HPJ
HEALTHY POPULATIONS JOURNAL
Volume 6 | No. 1
2026
ISSN: 2816-2536

CROSSROADS INTERDISCIPLINARY HEALTH RESEARCH CONFERENCE

Advancing Health Through Collaborative Community-Informed Approaches.

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Healthy Welcome from the Conference Co-Chairs

We are pleased to welcome readers to Vol 6, Issue 2 of the Healthy Populations Journal (HPJ). As part of our mission to support and disseminate student-led research, advancing knowledge on population health research and global health equity, the HPJ partnered with the Co-Chairs of the 22nd annual Crossroads Interdisciplinary Health Research Conference themed Advancing Health through Collaborative and Community-Informed Approaches. Crossroads is a student-led, peer-reviewed academic conference that is hosted by graduate students within the Faculty of Health at Dalhousie University.

Held over March 13th and 14th in Halifax, Nova Scotia, this year's theme reflects our aspirations to highlight the importance of inclusive, sustainable health solutions responsive to real-world needs. With a focus on the transformative power of partnership and community engagement, we welcomed contributions from students, researchers, and health practitioners, championing local voices, cross-sector collaborations, and creating equitable health outcomes in Canada and beyond. Over the course of the conference, we heard from close to 100, field leading students and professional researchers, who are passionate about their work as it related to collaborative and community-informed health. This conference continues to provide a space where student health researchers can come together to connect, network, and collaborate across disciplines, to work towards improving overall health and wellbeing.

Abstracts in this special issue explore a wide range of important and timely topics related to population health, health inequities, recreation and leisure, clinical health, health policy, mental health and wellbeing, human movement and kinesiology, and inclusive and accessible health care solutions.

This special issue would not be possible without the support from Dalhousie University's Faculty of health, the Nova Scotia Minister of Health & Wellness, Dalhousie university's Vice President of Research and Innovation, Dalhousie University's School of Occupational Therapy, the MacEachen Institute for Public Policy and Governance, Dalhousie University's Faculty of Graduate Studies, Doctors Nova Scotia, and support from the HPJ Editorial Board Members.

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Abstract

Emotional Culture, Work Structures, and the Development of Compassion and Professional Identity in Medical Training

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Abstract

Introduction: Empathy decline and burnout during clinical training are well-documented in medical education. Traditionally, this erosion has been framed as an adaptive response to the emotional and cognitive demands of clinical work, reinforced by professionalism norms that prioritize emotional detachment. Emerging scholarship, however, suggests that compassion—defined as emotionally engaged action—may be more sustainable and clinically effective. Drawing on the SMART model of work design, this study reframes empathy decline as a consequence of emotionally unsustainable training environments rather than individual emotional limitation. **Methods**: Medical trainees will be randomly assigned to one of two brief (15-minute) preparatory interventions prior to a practice OSCE-style simulated patient encounter: (A) a professional detachment training emphasizing emotional neutrality, or (B) a micro-compassion training focused on empathic listening, emotional validation, and grounding techniques. Following the encounter, outcomes will be assessed at the state level using standardized patient ratings of observed empathy, a state-adapted emotional exhaustion measure, and task-level psychological safety and SMART work design perceptions. **Results/Anticipated Results**: It is anticipated that trainees in the micro-compassion condition will demonstrate higher observed empathy, lower state-level emotional exhaustion, and greater perceived psychological safety than those in the detachment condition. Perceptions of tolerable emotional demands and relational support are expected to mediate these effects. **Conclusions/Significance:** Findings will challenge the assumption that emotional detachment is protective in medical training and provide experimental evidence that compassion-supportive work design enhances emotional sustainability. This study offers actionable insights for rethinking professionalism, clerkship design, and leadership practices to support compassionate, resilient physician development.

Keywords: Empathy, Education, Medicine, Work

Section: Health Administration/Business

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Sense of Belonging to Canada and to Islam as protective factors for Canadian Muslims Facing Trauma and Discrimination

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Abstract

Introduction: Canadian Muslims suffer discrimination and many have been exposed to trauma. They also underuse mental health services and face barriers to care access. The lack of research into Canadian Muslims' mental health hinders efforts to support them. Identifying protective factors against the distress from trauma and discrimination is important for supporting Muslim mental health in Canada. Sense of belonging protects mental health in the face of adversity, but few studies have unpacked the different domains in which a person may feel belonging. This issue may be especially pertinent to Canadian Muslims, as Canadian media outlets and politicians give the impression that Islam does not belong in Canada, creating tension between Muslim Canadians' national and religious identities. It is important to involve marginalized communities in research that concerns them. I am Muslim and have engaged a diverse committee of Canadian Muslims to inform study design and support recruitment and knowledge translation. **Methods**: A survey will collect information on demographics, experiences of trauma and perceived religious discrimination, sense of belonging to Canada and to Islam, and mental health symptoms. Linear regression models will explore main and interaction effects of demographic factors, trauma, discrimination, and each sense of belonging on anxiety, depression, and trauma symptoms. **Results/Anticipated Results:** We hypothesize that the two senses of belonging will have different effects on mental health symptoms, that discrimination will be associated with trauma symptoms, and that more severe discrimination will lead to worse outcomes for a given number of traumas. **Conclusions/Significance:** This study will help clarify the understudied relationships between discrimination, mental health, and different contexts of belonging. Furthermore, identifying protective factors for Canadian Muslims may inform efforts to support the well-being of this underserved population.

Keywords: Islam, Canada, Sense of Belonging, Trauma and Stressor Related Disorders, Protective Factors

Section: Mental Health/Addiction

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Discrimination and Perinatal Mental Health: Exploring Resilience and Relationship Quality as Protective Factors

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Abstract

Introduction: Experiences of perceived discrimination—the differential treatment of individuals based on group membership—and stigma during the perinatal period are linked with depressive and anxiety symptoms. This connection is critical given the implications for societal expenses, maternal well-being, and offspring health and development. Extant literature does not address whether resilience, significant other social support, or relationship quality are protective factors in the dynamic between perceived discrimination and perinatal anxiety or examine discrimination and these perinatal mental health outcomes in a Canadian sample. Thus, this study aims to (i) describe the nature of perceived discrimination in a Canadian sample, (ii) examine the relations between perceived discrimination and anxiety and depression outcomes in a perinatal sample, and (iii) determine if there are relationship or individual protective factors, namely, resilience and partner support/relationship satisfaction (relationship quality), that may moderate the impact of perceived discrimination on perinatal depression and anxiety outcomes. **Methods:** Participants were part of an ongoing study and completed questionnaires in their third trimester and at 6 months postpartum. Statistical analysis consisted of running bivariate correlations and hierarchical regression analyses to address the research aims. **Results/Anticipated Results:** Gender was the most commonly reported basis for perceived discrimination, followed by age and income/education level. Greater perceived discrimination correlated with higher perinatal depression and anxiety symptoms, but neither resilience nor relationship quality moderated these effects. **Conclusions/Significance:** Future research should replicate this study in a more diverse sample, use clinician assessment, and explore other potential protective factors in the dynamic between perinatal mental health and discrimination.

Keywords: Perinatal, Discrimination, Mental Health, Relationship Quality, Resilience

Section: Mental Health/Addiction

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Integrating Kinesiologists Into Interdisciplinary Healthcare: A Systematic Review

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Abstract

Introduction: Previous research has shown that integrating allied health professionals into healthcare teams can improve patient outcomes, reduce system strain, and enhance access to care. The proposed study will examine the evolving role of kinesiologists within the healthcare system. This research will investigate how kinesiologists contribute to patient care across various settings including rehabilitation, chronic disease management, health promotion, and how their professional identity is understood within interdisciplinary contexts. The study will also explore perceptions of kinesiologists among healthcare professionals, patients and within existing policy frameworks to assess how these views influence scope of practice and collaborative involvement. **Methods:** A systematic review methodology will be employed to synthesize and critically evaluate current evidence. Covidence software will be used to support study screening, data extraction and analysis, ensuring a rigorous and transparent review process. Inclusion criteria will focus on peer-reviewed studies examining clinical, educational, or collaborative roles of kinesiologists across healthcare settings. **Results/Anticipated Results:** Findings will include greater clarity regarding the contribution of kinesiologists, alongside evidence of inconsistencies in how their roles are understood and utilized. It is expected that the review will identify gaps related to role clarity, policy recognition, and the integration of kinesiologists in areas where their expertise could enhance patient care. **Conclusions/Significance:** This systemic review aims to advance understanding of the professional identity and perceived values of kinesiologists within interdisciplinary healthcare teams in Canada. Insights from this work may inform future policy, education, and practice models that optimize their role in supporting effective and comprehensive healthcare delivery.

Keywords: Kinesiologists, Interprofessional Relations, Scope of Practice, Canada

Section: Kinesiology/Human Movement Science

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Advancing Health Equity Measurement in Canada: A Scoping Review of Indicators, Frameworks, and System Challenges

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Abstract

Introduction: Public health organizations need effective ways to measure their progress in reducing health inequities, yet no consistent or standardized approach exists. The primary objective of this scoping review was to identify health equity indicators and measurement approaches used in Canada, and to summarize the guidance and challenges surrounding their development to support practical application within Ontario public health settings. **Methods:** This review followed the Arksey and O'Malley framework and PRISMA-ScR guidelines. Peer-reviewed Canadian studies (2014–2024) were searched in Ovid MEDLINE and CINAHL using librarian-developed strategies. Two reviewers independently screened titles, abstracts, and full texts using Covidence, resolving conflicts by consensus. **Results/Anticipated Results:** Of 829 records screened, 19 met inclusion criteria. Four themes emerged: (1) visual frameworks that organize health equity work (e.g., Action Framework, WHO Health System Framework); (2) specific health equity indicator categories covering social, structural, and health-system factors; (3) guidance for indicator development, including criteria, implementation considerations, and use of input–process–output–outcome models; and (4) barriers such as the absence of standardized indicators, inconsistent measurement practices, and limited access to detailed sociodemographic data. **Conclusions/Significance:** Meaningful health equity measurement requires indicators that reflect local context, reliable data, and collaboration across teams and communities. This review highlights clear opportunities for public health units: improving sociodemographic data collection, aligning indicators with strategic priorities, reducing siloed work, and engaging communities in indicator design. These findings offer a practical foundation for strengthening equity-focused measurement and supporting more consistent, transparent evaluation of progress toward reducing health inequities.

Keywords: Health Status Indicators, Public Health, Health Equity

Section: Health Inequity

Presentation Format: Oral

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Understanding Storied Experiences with Menstruation of African Nova Scotian Young Adults: A Narrative Inquiry

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Abstract

Introduction: Menstruation is constructed as a taboo topic, and while menstrual pain is a common phenomena, the normalization of menstrual pain among African Nova Scotian (ANS) young adults is a barrier to menstrual equity. Compounded by lack of access to culturally relevant health education and financial barriers against a backdrop of racism, sexism, classism, and gender discrimination, there is a need to understand the experiences of ANS young adults to improve health outcomes. The proposed study aims to 1) understand the experiences of ANS young adults about menstruation and how their narrated life stories link to ANS identity and gender, menstrual equity, and the normalization of menstrual pain; 2) identify menstrual health related knowledge gaps; and 3) identify recommendations for future health education and menstrual equity achievement. **Methods:** Grounded in Black Feminist and Critical Caring theories, the proposed study will use narrative inquiry design. Data collection through semi-structured interviews will build in-depth narratives of menstruation for ANS young adults. Analysis of themes and retelling of stories via participant focus group aims to strengthen the significance and meaning of participant stories and will take place in partnership with ANS community groups. **Results/Anticipated Results:** This research is anticipated to provide rich data which explores ANS identity related to menstruation. In co-creation with participants, knowledge mobilization will include arts-based outputs on the topic of menstrual health education. **Conclusion/Significance:** This proposed study addresses a Canadian health research priority and will challenge taboos surrounding menstruation, recognize the socio-and-economic inequities faced by ANS young adults, and underscore with first voice the importance of menstrual equity. The proposed research will help to recognize ANS identity through stories, including how and why menstrual equity can improve collection.

Keywords: Menstruation, Health Inequity, African Nova Scotian, Narrative Inquiry, Young Adults

Section: Health Inequity

Presentation Format: Oral

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Adapting an immunization assessment tool for adults in Nova Scotia: An implementation pilot

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Abstract

Introduction: Immunization Assessment Tools (IATs) personalize vaccine recommendations by matching one's demographic and risk profile to local guidelines and can improve vaccine awareness and uptake, while involving end-users in IAT-design maximizes tool adoption. We adapted a Prince Edward Island-developed IAT for use in Nova Scotia (NS) and generated implementation evidence to inform scale-up. The current objectives were to co-draft the IAT for NS (IAT-NS) with end-users (community members [CMs] and healthcare providers [HCPs]); integrate their feedback; and pilot the IAT-NS with 400 Nova Scotians. **Methods:** Building on an environmental scan and interviews, we hosted consultative discussion groups with end-users to refine content, design, and outputs of the IAT-NS; feedback was iteratively integrated. The IAT-NS will be piloted with approximately 400 end-users from Jan-Mar 2026. Implementation will be guided by the i-PARIHS framework. Pre/post-IAT-NS surveys will assess tool usability and acceptability and explore changes in vaccine recommendation awareness, perceived risk of vaccine-preventable diseases, and vaccine-seeking intentions/behaviors. **Results/Anticipated Results**: 13 end-users (ages 18–54 years; HCPs n=4; CMs n=9) participated in discussion groups. Feedback clustered into three areas: readability (plain language; embedded definitions), design (branding/visuals; accessibility features), and engagement/output (record retrieval guidance; where to book vaccines). Preliminary IAT-NS pilot results will be analyzed and presented as summary statistics, frequency distributions, and descriptive statistics. **Conclusions/Significance:** Early co-design indicates that successful IAT implementation depends not only on accurate recommendations, but also on readable content, accessible design, and actionable next steps that support users to move from recommendations to

Abstract

booking. Pilot findings will inform jurisdictional implementation planning and targeted knowledge-translation in Spring 2026.

Keywords: Immunization, Vaccine-Preventable Diseases, Vaccines

Section: Population Health

Presentation Format: Oral

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Beyond the Audiogram: Extended-High-Frequency Hearing and Speech Understanding in Noise

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Abstract

Introduction: Hearing speech in noise (SIN) is a primary difficulty often reported by individuals with hearing loss. Emerging evidence suggests that extended-high-frequency (EHF; 8–20 kHz) thresholds may contribute to SIN abilities even among listeners with clinically normal hearing (Polspoel et al., 2022). EHF hearing may be a reliable measure for early detection, monitoring, and prevention of hearing loss (Hunter et al., 2020). However, standard pure-tone audiometry only measures up to 8 kHz. This study examined the link between EHF thresholds and SIN in normal hearing adults. **Methods:** 86 adults aged 20 to 50 years old with normal hearing status and English proficiency were recruited. Participants completed basic audiology test battery (otoscopy, distortion product otoacoustic emissions, tympanometry, acoustic reflexes, and pure-tone audiometry), followed by primary outcome measures including EHF audiometry and two SIN tests. Finally, a subjective rating of SIN difficulty was administered. **Results/Anticipated Results:** Consistent with the literature, mean EHF thresholds exhibited a downward trend at 16 and 18 kHz. Objective SIN measures revealed a significant right-ear advantage (REA; $p < 0.001$) which also moderately correlated with self-reported difficulty in noise ($p < 0.001$, $r = 0.28$). **Conclusions/Significance:** Self-perceived difficulties are often present with poorer SIN scores and may signal hearing problems. Despite normal hearing thresholds, individuals may experience significant SIN difficulties. Clinicians should consider incorporating visual analog scales to bridge the gap between objective and subjective measures. Future work aims to further support integration of EHF testing into routine audiometric assessments.

