framework and incorporating feedback from a hospital patient navigator, I created a culturally relevant plan that will be presented to the organization's board. I also conducted a literature review on Tdap and shingles vaccinations and translated my findings into three articles, which will be published on CNIW's website as part of its vaccination health promotion campaign. These articles will help increase public awareness by presenting evidence-based information in an accessible format. In addition, I taught summer students about research and public health concepts and supervised them as they developed literature reviews for the vaccination project. This role enhanced my leadership and communication skills while supporting the students' professional growth.

Through these projects, I strengthened my competencies in program planning, research, knowledge translation, collaboration, and leadership. I also learned important lessons about flexibility, teamwork, and tailoring health promotion strategies to diverse communities. Overall, my practicum allowed me to transform classroom learning into applied practice while making a meaningful contribution to public health initiatives that serve immigrant populations.

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K. J. C.
Centre for Addiction and Mental Health - Azrieli Adult Neurodevelopmental Centre

My primary project at the Azrieli Adult Neurodevelopmental Centre was a research study focused on implementing a dementia screening tool for adults with intellectual and/or developmental disabilities (IDD). This multiple case study examines screening practices and approaches to aging and dementia care across nine IDD agencies in Canada. One of my main responsibilities was supporting the follow-up of five site visits by generating and cleaning interview transcripts, identifying key themes, and developing preliminary site summary reports. These reports were shared with site leads for validation and to debrief the site visit. In parallel, I led the planning of the formal qualitative data analysis. This included developing a data analysis plan, mapping analysis questions onto evaluation framework constructs. These analyses are ongoing and will be conducted at the agency, provincial, and national levels. In addition, I led the development of two national surveys for this project, one for service providers and one for family caregivers. This process involved considering dissemination strategies, exploring implementation science frameworks, gathering validated surveys from academic journals, and drafting the surveys based on my findings. Finally, I created a communication and engagement plan to guide interactions with 40 stakeholders across the country. This plan outlines the purpose, format, and timing of ongoing engagements, including data validation meetings, advisory sessions, and regular newsletter updates. It is intended to serve as a guiding document for the project team for the remainder of the study. I am grateful for the supportive mentorship and skill development I achieved over the summer, and I am excited to continue working with the Azrieli Centre on a part-time basis this fall, where I will join the team in British Columbia to conduct two site visits.

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S. G.
Centre for Addiction and Mental Health

I completed my practicum at the Centre for Addiction and Mental Health (CAMH) and the World Health Organization/Pan American Health Organization Collaborating Centre as a research student, contributing to projects aimed at strengthening public health evidence and informing future policy recommendations. My primary focus was on estimating the global burden of disease attributable to drug and alcohol use.

My main project involved updating estimates of attributable mortality and cause-specific mortality related to different drugs. Working closely with the CAMH team, I participated in the screening of studies for multiple systematic reviews on specific substances. These reviews will be individually meta-analyzed and published to provide robust, up-to-date metrics on the public health impact of drug use worldwide.

In addition to this work, I supported other research initiatives within the group. I assisted in drafting and editing manuscripts and grant applications focused on alcohol-attributable mortality. Through these experiences, I enhanced my knowledge translation skills and developed a deeper understanding of the processes involved in academic publishing and research funding.

Overall, this practicum was an invaluable opportunity to strengthen my research abilities, gain insight into the complexities of global health research, and receive specialized training in systematic reviews. This experience has equipped me with practical skills and perspectives that will inform my future contributions to evidence-based public health practice.

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C. S. G.
The Hospital for Sick Children – Centre for Global Child Health

The work completed for this practicum, hosted by the Centre for Global Child Health at The Hospital for Sick Children (SickKids), was evenly split between health promotion and public health research. For the health promotion component, the primary objective was to raise awareness of a SickKids program called the Immunization InfoLine. The InfoLine is a free, clinical phone service that allows caregivers to speak to a specialized nurse about questions or concerns related to child or maternal immunizations. The activities of this objective were to create a comprehensive communications strategy and conduct outreach for the service accordingly. A key feature of the InfoLine is its accessibility to community members; therefore, the team decided to prioritize outreach to populations that are more likely to experience barriers to accessing healthcare, as well as those experiencing a high burden of infectious disease (e.g. communities experiencing measles outbreaks).

