



18th Annual

**Crossroads Interdisciplinary Health Research
Conference**

March 13-14th, 2020

Halifax, NS, Canada

Conference Proceedings

18th Annual Crossroads Interdisciplinary Health Research Conference

Weekend Schedule:

Day 1: Friday, March 13th, 2020
Halifax Central Library

11:30 - 12:30 <i>Paul O'Regan Hall</i>	Registration and Boxed Lunch
12:30 - 1:00 <i>Paul O'Regan Hall</i>	Opening Remarks Elder Geri Musqua-Leblanc, Coordinator of Elders in Residence, Dalhousie University Karina Branje and Robyn Moore, Conference Co-Chairs Welcome from Healthy Populations Institute Gillian Ritcey, Managing Director, Healthy Populations Institute, Dalhousie University
1:00 - 2:00 <i>Break out rooms</i>	Concurrent Mini Courses <ul style="list-style-type: none">• Sex and Gender Based Analysis in Health Research: What it is and Why it Matters Led by Dr. Jaqueline Gahagan and Dr. Jenna Haverfield <i>BMO Community Room</i>• Research to Policy Led by Logan Lawrence, Dr. Adrian MacKenzie, Dr. Christine Cassidy, and Dr. Meaghan Sim <i>Lindsay Children's Room</i>
2:00 - 2:15 <i>Paul O'Regan Hall</i>	Coffee and Snack Break
2:15 - 3:45 <i>Paul O'Regan Hall</i>	Group Event: Naloxone Training Events Facilitated by Amanda Hudson-Frigault Nova Scotia Take Home Naloxone Program Coordinator
3:45 - 4:00 <i>Paul O'Regan Hall</i>	Coffee and Snack Break
4:00 - 5:30 <i>Paul O'Regan Hall</i>	Panel: Health Research with Indigenous Peoples
5:30 - 5:45 <i>Paul O'Regan Hall</i>	Closing Remarks Dr. Laurene Rehman, Director, School of Health and Human Performance, Dalhousie University

Day 2: Saturday, March 14th 2020
Dalhousie Collaborative Health Education Building

7:45 - 8:30 <i>CHEB Room 170</i>	Registration and Breakfast
8:30 - 9:00 <i>CHEB Room 170</i>	<p>Opening Remarks Elder Geri Musqua-Leblanc, Coordinator of Elders in Residence, Dalhousie University Karina Branje and Robyn Moore, Conference Co-Chairs</p> <p>Welcome from Office of Vice President Research and Innovation Dr. Graham Gagnon, Associate Vice Present Research, Office of Vice President Research and Innovation, Dalhousie University</p>
9:00 - 10:15	<p>Oral Presentation Session #1 Rooms 220, 221, 264, 266, 268</p>
10:15- 11:00 <i>CHEB Room 170</i>	Coffee and Snack Break and Networking Event
11:00 – 11:45	<p>Poster Presentation Session #1 Rooms 140/150</p>
11:45 – 1:00	<p>Oral Presentation Session #2 Rooms 220, 221, 264, 266, 268</p>
1:00 – 1:45 <i>CHEB Room 170</i>	Lunch
1:45- 2:45 <i>CHEB Room 170</i>	<p>Keynote Address Dr. Ingrid Waldron, Associate Professor, School of Nursing, Dalhousie University and Author of <i>There's Something in The Water: Environmental Racism in Indigenous and Black Communities</i></p>
2:45 – 3:00 <i>CHEB Room 170</i>	Coffee and Snack Break
3:00 – 3:45	<p>Poster Presentation Session #2 Rooms 140/150</p>
3:45- 5:00	<p>Oral Presentation Session #3 Rooms 220, 221, 264, 266, 268</p>
5:00 - 6:00 <i>CHEB Room 170</i>	<p>Presentation on Atlantic Interdisciplinary Research Network (AIRN) Presented by Dr. Jacqueline Gahagan and Dr. Lois Jackson</p> <p>Awards Presentation Dr. Sara Kirk, Scientific Director, Healthy Populations Institute, Dalhousie University</p> <p>BRIC Award Presentation</p> <p>Closing Remarks Dr. Jaymi Cormier, Manager Health Research Strategy, Faculties of Health and Medicine, Dalhousie University</p>

Welcome from the Conference Co-Chairs

Dear Delegates, Guests and Volunteers,

Welcome to the 18th Annual Crossroads Interdisciplinary Health Research Conference! We are excited to have you join us for this year's conference.

For those of you attending Crossroads for the first time, Crossroads is a student-led peer-reviewed academic conference that is hosted by Health and Human Performance at Dalhousie University. This event is unique in that it considers health from a variety of lenses and brings together some of the most promising young health researchers in Canada.

This year, in lieu of a theme, we are proud to highlight the interdisciplinary nature of health research. We acknowledge that health does not occur in silos and that as health researchers and practitioners it is important to start thinking through a multidisciplinary lens. Please take this opportunity to connect with attendees from a variety of disciplines and learn from one another.

This year, we are celebrating the 18th anniversary of Crossroads with the largest numbers of delegates and attendees to date. Our Committee has reviewed over 200 abstracts from student health researchers in over 40 universities and a vast array of disciplines and fields. We are thrilled by this response and of the abstracts reviewed, 150 will be presented throughout the course of this conference.

We encourage you to connect with your colleagues this weekend to learn new approaches, topics, and methods in health and wellness research. We would also love for you to share your experiences with us so that we can continue the success of this event this year and in the years to come.

Sincerely,

Karina Branje,

Master of Science Candidate in Kinesiology,

Co-Chair, Crossroads Conference 2020

Robyn Moore,

Master of Arts Candidate in Health Promotion,

Co-Chair, Crossroads Conference 2020

Director's Welcome

Dear Crossroads 2020 Delegates:

On behalf of the faculty, staff, and students of the School of Health and Human Performance (HAPP) I would like to welcome you to the 18th Annual Crossroads Interdisciplinary Health Research Conference and to Halifax and Dalhousie University for those who are travelling from away. The conference continues to grow and I am thrilled for the opportunities the organizers are bringing you this year. Each year the conference continues to grow and address the needs of our attendees in new and better ways.

Crossroads is a health and wellness research conference organized by the graduate students within the School of Health and Human Performance in the Faculty of Health since its inception. As one of the longest-running events of its kind, Crossroads has supported student researchers in dozens of programs and universities across Canada and has served as the catalyst for numerous other student-led research events. This year support has been provided from outside the School as well to allow for further growth.

The interdisciplinary nature of Crossroads encourages relationships not only between delegates, but also with community partners and research experts in a variety of health-related disciplines. These relationships have often led to students continuing in graduate programs or obtaining work opportunities resulting from their exposure during the conference.

While the faculty from the School of Health and Human Performance fully support Crossroads, the continued success of this event is really thanks to the hard work and planning of our graduate students. Please join me in thanking the organizers when you have a chance during the conference. It is my sincere hope that you enjoy this event as much as my colleagues and I do each year.

Sincerely,



Laurene Rehman, Ph.D.
Director
School of Health and Human Performance
Dalhousie University





Healthy Populations Institute

Welcome from the Healthy Populations Institute

On behalf of the Healthy Populations Institute (HPI) we would like to welcome you to the 2020 Crossroads Interdisciplinary Health Research Conference! We are thrilled to be supporting this worthy student-led initiative

HPI is a multi-faculty research institute at Dalhousie University that is jointly funded by the Faculties of Health, Medicine, and Dentistry. HPI is comprised of researchers, graduate students and community partners that aim to improve population health in Atlantic Canada and beyond by understanding and influencing the complex conditions that affect the health of communities. We will soon be launching our new strategic plan that focuses our efforts over the next five years on advancing the knowledge generated from our research into effective changes in population health related policy and practice. With the support of Dalhousie University, we are also actively contributing to the achievement of the United Nation's Sustainable Development Goals.

As in previous years, Crossroads is a demonstration of the leadership and passion of Dalhousie's students, along with students from across Canada, and promises to provide an excellent opportunity for knowledge sharing, networking and capacity building. HPI is proud to partner with Dalhousie's School of Health and Human Performance to host this conference again this year.

We welcome you to Halifax and Dalhousie University and hope that your time at the 2020 Crossroads Conference provides you with a wonderful experience in presenting your work and learning about what others are doing, challenges your thinking, and most of all provides opportunities for new friendships and connections for your future.

We look forward to meeting with you over the next couple of days.

Sincerely,

Sara Kirk, PhD
Scientific Director
Healthy Populations Institute
Sara.Kirk@dal.ca

Gillian Ritcey, MPA
Managing Director
Healthy Populations Institute
Gillian.Ritcey@dal.ca

Sponsor Profiles

Dalhousie Office of the Vice President Research & Innovation (OVPRI)

Dalhousie University is recognized regionally, nationally and internationally for the outstanding quality of its research and innovation. The university provides a unique, interactive and collaborative environment for creating and sharing knowledge, supported by research funding from governments, industry and nongovernmental organizations.

Led by the Vice-President Research and Innovation, Dr. Alice Aiken, the OVPRI and its constituent units support the university in its continued growth as a hub of world-leading research and innovation, adding to the intellectual, social and economic capital of our communities. The university's research and innovation initiatives are driven by the values of:

- Responsible conduct of research
- Collaborating across disciplines
- Training the next generation of researchers
- Mobilizing knowledge to sustain change
- Partnering with the world

The university's Strategic Research Direction (2018-23) is grounded in the United Nations' Sustainable Development Goals. The Goals are serving to focus global research efforts and will help facilitate cooperation and collaboration across national boundaries, providing opportunities for partnership as the world's top researchers apply their brain power to this century's most pressing problems.

Dalhousie's Global Health Office

Dalhousie Global Health recognizes the many diverse communities that we are a part of and the need to ensure a balance between health science, interprofessional collaboration, community engagement and social accountability. Global Health is a cross-disciplinary network engaging communities to facilitate dialogue and respond to needs through innovative medical education, research and service initiatives. We are committed to providing students, residents and faculty with opportunities to increase their exposure to and understanding of world health issues and priorities.

Our programs include:

- Global health education
- International partnerships
- Service Learning

- Indigenous Health
- Promoting Leadership in health for African Nova Scotians (PLANS)

Dalhousie PLANS

PLANS seeks to increase representation of African Nova Scotians in the health professions through recruitment and retention, community collaborations and partnerships to improve health outcomes within the African Nova Scotian community.

PLANS offers programming (e.g. summer camp, mentorships), resources (e.g. health program and career information), and attends community and school events to provide health career preparation and support to youth and their families, community organizations, current post-secondary students and school staff and administration.

Dalhousie Indigenous Health in Medicine

The Indigenous Health in Medicine program seeks to increase representation of Indigenous students in medicine through recruitment, community collaboration and partnerships. It also advises the dean of medicine, to fulfill the social accountability mandate to the maritime Indigenous community. The Indigenous Health Program focuses on pathways, mentorship and outreach activities, ensuring equity in admissions, supports for academic success and curriculum development.

Dalhousie Medical Research Foundation

In 1979, a group of business and community leaders, along with members of Dalhousie University's Faculty of Medicine, came together because they believed in the power of medical research to change and save lives. They also believed our region could and should be a leader in medical research excellence, and with that, Dalhousie Medical Research Foundation (DMRF) was formed.

Forty years later, DMRF has raised tens of millions of dollars and supported hundreds of world-class researchers by endowing projects, training leaders in health research, building partnerships, and funding new discoveries. This is changing health outcomes locally, and all over the world.

Specifically, DMRF provides much needed support for researchers at Dalhousie University's Faculties of Medicine, Health and Dentistry by fundraising to attract the best resources available to bolster their leading-edge work. Whether it's talent, equipment, training, or space, DMRF exists to strengthen health research to positively impact health and wellness regionally, nationally and internationally. Collaboration is crucial to our success and we nurture strong

relationships with research institutes across geographic borders who share our quest for innovative outcomes.

While preventing illness and improving healthcare is key, increasing economic development and bringing dollars and jobs to Atlantic Canada is a fundamental outcome of the research projects DMRF funds. Medical research generates a powerful economic footprint by creating jobs and promising business opportunities, while providing training and attracting the investment to build a thriving knowledge economy in the Maritimes.

To ensure the future of healthcare and to stimulate the economy, DMRF actively invests in research initiatives that have entrepreneurial underpinnings and involve collaboration across disciplines and geographic borders. The end goal: create better health and health care for all.

BRIC Nova Scotia

BRIC NS (Building Research for Integrated Primary Healthcare) is a Nova Scotia-based research network that aims to improve health and quality of life for people with or at risk of developing complex healthcare needs. The network was established in 2015 and is housed within Dalhousie University's Department of Family Medicine. Our network is highly interdisciplinary, and welcomes patients, caregivers, health professionals, researchers, students, administrators, and policymakers to our membership.

We are one of 11 Canadian Institutes of Health Research (CIHR) Primary and Integrated Health Care Innovations Networks (PIHCIN), which are an initiative of the Strategy for Patient-Oriented Research (SPOR). This makes BRIC NS part of a Canada-wide “network of networks” that shares the goal of improving patient health and experiences, health equity, and the primary and integrated healthcare system.

BRIC NS builds capacity in Nova Scotia for conducting and applying research, mobilizes research efforts, supports learners and students in building skills, creates partnerships among diverse stakeholders within the province, and collaborates with networks across Canada to support patient-oriented research.

Our network continually strives to respond to the needs of the primary and integrated healthcare research environment in Nova Scotia. Our priorities include integration of care for those with or at risk of complex needs, including health and social needs; innovations in primary and integrated service delivery; bringing evidence forward to improve care; and supporting the primary healthcare workforce.

Our Partners

Platinum Level

Dalhousie Office of the Vice President Research and Innovation

Dalhousie Medical Research Foundation

Healthy Populations Institute

Dalhousie Global Health Office

Dalhousie Faculty of Health



Gold Level

BRIC Nova Scotia

Dalhousie Student Union

Dalhousie Health and Human Performance Graduate Student Society



Silver Level

Dalhousie School of Health and Human Performance

Dalhousie Office of the Vice President Student Affairs

Dalhousie School of Health Administration

Atlantic Indigenous Mentorship Network (IMN)



Bronze Level

Dalhousie Faculty of Dentistry

Dalhousie School of Occupational Therapy



DALHOUSIE
UNIVERSITY

FACULTY OF DENTISTRY



DALHOUSIE
UNIVERSITY

FACULTY OF HEALTH
School of Occupational Therapy

Community Partners

Dalhousie Centre for Transformative Nursing and Health Research

Maritime SPOR Support Unit

Indigenous Health Interest Group

Air Canada

Lord Nelson Hotel

Westjet

Porter Airlines

Driver Dave's

Councillor Wayne Mason



Our Team

Co-Chairs

Karina Branje and Robyn Moore

Planning Committee

Nila Joshi
Clare Heggie
Christie Stillwell
Annalisa Consalvo
Maeridh Guy
Kathryn Stone
Nora Conboy
Nicole Blinn
Emma Cameron
Cassandra Manuel
Stacie Smith

Conference Volunteers

Lillian Omorefe
Edith Uba
Stephen Seviour
Lindsay Tascoma
Danielle Shin
Sara Brushett
Rachele Mannet
Alicia Grant Singh
Caleigh Goodwin

Faculty Representatives

Dr. Becky Spencer, Faculty of Health
Dr. Megan Aston, Faculty of Nursing

Adjudicators

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Dr. Jill McSweeney
Dr. Becky Spencer
Dr. Karen Gallant
Dr. Dan Stevens
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Beverly Lawson
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Anders Lenskjold
Stephanie Welton
Larry Baxter
Dr. Elaine Moody
Parisa Ghanouni
Mabel Ho

The committee would like to send thanks to all partners, sponsors, and donors.

Panelists

Leah Carrier is a Niitsítapi (Blackfoot) registered nurse and doctoral student at Dalhousie University. She is also a research trainee at the IWK Health Centre, working with the Aboriginal Children's Hurt and Healing Initiative on projects related to chronic pain and mental health in Indigenous children and youth. Her doctoral research uses a Two-Eyed Seeing approach to examine the impact of cultural connectedness on mental health outcomes and how cultural interventions can be implemented with Indigenous children and youth



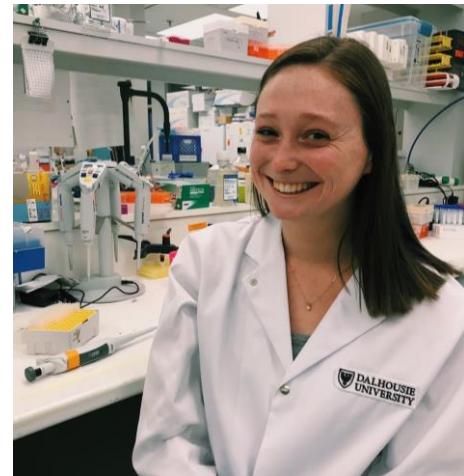
Katharine Gloade is a Mi'kmaw educator with ten years of experience as a classroom teacher and a school counsellor. Before coming to the PhD in Health program at Dalhousie University she completed a Master of Education in Educational Psychology and a Master of Education in Counselling. Her proposed research will span the education and health sectors to explore Mi'kmaq children's experiences in their early years of school and how this may be complicated by the ways they are assessed with western methods and how chronic pain conditions interfere with learning

Dr. Martin is Inuk with strong family ties to NunatuKavut. She has a Masters degree in Health Promotion and an Interdisciplinary PhD, both from Dalhousie University. She currently holds a Canada Research Chair in Indigenous Peoples' Health and Well-Being in the Faculty of Health, with cross-appointments in the Faculty of Dentistry and School for Resource and Environmental Studies. She is the current Chair of the Institute of Indigenous Peoples' Health Advisory Board for the Canadian Institutes of Health Research. A great deal of her research involves bringing together Indigenous and non-Indigenous perspectives to address societal and community-level issues that affect the health of people and the planet. Dr. Martin is the Nominated Principal Investigator of the Atlantic Indigenous Mentorship Network, which builds capacity for Indigenous people to engage in health research through mentorship and scholarship opportunities. She is proud to be called Mommy by two amazing children, Marty (7) and Anna-Rose (3).



Dr. Margot Latimer has held clinical roles at the IWK since beginning her nursing practice in 1989 and these have inspired her research endeavours which focus on Indigenous children's hurt and pain and improving the health care experiences and outcomes for this population. Dr. Latimer's work operates from a Two-Eyed Seeing perspective which aims to incorporate the best of both Indigenous and Western ways. She received the Early Career Research Excellence Award from Dalhousie University's Faculty of Health Professions in 2014.

Panel Moderator: Sarah Schwartz is a Master of Science student at Dalhousie University in the Microbiology and Immunology department. She has committed herself to learning how she can constantly improve as an ally for Indigenous people, and has been the Events and Outreach Executive for the Indigenous Health Interest Group for two years now. Aside the Global Health Office, Sarah helped plan the Weld Kernohan Lecture in March 2019. This included a keynote address and a panel which focused on Indigenous perspectives in Western medicine.



Research to Policy Mini Course Facilitators



Dr. Meaghan Sim is a CIHR Health System Impact Fellow (2017-2020) co-located between the Nova Scotia Health Authority and Dalhousie University. Her work involves the integration of population health and health equity within the health service and delivery system. She is a registered dietitian with a focus on community and research practice; her interests include the health of mothers and their families and interprofessional education and collaboration.

Dr. Christine Cassidy is a registered nurse and Assistant Professor in the School of Nursing at Dalhousie University. She completed her BScN at the University of Prince Edward Island and PhD in Nursing at Dalhousie University, where she studied implementation science, evidence-based practice, and behaviour change. Most recently, she completed a CIHR Health System Impact Postdoctoral Fellowship at the IWK Health Centre and University of Ottawa with the Integrated Knowledge Translation (IKT) Research Network. Her current program of research uses an IKT approach to design, implement, and evaluate evidence-based practices and knowledge translation interventions in pediatric care.





Logan Lawrence is a PhD candidate in Dalhousie's PhD Health program. His doctoral research involves studying health policy and assessing policy capacity in Nova Scotia's health system. He received a Health Systems Impact Fellowship from the Canadian Institutes of Health Research, which allowed him to work with the Nova Scotia Department of Health and Wellness and get an inside perspective on health policy making. Outside of academia, Logan enjoys reading, creative writing, cooking (and eating!), making music and being active. He holds a Master of Science in Kinesiology from Dalhousie, and originally hails from Alberta.

Dr. Adrian MacKenzie is the Director of Research at the Nova Scotia Health Authority (NSHA), an Affiliate Scientist at the Maritime SPOR SUPPORT Unit (MSSU), and an Associate Researcher at the World Health Organization Collaborating Centre on Health Workforce Planning and Research at Dalhousie University, where he also holds an adjunct appointment in the Department of Community Health and Epidemiology in the Faculty of Medicine. Prior to joining the NSHA, Adrian served as the Manager of Health Workforce Planning at the Nova Scotia Department of Health and Wellness and as the Senior Health Policy Researcher at the MSSU. His health research career spans 17 years and has provided him with experience working with policy makers across Canada along with several other countries. Adrian completed his PhD in Community Health at the Faculty of Medicine at the Memorial University of Newfoundland.



Sex and Gender Based Analysis Mini Course

Facilitators



Dr. Jacqueline (Jacquie) Gahagan, PhD (Medical Sociology) is a Full Professor of Health Promotion in the Faculty of Health at Dalhousie University. Jacquie is a Founding Fellow of the MacEachen Institute and is an Affiliate Scientist with the Nova Scotia Health Authority. Jacquie also serves on the CIHR Institute of Gender and Health (CIHR-IGH) Institute Advisory Board. Jacquie's program of health promotion research focuses on policy and programming interventions using sex and gender-based analyses (SGBA+) to address health inequities faced among marginalized populations at high risk for poor health outcomes such as those living with or affected by HIV, HCV or other STBBIs, and housing and LGBTQ2S+ populations, access to primary health care, among others.

Dr. Jenna Haverfield is the Senior Advisor of Science Initiatives at the CIHR Institute of Gender and Health. Jenna is a basic scientist by training, with over a decade of experience researching women's and men's health in various academic environments. Jenna earned her Ph.D. from Monash University, Australia, where she studied the molecular and cellular mechanisms underpinning male infertility. Jenna's postdoctoral training in the UK and Canada explored the impact of advanced maternal age on the female reproductive system, work that was supported by a CIHR Postdoctoral Fellowship. In her current role at the CIHR Institute of Gender and Health, Jenna is responsible for leading the development of novel initiatives and educational resources to help improve the integration and peer review of sex- and gender-based analysis in CIHR funding opportunities.



Keynote Speaker

Dr. Ingrid Waldron, Ph.D. is a sociologist and an Associate Professor in the Faculty of Health at Dalhousie University, a Senior Research Scholar and Team Co-Lead for the Health of People of African Descent Research Cluster at the Healthy Populations Institute, and the Co-Chair of the Dalhousie Black Faculty & Staff Caucus. Dr. Waldron's scholarship is driven by a long-standing interest in looking at the many ways in which spaces and places are organized by structures of colonialism and gendered racial capitalism.

Her research, teaching, and community leadership and advocacy work are examining and addressing the health impacts of structural inequalities within health, education, employment, child welfare, and the environment in Indigenous, Black, immigrant, refugee, and other racialized communities in Nova Scotia and Canada.

Over the last seven years, Dr. Waldron has been the Director of the *Environmental Noxiousness, Racial Inequities & Community Health Project* (The ENRICH Project), which is investigating the socio-economic and health effects of environmental racism in Mi'kmaq and African Nova Scotian communities. She received the 2018 President's Research Excellence Award – Research Impact for this research.

Her first book *There's Something in the Water: Environmental Racism in Indigenous and Black Communities* was published in 2018 and received the 2019 *Atlantic Book Award for Scholarly Writing*.

The 2019 documentary *There's Something in the Water* is based on Dr. Waldron's book and was co-produced by Waldron, actress Ellen Page, Ian Daniel, and Julia Sanderson. The film had its gala premieres at the Toronto International Film Festival and the Atlantic International Film Festival in September 2019.



Crossroads 2020 Presentation Schedule

Saturday March 14th, 2020
Collaborative Health Education Building (CHEB), Dalhousie University

ORAL PRESENTATIONS

Oral Presentation Session 1 (9:00-10:15am)

Room 1 (CHEB 264)

Adjudicators: Daniel Stevens and Janice Moreside
Moderator: Edith

264-1-1	Mayo	Andrea	Dalhousie University	What is the association between meeting components of the physical activity guidelines and frailty?
264-1-2	Halliwell	Carson	Dalhousie University	Postoperative Quality of Life Trajectories Vary in Patients with FAI and Increasing Hip Osteoarthritis Severity
264-1-3	Budarick	Aleks	Dalhousie University	An Evidence Map Linking Physical Activity with Clinical and Structural Outcomes using the Osteoarthritis Initiative
264-1-4	Trivedi	Purva	Dalhousie University	Measurement of lower extremity extension power using a clinically applicable leg press tool: The Concurrent Validity
264-1-5	Bugeya-Miller	Kayla	Dalhousie University	Kinetic differences between on-water and ergometer kayaking

Room 2 (CHEB 266)

Adjudicators: Nathan Taylor and Kim Hebert
 Moderator: Lilian

266-1-1	Branje	Karina	Dalhousie University	Educator perceptions on an outdoor loose parts intervention on preschoolers' Fundamental Movement Skills
266-1-2	Joshi	Nila	Dalhousie University	PLEY-School: An upcoming school-based outdoor loose parts intervention project
266-1-3	Skinner	Kaileigh	Acadia University	Parents' Perceptions of the Role of Sport Participation in the Development of Their Child's Social Capital
266-1-4	Waddington	Kayla	Lakehead University	Developing a Tailored Community-Based Lifestyle Intervention for Underserved Children and Youth
266-1-5	Branje Joshi	Karina Nila	Dalhousie University	Summer of PLEY: An evaluation of two knowledge translation events

Room 3 (CHEB 220)

Adjudicators: Matt Numer and Holly Mathias
 Moderator: Nora

220-1-1	Joy	Phillip	Dalhousie University	A Journey of Gender in Health
220-1-2	Pineau	Chloe	Mount Saint Vincent University	Dismantling stigma: a literature review exploring experiences of food insecurity, social exclusion and shame among women

220-1-3	Barry	Caitlin	University of New Brunswick Saint John	Negative social interactions affect the relationship between sexual orientation and mental health for Canadians
220-1-4	Cole	Laura	Dalhousie University	Econometric analysis of socioeconomic inequities in healthcare utilization in Canada: 2000 – 2014
220-1-5	Densmore	Ryan	Dalhousie University	Trends in socioeconomic inequalities in bladder cancer incidence in Canada: 1992-2010

Room 4 (CHEB 221)

Adjudicators: Megan Aston and Emily Jago

Moderator: Alicia

221-1-1	Devereaux	Emily	Memorial University of Newfoundland	Analysis of Cases of Sudden Unexpected Death the Pediatric Population of Newfoundland and Labrador
221-1-2	Martin	Natasha	The University of Guelph	Transposable element expression in normal and stressed bovine embryo development
221-1-3	Hood	Kalli	Dalhousie University	Arsenic speciation and metallome profiles in the Atlantic PATH cohort study
221-1-4	Seiler	Caroline	McMaster University	Reduction in anxiety scores in IBD patients after Infliximab infusion is associated to changes in tryptophan metabolism
221-1-5	Long	Jessica	Mount Saint Vincent University	Mobilities and Infectious Disease: ‘Othering’ in Canadian Political Discourse of Ebola

Room 5 (CHEB 268)

Adjudicators: Sherry Jarvis and Elaine Moody

Moderator: Rachele

268-1-1	Gaspar	Carolyn	Dalhousie University	How are postgraduate medical educators using reflective writing to remediate professionalism?
268-1-2	Soucy	Krystal	Dalhousie University	The effectiveness of yoga in reducing stress and eating disorder symptoms among undergraduate students
268-1-3	Ibrahim	Yasmeen	Dalhousie University	Nature Walks and the Well-Being of Undergraduate Students
268-1-4	Seviour	Stephen	Dalhousie University	A Survey of the Self-Reported Mental Wellness of Graduate Students at Dalhousie University
268-1-5	Ausman	Christine	Dalhousie University	Exploring how smartphones impact leisure and socio-emotional health among post-secondary students

Oral Presentation Session 2 (11:45am-1:00pm)**Room 1 (CHEB 264)**

Adjudicators: Caitlyn Ayn and Jill McSweeney

Moderator: Stephen

264-2-1	Edwards	Jordan	Western University	Early Psychosis and Primary Care: The Perspective of the Family Physician
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264-2-2	Shin	Danielle	Dalhousie	Evaluating Pediatric Emergency Discharge Communication Using a Standardized Coding Scheme and Video Recorded Data
264-2-3	Dhami	Gurneet	Mount Saint Vincent University	Looking Beyond the Plate: Exploring the Narratives of Racialized Dietitians in Canada
264-2-4	Sibbald	Kaitlin	Dalhousie University	Hidden in plain sight: Passing and covering tactics among health professionals with mental illness
264-2-5	Grant-Singh	Alicia	Dalhousie University	Understanding the experiences of providing opioid agonist treatment in primary care: Experiences of primary care provide

Room 2 (CHEB 266)

Adjudicators: Beverly Lawson and Larry Baxter

Moderator: Emma

266-2-1	Murphy	Chris	Dalhousie University	A biomechanical analysis of single leg squat in those with femoroacetabular impingement
266-2-2	Esomchukwu	Obinna	Dalhousie University	Mucoadhesive Nasal Delivery of Levothyroxine Using Hydroxypropyl Methylcellulose
266-2-3	Gainer	Ryan	Dalhousie University	A formalized shared decision making process with individualized decision aids improves comprehension and decisional qual
266-2-5	Manett	Rachele	Dalhousie University	Prioritizing Pleasure: A Qualitative Exploratory Study on Disabled Sexuality and Rehabilitation

Room 3 (CHEB 220)

Adjudicators: Sherry Huybers and Stephanie Welton
Moderator: Clare

220-2-1	Vanderlee	Emma	Dalhousie University	Exploring the learning experiences of registered nurses who are actively with children with intellectual disabilities
220-2-2	Carrier	Leah	Dalhousie University	The Impact of Cultural Connectedness on Mental Wellness in Indigenous Children and Youth: A Proposal
220-2-3	Moore	Robyn	Dalhousie University	“Running a Race with Legs that Don’t Work”: Mental Illness and the Experience of Seeking Employment
220-2-4	Stone	Kathryn	Dalhousie University	Understanding Climate Change and Young Women’s Mental Health; Gendered Needs for Action and Adaptation

Room 4 (CHEB 221)

Adjudicators: Barb Hamilton-Hinch and Laurene Rehman
Moderator: Lilian

221-2-1	Brushett	Sara	Dalhousie University	A gender-based multi-method examination of age stereotypes
221-2-3	Stillwell	Christie	Dalhousie University	Federal, provincial, and First Nations aging policies and healthy aging among older Mi’kmaq in the Atlantic region
221-2-4	Dol	Justine	Dalhousie University	Development of Essential Coaching for Every Mother: A Postnatal Educational Text Message Intervention for Mothers

221-2-5	Perez-Zepeda	Ulises	Dalhousie University	Frailty across Canadian provinces: results from the Canadian Longitudinal Study on Aging
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Room 5 (CHEB 268)