Keywords: Hearing Loss, Speech, Self Report

Section: Clinical Research

Presentation Format: Oral

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Nature in Focus: Exploring Perspectives of Equity-Owed Youth on Access to Nature in Nova Scotia

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Abstract

Introduction: Research shows that participating in nature-based activities supports youth wellbeing and development. However, many youth face barriers to accessing nature, particularly those from equity-owed communities, underscoring a need for more inclusive and accessible nature-based opportunities for diverse youth. The aim of this photovoice study was to collaborate with youth to explore their experiences in nature, identify barriers to accessing nature, and provide recommendations to enhance access to nature in Nova Scotia (NS), Canada. **Methods:** Photovoice empowers participants to document community issues and advocate for change through photography. We partnered with a local community organization dedicated to supporting diverse and equity-owed youth in NS. Eleven youth participated in five sessions, including focus groups, photography workshops, collaborative analysis, and action planning. The youth completed participatory analysis, including selecting photos, contextualizing, and identifying issues and themes that resonated with their lived experiences. **Results**: Collaborative and thematic analysis resulted in four themes that highlight common challenges to engaging with nature in NS. These challenges included youth-identified barriers around the need to protect urban spaces to access nearby nature, a lack of youth-specific spaces, transportation and safety, and the impact of weather when accessing nature-based spaces and programs. **Significance:** This research provided valuable youth perspectives to inform ways of enhancing access to nature in NS for diverse youth populations. In the spring of 2026, we will hold a knowledge mobilization event for youth to present their photographs and project findings, facilitating dialogue with end users across the province that work at the intersection of youth, nature, and wellbeing.

Keywords: Youth, Nature, Wellbeing, Photovoice, Equitable Access

Section: Recreation and Leisure

Presentation Format: Oral

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Abstract

STudy on bluebeRries, prOteiN, and exercise for improvinG frailty and cardiovascular disease (STRONG)

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Abstract

Introduction: Cardiovascular diseases (CVD) are a leading cause of death worldwide. Accelerated aging presents a greater risk of adverse health outcomes, CVD, co-existing diseases, and death. Frailty is a state of health decline that increases the likelihood for adverse health outcomes. Exercise and dietary modifications (protein and blueberry intake) can reduce frailty and CVD; however, the combined long-term effects of these two lifestyle behaviors have yet to be studied. Objective: The purpose of this study is to determine if a 12-month exercise dietary, (protein and blueberries supplementation) intervention (STRONG) reduces frailty and CVD risk in older Nova Scotians. **Methods:** This randomized controlled trial will recruit 240 Nova Scotians (≥65 years, ~120 females and ~120 males). Participants will be randomly assigned to control or intervention (STRONG) groups. Control participants will receive standard medical care. The STRONG group will consume 30 grams of a protein supplement and 150 grams of wild blueberries daily, in addition to participating in three 60-minute exercise sessions per week, focusing on aerobic exercise, resistance training, and mobility. Measured outcomes will include changes in CVD risk factors, cardiovascular health, inflammatory markers, frailty, physical fitness, and health-related quality of life. **Results/Anticipated Results:** Decreased rates of frailty and CVD. **Conclusions/Significance:** In Nova Scotia, CVD and frailty each present a significant burden on the health care system and negatively affect the health of its residents. STRONG study findings may offer needed evidence-based lifestyle intervention treatment plans aimed at lowering rates of frailty, CVD, and easing the burden on healthcare system.

Keywords: Lifestyle Factors, Older Adults, Aging

Section: Population Health

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Brushing Up on Mouth Care: An Open Access Repository of Public Education and Tools to Empower Caregivers

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Abstract

Introduction: Oral health is crucial to health and wellbeing. Yet, research indicates that the oral health of older adults in long-term care is far worse than that of older adults in the community. Since caregivers play a crucial role in the oral health of care-dependent older adults, researchers worked with those who provide care to older adults to create Brushing Up on Mouth Care (Brushing Up), a suite of online resources designed to supply caregivers with the knowledge and tools to perform oral assessments and provide oral care to care-dependent older adults. However, several gaps have been identified within Brushing Up that make it difficult to provide oral care not only to care-dependent older adults, but to all care-dependent populations. Thus, our research aims to expand Brushing Up to align with current knowledge of best oral care, alongside equity, diversity, inclusion, and accessibility best practices, and develop resources to meet the needs of caregivers working with diverse care-dependent Canadians. **Methods:** We are using a well-established model of instructional design that will initially involve co-creating and evaluating training modules. We will then assess the impact of the training modules on caregivers' self-reported knowledge, skill, and confidence in providing person-centered oral care. Finally, we will recruit knowledge users to complete the training modules and a survey, with some also participating in a focus group. **Results/Anticipated Results:** We expect that the new resources created to fill the gaps identified in the current version of Brushing Up will appeal to paid and unpaid caregivers, reduce caregiver burden, increase the knowledge and abilities of caregivers, and improve the oral health of care recipients. **Conclusions/Significance:** Given the continued relevance of Brushing Up, it is crucial that it stays up to date to ensure that caregivers have the resources to provide effective oral care, thus improving the quality of life of care-dependent Canadians.

Keywords: Oral Health, Dental Care, Dental Health Education, Health Services, Long-Term Care

Section: Population Health

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

The Influence of E-books on Autistic Preschoolers' Early Literacy Skills

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Abstract

Introduction: The number of children diagnosed with autism has increased in recent years with current estimates being at 1 in 50 in Canada. While there is a large heterogeneity among autistic children, a domain consistently reported to be challenging for them is reading comprehension. Shared book reading supports literacy and language development in typically developing and autistic children. However, when compared to their neurotypical peers, autistic children engage less during shared book reading. Given that early reading skills are significant predictors of academic success, it is necessary to identify specific conditions that support engagement and reading comprehension for autistic children. Of interest, research suggests that autistic children tend to engage more with electronic screen media. Following these findings, the objective of this study is to determine whether book format (paperback versus e-book) impacts engagement and reading comprehension during shared book reading for preschool autistic children. **Methods:** 50 parent-child dyads (25 autistic children, 25 typically developing) will complete 2 shared book reading sessions (1 paper book and 1 e-book). Over the course of the shared book reading sessions, the child's engagement and reading comprehension will be measured. Data will be analyzed using linear mixed models. **Results/Anticipated Results:** Based on current research, we hypothesize that the use of an e-book will result in autistic children's increased engagement and reading comprehension. **Conclusions/Significance:** Findings from this study will provide key information on the influence of book format on autistic preschoolers' literacy skills and will contribute to developing best practices for fostering early literacy skills in autistic children with the goal of supporting autistic individuals' academic success and their subsequent ability to participate in the workforce, economy, and self-advocacy.

Keywords: Autism, Preschool Children, Literacy, Shared Book Reading, E-Books

Section: Population Health

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

The Impact of Rhythm-Based Music Therapy on Respiratory Function in Amyotrophic Lateral Sclerosis: A Literature Review

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Abstract

Introduction: Amyotrophic lateral sclerosis (ALS) is a neurodegenerative disease, where respiratory decline is a primary contributor to morbidity and mortality. Music engages neural networks and shows therapeutic potential in neurological healthcare, making it a feasible patient-centred approach to respiratory care. Rhythm-based music therapy (MT) may support ALS-related impairments across respiratory-related neural systems. This review aimed to synthesize existing evidence on the impact of rhythm-based MT on respiratory function, breathing comfort, and quality of life in individuals with ALS and comparable neurological populations. **Methods:** A literature review of eight peer-reviewed sources was conducted, encompassing quantitative and qualitative designs. Articles were accessed through PubMed, Dalhousie Libraries, and health sciences databases. Studies examined music-based interventions relevant to respiratory function, oxygen saturation, breathing coordination, or respiratory comfort in ALS, motor neuron disease, neurodegenerative disorders, or comparable clinical populations. Interventions were primarily home-based and accessible. **Results/Anticipated Results:** Findings indicated positive trends in respiratory support associated with rhythm-based MT. ALS-specific studies reported stabilization or improvement in respiratory indicators, including forced vital capacity and respiratory muscle strength. Qualitative evidence suggests reduced breathing-related anxiety, improved coordination with non-invasive ventilation, and enhanced breathing comfort. While studies in neurologically compromised populations have indicated improvements in oxygenation and ventilatory efficiency, evidence for oxygen saturation remains limited. **Conclusions/Significance:** Rhythm-based MT shows promise as a patient-centred intervention for ALS and supports the integration of music-based approaches with holistic care. However, controlled ALS-specific trials with standardized respiratory and oxygenation outcomes are needed.

Keywords: Amyotrophic Lateral Sclerosis, Music Therapy, Respiratory Function Tests, Motor Neuron Disease, Quality of Life

Section: Clinical Research

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Measuring Physical Activity in Children with Chronic Medical Conditions and Disabilities: Validating a Health Survey

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Abstract

Introduction: Lifelong physical activity (PA) is important for the holistic health of all children, including those with chronic medical conditions and disabilities (CMCD). However, our knowledge surrounding the PA needs and behaviours for children with CMCD is limited, partly due to the lack of reliable tools for measuring PA in this population. Therefore, the purpose of this study is to determine the validity of a novel health survey in measuring PA for a small sample of Nova Scotian children with CMCD. This study is part of the multicenter pilot study, MOMENTUM. **Methods:** Seven children aged 12 to 17 years with CMCD, plus their parent or caregiver, were recruited. Participants were asked to complete the health survey with accelerometry data being collected in conjunction. Test-retest reliability was assessed using intraclass correlation coefficients (ICCs), associations between survey-reported and accelerometer-measured PA were evaluated using Spearman correlations, and agreement and potential bias were visualized using Bland-Altman plots. **Results/Anticipated Results:** ICCs were mixed (0.19-0.87) and characterized by wide confidence intervals, reflecting uncertainty. Correlations between self-report and accelerometry were weak or inverse across all PA intensity categories (ρ = -0.87 to 0.18), with Bland-Altman plots demonstrating wide limits of agreement. Both children and caregivers underestimated light PA, and few participants met MVPA guidelines by self-report, with none meeting guidelines according to accelerometry. **Conclusions/Significance:** These findings highlight persistent challenges in measuring PA among children with CMCD, emphasizing the need for improved self-report tools that better capture their movement patterns. Although limited by sample size, this study contributes to ongoing work advancing accessible and equitable PA measurement to ensure appropriate data exists to inform PA guidelines and interventions for children with CMCD, ultimately promoting their health and well-being.

Keywords: Motor Activity, Children with Disabilities, Surveys and Questionnaires

Section: Health Inequity

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Participatory Indigenous Health Research in Atlantic Canada: A Scoping Review Update

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Abstract

Introduction: Participatory research is considered one of the most promising ways to undertake Indigenous health research (IHR). It involves a collaborative approach with the potential to improve research quality, empower communities, and increase research benefits to the studied communities. Engagement can be incorporated at different stages of the research process but ideally would be throughout the entirety. A previous scoping review examined IHR in Atlantic Canada from 2001-2020, revealing potential for improvement and recommendations. The purpose of this review is to determine the scope of community engagement in IHR in the four Atlantic Canadian provinces (NS, NL, NB, PEI) between January 2019 and October 2025. **Methods:** Methods of the previous review were closely followed. Following the Arksey & O'Malley (2005) framework, the scoping review searched relevant databases for keywords identifying all IHR undertaken in Atlantic Canada from January 2019 to October 2025. Data was extracted using a previously published data charting form and was analyzed using descriptive numerical summaries. **Results/Anticipated Results:** 72 articles were included. 59.72% of the included articles received Indigenous ethics approval, 70.83% credited community co-authorship, and 56.94% reported some extent of community engagement. There was an increase in Indigenous ethics approvals and co-authorship compared to the previous review. The reporting of community engagement remained relatively stagnant. **Conclusions/Significance:** This review shows increasing trends and remaining areas of improvement from the previous review. Clearer standards of ethics, co-authorship, and participatory methods expectations should be set by institutions for all types of IHR. Results are significant to researchers, journals, funding bodies, ethics committees, and Indigenous communities in Atlantic Canada.

Keywords: Health Research, Atlantic Canada, Indigenous Peoples, Scoping Review

Section: Health Inequity

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Advancing Home Care through Collaborative Fracture Prevention Guidelines

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Abstract

Introduction: Fracture risk rises with age, yet many older adults prefer to remain at home with support from home care services. Despite this high risk profile, there are no fracture prevention guidelines tailored to the home care population. Existing guidelines developed for long-term care (LTC) or the general population do not account for the specific risks common among home care recipients, including elevated psychotropic medication use, dementia, and Parkinson's disease. **Methods:** LTC and general population guidelines were adapted for home care, using an ADAPTE framework, by an interdisciplinary team of home care recipients, formal and informal care providers, and content experts. Relevant guidelines were identified and assessed for quality using the AGREE II tool. Feedback on each recommendation was gathered through online REDCap surveys where participants indicated whether it should be adopted as it, adapted for home care, or rejected. Voting continued until 80% consensus was achieved, followed by an online meeting in which participants developed a guideline implementation plan. **Results/Anticipated Results:** A search across six databases identified 1,526 articles. After screening in Covidence, only two guidelines, one for LTC and one for the general population, met the criteria of Canadian fracture prevention guidelines published within the past decade. AGREE II assessments showed strong quality across all domains. Participant voting results and related research priorities are in progress and will be presented at Crossroads 2026. **Conclusions/Significance:** Current fracture prevention guidelines do not adequately address the home care population, leaving gaps in clinical decision making. This project adapts existing guidelines through a collaborative, community-informed process to clarify fracture prevention strategies in home care. The resulting guideline supports clinicians in reducing fracture risk, enhances care for older adults, and promotes safer aging-in-place.

Keywords: Fracture, Prevention, Guideline, Osteoporosis, Older Adult
Section: Health Policy/Health Law
Presentation Format: Oral

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Acute Aortic Valve Stenosis: A Comparative Survey of Inpatients and Outpatients in a High-Volume TAVI Program

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Abstract

Introduction: Aortic stenosis (AS) is a progressive and life-threatening condition characterized by the narrowing of the aortic valve. The prevalence and severity of AS greatly increase with age. Transcatheter aortic valve implantation (TAVI) has revolutionized the treatment of AS by providing an intervention suitable for patients of all risk levels. Timely diagnosis and intervention are crucial with AS as the prognosis is unfavourable once symptoms manifest. Unfortunately, late diagnosis and referral for AS treatment are common. At the QEII Health Sciences Centre, approximately 300 TAVI procedures are performed annually with excellent outcomes. However, inpatients account for a large proportion of these cases relative to other centers globally, often presenting with acutely decompensated AS; a condition characterized as acute aortic valve syndrome. This study aims to investigate this phenomenon. **Methods:** Comparative analysis of 40 TAVI patients (20 inpatients and 20 outpatients) using a mixed-methods cross-sectional structured survey, which captures data on demographics, access to care, heart health awareness, symptoms and experiences with AS, care pathway, perspectives, and lifestyle. **Results/Anticipated Results:** Inpatients with AS will be more likely to report fewer primary care visits in the previous two years, less likely to have a documented heart murmur in their medical records, and will have a shorter interval between diagnosis and treatment. **Conclusion/Significance:** AS represents an increasing global health concern, particularly within aging populations such as that of Nova Scotia's. Insights gained from this research could inform public health strategies, guide policy discussions surrounding access to care, and enhance family physician education to support earlier detection of AS.