The research component involved several concurrent projects that aimed to explore the process of translating and assessing international vaccine records for newcomers. Over the summer, work was completed on the Research Ethics Board application for a qualitative study that will interview newcomer families in Toronto to understand the barriers and facilitators of the translation and assessment process for their children. The second major project was the planning of a series of meetings inviting public health practitioners and experts to share insights about their experiences managing international vaccine records. The eventual goal of both research projects is to create a digital tool that will facilitate this process for newcomer families and health providers.

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S. R. G.
Centre for Addiction & Mental Health – Digital Mental Health Lab, Krembil Centre for Neuroinformatics

I completed my practicum at the Digital Mental Health Lab at the Centre for Addiction and Mental Health (CAMH), where I worked at the intersection of digital health and equity across three core projects. First, I supported the adaptation, evaluation, and implementation planning for a digital literacy program for people living with mental health conditions. For this project, I assisted with a needs assessment by engaging service providers and lived-experience partners, analyzed findings using a content analysis approach, created a video on the digital divide and drafted a mixed-methods evaluation proposal that I presented at the Canadian Nursing Informatics Association Conference. My second project examined the feasibility of introducing digital navigators, personnel who teach, troubleshoot, and support technology use for patients and clinicians, into healthcare settings. Through this project, I contributed to a scoping review by screening articles and completing full-text data extraction using implementation science frameworks. I also developed recruitment materials and interview guides for various knowledge users to understand the facilitators and barriers in implementing digital navigators in clinical settings. Finally, I supported the "Nothing About Me, Without Me (Including My Health Record)" project, which aims to improve transparency and increase patient access to their electronic clinical notes. I assisted with project planning, supported co-design sessions with patient advisors to develop video testimonials, and created a presentation for an upcoming knowledge mobilization roadshow to Ontario mental health organizations, policy bodies, and clinical educators in Fall 2025. Across these projects, I strengthened my skills in mixed-methods research, program planning and evaluation, stakeholder engagement, and knowledge translation. These projects allowed me to assist with the production of practical tools and approaches to reduce barriers and improve equitable access to digital mental health care.

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N. K. G.
Clinton Health Access Initiative (CHAI) Rwanda – Sexual, Reproductive, Maternal, and Newborn Health Department

During my 16-week practicum with the Clinton Health Access Initiative (CHAI) in Rwanda, I worked in the Sexual, Reproductive, Maternal, and Newborn Health (SRMNH) department on projects designed to strengthen health systems and improve outcomes. I worked on five major projects: (1) assessing the feasibility of introducing ferric carboxymaltose (IV iron) for maternal anaemia, (2) analysing consumption and bottlenecks in the pilot introduction of caffeine citrate for neonatal care, (3) developing a mentorship concept note for postpartum haemorrhage management using the EMOTIVE bundle, (4) creating a database of over 300 maternal, newborn, and child health quality improvement indicators, and (5) supporting SRMNH strategy development using the Health System Performance Assessment (HSPA) framework for Universal Health Coverage.

In addition to these deliverables, I contributed to proposal writing, stakeholder meetings, and internal strategy discussions. Each project sharpened distinct Health Promotion competencies, including Public Health Science Knowledge and Critical Thinking, Communication Skills, Research and Scholarship, and Program Planning, Implementation, and Evaluation. Along the way, I learned to navigate challenges such as working without a clinical background and dealing with incomplete data, which strengthened my problem-solving and adaptability.

This practicum offered hands-on experience in policy-relevant health systems work and demonstrated the impact of collaborative, government-led approaches. Above all, it provided the chance to contribute meaningfully to national health priorities while building practical skills in global health and health promotion.