Adjudicators: Becky Spencer and Karen Gallant

Moderator: Maeridith

268-2-1	Armour	Catherine	Dalhousie University	Social Isolation of Canadian LGBT Baby Boomers: A Secondary Data Analysis of a National Online Housing Survey
268-2-2	Bhatnagar	Brittany	Dalhousie University	Understanding the experiences of newcomers: Can acting as a recreation navigator foster a sense of belonging?
268-2-3	Coish	Elizabeth	Dalhousie University	The Human Side of the Interface: Perceptions of Neurofeedback During Motor Training by People Who Have Had a Stroke
268-2-4	Corkey	Kayla	Dalhousie University	Leisure Activity as a Wellness Resource for Adolescents Living with a Chronic Physical Illness
268-2-5	MacDonald	Lindsay	Dalhousie University	Exploring the effects of extreme weather events on women located in Nova Scotia

Oral Presentation Session 3 (3:45-5:00pm)

Room 1 (CHEB 220)

Adjudicators: Maggie MacLellan and Catherine Mah

Moderator: Edith

264-3-1	Matthews	Micayla	McMaster University	Quality Assurance of Point-of-Care Testing in the Community: How does Canada Compare Internationally? A Scoping Review
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264-3-2	Ghosh	Oishee	McMaster University	The role of remote-presence robotic technology in promoting equitable access to health care in rural Canada
264-3-3	Cameron	Emma	Dalhousie University	Understanding Access to Postnatal Healthcare for Syrian Refugee Women in Nova Scotia
264-3-4	Heggie	Clare	Dalhousie University	Accessing sexual violence services and supports: Exploring the perspectives of women living in rural places
264-3-5	Whittier	James	Dalhousie University	Examining the “Self” in Medical Self-Regulation: A Study of the College of Physicians and Surgeons of Nova Scotia

Room 2 (CHEB 266)

Adjudicators: Anders Lenskjold and Parisa Ghanouni

Moderator: Danielle

266-3-1	Vanderlee	Emma	Dalhousie University	Patient oriented qualitative research: Including parents of children with neurodevelopmental disabilities
266-3-2	Guk	Julia	Dalhousie University	Using Multi-Agency Safeguarding Hubs (MASHs) to coordinate health and social service agencies to improve patient outcomes
266-3-3	Omorefe	Lilian	Dalhousie University	Readressing Approaches to Eliminate Hepatitis C Virus Infection Through Targeted ‘HepC’ action
266-3-4	MacGregor	Andrea	Dalhousie University	Conflicts of interest in self-regulating health professions’ complaint proceedings: a Nova Scotia case study

266-3-5	Sanni	Deborah	Dalhousie University	An examination of the sociocultural and psychosocial factors affecting the engagement of women of African descent in PA
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Room 3 (CHEB 220)

Adjudicators: Sara Kirk and Janet Curran

Moderator: Lindsay

220-3-1	Tomas	Giana	Dalhousie University	Spirituality as Leisure Experience and Opportunity for Identity Reconstruction among Immigrants
220-3-2	Doyle	Emily	Memorial University of Newfoundland	An Evolving Interdisciplinary Investigation of the School Food System in Newfoundland and Labrador
220-3-3	Purdy	Chelsey	Mount Saint Vincent University	Collaborating and Evaluating: A Scoping Review of Science Outreach Programs for Indigenous Youth on Turtle Island
220-3-4	Luongo	Gabriella	Dalhousie University	The retail food environment, store foods, and diet and health among Indigenous populations: A scoping review
220-3-5	Seth	Chaiti	Acadia University	Key Factors for Creating Healthy Institutional Food Environments

Room 4 (CHEB 221)

Adjudicators: Crystal Watson and Jacqueline Gahagan

Moderator: Rachele

221-3-1	Kennedy	Laura	Dalhousie University	Food and beverage pricing policies and their impact on population health: A scoping review
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221-3-2	Murphy	Kathleen	Dalhousie University	The Ethics of Artificial Intelligence for Good Health: A Scoping Review
221-3-3	Lawrence	Logan	Dalhousie University	Deciphering the Secret Sauce: The mixed-methods development of a tool to assess policy capacity
221-3-4	Carson Ollivier	Andie Rachel	Dalhousie University	Making Reflexivity Meaningful: Challenges and Practical Considerations for Health Researchers
221-3-5	White	Tara	Dalhousie University	Trends in Indigenous Health Research in Atlantic Canada: A Scoping Review

Room 5 (CHEB 268)

Adjudicators: Becky Spencer and Karen Gallant

Moderator: Caleigh

268-3-1	Richardson	Hilary	Dalhousie University	Understanding How Young Adult Women with Multiple Sclerosis Conceptualize and Experience Body Image: A Scoping Review
268-3-2	Smith	Lauren	Dalhousie University	Therapeutic recreation opportunities offered to post-secondary students on post-secondary campuses: A scoping review
268-3-3	Traversa	Becca	Dalhousie University	Examining Shelter Life and Policies for Nova Scotia Homeless LGBTQ+ Youth
268-3-4	Whiteman	James	Dalhousie University	Identifying Key Determinants of Collaborative within Interdisciplinary Healthcare Teams in: Scoping Review
268-3-5	Owen	Phoebe	Dalhousie University	Strategies to Foster Racial and Cultural Diversity and Inclusion in Outdoor Recreation Organizations: A Scoping Review

POSTER SESSIONS

All poster sessions will be happening in Rooms 264/266 (adjoining rooms)

Session 1 (11:00 - 11:45)				
P1-1	Cochrane	Sara	Dalhousie University	Perceptions regarding spending time in nature: Using a behaviour change framework to explore the disconnect with nature
P1-3	Davis	Caitlin	Dalhousie University	Body image in older breast cancer survivors: a systematic review
P1-5	Guy	Maeridith	Dalhousie University	The Lived Experience of Youth Mental Health Care on Cape Breton Island
P1-9	Macey	Brette	Acadia University	How, if at all, do 3D printed pureed foods affect food consumption in individuals with dysphagia?
P1-11	Murray	Naomi	Dalhousie University	The perceived relationship between outdoor loose parts play and children's social-emotional development
P1-13	Blinn	Nicole	Dalhousie University	Body Image and Gender Norms in Adolescent and Young Adult Women Cancer Survivors: A Scoping Review
P1-15	Asher	Kathryn	University of New Brunswick	How now brown cow? Dietitians' perceptions of changes to meat and dairy recommendations in the 2019 Canada's Food Guide
P1-17	Kogan	Daniel	Dalhousie University	Assessing the Validity of a Commercial Food Dataset in Nova Scotia
P1-19	Wright-Brown	Tanisha	Memorial University of Newfoundland	The influence of empowerment on resilience to maintain health and well being after a natural disaster

P1-21	Winsor	Lauren	Memorial University of Newfoundland	Canadians with Unmet Healthcare Needs: Who are They?
P1-23	Leckey	Jenn	Dalhousie University	Mental health benefits of youth sport exist in absence of coaching: A correlational study
P1-25	Whalley	Nicole	Dalhousie University	A Comparison of Three Different Ankle Taping Methods and their Impact on Balance
P1-27	Redden	Marco	Mount Saint Vincent University	Meaningful Engagement between Long-Term Care Residents with Dementia and Family Members: A Critical Ecological Analysis
P1-29	Curry	Matthew	Dalhousie University	Life under the dome; Controlling the environment and geometry in biofilms reveals new ways to investigate quorum sensing
P1-31	Ashley	Katie	Dalhousie University	It's More Than Getting Dressed: Exploring Clothing-Related Barriers Experienced by People with Intellectual Disabilities
P1-33	Devereaux	Breagh	Dalhousie University	Recapitulating Tumor Oxygen Gradients to Understand their Role in the Development of Diverse Tumor Cell Behaviours
P1-37	Duivesteyn	Alysha	Lakehead University	Identifying Critical Incident Exposure and Psychological Health in Thunder Bay Paramedics
P1-39	Flynn	Megan	Dalhousie University	An evaluation of the use and quality of services of a student-led health centre through interdisciplinary collaboration
P1-43	Martindale	Brent	Dalhousie University	The Experiences of Masculinity in Competitive Male Sport
P1-45	Li	Mei	Memorial University of Newfoundland	The Experiences and Challenges of Rural Family Caregivers of Cancer

				Patients in Newfoundland in Relocation for Treatment
P1-47	Firth	Marina	Dalhousie University	The Relationship of Self-Concept with Low-Impact Physical Activity Participation in Undergraduate Students
P1-49	McArthur	Jennifer	Saint Mary's University	The impact of age and gender on vaping frequency
P1-51	McMillan	Rachel	Dalhousie University	Does Nature Matter? A Study of the Perspectives of Youth Living with Mental Health Challenges
P1-53	Matchett	Brittany	Dalhousie University	Undergraduate Students' Attitudes, Opinions, Beliefs, and Practices of Verbal Sexual Consent
P1-55	Richardson	Hannah	IWK Health Centre	The Role of Problem Solving in Reducing Psychological Strain in Caregivers of Acquired Brain Injury (ABI) Survivors
P1-57	Huang	Andy	Dalhousie University	Fabrication and Characterization of a Synthetic Mucus Layer for Mammalian-Microbial Co-Culture Applications
P1-59	Syed	Safura	Mount Saint Vincent University	Resident Centered Care and Meal Satisfaction in Long Term Care
P1-61	Cullip	Mackenzie	McMaster University	Comparing Death Investigator Systems Internationally to Inform Organ Donation Best Practice
P1-63	Roy	Sophia	Nova Scotia Health Authority	Awareness of the Cost Drivers Responsible for Variation in Isolated Aortic Valve Replacement does not Impact Future Behaviour
P1-65	Trenaman	Shanna	Dalhousie University	H2-Receptor Antagonist Recall Affects Those with Dementia

P1-67	Connell	Emma	University of New Brunswick	An investigation into the relation between physical activity and mental health in people with a spinal cord injury
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Session 2 (3:00 - 3:45)

P2-2	Conboy	Nora	Dalhousie University	Examining Accessibility of Services for Sexualized Violence: Understanding the Survivor's Experience
P2-4	Robb	Haileigh	St. Francis Xavier University	Deal or No Deal? Examining Weekly Grocery Store Promotions for People Living on Income Assistance in Nova Scotia
P2-6	Bond	Talia	Dalhousie University	The Effects of Early Adversity on Suicide Attempts in Patients with Bipolar Disorder
P2-8	Rahman	Md Arifur	Memorial University of Newfoundland	Environmental Contaminants in Newfoundland: a Population-based study to explore any association with relevant cancers.
P2-10	Cameron	Emma	Dalhousie University	Understanding Access to Postnatal Healthcare for Syrian Refugee Women in Nova Scotia
P2-12	Naroditsky	Liora	Dalhousie University	A phenomenological study of grade 9 female students' experiences with and thoughts about sexual health
P2-14	Barry	Jacob	Queen's University	Trans Healthcare: An Ethnographic Evaluation
P2-16	Paul	Jocelyn	Dalhousie University	Psychological Distress Among First Nations Living On-Reserve in Canada: Links With Social Stressors and Cultural Factors
P2-18	Pizzo	Alex	Dalhousie University	Sex-Specific Patterns of Transmission of Internalizing,

				Externalizing and Psychotic Disorders from Parents to Offspring
P2-20	Davenport	Eva	Memorial University of Newfoundland	From symptom recognition to diagnosis: NL parents' stories of obtaining an ASD diagnosis in high-functioning girls
P2-22	McKenzie	Jennifer	Mount Saint Vincent University	Assessing Therapeutic Recreation Attendance and Potentially Inappropriate Antipsychotic Use in Long-Term Care
P2-24	MacPhee	Jenna	St. Francis Xavier University	“One Patient, One Record”: Canada’s Need to Move Towards Integrated Electronic Medical Records
P2-26	Buckle	Hannah	Memorial University of Newfoundland	Exploring Factors Related to Infant Feeding in Women Intending to Exclusively Breastfeed in Newfoundland and Labrador, Canada
P2-30	Mehta	Vikita	McMaster University	Depict Health Thalassemia: A Database to Improve Management of Thalassemia in Sri Lanka
P2-32	O’Neil	Kelly	St. Francis Xavier University	Arts-informed approaches to LTC staff dementia care literacy
P2-34	MacLean	Leah	Dalhousie University	Body image and sexual function of breast cancer survivors in Nova Scotia
P2-36	Wilson	Alexa	Dalhousie University	Identification of peroxisome-dependent signalling pathways linked to increased tumorigenesis in <i>Drosophila</i>
P2-38	Uba	Edith	Dalhousie University	Knowledge and Action Needed: To Protect the Low Socio-Economic Status Population From Microplastics “Ticking Time Bomb”

P2-40	Blackman	Chloe	Dalhousie University	Examining the Association Between a History of Prostate Cancer Diagnosis and Mental Health Among Men in Atlantic Canada
P2-42	Lawlor	Natasha	St. Francis Xavier University	Tea and Talk Time: Exploring the Experience of Participants in a Pilot Intergenerational Social Dining Program
P2-44	Chan	Kathleen	Mount Saint Vincent University	Salt as a fortification vehicle for thiamine in Cambodia: household salt disappearance and salt use practice assessments
P2-46	MacDougall	Jane	Saint Francis Xavier University	Seniors' Views on the New Canadian Food Guide Proposal Abstract
P2-48	Reurink	Alexandra	University of New Brunswick	Study Drug Usage on the University of New Brunswick Campuses
P2-52	Bell	Mackenzie	St. Francis Xavier University	Dementia Arts Program Evaluation: A Student Research & Immersion Experience
P2-54	Steger	Amanda	Dalhousie University	The legalization of cannabis in Canada: did it hit a 'high' note or did it go up in smoke?
P2-56	Crowther	Daniel	Dalhousie University	A nonverbal coding scheme for healthcare provider-caregiver discharge communication in paediatric emergency care
P2-58	Roy	Sophia	Nova Scotia Health Authority	Examining the association between domains of frailty and 6-month changes in the health related quality of life
P2-60	Gainer	Ryan	Dalhousie University	Thematic analysis of patient experience of discharge related information at 30-day post-operative using ACS-NSQIP data
P2-62	Abdul Majid	Yasmin	Mount Saint Vincent University	Promoting children's equitable access to well-being through

				enhancing personal privilege awareness in ECEs
P2-64	Soomro	Asfia	McMaster University	A New Therapeutic Target for CKD: Activins Facilitate TGF- β 1 Profibrotic Signaling in Kidney Mesangial Cells
P2-66	Trink	Jackie	McMaster University	Activated alpha 2-macroglobulin mediates high glucose-induced profibrotic responses in mesangial cells; a model for DN
P2-68	Pridy	Colin	Dalhousie University	Validation of a Novel Musical Mood Induction Procedure
P2-70	Akpan	Fola	Dalhousie University	The Effect of 2D Displays and 3D Immersive Displays on Kinematics During Active Gaming

Exploring Factors Related to Infant Feeding in Women Intending to Exclusively Breastfeed in Newfoundland and Labrador

Hannah Buckle

Memorial University of Newfoundland

Abstract: Background: Breastfeeding provides immense benefits for both mother and child, including a decrease incidence of disease (WHO, 2003). Historically, Newfoundland and Labrador (NL) has held the lowest rates (Gionet, 2013; Chalmers, 2009). In NL, 75.7% report an intention to breastfeed their child (Gionet, 2013), and 72.4% initiate breastfeeding while in hospital (Gionet, 2013; PPNL, 2017). These rates significantly decline following discharge from the hospital, with one study showing 5.8% exclusively breastfeeding (EBF) at 6 months postpartum (Chalmers, 2009). Women tend to be aware of the health benefits of breastfeeding (Chalmers, 2009), but still many are unable to reach the World Health Organization's (WHO) of a minimum of 6 months exclusive breastfeeding (WHO, 2003). Our study aimed to explore the factors related to EBF in women who intended to EBF their child in NL.

Methods: Our study conducted a secondary data analysis (Temple-Newhook, Newhook, Twells et al.) of a prospective study conducted from October 2011-2015 called the “Feeding Infants in Newfoundland and Labrador” (FiNaL) study. Our study's objectives are to estimate the number of women who intended to EBF their child, estimate the number of infants born to mothers that were EBF after birth and at the time of the first postpartum survey, and identify factors related to those EBF vs. non EBF for infants. Variables of interest include in hospital practices, social support, maternal exposure, along with maternal demographics and biological factors. Our analysis included descriptive statistics, uni-variate and multivariate analysis to determine possible associations between EBF and other variables.

Results: Breastfeeding initiation rates have been steadily increasing in NL, however duration for EBF is still sub-optimal. Our multivariate analysis revealed breastfeeding for a minimum of one month was most strongly associated with personal support system, one hour or more skin-to-skin contact, and not rec

Negative social interactions affect the relationship between sexual orientation and mental health for Canadians

Caitlin Barry

University of New Brunswick Saint John

Abstract: Introduction: Canadian research has revealed that sexual minorities have an increased rate of mental illness. This greater reporting of psychopathology is often misconstrued as a direct result of sexual orientation. However, poorer health may be caused by adverse social experiences. The current study expands on the health deficits experienced by LGB (Lesbian-Gay-Bisexual) Canadians. Researchers aim to highlight the contribution of social experiences to mental health adversity and critically examine how minority stress features (e.g., negative social interactions) further marginalize sexual minorities in a Canadian context.

Methods: Using a nationally representative sample of participants from the 2012 Canadian Community Health Survey – Mental Health Component ($n = 22,495$), this study will investigate whether negative social interactions mediate the relationship between sexual orientation and adverse mental health outcomes among LGB Canadians. In addition, this research seeks to provide a direct test of the minority stress theory. Data analysis will use weighted regression models to determine the proportion of mediated effect. Use of this Statistics Canada dataset is beneficial, as it enhances statistical analyses, provides an opportunity to validate smaller studies, and allows generalizability to the Canadian population.

Anticipated Results: Researchers are anticipating that negative social interactions (NSIs) will partially mediate the relationship between sexual orientation and mental health outcomes, specifically mood disorders, substance use disorders, and measures of psychological well being.

Significance: This research aims to bring awareness to the loss of privilege faced by sexual minorities, and will expand on the theoretical understanding of minority stress theory, the social determinants of health, and the multitude of social inequities experienced by marginalized Canadians. Given that mental illness is an endemic issue in Canada, this research is timely.

Development of Essential Coaching for Every Mother: A Postnatal Educational Text Message Intervention For Mothers

Justine Dol

Dalhousie University

Introduction: Mothers seek support and information during the immediate postpartum period but many face gaps in access. One innovative strategy to improve mothers' access to postnatal information and support is mHealth, specifically text messaging.

Purpose: To describe the design, development, and iterative testing of a postnatal educational text message intervention for mothers in Halifax called Essential Coaching for Every Mother.

Methods: Eight participants (3 mothers, 5 healthcare providers), thirteen participants (8 mothers, 5 healthcare providers) and 8 participants (8 healthcare providers) took part in three cycles of iterative testing. Participants reviewed text messages by topic area for the first two rounds (i.e., breastfeeding) and by timing for the third round (i.e., week three). Semi-structured interviews were used to solicit feedback, which was used to adapt the content of Essential Coaching of Every Mother.

Results: First time mothers were on average 30.6 years of age ($SD=3.6$) and postpartum healthcare providers (e.g., public health nurses, family doctors) had a mean of 14 years of experience ($SD=10$). Text messages evolved from risk-focused to prevention and education focused on well-baby and well-mother care. Mothers will receive daily messages for the first six-weeks postpartum, with two messages per day for the first two weeks. Mothers felt the messages addressed their needs and healthcare providers ensured the content was consistent with the information currently being provided to postpartum mothers in Halifax.

Conclusion: Involving end-users (first time mothers) and stakeholders (postpartum healthcare providers) in the development of Essential Coaching for Every Mother ensured that the text messages were appropriate and desired. Essential Coaching for Every Mother is the first postnatal educational text message intervention developed for mothers in Halifax and will be evaluated in a randomized controlled trial starting in Spring 2020.

Mobilities and Infectious Disease: 'Othering' in Canadian Political Discourse of Ebola

Jessica Long

Mount Saint Vincent University

Introduction: A review of relevant literature demonstrates that discourse often constructs the population from countries dealing with an infectious disease outbreak as a risk. Government measures to manage and prevent the spread of infectious diseases are predominately border measures that limit or restrict the movement of migrants from regions experiencing an infectious disease outbreak.

Methods: Using a critical discourse analysis approach with combined research tools of Norman Fairclough and Edward Said, this is the first known study to analyze Canadian political discourse regarding the 2014 travel restrictions on three West African countries – Guinea, Sierra Leone, and Liberia. Examining the effect of border measures as a pandemic management strategy and the consequences for mobilities, this study aims to explore how political discourse produces certain meanings and representations of infectious diseases.

Results: Results of the analysis show that West African individuals are symbolically constructed as threats of spreading Ebola into Canada. Subsequently, the restrictions on West African individuals traveling to Canada are represented as ensuring the protection of the Canadian people's health and safety.

Conclusion: Conclusions drawn from this research demonstrate that the implementation of the measures ignored scientific process and expert consensus that travel restrictions are ineffective.

Trends in socioeconomic inequalities in bladder cancer incidence in Canada: 1992-2010

Ryan Densmore

Dalhousie University

Introduction: Growing literature demonstrates widening socioeconomic gradients in cancer incidence in different countries. However, few studies have measured the magnitude of socioeconomic inequalities in the incidence of different types of cancers. This study aimed to evaluate socioeconomic inequalities in bladder cancer incidence in Canada over time.

Methods: Using data obtained from the Canadian Cancer Registry (CCR), the Canadian Census of Population (CCP), and the National Household Survey (NHS), we examined socioeconomic inequalities of bladder cancer incidence among men and women in Canada from 1992-2010. Income- and education-related inequalities were measured using the concentration index (C) approach. We also analyzed the trends of income- and education-related inequalities over the study period.

Results: There is an increasing trend in bladder cancer incidence in Canada. The estimated C suggested a higher incidence of bladder cancer among low socioeconomic status individuals. The results revealed that income-related inequality in bladder cancer incidence increased among the female population. Education-related inequality in the incidence of bladder cancer widened for both males and females in Canada.

Conclusion: The concentration of bladder cancer in Canada is growing among the socioeconomically disadvantaged population. Further studies are required to help elucidate causal relationships between socioeconomic status and bladder cancer incidence in Canada.

The role of remote-presence robotic technology in promoting equitable access to health care in rural Canada

Oishee Ghosh

McMaster University

Introduction: In the present era, Remote-Presence Robotic Technology (RPRT) appears to be an emerging healthcare solution for rural Canadians, where access to healthcare is a serious problem. There is significant evidence suggesting that Canadians living in rural communities disproportionately utilize healthcare systems compared to urban Canadians due to various factors. These include the lack of specialized care, partly due to the limited number of specialized physicians in the area, and others such as distance to medical centres from residence, limited hours of operation of medical centres, length and inadequate forms of medical transport, and affordability among others. Specifically, this paper explores and examines how RPRT could fill-in the gaps identified in the healthcare and homecare needs and its current dismal state of services in rural Canadian communities.

Methods: The emphasis of this paper is on the practical applications of RPRT within the context of healthcare and health policy. As such, a series of semi structured interviews were conducted with nurses, physicians, and policy makers to examine how RPRT impacts the healthcare system in rural Canada. Furthermore, secondary data was collected to further support the analysis made.

Results: The key impacts of RPRT are found in the increased access to specialized care in rural Canada particularly in terms of acute pediatric care and emergency medicine. The interprofessional nature of healthcare is relevant here, as various medical professionals work together to offer efficient and specialized care. This is particularly relevant in rural Canada, where there is a lack of specialized physicians.

Conclusions & Significance: In conclusion, RPRT, a disruptive technology, benefits rural Canada by offering access to specialized care. Additionally, it shifts the traditional healthcare model by placing an emphasis on interprofessional care, with healthcare professionals working both onsite and remotely.

Summer of PLEY: An evaluation of two knowledge translation events

Nila Joshi and Karina Branje

Dalhousie University

Introduction: The Physical Literacy in the Early Years (PLEY) project explored how unstructured outdoor play with loose parts in Nova Scotia childcare settings improved preschoolers' (3-5 years) physical literacy: the motivation, confidence, physical competence, and knowledge and understanding to be active for life. Loose parts are materials that can be manipulated and combined in various ways (e.g. wooden planks, buckets, tubes), and provide children with more affordances in how they play outdoors. Preliminary findings from the PLEY project demonstrate that outdoor loose parts play provides numerous physical, cognitive, and social-emotional health benefits for preschool-aged children. As a way to share these results with the community, the PLEY research team hosted a series of knowledge translation (KT) events titled: Summer of PLEY.

Methods: Two Summer of PLEY events including a pop-up playground at the Halifax Commons and a loose parts play session at the Halifax Central Library, were evaluated using a mixed-methods approach. Evaluations consisted of surveys completed by attendees and social media analytics for Eventbrite, Facebook, and Twitter. Events targeted diverse stakeholders including parents, educators, academics, health professionals, and government officials.

Results & Conclusion: Analyses of evaluation surveys revealed four themes: 1) Variety is key; 2) Seeing is believing; 3) Enhanced creativity; 4) Improved awareness. Awareness of loose parts ($p < 0.001$) and level of comfort supporting risky play ($p < 0.001$) significantly increased post-events. Results also revealed the value of various social media channels in raising awareness of these events with the wider public. These findings reinforce the value of targeted knowledge translation strategies in increasing awareness around the importance of outdoor play to children's health.

Making Reflexivity Meaningful: Challenges and Practical Considerations for Health Researchers

Andie Carson and Rachel Ollivier

Dalhousie University

Introduction: Reflexivity is a widely used concept in qualitative research. The philosophy underlying reflexivity is that the researcher is a subjective figure that cannot be separated from data interpretation and findings. The researcher's identity, values, and social position(s) all have an impact on the narrative of a particular study, as well as how it is explored, shared, discussed, and formally disseminated. Rather than attempting to mitigate the researcher's role in shaping data, with reflexivity the researcher attempts to operationalize it as an analytic device. Reflexivity may begin with an acknowledgement of the researcher's positionality (e.g. identity, life experience, worldview), however, it would ideally move beyond 'position statements'. Reflexivity is most useful when researchers are engaging with their own assumptions about the phenomenon under study, the values they bring to interactions with participants and/or the study field, and interpretation of data.

Methods: In this presentation we present examples of how we have taken up reflexivity in our theses while incorporating critical considerations for novice interdisciplinary health researchers. Presenter 1's work is concerned with how gendered social values and expectations are embodied by women who end fertility treatment. Presenter 2's work aims to explore postpartum individuals' experiences with their sexual health after birth. We discuss the lessons we have learned (and are learning) and some strategies we have found helpful as a doctoral student and post-doctoral fellow who have experience with health research both locally and abroad.

Significance: We encourage others to consider - or rethink - what reflexivity can do for your own projects and the ways it can enrich data to benefit health systems and practice.

Knowledge and Action Needed: to protect the low socio-economic status population from microplastics “ticking time bomb”

Edith Uba

Dalhousie University

Microplastic (MP; 0.1-1000 micrometer) pollution is a serious global threat to environmental sustainability, public health and economic development (Afeez, 2018). MPs are deliberately produced for various human needs, thereby exposing human unknowingly to MP toxins and its detrimental effects. These toxicity buildup in human has potential health risks, such as cytotoxicity, necrosis, interstitial lung diseases etc. United Nation estimates that only 10% of plastics in Africa is properly disposed, leaving the rest to rot in communities (Aisha, 2018). Due to factors and organizational barriers plastic pollution has more impact on low SES population health. With a pragmatic worldview, this study will be a simple randomized, cross sectional, explanatory-sequential mixed methods, with 250 participants (age 14-18) from selected secondary schools in 5 selected communities in Nigeria. Survey will be conducted using knowledge, attitude and practice (KAP) tool and data analyzed by SPSS software and Microsoft excels. This study will create awareness and knowledge of the impact of microplastic on human health, help review policy and guide further research on plastic pollution. The researcher will create an application (called Healthducation Healthdutainment app) which will be programmed to help raise awareness as well as teach and direct proper disposal to recycle site. Therefore, the researcher's strategies aim at promoting awareness on the impacts of MP, individual engagement, proper waste management, alternatives to plastic, regulatory bodies and policies that will regulate potential ways of exposure to the risk of MP toxic substances in order to protect human health among low SES population in Nigeria.

Sex-Specific Patterns of Transmission of Internalizing, Externalizing and Psychotic Disorders from Parents to Offspring

Alex Pizzo

Dalhousie University

Background: Parental psychiatric disorders increase the likelihood that the offspring will develop mental illness. However, little is known about how sex of the parent and the sex of the offspring impacts the risk of this transgenerational transmission. We conducted a systematic review to summarize the relevant findings regarding the sex-specific patterns of transmission of mental illness.

Methods: The databases of MEDLINE and Psych Info were searched from inception to February 21st 2019 using specified search terms. Articles reporting transmission rates of internalizing, externalizing and psychotic disorders stratified by parental and offspring sex were included.

Results: A total of 24 articles met inclusion criteria for the current review. An opposite sex-transmission emerged for psychotic disorders (i.e., mother to son and father to daughter). In contrast a same sex pattern of transmission seems typical for internalizing disorders. There was no clear pattern of transmission of externalizing disorders.

Implication: More research examining the sex-specific patterns of transmission is required to make definitive conclusions. Consideration of patterns of sex-specific transmission may help improve efficacy of early intervention programs and predictions of which individuals will develop mental illness.

PLEY-School: An upcoming school-based outdoor loose parts intervention project

Nila Joshi

Dalhousie University

Introduction: Unstructured, active outdoor play is fundamental to children's physical, cognitive, and social-emotional development. The Physical Literacy in the Early Years (PLEY) project explored how unstructured outdoor play with loose parts in Nova Scotia (NS) childcare settings improved children's physical literacy: the motivation, confidence, competence, knowledge and understanding to be active for life. Loose parts are materials that can be manipulated and combined in various ways (e.g. wooden planks, buckets, tubes), and provide children with more affordances in how they play outdoors. These materials encourage collaboration, problem solving, creative thinking, and sensory awareness. They also help refine motor skill development and encourage risk taking, which helps children develop physical literacy.

Purpose: To date, there is limited evidence exploring the value of outdoor loose parts play in Canadian school environments. PLEY School, an upcoming school-based outdoor loose parts play project, will scale up and extend the outdoor loose parts intervention into the early elementary school environment and evaluate its impact on children's physical and cognitive health.

Methods: Children's physical literacy and cognitive development will be evaluated throughout the 13-week intervention. Children will be engaged in documenting their loose parts play through go-along interviews and photo-elicitation. Educators and parents will be engaged in dialogue to explore their experiences supporting outdoor play and associated benefits and challenges.

Anticipated Results: Preliminary findings from the PLEY project demonstrate that outdoor loose parts play provides physical, cognitive, social, and emotional health benefits for NS preschool-aged children. Similar findings are expected for PLEY School.

Conclusion: This work will be a critical step toward ensuring schools across NS provide an environment where children's health and development are optimized.

The Effects of Early Adversity on Suicide Attempts in Patients with Bipolar Disorder

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Dalhousie University

Introduction: Some correlations have been found between childhood maltreatment and the course of bipolar disorder. Our study aims to determine if there is an association between early adversity and suicide risk as adults in patients with bipolar disorder.

