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Abstract 01: Food Insecurity, Dental Caries Experience and Oral Health-Related Quality of Life of Low-Income Adults Attending a Cost-free Dental Clinic in Montréal

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Background: Food insecurity is a key social determinant of health that influences diet, behaviours, and access to care, increasing risk for oral diseases. Dental caries also negatively impacts oral health-related quality of life (OHRQoL); however, few studies have examined these associations among low-income adults. This study investigated the association between food insecurity, dental caries experience (DCE), and OHRQoL. **Methods:** Using baseline data from a cohort study, we conducted a cross-sectional analysis of 376 participants aged 18–75. Food insecurity was measured using the Household Food Security Survey Module; OHRQoL using the OHIP-14; DCE using the DMFT index; and sociodemographic data were collected. Descriptive, bivariate, negative binomial and linear regression analyses were performed. **Results:** Two-thirds of participants reported food insecurity. Food-insecure participants were more likely to be middle-aged, married, earn <\$20,000 annually, and have more filled teeth ($p < 0.05$). Food insecurity was not significantly associated with either DCE (PRR = 0.93; 95% CI: 0.74–1.17; $p = 0.500$) or OHRQoL ($\beta = 1.60$; 95% CI: -1.40–4.60; $p = 0.300$). Higher DCE was significantly associated with poorer OHRQoL, whereas smoking was independently associated with higher DMFT scores. **Conclusion:** Food insecurity was highly prevalent but was not independently associated with DCE or OHRQoL; however, socioeconomic, and behavioural disparities were evident. Addressing these determinants may help to improve the oral health of this study population.

Abstract 02: Piloting a Trauma Registry in Lahore, Pakistan

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Background: Trauma is a leading cause of morbidity and mortality worldwide, disproportionately affecting low- and middle-income countries (LMICs). Pakistan

lacks standardized trauma surveillance systems, limiting data-driven care strategies. We implemented the McGill University Health Centre (MUHC) trauma registry at a tertiary care public hospital in Lahore, Pakistan. **Methods:** The MUHC trauma registry was deployed over a one-month period in May 2025. The first author conducted on-site implementation during the initial week, with subsequent prospective data entry. Consecutive trauma patients presenting to the emergency department were included. Variables collected included demographics, mechanism of injury, injury severity, interventions, and outcomes. **Results:** Eighty-six patients were recorded. The mean age was 31.4 years; 81% ($n=70$) were male, 17% female ($n = 15$), and 2% ($n = 1$) unspecified. Road traffic accidents and falls accounted for over 40% of presentations. Most injuries were mild to moderate, with Injury Severity Scores below 10. 16% patients ($n=14$) required ICU admission. Surgical procedures included wound suturing, orthopedic fixation, and neurosurgical operations. Outcomes showed 44% ($n=38$) admitted to inpatient wards, 38% ($n=33$) discharged from the emergency department, 15% ($n=13$) retained in the emergency unit, and 1 patient death. The registry enabled complete capture of core trauma variables and was adaptable to the local setting. **Conclusion:** The MUHC trauma registry was feasibly implemented in Lahore and provided valuable insights into local trauma patterns. This work underscores the potential for expanding standardized trauma registries across LMICs to strengthen trauma systems and inform injury prevention strategies.

Abstract 03: Leveraging the Built Environment to promote physical activity in primary care settings

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Background: Regular physical activity lowers all-cause mortality and prevents or delays cardiometabolic disease, yet nearly half of adults fail to meet recommended guidelines. Primary care offers a high-impact setting, most adults regularly see a family physician, but physical activity counselling during routine visits is often brief and infrequent. Reported barriers include limited time, uncertainty about effectiveness, and lack of training or tools. At the same time, patients' built and social environments such as access to parks, walkable streets, transit, neighbourhood resources and social support strongly shape opportunities for physical activity. However,

little guidance exists on how family physicians can efficiently address these factors in short clinical encounters, and little is known about what patients find useful in such discussions, particularly in the Quebec primary care context. This study explored how family physicians address physical activity during appointments and the barriers and facilitators to promoting activity, including environmental influences. **Methods:** Thirteen semi-structured interviews were conducted over the summer with adults aged 18 to 65 who self-reported not engaging in physical activity and were at risk of chronic cardiometabolic disease. Participants were recruited from waiting rooms at St-Mary's Hospital. Interviews elicited life stories and experiences with family practitioners, focusing on discussions around physical activity. Transcripts were generated using software and manually corrected by students. **Results:** Findings from these interviews, together with a systematic review of physical activity determinants, will be mapped to the COM-B model and behaviour change techniques. Guided by patient partners, results will inform the design of a tailored primary care intervention, including a pre-visit screener, structured counselling discussion, and follow-up. **Conclusion:** Tailoring across patient populations and clinical contexts may support implementation and long-term sustainability in primary care practice.

Abstract 04: Patient Characteristics of Emergency Department Visits At a Tertiary Care Centre in Montreal, Canada

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Background: 24% of Montreal residents have a mother tongue language other than English or French (LOEF). Yet, there is limited access to language interpreters in the health care setting in Quebec, and no data on the impact of language barriers on hospital outcomes. We aim to describe patient characteristics during Emergency Department (ED) visits at the Jewish General Hospital (JGH), a tertiary care hospital in Montreal. **Methods:** A retrospective cohort study of all ED visits at the JGH from January 1, 2018 to December 31, 2024. Data on language preference, age, sex, insurance status, acuity of presentation, diagnosis, discharge disposition, and length of stay in the ED were collected. **Results:** Between 2018 and 2024, the proportion of visits among those with LOEF preference increased from 4.9% to 6.0% and the number of asylum seekers increased from 2.0% to 6.0%. Compared to English,

French or bilingual patients, patients with a LOEF preference were older (60.2 years vs 52.1 years) and had a longer ED length of stay (11.7 hours vs 10.1 hours). **Conclusions:** The JGH serves an increasingly linguistically diverse population, highlighting the need for universal access to interpreters in the ED.

Abstract 05: Mapping the Infrastructure and Functionality of the National Crisis Helpline in Ghana

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Background: To address the growing need for mental health services in Ghana, the Mental Health Authority (MHA) established a national mental health and suicide prevention helpline as an accessible outlet for individuals seeking psychosocial support. However, little is known about its service readiness and functionality. This study thus examines the infrastructure and user experiences of the MHA helpline.

Methods: This study used a mixed-methods service evaluation design, combining descriptive analysis of 829 call records with semi-structured interviews with 40 helpline staff members and former callers. These analyses captured caller demographics, reasons for calling, caller needs, service delivery, infrastructure, training, and call characteristics.