Keywords: Aortic Valve Stenosis, Cardiovascular Diseases, Heart Valve Diseases, Surveys and Questionnaires

Section: Clinical Research

Presentation Format: Oral

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Prenatal iron supplementation in Nova Scotia: practices and adherence with national guidelines

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Abstract

Introduction: Iron deficiency occurs when iron intake or absorption is inadequate, and may progress to iron deficiency anemia if untreated. To support fetal growth and development, iron requirements during pregnancy increase from 18 mg/day in women of reproductive age to 27 mg/day to meet increased maternal and fetal metabolic demands. To help meet these increased needs, blanket, preventive iron supplementation of 16–20 mg daily throughout pregnancy is recommended by Health Canada. However, 15% of pregnant Canadian women still suffer from anemia. We aimed to investigate prenatal supplementation practices of Nova Scotians. Methods: Prenatal iron supplementation practices and adherence to national guidelines, defined as consuming ≥16 mg of elemental iron daily across all trimesters, were assessed. Data were collected online between March and May 2025 from Nova Scotians aged ≥19 years who were at least five months pregnant or had given birth within the past year. **Results/Anticipated Results:** Participants (n=319) were aged 32.0 ± 4.1 years, and were mostly white (89%), partnered (96%), and multiparous (57%). Overall, 62% of participants met Health Canada recommendations for adherence to iron dose, frequency, and timing. Nearly all participants reported consuming a prenatal micronutrient supplement (95%), with incredible diversity in products available at market (42 unique supplements identified). While most supplements contained recommended iron amounts (26.2 ± 4.7 mg/day; mode: 27 mg), 16% of supplements consumed contained no iron whatsoever, the majority of which were gummy formulations. **Conclusions/Significance:** Although prenatal care practices and the availability of iron supplements during pregnancy are high, a subset of prenatal supplements lack iron entirely. These findings highlight opportunities to strengthen regulatory frameworks and labelling standards for prenatal supplements in Canada.

Keywords: Iron Deficiency Anemia, Dietary Supplements, Pregnancy, Prenatal Care, Guideline Adherence

Section: Population Health

Presentation Format: Oral

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

From Participants to Partners: A Scoping Review of Bilingual Community-Based Research on Language and Cognition

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Abstract

Introduction: Traditionally, academic researchers have conducted research on rather than with members of the communities they study. However, with community-based research (CBR) methods, academics collaborate with community members throughout the research process, regarding them as equal partners. This scoping review investigated the breadth and nature of language and cognition CBR conducted with bilingual populations. **Methods:** 4,252 studies were retrieved from electronic database and manual citation searches. For inclusion in the review, studies needed to have a language or cognition focus, involve bilinguals, and self-identify as employing CBR methods. Each study was independently reviewed in a two-stage screening process by two researchers. **Results/Anticipated Results:** 11 studies were included in the review. Their aims related to the development of culturally- and linguistically-sensitive cognitive assessment tools and literacy pedagogical practices. The bilingual community partners had diverse language profiles, and many were immigrants or Indigenous. They participated frequently in study design and implementation, participant recruitment, and results interpretation but seldom in topic selection, results dissemination, and manuscript authorship. **Conclusions/Significance:** The included studies suggest that CBR methods can increase participation of diverse bilingual populations in language and cognition research to promote valid neurodegenerative disorders diagnosis and robust literacy skills development. However, the number of language and cognition studies using CBR methods remains limited, and even among CBR-self-identifying studies, the bilinguals were rarely involved in the beginning and end stages of the research process. A key takeaway is the need to foster more equitable collaborations with bilingual communities in academic research efforts. These findings may inform future CBR practices with bilinguals in language and cognitive sciences and drive interdisciplinary dialogue in the field.

Keywords: Bilingual, Language, Cognition, Community-Based Research, Scoping Review

Section: Health Inequity

Presentation Format: Oral

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

eDoseCKD: An Electronic Drug-Dosing Decision Support Kidney Tool for Primary Care Community Pharmacists

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Abstract

Introduction: Community pharmacists can optimize prescribing in CKD, but inconsistencies across resources complicate dosing. Tools supporting dosing in this setting are limited. Objective: To develop, validate, implement, and evaluate an electronic drug-dosing decision support tool (eDoseCKD) in pharmacies. **Methods:** Fifty medication algorithms were developed using Lynn's 3-step method. Algorithms were validated using a two-part questionnaire assessing content and face validity. I-CVI, S-CVI/Ave, and face validity were calculated with revisions between rounds. Validated algorithms were incorporated into eDoseCKD via Virtual Hallway platform. Using the RE-AIM framework, the tool was implemented and evaluated in 12 pharmacies. Patients prescribed medications requiring kidney-based dose adjustment received educational materials. Reach was assessed by at-risk population/participation rates; effectiveness by medication changes/adverse events; satisfaction by a 5-point Likert survey; and adoption by site/pharmacist participation, 3-month maintenance, and 6-month tool use. **Results/Anticipated Results:** Thirty-eight algorithms were validated by 45 experts/pharmacists. I-CVI and S-CVI/Ave ranged 0.83–1.0 and 0.90–1.0; face validity agreement was 75–100%. Nineteen pharmacists (mean age 41, most >15 years' experience) and 87 patients (57% female, mean age 78, eGFR 32 mL/min) participated in the implementation study. Eighty-seven medication adjustments were made; dose reductions worsened symptoms in 2 patients. Patient satisfaction was 4.66±0.58. Adoption was high; the intervention was implemented as intended in all but four patients, with all but one adjustment persisting at 3 months and all pharmacists using the tool at 6 months. **Conclusions/Significance:** eDoseCKD tool demonstrated reach, adoption, and consistent use. Frequent medication adjustments with few adverse effects

Abstract

support its safe, scalable implementation in pharmacies. Acknowledgements: Funding provided from Research Nova Scotia, NSHealth, and Mitacs.

Keywords: Medication Safety, Chronic Kidney Disease, Primary Care Pharmacists, Electronic Decision Support

Section: Clinical Research

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

The Power of Participation: Examining the Relationship of Quality Participation and Social Aspects of Powerchair Sport

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Abstract

Introduction: Sport participation is a well-known vessel for many health factors, especially, social outcomes. Persons with complex disabilities and high support needs access these benefits through powered wheelchair-based sport programs that support their wide variety of needs. Quality participation is when an athlete with a disability views their participation as satisfying and is further measured through its six building blocks, autonomy, belonginess, challenge, engagement, mastery, meaning. The continued development of quality participation in powerchair sports can support the wellbeing of its participants. **Methods:** This study will conduct a secondary data analysis through a cross-sectional observational study design. Research participants include 25 current powerchair sport athletes. The purpose of this study is to explore the relationships between quality participation (dependent) and social outcomes (independent) associated with sport participation by quantifying these variables through itemized scale-based surveys. The data collected here will be analyzed through correlational analysis, simple linear regressions, and a multiple regression to predict quality participation. **Results/Anticipated Results:** It is expected that positive linear relationships between quality participation and social outcome measures will be observed and social outcomes giving predictability to quality participation. The findings of this study will also display strength of relationships between predictor and outcome variables. **Conclusions/Significance:** The purpose of this study is to explore powerchair sport athlete perceptions of quality participation and how these measures can be predicted. This research will add to an emerging body of literature within the Canadian Disability Participation Project on sport for powered wheelchair users. The results of this study will provide preliminary findings to inform future research and programming in powerchair sport.

Keywords: Para-Athletes, Sports for Persons with Disabilities, Social Participation

Section: Recreation and Leisure

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Evaluating the Implementation Potential of the Promoting Healthy Sleep for Early Childhood Program: A Qualitative Study

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Abstract

Introduction: Sleep concerns are extremely common in early childhood, impacting 10-40% of children under five years of age. Despite this high prevalence, healthcare providers across various disciplines (e.g., medicine, nursing, psychology, etc.) do not receive adequate or consistent formal training on screening, assessing and treating pediatric sleep. To address this training gap, the eLearning professional development program, Promoting Healthy Sleep for Early Childhood, was developed. The goal of the program is to provide healthcare providers with accessible and evidence-based training on screening, assessing, and treating pediatric sleep concerns for children under five years. The larger study will focus on the usability and satisfaction, while the current sub-study focuses on exploring the implementation potential of this program. **Methods**: Recruited into the study will be 12 healthcare providers across disciplines, with at least three participants in each professional group (e.g., physicians, nurses, psychologists, and other allied health professionals). Participants will take part in a semi-structured interview regarding their experiences with the program, guided by the RE-AIM framework (i.e., Reach, Efficacy, Adoption, Implementation, and Maintenance). Questions will elicit information about the program's implementation potential. Qualitative data from participant responses will be organized according to the five RE-AIM domains and analyzed through NVivo using content analysis. **Results/Anticipated Results and Conclusions/Significance:** It is predicted that results and patterns will emerge based on the domains of the RE-AIM framework. Findings will inform future refinements of the program, by providing insights into the factors that support and challenge implementation.

Keywords: Early Childhood, Online Training Program, Healthcare Provider, Sleep, Implementation

Section: Mental Health/Addiction

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Left Behind by Medicare: The Impact of Rare Disease Exclusion on Access, Experiences and Outcomes in Nova Scotia

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Abstract

Introduction: Rare diseases are difficult to study and manage due to a widespread lack of provider expertise, causing missed diagnoses and forcing patients and caregivers to become their own case managers. Access to appropriate therapies and support is often limited and emotionally taxing. This research explores how the social construction of health and illness identities shapes the healthcare realities of people with rare diseases, particularly in rural Nova Scotia. **Methods:** This mixed-methods study is grounded in symbolic interactionism and the social constructionist tradition. The study is made up of surveys and in-depth, semi-structured interviews with Nova Scotian rare disease patients and caregivers, utilizing purposive sampling to ensure geographic diversity across health zones. **Results/Anticipated Results:** The anticipated results and the results that have been found so far reflect that there is limited access to healthcare providers and knowledge of rare diseases in Nova Scotia. A trend that was found is that having a rare disease or caring for someone with one often produces feelings of loneliness, lack of self-understanding, and feelings of failure. **Conclusions/Significance:** By focusing exclusively on this specific rural context, the research addresses a gap in national literature that often groups Atlantic provinces. The study offers policy recommendations rooted in the real-life experiences of people in Nova Scotia. This contributes to the sociology of health and illness and moves toward a more equitable healthcare system

Keywords: Rare Disease, Access to Care, Identity, Health Policy, Nova Scotia

Section: Health Inequity

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Cultural adaptations of evidence-based interventions in dementia care: A critical review of literature

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Abstract

Introduction: Cultural adaptation is essential for ensuring that interventions are relevant and effective across diverse sociocultural contexts. However, little is known about how these adaptations are conducted and whether they follow structured, evidence-based frameworks. Purpose: This review critically evaluated how dementia-related interventions have been culturally adapted and assessed the extent to which these adaptations align with the three-step process outlined in the Integrated Strategy for Cultural adaptation of Evidence-Based Interventions. **Methods:** Four academic databases including PubMed, PsycINFO, CINAHL, and Scopus were searched for relevant studies with the final search completed in April 2025. The search combined terms related to cultural adaptation, evidence-based practice, and dementia. **Results/Anticipated Results:** A total of 19 cultural adaptations reported in 23 publications were identified. Of the included interventions, six targeted behavioral and psychological symptoms of dementia, one addressed both people with dementia and their caregivers, and the remainder focused on informal caregivers. All adaptations were guided by structural frameworks and aligned mostly with the integrated strategy for cultural adaptation. Common adaptation processes included stakeholder engagement through focus group, pilot testing, and review and refinement. However, communities were not engaged in intervention selection, a critical gap in ensuring cultural relevance. Although many studies preserved core components, post-adaptation fidelity checks were not conducted in some of the studies. **Conclusions/Significance:** This review showed that cultural adaptations are enabling the replication and implementation of evidence-based interventions in culturally diverse populations. Future adaptations should prioritize stakeholder engagement in intervention selection and incorporate fidelity assessments to maintain both cultural fit and intervention integrity.

Keywords: Cross-Cultural Comparison, Cultural Competency, Dementia

Section: Health Inequity

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Biblical Proof-Texting, Evangelical Reproductive Politics, and White Christian Nationalism

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Abstract

Introduction: American Evangelical pro-life and Quiverfull movements frequently isolate and decontextualize Scripture to advance White Christian nationalist agendas. Rather than applying Biblical teachings within their historical and theological contexts, these movements employ selective verses, most notably Jeremiah 1:5, Psalm 139, and Psalm 127, to frame reproductive control on a racial praxis as divinely mandated. This project examines how such proof-texting operates as an ideological tool that reinforces white supremacy. **Methods:** My research uses qualitative textual analysis informed by feminist theology, intersectionality, and critical race theory. Primary texts (the Bible, Evangelical media) are read alongside secondary scholarship including Gorman (1994), McGowin (2018), Natarajan et al. (2022), Stone (2015), and Schmidgall et al. (2025). In conversation, these sources provide an interpretive analysis of how Biblical language is weaponized within contemporary Evangelical discourse. **Results/Anticipated Results:** Preliminary analysis suggests that Evangelical pro-life rhetoric reframes motherhood as a sacred national duty tied to the preservation of a white Christian nation and Quiverfull theology further idealizes large White families as signs of moral purity while discussing racialized motherhood as irresponsible or impure. **Conclusions/Significance**: This project argues that Evangelical proof-texting functions not as neutral theological interpretation but as a mechanism of racialized and gendered social control. Exposing the political motives embedded in these reinterpretations of Scripture, the study contributes to broader conversations about reproductive justice, religious authority, and the role of Christian nationalism in shaping health-related policy.

Keywords: Christian Nationalism, Reproductive Rights, Racism, Fundamentalism, Abortion

Section: Health Equity

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Sensory and Motor Factors Associated with Inter-Limb Loading Asymmetry in Unilateral Knee Osteoarthritis

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Abstract

Introduction: Knee osteoarthritis is one of the leading and most costly causes of disability in Canada, resulting in pain, mobility limitations, and reduced independence among older adults. Individuals with unilateral knee osteoarthritis commonly exhibit altered walking patterns, which can present asymmetrically between limbs. This asymmetry may be associated with accelerated disease progression, worse pain severity, and poorer functional outcomes. Despite its potential clinical relevance, the factors contributing to inter-limb asymmetry remain poorly understood. This study will examine how inter-limb differences in pain sensitivity and lower-limb muscle strength are associated with knee joint loading asymmetry during functional tasks[RJ2.1]. **Methods:** Sixty [RM3.1]adults (30 men, 30 women) aged 40 years and older with unilateral symptomatic knee osteoarthritis will be recruited. Pain sensitivity will be assessed using quantitative sensory testing, while quadriceps and hamstring strength will be measured using isometric dynamometry. 3D gait analyses during overground walking and stair use will be used to acquire tri-planar knee moments to calculate the total joint moment and inter-limb asymmetry index. **Results/Anticipated Results:** Individuals exhibiting more inter-limb asymmetry are hypothesized to demonstrate larger inter-limb differences in pain sensitivity and muscle strength. Multivariable modelling analyses will be used to determine whether these between knee differences can predict asymmetrical loading patterns. **Conclusions/Significance:** Improved understanding of the mechanisms underlying asymmetrical knee loads may support more targeted rehabilitation strategies that preserve mobility, reduce long-term disability, and enhance quality of life among Canadians living with knee osteoarthritis.

