

# IHPME CONNECT 02.2018

## NEW BEGINNINGS: U OF T RESEARCHER EXPLORES HOW OLYMPIC ATHLETES EXPERIENCE RETIREMENT



**A** qualitative study of 24 retired Olympic athletes from 12 different countries, found that experiences of failure and loss may actually help them adapt to a new retirement lifestyle and declining body.

The study also sheds light on the concept of a retirement identity, something that researcher Michelle Pannor Silver, an Assistant Professor at the Institute of Health Policy, Management and Evaluation, is exploring further as a large number of the population reaches retirement age.

“We are seeing a huge gap between life expectancy and traditional retirement age,” says Silver who is also an Assistant Professor in Sociology and the [Interdisciplinary Centre for Health and Society](#) at the University of Toronto Scarborough.

“Among Olympic athletes, the retirement age in sport can be as young as the late teens or early twenties.”

Athletes retire young for multiple reasons, some because of injury, some because they want to exit the sport at the top of their game, and some because they are pushed to do so by coaches and team doctors who see them on a downward

trajectory in terms of fitness and winning potential. Yet once retired, they need to find ways to reengage with society following their transition out of sport.

After meeting many former athletes at the Pan-Am Games held at the University of Toronto Scarborough Campus in 2015, Silver started a project with athletes that identified as retired to learn more about their retirement experiences. “I took a narrative approach, which is to say, I would ask them to tell me about their life story, starting from when they first started out in their sport, up through to the peak of their career, and then ask them to focus on their transition to retirement and what came afterward,” said Silver.

Many of the former athletes she interviewed talked about their struggle to return to the “normal” world, especially those that started in their chosen sport as young as four years old. The physical, social and emotional sacrifices they made, coupled with the overarching desire to be the best in the world, often creates a disruptive frame of mind for those whose high performance lifestyle has suddenly been taken away.

“It was very surprising to hear how these individuals would describe themselves as failures and foreigners in their own bodies when they retired,” said Silver.

One gymnast was quoted as saying “all of a sudden my name is still the same, but I am not a gymnast anymore.” Being physically strong, and experiencing the routine of training were closely tied to how she had viewed herself for the majority of her life. “Many of the athletes I interviewed developed chronic pain and struggled with the need to adapt to their changed physique,” said Silver.

For those who experienced an adrenaline rush from the success of placing first in competition, they needed new outlets.

*More on the next page...*

One former judo player who pursued a career as an advertising executive explained that although he was experiencing success, he did not feel one tenth of the adrenaline rush that he used to feel when competing in sport.

“The notion of loss, in terms of lost physical ability and of not having a central focus on winning all the time, was a very new concept for many of them to learn,” said Silver.

Retirement is by and large a social construct, not an innate stage in human development. Silver points out that society’s perception of retirement as an endpoint can create negative mental and physical health impacts on the retiree.



Michelle Pannor Silver

“As we age, everyone will need to learn to adapt to physical decline, much in the same way that athletes must learn to recalibrate their lives when they are no longer in competitive sport,” said Silver.

Understanding that loss and failure is only a liminal point in a journey, is helpful for athletes moving into a different stage of life. It is also a valuable lesson for an aging society facing decline.

“We need to learn to think of retirement as a liminal stage and move away from thinking of it as an exit point from productive living,” said Silver.

Key concepts from this study are further explored in Silver’s new book, which was edited with the help of IHPME Ph.D. student Lydia Sequeira, entitled “Retirement and Its Discontents: Why we won’t stop working, even if we can” forthcoming in 2018 with Columbia University Press.