Methods: 86 patients were recruited from the Maritime Bipolar Registry. Early adversity was assessed using the Childhood Trauma Questionnaire administered in person and by mail. Suicide risk was coded as a binary variable based on past suicide attempts (no previous attempts = 0, previous attempts =1). Logistic regression was used to analyze the total CTQ score vs suicide attempts in SPSS. Logistic regression was also done on emotional neglect, physical neglect, emotional abuse, physical abuse, and sexual abuse CTQ scores vs suicide attempts. Age was controlled for in all calculations.

Results: In keeping with previous studies, having an increased total CTQ score was statistically significant for having an increased risk of suicide attempts in patients with bipolar disorder. (OR: 1.031, 95%CI 1.001-1.062, $p < .05$). When looking at CTQ subscores independently, emotional abuse and neglect were also significant for increased risk of suicide attempts. (OR = 1.137, 95% CI: 1.030-1.256, $p < 0.05$) and (OR = 1.127, 95% CI: 1.020-1.246, $p < .05$). However, Physical Abuse, Sexual Abuse, and Physical Neglect were not independently significant for an increased risk of suicide attempts.

Conclusion: Our study highlights how early childhood experiences can play a role in the course of bipolar disease. Further research in this area to determine personal and clinical factors that may affect suicide risk in patients with bipolar disorder will help healthcare providers be better able to effectively predict outcomes and provide successful treatment.

Salt as a fortification vehicle for thiamine in Cambodia: household salt disappearance and salt use practice assessments

Kathleen Chan

Mount Saint Vincent University

Introduction: Thiamine (vitamin B1) is required for energy metabolism, cognitive function, and normal infant development. Thiamine deficiency is a persistent public health issue in Cambodia due to a traditionally thiamine-poor diet of white, polished rice. Fortification is an ideal population-level intervention because it is inexpensive and requires little behaviour change. Salt, a successful vehicle for iodine, has been proposed as a thiamine fortification vehicle in Cambodia, however there are limited data available on usual salt consumption at the individual and household levels. Additionally, Cambodian families sometimes use salt for non-consumption tasks like cleaning fish. The objectives of this study were to measure household salt disappearance and salt use practices among Cambodian households of lactating women during the exclusive breastfeeding period.

Methods: Data from trial: NCT03616288. In this cross-sectional, exploratory study, n=320 lactating women and their households in Kampong Thom province consumed only study-provided salt for 22 weeks, from 2 to 24 weeks postpartum. Demographic information was recorded at the beginning of the study. Salt disappearance (in g) and salt use practices (including sharing, selling, and non-consumption related uses) were recorded every 2 weeks throughout the study period.

Anticipated Results: Data analysis is currently underway; results will be available early March 2020. Descriptive statistics will be computed for daily salt disappearance per person, and household salt use practices. Usual salt intake over the 22-week period will be described. Comparisons in salt intake by season, household size, village location, and wealth index score will be assessed using ANOVA or Kruskal-Wallis test.

Significance: Results will inform the formulation of thiamine-fortified salt for use in Cambodia.

Econometric analysis of socioeconomic inequities in healthcare utilization in Canada: 2000 – 2014

Laura Cole

Dalhousie University

Introduction: Healthcare equity is an increasingly important issue in healthcare systems (World Health Organization & The World Bank, 2015). Equity of healthcare usage has been studied in many other countries with universal health coverage, however few studies specifically focus on this issue from the Canadian context (OECD, 2019). In Canada, the federal Canada Health Act dictates five mandatory criteria each provincial health system must meet, including universality and accessibility (Canada Health Act, 1984). Together, these principles create the policy objective of equity in Canada. This study quantifies income-based healthcare usage inequity in Canada from 2000 to 2014, differentiating based on provincial jurisdictions and urban/rural areas.

Methods: This work examines three types of healthcare usage: general practitioner (GP) visits, specialist visits and inpatient nights, to determine the need-standardized effects of income on healthcare usage. Two types of usage patterns are analyzed: probability of use and intensity of use. Data comes from the Canadian Community Health Survey and only includes adults (18+). Inequity is quantified through the generation of a horizontal inequity index for each survey cycle. Cross sectional results will then be examined together to identify inequity trends.

Anticipated Results: Based on limited works from Canada and preliminary analysis, pro-rich inequity is expected for all specialist usage and GP visits, while all inpatient night usage is expected to be pro-poor. Differences between provinces and urban/rural areas is also expected, with rural areas demonstrating higher pro-rich inequity than rural.

Conclusions: This work will quantify inequity of healthcare usage in Canada over a 15-year time period. Provincial and urban/rural distinctions will demonstrate patterns, providing insight into the causes of healthcare usage inequity and allowing for development of appropriate strategies to improve healthcare utilization.

Accessing sexual violence services and supports: Exploring the perspectives of women living in rural places

Clare Heggie

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Introduction: Women face significant barriers accessing formal services and informal supports in response to an experience of sexualized violence. These barriers include but are not limited to: victim blaming, stigma, and fear of a re-triggering or traumatic experience. Women living in rural places face unique barriers to accessing services and supports in response to an experience of sexualized violence. Rural areas may lack the services available in urban areas. Services that do exist may be limited in scope and/or difficult to access. The purpose of this study is to explore and understand the experiences of women living in rural Nova Scotia who have attempted to access or accessed formal and informal services and supports after experiencing sexualized violence. Results will identify what services and supports women who have experienced sexualized violence think are needed in rural places.

Methods: Qualitative, one-on-one interviews with women who live in a rural place in Nova Scotia and who attempted to access or accessed formal services or informal supports in the past five years after any experiences of sexualized violence were conducted.

Results/Anticipated Results: This presentation will provide preliminary findings about several barriers and facilitators to accessing formal services and informal supports after experiencing sexualized violence in a rural place, including travel, lack of trauma informed approaches, relationship between police and other services, a lack of support for survivors of historic trauma and the responsibility of women accessing services to navigate a complicated health service system.

Conclusions/Significance: Women living in a rural place experience unique barriers and facilitators to accessing services and supports related to sexualized violence. Preliminary results will make recommendations for both policy and program level changes to the delivery of sexualized violence services in rural areas.

Deal or No Deal? Examining Weekly Grocery Store Promotions for People Living on Income Assistance in Nova Scotia

Haileigh Robb

St. Francis Xavier University

Introduction: Government funded income assistance programs do not provide adequate resources to purchase a basic nutritious diet, perpetuating high rates of food insecurity in Nova Scotia (NS). This research aimed to investigate whether the nutritional quality and depth of sale of foods within weekly grocery store promotions fluctuate in correspondence with income assistance distribution. Additionally, perceptions of promotions from income assistance recipients were explored.

Methods: Flyers were collected from Atlantic Superstore and Sobeys over 17 weeks. Nutritional quality was defined as per the NS Food and Beverage Nutrient Criteria. Results for both measures were analyzed using a 2-way ANOVA using Tukey's comparison test ($P<0.05$) when separated by week of the month. Semi-structured interviews with income assistance recipients were conducted in Antigonish, NS and analyzed using thematic analysis.

Results: No significant difference was found between nutritional quality and depth of sale in promotions separated by week of the month. Interview findings revealed a variety of food purchasing strategies when living on income assistance, including the use of flyers as shopping tools. Participants perceived a notable difference in promotions during the week of income assistance distribution.

Conclusion: Weekly grocery store sales may have potential for retail policy change. Grocery store sales make little difference in food purchases when major financial barriers exist. Despite results from flyer analysis, data triangulation displays the need for further research to examine the content of weekly flyer promotions during the week income assistance is distributed in NS.

A phenomenological study of grade 9 female students' experiences with and thoughts about sexual health

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Introduction: There is an abundance of qualitative research demonstrating that better sexual health education correlates with improved mental, physical and social health in adolescent females. There is a paucity of qualitative research that explores the ways of administering sexual health education to better meet the needs of youth.

Methods: Using the method of phenomenology, this study explored the experiences of grade nine female youth with the quality of sex education they received thus far, and their views on their own sexual health, including sexuality, relationships and empowerment. Two 1-hour focus groups of 5-6 female students aged 14-15 years were conducted in two high schools. The sessions were audio-recorded, transcribed and analysed. During analysis, the data was coded and then organized into themes and subthemes.

Results: Three main themes were identified: enablers and barriers to feeling empowered in life; sexual health education barriers and successes; and perceptions and understandings of gender, sexuality and sexual health. Participants indicated that the presence or lack of empowerment existed based on their social surroundings and significantly affected their abilities to make decisions, including those related to sexual health. Participants also shared that receiving sex education in school was most valuable when their teacher seemed comfortable with and open to teaching sex-related topics. When asked about the differences between males and females, participants recognized that they encounter unfair gender stereotypes and societal pressures and that males tend to be more dominant within male-female relationships.

Significance: Female youth seek further education focused on their needs. Teaching around empowerment could assist them in decision making around sexual health. The implication of this study is that the sexual health curriculum could be improved in New Brunswick. These data will be used to promote discussion around potential changes.

Undergraduate Students' Attitudes, Opinions, Beliefs, and Practices of Verbal Sexual Consent

Brittany Matchett

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Introduction: Campus sexual assaults have been labeled an epidemic. Undergraduate (UG) university students are at significantly higher risk of experiencing sexual assaults, making it crucial to examine UG students sexual consent practices. Verbal consent has been found to lead to less misinterpretation compared to nonverbal cues, however, UG students typically rely on non-verbal cues to obtain consent. This study explores UG students' attitudes, opinions, and practices of verbal sexual consent.

Methods: This qualitative description study used a post-structuralist lens to examine UG students' attitudes towards verbal sexual consent as produced via social and cultural norms. Qualitative data were collected from 31 students in a human sexuality course at Dalhousie University using open-ended questions through the interactive course textbook. Students responses were analyzed using thematic analysis.

Results: Findings of this study demonstrated the many complexities surrounding UG students' attitudes, opinions, beliefs and practices of verbal sexual consent. Four major themes emerged from student data including: Relationship with partner, verbal consent "ruins the mood", reliance on non-verbal cues, and acknowledging importance of verbal consent.

Conclusions: The findings of this study demonstrate that UG students' views and practices of verbal sexual consent is contextual. Relationship with partner was noted to be the most influential factor in utilizing verbal consent. A major identified barrier to utilizing verbal consent was that it was perceived as uncomfortable and embarrassing. The majority of UG students acknowledged the importance of verbal consent but did not believe it was required in all sexual encounters.

A biomechanical analysis of single leg squat in those with femoroacetabular impingement

Chris Murphy

Dalhousie University

Introduction: The impact of femoroacetabular impingement (FAI) on hip joint function during dynamic tasks remains under studied and influences how management strategies that monitor joint function are evaluated.

Purpose: To determine if sagittal plane knee and hip angles during a single leg squat and the depth of this squat differ between limbs in individuals with symptomatic unilateral FAI.

Methods: 20 participants between the age of 18 and 34 years diagnosed with CAM type FAI were recruited through a local orthopaedic clinic. Informed consent was obtained. Retro-reflective skin markers were placed on standard lower extremity landmarks and trajectories were captured during an unsupported, single leg squat to maximum tolerable depth on each leg. Marker trajectories were recorded at 100Hz via Qualisys Track Manager 2.10. Maximum hip and knee flexion and squat depth were calculated. Paired t-tests were performed to assess for significant differences between limbs during the squat. Statistical testing was completed using SPSS (Chicago, Ill) and alpha was 0.05.

Results: No significant differences in sagittal plane joint angle (mean + SD) between ipsilateral and contralateral limb at the hip ($\bar{x}= 44.4 +16.7$, $43.4 + 18.0$ $p=0.84$), knee ($\bar{x}=64.4, + 10.9$, $65.1 + 14.4$ $p=0.72$) or pelvic drop depth ($\bar{x}= 772.5 + 66.3$, $762.6 + 80.5$ $p=0.26$) were found during the single leg squat maneuver.

Conclusion: Biomechanical analysis revealed no between limb differences in single leg squat in those with unilateral FAI, supporting our previous findings when walking was assessed. Tasks with a greater demand on the hip joint may be needed in order to identify altered movement strategies that can occur in these individuals. Identification of these patterns may aid in directing functional assessment as well as guide treatment recommendations in the ongoing conservative care of FAI.

Depict Health Thalassemia: A Database to Improve Management of Thalassemia in Sri Lanka

Vikita Mehta

McMaster University

Background: The thalassemias, the commonest monogenic diseases worldwide, are an escalating health concern in Asia, where 90% of the world's patients reside. Most patients die prematurely related not to lack of treatment but to poor quality of care (Kruk et al., 2018) including inadequacies arising from gaps in health records. Since 1996, our research in thalassemia in Sri Lanka has been limited by challenges in the collection, organization and sharing of data, arising from 25 geographically distant centers of care, where record keeping is inadequate to provide information on important aspects of care. Streamlined, "at bedside" data entry into our novel, disease-specific database, DEPICT HEALTH Thalassemia (DHT), will improve care and collaborative research.

Methods: From Excel files storing 23 years of thalassemia patient data, we extrapolated key fields (genotypes; transfusion data; growth; measurements of cardiac, thyroid, parathyroid, pancreatic, liver and kidney function; medications), and designed layouts and mock-ups of the database. Historic and current real-time data were entered and displayed graphically on a timeline.

Results: When entered into DHT, the data permits clinicians and patients potentially to view (among other important endpoints): the impact of different iron-chelation regimens on iron overload; evolution of drug-induced toxic changes in liver and kidney function; the adequacy of different transfusion regimens. The efficiency of entering historical patient data was slow, but improved with practice.

Conclusion: DHT has the potential to improve quality of data collation, organization, and sharing for research. Once further evaluated in Sri Lanka, DHT will build on earlier work, provide data to support research, and ultimately improve global outcomes for thalassemia.

Mental health benefits of youth sport exist in absence of coaching: A correlational study

Jenn Leckey

Dalhousie University

Introduction: Sports participation consistently predicts favourable mental health outcomes for youth beyond the benefits of physical activity alone (Geidne et al., 2013). Youth sport programs often rely on coaches to create supportive, caring environments (Gano-Overway & Guivernau, 2018), despite little research on whether coach presence is necessary for positive associations between sport participation and mental health to occur. Our objective was to explore the relationship between adolescent boys' and girls' mental health and their frequency of sport participation with and without a coach.

Method: Youth (N=147), aged 12 to 15, participated in a follow-up assessment of the Socially and Emotionally Aware Kids Canadian longitudinal intervention study. Participants answered questions adapted from the National Longitudinal Survey of Children and Youth (Cycle 7) about their sport participation with and without a coach in and outside of the school context. Mental health was assessed using the Mental Health Continuum-Short Form (Keyes, 2009).

Results: Mental health increased as sport participation increased, whether sports participation occurred with a coach, $F(6,133) = 4.493$, $p < .001$, or without, $F(6,133) = 5.576$, $p < .001$. These associations did not vary by gender.

Conclusion: While coaches may help create a supportive, caring sport environment, our findings suggest that the positive association between mental health and sport participation in youth exists with or without a coach. Encouraging all youth to participate in sport irrespective of coach presence will help address the gap for equal opportunities in sport participation.

Transgender Healthcare: An Ethnographic Evaluation

Jacob Barry

Queen's University

Introduction: In the Canadian healthcare system, medical professionals remain limited in both their knowledge and application of trans-specific healthcare. Historically, transition-related healthcare in Canada was not covered by provincial healthcare. In 2016, the federal government made an amendment to the Canadian Human Rights Act (Bill C-16) to include gender identity and expression. This amendment resulted in a top-down process for determining how coverage was applied to trans healthcare. However, a lack of consultation with trans individuals caused many necessary services to not be covered. Moreover, unclear guidelines for how to implement this specific policy allowed for differential healthcare coverage for trans people among the provinces.

Methods: An informative case study will be conducted using New Brunswick participants and analyzed using a multi-methodological approach. By combining policy analysis with ethnography I will track both the national (Canada) and provincial (New Brunswick) foundations of current trans-related healthcare, as well as the experiences and responses of trans people seeking that care. Trans healthcare policies will provide evidence for the provinces' coverage and standards of transition-related care. The information obtained from the policy analysis will be contrasted with ethnographic interviews with New Brunswick participants.

Anticipated Results: My research outcomes will outline the discrepancies between New Brunswick's healthcare model for trans individuals, and its degree of conformity or inconsistency with the actual needs and desires of trans people. I hypothesize that I will find that the current healthcare model does not meet the needs of trans individuals.

Conclusion: The proposed research, from the collection of data to its dissemination, aims to produce research that is beneficial to the academy and will encourage the production of necessary social and cultural change to support accessible trans healthcare.

Exploring how smartphones impact leisure and socio-emotional health among post-secondary students

Christine Ausman

Dalhousie University

Introduction: Post-secondary students experience a variety of stress factors, and leisure experiences have been shown to combat these stressors by improving emotional well-being, mental health, social adaptation, and coping strategies. Despite this knowledge, students have been found to prioritize work/school over their own enjoyable leisure activities, consequently affecting their health and well-being. With the increased use of smartphones, studies have begun to explore the connection between smartphones and health outcomes, but unfortunately ignore how smartphones can improve socio-emotional health by connecting users with others and to their preferred meaningful leisure experiences.

Methods: The purpose of this qualitative descriptive study is to explore, through a social constructivist worldview, the lived experiences of post-secondary students to understand how smartphone use can impact leisure experiences. To gain a deeper understanding of students' use of smartphones in this context, the following questions will guide this study: (a) How do smartphones promote/enhance leisure among students? (b) How do smartphones impede/impair leisure among students? (c) What types of leisure information, services, and/or resources do students perceive to have an impact on their health? Methods will include photo-elicitation and semi-structured interviews. Member checking, reflexivity, and memoing will ensure rigour and trustworthiness.

Anticipated Results: Anticipated results include a variety of smartphone uses relating to leisure: connecting to leisure and people, participating in phone and non-phone related leisure, and learning/acquiring leisure skills.

Significance: This research will provide a better understanding of the type of leisure information, services, and resources that should be provided to students through post-secondary institutions as well as inform leisure and recreation service providers regarding the use of smartphone technology for leisure education.

Examining the Individual and Combined Effects of the Running and Neurofeedback Program

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McMaster University

Background. Major depressive disorder (MDD) is a national public health concern and is projected to be the leading cause of disability in Canada by 2030. Aerobic exercise is among the most effective methods for reducing stress, improving mood, as well as promoting synaptic plasticity and neurogenesis in the dentate gyrus. However, a significant number of newborn neurons die a few weeks after being born. Such apoptosis can be avoided by engaging in effortful attention tasks such as neurofeedback training. These findings inspired us to develop a clinical intervention called the Running and Neurofeedback Program to examine the individual and combined effects of running and neurofeedback training.

Methods. Undergraduate students from McMaster University were randomly assigned into: (1) wait-list control, (2) running, (3) neurofeedback, and (4) combined running and neurofeedback conditions. Assessments included neuropsychological tests and psychosocial measures. The running intervention consisted of an 8-week introductory to running program, training sedentary students to run for 30 minutes. The neurofeedback intervention was conducted using the InteraXon Muse headband, training students to use their neural activity to guide their engagement in a mindfulness training program. Participants in the combined running and neurofeedback program engaged in both the running and neurofeedback interventions.

Findings. Preliminary data suggest that the combined running and neurofeedback training has greater benefit improves dependent measures of aerobic fitness and processing speed while decreasing depression and anxiety.

Implications. The Running and Neurofeedback has the potential to improve both physical and mental health outcomes in students at risk for developing depression.

Transposable element expression in normal and stressed bovine embryo development

Natasha Martin

The University of Guelph

Introduction: The genome of virtually every eukaryotic organism contains transposable elements (TEs) which can constitute up to 80% of DNA in some species. One subtype of TE known as Long Interspersed Element-1 (L1) has the ability to change their position within DNA, leading to many potential consequences such as DNA breaks. Evidence is now emerging to suggest that the over-expression of TEs can lead to problems with respect to fertility. Normally, epigenetic factors such as DNA methylation inhibit TE expression, however, these factors are removed during embryo development in a process called reprogramming. Importantly, environmental stressors (heat, nutrient changes, etc.) can alter the transcriptional environment, which may lead to the over-expression of TEs.

Methods: Cumulus-oocyte complexes (COCs) were aspirated from bovine ovarian follicles obtained from Cargill Slaughterhouse in Guelph, Ontario. Half of the collected COCs were then placed into an oven at 41oC for one hour (heat-treated group). The oocytes and embryos were collected at different stages of development and frozen in liquid nitrogen & stored at -80oC. RT-qPCR was used to identify L1 segments within the oocytes and embryos.

Anticipated Results: We anticipate a higher level of L1 expression in the heated group compared to the control group.

Significance: The current study is directly relevant to the practice of agriculture but is also indirectly to human health as cattle are an excellent translational model for humans. This suggests that any significant results may also be applicable to human health. Environmental change is directly relevant to the project because as global temperatures rise, more species are exposed to heat as an environmental stressor. Both the agriculture industry and human IVF clinics in the future can learn and implement steps on how to avoid unnecessary stressors such as excessive heat stress, that may be causing fertility issues.

A Comparison of Three Different Ankle Taping Methods and their Impact on Balance

Nicole Whalley

Dalhousie University

Introduction: Ankle sprains are one of the most common injuries faced by athletes of all abilities in many sports (Fong, Hong, Chan, Yung, & Chan 2007). The most common predictor of an ankle sprain is a history of a previous sprain. Symptoms of ankle sprains can remain for up to four years following the injury (Kaminski et al., 2013). Three different taping methods are commonly used to help prevent ankle sprains and to improve athletic performance following an injury: the traditional, Mulligan, and subtalar sling taping methods. The purpose of this study is to compare objective dynamic balance using the Y-Balance Test (YBT) and subjective reports of support and comfort between the three different taping methods, using a population of people with a self-reported history of ankle sprain.

Methods: Participants will perform the YBT in three directions (anterior, posterolateral, and posteromedial), with their affected leg as the stance leg, under four conditions: no tape and three taped conditions, consecutively. The maximum reach distance for the unaffected leg will be recorded for each trial. Participants will provide subjective rankings of each taping condition's effect on their performance. A 4x3 repeated measures ANOVA will be used to analyze the reaching distances, and non-parametric analysis will be performed on the subjective data.

Anticipated Results: In line with previous literature, this study expects to find no difference in reaching distances between the taping methods, but that subjective opinions will differ.

Significance: The results from this study could influence choice of taping methods by athletes and institutions. If the minimalist taping methods result in similar dynamic balance outcomes as the traditional taping method, their use can reduce waste and costs of future tape application. If no difference is found in objective results, athletes can choose a method that they subjectively prefer.

Examining Accessibility of Services for Sexualized Violence: Understanding the Survivor's Experience

Nora Conboy

Dalhousie University

Introduction: Sexualized violence has a profound influence on an individual's health and wellbeing, yet only a fraction of survivors seek professional assistance immediately following an assault. When incidents of sexualized violence are not reported to healthcare professionals or police following an assault, preventative treatments are often delayed which can have a serious impact on an individual's mental and physical health, requiring lifelong treatment. In recent years, there has been an increase in demand for services from survivors with historic trauma from sexualized violence. There is a failure within the literature exploring how and why survivors decide to access or not access certain services and supports for sexualized violence. In Canada, there is limited qualitative research highlighting the lived experience of survivors of sexualized violence when accessing or attempting to access supports/services, research is particularly limited from Nova Scotia.

Methods: To explore this issue, a feminist interpretive phenomenological approach will be used, and open-ended semi-structured interviews will be conducted with 8-10 survivors of sexualized violence who have used, attempted to use, or have not used supports/services for sexualized violence.

Anticipated Results: This study will highlight the lived experience of survivors attempting to navigate supports/services for sexualized violence and ways in which current supports/services could be enhanced.

Significance: Providing timely and accessible care to survivors of sexualized violence can greatly improve their mental and physical health outcomes. Through the personal experience of survivors, this study will add knowledge surrounding the experiences of survivors using and not using services for sexualized violence in Nova Scotia. Evidence gathered in this study can inform changes to policy and practice to make health-related supports/services more accessible, safe and equitable for survivors.

Analysis of Cases of Sudden Unexpected Death the Pediatric Population of Newfoundland and Labrador

Emily Jane Devereaux

Memorial University of Newfoundland

Introduction: Sudden death is a fatal event that occurs within one hour of the beginning of symptoms in an apparently healthy subject or in one whose disease was not so severe that such an abrupt outcome could have been predicted (Basso, et al., 1999). To assess sudden deaths medical examiner reports are essential. Studies dealing with causes of sudden unexpected death are traditionally focused on adult populations with less attention paid to the pediatric population.

Methods: A convenience sample of cases of the office of the chief medical examiner of Newfoundland and Labrador (NL) will be utilised. This cohort study will analyse cases of death due to natural, accidental or undetermined causes of death that occurred in the province between January 1st, 2004 and December 31st, 2013. Those included in the study will be children ages 2 to 21 years of age who died in the community or in a hospital emergency department during the study period and whose case was referred to the medical examiner.

Results: Analysis of data is ongoing. We hypothesise that the main cause of death in this population will be accidental trauma with possibly some evidence of sudden cardiac death (SCD) in the population. Though little is known about SCD in a pediatric population we expect to find evidence due to the high incidence of SCD in adults in NL. Preliminary results show that the leading cause of death was accidental causes (76.6%). Mean age is 15 years and males made up 71.9% of all cases. In-depth analysis of medical causes of death, cardiac factors and toxicology with significance testing to follow prior to conference presentation.

Conclusion/Significance: Results are to be interpreted. This study aims to add to the literature and assess sudden unexpected death in the 2 to 21 year old population.

Parents' Perceptions of the Role of Sport Participation in the Development of Their Child's Social Capital

Kaileigh Skinner

Acadia University

Background: Social capital is an important indicator of well-being. Existing evidence in sport for development has shown that, sport can remove social barriers, allowing for positive social capital development. However there remain gaps in studying how parents perceive this process, particularly in the context of rural Canada. The current study worked to better understand how rural Nova Scotian parents understand their youth's social capital developed through sport.

Methods: Data was collected from parents of youth participating in soccer in a rural Nova Scotia community. Two different methods of data collection were used. Surveying (n=86) was used to collect data on demographics, social capital, and reasons for enrolling kids in sport. Semi-structured interviews with parents (n=12) added depth to the data and included a network mapping exercise designed to gain a visual representation of the social network their children developed through sport.

Results: Parents understood the importance of social capital their kids developed. Parents saw social capital as a tool to benefit their youth aiding in skill development to support their future. Parents believed that social capital is necessary for their youth's well-being. This motivated parents to enroll their youth in team sports, understanding social connections are beneficial for a variety of reasons. Parents understood their youths network development as semi-autonomous, understanding they controlled most of it, but that they could not completely control it due to factors such as social media. Parents also understood that sport allowed for social capital development beyond their home community.

Conclusion: The current study allows for a greater understanding on parent's perceptions on their youth's social capital developed through soccer. Sport was seen as a beneficial avenue youth can utilize to develop social capital. This may be particularly important for youth living in small, rural communities.

An investigation into the relation between physical activity and mental health in people with a spinal cord injury

Emma Connell

University of New Brunswick

Introduction: A growing body of research suggests that physical activity (PA) can be effective in reducing symptoms of anxiety and depression, as well as their related disorders. Little research, however, has investigated this relation among individuals with Spinal Cord Injuries (SCI). People who sustain an SCI are left to make huge adjustments to their life, and are more likely to experience anxiety and depression than the general population. In addition, people with SCI are much less likely to participate in PA than the general population. The primary aim of this proposed research study is to better understand the complex and multi-faceted relation between PA and mental health in people with SCI. Specifically, the research questions are: (a) Are levels of PA are associated with levels of anxiety and depression in people with SCI, (b) What are the perceived barriers and facilitators to PA in this population? (c) Which barriers or facilitators are the largest predictors of PA? and (d) Is PA a mediator in the relation between level of functional disability and mental health?

Methods: These study aims will be investigated using a self-report questionnaire which will include a demographics measure as well as measures of anxiety, depression physical activity, level of functional disability, and facilitators and barriers to PA, among others. Approximately 170 participants - based on a power analysis - will be recruited using posters placed in rehab centers as well as in community spaces.

Anticipated Results: It is anticipated that the results from this study will show significant correlations between PA and mental health in people with SCI. It is also anticipated that several barriers as well as facilitators to PA will be identified.

Significance: The results of this study will provide important foundational information to inform future research in this area and may also help to inform rehabilitation professionals on the potential benefits of PA for their patients.

From symptom recognition to diagnosis: NL parents' stories of obtaining an ASD diagnosis in high-functioning girls

Eva Davenport

Memorial University of Newfoundland

Introduction: Autism Spectrum Disorder (ASD) is a developmental disorder that affects a range of symptoms such as communication and social development. Due to the notion that ASD mostly affects males, the majority of literature relates to male presentation. Recent studies conclude that under-examination of females with ASD has resulted in a biased understanding of symptom presentation, putting verbal females at a higher risk for delayed diagnoses compared to males. Delayed diagnoses (age 5 or later) prevent early access to crucial supports. This study aims to capture the experiences that parents of girls with high functioning ASD had while navigating the diagnostic process to identify any barriers that could have contributed to the delayed diagnosis and to better understand how this gender bias manifests.

Methods: This study used a qualitative narrative style through two semi-structured, in-person interviews and reflective journaling. Eligibility was limited to parents of girls who were high functioning, had no intellectual comorbidities, and diagnosed with ASD between the ages of 5-18. Interviews were 1 hour each and audio recorded. Data was collected with an inductive analysis approach, transcribed, then coded in a matrix framework. Transcripts were analyzed using voice-centred relational methodology.

Results: 1) 'Abnormal' symptoms were dismissed as being a part of normal female/teenage behaviour; 2) Antagonism with physicians - an 'us vs. them' rhetoric lead to a distrust of the medical community; 3) Engagement with teachers and guidance counsellors was key in the initial identification of symptoms

Conclusions/Significance: These results demonstrate how complex relationships within health and education systems can influence the interpretation of ASD symptoms. This study can help guide further investigations that engage community members and patients to identify gaps in our knowledge and prevent delayed diagnoses in the future.

The Effect of 2D Displays and 3D Immersive Displays on Kinematics During Active Gaming

Fola Akpan

Dalhousie University

Introduction: Virtual reality (VR) therapies are becoming increasingly popular in health, especially in the area of rehabilitation. VR therapies have been found to be an effective and enjoyable form of rehabilitation, however, little is known about how the various components of VR influence therapy effectiveness. One of the components of the VR system with limited research is the influence of VR visuals on body movement. The objective of this study is to investigate the effect of display type on joint excursion while using a VR game.

Methods: 20 participants will be recruited to play the VR game “Beat Saber” in a 2D screen condition and a 3D immersive condition. Beat Saber is a rhythm game that involves hitting virtual oncoming cubes with virtual lightsabers that are moved using handheld controllers. In each trial, the participant will play one round of the game and will complete 3 trials in each display condition. Joint excursion for the hip, ankle, trunk, shoulder, elbow and neck will be measured using a passive motion capture system. Two questionnaires will be administered to determine the perceived workload and immersion.

Anticipated Results: We anticipate that the joint excursion for the hip, ankle, trunk, shoulder, and neck will be different for the 2D screen and 3D immersive conditions whereas the joint excursion for the elbow will be the same between conditions.

