

# IHPME CONNECT 10.2018

## NATURAL IMMERSION:

### IHPME Student Combines Architecture and Health Services Research to Improve Long-Term Care in Ontario

Landscape architect Peggy Chi is hoping to bring a bit of the natural world back into the built environments of our health system and more specifically Ontario's long-term care homes for older adults and their professional caregivers.

For more than a decade Chi studied and worked in the fields of landscape and architecture where she sought to bring her utopic vision of the natural world living symbiotically with the human-made environment to life.

"The idea that nature improves our health is deeply seeded into the world of landscape architecture," said Chi, who is completing her PhD at the Institute of Health Policy, Management and Evaluation. "However, as budgetary, safety, and maintenance restrictions grew, the natural aspects of design projects I was involved in were continually dismantled."

Out of this growing frustration Chi decided to explore landscape architecture in health services research, an intersection of two fields that she believes has the power to promote health in the future of the health system.

"It was a difficult decision to switch to doctoral studies, and I gave up a job I love," said Chi. "When I encounter stressful moments in my Ph.D journey, I always remind myself that I am enjoying what I do and that my research has the potential to improve lives."

Chi is examining the natural design features in Ontario health care facilities as part of her dissertation, such as exposure to sunlight, window views of gardens, physical access to nature, and the layout of plants and walkways to establish a link between these and the health outcomes of older adults.

"Picture yourself living in a tiny room with a window that looks out onto a concrete road, concrete patio, or another building,



and due to your limited mobility and reduced staffing in the home, you cannot go outside," said Chi. "That is not the quality of life we want to have, nor would we want that for our parents or grandparents."

Chi's research has found evidence that passive and active interactions with the natural environment can help older adults improve their mood and communication, and reduce aggressive behaviours when they are able to look at lush vegetated outdoor spaces, engage in horticultural activities, or stroll through a garden. Though she also notes that design features like these need to be carefully planned as the natural environment can also pose a potential risk to health.

An additional part of Chi's dissertation is also considering how exposure to sunlight and nature during work hours, might improve the job stress of professional care staff in long-term care homes. As she has recently discovered, there have been very few studies conducted on professional care staff within long-term care, and only 8% of studies on the natural environment in health care facilities reflect a Canadian perspective.

"High job stress is prevalent in long-term care staff and an antecedent to mental health and well-being problems, which subsequently affects the care of patients," said Chi.

She references hospital studies, which reported that exposure to sunlight at work positively influenced job stress, job satisfaction, and mood, while views of nature and visits to the garden at work may also reduce job stress in healthcare workers.

Beyond the walls of health care, there is further research on the impact of natural environments on health across various disciplines. One example Chi provides references forest bathing, also known as immersion in nature, which originated

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in Japan in the 1980s. It has been shown to reduce stress and improve mental health and well-being among female and male adults, while the influence and improvements from this intervention, have also been recorded as continuing as many as 30-60 days later.

“By considering the associations between the natural environment and the outcomes of care staff’s job stress and older adults’ mental health and well-being, we could improve not only long-term care but potentially improve the overall work environment,” said Chi.

While Chi acknowledges that culture can be slow to change, she also knows her research is timely. The Ontario Ministry of Health and Long-Term Care proposed to redevelop 300 long-term care homes across the province, many of which are not equipped to support the needs of older adults suffering from complex cognitive conditions such as dementia.

Her research, in turn, will likely provide additional evidence for senior strategies currently in development at both the municipal and provincial level, as policy makers consider the needs of age-friendly environments for an ever growing and aging population.

“I think intuitively the general public knows the natural environment is good for our health. It is why we go to cottages, beaches, and lakes, or partake in nature hikes. We understand it is important, but we have not yet made the firm connection or capital investment to include the natural environment in our health system. We need to change our health culture,” said Chi.

“If I can plant the seed that engaging with the natural environment is important for our health, quality of life, and the built environment, I will know my research has made a change for the better.”

## Sustaining Practice Changes in Canadian Nursing Homes



By Whitney Berta

**M**aking changes to any established work practice, process or routine is challenging. We have all tried to break work habits of our own, to change our own or others’ behaviours...and have all likely had mixed success doing so.

The challenges associated with changing work practices are present in practically every work setting, including health care. Health Services Researchers who are focused on knowledge translation, implementation science, and dissemination science – all informed by work in the fields of psychology, sociology, and communications – have invested considerable efforts in studying how best to introduce new research knowledge into care practices and to influence the “uptake”, “utilization” or “adoption” of it in the interests of improving patient care. But, even after the new knowledge seems firmly in place, a whole host of new factors can still displace it once the supportive implementation approaches – like incentives, or a particularly compelling “change champion” – are removed.