# CHANGING THE STATUS QUO:

**New Research from PhD Student, Looks at Preventative Measures for Postpartum Hemorrhage**



Dr. Rohan D’ Souza, a Clinical Epidemiology PhD candidate at the Institute of Health Policy, Management and Evaluation is one of twenty-six recipients of the [CIHR New Investigator Grant in Maternal, Reproductive, Child and Youth Health](#). Dr. D’Souza’s funded study will be focused on the prevention of postpartum haemorrhage, a medical concern defined as excessive blood loss following labour. The condition is often thought to be of more concern in developing countries however, 1 in 16 women in Canada will experience excessive blood loss following labour, in spite of having a hospital birth or other actionable measures taken, such as being treated with medication. While most women in Canada will survive, they are often at risk for serious health consequences that could last for up to 18 months following childbirth making the prevention of postpartum haemorrhage a priority in maternal medicine.

“The most common reason for postpartum haemorrhage occurs when the uterus does not contract or resume proper tone,” said Dr. D’Souza, who is also a maternal-fetal medicine physician at Mount Sinai Hospital. “However, in recent years we have come to understand that there are multiple factors that can affect a woman’s blood clotting system during childbirth, and we need to address these.”

One of the preventative methods that Dr. D’Souza is looking at specifically is the use of the drug tranexamic acid (TxA), a cheap and effective medication that works to reduce blood loss by preventing the breakdown of blood clots (anti-fibrinolysis). Discovered in the 1950’s by Utako Okamoto a Japanese physician, it has since been used successfully in countless surgical procedures as well as in trauma patients. “Utako Okamoto was a leading female physician who faced many hurdles after her city was destroyed during World War II. When conducting trials for TxA, she even used her own blood to test the drug’s effectiveness,” said Dr. D’Souza. However, obstetricians have been wary of using the drug on women during labour due to a theoretical risk of blood clots.

“Childbirth and labour are thought of as natural processes and many think of medicating it as taboo,” said Dr. D’Souza. It is easy to understand giving tranexamic acid as a treatment when it is needed, but Dr. D’Souza and his team are looking at another possibility. “Why wait until a woman bleeds and is in danger, why not give the drug beforehand as a preventative measure? That is what we are doing differently in this study.”

## SAVE THE DATE

IHPME Research Day

### CONNECTING TO THE FUTURE

Leveraging Big Data and Artificial Intelligence to Transform Healthcare

Save the date:  
**May 2, 2018**

Call for Abstracts Feb 12th - Apr 9th



In the midst of his 7th degree, Dr. D'Souza originally from India, spent much of his time as a medical student conducting outreach for cervical cancer screenings, encouraging women to take an active role in their healthcare. And although he considers himself a clinician, he slowly began to see the importance of research for his line of work, completing first an MSc, and now finishing his PhD at



Dr. Rohan D'Souza

the University of Toronto. "If you are able to conduct good research and you have publications that will change policies and guidelines, you are suddenly able to impact indirectly other people around the world and make a difference," said Dr. D'Souza.

The crux of his research funded with the CIHR New Investigator grant will look at addressing some of the critical knowledge gaps behind the use of tranexamic acid as a preventative method for postpartum haemorrhage.

"If we are to give the drug to a healthy woman in labour we need to make absolutely certain there are no untoward effects, but it also important to ensure that we are using all of the evidence and avenues possible to prevent bleeding and reduce unnecessary death."

The study will look at determining a precise dosing structure, which includes how much medication should be given and to whom. "During pregnancy and around the time of delivery, there are many changes that take place in a woman's body and that means the amount of available drug is different from non-pregnant patients," said Dr. D'Souza. They will also need to determine who will benefit most from the drug, whether that is all women, high risk women, or no one at all.

On April 16, 2016, [The World Maternal Antifibrinolytic \(WOMAN\) Trial investigators](#), recruited their 20,000th woman in a landmark trial conducted in 193 hospitals over 21 countries – a trial which showed that TxA when given early to women having postpartum haemorrhage could prevent one in three women from dying. "Utako Okamoto died one week after the 20,000th patient was recruited into the trial. She lived just long enough to see the completion of a trial that would prove conclusively that tranexamic acid is safe and effective in treating postpartum haemorrhage," said Dr. D'Souza of the trial.

