

IHPME CONNECT 07.2018

THE 2018 PEGGY LEATT AWARD:

**A conversation with Robyn Tamblyn
on improving outcomes in Canada's
Health Systems**

Robyn Tamblyn, Scientific Director of [CIHR-Institute of Health Services and Policy Research](#), has been named the recipient of the 2018 IHPME Peggy Leatt Award, recognizing her tremendous work in the development of transformative evidence that has sought to improve Canada's health system.

"It is a huge honour and an incredible surprise," said Tamblyn, who is also a professor in the Departments of Medicine, Epidemiology & Biostatistics at McGill University in Montreal. "I've always considered myself to be a researcher closer to the front line, and it's a thrill to be recognized alongside the brilliant scholars who have worked on international and national health policy."

Tamblyn, a self-identified researcher at heart, has turned almost every job into a research project. In the early stages of her career as a nurse practitioner in neurology, Tamblyn began working on a new model of care for patients with chronic, untreatable conditions. She proposed that these patients needed more than just a diagnosis, they needed a coordinated care team, and she wanted to evaluate whether this type of model would in fact make a difference.

"I have always been driven by this question, how can we improve outcomes?" said Tamblyn, "there are so many unanswered questions in health care, and research really becomes a right hand tool in making these evaluations."

This question has been the spark behind much of Tamblyn's research including her work on prescription drug use and computerized interventions to improve drug safety which have won her numerous awards. Some of her earliest studies have looked at prescribing practices where a lack of information



sharing between physicians put the patient's safety at risk.

Seeing the need for computerized intervention, Tamblyn has also worked on the development of software platform, that retrieves vital information from insurers to alert physicians to any prescribing problems. While this has dealt with safety in some respects, there are still a number of challenges with drug management and cost efficiencies that Tamblyn feels need to be addressed.

"We have this system that has failed," said Tamblyn. "We know that drugs are often used in conditions for which they are never tested, or used in populations that were never a part of the initial trial populations, but we are lacking a monitoring system to capture a drug's effectiveness in the real world."

Tamblyn currently co-leads a Canadian Foundation for Innovation Informatics Laboratory that creates advanced technologies to monitor adverse events in populations as well as new tools to improve the safety and effectiveness of health care.

In her role as Scientific Director of CIHR-IHSPR, Tamblyn points to four highlights of her career that have helped to bring about significant changes and improvements for health researchers across the country, from developing funding alliances that foster modernized educational training, to award recognition for clinician scientists, and e-health innovation initiatives.

"It is an enormous privilege to be a representative for your community at the national funding agency, even though every third day you wonder if you are doing enough," she said.

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Of these many achievements, Tamblyn has expressed the most excitement for the launch of a national data platform, which provides a single portal of access for data requests. This platform eliminates the costly way researchers have been forced to access data, removing barriers that were in effect preventing much needed national studies in health services and policy research.

"It has always been a challenge to access data cross provincially, now we have linked data access even at the territorial level, and this is a huge asset for Canada," said Tamblyn.

Looking towards the future of Canada's health system, Tamblyn sees two major areas that could benefit from improvement, access to mental health care particularly for adolescents, and the ability of the health system to manage chronic disease.

"80% of hospitalizations are now for chronic disease, and we are not set-up to manage that with our fractured and siloed systems," said Tamblyn. "Everybody can identify the problems, but finding solutions that will work is an entirely different challenge."

Tamblyn will be recognized at the Peggy Leatt Awards Reception on Thursday September 6, at the University of Toronto Faculty Club. All are invited to attend. To register for this event, please visit: <http://ihpme.utoronto.ca/events/peggy-leatt-knowledge-and-impact-award-2018/>

U of T Expert on the Rise of Zoonotic Infections



Zoonotic infections like Nipah virus and Ebola have begun to appear more rapidly among human populations over the past twenty years, but experts have yet to conclude why this may be the case. The lesser-known Nipah virus has been part of a recurrent outbreak in India since the late 1990's, where it has a high-case fatality rate of 40-60%.

"Nipah virus is different from Ebola in that it more readily affects the lungs and the brain," said Dr. Sharmistha Mishra (pictured above) an assistant professor at the Institute of Health Policy, Management and Evaluation, and an infectious

disease physician and epidemiologist at St. Michael's Hospital. "While Ebola attacks the organs and shuts down the body in large part due to fluid loss, Nipah can have severe neurological side effects that vary depending on how the body reacts to the virus."