Results: Callers were 60.9% male and 49.9% employed, with a mean age of 34. Concerns for suicide and self-harm were mentioned in 13.0% of call records. Most callers received assistance, referrals, or psychological first-aid. Integrated findings highlight five interrelated domains shaping the operation and perceived impact of the helpline: 1) Delivering psychological first aid, 2) Addressing callers' mental health, interpersonal, and financial needs, 3) Navigating infrastructure and resource constraints, 4) Need for continuous training, and 5) Need for increased public education and awareness.

Conclusions: Ghana's national mental health and suicide prevention helpline is evolving beyond a mental health crisis intervention tool into a broader psychosocial access point. However, its impact is limited by infrastructural constraints and low public awareness regarding the helpline's purpose. Strengthening resources and increasing public awareness is essential to maximize the helpline's potential as a national mental health service.

Abstract 06: Costs to Patients Associated with the Treatment of Tuberculosis Infection: a Cross-

Sectional Pilot Study

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Background: This study aimed to quantify direct medical, direct non-medical, and indirect costs incurred by individuals receiving treatment for tuberculosis infection.

Methods: We conducted a cross-sectional, patient partnered study at the Montreal Chest Institute in Montreal, Canada. We developed a patient cost questionnaire to collect information on direct medical and non-medical costs and indirect costs by people receiving tuberculosis infection treatment. Eligible participants were adults aged 18 or older who had completed at least one treatment follow-up visit. We used reported salaries to estimate the value of time, assuming minimum wage for those unemployed. We calculated mean and standard deviation (SD) costs in each category as well as the time spent on healthcare visits and activities related to treatment.

Results: A total of 24 participants being treated for tuberculosis infection were included. The median (IQR) age was 38 (24-46) years and 12 (50%) were women. Overall, missed work, time spent at, or travelling to, medical appointments and prescription pickups constituted a mean of 20.3 (SD: 12.3) hours per participant. The mean cost was \$582.61 (SD: 423.47) per person, accounted for by a mean direct medical cost of \$83.46 (SD: 251.77), direct non-medical cost of \$100.38 (SD: 75.46), and indirect cost of \$398.78 (SD: 252.99). Mean costs tended to be higher among women (\$710.38, SD: 555.54) than men (\$454.84, SD: 175.24).

Conclusion: Individuals being treated for tuberculosis infection face substantial financial and time-related burdens. Further research is needed to investigate the impacts of these costs on uptake, adherence, and completion of treatment to inform policy.

Abstract 07: Narrative Co-Creation in Transcultural Adolescent Psychiatry

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Background: Standard psychiatric frameworks can be insufficient for addressing the complex mental health needs of immigrant and refugee youth, who experience migratory stress and unique social determinants of health requiring a nuanced clinical approach. This abstract presents key learnings from a three-week clinical elective at the renowned

transcultural adolescent psychiatry service, Maison de Solenn, in Paris. The objective was to observe how clinical methods such as plural consultations and cultural mediation are used to co-create meaningful therapeutic narratives with families from diverse backgrounds.

Methods: Through the analysis of clinical cases, three core principles emerged:

Results: (1) therapeutic breakthroughs often occurred through the validation of a family's cultural idioms of distress and explanatory models of illness, (2) trauma frequently speaks a non-verbal language, (3) social determinants, such as precarious administrative status, can be the primary illness, rendering psychological interventions ineffective until foundational safety is established.

Conclusion: Narrative co-creation—the process of weaving a patient's story, symbols, and social reality into a shared clinical framework—s an essential competency for providing effective and equitable mental healthcare in diverse societies..

Abstract 08: Illuminating Shadows: Arts-Based Advocacy in Nursing and Global Health

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Background: Indigenous peoples in Canada have long endured medical colonialism, including coerced sterilizations, systemic racism in obstetric care, and the erasure of Indigenous birthing knowledge. Testimonies reveal how these practices undermine free, prior, and informed consent and reinforce systemic racism. Culminatively, they constitute what the UN defines as genocide. The nursing profession has also been complicit in these harms through Indian hospitals, residential schools, child apprehensions, and the erasure of Indigenous birthing practices.

Methods: This project reframes shadow art as a medium for critical reflection on nursing's colonial legacy. The installation uses repurposed hospital objects (IV bags, medication vials, newborn hats) and a projected light source to create the silhouette of a family with a newborn. The symbolic interplay of light and shadow represents how colonial practices have cast Indigenous families into obscurity, while decolonial nursing can illuminate truths and strengthen relational care.

Results: Guided by both McGill's Strengths-Based Nursing and Healthcare (SBNH) model and Indigenous relational knowledge traditions, the work highlights how advocacy through art can promote truth-telling, amplify Indigenous sovereignty in health, and support decolonial approaches to global maternal-child health. By bridging arts-based methods with global health education, this poster invites dialogue on how creative practices can shift healthcare culture and contribute to equity and justice in global health.

Abstract 09: Exploring Missing Data in Atmiyata, a Community-Led Mental Health Intervention in Rural India

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Background: Community mental health innovations are increasing in low- and middle-income countries (LMICs). These initiatives use community participatory approaches to build local task forces of community volunteers who offer counselling, psychosocial support, and connections to social welfare services. This helps in addressing workforce shortages and reducing stigma around mental health. However, measurement and impact assessment remain major challenges. The study examined trends in, and reasons for missing data in “Atmiyata”, a rural community mental health project in Gujarat, India.

Methods: This qualitative study was conducted in two rural districts of Gujarat, India (Mehsana and Sabarkantha). Trained community mental healthcare volunteers (Champions) uploaded help-seekers’ demographic and session data on the CommCare app. This data was analysed for missingness using Microsoft Excel software. Further, Champions (N=5) and their supervisors (N=4) were interviewed to explore reasons for missing data. Data were analysed using content analysis.

Results: CommCare app records over a six-month period showed gaps in demographic data. Content analysis indicated that help-seekers held back personal information due to stigma associated with inter-caste relationships, alcohol use, and domestic violence as well as lack of trust. Champions also expressed limited digital literacy.

Conclusion: Understanding the social and cultural context of the community can create a safe therapeutic space for help-seekers, thereby building trust between them and community care providers. Resolution of technological glitches, giving regular feedback to the care providers on their work, and training them to interpret data can improve data quality, increase digital literacy and help capture quality data which can better inform community mental health services.

Abstract 10: Heart Hackathon: Nurturing the Next Generation in Cardiovascular Innovation

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Background: Heart failure affects approximately 64 million people worldwide, causing 20.5 million deaths annually. Yet innovation in total artificial hearts (TAHs)

has been limited. The only commercially available device was approved two decades ago and remains largely inaccessible outside high-income countries.

