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Examining youth's experiences of food insecurity in Canada in 2020 - *Alexandra Pepetone*

Introduction/background:

Food insecurity has negative consequences for youth health and nutrition. Youth experience food insecurity differently than adults, yet food insecurity is typically reported by adults. Reliance on adult reporting can lead to inaccuracies in our understanding (e.g., underestimation) of youth food insecurity. We examined the prevalence and correlates of youth-reported food insecurity experiences in Canada in 2020.

Methods:

Cross-sectional data were collected from 3,890 youth aged 10-17 years using an online survey administered in November-December 2020. The ten-item Child Food Insecurity Experiences Scale assessed food insecurity experiences during the past 12 months. Descriptive analyses examined the prevalence of youth having no (zero), few (one-six), several (seven-ten), and many (eleven-twenty) food insecurity experiences. Weighted multinomial logistic regression assessed associations between food insecurity experiences and each of racial identity and perceived income adequacy, adjusting for age and sex.

Results and analysis:

Twenty-seven percent of youth reported few, 4% reported several, and 4% reported many food insecurity experiences. Youth identifying as Black (adjusted odds ratio (AOR): 5.10, 95% CI: 2.53, 10.28), Indigenous (AOR: 2.96, 95% CI: 1.16, 7.59), and South Asian (AOR: 2.37, 95% CI: (1.20, 4.69) had higher odds of reporting many compared to zero food insecurity experiences versus youth identifying as White. Youth reporting their family had 'barely/not enough money for items they need' had higher odds (AOR: 37.26, 95% CI: 25.00, 55.55) of many compared to zero food insecurity experiences versus those reporting their family had 'enough/more than enough money'. Similar associations were observed for few and several food insecurity experiences.

Conclusions and implications for policy, practice or additional research:

The finding that, based on youth-reported data, one in three youth experienced food insecurity in 2020 is concerning given the deleterious consequences. Youth affected by structural disadvantage (e.g., inequitable resource distribution) were more likely to experience food insecurity. Direct monitoring and solutions tailored to youth experiences are needed to address youth food insecurity.

Monitoring Childhood Disability Rights to Inform Health and Social Policy - *Ananya Chandra***Introduction/background:**

Children with disabilities in Canada continue to face barriers to health and wellbeing including mental health, cardiovascular conditions, and pandemic recovery. Disability plays a big role in mediating social determinants of health such as education, income, and social inclusion. One way to address these conditions is to promote human rights of children with disabilities through a rights-based approach to policy and program design. Public health research has not yet examined how human rights have been adopted into Canadian policy to promote the health of children with disabilities.

Methods:

This project examines legislation (acts, statutes, and regulations) at the provincial, territorial, and federal level collected from the Canadian Legal Information Institute. Data will be collected from the year 2000 to the present. This project uses the UN Convention on the Rights of Persons with Disabilities (CRPD) and the UN Convention on the Rights of the Child (CRC) as analytical frameworks. Previously, a categorization dictionary has been developed based on 13 articles of the conventions that were deemed most relevant to children with disabilities (education, participation, family life, etc.). This dictionary applies text mining methods to the dataset to determine whether each of the articles are reflected in Canadian policy and to examine variations across geography and time.

Results and analysis:

Results will reveal how rights-based language is used in Canadian legislation, which provinces are prioritizing particular rights (e.g. health, education, community living), how the federal government prioritizes rights of children with disabilities in public health and social policies and campaigns, and how the use of rights-based language has changed over time.

Conclusions and implications for policy, practice or additional research:

We hope to identify existing strengths and gaps in the implementation of specific rights, on the adoption of legal protections, and considerations for intersectionality for children with disabilities. This mapping can shed light on areas in need of consideration of the rights of children with disabilities in public health policies, and further research on program development and implementation to promote equitable health to all populations.

Lost in Translation: Lessons learned creating resources for newcomer families - *Katherine Hutka***Introduction/program need and objectives:**

Child Safety Link (CSL) is a Maritime-wide child and youth injury prevention program in Halifax, NS. Unintentional injuries are a leading public health issue. In Canada, unintentional injury is the leading cause of death, killing more children and youth than all diseases. Injury prevention is critical for refugees and newcomers as they face unfamiliar hazards in their new environment. Factors such as language barriers, cultural differences, and lack of knowledge about safety practices can put them at greater risk for unintentional injuries.

Learning Objectives:

1. Understand the factors to consider when developing accessible educational resources for newcomer families that are plain language, culturally safe, and trauma informed.
2. Understand the process used and lessons learned in the development of accessible print and video resources.