Treatment of those infected with Nipah requires intensive supportive care, but symptoms can also appear on a spectrum of severity. Some people develop only flu-like symptoms, while others can suffer seizures or end up in a comatose state.

"There is no vaccine as yet, though investigational agents are being considered," said Mishra who is also a clinician scientist at the [La Ka Shing Knowledge Institute](#).

The unassuming date palm fruit is the likely point of animal to human transmission of the virus in the case of the most recent outbreaks. In the country of Bangladesh, which has seen a yearly outbreak of the disease since the late 90's, the virus was transmitted to humans from consumption of raw date palm syrup or the date fruit, which can be contaminated by the saliva or urine of the fruit bat.

"The fruit bat is the animal reservoir for this particular virus, and the reason why these types of infections are known as zoonotic," said Mishra.

According to the [World Health Organization](#), the Nipah virus is also considered to be an emerging zoonosis. Infectious disease epidemiologists are still learning about how these viruses move from animal to human, but the growing trend seems to imply that more of these outbreaks are likely to occur in the future. Humans and wildlife are coming into closer and closer contact, through farming or abattoirs, and in the case of Nipah, human encroachment on forest territory could be another factor in the virus' spread.

The first outbreak of Nipah occurred in Malaysia before it spilled into Singapore in 1998.

"It spread from bats to pigs that were being farmed and from pigs to their human farmers," said Mishra.

The virus has since continued to resurface, often in India and surrounding regions like Bangladesh. Following a 2004 outbreak in the country, researchers worked to find out more about how the virus was spread from human-to-human.

"Person to person transmission in the case of Nipah is largely through respiratory secretions, like saliva and sputum (phlegm) but is usually contained to those who are caring for individuals already sick with the virus," said Mishra. She adds that there is currently no suggestion that the virus is spreading from human to human across states in India.

Register for the 2018
Peggy Leatt Award
Reception

However, the recent outbreak of Nipah virus highlights the importance of the need for continued field epidemiology and case investigations of zoonotic infections, as well as the strengthening of front-line healthcare facilities in early detection of cases, and in infection prevention and control.

“We need to figure out what happened to the virus in the bats, we don’t yet know if it is another strain, and there is much to also learn about animal to human and human to human transmission” said Mishra. “The things we learned from John Snow and his work on the cholera virus in investigating outbreaks, continues to be a massive part of what we do now in the field.”

Further, baseline strengthening of a country’s health care system is also key to controlling zoonotic outbreaks and preventing further human-to-human transmissions. According to Mishra, India has more than enough expertise in this area. During the Ebola crisis, team members from the [National Centre for Disease Control in India](#) as well as members of various medical colleges, came to West Africa to provide epidemiological support.

An additional challenge that remains is communicating and working with the local panchayats or village councils to create awareness and address the fears and stigmas that can undermine rapid response control efforts. “There is still a lot of stigma attached to these kinds of viruses, and in outbreaks of this nature, making individuals fearful of going to health care facilities, especially when healthcare workers become infected,” said Mishra.

Infection prevention and control, health promotion, clinical research, and a refined field and molecular epidemiological approach that combines the study of wildlife and human behaviors, are all key to understanding how zoonotic infections spread in populations and cause disease in our bodies. Along with the support of the World Health Organization, these methods will hopefully allow us to prevent and reduce their potency in the years ahead.

The Aging City: IHPME Expert leads Toronto Seniors Strategy 2.0.

In a recent vote, the City of Toronto unanimously passed the [Toronto Seniors Strategy 2.0](#), which articulates 27 high-impact recommendations to improve the health, wellness and quality of life of seniors in our city.

“These are deep recommendations that will require more funding and some organizational commitment,” said Dr. Samir Sinha, an associate professor at the Institute of Health Policy, Management and Evaluation and Director of Geriatrics

at Toronto’s Sinai Health System and University Health Network. “It is an indication that changes are needed to fill the current gap in services for older adults.”

Dr. Sinha is the Co-Chair of the [Toronto Seniors Strategy Accountability Table](#), which has put forward this second iteration of a senior focused strategy. Its members include among others, researchers from the University of Toronto, the

United Way, the Wellesley Institute, Age Well NCE, the Toronto Central LHIN, and most importantly seniors and caregivers.