Method: The Heart Hackathon, established in 2021 by Monash Young MedTech Innovators using the Stanford Biodesign Framework, is a design competition focused on TAH innovation. Its mission is to nurture the next generation of cardiovascular innovators through community building, technical training, and expert feedback. Industry sponsors have supported the initiative with funding, technical expertise, and software. In 2022, the competition merged with the International Society for Mechanical Circulatory Support (ISMCS), where finals are now held annually. For 2025, teams are addressing the challenge statement: “Addressing Under-Served Populations: How can your device be rolled out to lower-income countries?”

Results: Over three editions, over 800 students from 14 universities across five continents have participated. In 2024, the Hackathon contributed to increased conference participation at ISMCS and produced 24 abstracts, including two best-poster awards. Five universities have embedded the program into curricula, with students earning awards, job interviews, and significant technical and professional development.

Conclusion: The Heart Hackathon has increased global awareness of TAH innovation and established a sustainable framework for advancing mechanical heart support across diverse populations.

Abstract 11: Grounding McGill’s Dietetics Program in Indigenous Cultural Safety: A Pathway for Truth and Reconciliation in Canada

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Background: On December 5, 2024, Québec adopted Bill 32. Healthcare institutions in the province must now implement Indigenous cultural safety, defined as Indigenous Peoples feeling respected while receiving care from healthcare professionals, including dietitians. Teaching dietitians about Indigenous health throughout their education holds great potential for advancing culturally safe care. However, no study has explored this in Canada. This gap has led to a range of initiatives with inconsistent outcomes, including within McGill’s Dietetics Program.

Methods: This project aims to address this gap by working with the existing structures at McGill to strengthen Indigenous cultural safety education for future dietitians. This project will include three perspectives: faculty members, dietetics students, and allied practitioners. Faculty members (n = 18)

are best positioned to identify the opportunities that exist at McGill to strengthen Indigenous cultural safety education. Graduating student (n = 48) will participate in a survey and group interviews to discuss how well the Dietetics Program has prepared them to provide culturally safe care. Their insights will help identify any training gaps at McGill. Finally, allied practitioners (n = 18-24) will be interviewed to assess how program competencies can be revised to better prepare future dietitians to provide culturally safe care. **Conclusion:** Together, these opportunities, training gaps, and competencies will inform recommendations to strengthen Indigenous cultural safety education within the program. This project will pave the way for other Canadian universities to transform their health professional programs to ensure that more Indigenous Peoples can access culturally safe care.

Abstract 12: A systematic review on the association between pre-term and low birthweight with school readiness in children

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Background: Preterm birth and low birth weight are established risk factors for delays in development at preschool age. However, their impact on school readiness, a key predictor of long-term educational and health outcomes, remains unclear. This systematic review synthesizes current literature on the association between preterm birth and/or low birth weight and school readiness in children. **Methods:** MEDLINE, Embase, PsycINFO, CINAHL, and ERIC were searched for relevant studies published from inception to June 2025. Eligible studies were those comparing school readiness between different gestational age at delivery or birthweight groups. Studies measuring school readiness or its components with a validated tool were included. Two reviewers conducted study screening, data extraction, and quality appraisal using the Newcastle-Ottawa scale for risk of bias assessment. **Results:** Nineteen studies (fourteen cohort, three cross-sectional and two case-control) were included. All studies found that children born preterm had a higher risk of low school readiness in at least one domain (odds/risk ratios of ≥ 1.4). Similarly, low birth weight was associated with lower school readiness, compared with normal birth weight. **Conclusions:** Preterm birth and low birth weight are significant risk factors for low school readiness, emphasizing the need for early screening.

Abstract 13: Gender Differences in Oral Health

Status and Dental Care Needs Among Low Income People Attending a Cost-free Dental Clinic in Montreal

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Background: People from low socioeconomic backgrounds bear the highest burden of oral disease and the greatest barriers to dental care. Differences in oral health and dental care needs may differ between men and women. This study examines gender differences in dental care needs in low-income populations seeking cost-free dental care.

Methods: Using a prospective cohort design, we are recruiting low-income individuals aged 17 years and older from the Welcome Hall Mission dental clinic in Montreal. Participants complete a survey concerning sociodemographic and perceived needs, and dentists assess patients' normative needs. This report presents preliminary findings on gender differences in normative and perceived dental care needs using Wilcoxon rank-sum, Chi-square, and t-tests, with 95% confidence intervals.

Results: Since September 2024, 259 participants (~53% women) have been recruited, with over half reporting unmet dental care needs due to cost. The most common reason for seeking care was a routine checkup (30.2% among women vs. 36.2% among men). Men had a higher mean number of decayed teeth (3 ± 3.4 vs. 2.8 ± 3.2), with greater needs for lost tooth replacement (54.6% vs. 38.2%) and gum disease treatment (18.5% vs. 8.4%), while women more often required fillings (74% vs. 67%). Preventive care was the most common treatment need for both genders.

Conclusion: Preliminary analyses suggest gender differences in baseline normative and perceived dental care needs. Ongoing longitudinal analysis will clarify whether these differences are significant, providing deeper insights into the gendered impacts of cost-free dental care.

Abstract 14: Feasibility and User Experience of Amber, a Web-Based Trauma Registry in Nepal

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Background: Trauma related mortality is a major global health challenge, disproportionately affecting low-middle income countries (LMICs). Trauma registries are critical for

strengthening trauma systems, yet their implementation in LMICs remains limited. Amber—a web-based trauma registry developed by McGill’s Centre for Global Surgery—was piloted in the emergency department at Dhulikhel Hospital, Nepal, to assess usability, feasibility, and implementation challenges. **Methods:** A mixed methods study was conducted using post-Amber training surveys of medical students serving as data collectors (n=11), and post-information session surveys of medical professionals (n=22). Quantitative measures assessed user-friendliness, satisfaction with the data entry, and feasibility. Qualitative data were derived from open-ended survey responses of challenges and suggested improvements. **Results:** Amber was rated highly user-friendly (mean score 4.5/5). Inductive coding revealed 4 major challenges: (1) time constraints, (2) lack of dedicated data collectors, (3) data quality, (4) limited awareness of the registry. Suggestions included emphasizing prospective data entry, improving accessibility, and increasing institutional awareness. **Conclusion:** Amber was positively received as a user-friendly tool which captures essential trauma metrics. Implementation challenges center on time, labour, and data quality, underscoring the need for ongoing training, broader access, and institutional support to optimize integration into trauma care workflows.