Keywords: Knee Osteoarthritis, Knee Loading Asymmetry, Pain Sensitivity, Muscle Strength

Section: Clinical Research

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Accelerating Health Related SDGs through ESG Leadership: A Comparative Study of Nigeria and Canada

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Abstract

Introduction: The success of Sustainable Development Goals (SDGs) creates essential conditions which lead to improved population health results and enhanced healthcare infrastructure and decreased health inequality. The promotion of ESG leadership functions as an innovative method which supports SDG health targets by creating conditions for innovation and teamwork and better policy implementation. The results show different patterns of change when analyzing data from various countries. The SDG implementation in Nigeria fails to progress because less than 15% of targets show advancement during 2024 which creates health determinant problems because of insufficient infrastructure and climate adaptation and insufficient institutional capacity. Canada shows better governance and innovation systems but it still faces health disparities which affect Indigenous people and rural communities and those who are most vulnerable. The research investigates ESG leadership through a comparison of Nigeria and Canada to determine its impact on health-related SDGs including SDGs 9, 12, 13, 16 and 17. **Methods:** A mixed-methods triangulation design was employed. The research team used structured surveys to obtain quantitative data which they distributed to organizations and regulatory bodies and civil society organizations across Nigeria and Canada. The research used Partial Least Squares Structural Equation Modelling (PLS-SEM) to study the connections between ESG leadership and innovation capability and collaboration intensity and policy coherence and their effects on SDG-related outcomes. The research team conducted semi-structured interviews with policymakers and sustainability leaders to obtain qualitative data which they verified through national ESG and SDG policy documents. **Results/Anticipated Results:** The initial findings show that ESG leadership creates positive effects on SDG health determinants which exist in both nations. The relationship between these elements receives partial

Keywords: ESG Leadership, Health Equity, Innovation, Collaboration, Policy Coherence

Section: Health Administration/Business

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Exploring the role of AI for promoting Health Equity among the English-speaking Black community in Montreal

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Abstract

Introduction: The applications of AI have become more frequent in the healthcare sector, where AI technologies are utilized to aid providers in tasks such as screening for illnesses and other decision-making processes. Despite the potential of AI for transforming healthcare, the literature on community members perspectives regarding AI for health equity remains limited. Objectives: (1) Explore the literature on the role of AI in promoting health equity in primary healthcare (2) Examine community members perspectives regarding the impact of AI (3) Examine facilitators and barriers for using AI to promote health equity. **Methods:** A scoping review following the PRISMA-ScR guidelines has been conducted to assess the current state of knowledge on the use of AI for promoting health equity in primary care settings. Further, the study follows a qualitative descriptive design approach, utilizing semi-structured interviews with English-speaking Black community members to examine perspectives on the impact of AI on health equity and facilitators and barriers for using AI for promoting health equity. **Results/Anticipated Results:** We found that AI helped advance health equity by: (1) enhancing access to care, (2) personalizing care delivery, and (3) improving operational efficiency and resource allocation We expect to identify facilitators and barriers for using AI to promote health equity. Results of the scoping review and preliminary data analysis from the interviews will be presented. **Conclusions/Significance:** We aim to address critical knowledge gaps and contribute to the growing literature on the use of AI for promoting health equity in marginalized communities. By exploring the existing literature on AI in promoting health equity and collecting data from community members regarding the use of AI for promoting health equity, we hope to mitigate the risk of bias and discrimination towards historically marginalized groups and increase health outcomes through the application of AI in healthcare.

Keywords: Health Equity, Artifical Intelligence, Community Engagement

Section: Health Inequity

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Continuous Participation in a CEP-Led Community Exercise Program Improves and Maintains Function in Older Adults

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Abstract

Introduction: Age-related declines in physical function increase fall risk, chronic disease, and loss of independence in older adults. Although short-term exercise interventions can mitigate this decline, evidence on the effects of long-term, continuous participation is limited. This study evaluated the impact of a community-based, multi-modal exercise program designed and led by Clinical Exercise Physiologists (CEPs) on physical function in older adults. **Methods:** Action research was used to evaluate the "Active for Life" program, a CEP-led, multi-modal exercise program delivered in six rural communities. The 11-week program consisted of two 60-minute group classes per week. Participants (n=431; mean age 70.6 ± 6.8 years; 76.3% female) consented to have their data evaluated across one to three consecutive programs. Physical function outcomes (30-second chair stand [30SCS], 2-minute step test [2MST], single-leg stance [SLS]) were assessed at baseline and after each program. Moderate-to-vigorous physical activity (MVPA) and resistance training (RT) were secondary outcomes. Repeated-measures MANOVAs and univariate tests assessed changes over time. **Results/Anticipated Results:** Participants demonstrated significant improvements in 30SCS and 2MST after one program (both $p<.001$) and maintained improvements across two and three consecutive programs, with additional improvement in 30SCS after three programs ($p=.008$). SLS did not change significantly over time. Significant main effects of age and sex indicated higher overall scores among younger and male participants, with no interaction effects. MVPA and RT increased and were maintained, with no main effects for age or sex. **Conclusions/Significance:** The CEP-led, community-based exercise program produced meaningful and sustained improvements in physical function among older adults, supporting continuous participation in community-based exercise programs to help older adults preserve functionality with aging.

Keywords: Aging, Exercise, Health

Section: Kinesiology/Human Movement Science

Presentation Format: Oral

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Crosslinguistic Effects of Literacy Interventions in Elementary School Students: A Scoping Review le

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Abstract

Introduction: In recent years, there has been increased attention to the importance of evidence-based literacy interventions to support children's reading and writing development. However, bi- and multilingual children have often been overlooked for literacy interventions, in part due to uncertainty about how best to address their literacy needs. Building on existing correlational evidence for crosslinguistic transfer of literacy skills, this scoping review examines whether literacy interventions delivered in one language influence outcomes in another language, for bi- and multilingual children. **Methods**: Following PRISMA guidelines, this scoping review is currently underway using six databases (PsycINFO, MEDLINE, ERIC, Education Source, Linguistics and Language Behavior Abstracts, and Scopus). The search identifies about 10,000 articles for screening. Studies will be included if they examine children aged 5-12 participating in reading and/or writing intervention studies and report pre- and post-test measures demonstrating potential crosslinguistic effects in any domain of literacy, such as phonological awareness, decoding, reading fluency, spelling, or reading comprehension. Data extracted from studies will include participant characteristics (e.g., age and language background), intervention features (e.g., language of instruction and literacy domain targeted), outcome measures, and reported crosslinguistic effects. **Results/Anticipated Results:** We anticipate identifying evidence of crosslinguistic effects of literacy interventions, particularly in domains for which correlational relationships across languages have previously been demonstrated, including phonological awareness and decoding. **Conclusions/Significance:** Drawing on findings from across disciplines, this scoping review will inform future research on crosslinguistic intervention effects and guide and clinical practice for supporting bi- and multilingual children's literacy development.

Keywords: Clinical Research

Section: Literacy, Multilingualism, Evidence-Based Practice

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Individuals with Unilateral Knee Osteoarthritis Who Do Not Change Symmetry Over a 30-Minute Walk Report Worse Outcomes

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Abstract

Introduction: Individuals with unilateral knee osteoarthritis (OA) may adopt asymmetrical gait patterns to offload their affected limb, potentially increasing their risk of developing bilateral knee OA. This study tested the hypothesis that changes in gait asymmetry during a 30-minute walk are associated with worse patient-reported outcomes (PROs) and greater pain. **Methods:** Individuals with unilateral knee OA were recruited from an orthopedic clinic and the community. Participants completed the Knee Injury and Osteoarthritis Outcome Score (KOOS) and Intermittent and Constant Osteoarthritis Pain (ICOAP) questionnaires, followed by 3D gait analyses across five overground walking trials at a self-selected speed. Total joint moment (TJM) was calculated as the amalgamation of the knee adduction (KAM), flexion (KFM), and rotation (KRM) moments ($TJM = \sqrt{(KAM^2 + KRM^2 + KFM^2)}$). Participants were instructed to walk for 30-minutes on a treadmill matched to their overground waking speed. Knee pain was evaluated every 10-minutes using an 11-point Numeric Pain Rating Scale (NPRS). TJM asymmetry was calculated before and after the 30-minute walk and participants were grouped based on a 10% change in TJM asymmetry. Differences in PROs were compared using independent samples t-tests, and NPRS was assessed using a 2x2 analysis of variance. **Results:** Forty-three participants (mean age= 59 ± 10 years, 51% female) were included in the final analyses. Twenty-three (53%) of participants did not change symmetry, while 20 (47%) did. Participants who did not change symmetry reported worse KOOS and ICOAP scores across all subscales (mean difference: 9.4-17.5 points, $p<0.001$-0.019). No differences between pain during the 30-minute walk were reported between groups ($p=0.211$). **Conclusions/Significance:** These findings suggest that dynamic gait changes, rather than static symmetry alone, may be a marker of disease burden and a potential target for interventions aimed at mitigating OA progression.

Keywords: Osteoarthritis, Symmetry, Motion Capture, Total Joint Movement, Patient Reported Outcome Measures

Section: Kinesiology/Human Movement Science

Presentation Format: Oral

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

iCAP neuro

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Abstract

Introduction: Infants at risk for neurologic impairment (NI) often undergo high pain exposure in comparison to neurotypical populations. Early pain exposure has been linked to negative outcomes, including subsequent heightened pain response. Studies have shown dampened behavioural and physiologic pain responses among infants at risk for NI. No studies have investigated their brain-based pain responses using EEG. Aims: Characterize brain-based and biobehavioural pain responses in infants at risk for NI compared to neurotypical infants. **Methods:** Infants at high (e.g., chromosomal abnormalities/congenital anomalies, severe intrapartum asphyxia, intraventricular hemorrhage grade III/IV), moderate (e.g., severe respiratory abnormalities, meningitis), and low (e.g., sepsis) risk for NI (n=25) and neurotypical infants (n=25) will undergo a routine heel lance. Brain-based pain responses will be measured using EEG. Facial actions and physiologic responses will be monitored to calculate a Premature Infant Pain Profile Revised (PIPP-R) score. Data from the EEG recording will be grouped into basic waveforms using principal component analysis. Linear mixed modelling will be used to assess the effect of stimulation type (non-painful control, painful heel lance) and group (NI, neurotypical) on the principal components. PIPP-R scores will be compared using unpaired Student's t-tests. **Results/Anticipated Results:** Infants at risk for NI will demonstrate higher amplitude pain-specific ERPs in comparison to neurotypical infants and lower biobehavioural pain scores. **Conclusions/Significance:** This work will help address a gap of potential differing brain-based and biobehavioural responses to pain between infants at risk for NI and neurotypical infants, which may inform research and practice focused on optimal pain assessment and management.

Keywords: Infant, Neurological Impairment, Pain

Section: Clinical Research

Presentation Format: Oral

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Assessing the intra- and inter-rater reliability of musculoskeletal ultrasound in detecting osteoarthritis

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Abstract

Introduction: Osteoarthritis (OA) is a progressive joint condition that involves the breakdown of cartilage, osteophyte formation, joint space narrowing, and inflammation of the synovium. Accurate and consistent imaging is crucial for diagnosing OA, tracking its progression, and evaluating the effectiveness of treatment. X-ray imaging is considered the clinical gold standard for assessing structural changes in the joints because it uses standardized grading systems, such as the Kellgren–Lawrence scale and has well-established reliability between and within raters. MRI allows clinicians to clearly visualize the cartilage, bone, and surrounding soft tissues of the body, and it has reliably shown significant reproducibility. Musculoskeletal ultrasound is known as a safe, non-invasive and cost-effective option that can examine synovitis, joint effusion, and osteophytes in real time, however, the reliability of ultrasound findings is inconsistent within OA assessment. **Methods:** A critical review of peer-reviewed literature was conducted to assess the reliability of musculoskeletal ultrasound in detecting OA. Recent studies examining intra-rater, inter-rater, and test-retest reliability of ultrasound were gathered and compared with current research supporting the reliability of radiography and MRI. Differences in imaging protocols, scoring systems, and operator experience were also considered as potential factors that may have an influence on reliability. **Results/Anticipated Results:** Findings across studies demonstrate inconsistent reliability of ultrasound in OA evaluation. While moderate intra-rater reliability has been reported for detecting osteophytes and synovial hypertrophy in certain joints, inter-rater reliability varies considerably. Ultrasound measurements are highly operator-dependent and influenced by probe positioning, machine calibration, examiner training, and patient-specific factors such as body habitus. Additionally, a lack of standardized scanning protocols and scoring criteria contributes to variability across clinical settings. In contrast, radiography and MRI demonstrate consistently higher reliability due to standardized acquisition techniques and validated grading systems. **Conclusions/Significance:** Although ultrasound offers advantages in accessibility and dynamic assessment, current evidence indicates that it lacks consistent reliability in osteoarthritis evaluation. Compared to X-ray and MRI, ultrasound demonstrates greater measurement variability and insufficient reproducibility. Therefore, ultrasound cannot be considered a reliable standalone imaging modality for osteoarthritis diagnosis or longitudinal monitoring

Section: Kinesiology/Human Movement

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Supporting Sustainable Patient Education Programming through Interdisciplinary Collaboration: A Pilot Case Study

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Abstract

Introduction: Patient Education programs are essential to modern health outcomes and management, patient health literacy and reducing health barriers. Patient Education Centres (PECs) have mobilized to offer critical access to valuable health resources and programming. Yet, in large urban health settings, PECs often face barriers related to staff capacity, sporadic programming, administrative burdens, and low awareness among patients and clinicians. These challenges contribute to an underutilization of PECs, hindering access to evidence-based health information. Here we present a case study developing a sustainable, interdisciplinary patient education programming framework at the Robert Howard & Brenda McDowell Patient & Family Learning Centre at Unity Health Toronto. Methods: Drawing on library science and health promotion perspectives, we conducted a phased thematic analysis to explore how structured collaboration can strengthen patient education delivery. The first analysis evaluated existing programming and usage data to identify patient and educator needs. Semi-structured interviews with internal stakeholders were then performed to explore barriers to patient education implementation. **Results/Anticipated Results:** Analysis identified a need for patient education related to lifestyle management and navigating healthcare access, with administrative burdens found to be the most significant barrier to program facilitation. Findings enabled the creation of a framework for organizing sustainable patient education programming, as well as early implementation of pilot education initiatives facilitated by a collaborative network of clinical teams and educators. **Conclusions/Significance:** This work highlights the importance of interdisciplinary collaboration in patient education and presents a scalable framework that can be adapted by other health systems seeking to strengthen their patient education infrastructure, improve visitor health literacy, and uphold medical and scientific integrity.

Keywords: Patient Education as Topic, Consumer Health Information, Information Centers

Section: Health Administration/Business

Presentation Format: Oral

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Can Prebiotic Fibre Improve Cognition in People with Cognitive Impairment?

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Abstract

Introduction: Prebiotics are dietary fibres naturally found in fruits and vegetables that promote the growth of beneficial bacteria in the gut. The PROMOTe trial in the United Kingdom demonstrated that daily supplementation of the prebiotic fibres inulin and fructooligosaccharides (FOS) improved the cognition of healthy older twins. We propose to repeat the trial in older adults living with cognitive impairment to investigate if the same or similar effect will be observed in a novel population, people living with cognitive impairment. **Methods:** The design is of a two-arm randomized controlled trial comprised of a team of researchers, clinicians, and people with lived experience. We will recruit individuals with subjective cognitive impairment, mild cognitive impairment, and mild dementia through memory clinics in Halifax and Sydney, Cape Breton. Participants will be randomized into a placebo control group or the prebiotic group. Both groups will receive 3.32g of protein powder to minimize effect of protein deficiency. The prebiotic group will receive 7.5 g of inulin+FOS, whereas the control will receive an equivalent amount of maltodextrin to be mixed into a beverage every morning. The primary outcome will be performance on the CANTAB cognitive battery after 12 weeks. Secondary outcomes include the degree of frailty and physical activity. **Results/Anticipated Results:** We anticipate that the prebiotic group will demonstrate better CANTAB measured cognition than the control group at 12 weeks. **Conclusion/Significance:** Prebiotics are readily available with a low risk of mild side-effects (e.g., bloating and gas). If this trial demonstrates a significant effect, prebiotics may be a cost-effective treatment for individuals experiencing cognitive decline that could be integrated across the care continuum in Nova Scotia.