Conclusions/Significance: The results of this study will provide insight into the effect of display type on human movement behavior. Healthcare providers will gain valuable insight regarding variables to consider when prescribing VR therapies for patients.

How, if at all, do 3D printed pureed foods affect food consumption in individuals with dysphagia?

Brette Macey

Acadia University

Introduction: Dysphagia is a swallowing disorder which includes difficulty swallowing or a complete inability to swallow. 3D food printers are used to print out pureed foods in facsimiles of the food's original shape, size and uniformity. 3D printed foods dramatically improve the appearance of a typical texture modified diet; findings from food intake studies are that the appearance of food can improve both patient satisfaction and increase food consumption. Our research interest was to explore the use of 3D food printers to enhance the appearance of foods, and to have a positive effect on food intakes in people in hospitals experiencing dysphagia.

Methods: A literature review was conducted of food texture modification to enhance swallowing safety in dysphagia, and in the potential for 3D food printing to enhance the eating experience and food intakes. **Results:** In long term care facilities, 7-40% of the population live with dysphagia, while 12-54% of this population are malnourished. Conjectural information about the use of 3D printed foods to increase food consumption among those living with dysphagia, to enhance satisfaction with meals, and to reduce the risk of malnutrition is present in the literature however, studies of this nature have neither been done nor are they reported.

Conclusion/significance: 3D printers have the potential to revolutionize the eating experiences and food intakes of people living with dysphagia, thus decreasing rates and risks of malnutrition in this population. We advocate the adoption of 3D food printing to enhance the appearance of pureed foods because everyone deserves to eat food that is appealing to them no matter what diet texture they require.

How now brown cow? Dietitians' perceptions of changes to meat and dairy recommendations in the 2019 Canada's Food Guide

Dr. Kathryn Asher

University of New Brunswick

Introduction: In 2019, Canada's Food Guide underwent its first transformation in more than a decade. The more highly publicized changes included the recommendation that Canadians choose protein foods that come from plants more often as well as the decision to omit the standalone dairy food group. Little is known, however, about health professionals' views of these changes. In response, a cross-sectional, pan-Canadian study has been designed to examine Canadian registered dietitians' perceptions of the 2019 Canada's Food Guide's plant-based recommendations.

Methods: The study will involve administering an online survey to currently practicing registered dietitians in Canada sampled from provincial dietetic association membership. The design has been pre-registered on the Open Science Framework. The study has been piloted with registered dietitians, ethics approval has been received from the University of New Brunswick, and data collection will run in the last two weeks of January 2020 with results expected in February. The study has been programmed in SurveyMonkey and statistical code has been written for the analyses which will be conducted in SPSS.

Anticipated Results: In addition to demographic characteristics, results will be available for a variety of collected variables including measures of food guide awareness, frequency of use, novelty, evidence support, meat perceptions, current diet, attitudes on a feeling thermometer, dairy placement, and changes in nutrition counselling around protein and calcium.

Significance: The results are expected to be the first to describe Canadian dietitians' impressions of the updated food guide and its increased plant-based focus. The findings will inform how health providers who are tasked with advancing health through food and nutrition view changes to one of the most recognizable diet-related education tools in the country.

H2-Receptor Antagonist Recall Affects Those with Dementia

Shanna Trenaman

Dalhousie University

Introduction: In recent years there have been an increasing number of drug shortages and recalls. For those who are health literate, educated and financially secure these represent an annoyance, however, there may be more serious implications for other segments of the population. With a recent recall of H2-receptor antagonists (H2RAs) due to contamination we aim to identify how many of those affected by the drug recall in Nova Scotia have dementia and may be at a reduced ability to navigate the proper approach to managing the recall.

Methods: This was a retrospective, observational, drug-utilization review of H2RAs utilizing administrative claims data from April 1, 2009 to March 31, 2015. Cohort entry was at the date of dementia diagnosis. Medication use was abstracted from the Nova Scotia Seniors' Pharmacare Program database. Prescription drug dispensation data for H2RAs was collected from April 1, 2010 to March 31, 2015. Descriptive statistics reporting dispensation data, mean age and mean duration of use are reported for the population and stratified by sex.

Results: 4,211 older adults with dementia received at least one prescription for H2RAs over the 5 years of observation. This represents approximately 11.2% of the older adults with dementia in the province. This amounted to nearly 72,000 prescriptions for H2RAs. The average age of those receiving H2RAs was 82.48 years (± 7.91) with 68.4% of prescriptions going to women. Mean duration of use ranged from 455 to 777 days.

Conclusions: Given that a substantial number of older adults with dementia are using H2RAs for prolonged periods of time it is crucial that recall procedures are designed to protect these most vulnerable populations

Perceptions regarding spending time in nature: Using a behaviour change framework to explore the disconnect with nature

Sara Cochrane

Dalhousie University

Introduction: Spending time in nature has been shown to reduce symptoms of prevalent psychological disorders, including anxiety disorders (Martyn & Brymer, 2016), major depressive disorder (Berman et al., 2012) and attention-deficit/hyperactivity disorder (Kuo & Faber, 2004). Nature experiences also improve psychological resilience, self-esteem (Bowen, Neill, & Crisp, 2016), and cognition (Berman et al., 2012). Despite the established research and self-reported intentions and desire to spend time in nature, people spend less than 1% of their time in nature (Rainham, Johnson et al., 2019). The objective of this study was to better understand the current disconnect with nature in undergraduate students, given concerns about poor mental health in this population.

Methods: Eighty-two participants completed a semi-structured interview that examined beliefs, attitudes, and perceptions about, as well as barriers and facilitators to, spending time in nature. Thematic analysis was completed using the capability, opportunity, motivation model of behaviour (COM-B) for 40 participants, 20 with high self-reported connectedness to nature and 20 with low self-reported connectedness to nature.

Results: Only twelve percent of participants included spending time in nature amongst their health behaviours, whereas 98% indicated that time in nature promotes mental health and wellbeing. Students with higher self-reported connectedness to nature described more benefits for mental health compared to the low-connectedness group. Within the COM-B framework, deficits were observed in three areas: physical opportunity, automatic motivation, and reflective motivation.

Conclusions: The results from the COM-B framework provide key information that will guide development of practical behaviour-change interventions to increase time in nature, which will positively impact mental health and wellbeing. Proposed intervention strategies will be discussed.

The impact of age and gender on vaping frequency

Jennifer McArthur

Saint Mary's University

Introduction: Emerging evidence indicates that the use of Electronic and Nicotine Delivery Systems (ENDS) is becoming alarmingly popular among 15-24 year old Canadians; however, there is a dearth of information on the patterns of use despite growing concerns that frequency is a predictor of the health-related harms associated with vaping. Therefore, the current study is aimed at identifying the effect that gender and age have on vaping frequency. Drawing on previous findings from the smoking literature, males and young adults were expected to vape more frequently than females and youth, respectively. Further, it was expected that young adult males would vape most frequently in comparison to youth males and females, and young adult females.

Method: Using Facebook and Instagram advertisements, 535 regular ENDS users, between the ages of 16 and 24, were recruited to complete an online study on Qualtrics. Using a two-way MANOVA and post-hoc tests, we assessed the impact of age and gender on frequency of use in terms of days vaped per week, the number of vaping episodes per day and the number of puffs per episode.

Results: Gender, age and their interaction had an effect on vaping frequency. Males vaped more days per week and engaged in more episodes per day than females, and young adults vaped more days per week than youth. Additionally, the frequency of vaping was higher among young adult males compared to youth males and their female counterparts. Youth females, however, engaged in higher rates of vaping compared to young adult females.

Conclusions: This study highlights the influence that gender and age can have on vaping frequency in the younger population. Tougher regulations, such as taxation and flavor bans, are urgently needed to manage the increasing use of ENDS among youth and young adults.

Frailty across Canadian provinces: results from the Canadian Longitudinal Study on Aging

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Dalhousie University

Introduction: Frailty, a condition of vulnerability to common stressors and subsequent worsening of overall health, has been shown to be heterogeneous across different groups of older adults. The purpose of this study was to compare frailty levels across the ten Canadian provinces.

Methods: Using data from the representative tracking cohort of the Canadian Longitudinal Study on Aging, we constructed a 44-item frailty index (FI). We also investigated the interactions of province with age, sex, education and income on frailty.

Results: We included data from 21,238 individuals aged 45 and older (mean age 60.5 ± 10.1 ; 51.4% women). The mean FI was 0.12 ± 0.06 , with a minimum of zero and a maximum of 0.58. Women had a higher FI mean (0.12 ± 0.06) than men (0.11 ± 0.05). The FI was associated with age; those aged 85 had a mean FI of 0.21 ± 0.08 . New Brunswick (NB) had the highest FI (0.13 ± 0.06), while British Columbia (BC) and Alberta (0.11 ± 0.06) had the lowest. There was a significant interaction of province with sex and education on frailty. When stratifying for sex and education; women with low education from Alberta had the highest FI mean (0.27 ± 0.1) and men with high education also from Alberta the lowest FI mean (0.1 ± 0.05). However, when adjusting for age and income, the lowest FI mean was for highly educated men from BC (0.1 ± 0.001).

Conclusions: We found that BC is the province with the lowest frailty burden and NB has the highest. Sociodemographic characteristics explained the low frailty levels in Alberta.

Key Factors for Creating Healthy Institutional Food Environments

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Acadia University

Introduction: My graduate research identified factors to facilitate shifts towards healthy and sustainable institutional food systems, using Acadia University as a case study. It provides a conceptual framework and starting points for institutions interested in creating food environments that can optimally support eaters' health while helping create healthy local communities and economies.

Methods: I approached this inquiry with critical social science and transdisciplinary paradigms, using mixed methods and theoretical triangulation. This project documents significant progress in shifting Acadia's food system based on participant observation, semi-structured interviews, and document and procurement data analysis.

Results: Findings identify collaborative vision, eater engagement, organizational context, external forces, praxis, and implementation as critical components of effective change. Based on these findings, I suggest that creating healthy institutional food systems requires a systems approach and a cycle of stages (reframing the conversation, building a vision, and strategic implementation) held within processes of collaborative leadership and praxis.

Conclusions: Due to the nature of institutional food systems, key learnings from this research are relevant to creating healthy food environments in a range of institutions including hospitals, schools, universities and prisons. Key insights suggest that: (i) engaging and empowering all stakeholders, (ii) supporting collaborative leadership, (iii) reframing the conversation such that stakeholders see and talk about the diverse health impacts of food, (iv) striving for a values-based vision, (v) finding ways to counter conventional food system structures and procedures that undermine health, (vi) understanding and leveraging organizational and community culture and resources, and (vii) focusing on strategic implementation are critical components of creating healthy institutional food systems.

Spirituality as Leisure Experience and Opportunity for Identity Reconstruction among Immigrants

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Dalhousie University

Introduction: Immigrants face challenges related to language, housing, and employment, which can impact their health and identity – that is, the way they understand themselves and their capabilities. However, jeopardized identities experienced through immigration and resettlement among immigrants can potentially be reinforced or reconstructed through leisure. Leisure experiences are described as freely-chosen enjoyable and meaningful activities like engaging in the arts, volunteering, and spiritual practices. Spirituality is a way of living and seeing oneself within the world that one lives. By providing a path for exploring, understanding, and creating a unique identity, spirituality can facilitate meaning or purpose in life. Thus, leisure, experienced through spirituality, may play a key role in identity development and reconstruction among immigrants in Canada.

Methods: Karlis, Grafanaki, and Abbas' (2002) Theoretical Model for Leisure and Spirituality and Dollahite, Marks, and Goodman's (2004) Conceptual Framework of Religion guide this presentation whose purpose is to present a conceptual framework that links spirituality as a form of leisure to identity reconstruction among immigrants. The intersections of these two models will be discussed, as dimensions of religion may be forms of leisure and spirituality, which respectively include activity involvement and a path to knowing oneself and having meaning in life.

Anticipated Results: A new conceptual framework presents the link between the two models by demonstrating that spirituality is a form of leisure related to identity reconstruction.

Significance: This work highlights opportunities to positively impact the health of immigrants through leisure-based spiritual practices that nurture identity reconstruction.

Prioritizing Pleasure: A Qualitative Exploratory Study on Disabled Sexuality and Rehabilitation

Rachele Manett

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Introduction: Sexuality is an integral part of identity but is often ignored in people with disabilities. While there has been some research on the topic of disabled sexuality, this topic has not been studied from a leisure perspective. Similarly, the leisure research related to sex has not included a disability lens. Research has shown that sexual activity has positive emotional, mental, physical, and cognitive health outcomes for individuals who engage in a safe, consensual way, coinciding with the benefits of healthy leisure pursuits.

Methods: The purpose of this study was to explore the experience of people with acquired physical disabilities, how the onset of disability impacted their sexuality, and the role of rehabilitation in addressing sexuality. This qualitative study utilized constructivist grounded theory for data collection and analysis, including five individual interviews, and one focus group with four people. Reflexive memo-writing was used heavily throughout the analysis process to carefully situate myself in the data, knowing that my own personal experiences were deeply connected to those of the participants.

Findings and Conclusion: Participants discussed dating and potential partners, gaps in knowledge of healthcare practitioners, pain and pleasure, expectations of able-bodied people, the future of sexuality support and education, and sex toys as mobility aids. Connections are made between sexuality, power, identity, health care and education. Recommendations are made for community programming, education, and future research on disabled sexuality.

A nonverbal coding scheme for healthcare provider-caregiver discharge communication in paediatric emergency care

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Background: Non-verbal communication behaviours (NVCBs) are an essential aspect of communication and are an effective strategy for health care providers (HCPs) to establish positive patient rapport and increase comprehension of instructions during discharge communication in a clinical setting. To our knowledge, the only available NVCB coding scheme for video observations in a clinical setting is designed for an older adult population. Our objective was to develop a NVCB coding scheme to capture NVCBs between HCPs and caregivers (CGs) during video recorded discharge communication encountered in pediatric emergency departments (PEDs).

Methods: The PED-NVCB coding scheme was designed iteratively, using best practice literature and data set of 107 video observations from two academic PEDs in Canada. A coding scheme was drafted following a review of the literature. One coder tested the initial scheme on five videos. Adjustments were made in consultation with the research team. Two coders individually coded ten new videos and further refined the scheme through discussion. The finalized scheme was used to code 107 video observations; 30% were double coded and measured for inter-rater reliability.

Results: The finalized PED-NVCB scheme consists of five behaviour categories: gestures, physical contact, eye level difference, body position and proximity to door. Gestures and physical contact were measured as point variables, while the remaining categories were measured as duration variables. Two coders obtained kappa scores of 0.81 for point codes and 0.87 for duration codes.

Conclusions/Significance: The PED-NVCB scheme was informed by multiple sources of data and provides a standardized method for capturing NVCBs between HCPs and CGs within a PED setting. Our systematic method for developing the PED-NVCB has the potential to impact the design of future NVCB coding tools and serve as a valuable resource for the design and implementation of PED discharge interventions.

Body Image and Gender Norms in Adolescent and Young Adult Women Cancer Survivors: A Scoping Review

Nicole Blinn

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Introduction: Adolescent & young adult (AYA) women face complex pressures relating to their bodies due to gender norms & body-focused discourse. The biopsychosocial impacts of cancer treatment intensify body image issues for AYA women cancer survivors. Body image is important for health, & is a significant dimension of survivorship for cancer survivors. Body image & gender norms in AYA women cancer survivors is an understudied phenomenon & AYA women cancer survivors are an understudied population. The purpose of this scoping review was to determine what is known from the existing literature about gender norms as they relate to body image in AYA women cancer survivors.

Methods: This review used Arksey & O'Malley's framework to examine the understudied, complex phenomena of body image in AYA women cancer survivors, & assess the breadth of available scholarly evidence. The method is an iterative 6-step process that generated a research question, identified relevant studies, selected studies, interpreted and synthesised selected study information, summarized the studies. The authors also consulted with AYA cancer organizations & experts throughout the review process.

Results: Four studies were included. Body image issues associated with cancer survivorship emerged as a theme in all included studies. Gender norms & the impact of gender norms were reported in two studies, indicating a higher-level influence on body image in AYA women cancer survivors.

Significance: This project addresses several gaps in the literature, identifies health promotion implications, & makes research recommendations. As such, it makes a significant contribution to AYA oncology and health promotion in relation to the phenomena of gender norms and body image in AYA women cancer survivors. This is the first time scoping review methodology has been used to understand body image in AYA women cancer survivors, & the first time that a health promotion & gender lens has been applied to this topic.

The Lived Experience of Youth Mental Health Care on Cape Breton Island

Maeridith Guy

Dalhousie University

Introduction: Youth mental health care has become a challenge in Nova Scotia, particularly in rural areas, where long wait times and few community resources are causing a mental health service crisis. A number of communities in Nova Scotia have wait times of up to 6 months for youth mental health services within the community. The burden of mental health problems for youth makes it imperative that appropriate and timely interventions are chosen and integrated into care. Research suggests that there are gaps in the current health care system regarding provision of mental health care to adolescent populations. Currently, no studies exist that focus on youths' subjective experiences when accessing mental health care in underserved areas. This research aims to gain a deeper understanding of the lived experiences of youth with a self-identified, self-defined, prolonged, mental health problem and identify the supports and services they have, or have not, accessed, and their resulting experiences, on Cape Breton Island.

Methods and Analysis: This research is informed by Heideggerian phenomenology and guided by Max van Manen's approach to hermeneutic phenomenological research. Semi structured interviews are being conducted with 8-10 youth, ages 16-21. Van Manen's approach to thematic analysis will be used to form essential themes from collected data related to the phenomenon.

Anticipated Results: This study aims to use results to shed light on the experiences of youth with self-identified mental health problems in underserved areas of Nova Scotia and identify what services, supports, and health care providers can do to improve care for this vulnerable and stigmatized population.

Significance: This research could potentially build knowledge regarding youths' perspectives of mental health care in underserved areas, inform future practice and service allocation, and add recommendations for youth mental health care, from youth, in underserved areas of our province and country.

Arts-informed approaches to LTC staff dementia care literacy

Kelly O'Neil

St. Francis Xavier University

Introduction: Early findings and insights are shared from an interpretive analysis of interviews with leaders in arts-based approaches in dementia care. This was conducted as part of a larger project that has the goal of operationalizing 'good' literacy in social and relational care. Interviews aimed to identify promising directions in arts-based approaches in education and training for long-term care (LTC) staff provincially, nationally, and internationally, and understand how they contribute to 'good' mental health and dementia literacy.

Methods: Participants were recruited using a purposive snowball sampling method and semi-structured interview guide. Interviews were conducted in-person, via telephone and Zoom, and digitally recorded.

Results: Arts-making enhances mental health and dementia literacy of LTC staff by: 1) supporting relationships by generating trust and collaboration among persons living with mental health conditions and/or dementia, arts facilitators, and family members; 2) creating alternative communication spaces that allow people to see themselves and be seen by others from new perspectives; 3) fostering an artistic sensibility that: encourages imagination and empathy, brings spontaneity and playfulness to interactions, and disrupts restrictive expectations entrenched in typical caregiver/care receiver relationships.

Conclusions/Significance: 'Good' literacy involves a relational and spatial awareness which manifests in the form of an artistic sensibility. Arts-based approaches can be used to enhance quality care by capacitating staff in the art of being open and curious, nimble and flexible, in how they know and make connections on an interpersonal level, in the moment.

A Journey of Gender in Health

Phillip Joy

Dalhousie University

Introduction: Gender equality is critical within health and health research. Gender impacts and shapes the health experiences in many ways. Recently, a growing body of research has positioned arts-based methodologies, including comic books, as innovative and engaging tools for mobilizing health information, practicing health research, and implementing transformative change. Comic books, as pop cultural phenomena, are widely accepted by the general public and, therefore, may be useful tools to critique gender inequalities in healthcare and health research. Comics allow for the conceptualization of gender considerations in health through illustrations and can allow for the sharing of information in meaningful ways that are understandable and relatable to the reader. There have been calls for greater utilization of comics in health and knowledge translation.

Methods: In response to this call, an arts-based gender workshop was designed to promote recognition on the importance of gender considerations in health research, as well as to disseminate knowledge about gender inequalities in healthcare. The key component of the workshop was a comic book, entitled “The Journey of Gender in Health.” The comic follows the character “H” on their journey through life and depicts how gender can potentially impact various areas of their health, including their mental health, nutritional health, and heart health.

Results: Workshop evaluations indicated this was an innovative and appealing way to begin discussions on gender equality in healthcare.

Significance: Comics have the potential to create awareness and stimulate conversations on how to address gender inequality in healthcare.

Does Nature Matter? A Study of the Perspectives of Youth Living with Mental Health Challenges

Rachel McMillan

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Introduction: Research has supported many benefits associated with spending time in nature, including improved mental health. Findings also indicate that with each generation fewer youth spend time in nature. It is not known if this lower participation rate is exacerbated for youth living with mental illness. To our knowledge, no prior research has examined nature related participation levels in this population. Locally, Laing House, a drop-in centre for youth living with a mental health challenge(s), delivers nature-based programming as a part of their services. Laing House staff report that members express interest in nature-based activities and they would like to increase attendance rates for these programs. This study is exploring facilitators and barriers impacting the behavior of spending time in nature for Laing House members using the theoretical domains framework (TDF) within the COM-B (Capability, Opportunity, Motivation, and Behaviour) system and the behaviour change wheel framework.

Methods: This study employs a framework approach with a mixed method sequential exploratory design, including questionnaires and semi-structured focus groups or interviews. The questionnaire component of the study is Phase 1. Phase 2 includes focus groups and interviews and will take place after analysis of the questionnaire results. The questionnaire, focus groups and interviews were developed using TDF and COM-B.

Anticipated Results: The research objective is to increase understanding of the key factors that create facilitators and barriers impacting the behavior of spending time in nature for Laing House members.

Significance: An understanding of the factors that limit the time Laing House youth spend in nature will inform the development of individual and group behavior change interventions targeting increased time in nature. The overall goal is to aid Laing House members, and other youth living with mental illness, to use nature as a form of mental health self-care.

Readdressing Approaches to Eliminate Hepatitis C Virus Infection Through Targeted “HepC’Action”

Lilian Omorefe

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Introduction: Hepatitis C is a blood-borne pathogen caused by the Hepatitis C Virus (HCV) and if left untreated, can result in liver damage. Many individuals with HCV remain asymptomatic after infection. HCV may be transmitted via unsafe injection drug use and unsafe healthcare practices. HCV infections though avoidable, are responsible for liver cirrhosis cases and hepatocellular carcinomas (the third most common cause of cancer deaths worldwide). HCV is the main cause of death from infectious disease in Canada. Immigrants in Canada are most at risk of HCV infection because the majority of them originate from HCV endemic countries. Treatment for HCV is now considered the first chronic viral infection to be reliably cured. However, it remains a major health problem in Canada. Approaches to eliminate HCV infection in Canada seems not to target immigrants. The purpose of the study therefore, will be to readdress approaches that have been used to eliminate HCV infection in Canada, with the hope that this will enable immigrants opt for testing and create possible linkage to the healthcare system. This will be addressed by the development of an HCV Health Education curriculum.

Method: A mixed methods will be adopted for the study. Immigrants registered in the ISANS, YMCA and YWCA, will be recruited for the study. The number of participants will be 36. A convenience sampling technique will be used to recruit participants. Findings from both the qualitative and quantitative phase of the study will be used to develop the curriculum.

Anticipated Results: Participants will have greater knowledge of and attitudes towards Hepatitis C Virus infection, which will increase willingness to opt for testing and thereby get linkage to healthcare. They will be linked to the newcomers and refugee’s clinic.

Conclusions: Referring people to healthcare settings for testing and treatment of HCV can help people know their HCV status and thus prevent problems associated with delayed diagnosis.

Canadians with Unmet Healthcare Needs: Who are They?

Lauren Winsor

Memorial University

Introduction: Despite Canada's status as a high-income nation with a socialized healthcare system, its citizens do not have equitable access to healthcare. The proposed study aims to create a profile of marginalized individuals within Canada that have reduced self-reported healthcare access compared to the overall population. We aim to highlight current gaps in the national healthcare framework and suggest improvements that will create more equitable healthcare access in Canada.

Method: Data from the Statistics Canada Canadian Community Health Survey 2014 public use data file will be analyzed to determine the proportion of Canadians who report unmet healthcare needs, what services were unavailable to them, and why they were unable to access healthcare services. Further, the data will be analyzed to determine whether there is variation in self-reported unmet healthcare needs based on several sociodemographic variables including age, sex, socioeconomic status, and geographic location.

Anticipated Results: Consistent with the current body of literature on unmet healthcare needs in Canada, we anticipate that individuals living in rural communities, female respondents, seniors, and respondents with low socioeconomic status will report significantly greater unmet healthcare needs than the overall survey population.

Significance: Limited access to healthcare experienced by various subpopulations within Canada highlights the need for the evaluation and identification of marginalized individuals whose health may benefit from improved access to healthcare services. It is pertinent to understand the gaps in Canada's healthcare system, who this system is currently failing to serve, and how Canada's shifting demography could contribute to healthcare inequities. With this evidence-based knowledge, steps can be taken within the healthcare system and at the governmental level in order to improve healthcare access and promote health equity across Canada.

Evaluating Pediatric Emergency Discharge Communication Using a Standardized Coding Scheme and Video Recorded Data

Hwayeon Danielle Shin

Dalhousie University

Introduction: Effective patient-caregiver-provider communication during an emergency department visit is central to a successful discharge process. Studies examining discharge communication behaviours in pediatric emergency departments (PEDs) report wide variation across different illness presentations, providers, and hospitals. The aim of this project was to compare a set of essential discharge communication messages derived through a Delphi process with video observation data gathered in two urban Canadian PEDs.

Methods: Our data set included video-recordings of interactions between caregivers and clinicians during 103 different PED visits. Videos were categorized by the patients' illness presentations [asthma (n=7), bronchiolitis (n=4), fever (n=26), abdominal pain (n=21), minor head injury (n=25), diarrhea/vomiting (n=20)]. Videos were double-coded by two independent reviewers for the presence of five essential discharge messages. Reviewers also coded which provider (e.g., physician, nurse, learner) delivered the discharge message.

Results: We observed a wide variation in discharge communication practice within and between illness presentations. The overall Kappa score for inter-coder reliability across all coders and illness presentations was 0.59. Discharge communication was often incomplete, and most patient-caregivers did not receive all five essential discharge messages. Physicians predominantly delivered the essential discharge messages, while nurses were less often actively involved.

Conclusions: Our findings suggest that developing a standardized set of discharge communication messages may be challenging in PED settings. Efforts focused on standardizing the process of discharge communication may be more relevant for improving patient-caregiver-provider communication than standardizing the content of discharge messages. Future studies should evaluate the effectiveness of personalized discharge messages and design corresponding coding schemes that can assess this.

Quality Assurance of Point-of-Care Testing in the Community: How does Canada Compare Internationally? A Scoping Review

Micayla N. Matthews

McMaster University

Introduction: Point-of-care testing (POCT) in the community is a rapidly expanding field. These tests are performed outside of the hospital by a variety of healthcare professionals including pharmacists, nurses, and physicians. This differs from traditional laboratory testing, which is performed by medical laboratory technologists in accredited hospital or private laboratories. Effective use of POCT has the potential to improve interprofessional collaboration and patient-centered care. However, lack of responsibility, oversight, and quality considerations may decrease POCT validity and reliability. Addressing these gaps is essential to safe and high-quality patient care.

Methods: A scoping review was conducted in accordance with the Joanna Briggs Institute methods manual. Systematic literature searches were conducted in PubMed, CINAHL, EMBASE, and Cochrane Library/PROSPERO databases. Grey literature was searched using the CADTH “Grey Matters” checklist. A hand search of reference lists was performed. Studies were limited to English and human publications. No date limits were applied. Literature selected for this review addressed the benefits, challenges, and recommendations for quality POCT in the community. Themes were synthesized from selected articles.

Anticipated Results: Challenges with competency, accountability, quality, systems and oversight are expected to be identified within Canada, the United States, United Kingdom, Australia and New Zealand. Recommendations for guidance frameworks, competency programs, and regulatory standards are anticipated.

Significance: These results will inform national and provincial governance of POCT in the community in order to ensure that these tests adhere to laboratory quality standards. This is essential to consistent and high-quality patient care.

Hidden in plain sight: Passing and covering tactics among health professionals with mental illness

Kaitlin Sibbald

Dalhousie University

Introduction: Mental illness is more common among health professionals than any other occupational group, yet it is rarely acknowledged, or explored. The apparent necessity to maintain a divide between patients and practitioners often leads health professionals to use tactics to hide or manage their mental illness. In sociological theory, stigma management may include 'passing' (concealing a stigmatized identity) and 'covering' (acknowledging the identity, but downplaying its extent or significance). This presentation examines how these concepts play out in the lives of experienced health professionals and sparks the conversation about how values that underlie these behaviours are inculcated during health professional education.

Methods: Using data collected from semi-structured interviews, Erving Goffman's concepts of passing and covering are explored in relation to their function navigating mental illness in the lives of health professionals.

Results/Anticipated Results: Health professionals use many different strategies to pass and cover mental illness, including non-disclosure, strategic disclosure, self-isolation and strategic assimilation, which often result in feelings of fear, vulnerability and exclusion.

Conclusion/Significance: This presentation intends to contribute to breaking the silence surrounding mental illness among health professionals, raising questions about how mental illness is framed in health professional education and stigma is developed through professional socialization.

**Measurement of lower extremity extension power using a clinically applicable leg press tool:
The Concurrent Validity**

Purva Trivedi

Dalhousie University

Introduction: According to WHO report (2018), Canada is one of the top-ranked countries in terms of average life expectancy. Aging is typically accompanied by declining functional independence and reduced quality of life. A major reason for this is progressive loss of skeletal muscle mass and function with age. The age-related changes in skeletal muscle include its declining strength and power generating capabilities. This declining power leads to decreased abilities of independent function in elderly including decreased abilities to perform ADLs like rising from chair. This declining muscle power can be delayed by exercise. Hence, the assessment of lower extremity muscle power is an important factor when designing functional rehabilitation programs in the elderly. Assessment of leg muscle power during a functional movement that require a multi-joint movement has been relatively ignored. Currently squat jump performed on force plates has been used to make this assessment. Unfortunately jump tests may not be safe or comfortable for elderly. Force plates are expensive and not commonly available in physiotherapy clinics. Therefore, a new clinically applicable method to assess multi-joint lower extremity extension power in all adult age groups is needed.

Methods: At School of Physiotherapy, we have developed a measurement method that uses a leg press machine and an Inertial Measurement Unit (IMU) to measure leg extension muscle power. We will compare the results of lower extremity power measured on leg press with that from a squat jump on force plates for 22 healthy participants between 18 and 40 years old.

Anticipated Results: We will use Bland and Altman analysis to assess the validity of our new method. We anticipate that our new method would valid to measure lower extremity extension power.

Significance: The new method would be feasible to use in clinics and our results will inform future research to assess the feasibility of this method in older individuals.