Abstract 15: Hot Tips in the Cold: Lessons from Nunavik

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Background: For trainees and physicians, rural family medicine rotations may include placement in settings where they must also navigate cultural differences, limited healthcare infrastructures, and the complexities of building trust in a tight-knit community. Reflection on this experience can offer critical insights into the intersection of medicine, culture, and geography. **Methods:** Critical analysis of a one-month placement in Puvirnituq, a remote Inuit community in Nunavik, is explored. Based at the local hospital, which provides care to multiple surrounding villages, the researcher was involved in inpatient management, emergency care, and routine clinical appointments. **Results:** The importance of culturally responsive health education and the impactful role of telemedicine in supporting frontline care were observed. The high turnover of healthcare providers, alongside the challenges inherent in resource-constrained environments, underscored the urgency of implementing durable, community-oriented solutions. **Conclusions:** These lessons and experiences can profoundly shape the perspectives of students and

doctors on healthcare delivery and global health and may further strengthen their commitment to contribute meaningfully to underserved populations.

Abstract 16: Evaluating a Digital Trauma Registry in Senegal: Feasibility and Early Patterns of Injury

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Background: Trauma is a major contributor to mortality in Senegal, where fragmented emergency services, limited prehospital care, and paper-based records restrict the ability to assess outcomes and guide system improvement. To address this gap, we leveraged a digital trauma registry at the Centre Hospitalier Régional (CHR) in Saint-Louis to evaluate feasibility and capture early trauma trends.

Methods: The AMBER registry, a web-based platform developed by the Centre for Global Surgery at McGill University, was introduced at the CHR in Senegal in August 2024 in collaboration with local staff. Over a one-month period, personnel entered trauma cases to simulate routine use. The dataset was analyzed to describe trauma patterns and identify opportunities for quality improvement.

Results: A total of 132 trauma patients were recorded. The majority arrived by private vehicle (n=116; 88%), with few arriving by ambulance or firefighters (n=12; 9.1%). Transport delays were common, with 22.7% of patients arriving more than an hour after injury and 12.9% presenting after several days. Fractures represented the most frequent injury, including upper extremity (n=63; 47.7%), lower extremity (n=58; 43.9%), and pelvic (n=10; 7.6%). Most patients were discharged from the emergency department (n=113; 85.6%), while 19 required admission (n=19; 14.4%). Reasons for admission included surgery (n=13; 68.4%), intensive care (n=5; 26.3%), and medical management (n=1; 5.3%).

Conclusion: This study demonstrated the feasibility of digital trauma data collection in Senegal, with successful uptake by local staff and the generation of actionable clinical insights.

Abstract 17: How rapid is the recommended timing of ART initiation? Findings from a scoping review of HIV clinical guidelines

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Objectives: To describe and compare HIV clinical guideline recommendations from Organization for Economic Co-operation and Development (OECD) countries and international organizations on the timing of antiretroviral therapy (ART) initiation for treatment-naïve individuals, including the terminology for timelines, rationales, strength of evidence, and timing considerations for specific cases/subpopulations.

Methods: A rapid scoping review was conducted, searching four databases and relevant guideline repositories for the most recent guidelines published as of April 2025. Data were extracted in accordance with the objectives and synthesized with content analysis.

Results: Thirteen HIV guidelines provided information on ART timing and were included. Terminology of the timing of ART initiation varied substantially. In their recommendations, the most common general timing terms used were “as soon as possible/feasible” (10 guidelines, 77%) and “immediate(ly)” (9, 69%). Other terms (e.g., “rapid(ly)”, “early”) were used by 2 (15%) to 4 (31%) guidelines each. These terms were often used without operational (e.g., numeric) definitions. Recommended specific timelines ranged from the day of diagnosis to 8 weeks post-diagnosis. Guidelines most often advised initiation “within 2 weeks” (8 guidelines, 62%) and the day of diagnosis (5 guidelines, 38%). Longer timelines were reserved particularly for special cases or subpopulations. Nine guidelines (69%) provided formal strength-of-evidence grading of at least one timing recommendation. However, grading systems varied. All guidelines cited reduced morbidity, mortality, and HIV transmission as rationales for their recommended ART initiation timing.

Conclusion: Despite consensus on timely ART and its rationale, HIV guidelines diverge in how they label, define, and grade recommended ART initiation timing.

Abstract 18: Evaluating the Association between Food Insecurity and Overweight and Obesity mediated by Ultra-processed Food Consumption in Mexican School-aged Children

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Background: Mexico continues to face a crisis of hunger and obesity. The latest national data from 2023 reported nearly 45% of Mexican households lived with some level of food insecurity (FI). Simultaneously, the country holds one of the highest rates of overweight and obesity (OW/OB) worldwide, with alarming trends among youth. A link between FI and OW/OB is well established in adults. However, evidence for this dual burden remains inconclusive in children. FI and OW/OB impair physical and cognitive development, increasing long-term health risks. Understanding the drivers and relationship of hunger and obesity is essential to strengthening interventions for children’s health. This study evaluates the association between FI and OW/OB in Mexican school-aged children (five to eleven years), and to address whether ultra-processed food (UPF) consumption mediates this association. **Methods:** Data on FI, body mass index (BMI) Z-score, and semi-quantitative food frequency questionnaire (FFQ) from the Continuous National Health and Nutrition Survey 2020-2023 (n= 28,500 households) were analysed. UPF consumption was calculated using data from the FFQ and re-classified to the NOVA System. An analysis of variance (ANOVA) model was used to evaluate the direct relationship between FI and OW/OB in Mexican school-aged children. Logistic regression was used to assess if FI increases the likelihood of OW/OB. A regression-based mediation model will test whether the effect of FI and OW/OB is mediated by UPF consumption, following the bootstrapped indirect effect method by Hayes & Preacher, and adjusting for confounders. **Conclusion:** Findings from this study could contribute to reshaping current national policy reforms to improve the health and nutrition of Mexican children.

Abstract 19: Understanding Challenges in Assessing and Addressing Social Needs from a Primary Care Provider’s Lens

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Introduction: As the first point of contact within the healthcare system, Primary Care Providers (PCPs) are well-positioned to assess and address Social Determinants of Health (SDOH). Recognizing the health effects of social risk factors like loneliness and food insecurity, social prescription (SP) can be used to link patients in need with non-medical services in the community. However, the uptake of SP in family medicine remains limited due to various barriers, including a lack of time and limited awareness of community supports.

Objectives: The objectives of this study were to: (1) Explore PCPs’ strategies for assessing and addressing patients’ social needs in family medicine, and (2) Identify the challenges they face. **Methods:** This QI (Quality Improvement) project used a qualitative descriptive design. Eight PCPs from St. Mary’s Hospital were recruited via snowball sampling. Semi-structured interviews were conducted virtually or in person, and were audio-recorded, transcribed, and thematically analyzed. Coding was performed independently by two students, with consensus reached through discussion with the study team. **Results:** To address patients’ social needs, PCPs described strategies such as (1) using clinical judgment to decide when to take social histories, (2) relying on clinical intuition during assessments, and (3) adopting a non-judgmental approach. The most frequent barrier in assessing and addressing social needs was a lack of time. Other challenges included poor communication with outside resources and limited resources. **Conclusion:** While PCPs recognize the importance of addressing social needs, implementation remains inconsistent due to systemic issues related to the funding, training and organization of primary care.