Keywords: Prebiotics, Cognition, Randomized Controlled Trial

Section: Clinical Research

Presentation Format: Oral

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Barriers and facilitators to implementing interventions to improve primary care for people with dementia

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Abstract

Introduction: With the rising number of people living with dementia (PLWD) both in Canada and worldwide, there is a growing need to understand how to adapt health care services to address the needs of people with dementia (Fox et al., 2013). Primary care is one such health service that can be better aligned with the needs of PLWD. Therefore, understanding the value of and having access to available evidence of best practices for dementia care is vital to ensuring quality care. The goal of this scoping review was to describe the literature reporting barriers and facilitators to implementing dementia care interventions in primary care settings and to map the findings to the Consolidated Framework for Implementation Research. **Methods:** A scoping review using Arksey and O'Malley's (2005) method was conducted. A search of five databases and one register was conducted. Primary research studies that focused on primary healthcare workers (i.e. registered nurses, physicians, and nurse practitioners), post-diagnostic, non-pharmacological interventions, and methods of implementation were included. Title and abstracts and full-text articles were screened by two independent team members. Any conflicts were resolved through discussion or a third reviewer. Extracted data was analyzed using the Consolidated Framework for Implementation Research. **Results/Anticipated Results:** The review found evidence of both barriers and facilitators to implementation of dementia care interventions in primary care. Most of these fit with the inner setting domain or were characteristics of the innovation that were to be implemented. **Conclusion/Significance:** Understanding the results and conclusions from this scoping review can aid in future projects that aim to implement dementia care interventions into primary care by mitigating the barriers and enhancing the facilitators to implementation.

Keywords: Dementia, Primary Care, Intervention, Consolidated Framework for Implementation Research

Section: Applied Science/Engineering

Presentation Format: Oral

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Keeping It Blunt: Risk Perceptions as a Predictor of Denial in Problematic Cannabis Use

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Abstract

Introduction: Problematic cannabis use has become a growing concern with 1 in 10 individual who have ever used it and 1 in 2 daily users developing Cannabis Use Disorder (CUD). As a result, researchers have investigated factors that may influence problematic use. One factor that has received more attention in recent years is risk perception which can be defined as judgements of the risks and dangers to health, well-being, and relationships. In contrast, there seems to be few studies that examine the denial aspect of problematic use. The primary aim of this study is to distinguish denial of problematic use (DPU) from acknowledgement of problematic use (APU) in relation to risk perception. **Methods:** Participants will complete self-report measures which assess attitudes and beliefs regarding personal use and risk perceptions of cannabis. Measures include the Treatment Readiness Scale, CUDIT-R and a questionnaire developed by a previous Honours student which assesses risk perception. To assess for impression management and self-deception participants will also complete questions from the Balanced Inventory of Desirable Responding (BIDR). **Results/Anticipated Results**: It is expected that users with lower perceptions of risk will be more likely to deny their problematic use. It is also expected that users with higher perceptions of risk will be more likely to acknowledge their problematic use. **Conclusions/Significance:** Most treatment and management models focus on the individual's motivation to change. The first step to these strategies is acknowledging one has a problem. Knowing this, the lack of research on denial is concerning and must be addressed. Establishing a predictive relationship would inform cannabis treatment models and promote more discussion of denial as a risk factor among researchers and clinicians.

Keywords: Cannabis, Risk Perceptions, Problematic Cannabis Use, Cannabis Use Disorder, Denial

Section: Mental Health/Addiction

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Optimized Production of Anti-HER2 Single Domain Antibodies for Future Use in Cancer Therapy

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Abstract

Introduction: Single-domain antibodies (sdAbs) are ~15 kDa camelid-derived fragments with high affinity, stability, and microbial expressibility. They offer rapid clearance and low immunogenicity but face challenges in yield and purification efficiency. This project aims to optimize bacterial production of an anti-HER2 sdAb fused to a bis-His peptide for palladium complexation, targeting high yields at low cost while developing a streamlined, metal-free purification strategy. **Methods:** Anti-HER2 sdAb constructs containing a bis-His peptide and a TEV-cleavable His-tag were expressed in E. coli BL21(DE3), Shuffle®, and ClearColi® using pETM-11. After IPTG induction, cells were lysed and purified by Ni-NTA affinity chromatography, TEV protease cleavage, reverse Ni-NTA, and SEC. Purity and concentration were assessed by UV-vis, SDS-PAGE, and SEC. Peptide tags were synthesized by automated Fmoc solid-phase synthesis, cleaved with TFA, lyophilized, and validated by analytical HPLC and ESI-MS. Pd-complex formation was tested by incubating peptides ± bis-His with $Pd(COD)Cl_2$ and analyzing products by ESI-MS. **Results/Anticipated Results:** Shuffle strains yielded 10 ± 2 mg/L, while BL21 showed ~50-fold lower yield and reduced purity. Sequence optimization increased pre-cleavage yield four-fold (42 ± 11 mg/L) but reduced post-cleavage recovery (10 ± 1 mg/L), indicating purification bottlenecks. The SPOT tag showed no Pd interaction and demonstrates potential for simplified, single-step purification. All constructs exhibited endotoxin levels below IV limits (<5 EU/mL). Further tag variants and protocols are under evaluation. **Conclusions/Significance:** Sequence engineering significantly improves sdAb expression, but purification steps limit overall recovery. The SPOT tag offers a promising route to efficient, single-step, metal-free purification and may enable scalable, low-endotoxin production of therapeutic anti-HER2 sdAbs.

Keywords: Single-Domain Antibodies (sdAbs), Protein Expression and Purification, Anti-HER2 Therapeutics

Section: Applied Science/Engineering

Presentation Format: Oral

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

The impact of an engagement-focused therapy on substance use and self-stigma in early psychosis: preliminary analyses

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Abstract

Introduction: Early intervention services (EIS) for early phase psychosis (EPP) are vital in improving the long-term outcomes of affected people. However, the effectiveness of these services is limited by an individual's engagement with them (i.e., attendance and participation). As such, barriers to engagement with EIS are important to understand. **Methods:** As part of an ongoing investigation of a brief psychotherapeutic intervention aimed to address barriers to EPP EIS, the current study assesses how three barriers to engagement, being experiences of adversity, substance use, and self-stigma impact- and are impacted by this intervention. We currently have 17 patients with EPP (M age = 25.73, SD = 4.57; 53% men/29% women/6% non-binary/6% transgender/6% genderfluid) who completed this intervention and have 3-months follow-up data. **Results/Anticipated Results:** At baseline, participants presented with an average of 8.6 (SD = 4.74; range: 1-18) adverse experiences. Between baseline and follow-up, a significant decrease in the average number of cannabis use disorder symptoms was endorsed by participants (M = 4.71 at baseline, M = 2.12 at 3 months; p = .001), indicating that average cannabis use disorder severity decreased from moderate to mild. In total, 65% (11/17) of the included patients experienced a decrease in the severity of their cannabis use disorder. No changes in other substance use or self-stigma were observed (p > .0083). **Conclusions/Significance:** Our preliminary analyses found that patients with EPP who participated in the engagement intervention experienced a significant decrease in cannabis use disorder severity over the follow-up period. We also found that the number of adverse experiences endorsed by study participants was quite high on average. We hope that further investigation of these variables and their impact on this brief intervention will allow EPP EIS to better serve patients who present with barriers to engagement.

Keywords: Psychotic Disorders, Early Medical Intervention, Substance Use, Psychological Trauma, Treatment Adherence and Compliance

Section: Mental Health/Addiction

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Drug Education through Active Learning: A Hands-On Activity about Opioids

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Abstract

Introduction: The opioid crisis has hurt tens of thousands Canadians over the past ten years. There have been many attempts to prevent harmful use of narcotics, but few still understand why a prescribed medication can be so fatal. Effective education should be at the forefront of healthcare efforts aiming to prevent opioid misuse. This study is testing the effectiveness of a hands-on, interactive activity teaching undergraduates about opioids at the receptor level. **Methods:** This study will compare passive learning (lecture video) to active learning (collaborative group task using 3D models) on measures of objective performance and self perceived knowledge gains about of opioid drugs. Undergraduate students will be block randomly assigned to one of two conditions: the control group will watch a recorded lecture video on opioid mechanisms and overdose, while the experimental group will participate in a guided, hands-on group activity using 3D models of receptors, neurotransmitters, and drugs. **Results/Anticipated Results:** We expect the active learning group to show better performance and self-perceived learning gains compared to the passive learning group. This would suggest that an interactive and accessible method is more effective at teaching tricky science concepts, like drug mechanisms, when compared to more passive ways of sharing of information. **Conclusions/Significance:** This study will provide a validated method of teaching youth about opioids and how they act inside the brain in an approachable and accessible way. More importantly, this will represent a precedent for preventative measures designed to be implemented ahead of initial contact with opioids.

Keywords: Opioids, Drug Education, Narcotics, Embodied Cognition, Healthcare Through Learning

Section: Mental Health/Addiction

Presentation Format: Oral

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Bridging Languages: How Bilingual Families Foster Early Literacy

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Abstract

Introduction: Few studies have examined how bilingual families engage in shared book reading. Understanding how these families foster children's literacy is essential for supporting bilingual children's reading and harmonious development in two languages, particularly in Canada's increasingly multicultural society. This study examined the reading practices of monolingual and bilingual children. **Methods:** Forty-seven parents of bilingual (n = 23) and monolingual (n = 24) children completed a questionnaire that collected information on their children's home reading practices and parental reading behaviours during shared book reading. Information on children's current exposure to each language was also gathered. Data were analysed using Mann-Whitney U tests and Spearman's rank correlations. **Results/Anticipated Results:** Bilingual parent-child dyads read together for significantly longer than their monolingual counterparts, and owned more English-language than home-language books when their child had a higher level of English exposure. Monolingual parents also began reading to their children 9 months earlier than bilinguals. Parents reported translating words from, and discussing books in, the language other than the one in which the story was written. **Conclusions/Significance:** These findings highlight bilingual families' adaptive literacy practices. Longer shared reading sessions among bilingual dyads reflect strong parental commitment, while the link between higher English exposure and greater ownership of English-language books evidences families tailoring resources to their children's language environments. Later onset of bilingual shared reading likely reflects contextual factors, such as resource access or cultural practices, rather than reduced engagement. Parents' translation and discussion across languages demonstrates translanguaging, actively leveraging both languages to support reading comprehension.

Keywords: Multilingualism, Reading, Literacy, Child Development

Section: Health Inequity

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

How Inclusive Is University Dining?: A Collaborative Multi-Diet Evaluation of Nutritional Adequacy and Food Safety

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Abstract

Introduction: University dining halls play a critical role in supporting student health, particularly for those following specialized diets due to medical, ethical, cultural, or performance-related needs. Inadequate dietary accommodation, inaccurate menu information, and food safety concerns may pose health risks and limit equitable food access. This study evaluated dietary inclusivity and nutritional adequacy within Dalhousie University's food environment. **Methods:** A total of 140 undergraduate students enrolled in the kinesiology course KINE*3250 (Human Nutrition) were assigned to 11 groups representing distinct dietary patterns: FODMAP, MIND, DASH, vegan, omnivore, athlete, celiac, Mediterranean, Nordic, a literature review group (focused on Dalhousie University and other Canadian institutions), and a summary group. Students conducted structured in-person observations of food offerings at Howe Hall at Dalhousie University, across three meals per day for three days. In-person findings were compared with online menu listings. Groups assessed dietary alignment, nutritional adequacy, menu consistency, and food safety. **Results/Anticipated Results:** Findings indicate strong support for general dietary patterns, while specialized diets faced limitations in variety and nutrient balance. Discrepancies between in-person offerings and online menus were common. Food safety concerns, particularly cross-contamination risks for medically necessary diets such as celiac and FODMAP, were frequently identified. Repetition of options across days further limited dietary flexibility. **Conclusions/Significance:** The findings highlight the need for improved menu transparency, strengthened food safety protocols, and more systematic consideration of diverse dietary requirements within university dining environments. Addressing these areas may enhance nutritional adequacy and support equitable access to safe and appropriate food options for post-secondary students.

Keywords: Dietary Patterns, Food Safety, Nutritional Requirements, Students, Universities

Section: Population Health

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Co-Designing Social Prescribing Approaches With Community Partners: Opportunities for Behavioural Economic Integration

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Abstract

Introduction: Social prescribing preventatively connects patients to community services and supports that address social needs and improve access to care. However, primary care in Nova Scotia is strained by complex social needs, inconsistent referral pathways, and limited coordination with community resources. To explore how social prescribing could be adapted for the province, a Co-Design Team of care providers and community members was formed to examine challenges and collaboratively design a pathway. While behavioural economics was not part of project activities, its concepts offer a useful lens for interpreting barriers and identifying opportunities to strengthen implementation. **Methods:** Thirty-seven semi-structured interviews with community members and organizations across four health zones were conducted in 2025 to identify gaps in screening, referral, and follow-up. These findings informed the October 2025 Co-Design Launch Event, a hybrid workshop using carousel discussions, collaborative brainstorming, and patient-partner facilitation to refine workflow components. **Results/Anticipated Results:** During the workshop, participants prioritized integrating peer navigators, standardizing screening at intake, clarifying decision points, and strengthening follow-up. These gaps align with behavioural economic concepts such as defaults, reduced friction costs, salience, and timely prompts, which may enhance feasibility and engagement. **Conclusions/Significance:** Workshop themes indicate strong community support for a consistent, collaborative social prescribing pathway. Behavioural economic concepts provide insight into how barriers may be addressed through low-burden workflow design that supports decision-making for patients and providers. Continued co-design work will refine workflow tools, implementation strategies, and evaluation plans, with opportunities to integrate behavioural economic approaches to strengthen uptake and impact.

Keywords: Preventive Medicine, Social Prescribing, Primary Care, Stakeholder Participation, Participatory Research

Section: Population Health

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Beyond Barriers: A Critical Synthesis of Disability, Power, and Transformation in Health Professions Practice Education

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Abstract

Introduction: Health professions practice education represents a critical gatekeeping site where students with disabilities encounter systemic barriers including attitudinal prejudice, inadequate accommodations, and exclusionary "fitness to practice" standards. This paradox: training clinicians to serve disabled clients while excluding disabled peers reveals structural ableism and colonial frameworks within professional education. Existing reviews cataloging barriers fail to critically examine underlying ideologies, power relations, and whose interests gatekeeping serves. This work will develop transformative theoretical understanding of how exclusion operates systemically. Methods: This proposed Critical Interpretive Synthesis will employ purposive sampling of diverse literature across health professions. Grounded in Critical Disability Studies, Intersectionality, Bourdieusian field theory, and Indigenous relational frameworks, analysis will expose meta-narratives and hidden assumptions. We will progress from descriptive analysis through critical interrogation to generate new concepts unifying disparate findings developing a synthesizing argument explaining systemic exclusion. Indigenous perspectives on interdependence and wholistic wellness will challenge Western individualistic paradigms. **Results/Anticipated Results:** Analysis will generate constructs revealing how professional education reproduces ableist and colonial ideologies through "performing ability," "gatekeeping benevolence," and conflating conformity with competence. The framework will expose contradictions between diversity rhetoric and exclusionary practices, illuminate intersectional experiences, and identify transformative possibilities. **Conclusions/Significance:** By centering disabled and Indigenous epistemologies while exposing structural oppression, this work will provide theoretical foundations for systemic transformation. Findings will inform curriculum reform, challenge "essential requirements," reimagine profess

Keywords: Disabled Persons, Students, Health Occupations, Education, Professional, Health Equity

Section: Health Inequity

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Speech as a Biomarker for Early Detection of Mental Health Risk in Youth

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Abstract

Introduction: Major depressive disorder (MDD) is a prevalent and disabling illness associated with impaired psychosocial functioning and reduced quality of life. MDD is highly comorbid with anxiety disorders which further impair functioning and well-being. Children of parents with mood disorders face elevated risk and are vulnerable to earlier onset. Accurate early identification is essential, yet current clinical assessments remain subjective, time-consuming, and limited in detecting risk. Speech has emerged as a promising objective biomarker to identify risk, detect symptoms, and predict onset. **Methods:** This project will use longitudinal data from a prospective cohort of 227 families, including 313 parents (140 with mood disorders, 173 without) and their 431 offspring. Depression and anxiety symptoms are assessed annually in parents and youth using validated interviews and self-report measures. Autobiographical speech samples were collected from parents and youth at baseline. Content features will be extracted using Linguistic Inquiry Word Count and acoustic features using OpenSMILE. A self-supervised machine learning model will be applied for symptom detection, and a deep learning model for onset prediction. **Results/Anticipated Results:** Analysis of parent speech will accurately detect depression symptoms to identify high-risk youth. Analysis of youth speech will accurately detect early depression/anxiety symptoms. Early speech markers will predict future onset of depression or anxiety disorders, validated through longitudinal data. **Conclusions/Significance:** Speech analysis offers a scalable, objective tool for identifying mental health risk and outcomes in youth. If validated, these methods could support clinical practice by enabling early detection and enhancing early intervention to reduce the burden of illness.