The lead recommendation from the new strategy acknowledges that while there are over 47 services available to Toronto’s seniors there is no coordination of these services or municipal division to oversee them. They remain in silos across the five local health integration networks (LHIN) and as a result amplify additional vulnerabilities such as - age, gender, sexual orientation, status and income - that older Torontonians face

“Think about trying to navigate all of these silos when you are low income, don’t speak English, and are socially isolated. It would be nearly impossible,” said Andrea Austen, a policy development officer at the City of Toronto and the lead on the implementation of the City of Toronto’s Senior Strategy.

For Dr. Sinha, Austen and their partners Toronto’s aging demographic is something they collectively promote as a triumph and not a tsunami to be avoided. Since 2012, they have worked together on a consultation process to engage the community and develop the first iteration of the strategy known as version 1.0. that would move Toronto in the direction of becoming a truly “age-friendly,” city.

“We understood that we were operating in an environment with a limited budget, so we wanted the first version of this strategy to address low-hanging fruit,” said Dr. Sinha.

Of the first 91 recommendations, 90 were fully or partially implemented by the City, and these included a focus on

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safe streets, access to public spaces, addressing hostile infrastructure such as park benches that didn't support people with mobility limitations, and improving housing for seniors.

The City also implemented a community paramedicine program that identified seniors in low income areas who were frequent callers of 911. Paramedics would check in on them help them overcome barriers they may have faced in accessing the care and services they need.

"We found that we could reduce calls by 49% and ER visits by 60% just by providing this resource that our paramedics were uniquely positioned to provide," said Dr. Sinha. "This keeps our seniors out of hospital, reducing health care costs, while helping them to lead a healthy life in their communities."

In 2013, the World Health Organization awarded the City of Toronto its designation as an [Age-Friendly City](#), a considerable acknowledgement.

Moving towards age-inclusivity was the next big step.

"Inclusivity is about recognizing ageism," said Austen. "Seniors will tell you a lot about ageism and the social isolation that comes from it. The current way our City organizes and delivers seniors services does not work and will only get worse over the next 10-15 years if we do not move quickly and seize this opportunity."

Prior to the creation of version 2.0, an extensive community engagement survey was conducted. Over 10,000 people were consulted, including seniors from every ward, those in women's shelters, and members of the 519 and [Senior Pride Network](#), who helped identify prevalent issues for LGBTQ2S seniors. This was considered an unprecedented level of engagement at the municipal level.

Access to housing and being able to live independently for longer were one of the primary concerns for seniors that came out of the consultations and survey, along with providing more services in other languages. "Overwhelmingly, seniors told us that the government could be doing more to enable them to remain living independently in their neighbourhoods, and out of long-term care," said Austen.

Services provided by the City, such as snow shoveling, yard work, and programs that fund the installation of grab bars in bathrooms and other health and safety modifications, would all help achieve this goal, but they need to be accessible to all seniors and currently they are not.

"A coordinated and integrated system approach to these services would help mitigate this issue of access," said Austen. "These services help people age in place, and they are also much more cost-efficient for the City," she added.

The Toronto Senior Strategy 2.0 has set a new standard for what is possible in terms of advocacy, action and implementation, and the accountability needed to make real changes to support Toronto's aging population.

"Taking a communitarian approach to support our seniors living independently will benefit society as a whole," said Dr. Sinha. "We are all eventually going to be older Torontonians, and it is in the best interest of all of us, that we take action now."

AWARDS

IHPME graduate earns prestigious Robert Wood Johnson Award for leadership in health services in the Canadian Armed Forces



New MHS graduate Terrance Patterson has another reason to celebrate. The father of four and Canadian Armed Forces member, was recently honoured as the 2018 University of Toronto recipient of the Robert Wood Johnson Award.

"It was humbling to win," said Patterson, who attended the award ceremony hosted by the Canadian College of Health Leaders, on June 4 in St. John's Newfoundland. "I made sure that when I accepted the award, everyone knew that this award was also for my classmates. I would not be where I am without the mutual support and respect we have for each other."

[Johnson & Johnson Medical Inc](#) established the awards in 1956, which are presented annually to [six deserving students from Canadian universities](#) who are pursuing a Masters of Health Science in Health Administration degree.