Developing a Tailored Community-Based Lifestyle Intervention for Underserved Children and Youth

Kayla Waddington

Lakehead University

Introduction: The health of Canadian children and youth has declined. Only 35% of youth meet movement guidelines and most fail to achieve Canada's Food Guide recommendations. Moreover, pediatric obesity rates have increased in conjunction with both physical and psychosocial health problems. There is a lack of and need for community-based lifestyle interventions for children and youth, especially amongst those living in vulnerable neighborhoods where health disparities linked to socioeconomic status and ethnicity are prevalent. Implementing programming during the summer months, an unstructured time with limited opportunity for underserved children and youth, is warranted. The purpose of this project is to explore the views of community residents to assist researchers in the development of a lifestyle summer camp.

Methods: A qualitative study using a participatory action research approach (PAR) was used to gain insight from individuals working/living in a local vulnerable neighbourhood. Semi-structured interviews were transcribed verbatim and analyzed using inductive content analysis.

Preliminary Results: Seven individuals have been interviewed (1 stakeholder, 6 residents) and recruitment is ongoing. Themes emerging to date have included: lack of resources for children (transportation; costly activities) and parents/guardians (knowledge of healthy food/cooking; food cost); safety concerns (crime; addiction); family dynamics (feelings of neglect, emotional needs); and lack of access to outdoor resources (swimming; cultural activities).

Conclusion: Applying a PAR approach is integral when working with underserved populations. Findings have revealed important viewpoints on the socioecological implications of living/working in a vulnerable neighbourhood. The results will provide a valuable foundation for developing a health promotion-based summer camp for children and youth with the end goal of transferring the intervention to other like neighborhoods.

Environmental Contaminants in Newfoundland: a Population-based study to explore any association with relevant cancers

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Memorial University of Newfoundland

Introduction: People in Newfoundland and Labrador (NL) are exposed to arsenic and Disinfection by-products (DBPs) by drinking contaminated water and pesticides used in the golf courses. Arsenic is a potent carcinogen found in ground water. DBPs are possible human carcinogens, which are formed by chlorination of raw water containing organic substances. Several pesticides used in the golf courses are linked to certain types of cancers. However, there is no population-level spatial data on any association between the exposure to these contaminants and related cancers. This ecological study was conducted to explore any association between the exposure to arsenic and DBPs in drinking water and living close proximity to golf courses and prevalence of the relevant cancers at the community level of NL.

Methods: Based on the water quality data from provincial reports, the communities exposed to higher levels of arsenic and DBPs were identified. List of neighborhoods living within 500 meters of golf courses were selected from google map. Communities with similar demographic characteristics except for the exposure to these contaminants were selected as low-risk groups. A list of cancers induced by these contaminants was developed through literature search. Cancer data (histology and topography of cancers, sex, age, and postal codes) were extracted from the NL Cancer Registry for the cases diagnosed between 2007-2016. Relative risk and 95% confidence intervals (CIs) were calculated.

Results: Communities with high arsenic, DBPs, and neighborhoods living within close proximity of golf courses had greater risk of developing certain cancers (RR 1.3, 95%CI, 1.03-1.51; RR 1.8, 95%CI 1.7-1.9; RR 1.8, 95%CI 1.5-2.0 respectively), than the low exposure communities.

Conclusion: Population-level spatial distribution of environmental contaminants were significantly associated with higher risk of cancer. Further studies are needed to establish causal relationships.

Mucoadhesive Nasal Delivery of Levothyroxine Using Hydroxypropyl Methylcellulose

Obinna Esomchukwu

Dalhousie University

Introduction: Hypothyroidism is the most common endocrine disorder affecting 3-5% of the global population. In most cases, hypothyroidism is a permanent condition that requires life-long thyroid replacement. Currently, oral levothyroxine tablet is the mainstay of replacement therapy. However, some patients are unable to absorb oral levothyroxine. The only alternative for such patients is injectable levothyroxine, which is expensive and inconvenient. The aim of this study was to develop a mucoadhesive levothyroxine formulation for intranasal delivery.

Methods: Three different nasal levothyroxine formulations were prepared with HPMC as mucoadhesive. The formulations varied by drug-polymer ratio 1:1, 1:3, and 1:5. The formulations were freeze-dried and characterized. Surface morphology, particle size, zeta potential, thermal properties as well as the *in vitro* release were assessed for physicochemical properties and release characteristics, respectively.

Results: The formulations displayed a compact needle-like surface morphology. Mean particle sizes for 1:1, 1:3, and 1:5 the formulations were 561.2 ± 30 nm, 222.6 ± 57.1 nm, and 463 ± 36.8 nm. The 1:1, 1:3, and 1:5 formulations had zeta charges of -11.66 ± 3.16 mV, -6.06 ± 3.92 mV, and -9.53 ± 1.68 mV, respectively. Differential calorimetric analysis confirmed drug-polymer integration in all formulations, and X-ray powder diffraction showed the formulations had a crystalline configuration. Cumulative % release at 1.5 hours for formulation 1:1, 1:3, and 1:5 was $68 \pm 7\%$, $96 \pm 9\%$, and $78 \pm 8\%$, respectively.

Conclusions: The results of this study indicated that HPMC could be used as a system for the intranasal delivery of LT4.

The legalization of cannabis in Canada: did it hit a ‘high’ note or did it go up in smoke?

Amanda Steger

Dalhousie University

Introduction: October 17, 2019 marked the one-year anniversary of the legalization of recreational cannabis in Canada through the Cannabis Act. The federal government promoted and justified legalization through three objectives: keep cannabis out of the hands of youth, keep profits out of the hands of criminals, and protect public health with safe and legal access to cannabis. However, the implementation of legalization revealed additional interests beyond those formally declared. These included business-oriented interests designed to monopolize on profits from a new and emerging market.

Methods: This paper evaluates the marketing of legalized cannabis in Canada, against the formal and informal objectives of legalization. The paper will also explore how provincial discrepancies in dispensing and retailing cannabis impacted accomplishing the federal objectives.

Results: Discrepancies between the purpose and effect of legalization derive in part from the mix of formal and informal objectives underlying legalization. Business objectives led to rushed implementation, which undermined the public health objective of legalization, especially in the failure to demolish parallel and illegal markets. The promotion of goals not explicit in the statute, but implicit in its implementation led to unintended consequences and confusion amongst provinces and stakeholders.

Significance: Insight from legalization in Canada can help inform three key future directions: guide the recent legalization of cannabis edibles in Canada, inform other countries looking to legalize recreational cannabis, and inform other products transforming from illegality to legality. The scope of national recreational legalization is vast, and stakeholders in diverse industries can learn from Canada’s failures and successes.

Study Drug Usage on the University of New Brunswick Campuses

Alexandra Reurink

University of New Brunswick

Introduction: The purpose of this ongoing study is to try to better understand the psychosocial stressors that motivate University of New Brunswick students to turn to prescription stimulant drug use opposed to the social services in place on campus. Exploring the unseen motivations that fuel students' use and possible connections between their stress and their external environment.

Methods: This study will be using an instrumental case study through two groupings of semi-structured interviews, one with university students who illegally use prescription stimulants and another group that do not, to study the social phenomenon of study drugs at University of New Brunswick. As well as: observational notes on commonly discussed public areas of drug consumption, and secondary documents (social media and social service pamphlets).

Anticipated Results: That when entering university, students lose many of their social connection that are used as coping mechanisms for stress, and in place of these coping mechanism students turn to prescription stimulants. Also, the role strain created by becoming a university student who fell they are expected to be academically and financially independent, as well as, socially and physically active. Students feel they do not have the time to be using the counselling services in place on the campus to help minimize their stress and turn to what they perceive to be a more immediate solution.

Significance: Motivations for prescription stimulant use is an area of research that has been under explored, with researchers either grouping all types of drugs together when studying or simply looking at motivations a secondary factor to their research. While research has shown New Brunswick has higher levels of drug use than many of the Atlantic provinces, this has only been studied in relation to elementary and high school students, leaving out a whole vulnerable demographic.

The Role of Problem Solving in Reducing Psychological Strain in Caregivers of Acquired Brain Injury (ABI) Survivors

Hannah Richardson

IWK Health Centre

Introduction: There is widespread empirical evidence that links the experience of informal caregiving for ABI survivors to high levels of psychological strain (Caplan et al., 2016; Kruithof et al., 2016; Maslan et al., 2016), including increased levels of depressive symptoms (Graf et al., 2017; Rohde et al., 2019) and anxiety (Carlozzi et al., 2019; Ennis, Rosenbloom, Canzian, & Topolovec-Vranic, 2013). One successful approach to alleviating psychological strain is through interventions grounded in problem solving therapy (PST; Narad et al., 2019). PST is thought to lessen psychological strain by promoting positive emotion regulation and coping strategies (Elliott, Shewchuk, & Richards, 1999). To date, few PST interventions have been delivered online, and even fewer have been delivered to informal caregivers of ABI survivors.

Methods: Up to 330 informal caregivers of ABI survivors experiencing significant levels of distress will be recruited from across Nova Scotia. A two-arm Randomized Control Trial will be used to compare individuals receiving an 8-week online coached PST intervention, with individuals receiving treatment as usual. Participants in both groups will complete the DASS-21 at baseline, 6-months, and 1-year.

Anticipated Results: The effectiveness of the PST intervention in relation to caregiver's psychological strain will be analyzed using mixed effects regression. It is anticipated that participants who receive PST intervention will experience a reduction in their levels of psychological strain.

Conclusion: Findings will inform the efficacy of our PST intervention in reducing psychological strain, and will broaden our knowledge of PST and the delivery of e-health interventions.

The perceived relationship between outdoor loose parts play and children's social-emotional development

Naomi Murray

Dalhousie University

Introduction: Outdoor play is beneficial for healthy development in children and can facilitate the development of important social-emotional competencies. However, the provision of outdoor play in the childcare sector has been declining. Loose parts are open-ended materials that can be moved and manipulated by children to enhance their outdoor play experience. The current literature on educators' perceptions of the relationship between outdoor loose parts play and children's social-emotional development is minimal.

Purpose: To explore how educators perceive the relationship between outdoor loose parts play and preschoolers' social-emotional development and to describe any changes observed by educators in preschoolers' specific social-emotional competencies.

Methods: Secondary analysis of data collected in the Physical Literacy in the Early Years (PLEY) project will be conducted using a qualitative description approach. Qualitative data in the form of photo elicitation, and focus group data collected from the educators, will be analyzed using thematic analysis.

Anticipated Results: It is anticipated that the results will further the current understanding of educators' perceptions of the relationship between outdoor loose parts play and children's healthy development. Specifically, it is anticipated that educators will perceive a positive relationship between outdoor loose parts play and preschoolers' social-emotional development. Based on previous literature, it is believed that themes of cooperation, self-confidence, and decision-making skills will emerge as aspects of social-emotional development that are fostered through outdoor loose parts play.

Significance: Findings will demonstrate the unique benefits of outdoor loose parts play to young children's social-emotional development and will be shared with key stakeholders (e.g. parents, educators, health professionals) to encourage outdoor loose parts play practice in places where children live, learn and play.

Thematic analysis of patient experience of discharge related information at 30-day post-operative using ACS-NSQIP data

Ryan Gainer

Dalhousie University

Introduction: In 2017 the Perioperative & Surgical Services Portfolio within Nova Scotia Health Authority made the decision and commitment to implement the American College of Surgeons - National Surgical Quality Improvement Program (ACS-NSQIP) at eleven facilities with a goal to improve patient experience and health system outcomes. ACS-NSQIP requires a 30-day post-operative follow-up accomplished through medical record review and/or contact with the patient. The Perioperative & Surgical Services Portfolio intentionally sought to take advantage of the NSQIP 30 day post-operative follow-up process to engage with patients and families to learn from their experiences. The process to capture patient feedback is now embedded into the follow-up calls. In addition to questions on post-operative surgical outcomes a team of twelve Surgical Clinical Nurse Reviewers ask a sample of patients two questions related to receipt of discharge related information: (1) Did you receive written / verbal information at discharge? (2) Did it include information on how to seek medical attention if needed? Patient's response to these two questions included qualitative information about their surgical care and experience.

Methods: A thematic analysis was conducted on the information collected during the follow-up calls which has been incorporated into the development of a more comprehensive patient experience and expectation survey to be piloted in January 2020.

Results/Anticipated Results: As part of the NSQIP 30 day post-operative follow-up calls patients identified topics that they did not have sufficient information on for their care and recovery and in many cases provided examples. (Table attached)

Discussion: Leveraging the NSQIP data abstraction process and 30 day postoperative follow-up calls with patients to enhance patient care is a unique opportunity to engage with patients and families to learn what matters to them.

Dismantling stigma: a literature review exploring experiences of food insecurity, social exclusion and shame among women

Chloe Pineau

Mount Saint Vincent University

Introduction: In Canada, over 4 million people experience household food insecurity, which is characterized by inadequate or insecure access to food due to financial constraints. Both locally and globally, women experience disproportionately high rates of food insecurity, which can be a highly stigmatizing experience that is associated with feelings of shame, guilt, and social isolation. This project explores how and why collective social beliefs and stigma contribute to social exclusion among women who experience household food insecurity, and how enhancing the capacity for empathy among health professionals and service providers may lead to reducing stigma.

Methods: This literature review is being conducted as part of a larger project funded by the Social Sciences and Humanities Research Council (SSHRC). Both peer-reviewed and key grey literature from various databases (including PubMed central, EBSCO, PsycINFO, and SocINDEX) are being searched using key terms related to household food insecurity, women's experiences, stigma, shame, social exclusion, and empathy.

Anticipated Results: The results of this project are anticipated to identify key themes in the existing literature related to stigma and social exclusion faced by women with everyday experiences of household food insecurity. In addition, the results are expected to build evidence to promote policy that will support those experiencing poverty and food insecurity.

Significance: The findings of this project will highlight and enhance the existing research and knowledge around the experiences of food insecurity and stigma among women, while also identifying knowledge gaps that exist in the literature surrounding this topic.

A formalized shared decision making process with individualized decision aids improves comprehension and decisional quality

Ryan Gainer

Dalhousie University

Introduction: Comprehension of risks, benefits, and alternative treatment options is poor among patients referred for cardiac surgery interventions. We have demonstrated that an increasing proportion of older, potentially frail patients are undergoing complex cardiac surgical procedures with increased risk of both mortality and prolonged institutional care. The objective of the current study is to explore the impact of a formalized shared decision making (SDM) on patient comprehension and decisional quality among older patients referred for cardiac surgery.

Methods: A paper-based decision aid for cardiac surgery was developed and evaluated within the context of a pre-post study design. Surgeons were trained in shared decision making through a web based program. Patients (65 and over) undergoing isolated valve, Coronary Artery Bypass Graft (CABG) or CABG+Valve surgery were eligible. Participants in the interventional group (n=100) were presented with a decision aid populated with individualized risk assessment, personal profile, and co-morbidity status. Both groups were assessed following consent but prior to surgery on comprehension, decisional conflict, decisional quality, anxiety and depression.

Results: Patients who received decision aids through a formalized shared decision making approach scored higher in comprehension compared to those who did not. Decisional quality was greater in the interventional group compared to those in the pre-intervention group. Decisional conflict scores were lower in the post-intervention group compared to those in the pre-interventional group. Anxiety and depression scores showed no significant difference between pre-intervention and post-intervention groups.

Conclusion: Institution of a formalized shared decision making process including individualized decision aids improve comprehension of risks, benefits and alternatives to cardiac surgery, decisional quality, and did not result in increased levels of anxiety.

What is the association between meeting components of the physical activity guidelines and frailty?

Andrea Mayo

Dalhousie University

Introduction: Physical activity (PA) has been shown to aid in frailty prevention; although, less is known about resistance training's (RT) specific role. The aim of this study is to explore the association of meeting components of the PA guidelines with frailty.

Methods: This cross-sectional study included 9641 adults (ages 20-85) from the 1999-2006 cycles of the National Health and Nutrition Examination Survey. Moderate-to-vigorous physical activity (MVPA) and RT was self-reported. PA was categorized into four groups: 1) Reaching the PA guidelines (≥ 150 minutes of MVPA/week, ≥ 2 days of RT), 2) Reaching only MVPA guidelines (≥ 150 minutes of MVPA/week, < 2 days of RT), 3) Reaching only RT guidelines (< 150 minutes of MVPA/week, ≥ 2 or more days of RT), 4) Not PA reaching guidelines (< 150 minutes of MVPA/week, < 2 days of RT). Frailty was measured with a 46-item frailty index. Multivariable linear regression models were used adjusting for age, sex, race, marital status, and education.

Results: Of the total sample, 7.1% were reaching the PA guidelines, 49.8% reaching only MVPA guidelines, 2.3% reaching only RT guidelines, and 40.8% not reaching PA guidelines. Additionally, the average FI was 0.09 (SD: 0.09). Compared to those who met no PA guideline components, meeting any or all guidelines components were associated with lower frailty levels (MVPA only: $\beta = -0.008$ [95% CI: -0.01, -0.005]; RT only: $\beta = -0.01$ [95% CI: -0.02, -0.004]; Meeting the PA guidelines: $\beta = -0.01$ [95% CI: -0.02, -0.006]). Lastly, a significant reduction in frailty was found when testing the frequency of RT over the past 30 days after adjusting for MVPA [$\beta = -2.2$ (95% CI: -3.5, -0.8)].

Conclusion: Meeting any of the PA guidelines was associated with reduced levels of frailty. These data suggest that an individual who engages in RT may be able to see similar reductions in frailty as those who meet MVPA guidelines.

Title: A gender-based multi-method examination of age stereotypes

Sara Brushett

Dalhousie University

Introduction: Aging is more than physical change, it is also a psychological and social construct. Age-based stereotypes are the major components of age discrimination (ageism). Age stereotypes, particularly negative ones, can influence the behaviour and health-related outcomes of the older population. Thus, with an aging population, it is important to explore how age stereotypes affect the psychosocial environment, well-being, and lived experiences of older people. Similar to aging, gender is psychologically and socially constructed. Gender is also shown to influence one's behaviour, health, and overall well-being. Despite these similarities, very little age stereotype research has focused on the intersection of age and gender. The purpose of this study was to examine: a) if/how age stereotypes are gendered and b) if/how the gendered representation of age stereotypes may change across increasing age groups.

Methods: Gender-specific and non-specific age stereotype data were collected from 1,194 participants through an online survey, which were examined across younger (18-29y, n=490), middle-aged (30-59y, n=434), and older (60+y, n=268) age groups. Multi-method data analyses were used.

Results: Quantitative statistical analyses demonstrated significant gender age stereotype trait differences within and between age groups, and qualitative content analyses resulted in the identification of the masculine and feminine age stereotype traits that were ranked and sorted by stereotype valence (positive, negative).

Conclusion: During the current shift in population age demographics, it is necessary to create inclusive settings for older individuals, which can be supported by using appropriate (non-ageist, non-sexist) terminology that is conscious of both age and gender representations.

Examining the association between domains of frailty and 6-month changes in the health related quality of life

Sophia Roy

Nova Scotia Health Authority

Introduction: Both age and frailty are preoperative risk factors for cardiac surgery. Age is usually a poor marker for determining older patients' health status, most likely due to failure to reflect lifestyle factors in the measurement. Frailty status, which takes into account lifestyle factors, may be a better measure for older patients' health status. A small number of studies have demonstrated that frailty is a risk factor for various adverse outcomes after cardiac surgery, in older patients.

Methods: A prospective cohort pre-post design will be used to evaluate the exposure (frailty) and resulting outcomes. Frailty will be assessed preoperatively using the FACT, a frailty instrument pioneered at Dalhousie University that categorizes frailty in domains of mobility, social, daily tasks, and memory. The primary outcome, HRQoL, will be measured preoperatively and at 6 months using EQ-5D-3L/EQ-VAS. Secondary outcomes, independent/dependent living status and treatment decisional satisfaction will be assessed at 6 months post-surgery.

Anticipated Results: The overall goal of this research is to determine the impact of varying degrees of frailty on the functional recovery of patients who undergo cardiac surgery. Specific objectives are as follows: (1) Determine the association between domains of frailty and change in health related quality of life at baseline and 6 month follow-up (2) Determine the association between domains of frailty and independent/dependent living status at 6 months post-surgery (3) Determine the association between domains of frailty and treatment decisional satisfaction at 6 months post-surgery.

Discussion: The evidence-based data has the potential to better inform patients who are at risk for loss of QOL and independence with cardiac surgery, allowing for them to make decisions in line with values and preferences. Educating patients on the risks of frailty is an important aspect of patient-centered care.

How are postgraduate medical educators using reflective writing to remediate professionalism?

Carolyn Gaspar

Dalhousie University

Introduction: Underperformance in the professional role has high stakes for learners and educators. Problems with professionalism, unless appropriately and effectively remediated, may portend serious problems, with the plausibility of effecting patient care. Yet, such remediation is particularly challenging. Increasingly, educators turn to reflective writing (RW) as a remediation strategy in residency, yet little is known about what educators expect RW to accomplish, how they choose RW tasks, why they use RW, or how RW is evaluated. In this study, we aimed to understand how and why postgraduate medical educators use RW as an educational intervention to remediate professionalism.

Methods: Eleven medical education professionals across nine Canadian medical schools were interviewed. Data was analyzed iteratively for themes using coding principles from constructivist grounded theory.

Results: We identified five dominant themes: (1) Professionalism is widely perceived as difficult to remediate, owing to lack of guidance regarding effective strategies and insufficient learner insight; (2) RW is part of multipronged yet variable approaches to remediating professionalism; (3) RW is expected to demonstrate or, less frequently, to help develop learner insight into the issue; (4) Standards for quality vary, and educators struggle with subjectivity in evaluating RW; and (5) Educators and learners are challenged by inexperience with RW and affected by issues of learner vulnerability and confidentiality.

Conclusion: Educators often express ambivalence about using RW as a tool to navigate remediation around the professional role in residency. Understanding of the potential and pitfalls of RW may inform more tailored and effective approaches to professionalism remediation.

Reduction in anxiety scores in IBD patients after Infliximab infusion is associated to changes in tryptophan metabolism

Caroline Seiler

McMaster University

Background: Inflammatory bowel disease (IBD) patients frequently experience anxiety and depression and are commonly treated with Infliximab, an anti-TNF α antibody. Anecdotally, IBD patients report improvements in mood only hours after Infliximab infusion, before intestinal mucosal healing could occur. This study aimed to evaluate the immediate effects of Infliximab infusion on mood, disease activity, and immune markers in IBD patients.

Methods: IBD patients attending the McMaster University infusion clinic were enrolled. Patients were examined at baseline, 1 day, and 7 days after Infliximab infusion. Anxiety and depression, quality of life, and disease activity were assessed using validated questionnaires. Serum CRP, kynurenine, tryptophan, and serotonin levels were measured at each visit.

Results: We enrolled 41 IBD patients. Disease activity decreased at day 1 compared to baseline ($p=0.01$), but this was not sustained at day 7. Anxiety scores (HADS-A) decreased significantly at day 1 ($p=0.006$) and remained lower at day 7 ($p=0.009$). An improvement in quality of life (SIBDQ) was seen only at day 7 ($p=0.017$). The decrease in anxiety scores strongly correlated with the improvement in quality of life (SIBDQ $r=-0.81$; $p<0.001$) at day 1 and day 7. The kynurenine/tryptophan ratio decreased significantly at day 1 ($p=0.025$) and remained lower at day 7 ($p=0.047$). However, CRP levels did not change.

Conclusions: Infliximab infusion induces rapid changes in anxiety and disease activity. We hypothesize that this effect is central, mediated through changes in kynurenine/tryptophan metabolism, and not through improvement of gut inflammation.

Resident Centered Care and Meal Satisfaction in Long Term Care

Safura Syed

Mount Saint Vincent University

Introduction: Resident-centered care (RCC) emphasizes the well-being and quality of life as defined by the individual receiving care (Crandall, White, Schuldheis, & Talerico, 2007). The Best Practices for Nutrition, Food Services and Dining in Long Term Care Homes (Dietitians of Canada, 2013) elaborated on how RCC could best be implemented in long-term care (LTC). The purpose of this study was to explore the role of RCC and how it is evaluated, particularly as it applies to meal satisfaction in selected LTC food services in Nova Scotia.

Methods: A qualitative research design was used where LTC food service managers and dietitians were invited to be interviewed as key informants. Handwritten notes were taken during the interview and analyzed qualitatively.

Results: The results informed how RCC is addressed in LTC in Nova Scotia and the various barriers and supports. There were seven overarching themes identified in relation to strengths, barriers, and areas for improvement in the current RCC approach in LTC. Strengths include culture change movement that is paving the way for the integration of care models, positive change in perceptions of residents towards the quality of care provided in LTC, opportunities for frequent evaluation to improve food services according to resident preferences, increase in quality of care and the additional knowledge about the integral role of food services on meal satisfaction. One of the biggest barriers includes the limitation in resources that affect required staffing for an increased workload and availability of food based on individual preferences.

Conclusion: Further research needs to be conducted to aid in policy-making decisions to fight against the barriers that can influence the extent of the RCC approach.

A Survey of the Self-Reported Mental Wellness of Graduate Students at Dalhousie University

Stephen Seviour

Dalhousie University

Introduction: Mental health and mental illness are critical components of the overall wellness of graduate students. However, graduate students are often overlooked by researchers conducting mental health/wellness studies on university campuses. Graduate studies present unique stressors and challenges to the mental wellness of students, and thus should be studied with these stressors in mind. Some of the specific factors facing graduate students are student-supervisor relationships, competitiveness of programs, and difficulty of attaining funding. The purpose of this study is to identify the self-reported mental wellness of graduate students at Dalhousie University, and to identify factors contributing or detracting from their overall mental wellness.

Methods: This study will use the online survey platform Opinio to administer an anonymous survey to graduate students on their current mental wellness, history of mental illness, and experience as a graduate student at Dalhousie University.

Anticipated results: A limited amount of research has been done on graduate students in Canada; however, the results are expected to adhere to international data and show significant mental distress among this cohort. It is also expected that there will be a significant and positive relationship between self-reported mental wellness and quality of the student-supervisor relationship.

Anticipated conclusion: Graduate students have mental wellness concerns that have been identified and need to be addressed. Efforts must be made to reduce these concerns and to foster environments where graduate student mental wellness is a priority. This research will help inform mental wellness policy, and contribute to the scientific knowledge for further studies.

Title: Meaningful Engagement between Long-Term Care Residents with Dementia and Family Members: A Critical Ecological Analysis

Marco Redden

Mount Saint Vincent University

Introduction: The proposed thesis will examine meaningful engagement between long-term care (LTC) residents with dementia and their visiting family members. LTC residents are often deprived of meaningful social and occupational engagement which are important to quality of life (Jansson et al., 2017). Those living with dementia face additional barriers to having these needs met (Du Toit et al., 2018). While family and friends often wish to remain connected after LTC admission, the extent to which this is possible is shaped by supports and barriers within and around the individuals in relationship (Baumbusch & Phinney, 2014). Family members require additional support to engage meaningfully with LTC residents with dementia to enhance relationships and honour individual preferences.

Methods: Family members of LTC residents with dementia will be recruited using a purposive snowball sampling method. Participants will take part in two semi-structured interviews. Qualitative data will be analyzed using the critical ecological framework (Norris, Fancey, Power, & Ross, 2013) to gain understanding of individual, organizational, and ideological elements shaping the experience of engaging with relatives in LTC facilities.

Anticipated Outcomes: Identifying barriers to meaningful engagement between LTC residents with dementia and their families will inform transformative action at multiple levels.

Significance: Findings about family experiences will be disseminated to facility administrators to promote awareness of the role of families and inform supportive initiatives. This will support facilities in providing person-centered care.

Weight Stigma and Health Inequalities in New Brunswick Marginalized Communities

Alison Tuner

University of New Brunswick

Introduction: Weight stigma research that examines the intersections of other stigmas and marginalized identities has been largely underrepresented in existing literature. This research investigated the impact of weight stigma and low-income stigma on individuals' experiences in the context of the New Brunswick healthcare system. Participant's recommendations to make New Brunswick healthier and more conducive to well-being were recorded. This research is a part of a larger, intersectional weight stigma study that incorporates the lived experiences of four additional subsamples.

Methods: Ten New Brunswick adults who have been classified as obese [≥ 30 Body Mass Index (BMI)] and who have incomes below Statistics Canada's definition of income adequacy (lower income) participated in an ethnographic study consisting of two interviews. The first interview was semi-structured and focused on experiences of weight stigma and how it intersects with other forms of marginalization. The second interview was about places in New Brunswick that affect participants' wellbeing and consisted of onsite participant observation, a semi-structured interview, and fieldnotes of each location and participant. The data is being analyzed by thematic content analysis.

Results: Preliminary results suggest that low income stigma intersects with weight stigma felt by the participants. Participants reported feeling judged, not listened to, and not respected in healthcare experiences. This affects how they experience healthcare and their health seeking behaviours.

Conclusion: This study highlights the lived experiences of New Brunswick residents who are facing weight stigma and income stigma. The preliminary results show that these stigmas negatively interact with each other and affect participants' overall healthcare experiences. It is important to understand how local groups experience these stigmas to create a more accessible and inclusive New Brunswick for all.

Validation of a Novel Musical Mood Induction Procedure

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Introduction: Inducing mood changes with music aids studies of cognition and behaviour. In a previous study, music composers identified structural correlates of relaxing vs. arousing music by rating music chosen for these functions by young adults. It is unknown, however, if such music in fact induces the desired changes in affect. Additionally, no quantitative method exists to ensure playlists have effective and consistent mood-induction properties. Finally, mood induction effects may differ by anxiety sensitivity (AS; fear of arousal sensations) level due to increased arousal reactivity in those with high (vs. low) AS.

Methods: Participants with high or low AS will complete measures of AS, anxiety, and depression, and baseline visual analogue scales for mood. Next, four 3-minute music excerpts – all either relaxing or arousing – will be presented via professional-grade headphones. Responses concerning liking and familiarity will be collected during 60 s of silence after each selection. Participants will then re-complete the visual analogue scales for mood.

Anticipated Results: For arousing music, we expect people with high (vs. low) AS will report a greater increase in arousal, a greater increase in negative affect, and a greater decrease in positive affect. For relaxing music, we expect people with high AS will report a greater decrease in arousal, a greater increase in positive affect, and a greater decrease in negative affect.

Significance: Few musical mood induction validation studies focus on the affective dimension of arousal (high and low). Additionally, music selections have often been chosen based on an unverified, yet assumed correspondence between perceived emotion and induction potential. The current study aims to validate the mood induction potential of music chosen by young adults for the purpose of regulating arousal, including the use of popular music versus a traditional reliance on traditional (e.g., Classical) genres.

Looking Beyond the Plate: Exploring the Narratives of Racialized Dietitians in Canada

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Introduction: As dietetic professionals, exploring diversity is not meant to only be explored on the plate. Understanding of culture and diversity begins with the health profession as we consciously reflect on education, training and professional culture. Currently in Canada, research shows that the dietetic profession is largely White (Siswanto, Brady, & Gingras, 2015; Brady et al., 2012; Riediger et al., 2019). It may be that the seeming lack of racial and ethnic diversity among Canadian dietitians stems from the competition for internship positions. The perspectives of racialized professionals are invaluable in understanding what, if any, systemic barriers may exist. However, research has yet to gather the experiences of racialized dietitians, which creates a knowledge gap and disconnect between individuals and the connection to the profession. (Dhami, 2018).