Keywords: Depressive Disorder, Major, Anxiety Disorders, Biomarkers, Speech

Section: Mental Health/Addiction

Presentation Format: Oral

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Mathematical Modelling of Measles Outbreaks Incorporating Vaccine Hesitancy

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Abstract

Introduction: Measles is a highly contagious airborne disease that can cause rash, high fever, and serious complications which could result in death. Although measles is preventable through vaccination, resurgences continue to occur, due in part to increasing vaccine hesitancy. We develop an SVEIR compartmental model for measles with a corresponding deterministic system of ordinary differential equations. The model incorporates a two-dose vaccination structure and two susceptible compartments to reflect varying immunity levels and account for vaccine hesitancy. The model is used to simulate two measles outbreaks, one in 2014 in British Columbia, Canada, and a second outbreak that began in 2024 across multiple regions of southern Ontario, Canada. **Methods:** For each outbreak, several parameters required estimation. Parameter estimation was performed using the Nelder-Mead algorithm. An objective function minimized the mean squared error between observed weekly infections and model-predicted infections. Two model variations were used to simulate each outbreak, one with a constant transmission rate and one with a piecewise constant transmission rate. **Results/Anticipated Results:** The simulations closely reproduced observed infection trends for both outbreaks. For the British Columbia outbreak, the piecewise transmission model provided a closer fit than the constant transmission rate model, capturing a reduction in transmission following a significant intervention. For the Ontario outbreak, both models fit similarly. Model fits were further compared using the Akaike Information Criterion. **Conclusions/Significance:** The model performs well across outbreaks with different population sizes, vaccination coverage, and levels of vaccine hesitancy. The results suggest that piecewise transmission models are most appropriate when significant interventions produce distinct changes in transmission, while constant transmission models may be more suitable in settings where transmission changes occur more gradually.

Keywords: Measles, Vaccination Hesitancy, Epidemiological Models, Compartmental Models, Disease Outbreaks

Section: Population Health

Presentation Format: Oral

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Clinician vs. Self-Referrals in Exercise Oncology: Impact of Oncology Nurse Referrals on Program Uptake and Adherence

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Abstract

Introduction: The benefits of exercise are widely established in individuals living with and beyond cancer (LWBC). However, uptake of exercise oncology programs remains low. Referral source is a modifiable factor that may influence program engagement. This study examined whether referral source influenced recruitment and adherence outcomes of a 12-week supervised and individualized exercise oncology program. **Methods:** A retrospective analysis was conducted using data from 332 referrals (January 2018 – March 2020) to a 12-week supervised exercise intervention for individuals LWBC in Nova Scotia, Canada. Referral source (healthcare provider [HCP] vs. self-referral; and HCP by type) served as the independent variable. Adherence outcomes included consent rate, program completion (>75% sessions attended), and attrition. Secondary outcomes included measures of physical fitness and patient-reported outcomes (6-minute walk, grip strength, flexibility, fatigue, quality of life (QoL), sleep, and psychosocial symptoms). **Results/Anticipated Results:** Individuals referred by HCPs were more likely to consent to the program than self-referred individuals (80.6% vs. 65.0%, p = .012). Oncology nurse referrals had the highest program completion rate (76.5%, p = .002). No significant differences by referral source were observed in physical or patient-reported outcomes among program completers. **Conclusions/Significance:** Referral source influences program uptake and adherence but not intervention outcomes among program completers. Oncology nurse-initiated referrals appear particularly effective, highlighting the critical role of oncology nurses in exercise engagement. Embedding structured referral pathways and nurse-led exercise discussions into oncology care may improve patient engagement and support long-term integration of exercise in cancer survivorship.

Keywords: Exercise Oncology, Uptake, Adherence, Referral Source, Oncology Nursing

Section: Kinesiology/Human Movement Science

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

VALIDATION OF THE ORGANIZATIONAL CULTURE PROFILE AMONG REMOTE WORKERS

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Abstract

Introduction: Mental well-being among remote workers has become an increasingly important area of focus, particularly as rates of remote work expanded dramatically following the COVID-19 pandemic. As more employees continue to work outside traditional office environments, understanding how organizational culture shapes well-being has become essential. Although the Organizational Culture Profile (OCP) has demonstrated acceptable properties in some occupational settings, its validity and reliability have not been established among remote workers. Objective This study aims to evaluate the properties of the OCP in a sample of remote workers. **Methods:** A multi-site cross-sectional validation study was conducted as part of a larger longitudinal cohort examining remote work experiences. Remote workers across multiple industries were recruited from Northwestern Ontario, though their workplaces may or may not be located within the region. Survey data was collected from September 2023 to December 2025. Confirmatory factor analysis (CFA) will be used to assess the factor structure of the OCP, and Cronbach's alpha will evaluate internal consistency. Convergent validity will be examined through correlations between OCP dimensions and theoretically aligned constructs. **Results/Anticipated Results:** CFA findings and convergent validity results are currently in progress. **Conclusions/Significance:** In Progress.

Keywords: Remote Work, Organizational Culture, Validation

Section: Population Health

Presentation Format: Oral

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Sending out, Bringing it Home: Evaluating Diagnostic Pathways and Global Collaborations in LMIC Pediatric Oncology

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Abstract

Introduction: Molecular diagnostics guide tumour classification and treatment in pediatric oncology, yet capacity in low- and middle-income countries (LMICs) varies widely. Objective: To map molecular diagnostic tools used in LMIC pediatric oncology and describe the interdisciplinary, regional, and international collaborations, barriers, and enablers shaping their integration. **Methods:** A scoping review was conducted in June 2025 across five databases. Sixty studies met inclusion criteria and underwent full-text review and standardized extraction, yielding sixty reporting centres. **Results/Anticipated Results:** Across centres, about 70 percent reported no in-country sequencing capacity. Advanced platforms such as NGS, WES, RNA sequencing, and methylation profiling were locally available in only 30 percent of centres, with most relying on external laboratories for comprehensive assays. PCR and FISH were the most consistently implemented tools. Regional variation was marked. Sub-Saharan Africa, representing 32 percent of centres, had the lowest availability of local sequencing and frequent reliance on laboratories in Europe or North America. South Asia, representing 25 percent of centres, showed the strongest capacity, with roughly 40 percent reporting in-country sequencing concentrated in high-volume centres. Latin America, representing 18 percent of centres, reported 27 percent local capacity and several PAHO-linked intra-regional referral pathways. Dependence on high-income reference laboratories appeared across regions. **Conclusions/Significance:** Strengthening diagnostic capacity requires investment in laboratory infrastructure, training for technologists, pathologists, and development of sustainable, quality-assured platforms. Progress depends on interdisciplinary partnerships and community-informed approaches that reflect local priorities. Regionally empowered diagnostic ecosystems are essential to ensure that children with cancer in LMICs benefit equitably from emerging precision oncology tools.

Keywords: Pediatric Oncology, LMIX, Diagnostic Capacity, Pediatrics, Global Health

Section: Health Inequity

Presentation Format: Oral

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Looking Ahead: Strategic Foresight for Health Systems and Policy Research

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Abstract

Introduction: Canadian health systems face rapid technological, demographic, and socioeconomic shifts that challenge long-term planning. Strategic foresight systematically explores how futures unfold by using systems thinking to examine interactions, feedback effects, and plausible futures. This project, conducted through the Health Systems and Policy Research Collaborative Centre at the University Health Network, identifies high-impact signals that may shape the future of Canadian health systems and policy research to inform the centre's strategic planning. **Methods:** Following the Horizons Foresight Method, we scanned emerging signals, mapped system elements, and identified potential change drivers. Five team members conducted an environmental scan of policy documents, academic literature, and expert input between 2018 and 2025 to identify signals. These were assessed for relevance and plausibility and categorized using a social, technological, environmental, political, and values (STEEP-V) framework to determine impacts across categories. To identify key trends, we held a workshop with twenty-one partners in acute care, surgery, nursing, research, community care, and policy sectors. **Results/Anticipated Results:** Our environmental scan encompassed 230 sources that produced 50 weak signals. We identified 29 high-impact and high-uncertainty domains, including public trust erosion, decentralization of care, widening inequities, policy fragmentation, debates on privatization, workforce strain, digital care adoption, and changes in research and collaboration. We are conducting foresight sessions to synthesize these into trends and core drivers to support scenario planning. **Conclusions/Significance:** We identified critical signals likely to shape Canadian health systems and policy research over the next decade to support anticipatory planning and scenario development across health, research, and policy sectors.

Keywords: Strategic Planning, Policy, Feedback

Section: Health Policy/Health Law

Presentation Format: Oral

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Do Passive Ankle Exoskeletons Alter the Vestibular Control of Standing Balance?

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Abstract

Introduction: Passive ankle exoskeletons utilize springs placed in line with the Achilles tendon to increase ankle stiffness and aid in plantar flexion torque production. While passive ankle exoskeletons are known to improve gait mechanics, their effect on postural control remains understudied. The vestibular system is an essential component of standing balance that integrates information about head position to control posture and prevent falls. The purpose of this study was to determine if passive ankle exoskeletons alter the vestibular control of balance. **Methods:** Fifteen healthy participants (8 females; 27±7 years) stood on a force plate with surface electromyography (EMG) sampled from the right soleus. Participants completed three standing balance conditions, which included: wearing the passive ankle exoskeletons with 1) the springs engaged, 2) the springs disengaged, and 3) not wearing the passive ankle exoskeletons (i.e., barefoot). For each condition, participants completed two 90-s trials of stochastic, electrical vestibular stimulation (EVS) with the head facing forward. Vestibular control of balance was assessed by the cumulant density function of the vestibular input (i.e., EVS) to the motor output (i.e., soleus EMG and ground reaction forces; GRF). Muscle activity was monitored during all conditions and quantified using the root mean squared (RMS) amplitude of the soleus EMG. **Results/Anticipated Results:** Soleus RMS amplitude was 17% less when participants stood while wearing the exoskeletons with the springs engaged compared to standing barefoot ($p<0.05$). EVS-EMG and EVS-GRF vestibular-evoked balance responses were not different across exoskeleton conditions ($p>0.05$). **Conclusions/Significance:** These results indicate that passive ankle exoskeletons may reduce the amount of soleus muscle activity required to maintain bipedal standing. Despite the decrease in soleus activity, increasing passive ankle stiffness using exoskeletons does not appear to alter the vestibular control of balance.

Keywords: Postural Balance, Vestibular System, Exoskeleton Device, Electrical Stimulation

Section: Kinesiology/Human Movement Science

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Exploring the wellbeing of Drag Story Time performers

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Abstract

Introduction: Drag Story Time (DST) is an educational and community-based event typically held in public spaces such as libraries, schools, and community centres. DST is hosted by drag performers and engages children and families through storybook readings that celebrate diversity, acceptance, and self-expression. These events contribute to inclusive and affirming social environments that support the wellbeing of children and families alike. However, in recent years, DST events have faced increased public opposition and protest, raising serious concerns about the safety and wellbeing of participating performers. Exposure to hostility, harassment, and stigma can affect performers' psychological health and sense of community belonging. Yet, little research has examined how DST performers experience these challenges, or what support is needed to protect their wellbeing. **Methods:** This project aims to explore the lived experiences of safety and wellbeing among DST performers in Canada. Semi-structured interviews are being conducted with performers to understand their perceptions of safety and their sources of support related to their DST practice. We will analyze participants' responses using Interpretative Phenomenological Analysis to elucidate the details of performers' individual lived experiences. **Results/Anticipated Results:** Results will help inform inclusive, evidence-based policies, collaborative wellbeing practices related to DST, and will contribute to advancing performer health and safety through community partnership and advocacy.

Keywords: Mental Health, Psychological Wellbeing, Social Stigma, Community Participation, Gender Expression

Section: Mental Health/Addiction

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

A Legal Perspective on Localized Emissions of Fine Particulate (PM2.5) Air Pollution

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Abstract

Introduction: Fine particulate matter air pollution is a leading environmental threat to human health. Research suggests associations between concentrations of PM2.5 and respiratory, cardiovascular, and chronic disease outcomes. Although satellite-derived concentrations of PM2.5 are relatively low in Nova Scotia (generally less than 6 µg/m3), models often overlook PM2.5 hotspots due to limitations of sensor resolution and model granularity. A recent measurement campaign in a north-end neighbourhood of Halifax revealed repeated and excessive exceedances of federal air quality standards. This study used a case study of neighbourhood PM2.5 emissions to investigate potential legal remedies to mitigate highly localized concentrations of PM2.5 in Nova Scotia. **Methods:** An environmental scan was conducted across four search engines: Halsbury's, CanLII, vLex, and Elgar Online, and one website, Halifax.ca. The fundamental principle of statutory interpretation was used to analyze data. **Results/Anticipated Results:** Overall, it was determined there are no provisions within federal, provincial, and municipal legislation to respond to excessively high concentrations of PM2.5 from commercial sources. Additionally, five potential legal remedies were identified: (1) nuisance, (2) negligence, (3) the precautionary principle, (4) the polluter-pays principle, and (5) administrative compliance mechanisms. **Conclusions/Significance:** This legal analysis provides an understanding of the application of legislation to current environmental health issues. Moreover, it acts as a foundation in advocating for reformation in current legislation relating to PM2.5 in relevant jurisdictions and the consideration of key health promotion ideologies within the legal system.

Keywords: PM2.5, Pollutant, Health, Legislative Voids, Legal Remedy

Section: Health Policy/Health Law

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Cultural Adaptations to Parent-Mediated Autism Interventions for Minority-Language Speaking Children

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Abstract

Introduction: Autistic children from minority-language backgrounds bring rich linguistic and cultural strengths, yet they often encounter additional systemic barriers in accessing diagnosis and healthcare services. Although parent-mediated interventions can significantly support autistic children, many current programs lack cultural and linguistic responsiveness. This project aims to investigate whether a parent-mediated intervention program can be culturally adapted to better meet the needs of autistic children from minority-language backgrounds and their families. **Methods:** Parent-child dyads of autistic children will participate in a culturally adapted version of a parent-mediated social communication intervention. Parents will take part in six one-hour sessions over six weeks, half in person and half online. During these sessions, parents will learn strategies to support their child's social and communicative development in ways that fit their cultural background and daily life. Parents will then be asked to share feedback on how comfortable and confident they feel using the adapted strategies, and how well the program fits their family's needs. Their children's communicative and social gains will also be measured before and after the program. **Results/Anticipated Results:** The goal of this research is to examine whether the adapted program is both practical and meaningful for families of autistic children from diverse cultural and language backgrounds. It is expected that this intervention will be both feasible and culturally relevant. **Conclusions/Significance:** Results from this study will inform future large-scale implementation of culturally sensitive parent-mediated intervention models and support equitable, accessible service delivery for culturally and linguistically diverse families of autistic children.