Each award recipient is expected to make a valuable contribution to the health services industry, something Patterson has already been doing throughout his time as an officer of the Royal Canadian Medical Services with the Canadian Armed Forces.

For over 15 years Patterson has been a member of the Forces, having joined right out of highschool. He earned his BA in Sociology and experienced his first post as a Support Services Officer in a Canadian Forces Medical Clinic. Since then he has worked in various roles. During his deployment to Afghanistan he was the Senior Medical Mentor to the

Afghan National Army. He has also worked as the Company Commander in a Field Ambulance Medical, and as a Support Services officer at the Canadian Forces Health Services Training Centre. Patterson's next post will see him as the Medical Planner for 1 Canadian Air Division, in Winnipeg.

The range of duties has certainly provided Patterson with a wealth of experience, but now with the MHSc degree in hand, he is eager to return to the clinic setting in the role of Clinic Manager.

Base medical clinics are like robust outpatient clinics, Patterson says. They are a vital component of the Canadian Armed Forces and include not only general physicians but also mental health, diagnostics, physical therapy and more. They are considered a primary care system for service members, with a goal of keeping the population healthy and able to deploy if needed, whether to support domestic or international operations.

"Becoming a clinic manager is a milestone goal of mine, and one of the reasons I chose to pursue a graduate degree at the Institute of Health Policy, Management and Evaluation," he said.

The program, Patterson says, provided him with an opportunity to learn about his strengths and weaknesses, and how to collaborate with multiple stakeholders to reach a common goal.

"Seeing leadership capabilities from this perspective is directly applicable to my current role and where I want to be in the future," he said. "In healthcare we can't be siloed, we need to always be thinking of a systems and collaborative approach to change."

Change in the clinic setting, can come in the form of digitizing information systems, or highlighting efficiencies that affect the quality of care delivered to patients, both areas that Patterson witnessed during his first few years on the job.

"It was eye opening to watch the change leadership in place at that time, there was so much more at stake than simply making health records digital, this was fundamentally changing clinic operations, although the goal of delivering quality health services always remained a priority," said Patterson.

The Canadian Armed Forces supports professional development in health administration through a sponsored program that allows two members to complete a health administration degree at a Canadian university of their choice. That was important to Patterson, who as a father to four children ranging in age from 11 to 20 months, needed some semblance of work, life balance.

IHPME at the University of Toronto also remains the top choice for most members seeking to advance their education in health services administration, due in large part to its reputation and the modular format of its programs.

"We have a healthy U of T alumni in the Health Services," said Patterson, "and the MHSc degree at IHPME is certainly recommended as the go-to program."

Patterson has also found himself in good company with other Canadian Armed Forces Robert Wood Johnson award recipients. His former Commanding Officer, Stephan Plourde, an alumnus of IHPME, received the award in 2004. Now a Colonel, Plourde is a senior Health Services Operations officer and mentor to Patterson.

"It is a boost of confidence to be selected to represent the Canadian Armed Forces and be recognized alongside these other amazing leaders, knowing I have the potential to go even further in my own career."

Ross Baker and Peggy Leatt Appointed to AUPHA Hall of Fame

Congratulations to IHPME Professor's Ross Baker and Peggy Leatt on their recent appointment to the Association of University Programs in Health Administration Hall of Fame.

Two IHPME Alumni to Receive U of T Arbor Award

Wendy Nelson and Valerie Rackow will receive the U of T Arbor Award in recognition of their outstanding volunteer contributions to IHPME. They will be honoured at a ceremony in October, 2018.

Allan Detsky and Andrea Baumann Named to Order of Canada

Along with dozens of other U of T researchers, IHPME professor's Allan Detsky and Andrea Baumann have received one of the highest civilian honours in being named to the Order of Canada. Read the full story: <https://www.utoronto.ca/news/dozens-u-t-faculty-and-alumni-named-order-canada>

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RESEARCH

Teaching Statistics in Health and Social Sciences

Nicholas Mitsakakis is a biostatistician and a newly appointed faculty member at the Institute of Health Policy, Management and Evaluation. He recently organized and chaired a session on the topic of teaching statistics to graduate students in the health and social sciences field, at the annual meeting of the Statistical Society of Canada, of which he is a member. Invited speakers included John McGready of John Hopkins University, Andrew Zeiffler of the University of Minnesota, and Kevin Thorpe of the Dalla Lana School of Public Health, all of whom have extensive experience on the topic.