Abstract 20: Problems with informal fostering: causes and experiences of malata children in Botswana

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Background: Many children are involved in informal fostering practices worldwide. Often, they are obliged to work, usually without payment, do not attend school, and are at high risk of physical and sexual abuse. In Botswana, children living and working away from home are known as *malata*. **Methods:** Fuzzy Cognitive Mapping sessions engaged community leaders, service providers, and former *malata* in three rural communities to collate their perceptions of what causes or prevents children from becoming *malata*. The strongest influences on children becoming *malata* were absent parents, children not attending school, running away from home, ill treatment of children, and poverty. These findings informed a pilot household survey with three hundred and two adult respondents in the same communities. **Results:** One third of the men (41/122) and half of the women (90/180) reported having been *malata*. On average, they left home at the age of twelve. Most *malata* did not attend to school at all (106/131, 81%) and spent around

11 hours working every day. Former *malata* respondents experienced physical violence during childhood six times more (OR 6.27, 95%CI 5.75-6.84), and sexual violence nine times more (OR 9.31 95%CI 5.9-14.71) than respondents who were never *malata*. Former *malata* with partners experienced more partner violence during the last year than never *malata* (OR 1.59, 95%CI 1.01-2.49). **Conclusions:** Negative experiences as *malata* may have lifelong effects, contributing to long-term physical and social harm with implications for population health and development outcomes. These findings are being used to inform child protection strategies by the Ministry of Local Government in Botswana.

Abstract 21: Beyond Biomedicine: An Ethnographic Analysis of Barriers to Healthcare and Immunization in Rural Madagascar

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Introduction: Madagascar, a large island country with a rapidly growing population, is highly vulnerable to public and global health crises, as evidenced by extremely low vaccination rates for COVID-19 and a high prevalence of preventable diseases such as tuberculosis, measles, and even polio. These vulnerabilities are even more extreme in rural areas of the country. **Objectives:** This study aims to identify the main contributors to public health issues, such as low vaccination rates, through a case study of a community in rural Madagascar. **Methods:** An ethnographic approach using observational and survey-based data was used. Over a two-month period, the researcher worked and lived at a community centre in the rural village of Ambohiborosy, **Results:** Two key barriers to adequate public health were identified. The first was political manipulation, which was used to skew public opinion against vaccines. The second was transportation, a significant factor since the majority of the population in this region could not afford the time it took to travel to the nearest hospital or immunization clinic. **Conclusion:** This case study highlights how barriers can undermine achieving adequate public health in rural Madagascar, emphasizing how clinical approaches can omit socio-political influences to homogenize approaches to immunization and healthcare.

Abstract 22: Examining how socioeconomic disparities affect the timing of non-autism neurodevelopmental disorder (NDD) diagnosis: A systematic review

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Background: Timely identification of neurodevelopmental disorders (NDDs) is critical for early intervention. Socioeconomic status (SES) may influence not only the likelihood of receiving a diagnosis but also its timing, potentially widening developmental inequities. This study systematically reviewed the association between SES factors and the timing of non-autism NDD diagnoses in children.

Methods: Medline, EMBASE, CINAHL, and PsycInfo were searched from inception to December 2024.

Studies were eligible if they reported original data on diagnostic timing in relation to SES factors.

Results: Twenty studies from six countries were included, with Attention Deficit/Hyperactive Disorder (ADHD) being the most studied (n=9). Insurance status (n=7) consistently influenced diagnostic timing. In the U.S., uninsured children were diagnosed with ADHD later than insured peers. Public insurance was linked to later diagnoses for ASD, ID/DD, and epilepsy, but earlier for ADHD. Medicaid/self-pay coverage was associated with longer diagnostic delays in epilepsy, while military insurance facilitated earlier diagnosis of speech-language delays. Household language (n=5) showed mixed effects: in Australia, children of culturally and linguistically diverse (CALD) mothers were diagnosed with ASD/ID earlier; in the U.S., English-speaking households received earlier ADHD and speech-language delay diagnoses. Studies examining geographic location (n=5) showed that: Rural residence, neighborhood deprivation, and county racial composition were associated with later ADHD, epilepsy, and ASD + ID/DD diagnoses. Findings on parental education (n=6), income (n=5), and occupation (n=2) were mixed and varied by condition.

Conclusion: Disparities in the timing of NDD diagnosis across SES factors were identified, with many studies reporting delayed diagnoses for lower SES, such as public insurance non-English speaking households, and rural areas. However, findings were not consistent across all studies.

Abstract 23: Transforming Lives Through Global Maxillofacial Surgery: Clinical Outcomes and Capacity Building Impact in Madagascar

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Background: Madagascar faces critical surgical access gaps, with only 29% of the population having two-hour access to surgical facilities and 77.4-86.3% at risk of impoverishing expenditure when seeking surgical care. Maxillofacial conditions cause severe disability and social stigma, yet evidence on effective humanitarian surgical delivery models remains limited.

Methods: We conducted a prospective observational study of all maxillofacial procedures performed during Mercy Ships' 2-year mission in Madagascar (2015-2017). Primary outcomes included complication rates using Dindo-Clavien classification, patient-reported outcomes via WHODAS 2.0 at eight-month follow-up, and capacity building impact assessment. The integrated model combined high-volume service delivery with local healthcare worker training and equipment donation.

Results: Among 2,037 surgical procedures, complication rates were 10.7% with 2.0% anesthesia-related adverse events. Patient-reported outcomes (n=148) showed dramatic improvements: median WHODAS 2.0 scores decreased from 47.2% to 2.1% (p<0.001), with significant reductions in shame and increased community acceptance (both p≤0.001). Patient satisfaction reached 94%. Financial protection was achieved for 100% of patients compared with 28.1% in local settings. Capacity building trained 47 healthcare workers, with 12 surgeons achieving maxillofacial competency. Trained local surgeons subsequently performed 340 additional procedures over two years.

Conclusions: Integrated humanitarian surgical missions combining service delivery with capacity building achieve strong clinical outcomes while providing financial protection and strengthening health systems in low-resource settings.

Abstract 24: Effect of school-based nutrition intervention on nutritional status of primary school children in sub-Saharan Africa: A systematic review and meta-analysis

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Background: School-based nutrition interventions offer scalable and sustainable solutions to address the high burden of malnutrition among school-aged children (SAC) across sub-Saharan Africa (SSA). However, their impact on both hematologic and anthropometric outcomes remains under-reported. This review summarizes the effects of school-based nutrition interventions on the nutritional and anthropometric status of primary school children aged six to twelve years in SSA.