Keywords: Cultural Adaptation, Language Minorities, Health Intervention, Autism Spectrum Disorders

Section: Clinical Research

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Oral Caregiving for Individuals with Cognitive Impairment: Caregivers' Experiences

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Abstract

Introduction: More than 58 million people worldwide currently live with dementia. In Canada, dementia prevalence is expected to increase by 187% between 2020 and 2050. Cognitive impairment is associated with increased incidence of periodontal conditions, including periodontal disease, tooth loss, xerostomia, and oral lesions. These conditions contribute to pain, malnutrition, frailty, and reduced quality of life, and are linked to systemic health complications through chronic inflammation, microbial dysbiosis, and compromised nutrition, underscoring the need for early detection, prevention, and ongoing oral care. Individuals with cognitive impairment increasingly rely on caregivers for oral care and access to dental services; however, substantial gaps persist in caregivers' oral health knowledge and training. **Methods:** A descriptive qualitative study will be conducted to explore the experiences of caregivers and care providers of people with cognitive impairment. Participants will be recruited through purposive sampling from memory clinics, long-term care facilities, and community settings across Nova Scotia. In-depth, semi-structured interviews will be conducted. Audiotaped recordings will be transcribed verbatim, coded, and analyzed using thematic analysis. **Results/Anticipated Results:** Findings are expected to elucidate caregivers' perceptions of care recipients' oral health, caregivers' oral health knowledge and awareness, and caregiving experiences. Key factors affecting caregivers and care recipients, as well as barriers to oral care provision and dental service access, will also be identified. **Conclusions/Significance:** This study aims to address a critical knowledge gap regarding oral care for people with dementia. Informed by caregiver experiences, findings will inform future oral health policies, education, and training initiatives to better support caregivers and care providers, improve oral health outcomes, and enhance quality of life for individuals with cognitive impairment.

Keywords: Dementia, Oral Health, Caregivers, Health Services Accessibility, Qualitative Research

Section: Population Health

Presentation Format: Oral

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Exclusion and Resistance within Everyday Moments of Leisure

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Abstract

Introduction: While structured and longer-duration leisure experiences are often studied, it is less often that momentary leisure experiences that occur in the context of our everyday lives are studied. Activities such as pausing during a walk to admire a garden or enjoying a short conversation with a friend can be understood as Everyday Moments of Leisure (EML). Exclusionary practices can limit opportunities for leisure participation for particular populations. Despite the widely acknowledged value of leisure, limited research has examined how exclusionary and discriminatory practices are navigated and resisted within the everyday leisure experiences of Black individuals. The purpose of this interpretative phenomenological analysis (IPA) will be to understand exclusion and resistance within leisure spaces as experienced by one Black participant within a broader research project. **Methods:** This study is a secondary analysis drawn from the EML study, which used interpretive phenomenology to examine how momentary leisure experiences occur and are understood in daily life. Data were collected through semi-structured interviews in Halifax, Nova Scotia, Canada. The present analysis will employ IPA and focus on three interviews with one participant from a larger study of adults in Halifax that explored their EML and the meanings they ascribed to them. **Results/Anticipated Results:** This study aims to reveal how experiences of exclusion and resistance are navigated and made meaningful within EML as described by a Black participant. **Conclusions/Significance:** Findings may contribute to understanding how exclusion shapes momentary leisure experiences within everyday lives, and how even momentary leisure experiences provide opportunities for resistance. This research may help inform practitioners who use EML within leisure programming to foster inclusion and well-being

Section: Recreation and Leisure

Presentation Format: Oral

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Challenging assumptions in motor imagery research: Insights from a qualitative multiple-case study

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Abstract

Introduction: Research on motor imagery, the imagination of movement, emerged from theories of motor control and learning aimed at better understanding the motor processes that precede action. However, the dominance of post-positivist approaches in this field has limited researchers' understanding about participants' experiences of motor imagery. As a result, researchers often implicitly assume both the presence and uniformity of imagery engagement. This study aims to challenge these assumptions by examining participants' experiences of motor imagery through qualitative inquiry. **Methods:** Using a qualitative multiple-case study design, ten participants completed two data-collection sessions involving semi-structured interviews and motor imagery tasks. In session one, participants discussed prior experiences with imagery, completed a guided motor imagery scenario and assessment, and reflected on their experiences. In session two, participants engaged in simple and complex motor imagery tasks, described their experiences, and provided closing reflections. Data were analyzed using reflexive thematic analysis. **Results/Anticipated Results:** Preliminary results challenge the assumption that imagery instructions reliably and uniformly evoke motor imagery experiences. Candidate themes include (1) unclear or shifting imagery perspectives, (2) non-motoric imagery experiences, and (3) imagery that emphasized action outcomes rather than bodily movements. Notably, engagement with motor imagery was meaning-dependent, where perceived meaning and/or relevance shaped the depth and continuity of imagery experiences. **Conclusions/Significance:** This study is the first to systematically examine motor imagery experiences. By highlighting experimental variability in imagery perspective, content, and engagement, these findings call into question common experimental assumptions and underscore the need for motor imagery research designs that more carefully attend to how participants experience motor imagery.

Keywords: Motor Imagery, Qualitative Multiple Case-Study, Assumptions

Section: Kinesiology/Human Movement Science

Presentation Format: Oral

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Reimagining Policing Mental Health: Civilian-Led Alternatives to Crisis Response in Canada

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Abstract

Introduction**:** Police are the default responders to mental health crisis situations across Canada, a practice increasingly recognized as harmful and misaligned with the needs of people experiencing distress. Police involvement in crisis response disproportionately harms Black and Indigenous people, yet Canadian research has paid limited attention to non-police alternatives. Civilian-led crisis response teams have the potential to provide crisis care outside of criminal-legal systems. The current study examines the key processes involved in the development and implementation of civilian-led (i.e., non-police) mental health crisis response teams in Canada. **Methods:** The study employed a qualitative, multi-sited case study design examining three civilian-led crisis response teams operating in Canada. Guided by a prison industrial complex abolitionist lens and informed by mad studies and critical race theory, the study examined how these teams were conceptualized, developed, implemented, and sustained within health and social infrastructure. Semi-structured interviews were conducted with service providers across sites and analyzed using thematic analysis. **Results/Anticipated Results:** A total of ten participants completed semi-structured interviews across the three case sites. Analysis identified four overarching themes related to civilian-led crisis response: (1) Drivers of team development; (2) Foundational aspects of team design and practice; (3) Operational components; and (4) Team sustainability and expansion, each with associated sub-themes. Across sites, findings highlight the importance of community advocacy, team composition and training, access pathways, and ongoing collaboration. **Conclusions/Significance:** This study contributes empirical insight into how civilian-led mental health crisis response teams are developed and implemented in Canada. By centering non-police approaches to crisis care, the findings offer practical and theoretical implications for reimagining crisis response

Keywords: Non-Police Crisis Intervention, Mental Health Crisis Response, Community-Based Care

Section: Mental Health/Addiction

Presentation Format: Oral

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Beyond the Chair: Perceptions of Social Prescriptions in Dental Hygiene Practice

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Abstract

Introduction: Social prescriptions (SP) are non-clinical referrals that link patients to community resources to address the social determinants of health. This study explores the therapeutic and social itineraries of patients from vulnerable backgrounds, from the identification of social needs in a dental clinic to the actual utilization of community support. **Methods:** Guided by the Levesque framework of healthcare access and Grembowski's model of therapeutic pathways, the study employed a qualitative descriptive design. Semi-structured interviews were conducted with 12 adult participants who had received an SP referral (e.g., food security or mental health resources). Data were analyzed using reflexive thematic analysis to identify patterns in patient satisfaction and accessibility. **Results/Anticipated Results:** Most participants initially visited the clinic for routine preventive care, such as dental cleanings. During these visits, the professional identified social needs and delivered SPs in various ways, ranging from providing basic information to active referrals to community organizations. The prescriptions primarily addressed food insecurity, housing, and mental health. The majority perceived this as an act of genuine compassion, feeling seen as "whole people." After the referral, most patients successfully accessed services, though some faced bureaucratic hurdles. Those who received aid (e.g., food baskets or psychological support) reported a direct improvement in their dignity and life's quality. Most patients feel dental clinics should offer support beyond teeth. **Conclusions/Significance:** This research demonstrates that it is feasible to integrate social prescriptions. By linking clinical care to community services, dental clinics can serve as essential pivots for reducing social barriers to health.

Keywords: Social Prescribing, Social Determinants of Health, Dental Hygiene, Health Equity

Section: Population Health

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Opportunities for Ophthalmology Education in Pre-Clerkship Case-Based Learning Curriculum

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Abstract

Introduction: Dedicated ophthalmology teaching has been progressively reduced in Canadian undergraduate medical education, with many institutions eliminating core ophthalmology clerkships. As a result, pre-clerkship learning environments, particularly case-based learning (CBL), represent an important but underutilized avenue for exposure to eye health concepts. **Methods:** A qualitative content analysis was conducted of all pre-clerkship CBL cases at Dalhousie University. Seventy cases were independently reviewed by two assessors and coded for the presence of ophthalmology-related elements, including ocular symptoms, examination findings, medications, surgical history, and systemic diseases with ocular implications. Additional thematic domains, such as anatomy, cranial nerves, accessibility and disability, and age-related eye disease, were evaluated. Descriptive frequency analysis was performed. **Results/Anticipated Results:** Ophthalmology content was infrequently incorporated. Only 16% of cases included eye-related history, and 21% referenced an eye examination. Mentions of visual disability, ophthalmic medications, or prior ocular surgery were rare (≈1%). While anatomy and cranial nerve themes were commonly coded, clinically relevant ophthalmic conditions were often absent. Several cases involving older adults did not address cataracts or macular degeneration, and diabetes-focused cases frequently omitted discussion of diabetic retinopathy or screening. **Conclusions/Significance:** Significant gaps exist in the integration of ophthalmology within the pre-clerkship CBL curriculum, despite numerous opportunities for inclusion. More intentional incorporation of ophthalmic concepts could enhance clinical relevance and student preparedness. This study provides an initial framework for evaluating ophthalmology representation in CBL and supports broader curricular review across Canadian medical schools.

Keywords: Medical Education, Ophthalmology, Case Based Learning

Section: Clinical Research

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Stevens–Johnson Syndrome and Toxic Epidermal Necrolysis: A Systematic Review of Ophthalmic Management and Treatment

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Abstract

Introduction: Stevens–Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) are rare but severe mucocutaneous reactions frequently complicated by ocular involvement, which may lead to irreversible vision loss. Although ophthalmic complications are common, evidence guiding optimal management remains heterogeneous. **Methods:** A systematic review was performed following PRISMA guidelines and registered prospectively (PROSPERO CRD420251022655). MEDLINE, Embase, and CENTRAL were searched for English-language studies published between 1998 and 2024 reporting ophthalmic treatment outcomes in SJS/TEN. Study selection and data extraction were conducted independently by reviewers. **Results/Anticipated Results**: A total of 194 studies involving 6,698 treated eyes were included. Improvement in best-corrected visual acuity was reported in just over half of treated eyes, while epithelial healing and symptomatic improvement were less frequently observed. Management strategies varied widely and included topical therapies, mucosal grafting, contact lens use, amniotic membrane transplantation (AMT), systemic medical therapies, and punctal occlusion. Novel and emerging approaches including TNF-α inhibitors, anti-VEGF therapy, photodynamic therapy, and 5-fluorouracil were described in a limited number of studies. **Conclusions/Significance:** Management of ocular SJS/TEN requires a stage-specific approach. Early interventions, particularly AMT during the acute phase, may reduce long-term sequelae, while chronic management focuses on ocular surface reconstruction and tear-film stability. High-quality prospective studies are needed to establish standardized treatment pathways and improve long-term visual outcomes.

Keywords: Steven-Johnson Syndrome, Ophthalmic Management, Systematic Review, Toxic Epidermal Necrolysis, Multimodal Treatment
Section: Clinical Research
Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Comparative outcomes of aflibercept biosimilars and reference aflibercept in nAMD: a systematic review and meta-analysis

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Abstract

Introduction: Intravitreal anti-VEGF medications, such as reference aflibercept, are standard of care treatments for neovascular age-related macular degeneration (nAMD). Aflibercept biosimilars have recently been approved for the treatment of nAMD, yet comparative pooled evidence against reference aflibercept remains limited. This study synthesizes functional, anatomical, and safety outcomes from randomized trials evaluating these medications. **Methods:** A systematic review and meta-analysis of phase 3 randomized controlled trials was conducted. MEDLINE, Embase, and CENTRAL were searched from inception to June 2, 2025. Trials comparing aflibercept biosimilars with reference aflibercept in patients with nAMD were included. Two reviewers independently performed screening, data extraction, and risk-of-bias assessment (RoB 2), with disagreements resolved by consensus. Primary outcomes included change in best-corrected visual acuity (BCVA), retinal thickness, proportion of participants gaining >15 ETDRS letters, and adverse events. Meta-regression assessed outcome trends over time. **Results/Anticipated Results:** Six trials comprising 2,044 participants were included. Five distinct aflibercept biosimilars were represented. No significant difference in BCVA change over time was observed between biosimilars and reference aflibercept (p=0.10). An early difference in retinal thickness favouring reference aflibercept was not maintained during follow-up. The pooled risk ratio for gaining >15 ETDRS letters was 1.19 (95% CI 0.98–1.45). Safety outcomes did not differ significantly between groups. **Conclusion/Significance:** Across randomized evidence, aflibercept biosimilars demonstrated comparable visual, anatomical, and safety outcomes to reference aflibercept for nAMD. Findings were consistent across multiple follow-up timepoints, supporting biosimilar equivalence. Longer-term real-world studies are needed to confirm durability beyond one year.

Keywords: Systematic Review and Meta-Analysis, Aflibercept, nAMD, Biosimilars, Anti-VEGF

Section: Clinical Research

Presentation Format: Oral

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Exploring Children's Experiences in a Novel Pediatric Wheelchair Skills Training Program Trial

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Abstract

Introduction: Independent mobility is essential for children's development, participation, and belonging. However, children with physical disabilities who use manual wheelchairs often receive limited training, which can limit opportunities for independence and increase injury risk. The Wheelchair Skills Training Program (WSTP) has proven effective for adults, but its adaptation for children remains underexplored. Understanding children's and families' experiences is essential for evaluating feasibility and informing implementation. As such, this study explored the values, preferences, and experiences of children who participated in a pediatric WSTP trial and the perspectives of their caregivers. **Methods:** A qualitative collective case study was conducted with six children ages 6–11 years, and six caregivers at one trial site in Halifax, Canada. Semi-structured interviews incorporated caregiver collaboration and child-friendly elicitation tools (e.g., customized vignettes, illustrations). Data were analyzed using reflexive thematic analysis and dyadic analysis within cross-case analysis. **Results/Anticipated Results:** Three themes described families' experiences including: (1) increased independence and reduced caregiver strain, (2) growing confidence through progressive challenge, and (3) empowerment through supportive relationships that fostered motivation and engagement. **Conclusions/Significance:** Centering children's and caregivers' perspectives highlights how the pediatric WSTP can be tailored to support children's needs and inform strategies for broader implementation across settings.