He is hopeful that his own research will shed new light on preventing unnecessary deaths and adverse health consequences resulting from postpartum haemorrhage among

[The Canadian Institute of Health Research \(CIHR\)](#) invests \$1.67 million in early career investigators who conduct research across the four CIHR pillars (biomedical, clinical, health systems services, and population health) and have the potential to have a significant impact on maternal, reproductive, child and youth health outcomes.

## STUDENT INNOVATION



### Health Out Loud: Student Mobile Health Project Promotes Mental Health Awareness

Partnering with [Health Out Loud](#) and [VEEP](#) (The Volunteer Engineering Experience Program at the University of Toronto), Master of Health Informatics (MHI) student Allie Margaret May is leading a team of volunteers in the launch of a new mobile mental health app for students. The app will connect users in a unique way, allowing them to share their experiences and feelings in a safe and supportive environment.

"The goal is twofold, to invite users to interact and share their feelings without worrying about academic repercussions, and to fight against the stigma of mental illness," said May.

Still in the early stages of development, the app's intended design is to encourage users to communicate with hashtags in order to share their mood. Those who share the word "#anxious" for example, would be able to chat safely with others who select a similar hashtag, or those that simply want to discuss how they are feeling, facilitating discussion while also connecting users to mental health support resources on campus and a mobile help line when needed.

"When we first came together as a group to brainstorm ideas for a mobile app project, mental health was the prevailing topic," said May. "Each of us had a personal story of how we've tried to balance our mental health needs with the responsibilities of university life. The truth is that as students, sometimes our mental well-being is prioritized over school demands but many times, it is not."

Read the  
DLSPH Bulletin

Canadian women.

Frustrated by the fact that this struggle still exists for many students and youth, May, and the team at Health Out Loud, felt that by developing this app they would be able to create a new positive framework that does not pit mental well-being against academic success. "Our aim for this app is to be a step in the right direction," said May.

Health Out Loud is a CRA registered charity that May has been involved with since her time as an undergraduate nursing student at York University. Using fun and relatable tactics they seek to promote health literacy and healthy living to students across a variety of university campuses. Health literacy, and the ways in which individuals can access and understand health information, in order to make informed decisions, has always been a particular passion of May's.

"The opportunity to combine health literacy with health technology is the perfect way to utilize the health informatics knowledge of MHI students," said May, who will be graduating



this June from the Institute of Health Policy, Management and Evaluation (IHPME). Her successor, John Bae, a graduate student in his first year of IHPME's MHI program, is looking forward to taking up the torch and helping to develop an app that differs greatly from mainstream social media platforms.

"The way social media is currently being used is very superficial, with most users feeling pressured to portray happy images of themselves on a constant basis," said Bae. "I don't see social media companies changing how these messages are shared, and I think we need something more genuine."

With a background in inpatient mental health nursing, Bae will be able to pull from his experiences to fill what he and his peers see as a gap in access to mental health information and support for many students. Alongside the facilitated hashtag conversations, the team of developers is looking to create an option for private chats for users who want to engage in one on one conversations with anyone posting within the app. "The goal is really to encourage people to share how they are feeling, and talk, as it is usually the first step in seeking help for mental health related issues," said Bae.

The team at Health out Loud is hoping to have a prototype of the app ready by the end of the semester and they are excited to be working so closely with undergraduate students from the engineering department.

"Creating this app from a Health Informatics perspective will allow us to be strategic in its development to create the strongest impact for our peers," said Bae.

For more information about Health out Loud visit: <http://healthoutloud.org/> For those interested in volunteering with VEEP, you can find out additional information about their projects at <http://www.uoftveep.com/views/index.html>

## AWARDS

### Faculty Retreat 2018

This year's IHPME faculty retreat was a great success, with many of our core, status, adjunct and cross appointed faculty in attendance.