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J. H.
Princess Margaret Cancer Centre

During my practicum as a Research and Implementation Strategy Intern in Cancer System Navigation with the Strategy and Transformation team at Princess Margaret Cancer Centre (PMCC), I contributed to a multi-phase strategic initiative aimed at strengthening clinical navigation services across outpatient disease sites. At PMCC, navigation is defined as patient-centred interventions and/or services that reduce barriers and facilitate timely access to personalized cancer care through information and support. Clinical navigation specifically provides enhanced access to clinical care and addresses the psychosocial needs of patients and caregivers. This project aimed to identify gaps and opportunities in clinical navigation and develop evidence-informed recommendations to enhance the patient experience through more coordinated and proactive support.

My role encompassed four core objectives: conducting a current state assessment, a needs assessment, a gap analysis, and developing recommendations. To achieve these objectives, I conducted a strategic literature review, qualitative interviews with key internal informants, and a mixed-methods survey of front-line clinical navigation staff. I also facilitated two major feedback engagements: one with PMCCs Navigation Committee, composed of internal navigation leads, physicians, and executives; and another with the Navigation Patient Partner Consultant Group, consisting of patient partners and caregivers with lived experience navigating the cancer system across varying diagnoses and stages of care. While the core findings were consistent, each discussion was tailored to the audience, emphasizing operational priorities with the Navigation Committee and the emotional dimensions of navigation with patient partners.

My key deliverables included a comprehensive final report and targeted presentations to the two stakeholder groups previously mentioned. These outputs outlined actionable strategies to optimize navigation supports, address system-level barriers, and improve provider capacity. Overall, this practicum strengthened my skills in program evaluation, stakeholder engagement, and strategic communication, while contributing to PMCC's long-term navigation strategy and advancing health promotion within complex outpatient cancer care systems.

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L. E. L. B.
Egale Canada – Research Team

My placement at Egale involved work on a number of tasks, mostly notably on a mixed-methods study on 2SLGBTQI people's experiences of hate and violence. As a part of this study, I conducted semi-structured interviews, reviewed and cleaned transcripts, and provided feedback on a quantitative survey being created. I was very grateful for the opportunity to develop interviewing skills, as I had little experience prior to this practicum. The second major project I worked on was in the writing and editing of a brief on health inequities in 2SLGBTQI populations, produced in collaboration with the National Collaborating Centre for the Determinants of Health. I was able to make use of my knowledge of social determinants of health and models of health on this project and foster positive connections at the NCCDH. More minor tasks during my placement included updating a repository of resources for/about older 2SLGBTQI adults, gathering recent literature on 2SLGBTQI students' experiences in schools, and participating in team meetings planning future studies. I feel that this practicum very much complemented my first year of study in the MPH program and gave me the chance to apply my learnings to a population of interest, and gain more hands-on experience with community-based research in a non-profit setting.

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C. P. L.
Sex Information & Education Council of Canada (SIECCAN)

The Sex Information & Education Council of Canada (SIECCAN) is a leading organization in the field of Canadian sexual health promotion and education. SIECCAN supports sexual health professionals, educators, and organizations across Canada through the creation of sexual health resources, such as the Canadian Guidelines for Sexual Health Education. During my practicum, I supported the development of two knowledge translation toolkits-one toolkit around sexual orientation and another toolkit around gender identity. These toolkits increase the capacity of Canadian sex educators in effectively addressing gender and sexual orientation in sexual health education.

Each toolkit includes 1) a research-based, Q&A style document with important background information, 2) an educator guide with practical teaching strategies, and 3) knowledge translation materials to be shared with parents and youth. I completed two literature reviews that supported the development of the Q&A background document for each toolkit and contributed to the writing of the sexual orientation educator guide. This allowed me to sharpen my knowledge translation and communication skills, as well as gain more subject-specific competency in the field I aim to build my career in. I also had the chance to learn about a myriad of sexual health projects from other SIECCAN staff, including a new project about technology-facilitated sexual violence.