The objective of the session was to raise awareness about the special circumstances involved in teaching statistics at the graduate level to students in the health and social sciences fields. The session was well attended and generated interesting discussion around the importance of exercising critical thinking and keeping analysis in the right context, as well as the benefits of incorporating computation in teaching, using flexible open source platforms like the R statistical software as a training tool for students. This type of software also allows data models and research to be shared or exchanged, an additional benefit.

Mitsakakis is passionate about the subject and wants to help students reach their full potential when it comes to statistical analysis. He is available for statistical consultations and is also planning to offer workshops on R to students, that he hopes will further their ability to conduct meaningful evaluations that are integral to their research.

Converge3 Launched



Converge3's inaugural symposium was held in the MARS auditorium on June 22, 2018. Co-founders Dean Adalsteinn Brown and Mr. Jonathan Weistubb were in attendance as well as Executive Director Dr. Mark Dobrow and Scientific Director Dr. Ahmed Bayoumi.

Converge3 is a policy research centre based in the Institute of Health Policy, Management and Evaluation at the University of Toronto, that focuses on integrating health, economic and equity evidence to inform policy.

The Centre is funded by the Ontario Ministry of Health and Long-Term Care and includes multiple partner organizations, including Li Ka Shing Knowledge Institute at St. Michael's Hospital, McMaster University, Ottawa Hospital Research Institute, Institute for Clinical Evaluative Sciences, Health Quality Ontario, and Public Health Ontario.

FACULTY APPOINTMENTS

New Faculty

Welcome to Dr. Abi Sriharan who will be serving as the Acting Program Director of the MSc SLI (Systems, Leadership and Innovation) program during Professor Geoff Anderson's six month research leave.

Dr. Abi Sriharan brings over fifteen years of experience in health care and higher education as an award-winning health care organizational behavior researcher, professor, senior executive, certified leadership coach and educator. Her current professional and research interests are in human resources and human capital strategy in health care and higher education sectors globally, with emphasis on diversity, equity, wellness and leadership development. Her research examines system and individual level factors such as rewards, trust, motivation, resiliency and awareness and how it promotes employee engagement and organizational performance.

Junaid Bhatti - Assistant Professor, Status
Pranesh Chakraborty - Associate Professor, Status
Stella Ng - Assistant Professor, Status
Prakeshkumar Shah - Professor, Status
Abi Sriharan - Adjunct Professor, Status
Alyson Mahar - Assistant Professor, Status
Paul Benassi - Assistant Professor, Status
Sarina Isenberg - Assistant Professor, Status

Renewal Faculty

Melanie Barwick - Professor, Status
Jeanine Girard-Pearlman - Adjunct Professor
Moir Kapral - Professor, Status
Joel Ray - Professor, Status
Paul Nathan - Professor, Status

Kenneth Pace – Associate Professor, Status
Nancy Baxter – Professor, Status
Kevin Levitt – Assistant Professor, Status

Ayelet Kuper – Associate Professor, Status
Nadine Shehata – Associate Professor
Doris Howell – Professor, Status
Peter Austin – Professor, Status
Sharon Straus – Professor, Status
Winnie Seto – Assistant Professor, Status

Adalsteinn Brown Appointed to a Five-Year Term as Dean of the Dalla Lana School of Public Health, Rhonda Cockerill re-appointed as Acting Director of IHPME



IHPME is pleased to share the news that Professor Adalsteinn (Steini) Brown has been appointed to a five-year term as the new Dean of the Dalla Lana School of Public Health. Professor Brown has previously served as the Director of the Institute of Health Policy, Management and Evaluation, and has served as Interim Dean of the DLSPH for the past year.

During his year as Interim Dean, Professor Brown has grown the School's number of relationships with partner entities, focused on administrative and operational improvements, and secured new funding for research and other activities at the School. As Director of IHPME, Professor Brown sustained and grew the Institute's reputation as an interdisciplinary centre known for excellent scholarship and collaborative partnerships. These skills and experiences, along with his reputation as an outstanding teacher and scholar, will be valuable to DLSPH's continuing success in the years ahead.