Methods: A qualitative approach will be used to collect narratives from racialized dietitians working in Canada using a semi-structured interview schedule. The theoretical framing with Critical Race Theory accompanied by Interpretative phenomenological analysis (IPA) will shed light on the lived experience of navigating and becoming a dietetic professional in a racialized body.

Anticipated Results: It is anticipated that data will shed light on diversity recommendations to consider for strengthening the profession.

Significance: My proposed research has the potential to address barriers in collecting race-based data and diversity within health professions, such as dietetics in Canada.

Fabrication and Characterization of a Synthetic Mucus Layer for Mammalian-Microbial Co-Culture Applications

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Introduction: Using an aqueous two-phase system (ATPS) for mammalian-microbial co-culture is a simple and robust technique to control bacterial growth. One of the most commonly used ATPS formulations consists of poly(ethylene glycol) (PEG) and dextran (DEX). Live bacteria can be suspended in DEX-rich phase and deposited onto a mammalian cell layer cultured in PEG-rich phase. The interfacial tension between the two phases serves to confine bacteria within the DEX-rich phase to prevent bacterial overgrowth. However, PEG poses considerable toxicity towards mammalian cells. The goal of this study is to synthesize and evaluate hydrogels that can be layered between a mammalian cell layer and the ATPS to protect mammalian cells from PEG-mediated toxicity while maintaining diffusion of nutrients and mammalian-microbial interaction.

Materials and Methods: Alginate hydrogels were formulated at 1% (w/v) using calcium chloride for crosslinking. Mammalian cell lines derived from lung (16-HBE), oral cavity (OKF-6) and gut (Caco-2) were grown as a layer, followed by overlaying of hydrogels and incubation in 5% and 10% PEG-rich media for 48hr. The effectiveness of the hydrogels in mitigating PEG-mediated toxicity was evaluated using a Live/Dead Assay. Diffusion resistance of hydrogel toward various biomolecules, including glucose, mannitol, PEG, DEX and albumin will be measured using transwell diffusion assays at various time points.

Results: Findings suggest that PEG-mediated toxicity can be mitigated in a hydrogel crosslink density dependent manner. The transwell diffusion assay showed that hydrogels allowed for diffusion of glucose and mannitol while mitigating PEG and DEX diffusion. **Conclusions:** Using hydrogels to mimic the mucosal layer, we are able to mitigate PEG-mediated cytotoxicity for mammalian-microbial co-culture with ATPS and while recreating the selective diffusional barrier function of natural mucosal layer.

The Experiences of Masculinity in Competitive Male Sport

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Introduction: Inter-collegiate athletics and sporting spaces on campus have been generally defined as hypermasculine sites where athletes are mistreated and excluded due to their violation of the norms of hegemonic masculinity. The culture of hegemonic masculinity that operates within competitive male sport works to stigmatize and devalue differing masculinities. Competitive male athletes may try to mask portions of their identity which could be viewed as feminine or gay due to fears of physical and social retribution, including active exclusion. The principal emphasis of the proposed study will be the way that hegemonic masculinity subordinates other masculinities within competitive male sport, and how this subordination can negatively impact the health and well-being of these non-dominant individuals.

Methods: A transformative framework and feminist post-structural approach will be utilized. Participants will include 8-10 straight identified male athletes from area universities. Participants will be recruited through university athletic departments and social media postings. In-depth and semi-structured interviews will be conducted, focusing on themes of team culture, masculine language, understanding of sexuality, masculinity, and gender identity, sport's resistance to societal change, and individual acceptance and willingness to change.

Anticipated Results: The study will work to gain perspectives of straight identified male athletes, which in turn will highlight how hegemonic masculinity in sport influences mistreatment of non-dominant masculine athletes.

Significance: Study into the masculine hierarchy in competitive male sport is essential in preventing this physical and social segregation, thereby working to prevent negative health outcomes in male athletes who are members of non-dominant masculine groups.

Life under the dome; Controlling the environment and geometry in biofilms reveals new ways to investigate quorum sensing

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Introduction: Bacterial biofilms are of great interest to human health, contributing to antibiotic resistant and chronic infections. They are made of dense networks of sugar, proteins, DNA, and their composition varies between species and microenvironment. In order to form complex structures, bacteria use special molecules and a sensing mechanism known as quorum sensing (QS), to detect crowding. At high densities QS coordinates gene expression to delegate roles within the biofilm. QS also controls expression of virulence genes. Despite how relevant biofilms are to human health, there are few models available to capture the complexities of QS. This is because biofilms grow in geometrically complex and irregular shapes with many density gradients. This issue is compounded by the tendency of studies to focus on biofilms grown on hard substrates, whereas during infection biofilms grow on substrates with a range of stiffness.

Methods: To better understand the relationships between biofilm density, QS and antibiotic resistance, this study will develop a method for growing bacterial biofilms in a highly reproducible fashion. This study will use an aqueous two phase system (ATPS) to localize *S. mutans* biofilms, commonly related to tooth decay, to grow in a small dome shaped droplet. The ATPS will localize biofilms over hydrogels surfaces with a range of biologically relevant stiffnesses. QS will be measured by using a fluorescent system to track expression of QS genes.

Anticipated Results: softer hydrogels will facilitate virulence gene expression. Biofilm density will be linearly correlated to expression of QS mRNA. Significance: While the focus of this study is *S. mutans*, the results will further develop a method for investigating the relationships between biofilm density, substrate stiffness, QS and virulence. This method can be generalized to study many bacterial biofilms and will ultimately be used to understand how biofilms interact with human cells to cause disease.

Educators Perceptions of an Outdoor Loose Parts Intervention on Preschoolers' Fundamental Movement Skills

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Introduction: Providing opportunities for children to develop fundamental movement skills (FMS) in early years settings is important for encouraging lifelong physical activity participation and overall health and wellness. Integrating loose parts (e.g. stumps, planks, buckets) into early years outdoor spaces could provide preschoolers with an opportunity to develop FMS, as these materials provide greater affordances for outdoor play, opportunities for diverse movements, and risk-taking. There is currently no evidence on whether integrating loose parts into outdoor childcare spaces improves preschoolers' FMS. The purpose of this study was therefore to explore the impact of a childcare outdoor loose parts intervention on preschoolers' FMS using a multi-methods approach.

Methods: The Physical Literacy in the Early Years (PLEY) project used a randomized control trial design to facilitate unstructured, active, risky play among Nova Scotia preschoolers (aged 3-5 years) by integrating loose parts into the outdoor spaces at licensed childcare centres. Child demographic, anthropometric, and FMS data were measured pre- and post-intervention. Secondary data analyses determined if children exposed to the loose parts intervention had improvements in FMS, and results were compared to controls. Focus group discussions regarding educator's perceptions of the impact of loose parts play on children's FMS were used to determine if educators perceived a change in the children's FMS.

Results: Although quantitative data revealed no difference in FMS between groups (intervention vs. control), thematic analysis of qualitative data revealed five themes on educators' perceptions of the relationship between outdoor loose parts play and preschoolers' FMS.

Conclusion: These findings improve our understanding of how loose parts outdoor play contributes to children's FMS development and could support the integration of loose parts in other early years settings (home, school, community).

Recapitulating Tumor Oxygen Gradients to Understand their Role in the Development of Diverse Tumor Cell Behaviours

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Introduction: As a solid tumor grows into a characteristically spherical, centimeter-scale mass, the diffusion of oxygen throughout the tumor becomes limited. This leads to the establishment of oxygen gradients within the tumor that may contribute to the diverse behaviours observed among tumor cells. However, our ability to study this relationship has been limited in current research models. Therefore, the goal of this study was to generate oxygen gradients *in vitro* and assess their effect on tumor cell behaviours.

Methods: A sandwich culture model was utilized involving a layer of cells sandwiched between the bottom of a petri dish and a glass platform to limit oxygen diffusion and generate oxygen gradients. A monolayer of NIH3T3 mouse fibroblasts transfected with a hypoxia responsive element (HRE) GFP plasmid were grown between the platform and the petri dish for 24 hours and their GFP fluorescence was assessed. To better represent a human tumor, small aggregates of HCC1806 breast cancer cells were co-cultured with the NIH3T3 monolayer between the platform and the petri dish for 24 hours. This was followed by immunostaining for the expression of CD24 and CD44 cell surface proteins as markers for tumor cell behaviour.

Results: Following 24 hours, transfected NIH3T3 cells grown at the center of the platforms demonstrated greater GFP fluorescence compared to cells grown at the edges of the platforms, indicating the generation of oxygen gradients. Moderately low oxygen levels appeared to increase the proliferative behaviours in HCC1806 cells, as indicated by an increased expression of CD24 and a decreased expression of CD44 cell surface proteins.

Conclusions: This work shows that cells are capable of generating hypoxia gradients within the sandwich culture model and that oxygen gradients may influence the development of tumor cell behaviours.

Federal, provincial, and First Nations aging policies and healthy aging among older Mi'kmaq in the Atlantic region

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Introduction: Older Mi'kmaq face health disparities that occur earlier and more often than non-Indigenous Canadians, distracting from their positive contributions to community wellbeing. Aging-related policies are vital tools to promote health across the life course, which is key as more Mi'kmaq reach older age. This study explored: 1) The current federal, provincial, and First Nations (FN) government policies that promote healthy aging among older Mi'kmaq living on-reserve; and 2) a) How policymakers integrate and reflect upon Mi'kmaq perspectives in the development, implementation, and evaluation of aging-related policies, and b) Whether these policies support healthy aging among older Mi'kmaq living on-reserve.

Methods: A two-phase qualitative descriptive approach was used. First, a systematic search located 11 aging-related federal, provincial, and FN policies, strategies, frameworks, and action plans relevant to older Mi'kmaq. Second, 9 interviews were conducted with individuals from government, FN Health Organizations, FN Health Centres, and members of policy development committees.

Results: Aging-related priorities in FN organization mandates are not integrated into federal or provincial aging policies. Existing restrictive policies and communication issues among governments and healthcare service providers impact the adequacy of supports for older Mi'kmaq. Health-related supports for older Mi'kmaq living on-reserve often get lost among other urgent health priorities.

Conclusion: FN and Canadian government policies intended to promote healthy aging among older Mi'kmaq on-reserve are disconnected. There is a critical need for meaningful engagement between FN and Canadian governments to co-create comprehensive, Indigenous-focused policies to promote healthy aging. Participants recognized the necessity of developing a process for meaningful engagement and emphasized the importance of older Mi'kmaq in identifying the unique needs of each community.

"Running a Race with Legs that Don't Work": Mental Illness and the Experience of Seeking Employment

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Background: Individuals with mental illness face higher than average rates of unemployment. This is a problem because it leads to adverse outcomes for the individuals with mental illness including loss of self-confidence. It also costs taxpayers billions of dollars in income support and lost productivity. Employment can be important for recovery from a mental illness through the structure and social inclusion it provides as well as the income. The aim of this study was to understand the experience of job seeking for individuals living with mental illness.

Methods: This thesis used a phenomenological methodology as the researcher was interested in the common experience of the participants. Eleven working age individuals who are living with a mental illness were recruited to participate in a semi-structured interview about their experiences of seeking employment. The transcripts of the interviews were analysed following Interpretive Phenomenological Analysis methods to identify common themes.

Results: The themes that were established were barriers to seeking employment, negative emotions associated with job seeking, the issue of disclosure, positive emotions related to seeking and finding work, and supports.

Discussion: This study found that there are many barriers that individuals with mental illness face when seeking work. These barriers include stigma and discrimination, limited job pools, and lack of support. These barriers can result in negative emotions such as feeling misunderstood and judged. Due to these barriers, job seekers with mental illness may be hesitant to disclose their illness. Some applicants with mental illness have strong personal supports but many lack professional supports for their mental illness or for their job seeking. While job seekers with mental illness face many barriers, they are often able to find and maintain work. Working may have a special meaning for individuals with mental illness as a source of pride and meaning.

Understanding the experiences of providing opioid agonist treatment in primary care:
Experiences of primary care provide

Alicia Grant-Singh

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Introduction – Worldwide, opioid use disorder is a major public health concern. Opioid agonist treatment (OAT) is a highly effective treatment for opioid use disorder. However, accessibility of OAT is limited in many communities across North America, including Nova Scotia. The integration of substance use treatment (i.e. OAT) into primary care has been internationally recommended in order to increase access. We know relatively little however, about the experiences of those providing OAT in primary care but understanding why this group provides OAT may inform programs and policies to support other primary care providers in offering OAT. Therefore, the purpose of the proposed study is to explore the experiences of primary care providers who are currently offering OAT in Nova Scotia.

Methods – This will be an exploratory qualitative, narrative research study. Purposeful and snowball sampling will help to recruit primary care providers who provide OAT (family physicians and nurse practitioners). Rural and urban, male and female providers in Nova Scotia will be recruited. Approximately 8-12 semi-structured interviews will be conducted in order to understand not only the primary care providers decision to provide OAT but also how they organize treatment within their practice, and any changes in their personal attitudes towards people who use substances and treatment. Data will be analyzed for themes and sub-themes, and by key periods in time as described by the providers.

Results – Anticipated for Fall 2020

Conclusion/Significance – The proposed study will provide insights into the experiences of providing OAT in primary care within Nova Scotia. The results may be help to inform policy and program development for OAT in Nova Scotia communities.

The influence of empowerment on resilience to maintain health and well being after a natural disaster

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Introduction: Natural disasters are happening more frequently and more intensely around the world, and climate change exacerbates this. There is an increasing concern to strengthen resilience in countries from the impact of these disasters. However, little is known as to what extent does empowerment influences its resilience to maintain health and well-being after a natural disaster.

Method: The study examined 177 countries from 2000 to 2015. It employed a quantitative methodological approach, including descriptive analysis, interrupted time series analysis (ITSA), and ordinary least square (OLS) regression analyses. The descriptive analysis was used to describe a phenomenon and to explore disaster impacts and trends using the key indicators of the study. The ITSA was used to assess disaster impact and recovery patterns based on the immediate effect and post effect of a natural disaster using GDP, infant mortality and life expectancy while the OLS regression analyses were done to determine the relationship between empowerment and resilience.

Preliminary Results: The preliminary results demonstrated that countries with a higher level of freedom in terms of political rights or civil liberties have greater resilience to maintain health and well-being after the impact of a natural disaster and that these countries have a higher GDP, lower infant mortality, longer life expectancy, and low corruption.

Conclusions: These preliminary results provide further insights into the factors that influence resilience and suggest that empowerment may be used as a tool for disaster resilience and better health outcomes when considering further research and policy decisions.

Trends in Indigenous Health Research in Atlantic Canada: A Scoping Review

Tara White

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Introduction: Indigenous communities across Canada, have reported being 'researched to death', with little to no benefits accruing to their communities as a result of their participation. However, research can in contrast, be a force for change, by not only strengthening the data on Indigenous peoples, better informing programs, policy, and practice, but also by making space for Indigenous peoples to assert their sovereignty over what knowledge is shared, in what way, and with whom. The purpose of this scoping review is to better understand the Indigenous health research trends in the Wabanaki-Labrador region, with a specific focus on Atlantic Canada, and to identify gaps in research being conducted.

Methods: 11 databases were searched using keywords that signify Indigeneity, geographic regions, and Indigenous communities in Canada between 2001 and June 2019. 192 articles were retained for inclusion within this scoping review.

Results: These preliminary results highlight a wide range of health topics being researched across the Atlantic region, with the vast majority being from Newfoundland and Labrador, and researching climate change. Level of community engagement throughout the research process varied significantly across the articles, with more than half of the articles not indicating any community engagement.

Conclusions/Significance: This scoping review, to our knowledge, is the first of its kind. These results will be shared with Indigenous communities to collaboratively determine how best to share and use the findings to determine next steps forward. Importantly, it will provide key input in informing the development of the Wabanaki-Labrador Indigenous Health Research Network, by identifying current gaps in the literature. As such, this review will contribute to a larger research planning process, with the goal of improving meaningful, ethical, respectful, and relevant health research by, with, and for Indigenous peoples in Atlantic Canada.

Access to Sexual and Reproductive Health Services for Resettled Refugee Women in High-Income Countries: A Scoping Review

Emma Cameron

Dalhousie University

Introduction: Sexual and reproductive health (SRH) is a critical component of women's overall health, wellbeing, and quality of life. Refugee and refugee-claimant women have demonstrated a lower level of sexual health knowledge and reduced usage of sexual health services after resettlement in high-income countries (e.g., Canada, Australia, Germany). This can lead to negative SRH outcomes, including unplanned pregnancy, the contraction of sexually transmitted infections, delayed screening for cervical cancer and more. The purpose of this review is to synthesize and describe available information on access to SRH services and supports for resettled refugees and refugee-claimant women in high-income countries.

Methods: This scoping review will be conducted in accordance with Joanna Briggs Institute scoping review methodologies. A comprehensive search strategy developed by a librarian scientist will be used to locate and retrieve relevant sources. A screening tool will be used to screen titles and abstracts as well as the full-texts of included sources. Data will then be extracted by two independent reviewers, synthesized, and presented narratively.

Anticipated Results: As has been previously reported, most studies indicated that refugee women demonstrate a low level of SRH knowledge. Circumstances preceding their time as refugees and during their time as refugees may have limited access to sexual healthcare providers, and educational resources. Commonly misunderstood areas include menstruation and its function, how to prevent and test for STIs, and the purpose of HPV vaccinations and cervical screenings. Cultural/religious beliefs and reduced access to education materials contribute to refugee women's knowledge of sexual health.

Significance: Results from this project will highlight key barriers impeding refugee women's access to SRH and may help to inform policy change, programming, or interventions aiming to improve access to services.

Understanding Access to Postnatal Healthcare for Syrian Refugee Women in Nova Scotia

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Dalhousie University

Introduction: The postnatal period (i.e., the first 12 months after childbirth) can be an exciting time for new parents. It is also a time commonly accompanied by physical and mental health changes for new mothers, including prolonged bleeding, incontinence, isolation, and postpartum blues or depression. Women may need to utilise additional health services and informal social supports during the postnatal period. Reports have shown that refugee women have a worsened postnatal health status and a greater number of unmet health needs, when compared to Canadian-born women. These inequities have been connected to language barriers, socioeconomic status (e.g., lack of transportation), and low rates of social support. Limited research has been done to solicit the first-hand experiences of resettled refugee women. The purpose of this project is to understand barriers and facilitators facing refugee women accessing maternal healthcare services and social supports during the postnatal period in Canada.

Method: A qualitative approach using elements of grounded theory will be taken. Participants will include 10-15 postpartum Syrian refugee women who have attempted to, or accessed, formal health services or informal social supports in Halifax. Participants will be recruited through local community organizations by an Arabic-speaking research assistant. Participants will be given the option to complete interview questions as part of a focus group or as an individual interview. The focus group and individual interviews will be conducted by the researcher with an Arabic interpreter at a local community centre.

Anticipated Results: This study will help to outline the experiences of new refugee mothers in Halifax, highlighting key barriers and facilitators to services and supports

Significance: These findings will serve as a foundation for influencing policy guidelines and interventions aiming to improve access to maternal health services and supports for resettled refugees in NS.

Understanding Climate Change and Young Women's Mental Health; Gendered Needs for Action and Adaptation

Kathryn Stone

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Background: Climate change is the largest threat to human health of the 21st century, and has the potential to undermine years of public health progress. Women, among other marginalized populations, are disproportionately affected by climate change. While the physical affects as well as the science behind climate change are well known, the mental health impacts of climate change have been historically overlooked. There is a paucity of knowledge on the impacts on young women specifically, and young women have been increasingly active and vocal in advocating for climate action. Thus, the purpose of this study is to explore young women's perceptions of the changing climate and their mental health, and their suggestions for appropriate adaptation and climate action.

Methods: This study will use a feminist post-structural (FPS) approach as it is closely intertwined with the topic of women and climate change because it seeks to explore power relations as well as ways to resist said power. 6-10 participants will be recruited, as is consistent with an FPS approach, and participants will have the choice to participate in a focus group or one-on-one interview.

Anticipated results: As limited research has been done in this area, anticipated results can only include that young women are experiencing mental health challenges as a result of the changing climate.

Anticipated conclusion: It is clear that climate impacts are gendered, thus study data will provide information to inform and ensure policy and environmental action are also gendered.

The Experiences and Challenges of Rural Family Caregivers of Cancer Patients in Newfoundland in Relocation for Treatment

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Introduction: Structural, demographic and geographic factors have created big gaps for rural residents across NL with respect to accessing various health and social services. While the barriers are well documented for patients' access to cancer care in rural and remote areas, challenges faced by family caregivers are not fully recognized. This study examines the experiences of family caregivers in rural NL, particularly when they relocated with their loved ones to urban centers for treatment.

Methods: Design: This qualitative study adopted the hermeneutic phenomenology to best describe and interpret rural-based family caregivers' living experiences and explore the meaning and impact of both individual experience and contextual factors shaping these experiences. Data Collection: In-depth interviews with 12 key informants were conducted. A case study was also used to explore an individual's experience in complex social units consisting of multiple variables of an in-depth understanding of reality. Data Analysis: Thematic analysis guided by the Voice-Centred Relational (VCR) method was employed to explore the relationships and contexts of participants.

Results: Five major themes were identified, namely, Overwhelming caregiving burden; Long-existing financial hardship; Difficulties in travel and relocations; High self-reliance coping strategies and low-level social support; Other unmet needs.

Conclusion: Understanding the lived experiences of rural-based family caregivers is critical to inform policymakers of the gap of health and social service related to caregiving in NL. This study adds innovative insights for policymaking and service provision in supporting family caregivers.

Assessing Therapeutic Recreation Attendance and Potentially Inappropriate Antipsychotic Use in Long-Term Care

Jennifer McKenzie

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Introduction: Responsive behaviours such as agitation, aggression and repetitive vocalizations are commonly exhibited by persons living with dementia in long-term care (LTC) as a means of expressing unmet needs. One commonly reported unmet need amongst these individuals is the unmet need for daytime activity. PLWD in LTC spend much of their time alone or inactive, which may propagate feelings of boredom and the manifestation of responsive behaviours. Pharmacological (e.g., antipsychotics) and non-pharmacological interventions (e.g., redirection, distraction and therapeutic recreation) are often employed by health care professionals in LTC to alleviate, mitigate or halt the expression of these behaviours. Despite their known risk of harm and evidence which supports the use of nonpharmacological interventions, antipsychotics continue to be administered to PLWD in LTC.

Methods: This graduate thesis research will utilize secondary, aggregate RAI-MDS [®] data to assess rates of therapeutic recreation attendance and potentially inappropriate antipsychotic use LTC homes in Alberta and Ontario. Linear regression analysis will be undertaken using SPSS to determine the Pearson correlation (r), mean (u), confidence intervals (CI) and standard deviation (SD) for both provinces.

Anticipated Results: It is anticipated that there will be a negative correlation between the assessed variables. It is hypothesized that Canadian LTC homes which have higher rates of therapeutic recreation attendance will have lower rates of potentially inappropriate antipsychotic use. It is also hypothesized that the correlation between these two variables is moderated by the homes' prevalence of both aggressive behaviours and dementia.

The Relationship of Self-Concept with Low-Impact Physical Activity Participation in Undergraduate Students

Marina Firth

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Introduction: Undergraduate students are reported to experience high levels of mental health difficulties. This highlights the need for strategies and interventions aimed at alleviating the problematic symptoms. Low levels of self-concept are also linked to poor mental health (Kangas, Baldwin, Rosenfield, Smits & Rethorst, 2015). As consistently demonstrated in the literature, physical activity leads to several emotional and cognitive benefits, (e.g., Desai, Miller, Staples, & Bravender, 2008; Brown, 2005), and some recent studies show that physical activity is associated with enhanced aspects of self-concept (Lemoyne, Valois & Guay, 2014). Therefore, this study aims to examine the cumulative effect of engaging in regular low-impact physical activity on self-concept—with a particular focus on self-efficacy, self-esteem, and self-regulation.

Methods: 50 undergraduate students will be recruited and assigned to either the Strength-Stretch condition or Waitlist control. Participants in the Stretch-Strength condition will take part in a 4-week group-based program of low-impact physical activity that will occur twice weekly for a total of eight one-hour sessions. Self-concept will be measured by four subjective standardized questionnaires completed at baseline and after completion of the program.

Anticipated Results: We predict that participants in the Strength-Stretch group, but not the control group, will report increased levels of self-efficacy, self-esteem, and self-regulation relative to baseline.

Significance: The results of this study will add to the body of knowledge on how physical activity affects the well-being of undergraduate students and, specifically, aspects of self-concept. If the findings demonstrate improved self-concept, this information will help guide the development and implementation of physical activity interventions as an approach for improving self-concept in undergraduate populations, which will help reduce mental health symptoms.

It's More Than Getting Dressed: Exploring Clothing-Related Barriers Experienced by People with Intellectual Disabilities

Katie Ashley

Dalhousie University

Introduction: The lack of inclusive and accessible clothing available to people with disabilities is extremely problematic. Clothing most commonly available to wear is created for people who are able-bodied, however, people who have intellectual disabilities often have complex needs and require modifications in order to make clothing more comfortable and wearable. The lack of accessible and inclusive clothing could create barriers for people with disabilities, exacerbate barriers they already face on a daily basis, and further exclude them from the rest of society.

Methods: Data collection for this research project occurred through one-on-one interviews with teenagers and adults who have an intellectual disability and one of their parents. The interviews were transcribed and analyzed using Braun & Clarke's Thematic Analysis guidelines.

Results: Findings from this study explored the importance of clothing for people with intellectual disabilities, how it impacts them, the factors that make clothing difficult, and what needs to be changed in order to be more inclusive and accessible for this population. The overarching theme for this project was "being defined by your clothing" with five themes being constructed from the data: to go or not to go (subthemes: challenges around special outings, does the 'shoe' fit), looking good (subthemes: feelings, being part of the 'in' crowd), and letting go (subthemes: parents and child, to be or not to be).

Conclusion: Clothing can be used to express one's sense of style, personality, as well as foster social inclusion with others. The challenges experienced by the participants highlights gaps in the literature and provides insight into the challenges people with intellectual disabilities experience with clothing and dressing. Results from this study encourage further research into this topic and can inform future design processes to be more inclusive for people with intellectual disabilities and their diverse needs.

Nature Walks and the Well-Being of Undergraduate Students

Yasmeen Ibrahim

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Introduction: There is considerable research evidence supporting the beneficial effects of exposure to nature. Spending time in nature leads to improved overall well-being, higher reported quality of life, better attention, and lower stress levels. Nevertheless, no prior study has examined the effects of repeated exposure to nature on the well-being of undergraduate students. The proposed research aims to shed light on the cumulative effects of a 4-week, twice weekly, program of nature walks on the well-being of undergraduate students, as well as the immediate effects of 30-minute nature walks.

Methods: 75 participants will be randomly assigned to one of three groups: nature walk group, urban walk group, or wait-list group. Participants will complete a set of subjective and objective measures of well-being and stress prior to and after completion of the 4-week walking program. Participants will also complete a short set of well-being questionnaires prior to and directly after the walks and once/week for the wait-list control condition.

Anticipated Results: We expect that, following the completion of the 4-week program, subjective and objective measures of stress will be lower and well-being measures will be higher, relative to baseline, in the nature group, but not in the two control conditions. We also expect an improvement in the well-being measures immediately after the nature walks but not after the urban walks.

Significance: Undergraduate students are in need of interventions and coping strategies that can help alleviate the impact of university associated stressors. This study will fill a gap in the literature, increase awareness of the beneficial effects of nature walks on the well-being and stress levels of undergraduate students, and equip students with a free yet effective way of dealing with potential stressors. This, in turn, can play a role in curtailing or perhaps preventing symptoms of mental health problems.

Early Psychosis and Primary Care: The Perspective of the Family Physician

Jordan Edwards

Western University

Introduction: The first episode of psychosis can be an incredibly frightening time for those affected and their families. These episodes commonly occur during late teens and early twenties and often lead to disruptions in social, academic, and professional development. Delays in treatment of psychosis are associated with poor clinical and functional outcomes. While pathways to care for early psychosis are complex, evidence suggests that family physicians continue to be the centre of care. As such, our objective is to describe family physicians' knowledge of early psychosis symptoms and describe the experiences, attitudes, and needs of family physicians in recognizing, diagnosing, and managing patients with first-episode psychosis in primary care.

Methods: We used semi-structured in-depth interviews, which employ an open-ended dialogue to focus on family physicians' experiences. Interviews were conducted over the phone and have been audio recorded and transcribed. We interviewed physicians from all across Ontario working in a range of care settings. We used convenience sampling methodology and analyzed the data using deductive thematic analysis.

Results: We have completed a dozen interviews and have not yet reached saturation. With this caveat, our interviews have given rise to three main themes which surround the concepts of availability of support for family physicians and their patients, knowledge on psychosis and available resources, and attitude towards the role of the family physician in diagnosing and managing early psychosis.

Conclusions/Significance: The importance of family physicians in early detection and intervention of psychosis has been underestimated, and health administrative data alone won't be able to explain current trends. This research will help inform effective design and implementation of initiatives to support family physicians in their roles in early psychosis.

The Ethics of Artificial Intelligence for Good Health: A Scoping Review

Kathleen Murphy

Dalhousie University

Introduction: Artificial intelligence (AI) has been described as the “fourth industrial revolution” with transformative and global implications. AI technologies are enhancing diagnostic support, disease surveillance, gene editing, and more, highlighting its promise for improving individual and population health outcomes. However, the advent of AI also risks exacerbating existing health inequities, both within and between countries. Given the dearth of research at the intersection of ethics, AI, and health, we conducted a scoping review to better understand what ethical issues have been identified in relation to AI applications for health.

Methods: Eight electronic databases were searched for peer reviewed literature using the concepts of health, ethics, and AI, following which a search of the grey literature was conducted between April and September 2018. Records were independently screened by two reviewers based on the inclusion criteria that (1) records reported on AI in direct relation to ethics and health, and (2) were written in English. Data was charted on a piloted data abstraction form and analyzed descriptively and thematically.

Results: Upon reviewing 12,722 articles, 103 met the inclusion criteria. The major ethical themes of privacy, trust, accountability, and bias were identified from the literature, with a significant focus on the ethics of AI in robotics, diagnostics, and precision medicine. Largely missing from the reviewed literature was attention to the ethics of AI in public health and global health, particularly in the context of low- and middle-income countries (LMICs).

Conclusion: The dearth of literature on the ethics of AI within LMICs and public health points to a critical need to devote further ethics research into the application of AI in global and public health. So too does it indicate the necessity for good governance to mitigate these ethical challenges, to ensure the development and implementation of AI is ethical for all.

“One Patient, One Record”: Canada’s Need to Move Towards Integrated Electronic Medical Records

Jenna MacPhee

St. Francis Xavier University

Introduction: This poster shares results of a policy scan and analysis that identified 3 alternatives for storing health records in Canada. It provides a detailed review of alternatives, and highlights how patients and physicians are negatively affected by the lack of a universal, electronic medical record system in Canada.

Method: A comprehensive review of peer-reviewed academic articles and policy documents related to medical records, with a focus on Nova Scotia. Early findings were shared with a Nova Scotia doctor to gain an insider’s perspective and identify gaps or new directions for the review and interpretation. **Results:** Alternative 1 requires patients’ medical records to be stored electronically with the family physician on a system of the physician’s choice. Alternative 2 involves creating a province wide electronic medical health record system. This has already been implemented in Nova Scotia and is known as “SHARE”. However, by each province having their own system in place, electronic medical records are not accessible from other provinces. Alternative 3 involves creating a nationwide electronic health record system. Strengths and weaknesses of each alternative are presented.