Program methods, activities and evaluation:

To create appropriate resources, CSL developed a process including: identifying partners with expertise with newcomer families; prioritizing languages; determining best format, images, and interpretation needs; and implementing a communication strategy. Through formative evaluation (field testing), CSL ensured the resources were appropriate, and acceptable before being finalized. An informal process evaluation was completed, and issues with process were addressed.

Program results or outcomes:

CSL created a series of eight print/video resources in English/French and six newcomer languages and print resources in two additional languages. Resources have been distributed via CSL's YouTube channel and Community of Practice, promoted through a webinar, mail outs to family resource centres, Child Passenger Safety Week promotions, and nationally through Safe Kids Week promotions.

Recommendations and implications for practice or additional research:

Several practical recommendations for practice include: Setting realistic timelines/expectations; Providing context in advance of the interpretation for accuracy and comprehension; and Clarifying the language purpose (e.g. written vs. audio). Additional research recommendations include understanding: the learning needs of different populations; how to best reach newcomer families; perceptions of safety with newcomer audiences; and injury prevention areas of concern specific to newcomer populations.

Exploring the volume and type of unhealthy advertising in close proximity to schools: An audit of bus stop advertising in one mid-size Canadian city**Introduction/problem definition that demonstrates the need for a policy change:**

Unhealthy advertising influences the attitudes and behavior of children. Child exposure to products such as alcohol and fast food have been causally linked to adverse health problems, like heavy drinking and obesity. Advertisements on bus shelters are a potential site for unhealthy advertising for children as they are encouraged to take municipal transit to and from school but little is known about this type of advertising. This study explores the volume and type of unhealthy advertising at bus shelters within close proximity to schools in Halifax, Scotia.

Research methods:

In Halifax, Nova Scotia, Canada, 55 bus shelters with advertising were within a 500 m distance of an elementary, junior or high school. Three audits occurred in October 2020 (Fall), January 2021 (Winter) and April 2021 (Spring). Advertisements were coded as unhealthy if containing alcohol, cannabis, gambling or vaping promotions. Food promotions were classified as maximum (healthy), moderate or minimum (unhealthy) nutrition.

Results and analysis:

In total, 319 bus shelter advertisements were collected across three audits. 14.4% of advertisements were unhealthy ($n = 46$) and less than 1% ($n = 3$) were classified as healthy. For the unhealthy advertising, 37.0% ($n = 17$) of advertisements promoted gambling, 32.6% ($n = 15$) advertised food, 21.7% ($n = 10$) advertised non-alcohol beverages and 8.7% ($n = 4$) advertised alcohol. The majority of advertisements ($n = 270$; 84.6%) were classified as other. There were no advertisements for vaping or cannabis products.

Recommendations and implications for policy, practice or additional research:

Children are potentially exposed to unhealthy advertising as they travel to and from school. Products with Federal Acts had no recorded advertisements compared to products with less federal governance (e.g., alcohol). Further research is needed to understand how and when children are exposed to these

types of advertising. Municipalities can consider implementing further bylaws and administrative orders that create supportive environments for children and youth.

Developing a Monitoring System for School Healthy Eating Programs in Nova Scotia

Introduction/program need and objectives:

Nova Scotia Health (NSH), Public Health (PH) is responsible for administering annual provincial school healthy eating program (SHEP) funding that supports healthy food programs in schools, with a priority focus on breakfast. In 2021-22, NSH, PH worked with partners to develop, implement and trial a data collection and monitoring system that would meet funding accountability and reporting requirements and support continued quality improvement efforts. Steps were taken to support effective change management and a shift in practice away from previous methods of data collection.

Program methods, activities and evaluation:

Research Electronic Data Capture (REDCap) was trialed as a primary data collection and management system. An online survey was developed using REDCap to be distributed to all public schools in Nova Scotia (NS). Individual meetings were held with representatives from each of the seven regional centres for education and the provincial french school board to provide details on the survey content, as well as the proposed distribution and data collection process. Education partners were provided with instructions and communication materials. Steps were taken to improve data integrity through the development of tools to guide consistent data collection methods in schools.

Program results or outcomes:

A survey response rate of 89% was achieved in the first year of implementation. Strong local and provincial public health partnerships with education, education leadership support and endorsement of processes, and ongoing active follow-up were critical success factors. REDCap was determined to be an effective tool to support ongoing provincial data collection and analysis for SHEP funding.

Recommendations and implications for practice or additional research:

Learnings from the 2021-22 SHEP data collection cycle provided the basis for an ongoing monitoring system for school food program funding in NS schools.