Overall, this practicum gave me invaluable insights into the inner-workings of the Canadian sexual health and education systems. I was able to build on previous skills that I had developed in my career, as well as information and strategies I had learned in coursework. Based on the practicality and relevancy of the project work I was involved in, my practicum placement is sure to be one of the most memorable and valuable parts of my MPH degree.

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Y. X. L.
Health Canada, Climate Change and Health Office – Monitoring, Evaluation, and Learning Division

From May to August 2025, I completed a 16-week practicum with the Climate Change and Health Office (CCHO) at Health Canada, within the Monitoring, Evaluation, and Learning (MEL) Division. The CCHO is the federal lead on climate change and health. My primary project was to design and populate a scalable, user-friendly database of indicators used to track health system climate resilience published by provincial and territorial governments across Canada. The database was developed in response to an identified information gap identified internally by the division: Canada's decentralised health information systems and limited formal data sharing between levels of government lead to ambiguity around which indicators are used to track progress toward building climate-resilient health systems at sub-national levels of government.

My key contributions included developing the database architecture, implementing the design using Excel's data model function, executing a grey literature search strategy, and applying a multi-framework tagging system to enable thematic analysis across public health, program evaluation, and policy lenses. This work required close collaboration with my preceptor, MEL Division colleagues, and Health Canada librarians, as well as iterative feedback sessions to refine the product for end-users. The final deliverables included the populated database, a data dictionary, a document detailing standard operating procedures, and a summary of key findings.

This practicum deepened my understanding of health system ontology, systems thinking, and the role of health promotion in aligning technical products with equity-driven policy priorities. It strengthened both my technical skills in data management and thematic analysis, and my interpersonal skills in stakeholder engagement, structured facilitation, and strategic communication. The resulting database provides the MEL Division with a structured, replicable process for cataloguing and interpreting climate resilience indicators across Canada.

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N. M.
Health Canada - Care Continuum Policy Division

I had the opportunity to complete my practicum as a Junior Policy Analyst with the Care Continuum Policy Division at Health Canada, which provides advice and support to the Minister of Health on a range of policy issues including continuing care (home care, long-term care, palliative care), medical assistance in dying (MAID), and sexual and reproductive health (SRH). In this role, I contributed to the SRH file by conducting in-depth policy research and co-authoring a report to inform decisions on potential future federal initiatives. I also supported senior analysts by helping prepare timely, evidence-based responses to inquiries from the Minister's office. On the MAID file, I led an international scan of jurisdictions with permissive regimes to identify central elements of their legislation and implementation and contributed to a sex and gender-based analysis (SGBA+) to assess potential impacts on diverse populations and identify equity considerations. Additionally, I synthesized complex information and data from various sources into concise summaries and contextual research to support federal reports. Beyond policy work, I was actively involved in the Division's Workplace Wellness Committee by helping design initiatives to promote staff wellbeing based on team feedback. Overall, this practicum strengthened my research, policy analysis, and communication skills and deepened my understanding of the federal policymaking process, reinforcing my commitment to advancing equitable, evidence-based health policies that improve the lives of Canadians.

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S. K. N.
Evolvere Mental Health – Programmes and Operations Department

During my practicum placement at EVOLVERE Mental Health as a Mental Health Programme Associate, I had the opportunity to contribute to a dynamic organization at the intersection of health, innovation, and advocacy. My role combined research, strategic planning, and program development, allowing me to engage deeply with both analytical and creative dimensions of public health practice.

A central component of my work involved conducting targeted research and analysis to inform funding strategies and organizational priorities. I contributed to the development of competitive grant applications, including the WiHI Seed Program, GoodSpark Fund, and City of Markham Grant, where I drafted sections on technology readiness, organizational capacity, and program framing. These experiences honed my ability to synthesize complex information, tailor narratives to diverse audiences, and translate technical insights into persuasive proposals.