Hosted at the University of Toronto Faculty Club on January 30, our faculty discussed future strategic directions for the Institute including new research and educational program formats, as well as areas of study.

"I would like to thank everyone who attended the 2018 IHPME Faculty Retreat." said Rhonda Cockerill, IHPME's Acting Director. "There was excellent representation from all of our stakeholders and lively discussions about our future complement plan and operational issues with respect to our programs and plans for our website. It was gratifying to see such involvement in strengthening IHPME – and such a rich array of ideas, suggestions and plans for new programs, improved curriculum and website, expansion of our student body and attention to our status and adjunct faculty."

Concluding the day, members of our faculty were presented with the [Eugenie Stuart](#) awards for excellence in teaching, course and program development, mentorship, and thesis supervision.

We are proud to announce the 2018 winners:

[Paula Blackstien-Hirsch](#) - Best Course Instructor

[Mark Dobrow](#) - Best Course/Program Preparation

[Simone Vigod](#) - Best Thesis Supervisor

[Jan Walker](#) - Best Preceptor

[Fiona Webster](#) - Best Thesis Supervisor

## Grants

Congratulations to IHPME faculty members who have successfully received the following grants:

**2017-2022** Implementing patient-centred care for women across the lifespan. Gagliardi AR, Miller FA, Grace SL, Wright FC, Dunn S, Vigod S, Stewart D. Ontario Ministry of Health and Long Term Care Health Services Research Fund (\$1.5 million)

**2018-2020** How best to engage patients in hospital service planning and improvement. Gagliardi AR, Moody L, Baker GR, Straus SE, Urquhart R, Wodchis W. Canadian Institutes of Health Research Operating Grant (\$251,952)

# TREATING HEALTHCARE

## New Book By Raisa Deber Helps Canadians Understand Their Health Care

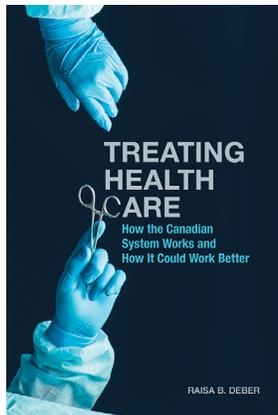
It is no secret that, when compared to our neighbour's south of the border, the Canadian health care system gives us a sense of reverence and pride. But how many of us actually understand how our health system functions, how it is similar and different to how other countries do it and how it might be improved?

"There is a lot of misinformation out there, and I wanted to give people the option to understand our system and which reforms might be useful, and which would not be, by providing readers with a brief tool kit" said Raisa Deber,

author of *Treating Health Care, How the Canadian System Works and How it Could Work Better*.

Part of the University of Toronto Press Insight Series, "Treating Health Care," is an easily digestible book for the non-health policy expert. In it Deber covers a range of factors that impact the health system, including determinants of health, how health care systems are organized and financed, health economics, health ethics, and the roles and responsibilities of different stakeholders.

Deber who is a professor at the Institute of Health Policy, Management and Evaluation reflects on some of the content



in her book, and why she chose to address particular topics for the average Canadian reader.

Do you feel the Canadian system lives up to such an idealized comparison with the U.S. health system?

The U.S. system seems to exist to make everyone else look good. The U.S. manages to spend a lot more on healthcare than we do, and still end up with more people without insurance. They also end up with worse outcomes. Overall it doesn't seem like great model, so it isn't hard for it to appear as though Canada has it all figured out.

One of the biggest misconceptions out there is that there is a singular Canadian system - but there isn't one. Healthcare is not considered a federal responsibility but a provincial one, and the mode of delivery we have opted for is private, albeit often not-for-profit. For example, doctors, and people who work in our hospitals, are not civil servants. Though the services they provide are paid for by the government, they are not government workers. The federal government does require a minimum level of coverage for all Canadian residents (which is defined as all medically required hospital and physician services) if the provinces wish to receive federal funds, but each province also has the option to decide how they will manage care, and which other services will be publicly insured. And while there are some services that could probably be better managed at the national level (such as joint purchasing for certain pharmaceuticals), other things vary considerably at the local level. There is not really a one size fits all.