Methods: Nine databases were searched for studies published after January 1, 2000, reporting the effects of school-based nutrition intervention on nutritional status, anthropometry, or dietary behaviours among SAC in SSA. This review is registered on PROSPERO (CRD42022334829). Two authors independently conducted screening, extraction, and quality assessment. Findings on micronutrient intervention (fortification or dietary supplementation) and their effects on anemia risk and mean haemoglobin concentration are presented.

Results: Forty studies met inclusion criteria. Micronutrient interventions significantly increased hemoglobin concentration among SAC compared to controls [Standardized Mean Difference = 0.52, (95% CI: 0.11-0.93)] and reduced risk of anemia by 34% (RR: 0.66, 95% CI: [0.51-0.86]). Neither intervention duration nor baseline haemoglobin levels significantly moderated the effect of micronutrient supplementation on haemoglobin concentration and anemia prevalence at endline.

Conclusions: School-based micronutrient intervention reduces anemia risk and improve haemoglobin concentration, supporting their expanding implementation across schools in SSA. However, the limited number of studies evaluating the effectiveness of nutrition interventions highlights the need for further research to inform evidence-based policy and program development.

Abstract 25: Refining HIV PrEP Eligibility Among 2S/GBTQ+ Populations in Canada Using TRACKS National Survey Data

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Background: The Public Health Agency of Canada’s (PHAC) Tracks Enhanced Surveillance System (TRACKS) monitors HIV, hepatitis C, and other sexually transmitted and blood-borne infections (STBBIs) among key populations. In 2024, TRACKS completed data collection for the 2S/GBTQ+ Phase 3 survey, conducted in collaboration with “Sex Now,” an in-person survey across Canada conducted by the Community Based Research Centre (CBRC). This project aims to refine the denominator for individuals eligible for HIV pre-exposure prophylaxis (PrEP) treatment within 2S/GBTQ+ populations.

Methods: PrEP Eligibility criteria were compiled from PHAC’s 2024 listed guidance, Canada’s 2017 Guidelines, Canada’s Source for HIV and Hepatitis C Information (CATIE) 2025 recommendations, and the 2016 Vancouver-based study. These criteria were coded and validated in R, then applied to the TRACKS 2S/GBTQ+ Phase 3 survey dataset.

Results: Out of 4,880 survey participants, 4,515 were HIV-negative. Among these individuals, 3,064 met the refined PrEP eligibility criteria.

Conclusions: By integrating inclusive recommendations from PHAC, CATIE, and other sources, this project established a robust set of criteria to accurately capture PrEP-eligible individuals in the Phase 3 TRACKS 2S/GBTQ+ survey. This refined denominator will support future knowledge products exploring PrEP knowledge, interest, and uptake.

Abstract 26: Rethinking Primary Healthcare: Workforce Expansion, Community Barriers and Maternal Health Outcomes in Rural Ghana

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Background: Enhancing primary healthcare in rural low- and middle-income countries is crucial for maternal and child health equity and outcomes. Ghana’s Community-based Health Planning and Services demonstrates how service delivery, workforce capacity and environmental health impact health outcomes. This study examined maternal and child health services delivery trends, disease burden patterns, and workforce-service relationships in Asante-Akim North District, Ghana.

Methods: District Health Information Management System data (2019-2024) from 18 health –facilities were analysed using longitudinal time-series analysis and linear regression models. Key indicators included antenatal care (ANC) coverage (≥ 4 visits), skilled delivery rates, postnatal care within 48 hours after delivery and child-vaccination coverage. Additional statistical methods included seasonal-pattern assessment, threshold analysis, and trend analysis. Qualitative insights were gathered through facility observations, key informant interviews (n=48) and focus-group discussions (n=20) to understand barriers to maternal health service utilization.

Results: Despite midwives increasing from 51 to 234 (359% increase), skilled delivery coverage declined significantly from 86.7% \pm 5.8% to 67.0% \pm 4.9%. ANC coverage averaged 79.2% \pm 5.1% (70.3% - 93.6%) with high variability. Postnatal care remained consistently above 95%.

Under-five mortality declined from 33.9 to 17.6 per 1000. Diarrheal diseases averaged 823 ± 286 cases quarterly and respiratory infections 2,464 ± 924 cases, together accounting for 65% of outpatient visits. Community insights revealed preferences for traditional birth attendants, trust deficits and transportation barriers affect service uptake. **Conclusions:** Workforce expansion alone is insufficient to improve maternal health-service uptake. Addressing sociocultural factors, community trust and service accessibility is critical for strengthening primary healthcare.

Abstract 27: Understanding Knowledge Mobilization and Needs of the Childhood Cancer Community in India: An Environmental Scan

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Background: Knowledge mobilization in the context of childhood cancer is critical to advancing care and addressing disparities in low- and middle-income countries. An environmental scan was conducted to identify and map the knowledge mobilization efforts taking place for childhood cancer in India, by civil society organizations (CSOs).

Objectives: Our objectives were to (1) compile and screen CSOs serving the childhood cancer community in India; (2) describe and analyse their knowledge dissemination methods and media ; (3) identify gaps in knowledge mobilization efforts and suggest areas for improvement; and (4) describe a methodology for an environmental scan using internet-based sources and engagement with the Indian Childhood Cancer Initiative (ICCI).

Methods: Organizations were identified via the ICCI Access Support Database and screened for eligibility with the support of the NPO DARPAN Portal of India. Data extraction uses a standardized instrument assessing audiences, locations, languages, and dissemination strategies, complemented by expert consultations Person With Lived Experience (PWLE) interviews.

Conclusion: This work is part of a broader knowledge mobilization project that will identify the needs of, and

inform targeted strategies for, unique stakeholders.

Abstract 28: Perspectives on an Immersive Clinical Placement in Urban Benin

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Background: Global health placements can allow medical students to deepen their medical and intercultural competencies. This internship aimed to provide an immersive global health experience through the Standing Committee on Immersions - International Federation of Medical Students' Associations program (SCOI-IFMSA), combining clinical training with meaningful cultural exchange through host family placements in Porto-Novo, Benin.

Approach: The internship consisted of an observational clinical placement at the Centre Départemental de l'Ouéme Plateau (CHD), the largest hospital in Porto-Novo, through approved partnerships with SCOI-IFMSA & Syto Benin. Preclinical medical students were supervised by hospital staff and rotated through multiple specialties. Students shadowed physicians in various departments without participating in direct patient care, ensuring a strictly observational and educational experience.

Outcomes: The clinical placement contributed to personal growth and professional development. At the CHD, exposure to diverse departments and professionals in resource-limited settings deepened clinical curiosity and nurtured emerging interests, fostering cultural sensitivity and competence, and appreciation of Benin's heritage. Language remained the primary barrier; although French is the official working language, daily interactions often took place in Goun or Fon, the predominant local dialects.