In parallel, I played a key role in advancing the Academic Resilience Campaign, a student-centered initiative designed to promote mental health, equity, and wellness. I drafted a strategic outreach plan, developed campaign sequencing, and integrated peer-led approaches such as micro-ambassador engagement and study support systems. My contributions emphasized inclusivity, accessibility, and practical application, ensuring that the campaign was both visionary and actionable.

Across these projects, I collaborated closely with my supervisor and team members, participating in strategy meetings, synthesizing insights from partners, and aligning deliverables with organizational mission. This practicum allowed me to cultivate leadership, project management, and research translation skills while contributing meaningfully to initiatives that bridge public health research and real-world impact.

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G. P.
University of Toronto Scarborough - Department of Health and Society

During my practicum as a Research Trainee at the Department of Health and Society at the University of Scarborough, I contributed to a larger CIHR-funded qualitative study exploring accessibility in pediatric healthcare for birthing parents with disabilities. This project addressed a critical gap in understanding how healthcare systems accommodate the accessibility needs of this often-overlooked population. My primary role involved conducting qualitative data analysis, where I coded and analyzed interview transcripts from 32 birthing parents and 15 healthcare providers. This analysis identified key themes such as the invisibility of accessibility needs unless disclosed, inconsistent provider preparedness, proactive accessibility practices, and the importance of family-centred care. Beyond data analysis, I supported projects emphasizing co-production and peer researcher involvement, and a systematic review on what is known about the perinatal outcomes and care experiences of autistic women. I also facilitated advisory committee meetings, promoting collaboration between academic researchers, community stakeholders, and peer researchers to enhance the study's relevance and impact.

The practicum provided a valuable opportunity to apply qualitative research methods, concepts of systemic ableism, and co-production principles learned in the MPH-Health Promotion program. It deepened my understanding of intersectional health inequities and the complexities of accessibility in healthcare settings. Importantly, it reinforced the significance of cultural responsiveness, reflexivity, and relationship-building in community-engaged research. This experience has strengthened my competencies in research, communication, leadership, and partnership-building, preparing me for a career dedicated to advancing health equity. The findings from this study have implications for improving provider training, healthcare policy, and inclusive practices in pediatric healthcare, contributing to equitable health systems for parents and families with disabilities.

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A. L. R.
Health Justice Program – Neighborhood Legal Services

During my practicum with the Health Justice Program (HJP), I worked out of Neighbourhood Legal Services (NLS), one of four community legal clinics partnered with the St. Michael's Hospital Academic Family Health Team. The HJP serves a primarily low-income population in Toronto's downtown east, addressing health-harming legal needs such as housing insecurity, income support, immigration challenges, disability, and discrimination. By embedding legal expertise within healthcare settings, the HJP models how interdisciplinary approaches can reduce barriers to justice and improve health outcomes.

My practicum focused on developing an evaluation framework to measure the ongoing impact of this partnership. I reviewed past clinic data and reports, assessed existing tools, and drafted an approach to link program inputs and activities with short- and long-term outcomes. I also contributed to discussions on system navigation and partnership evaluation, identifying both facilitators and challenges to sustaining equity-driven collaboration between health and legal actors.

Through this placement, I gained a deeper understanding of how structural inequities shape health, and how legal interventions can act both as immediate remedies and drivers of systemic change. Working at the intersection of law and public health strengthened my skills in evaluation, critical analysis, and applied social justice research. This experience reinforced my commitment to advancing equity-focused, interdisciplinary approaches to addressing the social determinants of health.

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C. S.
Public Health Agency of Canada