Keywords: Pediatric, Rehabilitation, Wheelchair Skills Training, Independent Mobility, Participation, Qualitative Research

Section: Population Health

Presentation Format: Oral

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

The Predictive Ability of Sociodemographic Variables on Mood Disorders in Women up to Five Years Postpartum

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Abstract

Introduction: Perinatal mental health conditions are estimated to affect 17% of child-bearing individuals globally and are the most common nonobstetric complication of pregnancy. Sociodemographic factors such as age, social support, income, and marital status have been identified as predictors of mood disorders, but studies often limit the time frame of postpartum to 12–13 months. This study investigates whether giving birth within the past 5 years affects the odds of having a mood disorder while controlling for sociodemographic and lifestyle variables. **Methods:** Using the 2017–2018 Canadian Community Health Survey, the relationship between having a mood disorder and giving birth within the past 5 years was investigated for Canadian females aged 18 to 54, controlling for sociodemographic factors and physical activity. Of 113,290 survey participants, 8,332 met the inclusion criteria. Chi-square tests assessed each predictor's association with the presence or lack of a mood disorder. Multiple logistic regression was used to further investigate these associations while controlling for covariates. **Results/Anticipated Results:** Of 8,332 participants, 14.7% reported having a mood disorder. Giving birth within the past 5 years was not a significant predictor, but being married, increasing household income, and having a strong sense of emotional security were positive predictors for not having a mood disorder, with emotional security having the largest effect. **Conclusions/Significance:** Giving birth within 5 years was not a significant predictor of mood disorders, potentially due to variation in postpartum periods. However, marital status, income, and emotional security were found to be significant predictors, consistent with existing literature.

Keywords: Postpartum Period, Mood Disorders, Perinatal Care, Women's Health, Mental Health

Section: Mental Health/Addiction

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Improving Inclusive Oral Healthcare by Strengthening Disability Attitudes in Future Dentists

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Abstract

Introduction: Limited understanding among healthcare providers contributes to health disparities for individuals with disabilities. Oral healthcare is a critical component of overall health; however, disparities persist for people with disabilities. This study aims to explore the knowledge and attitudes of dental hygiene students toward people with disabilities following the completion of educational modules and contact with individuals with disabilities. **Methods:** This study will be conducted in two stages. Stage one involves developing an online module using videos representing disability, selected in collaboration with individuals with intellectual disabilities themselves. Students in the Dental Hygiene and Doctor of Dental Surgery programs at Dalhousie University will be recruited as participants. In stage two, participants will complete a pre-test survey measuring baseline attitudes toward disability. Participants will then complete the online training module and be assessed for attitude changes. Following this, participants will engage in a volunteering experience at the Special Olympics and conclude with a final post-test survey. This design will evaluate changes in attitudes toward disability resulting from both indirect contact through the online module and direct contact through the Special Olympics. **Results/Anticipated Results:** We anticipate that the indirect contact through video exposure will lead to measurable improvements in knowledge and attitudes towards individuals with disabilities, which are strengthened through direct contact with individuals with disabilities at the Special Olympics. **Conclusions/Significance:** These findings will inform evidence-based disability training for future healthcare providers to address gaps in care by improving attitudes towards disabled individuals. These approaches can be considered to be integrated into curricula to support more inclusive oral healthcare experiences for disabled individuals.

Keywords: Oral Health, Disability Education, Attitudes of Health Personnel

Section: Health Inequity

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Barriers to Health Access for IDPs in Nigeria: Mixed-Methods Study to Inform Equitable Systems & Policy

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Abstract

Introduction: Globally, over 117 million people were forcibly displaced in 2023, with 75.9 million remaining within their own countries (UNHCR, 2024; IDMC, 2024). Nigeria hosts about 3.7 million internally displaced persons (IDPs), most of whom reside in overcrowded, under-resourced resettlement camps (Gidado et al., 2023). Persistent service shortages, weak coordination, and inadequate policy frameworks undermine IDPs' right to health (Ekezie, 2022; Yemisi & Oyewusi, 2024). While prior studies examined health outcomes, few have addressed the structural and governance barriers shaping service delivery (Doocy et al., 2023). This study investigates how systemic factors constrain equitable healthcare access for IDPs in Nigeria. **Methods:** Using a convergent mixed-methods design, the study integrates quantitative surveys of ≈100 IDPs with qualitative interviews and focus groups involving 10 health and welfare providers in North-East Nigeria. Quantitative data will be analyzed using descriptive and multivariate techniques, while qualitative data will undergo thematic analysis guided by the Structural Determinants of Health (WHO CSDH, 2008) and Health Equity frameworks (Braveman & Gruskin, 2003). **Results/Anticipated Results:** Preliminary evidence suggests that limited workforce capacity, weak governance, and poor infrastructure restrict access to essential care (Bamidele & Pikirayi, 2022). The integrated analysis will illuminate how these constraints interact with gender, displacement duration, and socioeconomic status to perpetuate inequities. **Conclusions / Significance:** Findings will provide actionable evidence to improve intersectoral coordination among government, NGOs, and humanitarian actors, informing equitable, community-responsive health-system reforms. By centering structural determinants and collaboration, this study advances the Crossroads 2026 goal of fostering inclusive, sustainable solutions for vulnerable populations.

Keywords: Health Services Accessibility, Refugees/Displace Persons, Health Policy

Section: Health Inequity

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Using Logbooks to Bring Attention to Self-Talk and Improve Performance in Golfers

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Abstract

Introduction: Self-talk refers to the thoughts and words athletes say to themselves before, during, or after performance. These internal messages can influence focus, confidence, and decisions. Most studies teach athletes what to say, but fewer help them notice and reflect on their natural self-talk. This study tests whether using a simple logbook to pay attention to self-talk can help golfers increase self-awareness and improve performance during simulated tournament play. **Methods:** Sixty golfers will be randomly assigned to one of two groups. All participants visit Spade Mashie Golf for four sessions. In Session 1, they complete two surveys about self-awareness and self-talk, watch a short video, and play a 6-hole practice round. The Self-Talk group receives a video explaining self-talk and a logbook that guides them to notice and adjust their thoughts between sessions. The Control group watches a neutral golf rules video and uses regular scorecards. In Sessions 2–4, all golfers play three 9-hole tournament rounds on the same simulator course, which records score, fairways hit, greens hit, and putts. At the final session, participants repeat the surveys and complete a brief check about the intervention. **Results/Anticipated Results:** We expect the Self-Talk group to show greater improvements in performance, self-awareness, and helpful self-talk across sessions. **Conclusions/Significance:** This study examines a simple tool that may help golfers better understand their thinking during play and improve performance. The approach may also be useful for other self-paced sports.

Keywords: Self-Talk, Performance, Golf

Section: Kinesiology/Human Movement Science

Presentation Format: Oral

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Pain Perception and Expression in Individuals with Autism: Understanding the Lived Experience

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Abstract

Introduction: Little is currently known about how individuals with Autism Spectrum Disorder (ASD) experience pain, and how/if they express or perceive it differently than neurotypical individuals. Given the unique needs of individuals with ASD, investigating available support resources for pain management is warranted. This research explored the lived experiences of individuals with ASD related to pain perception and expression, and pain management, to improve understanding and support for this population. **Methods:** We recruited 20 individuals including adults with ASD above 20 years of age, and parents of individuals with ASD. The research involved in-depth and semi-structured interviews with open-ended questions to understand experiences of pain perception/expression among those with ASD. **Results/Anticipated Results:** Several themes emerged, including limited public awareness of non-typical pain expressions, the masking or distortion of pain expressions, and the associated distress and frustration which can exacerbate pain. Participants also described uncertainty surrounding their pain perception, variability in pain thresholds, and sensory sensitivities. **Conclusions/Significance:** Individuals with ASD express pain differently than neurotypical individuals, yet current support for pain assessment and management does not accommodate this difference. Additionally, the complexity of pain perception for individuals with ASD is found to induce several challenges related to pain management. Given the lack of available support resources identified, more inclusive resources for pain management are necessary to accommodate the unique needs of individuals with ASD.

Keywords: Autism, Pain, Inclusion

Section: Health Inequity

Presentation Format: Poster

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Promoting breastfeeding via relaxation for new mothers from a Developmental Origins of Health and Disease Perspective

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Abstract

Introduction: Breastfeeding plays a crucial role in infant development with well-established long-term health benefits; however, breastfeeding can be daunting for new mothers. Elevated postpartum stress can hinder breastmilk production and let-down, leading to inefficient feeding sessions and decreased infant weight gain (Nagel et al., 2022). Developmental Origins of Health and Disease (DOHaD) research has shown that negative experiences during the first 1000 days of life can affect fetal epigenetic make-up affecting both physical and cognitive development (Pappalardo et al., 2023). We aim to provide new mothers with resources and guidance, via an infographic and a video, for relaxation techniques to be incorporated during feeding sessions. This will promote effective breastfeeding for the first six months of life, leading to healthier outcomes for both infants and mothers (WHO, ND). **Methods:** Using a mixed-methods design, the purpose of this project is to add more context to the IWKs new parenting handbook that recommends "breastfeeding in a relaxing environment". We completed a literature review on relaxation techniques for new parents to promote breastfeeding and the consequent quantity and quality of breastmilk produced. Our objective now is to produce an infographic and video to provide tips for improving a mother's breastfeeding experience. Our materials will be accessible through social media and agencies supporting parents across Nova Scotia, and may also be shared through government organizations and not-for-profits. **Results/Anticipated Results:** We will track public interaction and engagement with our materials via various analytical tools and anticipate that breastfeeding experience will be viewed more positively as a result of our materials **Conclusions/Significance:** Translating evidence-based relaxation techniques into accessible resources for new mothers will support maternal and infant life-long well-being. If this initiative is positively received resources may be shared nationwide

Keywords: Breastfeeding, Relaxation Techniques, Lactation, Parent-Child Relations

Section: Population Health

Presentation Format: Oral

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Disaggregating Disparity: Exploring Eating Disorders Among Bisexual Women in Canada

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Abstract

Introduction: Eating disorders (EDs) affect over 1.7 million Canadians and remain among the most fatal mental illnesses. Yet bisexual women (BiW), who experience some of the poorest health outcomes across 2S/LGBTQ populations, remain critically understudied. Existing data often aggregate BiW with lesbian or heterosexual women, masking subgroup differences and reinforcing inequitable care. This doctoral project positions BiW as a strategic case for advancing equity-oriented ED care. Using a feminist poststructuralist framework, it examines how power, discourse, and social structures shape BiW's experiences with EDs and treatment in Canada, aiming to derive transferable care design principles for other equity-denied populations. **Results/Anticipated Results:** Preliminary findings from a scoping review indicate that BiW are seldom analyzed independently in ED research, with their experiences routinely collapsed into larger, heteronormative categories. Quantitative analyses from a Nova Scotia health-equity dataset (Project ADDING HEAT) show that participants reporting size discrimination when accessing healthcare report significantly lower quality-of-life scores across all domains. Qualitative interviews, to be conducted with up to 25 BiW in Canada, will explore how intersecting identities and stigmas shape lived experiences of EDs, care access, and recovery. **Conclusions/Significance:** This in-progress research addresses a critical knowledge gap by generating the first context-specific evidence on BiW's experiences with EDs in Canada. Findings will inform inclusive, population-specific approaches to ED prevention, assessment, and treatment, offering guidance for nursing practice and policy. By centring BiW as a high-risk, high-need group, this study advances a transferable framework for developing equity-driven, contextually responsive models of care across diverse communities.

Keywords: Health Equity, Eating Disorders, 2S/LGBTQ Health, Bisexual Women

Section: Health Inequity

Presentation Format: Oral

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Impact of Coaching on the Implementation of Better Nights, Better Days for Families of Equity-Deserving Backgrounds

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Abstract

Introduction: Behavioural sleep disturbances are common in school-aged children and negatively impact health and functioning. Better Nights, Better Days (BNBD) is an evidence-based, self-guided, eHealth intervention proven improve sleep in children. Limited research has examined if BNBD is effective for families of equity-deserving backgrounds, despite disproportionately high rates of sleep problems in this population. Further, research has found that equity-deserving populations may require extra support to successfully implement interventions, with coaching being theorized as a potential implementation aid. The present study examines the impact of scheduled coaching check-ins on the implementation of the BNBD intervention for families of equity-deserving backgrounds. **Methods:** Twelve parents/ caregivers of children aged 5-12 years with behavioural sleep concerns will receive access to the BNBD intervention for six weeks, with half completing the intervention independently and half receiving weekly check-ins intended to provide support, accountability, and troubleshooting. Pre- and post-intervention measures of insomnia severity will examine effectiveness, and user statistics will be taken from the intervention to examine uptake and adherence. Post-intervention interviews will examine the impact of the sleep coach on uptake and adherence, usability, and effectiveness. **Results/Anticipated Results:** It is anticipated that the coached participants will experience the program as more usable, have more successful uptake and adherence, and find the intervention more effective in improving their child's sleep. **Conclusions/Significance:** Findings of this study will be used to guide future efforts to increase the usability and effectiveness of the BNBD intervention for equity-deserving families. More broadly, the findings will provide information regarding the potential of coaching as an implementation aid for individuals of equity-deserving backgrounds.

Keywords: Sleep, Cultural Diversity, Internet-Based Intervention, Health Inequities, Child Health

Section: Clinical Research

Presentation Format: Oral

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

More Than Just a Break: Exploring Meaningful Work Breaks Beyond Productivity Through Everyday Moments of Leisure

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Abstract

Introduction: This research explores how people experience brief moments of leisure during breaks at work, and the meanings attached to these experiences. Everyday moments of leisure (EML) is a concept that was recently developed to describe enjoyable activities that are personally resonant and are embedded within everyday life. EML provide a lens to explore momentary leisure experiences in the context of work. Current research on work breaks focuses on their benefits for increasing work productivity but rarely focuses on the personal benefits or meanings of these breaks. Our research seeks to understand how EML are experienced as breaks during paid work, the characteristics of these experiences, and the meanings attributed to them. **Methods:** This research is part of a larger interpretive phenomenological study that engaged 20 participants who participated in up to three interviews discussing their experiences of EML including discussion of their documented examples (photos, videos or writing) (n=16). A secondary analysis is underway on a subset of the data from the seven participants who described their experiences of EML in the context of work. **Results/Anticipated Results:** This research suggests that individuals experience leisure during short work breaks in ways that are shaped by the context in which they occur, such as working from home or in office settings. These moments help individuals maintain a sense of personal identity within their working lives, allowing them to re-connect with who they are beyond their role as a worker. **Conclusions/Significance:** Emerging insights highlight the importance of small, everyday moments in shaping meaningful leisure experiences at work and their contribution to health and wellbeing. These moments go beyond the need for increased productivity to offer opportunities for restoration, connection and personal meaning.

Keywords: Leisure, Work Breaks, Everyday Moments of Leisure

Section: Recreation and Leisure

Presentation Format: Oral

HPJ HEALTHY POPULATIONS JOURNAL

Abstract

Beyond Books to Belonging: How Halifax's Early Childhood Programs Support Newcomer Families' Settlement Journey

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Abstract

Introduction: The population of Halifax has grown significantly, with newcomer immigrants contributing to the city's increasing diversity. Newcomer families often face challenges, such as language barriers, social isolation, and limited access to services. While less attention is focused on community services for newcomer families, this study addresses this gap by examining the role of public libraries – specifically early childhood library programs – in supporting newcomer families' social inclusion and sense of belonging. The study highlights how public libraries function as accessible community hubs that support newcomer families' settlement experiences. **Methods:** This qualitative study employs Bronfenbrenner's Ecological Systems Theory to examine how different system level support newcomer families and young children's community connections and sense of belonging. The RAISED Between Cultures model is also used to explore how newcomer families participate in programs in Canadian library settings while maintaining their cultural identities. Data will be collected through interviews with three groups: a newcomer specialist from Halifax Public Libraries (systemic level), library staff who deliver early childhood programs (practice level), and newcomer families with young children who have participated in these programs (family level). **Results/Anticipated Results:** The study is expected to explore how demographic changes have influenced early childhood library programs and how libraries adapt to increasing diversity. It will also examine how participation in the early childhood library programs supports newcomer families and young children's belonging. **Conclusions/Significance:** The findings will contribute to the literature on newcomer settlement and emphasize the critical role of public libraries in promoting social inclusion and a sense of belonging.

Keywords: Public Library, Newcomer, Belonging

Section: Recreation and Leisure

Presentation Format: Poster