Your own research over the years has focused on health policy and health economics covering many factors. Is there a particular factor that you feel is most pressing?

Health promotion is an important factor. Helping people stay healthy is a big win-win for both the population and the health system, since we can both save money and achieve better outcomes. But there are so many social determinants of health that we need to address, such as adequate housing, which are not within the scope of health care. Why do we have people sleeping on the street? There are also a number of potential reforms within healthcare that can, ideally, give us both better outcomes and lower costs.

In your book, you include a chapter on "pressing issues," in today's health system. Is there a particular issue that you feel readers should pay close attention too?

I don't think we can really claim that one issue is the most pressing, as there are many aspects that affect how health care is provided. One important issue to recognize is that 'necessary' health care is not really a consumer good, since it's a function of need rather than demand. If I don't need

to receive a certain treatment, I should probably not receive it (and, with proper information, should not want it), since the harms may greatly exceed the benefits. In turn, this puts some real limitations on how economic principles apply. Another important issue relates to what is often called service integration, which deals with making sure that people don't fall through the cracks.

However, while I make reference to this and other issues, my book focuses on analysis rather than advocacy.

What are you hoping readers will take away from this outlook on health care in Canada?

My main goal was to give readers the ability to understand health care and health policy. It is important to recognize that issues change over time. In that connection, rather than advocate for particular policies, I tried to give the reader a toolkit that could be used to understand the system, and see what proposed changes might be helpful and which would not. My target audience was an intelligent general reader who was not necessarily an expert on the topics covered. That is what I have tried to set out, and have hopefully achieved in these chapters. I very much thank my test readers, who helped me greatly in ensuring that the material was clear.

Join us for the launch of "Treating Health Care," on February 7 in Rm 208 of the Health Sciences Building. Copies of the book will be available for purchase.

## MSC/PHD DEFENSES

### Clinical Epidemiology and Health Care Research

Amit Mukerji, MSc

Thesis

Topic: *Cost-Effectiveness of Pulse Oximetry Screening for Critical Congenital Heart Defects in Ontario*  
November 5, 2017

Date:

Ajith Sankarankutty, MSc

Thesis Topic: *Comparison of Graft Survival after Liver Transplantation Between São Paulo, Brazil, and the United States*  
Date: December 18, 2017

## IHPME IN THE NEWS

[Mother's Abortion History May Influence Her Daughter](#) - Ning Liu's study in CMAJ referenced.

[Toronto Doctor Urges Review of Morning Sickness Drug Diclectin](#) Comments from Nav Persaud's investigation.

[Pharmacists, Doctors Warning Seniors About Risk of Long-Term Use of Sleeping Pills](#) - Dr. Wendy Levinson speaks to Choosing Wisely Campaign initiatives

[Combatting Dementia: Feed Your Brain](#) - Dr. Samir Sinha on The Agenda with Steve Aiken

## PUBLICATIONS

Zagrodney, K., & Saks, M. (2017). Personal Support Workers in Canada: The New Precariat?. *Healthcare policy= Politiques de sante*, 13(2), 31-39. <http://longwoodspublishing.com/content/25324>

## CALL FOR APPLICATIONS

### 2018-2019 COLLABORATIVE SPECIALIZATION IN PUBLIC HEALTH POLICY

Become a part of a dynamic training and research community in Public Health Policy!

Engage with academic mentors, students and policymakers in governmental and non-governmental public health agencies to learn about real-world policy issues and public health policy agenda setting, and enhance the professional skills required to succeed in your profession.