During my first-year practicum, I contributed to national foodborne illness surveillance and outbreak response as a student outbreak investigator with the Public Health Agency of Canada. My primary role supported the investigation of a multi-provincial Salmonella outbreak linked to poultry exposure, coordinated through the 1901SENWGS-13MP Outbreak Investigation Coordinating Committee (OICC). I assisted with a case-control study by conducting weekly interviews with approximately ten Salmonella cases, randomly selected using RStudio. This required coordinating with provincial and territorial (P/T) public health partners to obtain initial exposure data and contact information for re-interview. Interview responses were collected in Qualtrics and entered into an internal data system to ensure complete case tracking. For cases requiring additional follow-up, I administered hypothesis-generating questionnaires and, when appropriate, coordinated with grocery retailers to obtain purchase records with participant consent. To support the control arm of the study, I also contacted healthy participants from a Foodbank survey to gather baseline exposure data. Beyond interviews, I contributed to routine surveillance tasks, including sharing monthly data extracts with P/T partners, maintaining ongoing data updates, and preparing epidemiological updates of the case-control study. I also assisted with sub-cluster monitoring and data visualization using Microsoft Excel and RStudio to identify potential patterns in travel or food exposures.

As a secondary project, I reviewed whole genome sequencing data to monitor duplicate isolates. By assessing allele differences and source sites, I contributed to more accurate case classification and cluster identification. To remain engaged with ongoing national surveillance, I regularly attended federal outbreak coordination calls and technical discussions. Overall. this practicum provided valuable training in applied epidemiology, inter-jurisdictional collaboration, and outbreak response, while strengthening my technical and analytical skills in real-world public health practice.

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A. A. S.
Health Canada – Climate Change & Health Office, Engagement, Knowledge Mobilization Division

I completed my second practicum this past summer with Health Canada's Climate Change and Health Office, specifically with the Engagement and Knowledge Mobilization Division. One of the primary responsibilities was to assist in the development and implementation of a Community of Practice (CoP) for our funding recipients who were awarded funds from the Climate Change and Health Capacity Building Program. This program provides funding to local organizations to enhance their understanding, ability, and endeavours in tackling the health impacts of climate change on their specific communities. As funding recipients carry out their climate and health-related projects, the CoP seeks to make it easier for them to exchange best practices, materials, and lessons learned. In order to center health equity, one noteworthy project under the CoP was the development and planning of webinars and related knowledge translation products of Vulnerability and Adaptation Assessment, a toolkit that assists funding recipients in determining which populations are most at risk from the health effects of climate change in their communities and how equipped their communities are to protect these vulnerable populations. Additionally, I was responsible for assisting the team with tasks relating to program administration, such as developing Standard Operating Procedures (SOPs) for various internal team procedures, such as how to submit documents to senior management for approval. Moreover, I was in charge of assisting the team in completing grant and contribution-related paperwork. I had prepared finance-related Excel documents to help track our funding recipients' expenditures and ensure they did not go over or under budget. I also assisted with data collection and organization for performance and evaluation metrics, which gauge how well our funding recipients were performing in relation to their deadlines for completing their individual projects and achieving their stated goals.

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J. T.
Ontario Tobacco Research Unit

I completed my practicum at the Ontario Tobacco Research Unit (OTRU) as a Program Developer, focusing on conducting research and creating a remote smoking cessation intervention targeting rural and remote communities in Canada. My main responsibilities centred around creating content, assisting with the set-up of the study using a "Building in Public" framework and developing strategies to enhance community engagement and transparency in smoking cessation support. I provided extensive support for ethics submission materials, including drafting informed consent forms, protocols, and participant recruitment materials. I also learned how to create and set up online surveys using REDCap (Research Electronic Data Capture). Through literature reviews, I analysed online community-based interventions from previous smoking cessation programs to inform evidence-based program development. I was also heavily involved with several ongoing projects within OTRU related to tobacco control policy research, running meta-analyses, and evaluating ecological momentary (EMA) data from a vaping mobile app intervention on the predictors of cessation.

This practicum strengthened my knowledge translation and health communication skills while providing valuable experience in community-engaged health promotion, quantitative research methods, and policy development. This practicum significantly enhanced my understanding of the foundational stages of research study development, providing hands-on experience with ethics applications, survey creation, and protocol writing, which offered me valuable insight into the regulatory and ethical considerations for community-based research and regulations within the Centre for Addiction and Mental Health (CAMH) as a whole.