Conclusions/Significance: Although Canada provides a high level of healthcare, we are lacking in the key aspect of practitioner-to-practitioner communication. The lack of a policy supporting standardized, uniform and consistent practitioner-to-practitioner communication processes and practices is resulting in Canadians having incomplete medical records. Barriers to freely accessing health information also extend to patients themselves, which can pose challenges to patients being full partners and fully informed decision makers regarding their medical care.

A New Therapeutic Target for CKD: Activins Facilitate TGF- β 1 Profibrotic Signaling in Kidney Mesangial Cells

Asfia Soomro

McMaster University

Introduction: Chronic kidney disease (CKD) is a rising health issue for about 11% of the North American population and is characterized by progressive renal fibrosis and loss of kidney function leading to end-stage renal disease requiring dialysis or transplantation. The profibrotic cytokine TGF β 1 is a central mediator of kidney fibrosis in CKD and blocking it is harmful. We have shown that TGF β 1 requires activins, a TGF β superfamily member, for its profibrotic effects. Both signal via the same canonical Smad pathway but how activins enable TGF β 1-induced fibrosis is not known and was investigated here.

Methods: Primary mouse mesangial cells (MC) were used. Activin A (AA) and B (AB) were inhibited with a neutralizing antibody, follistatin or siRNA to their receptor, ALK4. Smad3 transcriptional activity was assessed using a CAGA12 luciferase reporter.

Results: TGF β 1 activated Smad3 earlier (60 min) than AA/AB (48h) and induced the secretion of AA. Inhibition of AA decreased TGF β 1-induced Smad3 activation, assessed by phosphorylation and nuclear accumulation, and its transcriptional activity, demonstrating a need for AA for canonical Smad3 signaling by TGF β 1. However, AA inhibition also decreased TGF β 1-induced activation of the α -smooth muscle actin (SMA) promoter more effectively than Smad3 transcriptional activity. Since SMA is a well-known Smad3-mediated TGF β 1 target and requires non-canonical signaling, the data suggests AA adds to TGF β 1 signaling activation via a non-canonical pathway. The transcription factors YAP/TAZ are known Smad3 coactivators of SMA and so activin inhibition prevented TGF β 1-induced YAP, activation and upregulation. Finally, we confirmed TGF β 1-induced expression of the extracellular matrix proteins fibronectin and collagen IV were prevented by activin inhibition in MCs. Future studies will use mouse model of CKD.

Conclusion: Because AA facilitates TGF β 1 profibrotic effects, targeting AA represents a novel antifibrotic treatment approach for CKD.

Body image and sexual function of breast cancer survivors in Nova Scotia

Leah MacLean

Dalhousie University

Introduction: Breast cancer is the most commonly diagnosed cancer in women across Canada. Better treatments mean that more women are surviving breast cancer and these patients now make up the largest population of cancer survivors. Breast cancer survivors may have gone through surgery, radiation or chemotherapy. All of these treatments are designed to remove or kill cancer cells. Unfortunately, they can be harsh on the body and it has been found that they often lead to poor body image and sexual function in breast cancer survivors.

Methods: Through this study we want to look at the status of body image and sexual function in Nova Scotian cancer survivors. We also want to explore where the previously reported negative body image and sexual function come from. We will accomplish this by recruiting breast cancer survivors from clinicians who see these patients. Those interested and able to take part will be given information to complete an online questionnaire. Patients will be able to self-assess their body image and sexual function. Some participants will also be asked if they would like to participate an interview following the surveys. During the interview we will use open-ended questions to gain important information based on lived-experiences that will help us identify where poor body image and sexual function come from. This research will also be the first assessment of body image and sexual function in breast cancer survivors from Nova Scotia. It's important to have location-specific research because it can tell us about the specific needs of women in this province.

Conclusions: Through this research we want to identify areas that may increase the risk to breast cancer survivor's experiencing issues surrounding body image and sexual function, and provide recommendations to health care professionals, program developers and policy makers. This falls within a larger goal to improve the quality of life of breast cancer survivors across Canada.

Body image in older breast cancer survivors: a systematic review

Caitlin Davis

Dalhousie University

Introduction: Breast cancer is the most common cancer among women world-wide. Advances in detection and treatment have led to increased survival rates and a growing population of breast cancer survivors. The goal of this review was to systematically explore the literature to identify the status of body image and factors that can impact the body image of older breast cancer survivors.

Methods: A systematic review of the literature was conducted and registered with PROSPERO (CRD42019133617). EMBASE and PubMed were searched for articles including terms related to “body image” and “breast cancer”. Duplicates were removed and the remaining 322 abstracts were screened. Studies published before 2000 and those identified as off-topic or non-primary research articles were excluded. Sixty-nine remaining full-length articles were screened for language, gender, and location. Seven articles underwent quality assessment of which 5 passed and were reviewed in depth. The remaining 2 articles were discussed, albeit briefly.

Results: The literature review suggests that body image is considered important in older BCSs and that body image may impact or be impacted by several factors including age, menopausal status, mental health, treatment modality, and exercise. Additionally, themes of dealing with physical changes and the length of time women are impacted following treatment were explored.

Conclusion: Our findings highlight that older women may be at an advantage with respect to post-menopausal status, however concerns surrounding physical and emotional changes affecting body image remain present. Future studies on breast cancer survivorship should consider the inclusion of the multifactorial concept of body image as a specific outcome measure in addition to including a sample that encompasses a wide range of ages.

Using Multi-Agency Safeguarding Hubs (MASHs) to coordinate health and social service agencies to improve patient outcomes

Julia Guk

Dalhousie University

Introduction: Multi-Agency Safeguarding Hubs (MASH) were developed in the United Kingdom in 2010 out of a need for proper information sharing and better risk assessment of vulnerable individuals at the point of care between the National Health Service and social service interfaces. This research will aim to explore the features and benefits of MASH and its usefulness in the Nova Scotian context.

Methods: This literature synthesis will review available evidence to assess the implementation of MASH and examine whether such a safeguarding approach would be beneficial in the Nova Scotian context. Documents to be reviewed will include research publications, policy documents and practice guides that are specific to MASH implementation, or to current Nova Scotian safeguarding practices. Because such documents are often found in gray literature, consultations with key informants at the Nova Scotia Health Authority (Continuing Care), the Department of Health and Wellness (Continuing Care Branch) and Department of Community Services will be conducted to identify relevant literature to include in the synthesis.

Anticipated Results: Implementing the core principles of MASHs - information sharing, joint decision-making, and coordinating interventions – is expected to facilitate better access to needed services for vulnerable or complex patient populations, thereby reducing demand on acute services and improving patient outcomes.

Significance: A better strategy for safeguarding vulnerable or complex patient populations will have positive effects for both service providers and service users, including greater accuracy and thoroughness in decision-making, better allocation of resources, reductions in repeat referrals, greater efficiencies between professions and increased quality of life for impacted patients.

The effectiveness of yoga in reducing stress and eating disorder symptoms among undergraduate students

Krystal Soucy

Dalhousie University

Introduction: Stress is common in post-secondary students (Bin fet, 2017). According to the diathesis-stress model, stress is associated with the development of psychopathology (Monroe & Simons, 1991). Yoga is demonstrated to reduce stress (Chong, Tsunaka, Tsang, Chan, & Cheung, 2011), as well as reduce symptoms of psychopathology (Carei, Fyfe-Johnson, Breuner, & Brown, 2010).

Methods: University students in second year and above will be recruited for this study. Participants will be pseudo-randomly assigned to the treatment (i.e., yoga) group, active control (i.e., stretching/strengthening) group, or a waitlist group. Individuals in the yoga and stretching/strengthening group will take part in twice-weekly sessions for four weeks. Participants will complete measures for stress (physiological and psychological) and eating disorder symptoms pre-intervention and at follow-up. Participants will also complete measures for affect and body image pre- and post-activity sessions.

Anticipated results: It is anticipated that individuals in the yoga group will experience a reduction in stress and eating disorder symptoms from pre-intervention to follow-up. It is also anticipated that there will be a positive correlation between positive affect and body image; specifically, it is expected that affect and body image will improve from pre- to post-activity, as well as from week one to week four.

Significance: The findings from this study have the potential to inform treatment targets (e.g., stress, affect) for health professionals working with individuals suffering from eating disorder symptoms. Furthermore, this study has the potential to support the inclusion of yoga as part of eating disorder treatment.

An examination of the sociocultural and psychosocial factors affecting the engagement of women of African descent in PA

Deborah Sanni

Dalhousie University

Introduction: This research is aimed at exploring the physical activity (PA) engagement of first and second-generation women from continental African. The objectives of the study includes: exploring the psychosocial and sociocultural factors affecting the relationship of African women with PA, exploring the differences in the understanding of the need for PA between two generations of African women in Nova Scotia, and suggesting a reasonable understanding of the lived experiences of Black continental African women that may impact their relationship with PA and exercise.

Methods: The ideal participant number for this study is six in total: three for the first-generation group and three for the second-generation group. All participants will go through a semi-structured one-on-one interview with several prompting questions to help explore their PA habits. Hermeneutic phenomenology and the Black Feminist Thought will be combined to aid the analysis and understanding of the sociocultural and psychosocial factors influencing the engagement of African Women in PA. This combination discourages the use of a hypothesis since the primary objective of the study is to create an unbiased lens for understanding and interpreting the experiences of the study population.

Significance: The paucity of research on the experiences of Black women, especially those from continental Africa emphasizes the significance of this study, to understand the lived experiences of a highly discriminated & marginalized group based on their personal definitions and understanding of said experiences.

**An Evidence Map Linking Physical Activity with Clinical and Structural Outcomes using the
Osteoarthritis Initiative**

Aleks Budarick

Dalhousie University

Introduction: Physical activity (PA) is a recommended treatment for individuals with knee osteoarthritis (OA); yet, prescription rates are low. The Osteoarthritis Initiative (OAI) is a large, widely used database providing subjective and objective PA measures in individuals with, and at risk for, knee OA. The purpose of this study was to present an evidence-map of published OAI literature relating the effects of PA on clinical and structural OA outcomes and summarizing the variability among relationships.

Methods: Electronic databases were searched from inception to January 2020. Studies including subjective (Physical Activity Scale for the Elderly, PASE) or objective (accelerometry) PA data as the primary outcome from the OAI were included. Primary associations of interest included clinical (e.g. BMI, physical function) and structural (e.g. cartilage thickness, knee joint abnormalities) outcomes.

Results/Anticipated Results: Forty-five articles were included. Across studies, PA was quantified using either accelerometry (n=27, 60%) or PASE (n=18, 40%) outcome measures. Reduced BMI and waist circumference, lower disability, increased quality of life, and improved performance-based function were consistently associated with increased subjective and objective PA. The association between PA and cartilage degradation or OA structural changes were substantially less consistent. Of these studies (n=8), protective PA effects (n=2, 25%) were reported half as frequently as harmful PA effects (n=4, 50%), and mixed or no effect was reported in 2 (25%) studies. Notable study differences included the structural change measure, PA intensity, and patient sub-populations derived from the OAI cohort.

Conclusions/Significance: Evidence mapping suggests consistent positive associations between PA measures and health-related and functional improvements in individuals with knee OA. However, conflicting evidence limits interpretation of the effects on structural features of the disease.

Dementia Arts Program Evaluation: A Student Research & Immersion Experience

Mackenzie Bell

St. Francis Xavier University

Introduction: This poster shares results and a student's perspective on 4 months participation as Student Research Assistant (RA) in a Change Lab Action Research Initiative (CLARI) funded university-community evaluative project. Arts Canopy is a community program that provides elders with dementia living in residential care and nursing homes in rural Nova Scotia with opportunities to engage in creative art sessions led by local artists over 10 weeks. Goals are to support social participation and inclusion of elders with dementia by providing, through the arts, meaningful ways to engage socially, express themselves, discover creative ways to communicate and remember, and be involved in a communal work of art. Guided by a participatory appreciative inquiry framework, the project aimed to identify factors that contribute to the successful realization of program goals. The RA was involved in all aspects of the research and participated in an immersion experience with Arts Canopy.

Methods: The RA used NVivo qualitative data software to collect and code data from feedback forms (>1000 documents) from 27 sessions (10 artists; 8 art forms) over a 2.5 year period (2016-2018). Results support previous findings regarding program benefits for participants, including improved mood, self-confidence, social connection, stimulation of memories, enhanced communication, emotional support and improved wellbeing, and identified new directions in research that focuses on the perspectives of artists and caregivers.

Conclusion: Insights from this research and immersion experience highlight the value of collaborative approaches to evaluation, artist-participant relationships, and public display and engagement with creative works by elders with dementia.

Patient oriented qualitative research: Including parents of children with neurodevelopmental disabilities

Emma Vanderlee

Dalhousie University

Introduction: Patient-oriented research (POR) is used to engage patients and caregivers as partners to ensure that they contribute to all phases of the research process. Having parents of children with a neurodevelopmental condition contribute meaningfully to all aspects of the research process will help to ensure that stakeholder (parents and families) interests are considered and respected and that the program is maximally sensitive to neurodevelopmentally affected children, and that there is an increased likelihood of successful implementation and positive outcomes. Therefore, the purpose of our research was to examine the experiences of parents who participated on an Advisory Committee, who were also parents of children with a neurodevelopmental condition. We want to look beyond what simply worked well and what didn't work well. We want to explore why parents participated, how they engaged, why they chose to be members of the Advisory Committee and why they did or did not continue. We also examined the experiences of researchers.

Methods: The qualitative study was completed using feminist poststructuralism and discourse analysis to explore how personal experiences were socially and institutionally constructed through relations of power. Semi-structured interviews were done with 6 parents and 2 researchers.

Results: Four themes emerged from the data: 1) "Feeling valued and meaningful contribution" 2) "Personal connections empower parents" 3) "Respectful researchers facilitate inclusion" and 4) "Parents stayed involved with support from researchers." Descriptions of each theme will be presented as well as quotes from parents and researchers.

Conclusion: This study provides an in depth understanding of working with parents of children with a neurodevelopmental condition on an advisory board for a research project. From this, different discourses emerged to create recommendations for future advisory boards.

Identifying Critical Incident Exposure and Psychological Health in Thunder Bay Paramedics

Alysha Duivesteyn

Lakehead University

Introduction: Paramedics experience high job demands and are often exposed to more critical incidents (CIs) than the average population. A CI is an overwhelming traumatic event that may impact an individual's ability to cope such as experiencing trauma, witnessing trauma, and being exposed to severe injuries. It is thought that exposure to CIs can result in adverse mental health conditions including depression, anxiety, and post-traumatic stress injury, which can negatively impact quality of life. Researchers currently investigating CI exposure among paramedics adapt existing measures for context by modifying tools or through self-developed tools as limited resources exist for this population. Residents in Northern Ontario and rural Canada face ecological, economic, and social challenges due to the geographical location providing limited access to resources. The purpose of this proposed study is to develop a contextually relevant tool that measures Thunder Bay Paramedic's exposure to CIs.

Methods: A mixed-methods approach will capture the frequency of CI exposure and psychological health unique to Paramedics serving Thunder Bay, Ontario and the surrounding districts. After an extensive literature review, informants will be asked if identified exposures represent their experiences via a focus group. Once consensus is reached, exposures will be consolidated into constructs that can elucidate psychological health. The resulting tool will be assessed for convergent validity where potential participants (Paramedics serving the Thunder Bay and surrounding districts) will complete a demographic questionnaire, the developed CI inventory, the Center for Epidemiologic Studies-Depressive Scale, and the Anger Expression Scale.

Anticipated Results: It is thought that a contextually relevant tool will be developed with good convergent validity.

Significance: Results will help streamline future research with regards to developing proactive solutions to combat mental health.

Comparing Death Investigator Systems Internationally to Inform Organ Donation Best Practice

Mackenzie Cullip

McMaster University

Introduction: Death investigators such as coroners, medical examiners, and forensic pathologists play a crucial role in deceased organ and tissue donation. These professionals have varying capacity to release organs for donation if the cause and manner of death can be determined in their absence. Internationally, death investigation systems function differently in terms of inter-hospital relationships, investigator training, and consent models. This mixed-method review aims to identify similarities in practice and unique features of the systems which support donation.

Methods: An exploratory mixed-method approach includes qualitative exploration followed by a quantitative phase. Ten death investigators and organ donation professionals participated in a standardized phone interview. Insights informed the inclusion criteria and rigorous screening checklist used to review 75 journal articles. The screening checklist recorded common themes found across systems and was updated each instance a novel aspect was identified.

Results: Based on the completed screenings, most death investigation systems have well-established relationships with organ procurement organizations and physicians. As well, the majority of countries have surgeons record applicable findings during organ procurement for legal documentation. Another common practice is completing post-mortem imaging in-hospital before procurement. Unique aspects include (1) having death investigators participate in the procurement, (2) modifying surgical procedures to preserve evidence, and (3) outlining the protocol for which parties to obtain consent from first.

Conclusions: These findings convey how roles and regulations in global death investigation systems impact organ and tissue donation. Aside from identifying common threads, this review extracts state-specific aspects that could be adopted internationally. Consequently, it reveals gaps in practice and prompts subsequent research in organ donation and forensic medicine.

Exploring the learning experiences of registered nurses who are actively with children with intellectual disabilities

Emma Vanderlee

Dalhousie University

Introduction: Not all nurses feel prepared to care for children with intellectual disabilities (IDs). Fear, negative attitudes, stereotypes and lack of education are some of the reasons that parents and nurses provide when referring to nurses' discomfort and inability to provide necessary competent and safe care for children with IDs. These findings include nurses with a variety of years' experience; however, few studies have focused on newly graduated nurses. There are also few studies that have identified clear solutions to improving nursing care for children with IDs for new graduates that focus on education and competencies.

Methods: Feminist post-structuralism and discourse analysis will be used to explore the clinical and educational experiences of newly graduated nurses who are actively working with children with IDs. These methodologies will help to understand the beliefs, values, and practices of newly graduated nurses through the use of semi-structured interviews.

Anticipated Results: The anticipated results of this study are to learn the beliefs, values, and practices of newly graduated nurses working with children with IDs and provide suggestions for improving the education and competencies of nurses.

Significance: Because children with IDs spend more time in the health care system than typically developing children, have more co-morbidities, and experience stigma and stereotypes, it is imperative that we examine the type of care provided by nurses, what the best care should be, and what education and competencies would improve care to ensure children with IDs receive optimal levels of care in healthcare settings.

**The Impact of Cultural Connectedness on Mental Wellness in Indigenous Children and Youth:
A Proposal**

Leah Carrier

Dalhousie University

Introduction: Research suggests culture and community are protective factors for Indigenous peoples and that youth who engage in traditional cultural practices have improved physical and mental health outcomes. In Nova Scotia, evidence suggests that First Nations children and youth experience high rates of emotional pain, but healthcare utilization data shows that they receive fewer mental health diagnoses and referrals than their settler peers. Culturally-based interventions have the potential to improve mental health outcomes, but there is a paucity of research on how youth experience cultural connectedness and its impact on mental health.

Methods: The project will use a Two-Eyed Seeing approach, which emphasizes co-learning and using knowledge from both Indigenous and Western knowledge systems to promote the health and wellbeing of Indigenous peoples. This multiple methods study is organized into three phases; 1) systematic review, 2) secondary data analysis, 3) community participatory action project designed in collaboration with community youth.

Anticipated Results: The knowledge gathered will be synthesized and reviewed in collaboration with community partners and they will decide how it will be shared and with whom. Outcomes will be measured with Western methods, such as the Kessler 6 scale and mental health self-report, and Indigenous methods. Participating communities will be consulted on Indigenous indicators and community-specific ways of defining and measuring mental health.

Significance: This project may identify characteristics of culturally safe and supportive environments to promote mental health for Indigenous children and youth.

Arsenic speciation and metallome profiles in the Atlantic PATH cohort study

Kalli Hood

Dalhousie University

Introduction: Chronic exposure to environmental arsenic has been associated with many diseases, including several cancers. Studies have shown that arsenic speciation is a biomarker for cancer, however, there is little evidence using long-term indicators of exposure to compare speciation profiles between cancer types. Moreover, there is evidence to suggest some metals, such as selenium, exhibit protective effects. The goal of this research is to profile arsenic speciation and other metallome concentrations in healthy participants and those with a history of bladder, breast, cervical, kidney, lung, prostate and skin cancers.

Methods: This case-control study analyzed toenail samples (n=468) from baseline collection of the Atlantic PATH cohort study. Metallome concentrations were determined using ICP-MS for multi-element detection; arsenic speciation was determined using ICP-MS coupled with HPLC. Statistical analysis includes one-way analysis of variance of arsenic species and metallome concentrations with Bonferroni adjustment. Logistic regression was used to determine if arsenic speciation was associated with increased odds of cancer.

Results: Results from the one-way ANOVAs indicated statistically significant differences in %MMA ($p=0.0447$), %iAs ($p=0.0461$). Total concentrations of copper ($p=0.0232$), zinc ($p=0.0012$), lead ($p=0.0483$), and uranium ($p=0.045$) were statistically significantly different between the groups.

Conclusions: This research indicates that toenails are a viable biomarker for arsenic speciation, and potentially more effective at monitoring chronic exposure than the gold-standard, urine samples. Consistent with other arsenic speciation studies, %MMA was higher among many cancer groups, with the exception of breast cancer, where %MMA was lower. Further research is needed to determine safe levels of arsenic speciation in nails, and the effects of other metals in cancer risk.

Tea and Talk Time: Exploring the Experience of Participants in a Pilot Intergenerational Social Dining Program

Natasha Lawlor

St. Francis Xavier University

Introduction: Intergenerational programs can bring together people of different life stages and backgrounds in social settings. Food is often used in these settings as a catalyst for social interactions. This study uses food and conversation to develop new cross generational relationships that may not otherwise have the opportunity to form. Research has shown that intergenerational programs can have positive outcomes for both generations involved.

Purpose: The purpose is to explore the experiences of university students and senior residents engaging in a pilot tea and talk time social program at a local supportive residential care facility.

Methods: This qualitative study will use an exploratory approach and thematic content analysis. The intergenerational program will include three, one hour tea time sessions over three weeks. Data on participant (i.e. students and residents) experiences will be collected through questionnaires, interviews and a focus group after the tea time sessions are complete. Questionnaires will be completed after each session by all participants. A focus group will be conducted with the student participants and semi-structured individual interviews will be conducted with the senior participants.

Significance: This research explores the meaning of an intergenerational program to student and senior participants and may provide insight to help develop social programs and improve social environments in supportive residential care facilities and for students.

**Examining the Association Between a History of Prostate Cancer Diagnosis and Mental Health
Among Men in Atlantic Canada**

Chloe Blackman

Dalhousie University

Introduction: Prostate cancer (PCa) is the most commonly diagnosed non-skin cancer among Canadian men, with 1 in 7 men facing a diagnosis in their lifetime. Despite the high incidence rates, PCa survivorship rates are high with approximately 99% surviving the first five years after diagnosis and 98% surviving ten years after diagnosis. However, survivorship comes at the expense of different lifestyle implications, which include sexual, urinary, and bowel dysfunction, and psychological distress. Psychological distress in PCa patients is often overlooked, yet in this population there is a higher risk of suicide ideation and death by suicide.

The first objective is to examine the association between the presence or absence of a history of PCa diagnosis on current mental health outcomes (anxiety and depression) in a population-based sample of men who participated in the Atlantic Partnership for Tomorrow's Health study. We will then investigate the role of diet, physical activity, sleep, and substance use on the current mental health status among men with and without a history of PCa diagnosis.

Methods: Objective 1 will be evaluated using logistic regression analysis to examine the association between the presence or absence of history of PCa diagnosis and our primary outcomes (anxiety and depression). Objective 2 will be evaluated through a series of logistic regression analyses for each lifestyle variable as predictor (diet, physical activity, sleep, and substance use) in addition to the presence or absence of prostate cancer to assess their association with anxiety and depression outcomes.

Significance: This thesis will add to the growing knowledge of PCa quality of life at the population level while addressing cooccurring adverse health correlates, such as diet, physical activity, sleep, and substance use. Ideally, the population-based knowledge can inform patient education and patient empowerment programs for survivors and help improve their quality of life.

An evaluation of the use and quality of services of a student-led health centre through interdisciplinary collaboration

Megan Flynn

Dalhousie University

Introduction/Background: Student-led clinics are becoming increasingly common in Canada, serving to encourage collaborative practice and education among trainees, and to deliver health care to marginalized populations. Existing evaluations focus on the experience of the student participants, while few evaluate all stakeholder experiences with an interdisciplinary lens for quality improvement of services. Halifax Outreach Prevention Education Support (HOPES) is an inter-institutional collaboration between healthcare-related programs at Dalhousie University, Mount Saint Vincent University, and Medavie HealthEd, in Halifax, Nova Scotia. The objective of this project is to evaluate the use of HOPES services with a focus on how interdisciplinary collaboration could facilitate quality improvement through sharing stakeholders' experiences.

Methods: Participants will be recruited through the HOPES clinic in Halifax and through community outreach. Participants will be invited to be interviewed and complete a questionnaire, with the intent to explore the themes that could lead to the improvement of HOPES.

Anticipated Results: The findings will highlight the barriers and facilitators of utilizing and participating in HOPES services by stakeholders, as well as contribute an interdisciplinary lens to the developing literature on student-run health services. The findings will also influence the quality improvement of HOPES.

Conclusion/Significance: Little is known about the quality improvement of student-led health centres through interdisciplinary collaboration. It is important to incorporate stakeholders' experiences to understand service utilization and to address potential barriers and support initiatives that provide opportunities to improve services.

Seniors' Views on the New Canadian Food Guide Proposal Abstract

Jane MacDougall

St. Francis Xavier University

Introduction: Nova Scotia has a large aging population, with approximately 20% of the population being over the age of 65 in 2016, and this number has continued to grow [5]. Seniors have lower overall energy needs which can make it difficult to meet nutrient recommendations [1]. A study conducted in 2017 explored issues and benefits that seniors in the rural community of Antigonish perceived in the 2007 Canadian food guide. The emerging themes indicated that seniors trusted the guide, however portion sizes were confusing and some of the advice was perceived as unrealistic due to cost and availability [3]. In January of 2019, Health Canada released a new food guide for Canadians to help facilitate a healthy and nutritionally adequate lifestyle [2]. The new food guide is based on high quality, peer-reviewed systematic reviews and reports from leading scientific organizations and governmental agencies [4].

Methods: This study will be a continuation of the study conducted in 2017, adopting a qualitative approach to explore new themes from the new food guide. Three focus groups consisting of 4-10 seniors will be conducted in People's Place Library in Antigonish, Nova Scotia. Participants must be over the age of 65, living independently in the Antigonish community, and be able to communicate verbally and provide informed consent. Focus groups will be audio recorded and transcribed. The data will be analyzed thematically, building on themes used in the first study and analyzing any new themes that emerge. Literature reviews of each theme identified will be conducted to consider how the data compares with findings of other investigations.

Significance: The information gathered in this study will help policy makers and key stakeholders when developing future food guides. The information will also shed light on how seniors in Antigonish best receive their information from the guide, which will help with advertising and education strategies.

Awareness of the Cost Drivers Responsible for Variation in Isolated Aortic Valve Replacement does not Impact Future Behaviour

Sophia Roy

Nova Scotia Health Authority

Objective: In previous work we determined (2016, Era I) that there was significant inter-patient and inter-provider variation in intra-operative costs of isolated AVR. We fed these data back to providers raising awareness of the impact of cost driver choices, many of which are discretionary (valve choice, use of pro-coagulant materials). The result (measured in 2017-2018, Era II) was an increase in overall costs. We provided a second round of feedback. We examine the impact of the second round of feedback on costs in 2018-2019, Era III.

Methods: In Era II feedback session, we presented both overall intraoperative cost variation and the cost drivers responsible through combined rounds with providers including physician-specific data. In Era III, intraoperative driver utilization was collected prospectively over the ensuing year. Intra-operative consumables were collected directly from the OR during the procedure by nursing staff, while indirect costs were calculated post procedure using time based calculations and straight line depreciation.

Results: There were 105 isolated AVR's during the study period: 2018-2019, Era III. Cost driver utilization averaged \$11,439.78 (SD-\$2,732.57) per case, ranging from \$6,068.84 to \$17,238.5. There was no significant decrease in average driver cost between Era II and III.

Conclusion: Era III indicated that there has been no significant change around cost driver variation on intraoperative behavior. Awareness of cost driver variation, and individual level cost driver choices have no discernable effect on discretionary decision-making intraoperatively. Future qualitative work through focus groups with providers may shed light on conditions necessary for discretionary decision making that meaningfully takes costs into consideration.

Activated alpha 2-macroglobulin mediates high glucose-induced profibrotic responses in mesangial cells; a model for DN

Jackie Trink

McMaster University

Introduction: Diabetic nephropathy is the leading cause of kidney failure in developed countries, characterized by glomerular accumulation of extracellular matrix proteins. High glucose (HG) induction of glomerular mesangial cell (MC) profibrotic responses plays a central role in its pathogenesis. We recently showed that the endoplasmic reticulum resident protein GRP78 translocates to the cell surface in response to HG to mediate Akt activation and profibrotic responses in MC. We also identified mesangial cell surface GRP78 (csGRP78) in vivo in diabetic mice. The general protease inhibitor α 2M, upon binding and activation by a protease, is known to interact with csGRP78 in cancer cells to elicit prosurvival signaling. Importantly, α 2M was shown to be increased in diabetic patients' serum and saliva. We thus investigated its role in HG profibrotic responses in MC.

Methods: Primary rat and mouse MC were treated with HG (30mM) or the osmotic control mannitol and responses assessed using standard molecular biology techniques. Kidneys from type 1 diabetic Akita mice were stained for α 2M and the activated α 2M*.

Results: HG, but not mannitol, increased α 2M mRNA, protein, media expression by 48h. By immunohistochemistry, both native α 2M and activated α 2M* were increased in glomeruli and tubules of type 1 diabetic Akita kidneys, with expression increasing to 40 weeks of age. By immunofluorescence, glomerular α 2M* was localized to the mesangium, identified by α 8 integrin positivity. Knockdown of α 2M prevented HG-induced Akt activation and upregulation of the matrix proteins. Neutralization of α 2M* using an antibody specific for the activated form prevented HG-induced matrix protein upregulation.

Conclusions: Production and activation of α 2M is increased by HG in MC and in diabetic kidneys, and mediates HG-induced matrix upregulation. Future studies will determine whether inhibiting α 2M* interaction with csGRP78 is an effective therapeutic target for the treatment of DN.

Collaborating and Evaluating: A Scoping Review of Science Outreach Programs for Indigenous Youth on Turtle Island

Chelsey Purdy

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Introduction: In Canada, a gap in educational attainment exists between Indigenous and non-Indigenous populations on Turtle Island (North America). This gap is widest at the university level of education, which is required for working in most science, technology, engineering, and math (STEM) fields. Education (as well as unemployment, job security, income distribution, and Indigenous status itself) is a social determinant of health, and addressing gaps is one way of tackling health disparities. Science outreach programs that use community-based, collaborative approaches are an effective method for promoting STEM and are in line with the Truth and Reconciliation Commission of Canada's (TRC) Calls to Action. The purpose of this review was to identify/examine the degree of community involvement in science outreach program development and evaluation on Turtle Island.