"As Dean, I look forward to working with our faculty, staff and students on a new academic plan for the School," he said. "Our aim is to further our impact on public health and health systems through our curriculum, enhance our engagement with our new and existing alumni across the country, and initiate sustainable international partnerships that recognize the global impact of DLSPH researchers and place the School at the forefront of change in health."

Professor Rhonda Cockerill has also been re-appointed as Acting Director of IHPME until July 2019.

MSC/PHD DEFENSES

Clinical Epidemiology and Health Care Research

Lev Bubis MSc

Thesis Topic: *Investigating associations between preoperative patient-reported symptom burden and postoperative outcomes following major cancer surgery: A retrospective cohort study*

Date: June 22, 2018

James Byrne PhD

Thesis Topic: *The Influence of Prehospital Times on Trauma Mortality*

Date: June 28, 2018

Health Services Research

Paul Azzopardi MSc

Thesis Topic: *Health Care Providers' Management of Medical Uncertainty in Newborn Screening*

Date: June 5, 2018

Alene Toulany MSc

Thesis Topic: *Transition to Adult Care for Youth with Severe Mental Illness: Does Continuity with Primary Care Matter?*

Date: June 11, 2018

Dylan Walters PhD

Thesis Topic: *Economics of Maternal and Child Nutrition: Food Fortification with Vitamin A in Tanzania*

Date: June 20, 2018

PUBLICATIONS

Timilshina N1,2, Breunis H1, Tomlinson GA1,2,3, Brandwein JM4, Buckstein R5, Durbano S1, Alibhai SMH6,7,8 Long-term recovery of quality of life and physical function over three years in adult survivors of acute myeloid leukemia after intensive chemotherapy. *Leukemia*. 2018 Jun 8. doi: [10.1038/s41375-018-0162-5](https://doi.org/10.1038/s41375-018-0162-5). [Epub ahead of print]

The Genetic Non-Discrimination Act: critical for promoting health and science in Canada. Bombard Y, Heim-Myers B. *CMAJ*. 2018 May 14;190(19):E579-E580. doi: [10.1503/cmaj.180298](https://doi.org/10.1503/cmaj.180298). No abstract available.

The Genomics ADvISER: development and usability testing of a decision aid for the selection of incidental sequencing results. Bombard Y, Clausen M, Mighton C, Carlsson L,

Casalino S, Glogowski E, Schrader K, Evans M, Scheer A, Baxter N, Hamilton JG, Lerner-Ellis J, Offit K, Robson M, Laupacis A. Eur J Hum Genet. 2018 Apr 27. doi: [10.1038/s41431-018-0144-0](https://doi.org/10.1038/s41431-018-0144-0). [Epub ahead of print]

Evaluation of a decision aid for incidental genomic results, the Genomics ADvISER: protocol for a mixed methods randomised controlled trial. Shickh S, Clausen M, Mighton C, Casalino S, Joshi E, Glogowski E, Schrader KA, Scheer A, Elser C, Panchal S, Eisen A, Graham T, Aronson M, Semotiuk KM, Winter-Paquette L, Evans M, Lerner-Ellis J, Carroll JC, Hamilton JG, Offit K, Robson M, Thorpe KE, Laupacis A, Bombard Y. BMJ Open. 2018 Apr 26;8(4):e021876. doi: [10.1136/bmjopen-2018-021876](https://doi.org/10.1136/bmjopen-2018-021876).

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Elizabeth Mansfield, Onil Bhattacharyya, Jennifer Christian, Gary Naglie, Vicky Steriopoulos, Fiona Webster, (2018) Physicians' accounts of frontline tensions when implementing pilot projects to improve primary care, Journal of Health Organization and Management, <https://doi.org/10.1108/JHOM-01-2017-0013>.

Wasilewski MB, Stinson JN, Webster F, Cameron JI. Using Twitter to recruit participants for health research: An example from a caregiving study. Health Informatics J. 2018 May 1;1460458218775158. doi: [10.1177/1460458218775158](https://doi.org/10.1177/1460458218775158).

Dainty KN, Golden BR, Hannam R, Webster F, Browne G, Mittmann N, Stern A, Zwarenstein M. A realist evaluation of value-based care delivery in home care: The influence of actors, autonomy and accountability. Soc Sci Med. 2018 Jun;206:100-109. doi: [10.1016/j.socscimed.2018.04.006](https://doi.org/10.1016/j.socscimed.2018.04.006). Epub 2018 Apr 6.