Conclusion: Global health clinical placements are valuable opportunities as they foster cultural competence and sensitivity essential to serving diverse patient populations. However, these placements must be conducted under structured supervision to ensure continuity of care, minimize disruptions, and uphold respect for the host clinical environment.

Abstract 29: Are We Reaching Global Tuberculosis Targets? A Retrospective Study of Diagnostic Tests and Outcomes in Aracaju, Brazil

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Background: Tuberculosis (TB) remains a major public health challenge in Brazil. Though Brazil is considered a moderate-incidence country, TB incidence has been increasing over the past decade. Assessing adherence to best practices related to diagnosis and treatment can help identify gaps in care and support targeted activities for improvement. **Methods:** This is a retrospective analysis of people treated for tuberculosis in Aracaju, Sergipe, between December 2021 and May 2025. The study included patients managed at local community health centres for uncomplicated pulmonary TB as well as those referred to the reference centre for more complex pulmonary or extrapulmonary cases. We describe patterns of tests performed to support diagnosis and identification of co-infections, public health activities, and treatment outcomes. **Results:** We included 97 people. Overall, 51 (53%) participants received rapid molecular testing (Xpert) to support diagnosis and imaging studies (chest x-ray and/or computed tomography) were conducted in 80 (82%) people. HIV testing was performed in 51 (53%) participants. Treatment predominantly followed the standard regimen in 95 (98%) patients, though 2 (2%) received other treatment regimens. By August 2025, 86 participants had a known outcome, and 70 (81%) patients completed treatment successfully. **Conclusion:** The use of rapid molecular tests and HIV screening among individuals with TB was below World Health Organization (WHO) targets of 100% coverage. Treatment outcomes were also fell short of the WHO goals of 90% success. These findings can be used to encourage improvements to reach WHO goals and improve access to quality diagnostics.

Abstract 30: Equity in One Health: Disaggregated Baseline Analysis from the GROH Project in Kenya and Ethiopia

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Background: Zoonotic diseases account for most emerging infections globally and disproportionately affect rural, agriculture-dependent regions. In Kenya and Ethiopia, endemic zoonotic diseases pose major health and economic burdens, intensified by limited services and gender-related inequities. The Gender-Responsive One Health (GROH) Project, implemented by Alinea International, seeks to improve outcomes by addressing human, animal, and environmental health together, while tailoring interventions to the needs of women, men, and marginalized groups. **Methods:** Three cross-sectional surveys were conducted in Meru County, Kenya, and the Somali Region, Ethiopia. Data were collected at baseline on health service access

and barriers, health empowerment and decision-making, and knowledge, attitudes, and protective practices. Data were cleaned in Excel, analysed in R (4.4.1), and disaggregated by sex, geography, and disadvantaged status, among other subgroups. Analyses included subgroup scores, bar plots, and summary tables. **Results:** In Kenya, cost was the most common barrier, with men reporting more barriers than women. Tigania East scored lowest across indicators, while female-headed households performed better than expected. In Ethiopia, barriers were mainly financial and logistical, with the Ilan17 community showing greater service gaps. Men reported more barriers, while women had lower awareness but fewer perceptions of exclusion. Ethiopia underperformed across nearly all measures, with no respondents meeting recommended OH protective practice thresholds, compared to 83% in Kenya. **Conclusions:** Findings highlight the need for gender-responsive, context-specific One Health strategies. Kenya can build on existing practices, while Ethiopia requires foundational investment in access and disease awareness. Baseline disaggregated results provide a roadmap for targeted GROH programming.

Abstract 31: From Shadows to Sunshine: Development of a child-centric health resource with the global Osteogenesis Imperfecta community

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Introduction: Osteogenesis Imperfecta (OI) is a rare genetic disorder that causes bone fragility, pain, and quality of life concerns. Child-centric resources for OI are limited. In collaboration with the global OI community, an educational puppet theatre script detailing children’s experiences of negative healthcare experiences and visions for ideal care. **Methods:** This international, practice-based study used data from: (i) online semi-structured interviews with eighteen OI-affected children and/or siblings across North America and Europe; (ii) three online focus groups with twelve international collaborators; and (iii) in-person work with clinicians across three UK paediatric hospitals. Thematic and content analysis were used to understand children’s OI care and iteratively develop the script with collaborators. **Results:** Children with OI and/or siblings felt fearful, angry, and hurt when clinicians used complex medical jargon, when they were excluded from health-related decisions and

discussions, and when they felt discredited and dismissed. Stakeholders emphasized that good OI care requires family-centred collaborations, strengths-based language, and prioritization of children's holistic health. Twenty nine modifications were made to the original script, and the final story was titled, *From Shadows to Sunshine: A Hospital Tale*. A live performance was produced with the world-leading London Academy of Music & Dramatic Art (LAMDA). **Conclusions:** This study represents the importance of understanding children's experiences with OI, producing educational OI resources for children, and challenging dominant notions of disability via international, transdisciplinary collaborations.

Abstract 32: Wastewater Surveillance: A Novel Approach to Infectious Disease Monitoring in Nunavik, Quebec

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Background: Wastewater-based epidemiology (WBE) is a promising surveillance tool within Nunavik, a remote region in Northern Quebec. Instead of a centralized sewage system, wastewater in Nunavik is stored in septic tanks and collected by sewage trucks that release the waste into a municipal sewage lagoon. Traditional health surveillance often relies on clinical data, which is often challenging to obtain in such remote areas, where health services are often limited. WBE is a complementary tool that can aid clinical surveillance by allowing for earlier detection of infectious disease through the analysis of pooled wastewater samples from communities. This data can be used to inform public health interventions sooner than clinical data and reduce the overall burden of infectious disease. **Methods:** In this mixed-methods study, a three-day sampling campaign was carried out in Kuujuaq, the largest community within Nunavik, to collect wastewater samples. Qualitative interviews were conducted to assist with the creation of relevant public health interventions. **Results:** 12 pathogens were prioritized and linked to a specific public health intervention. These interventions included informing clinicians of positive disease signals from the wastewater, providing health information to the community and increasing screening or testing campaigns. Clinical data identified one pathogen throughout the community. The wastewater data indicated that there were traces of four pathogens in the samples. **Conclusions:** This ongoing project demonstrates encouraging practices that may be further expanded throughout all 14 communities in Nunavik. While traditional surveillance requires added time and resources, WBE is cost-effective, informative, and simple to perform.