Methods: The review was conducted by two trained reviewers, according to the design and methods outlined in Arksey and O'Malley's 5-step Methodological Framework (2005). A key word search strategy using six search engines (e.g. socINDEX) was used to identify science outreach programs targeting Indigenous youth implemented between 2010 and 2019. Known programs, without online profile, were contacted by email. Results: After extracting/collating data (n=17), it was found that most programs met criteria for either some (n=13) or full collaboration (n=3) during development/implementation stages. Of the 17 programs, only two collaborated with communities during evaluation stages.

Conclusion: This revealed that although collaboration occurred frequently in program development/implementation, it did not translate into program evaluation. This work highlights a significant gap in community-based evaluation of science outreach programs and that indicators/ outcomes of success may vary between knowledge holders and communities.

Deciphering the Secret Sauce: The mixed-methods development of a tool to assess policy capacity

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Introduction: Our current health system is under considerable stress and must be changed to better address modern health challenges. Policy change takes resources, which is referred to as policy capacity (e.g., expertise, political will, coordination). Despite its importance to policy change, policy capacity is vaguely defined, which limits its usefulness to policy makers and researchers. A recent conceptual framework for policy capacity described it as nine sub-capacities; each sub-capacity is a combination of different resource levels (individual, organizational, system) and skill types (analytical, operational, political). This research describes the creation of a tool based on this framework that can be used to study policy capacity and inform policy design.

Methods: We operationalized the policy capacity framework using a mixed-methods design. First, an online Delphi survey was conducted with provincial health policy experts to validate sub-capacities and identify relevant factors. Next, two cases studies of recent provincial health policy changes were conducted, guided by the tool produced from the Delphi. Finally, the tool was refined using data from the case studies.

Results: Seventeen policy experts participated in the Delphi survey, producing a tool with 40 factors and 131 indicators across the original nine dimensions. The dimensions and factors were then used to guide interviews and document analysis with 22 key informants from two case studies, identifying policy capacity strengths and weaknesses. A new skill type was identified based on factors emerging from the case studies, resulting in a final tool of 50 factors spread across 12 sub-capacities.

Conclusion: Our health policy capacity tool can be used by researchers and policy makers to understand the factors which shaped past policies, as well as strategically plan for future policy success. More research is required to test the tool in different policy environments.

An Evolving Interdisciplinary Investigation of the School Food System in Newfoundland and Labrador

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School food can be used as a tool to achieve health, educational, environmental and societal outcomes. Beginning with a pilot investigation which investigated the potential of school gardens (n=14), this study grew to investigate the multiple dimensions of the school food system as delineated by the Comprehensive School Health Framework. Using this framework, I sought to understand if systems outcomes were being achieved in the school food system in the province of Newfoundland and Labrador (NL): if so, how? and if not, why not? I undertook a qualitative survey of school principals across the province (n=89). As the survey was being analyzed I also began the process of interviewing key stakeholders (n=30) from organizations throughout the NL school food system. The two unique contributions of this presentation are an application of a multi-method approach to understand the changing system of school food in NL through a variety of perspectives and a theoretical envisioning of how factors can be considered facilitating or inhibiting to the objective of Comprehensive School Health. Some persistent characteristics of the NL school food system were revealed. The system of school food in this province is fragmented and continually shifting. There has been an enduring presence of unhealthy food, a disconnect between educational and health decision making, and a large degree of variability for consideration in individual school food environments. I demonstrate how the research process and the research outcomes contribute place-specific knowledge and theoretical and methodological contributions for those who wish to engage in complex research methodologies similar to the one presented here. I conclude the discussion with two possible futures for the NL school food system based on a discussion of how research findings link to limitations and future directions.

Kinetic differences between onwater and ergometer kayaking

Kayla Bugeya Miller

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Introduction: Kayaking is an Olympic sport, where small changes in technique produce large differences in performance. Ergometers are commonly used for research, training, and testing purposes. Ecological validity of ergometers must be investigated prior to the generalization of acquired results. Physiological stresses are known to be reproducible on ergometers, but mechanics have yet to show likenesses. Kinetics and kinematics differences have been shown between the two modalities. Paddle force profile differences were found between on-water and ergometer kayaking. However, forces in footboards and seats must be considered and have yet to be compared between ergometer and on-water kayaking. Therefore, the purpose of this study is to compare the similarities in forces between on-water and ergometer kayaking in the paddle, seat and footboard.

Methods: Thirty novice and elite kayakers will be recruited. Forces will be measured on the ergometer and on-water using AMTI force transducers in the footboard and seat and a One Giant Leap® paddle. Trials will be collected at varying stroke rates on-water and on the ergometer. Results will be compared using principal component analysis. Peak and mean force will be compared using discrete metric analysis.

Anticipated Results: This study will provide a kinetic profile of kayak paddling as well as provide guidance on the ecological validity of the kayak movement.

Significance: This study will provide a kayaking kinetic profile, in addition to providing guidance on the ecological validity of the kayak movement.

Conflicts of interest in self-regulating health professions' complaint proceedings: A Nova Scotia case study

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Introduction: Conflicts of interest in health professional regulatory complaint proceedings in Canada have recently garnered media attention, led to college investigations, and raised public concern. There is little systematic study, however, of the nature and scope of these conflicts, or of the conditions under which they arise despite legislative safeguards.

Methods: A case study analysis of a set of related complaints and informal reports made to the Nova Scotia College of Chiropractors with respect to an alleged breach of the College's advertising policy. This analysis assessed situational elements, such dual roles and competing professional interests, in the complaint proceedings, against conflict of interest standards in the Nova Scotia Chiropractic Act and Regulations, the governing legislative framework.

Results: The legislative scheme fails to adequately regulate conflicts of interest and bias in the College's disciplinary decision-making processes through weak or unarticulated standards and high levels of discretion devolved to the College itself.

Conclusion: Conflicts of interest within complaint proceedings threaten patients' health and well-being and diminish public trust in professional self-regulation. This case study identifies a need for legislative and policy reforms to better protect procedural justice and public accountability in health professional regulation.

Examining the “Self” in Medical Self-Regulation: A Study of the College of Physicians and Surgeons of Nova Scotia

James Whittier

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Introduction: The medical profession in Nova Scotia is subject to a self-regulatory model that has two objectives: governing the profession itself and serving the public interest. There is concern that self-regulatory bodies may utilize their exclusive power to discipline members in a way that is more concerned with preserving livelihood than protecting the public. Does the College serve the public interest effectively through self-regulation?

Methods: A systematic analysis of every published College decision under the Medical Act from 1995 to 2019 was conducted. A quantitative and qualitative analysis focused on professional conduct allegations and subsequent dispositions rendered.

Results: To find that the College serves the public effectively by self-regulating the medical profession would be difficult to argue given the analysis of this paper. The College falters first and foremost by the number of investigations and disciplinary decisions that are rendered each year. The College’s interpretation of the Medical Act and its regulations to be remedial and not punitive has the effect of what appears to be the College safeguarding physicians’ license to practice at all costs. The College has no appeals process and has made the threshold for licence revocation very high.

Conclusions/Significance: This paper’s analysis has demonstrated that the College’s greatest priority appears to be protecting what is in the medical profession’s best interest, with the public’s interest being a secondary concern. These results raise the question as to whether self-regulation of the medical profession is inherently flawed. The College could benefit from mirroring Australia’s legislative landscape of co-regulation if the public will and political appetite ever converge.

The retail food environment, store foods, and diet and health among Indigenous populations:
A scoping review

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Introduction: Indigenous Peoples worldwide face significant health disparities from ongoing colonization. Over the last decade, the role of the retail food environment has garnered attention for its influence on dietary behaviours and health outcomes. This review assessed how the retail food environment contributes to diet-related health and obesity risk among Indigenous populations, and how the literature has integrated Indigenous research methods and methodologies.

Methods: A systematic search of the peer-reviewed published literature was conducted in Scopus, CINAHL, PsycINFO, Academic Search Premier, and Social Science Abstracts to identify articles which assessed the relationship between the retail food environment or dietary intake of store foods and health outcomes within Indigenous populations.

Results: Of 50 articles (1996-2019), the largest proportions described Indigenous communities in Canada (40%), United States (32%), and Australia (18%). Among articles that specified an Indigenous population of focus (33 studies), the largest proportion took place in Inuit (33%) and Aboriginal and Torres Strait Islander communities (27%). Store bought foods were a major contributor of total energy in the contemporary diets of Indigenous peoples as compared to traditional foods which tended to contribute more micronutrients. We found a disproportionately higher number of weak methodological quality studies (34%) when the research was assessed for engagement with Indigenous populations.

Significance: There is substantial potential for growth in observational, intervention, and other community-engaged scholarship to promote healthier retail food environments and nutritious store foods for Indigenous populations. The findings highlight the potential for both new assessment research and intervention strategies to bring a multidisciplinary perspective to retail food environments and marketing better aligned with and privileging Indigenous Ways of Knowing

Postoperative Quality of Life Trajectories Vary in Patients with FAI and Increasing Hip Osteoarthritis Severity

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Introduction: Femoroacetabular impingement (FAI) is one of the most proliferative musculoskeletal diagnoses in young-to-middle aged adults and proposed to be a significant cause of hip osteoarthritis (OA). Arthroscopic surgery is frequently prescribed for disease management, yet outcomes are inconsistent. The purpose of this study was to investigate the 24-month postoperative quality of life (QoL) trajectories in patients with FAI, with or without hip OA.

Methods: Two hundred sixty patients with FAI and eligible for arthroscopic surgery were recruited to participate. Radiographic hip OA was classified using the Kellgren and Lawrence (KLG) scale: 0 = no OA, 1 = mild OA, and ≥ 2 = moderate-to-severe OA. A change in the International Hip Outcome Tool (iHOT33) score was calculated for each follow-up visit (2, 6, 12, 26, 52 and 104 weeks) minus preop and used in the QoL trajectory analysis. Linear regression was performed to investigate the QoL trajectories, using the group mean change iHOT33 score for each visit as the dependent variable and time as the independent variable. Regression models were repeated for each group.

Results: Across all participants, each postoperative iHOT33 score was significantly greater than the preoperative score ($p < 0.001$). In participants without OA, QoL significantly increased 0.32 points ($p = 0.05$) per 2-week postoperative period, and in participants with mild OA, QoL significantly increased 0.28 points ($p = 0.03$). However, in individuals with moderate-to-severe OA, QoL non-significantly increased 0.05 points ($p = 0.54$). These models suggest 24-month QoL improvements of 22, 21 and 13 iHOT33 points, respectively.

Significance: Although increases in QoL trajectories were observed for all participants, positive long-term outcomes were 1.7 times less for individuals with, versus without, concurrent severe hip OA. Findings may support the management of expectations after surgery and identify individuals requiring additional supports postoperatively

Promoting children's equitable access to well-being through enhancing personal privilege awareness in ECEs

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Introduction: This ongoing thesis explores the process of personal privilege awareness and how it affects identity, and relationships. It also explores how this process can be part of reflective practices in enhancing professional judgement and competencies of ECEs for inclusion, diversity and equity as elaborated in the Capable, Confident and Curious: Nova Scotia Early Learning Curriculum Framework.

Methodology: Data will be collected through autoethnography which utilises a combination of autobiography, ethnography, and analysis. Autoethnography acknowledges and validates the subjectivity of researchers and enables me to write from intimate personal experiences about my struggles of becoming aware of my privilege. Critical reflexive practices that link personal reflections to world phenomena are used to analyse the data.

Anticipated Results: It is found that an environment with sustained encounters of difference between the privileged and non-privileged is needed for the process of privilege awareness. A model of conceptual connections in early childhood education and a 5-step privilege awareness model is proposed as ways to understand, trigger and maintain the process of awareness.

Conclusion: Privilege and its connected marginalization are often invisible to those who have it. This oblivion supports privileged educators' personal biases that limit access to well-being for some children. The reproduction of privilege also creates layers of socialization that colonizes the authentic self in children who are privileged. The conclusions of this thesis could give support to others who begin to acknowledge their privilege and encourage more to begin their journey of privilege awareness. It can inform educational institutions and encourage leaderships to commit to and maintain this process to make visible the systems of privilege and marginalisation. Lastly, the process can be extended as part of ECE training to ensure every child's right to well-being.

Psychological Distress Among First Nations Living On-Reserve in Canada: Links with Social Stressors and Cultural Factors

Jocelyn Paul

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Introduction: Health inequities amongst Indigenous peoples have persisted for centuries and are largely attributed to the continued harmful effects of colonization (e.g., anti-Indigenous racism or discrimination). Previous evidence has suggested that specific aspects of cultural identity can buffer against the negative effects of certain stressors, but research has been inconsistent in showing these effects and little research has assessed these associations among First Nations peoples living on-reserve in Canada.

Methods: Secondary analyses of adult sample (aged 18+) of the 2015/17 First Nations Regional Health Surveys (RHS) revealed that

Results: physical aggression, verbal aggression, and cyber-bullying were associated with increased psychological distress. Having strong feelings of belonging was linked with reduced distress in adults, and buffered against the higher distress levels that were apparent among those with low belonging. Participation in community events did not have a direct association with distress, but was associated with reduced distress among those who reported experiencing physical and verbal aggression. Analysis of the youth RHS sample (ages 12 to 17) revealed that bullying and cyber-bullying was linked with increased distress (aggression and racism was not assessed in youth), and belonging was associated with reduced distress. Both belonging and participation in community events buffered against the increased levels of psychological distress among those reporting experiences of bullying and cyber-bullying.

Conclusions/Significance: The results highlight the influence of social stressors in the lives of First Nations peoples, and the potential protective effects of specific aspects of cultural identity and social factors within communities. It is hoped that this project will provide the groundwork for improved policies and programming for psychosocial interventions for FNs peoples to be based off of.

Assessing the Validity of a Commercial Food Dataset in Nova Scotia

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Introduction: Assessing the health effects of food environments is important for the design of interventions and policies that may help reduce diet-related diseases. Most food environment research is focused on urban areas, despite the fact that rural areas may be disadvantaged in terms of accessibility and availability of food retailers. Given the lack of research in rural areas, it is necessary to assess the validity of commonly used data to ensure analyses are accurate within rural areas and across the rural-urban divide.

Methods: Validation of a commercial dataset provided by DMTI Spatial was performed for food stores in Nova Scotia. DMTI data (2,528 stores) was validated against a dataset provided by the Government of Nova Scotia (4,586 stores). To assess validity, Positive Predictive Value (PPV), Sensitivity and Concordance were calculated and compared across regions and store types. To investigate spatial effects, positional accuracy was calculated by using the Euclidean distance between stores from the two datasets and compared between regions by using mean distances. Hot Spot Analysis (ArcGIS Pro) was used for further analysis of positional accuracy.

Results: Overall, PPV was fair (39.10%), and sensitivity (21.54%) and concordance (16.13%) scores were poor. Urban areas (small and large population centers) scored higher than rural areas on all measures of validity, although scores were more variable when comparing by store type across regions. Overall positional accuracy was low as well, with urban areas having higher positional accuracy compared to rural areas. These results were confirmed by our hot spot analysis. There was no significant difference in positional accuracy between urban regions.

Conclusions: Our findings suggest that commercial data validity is higher in urban areas, and overall validity is low, emphasizing that commercial data should be used with caution, especially when assessing food environments across the rural-urban divide.

Food and beverage pricing policies and their impact on population health: A scoping review

Laura Kennedy

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Introduction: Pricing policies, including taxes and subsidies, are of growing interest to decision makers as upstream population health interventions to improve dietary behavior and reduce the global burden of non-communicable diseases. This updated scoping review looks at the current evidence of pricing policies, focusing on data collection and data analysis, and their role in population health.

Methods: A literature search was conducted in CINAHL and Food Technology Science Abstracts for articles which assessed, evaluated or modelled a pricing policy. Studies within hospital, university or workplace cafeterias, as well as retail environments were included in the review. Editorials, studies with school-aged populations and studies evaluating voucher programs were excluded.

Results: Seventeen peer reviewed articles were retrieved from the search. Data was collected in a variety of countries, including Australia (4), UK (3), New Zealand (2), Belgium (1) and the USA (7). Ninety percent of intervention or modelling studies found an improvement in diets when testing subsidies or taxes. The qualitative studies revealed the importance of retailer and community support when implementing pricing policies. Few studies analyzed the impact of pricing policies over longer periods of time in real life settings. Monitoring the impact of a policy for a short period of time may underestimate or overestimate the impact of the policy and ignore other contextual factors surrounding the policy.

Significance: The findings of the scoping review will inform the data analysis of a collaborative research project with NSHA and Dalhousie's Food Policy Lab. This project will examine the impacts of retail interventions on sales of healthier and less healthy food items, using a time series analysis of QEII food and beverage sales data. Findings will also inform future research and practice recommendations for health institutions to promote healthy workplace environments.

Social Isolation of Canadian LGBT Baby Boomers: A Secondary Data Analysis of a National Online Housing Survey

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Introduction: Canada's population is aging with the 'Baby Boomer' generation making up an estimated 23% of the country's population 65 years or older by 2030. Previous research has indicated a variety of common health issues among older adults, however; older lesbian, gay, bisexual, and transgender (LGBT) populations experience additional issues, such as social stigma, discrimination and harassment. These issues still remain despite policy and legislative shifts. With funding from the Social Sciences and Humanities Research Council (SSHRC), a National Online LGBT Housing Survey was created and completed in 2019 to understand the housing needs of older LGBT Canadians. The data indicated common themes between the housing experiences of LGBT Canadian Baby Boomers and their health and wellbeing. The purpose of this secondary data analysis is to explore the ways in which housing can contribute to the health and wellbeing, particularly the potential for social isolation, of LGBT baby boomers in Canada.

Methods: This mixed methods study will involve secondary analysis of existing data from a National Online LGBT Housing Survey which included 69 closed ended questions with space for open ended responses. The open-ended qualitative data will be analyzed using an existing MAXQDA Coding System, while the quantitative data will be analyzed using SPSS for descriptive statistics.

Anticipated Results: The findings from this study will contribute to a more robust understanding of how well existing housing policies are meeting the needs of older LGBT Canadians and will provide recommendations to help guide Canadian housing policy to better meet the needs of LGBT Canadians.

Significance: This study is significant and timely in that it addresses a historically overlooked and vulnerable population in relation to housing – older LGBT Canadians - which is a noted gap in the recently released National Housing Strategy.

Strategies to Foster Racial and Cultural Diversity and Inclusion in Outdoor Recreation

Organizations: A Scoping Review

Phoebe Owen

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Introduction: The outdoor recreation sector has been widely criticized in recent years for its lack of racial and cultural diversity. Despite a desire to address this exclusion, many organizations offering outdoor recreation programming struggle to increase diverse representation among organizational leadership and program participants. Outdoor recreation offers numerous health benefits, but if organizations are failing to create inclusive programming these benefits are not accessible to all. The aim of this proposed scoping review is to identify strategies used by outdoor recreation organizations that have been successful in fostering racial and cultural diversity and inclusion, as well as the barriers to this work.

Methods: This scoping review will include peer-reviewed literature from Canada, the US, the UK, and Australia, published in English, from the years 2010 to 2020, sourced via electronic databases. Grey literature from outdoor recreation organizations, such as reports, policies, and demographic statistics, will also be included. Outdoor recreation networks, organizations, and conferences will be consulted to source these data.

Anticipated Results: It is anticipated that this research will identify strategies that have been used among outdoor recreation organizations to effectively foster inclusion and access, as well as the barriers that organizations have faced in doing so. It is expected that these will include both strategies for organizational management, relating to organizational culture and environment, as well as strategies to adapt programming to be culturally relevant.

Significance: This research will be beneficial to outdoor recreation organizations who are seeking to create more racially and culturally diverse programming environments, but who are unsure of how to do so. Organizations will also learn about barriers to anticipate, and hopefully avoid, when engaging in this work.

Therapeutic recreation opportunities offered to post-secondary students on post-secondary campuses: A scoping review

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Introduction: Recent studies have shown that rates of mental illness and psychiatric disorders among university students span from 25% to almost 50% of the population. Therapeutic recreation could be a service to proactively improve mental health on campuses. Therapeutic Recreation (TR) is a systematic process that utilizes leisure and recreation activities to enhance an individual's well-being, health, independence, and quality of life. This scoping review seeks to identify the range, processes, and outcomes of TR opportunities offered to undergraduate students on North American post-secondary campuses. Conducting a scoping review on this topic will summarize research findings into one comprehensive document that could inform practitioners about providing TR opportunities to the post-secondary student population.

Methods: This scoping review will identify and summarize peer-reviewed articles published between 2005-2020 in North America that evaluate TR opportunities for post-secondary students on campuses. Information such as the scope, characteristics, and outcomes of the opportunities will be extracted from the literature and charted. Shared characteristics among the TR opportunities studied will be identified and summarized in a narrative account of the literature.

Anticipated Results: The findings from this scoping review will reveal needed information about what types of TR opportunities are offered to post-secondary students on post-secondary campuses, as well as the outcomes of these opportunities related to students' health, wellness and quality of life.

Significance: This scoping review will provide information that can be used by practitioners and policy makers to understand the outcomes for students participating in TR opportunities, and in turn, may help establish TR opportunities on post-secondary campuses.

Leisure Activity as a Wellness Resource for Adolescents Living with a Chronic Physical Illness

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Introduction: Half of all adolescents who live with a chronic physical illness also meet the diagnosis criteria for a mental health complication. Common mental health complications experienced by this population include depression, anxiety disorders, and post-traumatic stress disorder. Symptoms often surface after the adolescent has received a diagnosis of, or has begun treatment for a chronic physical illness. Literature suggests engagement in goal-orientated behavior through leisure activities can assist adolescents in managing chronic physical illnesses by developing resources, such as self-efficacy, for managing mental health complications. The purpose of this study is to explore adolescents' perceptions of the impact of leisure activity on living well with a chronic physical illness in Nova Scotia.

Methods: Qualitative data will be collected through exploratory, semi-structured interviews. Recruitment will be conducted through the use of gatekeepers such as local physicians and summer camps. Participants will include adolescents aged 12-17 years who have a diagnosis of a chronic physical illness and who display symptoms of a mental health complication, with or without a formal diagnosis. About 8-10 participants will be recruited.

Anticipated Results: Anticipated results will provide in-depth information on adolescents' perceptions of leisure activities, and whether or not adolescents perceive leisure activities to be a resource that helps them live well with chronic physical condition.

Significance: The results from this study will inform practitioners about the perspectives of adolescents on the potential role of leisure activities on living well with a chronic physical illness. This information may also be helpful in the development of programs targeting this population. The study will add to the limited body of research on this topic and will be the first known study conducted in Nova Scotia.

Understanding the experiences of newcomers: Can acting as a recreation navigator foster a sense of belonging?

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Introduction: Recreation is a valuable tool to promote health and well-being and can be defined as the opportunities individuals pursue, which are freely chosen, enjoyable, and meaningful. Recreation can include activities like art, sports, and volunteering; yet, many people face barriers to recreation opportunities. Notably, immigrants, who make up 6.1% of the population in Nova Scotia, as per the 2016 Census, face many barriers to community-based recreation. Also, peer mentorship has shown to be a useful tool in helping people to navigate various experiences. Thus, the two main objectives of this proposed research are to understand the experiences of newcomers who are acting as recreation navigators and understanding if supporting fellow newcomers in the role of recreation navigator fosters a sense of belonging among participants.

Methods: The proposed qualitative study will employ a phenomenological lens, in addition to using a thematic analysis approach. Because this study is a part of a broader project, participants will be purposefully recruited based on their participation in a preparatory recreation leadership program. Approximately six participants will be chosen to engage in 1-on-1 semi-structured interviews to better understand their experiences as recreation navigators.

Anticipated Results: Results will provide information about the potential challenges experienced by recreation navigators, who are supporting newcomers in accessing community-based recreation. Further, results will provide data about whether or not acting as a recreation navigator fosters a sense of belonging among newcomers.

Conclusions/Significance: It is valuable to explore the experiences of newcomers in recreation navigator roles as there is little research on recreation peer-mentors and newcomers. In addition to recreation providing support through the settlement process, recreation navigators can help to promote change in programs and policies for newcomer recreation.

**Identifying Key Determinants of Collaborative within Interdisciplinary Healthcare Teams in:
Scoping Review**

James Whiteman

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Introduction: Collaboration among interprofessional healthcare teams is vital to promote the well-being of staff and patients. Interprofessional teams work collaboratively to increase benefits such as quality of care and innovation while reducing medical errors. These collaborative efforts are becoming more common with the growing complexity of human conditions. Establishing a collaborative relationship relies on positive and repetitive interactions with team members. Therefore, understanding the key determinants of the collaborative processes are vital.

The purpose of this scoping review is to map out the key determinants of collaboration within interprofessional healthcare teams across healthcare centers in North America and Europe. Additional research aims would be to determine what are facilitators and or barriers for the collaborative process.

Methods: This scoping review utilizes an established method developed by Arksey & O'Malley (2005) for scoping reviews. Engaging in electronic searches of databases such as Novanet, PubMed, and Cumulative Index of Nursing and Allied Health Literature (CINAHL) with predetermined search terms. Specific search criteria include literature within the last 10 years published in North America and Europe. The specific search criteria will allow for applicable applications for Canadian healthcare centers.

Anticipated Results: This scoping review will map out what are the key determinants of the collaborative process and what are facilitators and or barriers to it. Data collection of key determinants will then be organized into data table of key themes of collaboration.

Significance: Collaboration among interdisciplinary healthcare teams is sought after because it provides benefits to both staff and patients. Therefore, mapping out key determinants, as well as barriers and or facilitators to provide needed information for healthcare centers looking to establish collaborative teams.

Examining Shelter Life and Policies for Nova Scotia Homeless LGBTQ+ Youth

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Introduction: It is estimated that 5-10% of the Canadian population identify as LGBTQ+, but an estimated 25- 40% of homeless youth identify as LGBTQ+. There are suggestions that homeless LGBTQ+ youth find barriers when utilizing shelters, making the aim of this qualitative study two-fold; to further explore these experiences of LGBTQ+ youth and to analyze aspects of the written shelter policies which influence this marginalized population in Nova Scotia.

Methods: The methods used in this study will be face to face interviews and analysis of written shelter policies in Nova Scotia. The participants will include 8-10 youth who self-identify as LGBTQ+. Due to the sensitive nature of the topic, the participants will each choose a location they are comfortable and safe in to complete the interviews. In addition, we will be seeking to obtain up to 10 policies from different types of shelters in Nova Scotia in order to understand potential differences of specific LGBTQ+ material in policies according to the type of shelter.

Anticipated Results: The study will provide information that will highlight the experiences, potentially positive or negative for these LGBTQ+ youth participants. This research will also provide data on policies from different types of shelters and will highlight if the policies include sensitivity to sexual orientation and gender identity such as homophobia and gender segregation. We anticipate differences between urban and rural shelters as well as religious and non-denominational shelters.

Conclusion/Significance: This study will provide data that can help highlight how shelters are experienced by a marginalized population, and the potential role of policies in influencing their experiences. The research will be of value to program and policymakers seeking to ensure that the LGBTQ+ youth who utilize shelters in Nova Scotia are safe and included.

**The Human Side of the Interface: Perceptions of Neurofeedback During Motor Training by
People Who Have Had a Stroke**

Elizabeth Coish

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Introduction: Neurofeedback (NFB) interfaces that interpret neural activity patterns into clear displays are being adapted for use poststroke. These systems hinge on the theory that providing feedback as a reward for unobservable efforts in cases of severe motor loss assists rehabilitation. Over the past decade, an increasing number of studies have focused on functional outcomes in upper limb mobility, demonstrating promise in health-related quality of life improvement. The emphasis has shifted from laboratory testing on healthy populations to practical application in community and clinical settings. However, input from the community has been minimal. The aim of this descriptive qualitative pilot study is to explore perceptions of NFB as an instrument in chronic stage motor recovery for individuals who have had a stroke.

Methods: A minimum of 3 individuals will be recruited from a local poststroke organization. After exposure to 4 feedback types, participants will be asked about their attitudes, impressions, and preferences that relate to their experiences around NFB and the type of sensory information displayed. Through a semi-structured interview, their input will be collected and summarized.

Anticipated Results: Investigators anticipate rich data on the qualities that make a feedback type better or worse for people who have had strokes, as well as their thoughts about NFB-based interventions.

Conclusions/Significance: The results of the study further the development of more effective interventions to assist patients in regaining motor functionality that will allow them to return to activities they enjoy and improve overall quality of life. Identifying the preferences and perceptions of people who have had a stroke could lead to more appropriate brain-computer interfaces that account for the concerns and interests of members of the community.

Understanding How Young Adult Women with Multiple Sclerosis Conceptualize and Experience Body Image: A Scoping Review

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Introduction: Multiple Sclerosis (MS) is a leading cause of disability worldwide and most common in women. Young women face significant gender norms and societal pressures related to body image, which can be further complicated by MS. As MS research has traditionally been conducted in biomedical fields, research using a health promotion or psychosocial lens is emergent and warranted. Scoping reviews can provide insight into understudied and emergent topics of interest and identify gaps in the current literature. The aim of this scoping review is to determine what is currently known about body image in young adult women with MS.

Methods: This planned scoping review will use Arksey & O'Malley's (2005) 5-step framework to explore what is known about body image in young adult women with MS. The 5-steps include: establishing a research question, identifying relevant studies, study selection, charting the data, and collating, summarizing, and reporting the results. Inclusion and exclusion criteria will be developed iteratively as familiarity with the literature develops.

Results/Anticipated Results: This scoping review will map the available literature on how young adult women with MS conceptualize and experience body image. It is expected that body image will intersect with physical activity, disability, and gender norms. This scoping review will also identify gaps in the literature so that future directions for research can be identified.

Conclusions/Significance: This scoping review will map available evidence, identify gaps in the literature, and make suggestions for future research regarding how body image is conceptualized by young adult women with MS. The findings of this work will be of interest to those working in the field of MS, gender, and body image, and may help inform future research, policy and practice, to hopefully contribute to improved wellbeing for this population in the future.

Exploring the effects of extreme weather events on women located in Nova Scotia

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Introduction: Research indicates that women experience negative effects of climate change at disproportionately higher rates than men. These effects include the stress of additional household work as well as increased rates of violence and illness during and after extreme weather events. The existing literature focuses on women in third world countries, creating a gap excluding women in northern countries and specifically in Canada. This proposed study will focus on how Nova Scotian women experience these extreme weather events.

Methods: Recruitment of participants will rely on posters placed in women's centres and physicians' offices, as well as snowball sampling. Due to time constraints and budget, this study will involve a group of 10-15 women from around Nova Scotia. Data will be collected through semi-structured interviews with open-ended questions. The questions will revolve around their past experiences of extreme weather in Nova Scotia.

Results/Anticipated Results: This research will provide in-depth information about women's experiences of extreme weather events. The questions will revolve around the participant's memory of past extreme weather events in Nova Scotia.

Conclusion/Significance: Because women experience climate change and extreme weather events differently and more severely than men, women's experiences should be considered and utilized to help inform policies that can help to reduce the potential burden and negative impacts on women.