Any student who has been accepted into a graduate-level program at the University of Toronto may apply. The application deadline is Friday, May 4th, 2018 at 5:00 pm. For application forms and more information about the program, please visit our website at [www.publichealthpolicy.utoronto.ca](http://www.publichealthpolicy.utoronto.ca), or send your information request to [publichealthpolicy@utoronto.ca](mailto:publichealthpolicy@utoronto.ca)

# EVENTS

## CCHE Seminar Series

Fridays | 11:00am - 1:00pm | HS 100 | Free

[Julia O'Mahony](#) - February 9

[Audrey Laporte](#) - February 16

[Eric Latimer](#) - February 23

## Book Launch: Raisa Deber

February 7 | 5:30pm - 7:30pm | HS 208 | Free

As part of the UTPress Insight Series, which publishes books offering accessible introductions to issues of contemporary importance, Raisa Deber's *Treating Health Care, How the Canadian System Works and How it Could Work Better*, provides the average reader with a toolkit for understanding the many factors that impact our health system from financing and the delivery of health services, to patient safety and engagement, integration of care, and the social determinants of health.

A bar and light snacks will be available.

## Health Services, Systems and Policy Research Seminar Series

February 21 | 4:00pm - 5:30pm | HS 412 | Free

Jon Salsberg, PhD has undertaken participatory and integrated KT research with a wide range of stakeholders in health care services, policy and within communities; and is co-author of CIHR's Guide to Researcher and Knowledge User Collaboration in Health Research. He will discuss the topic of "Measuring and Influencing Community, Patient and Public Engagement Through Social Network Analysis" at this month's seminar. Webinar also available, details at: <http://ihpme.utoronto.ca/events/health-services-systems-policy-seminar-series-jon-salsberg/>

## CCHL GTA Chapter Event

February 26 | 5:00pm - 8:00pm | HS 610 | \$25-60

How far have we come since the Expert Group on Home and Community Care tabled its report? What challenges remain for the integration of the primary and community care sectors?

Come learn from four compelling leaders as they reflect on their experiences building partnership at the provincial, local, and front line levels.

This event will borrow from the popular TED Talks format to give each leader 10 minutes to present and end with an opportunity for audience participation. Attendees will enjoy the opportunity to network and reconnect with colleagues before and after the presentation. Light food and bar service is included in registration.

Join the Canadian College of Health Leaders (CCHL) GTA Chapter and the University of Toronto Institute of Health Policy, Management, and Evaluation (IHPME) after work for this exciting, interactive, and informative event.

Register Now: [http://cchl-ccls.ca/event/GTA\\_Feb\\_26\\_2018](http://cchl-ccls.ca/event/GTA_Feb_26_2018)

## NAO Lecture Series: Miguel A. González-Block

February 28 | 9:30am - 10:30am | HS 106 | Free

Dr. Miguel Angel González-Block is Director General of Evisys Consulting and holds the PwC Chair in Health Systems Research at Anahuac University in Mexico City. He serves as editor emeritus for BiomedCentral's Health Research Policy and Systems and was the founding Director of the Alliance for Health Policy and Systems Research at the World Health Organization.

# SUPPORT IHPME

The Institute of Health Policy, Management & Evaluation, as part of the Dalla Lana School of Public Health, is the first Canadian public health school to launch its own fundraising campaign. With the support of our generous donors, our Boundless Campaign will enable IHPME to continue shaping training and research in health systems, management and policy.

For more information on how you can get involved, give annually, create a named fund, or consider the School in your estate planning, please contact **Annette Paul, Director of Advancement** at [annette.paul@utoronto.ca](mailto:annette.paul@utoronto.ca) or visit [IHPME Donate](#) or [Support/Campaign](#). Thank you for your support!

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## WE'D LIKE TO HEAR FROM YOU

We're pleased to receive submissions of 400 words or less for consideration in upcoming editions. If you'd like your event listed, please send full details.

Contact: [rhonda.cockerill@utoronto.ca](mailto:rhonda.cockerill@utoronto.ca) and [rebecca.biason@utoronto.ca](mailto:rebecca.biason@utoronto.ca)