C. V.
Health Canada - Care Continuum Policy Division

As a Junior Policy Analyst with Health Canada in the Care Continuum Policy Division, I supported a range of key policy initiatives, including palliative care, long-term care, sexual and reproductive health (SRH), and medical assistance in dying (MAID). My primary responsibilities included drafting a research report on palliative care gaps and federal action opportunities, with a focus on underserved populations. This report will serve as foundational research for future policy development and funding proposals. I also contributed to a summary report on Indigenous perspectives on palliative care and MAID and supported the grants and contributions team in reviewing SRH projects and assessing their final reports. Additionally, for the SRH file, I conducted an environmental scan and co-authored a policy research report to inform prospective federal programming and policy.

Throughout my term, I supported senior officials in stakeholder engagement activities by facilitating discussions between jurisdictions to advance policy priorities. I actively contributed to meetings with stakeholders and internal partners by preparing agenda items, recording minutes, and drafting follow-up notes. I also took initiative in advancing the department's workplace wellness objectives by helping address challenges experienced by staff. Overall, these experiences strengthened my research, policy analysis, communication, and stakeholder engagement skills within the federal policymaking context and deepened my commitment to using evidence-based approaches to create equitable health services and care for all Canadians.

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H. T. Z.
Clinical Public Health

During my practicum, I served as first author on a comprehensive population-based cohort study examining the intersection of opioid use disorder (OUD) and COVID-19 outcomes in Ontario. My primary role involved analyzing administrative health data for over 105,000 residents with documented OUD and controls to quantify pandemic-related health disparities within Ontario's universal healthcare system.

I designed and implemented a three-objective analytical framework examining COVID-19 morbidity and mortality, vaccination coverage, and excess all-cause mortality among individuals with OUD compared to matched controls. Using inverse probability treatment weighting and Cox proportional hazards models, I demonstrated that people with OUD experienced significantly higher rates of COVID-19 hospitalization, ICU admission, and all-cause mortality, alongside reduced vaccination uptake for both two-dose completion and booster doses.

My analysis revealed that individuals with OUD experienced 0.47% excess all-cause mortality during the pandemic while matched controls showed no excess mortality, highlighting how COVID-19 functioned as a sociological health threat that amplified existing structural vulnerabilities rather than affecting all populations equally. This work contributed critical evidence demonstrating that pandemic impacts were concentrated among those already experiencing healthcare inequities.

Through this practicum, I gained extensive experience in population health research methodology, administrative data analysis, and translating complex epidemiological findings into actionable public health insights for vulnerable populations during health emergencies.

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J. Z.
University of Toronto Scarborough - SDGs@UofT

At it's core, the 2030 United Nations Agenda for Sustainable Development outlines 17 sustainable development goals (SDGs) that address a wide range of complex challenges including, but not limited to, poverty, food security, health equity, quality education, gender equality, climate action, peace and justice. The SDGs@UofT is an institutional strategic initiative (ISI) that aims to advance the 17 SDGs throughout all three UofT campuses through transdisciplinary research and collaboration. The SDGs@UofT hosts multiple programs for researchers, trainees, and affiliates. I worked on several projects throughout the summer including the narrative writing of the annual report, development of impact evaluation tools, synthesizing co-design and co-creation literature through the Scholars Academy, facilitating the ethics approval process for the Transdisciplinary Knowledge Co-Production Communities of Practice (TKC CoP) study, contributing to a SSHRC Connections grant application for the Conversations that Matter series, and writing a scoping review. The scoping review was focused on identifying the barriers and facilitators to TKC within CoPs and determining ways TKC can be leveraged in CoPs related to sustainable development. This practicum experience gave me the opportunity to participate in various collaboration events that brought together local and global stakeholders on the SDGs. What I appreciate the most about this practicum experience is that it invited opportunities for working in teams, applying decolonial and anti-oppressive lens, and integrating diverse knowledge systems into all of our projects. The SDGs@UofT practicum was a valuable experience especially for health promotion because it highlights how sustainable development highlights how our social, economic, political, and physical environment intersect as determinants of health.