Abstract 33: Qualitative Investigation of the Nutritional Health Beliefs and Practices of Adolescents in Rural Kenya: Results from Elgeyo-Marakwet County, June 2025

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Background: Adolescents in Elgeyo-Marakwet County, Kenya face persistent nutritional challenges, with 65.5% failing to achieve minimum dietary diversity. Previous research has identified contributing factors including economic scarcity, limited nutritional knowledge, and gender norms that disproportionately disadvantage girls and women. **Methods:** This qualitative study explored adolescent beliefs, practices, and barriers to achieving nutritional health. Six semi-structured focus group discussions (n = 61; ages 15 – 19 years; three female-only and three male-only) were conducted across three secondary schools in Elgeyo-Marakwet County. Transcripts were manually reviewed and coded thematically. Codes were grouped into broader categories to identify recurring patterns in beliefs, practices, challenges, and perceived needs. **Results:** The results emerging from all groups included: (1) financial barriers to accessing both diverse and sufficient diets; (2) limited understanding of food groups and their nutrient contributions; (3) substantial awareness of iron deficiency, though not always reflected in dietary practices; and (4) a belief that female and male adolescents require and should consume different diets. **Conclusions:** These findings highlight opportunities to strengthen adolescent nutrition through implementation/ strengthening of school feeding programs across the county, gender-sensitive initiatives (e.g., community-based educational initiatives on dietary best practices for people across genders/sexes), and community-based agricultural efforts such as school- and home-based kitchen gardens. These approaches may address economic, knowledge-based, and gender-related barriers to nutritional health.

Abstract 34: Global, Regional, and National estimates of HIV stigma and discrimination

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Background: HIV stigma remains a major barrier to HIV prevention and treatment, contributing to social exclusion, delayed diagnoses, and poor treatment outcomes. UNAIDS’ 10-10-10 targets call for reducing HIV stigma, gender inequality, and punitive legal environments to below 10% worldwide; however, achieving them requires population-based evidence on stigma toward people living with HIV (PLHIV). Yet nationally representative data have been underutilized to this end. **Methods:** We pooled Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) that contained HIV stigma data to estimate the global prevalence of discriminatory attitudes toward PLHIV. Data visualizations illustrate geographic and temporal variation over the past three decades. Overall, 575 surveys among 7,870,972 participants in 124 countries were included in the meta-analysis. Survey coverage varied by region, with more data available from Sub-Saharan Africa, Europe and Central Asia; and Latin America and the Caribbean. Consequently, estimates for these regions are based on richer data, though all surveys were weighted in the global analysis. **Results:** Preliminary results suggest that the overall prevalence of discriminatory attitudes toward PLHIV has been decreasing, with the most recent estimate at approximately 56%. These results provide a foundation for future research exploring how stigma contributes to inequities in HIV prevention, diagnosis, and care. **Conclusions:** By drawing on comparable, population-based data, this work enhances our understanding of the global burden of HIV stigma and informs evidence-based strategies to reduce stigma as a structural barrier to HIV prevention and care.

Abstract 35: What Does Effective Culturally Competent and Safe Perinatal Care for Vulnerable Minorities Look Like? An Ethnographic Study at La Maison Bleue

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Background: This study examined what effective, culturally competent, and safe perinatal care for vulnerable minorities looks like. Conducted at La Maison Bleue in Montréal under the supervision of Dr. Kathleen Rice, the project explored a model of “social perinatality,” which integrates midwifery, medical, social, and psychosocial support for families who often face barriers to care. **Methods:** An ethnographic was used. Researchers

participated in day-to-day activities at the Côte des Neiges and Parc-Extension Sites, conducted observational research, and contributed to workshop development of workshop scenarios for staff and clients. Client and provider interviews were analyzed thematically. **Results:** Key themes included cultural competency, trauma, language barriers, and client vulnerability. Clients highlighted the value of trust, attentive listening, and continuity of care. Providers highlighted both challenges and opportunities in delivering culturally safe care. **Conclusions:** This project demonstrates how community-based models can address inequities in maternal and child health. The model implemented by La Maison Bleue highlights the importance of culturally competent care in improving access, safety, and equity, with relevance in both Canadian and global health contexts.

Abstract 36: Qualitative Investigation of the Sexual-Reproductive Health Beliefs and Practices of Adolescents in Rural Kenya: Results from Elgeyo-Marakwet County, June 2025

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Background: Adolescents in Elgeyo-Marakwet County, Kenya, face significant challenges in achieving sexual and reproductive health (SRH), including period poverty, defined as the inability to access menstrual products, sanitation, and hygiene facilities, and/or education and awareness to manage menstrual health. High rates of teen pregnancy and sexual violence are also concerns. Limited access to accurate information and youth-friendly services, combined with misconceptions about contraception and infertility, exacerbate these issues. **Methods:** This qualitative study explored adolescent beliefs, practices, and barriers to SRH. Six semi-structured focus group discussions (n = 61; ages fifteen to nineteen years y; three female-only and three male-only) were conducted across three secondary schools in Elgeyo-Marakwet County. Transcripts were manually reviewed and coded thematically. Codes were grouped into broader categories to identify recurring patterns in beliefs, practices, challenges, and perceived needs.

Results: Findings were consistent across groups, including: (1) substantial knowledge of pregnancy and sexually transmitted infection prevention but misconceptions surrounding contraception (e.g., contraceptive pills cause cervical cancer); (2) limited understanding and misconstructions of consent and sexual violence/coercion; (3) common myths surrounding menstruation; (4) inaccessibility to menstrual products; and (5) patriarchal norms about sexuality and reproduction.

Conclusions: These findings highlight the need for integrated interventions, including strengthened school-based sexuality education, in-school provision of menstrual products, and creation of safe spaces for dialogue on consent. Engaging community members and leaders in addressing cultural myths and patriarchal norms, may support improvements in adolescent SRH and gender equity.

Abstract 37: Rethinking Canada's Emergency Preparedness: A Case Study Analysis of International Civil Protection Models

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Background: Natural disasters and infectious disease threats have increased over the past half-century in our increasingly interconnected world. The Canadian response involves non-governmental organizations (NGOs), provincial healthcare systems, volunteer networks and federal resources such as the Canadian Armed Forces (CAF). Recent geopolitical pressures to increase NATO spending provide an opportunity to rethink Canada's emergency preparedness framework

Methods: This study examines international civil protection models to identify potential future frameworks for Canada's emergency preparedness system. A comparative case study analysis was conducted using countries with similar demographics and distributions of legislative power to Canada. Key characteristics examined included the organizational size, structure, training program and member profiles. Potential future frameworks for Canada's emergency preparedness were explored by applying these characteristics to a Canadian setting.

Results: The following frameworks were identified: (1) augmenting the capacity of provincial civil protection groups; (2) further supporting NGOs to build emergency capacity; or (3) increasing reliance on the CAF.

Conclusion: Further research, including formal interviews

with key stakeholders, would allow for a more thorough assessment of these potential future frameworks.