IHPME IN THE NEWS

[How to Modernize Canada's Health Care in the Digital Age](#)
Op-Ed from IHPME's Dr. Sacha Bhatia

[Two-thirds of Ont. patients in need of urgent hip surgery face dangerously long wait times:](#) - New study by Walter Wodchis and graduate Daniel Pincus

[Health Canada plans to 'severely restrict' opioid marketing as death toll mounts](#) Nav Persaud quoted

EVENTS

Peggy Leatt Knowledge and Impact Award Reception

September 6 | 5:00pm - 7:00pm | Faculty Club | Free

Celebrate this year's Peggy Leatt Award recipient, Dr. Robyn Tamblyn at our annual reception.

Registration is limited

GREEN CORNER

Creating a Sustainable Health System: New Report from IHPME's Fiona Miller

Pursuing energy efficiency, waste management and water preservation are some of the core ways in which health systems in Canada are attempting to showcase their sustainability efforts. However, a [recent report](#) prepared for Health Canada, lead authored by Fiona Miller, Co-Chair of IHPME's Committee on the Environment, Climate Change and Sustainability, urges health system leadership to go further.

"Healthcare infrastructure is important, but mitigating health care's negative impact on the environment and ensuring resiliency in the face of a changing climate necessitates that clinical pathways are more sustainable, affecting how care is provided, how patients, caregivers and staff travel, and what health systems purchase, to name just a few of the needed changes," said Miller. "But what we found through our research was that for many healthcare organizations and health system leaders, addressing climate change beyond energy efficiency is not a top priority."

Miller and her co-authors conducted qualitative key informant interviews with individuals from various organizations both within and outside of health care, to gauge perspectives on the current and potential engagement of health systems in addressing climate change.

What they found was a clear consensus among health system leaders in Canada that climate change was not a priority concern. Certainly, many healthcare delivery organizations, especially hospitals, have done important work to improve energy efficiency in their facilities, but "doing more environmental damage while doing it more efficiently is not a solution," said Miller. When asked why climate change was not considered a priority, most informants agreed that health care organizations were in the "business of delivering healthcare," and unless patients were seen to be directly impacted by climate change, the focus would remain on care



delivery.

“Some of the healthcare leaders we spoke with highlighted the importance of engaging patients and communities on these issues,” Miller explained, “as this is where some of the leadership for change is likely to come from.”

A second component of the report included an environmental scan of OECD countries, to determine how health systems internationally are being driven to align their priorities with climate change and environmental sustainability. Miller and her co-authors identified over 20 such initiatives, six of which were located in Canada.

“We were surprised; there were more than we had initially thought and this seems to be a growing phenomenon,” she said.

Many of these initiatives seeking to mobilize change were already residing within health systems like the English NHS or the state of Victoria in Australia, and about half of them cited public policy frameworks or legislative requirements as change drivers, underlining the importance of government engagement in this area. Many of these initiatives also identified missions for health systems that leveraged concerns about environmental sustainability as part of a need to also address social justice issues.

“These findings not only highlight the legitimacy of these initiatives and the breadth of the change they are striving for, but they also indicate the importance of public policy in advancing progressive, transformative reform,” said Miller.

So how do health systems in Canada make climate change a priority?

“That’s the million dollar question,” says Miller, “but we have to acknowledge that it is not climate change alone that needs to be addressed. Climate change is one part of a wider set of environmental and social sustainability concerns that health systems need to take seriously.”

Sustainability issues are already a concern for many health system actors, including patients, clinicians, policy makers, researchers and health system administrators. However, there is a significant gap in the current ability of health systems to connect the dots and socialize knowledge about these issues - to make them a part of everyday governance and operations.

“I think there is a risk that environmental sustainability is seen as a fringe issue, as just “being green,” - and as tangential to the core mission of health care,” said Miller. “But the more you explore these issues, the more you see that the quest for environmental sustainability is aligned with the future-oriented, patient-engaged, responsive, and socially accountable health system that members of the IHPME community are striving for. IHPME has an important role to play as a connector across the health sector. If our faculty, staff, alumni and system partners are engaged in this

mission, then we can be the ones to move the needle in the right direction.”

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 or visit [IHPME Donate](#) or [Support/Campaign](#). Thank you for your support!

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