Very often, we see people reverting to their “old ways of doing”. We are, after all, creatures of habit. This is particularly concerning in healthcare when we want to exchange older less effective knowledge for new knowledge that can change care processes and improve patients’ care.

So, how do we make new knowledge “stick”? We don’t yet understand how to ensure that new knowledge is sustained in practice, over time. In fact, we don’t really understand sustainability in most work settings. Nor do we know whether and how that new knowledge is spread in an organization, once it is firmly stuck, beyond the unit or department in which it is originally introduced.

A newly funded pan-Canadian study, led by researchers from the Institute of Health Policy, Management & Evaluation (IHPME) at the University of Toronto, and the University of Alberta, will examine the long-term sustainability of a quality improvement intervention implemented in Canadian nursing homes in B.C. Alberta, and Manitoba.

Known as “SSaSSy”, the Sustainability, Sustainment, and Spread Study will track the sustainment and spread of new work processes on the part of Health Care Aides, and the benefits associated with these new processes, including health outcomes like improved mobility and reduced pain, and staff work engagement and job satisfaction. The vehicle by which these new work processes are introduced is an evidence-based practice intervention called SCOPE, Safer Care for Older Persons in (residential) Environments.

SCOPE is itself unique, as it capitalizes on the underutilized capacity of health care aides to implement research evidence in care. SCOPE’s implementation in B.C. and Alberta nursing homes is currently being co-led by Dr. Adrian Wagg and Dr. Carole Estabrooks at the University of Alberta. SSaSSy, which focuses on SCOPE’s sustainability, will be co-led by Dr. Whitney Berta at the University of Toronto’s Institute for Health Policy, Management & Evaluation and Drs. Estabrooks and Wagg.

“The significance of the SSaSSy study is threefold”, says Whitney Berta, a professor at IHPME. “First, the SCOPE intervention on which SSaSSy focuses is led by Health Care Aides in nursing homes. While these workers provide 80% or more of direct care to residents in nursing homes across the country, they are not often given opportunities to lead changes in the way they work. SCOPE enables

and empowers them to improve the care of nursing home residents. Second, SSaSSy is a study of sustainability that starts while implementation is still going on, so that we can make clear connections between what happens during the time that new knowledge is introduced into a work setting, and what happens post-implementation once the additional resources and supports for putting the knowledge into place are withdrawn. Finally, this study takes place in long term care which is historically understudied and I think that it is great that we have the potential to contribute so significantly to solving post-implementation challenges that are pervasive in every sector of health care and other work settings. It is expensive to generate new scientific knowledge, and expensive to implement it, and we need to understand how to capitalize on these investments and realize the longer-term benefits.”

SSaSSy has received three years of funding support from the Canadian Institutes of Health Research (CIHR).

## IHPME HSR Mentorship Program: One Year On



**F**or IHPME alumni the urge to give back to the community that supported them through their graduate school years is as strong as ever. To encourage this connection, the IHPME Graduate Student Union launched a Mentorship Program directed at HSR students, one of the larger cohorts at the Institute. The primary goal was to provide HSR students with an opportunity to connect with and learn from alumni in their field of research, as well as tap into the vast experience that our alumni have within the health system.

One year later, the program has been well-received by both mentors and mentees alike.

“2017 was a pilot year for us, as we didn’t know how many of our alumni would be interested,” said Julia Ho, a PhD student in Health Services Research, who helped develop the mentorship program for the IHPME GSU. “We were pleasantly surprised to have had over 17 mentor and mentee matches,

and it is something that the GSU and Institute are looking to continue.”

While mentorship had been taking place among new and senior students for some time, feedback from students indicated that they wanted to understand the types of career paths that were possible for them after graduation, especially for PhD students.

“The mentorship program gives you an opportunity to discuss with someone outside of the Institute what you need to improve upon as a researcher,” said Jennifer Gutberg, a fourth year PhD student in IHPME’s health services research stream. “Whether it is developing strategies for publication, or leveraging existing professional networks, the mentors seem very happy and eager to help us move forward.”

Navigating the course of graduate school can be challenging, there is a lot for students to consider as they move from one stage of their research to the next, from comprehensive exams to proposals, to chapter writing and case study analysis. Mentors, many of whom are not far removed from their time as graduate students, provide a model for students with respect to academic or non-academic career trajectories, and help them to explore all possible options.

“I think many of us will end up with hybrid careers that involve both academic research and industry leadership and collaboration,” said Gutberg, “it was motivating for me to hear from someone else like my mentor Shannon, about how they also chose to move through these different paths.”

As a mentor Shannon Sibbald has found a perfect match for her skill set and her capability to give back to the IHPME community. An assistant professor at Western University, Sibbald is often juggling the competing demands of her job but still wanted to give back to her alma mater and engage meaningfully with emerging leaders.

“I’m very drawn to new programs and when this opportunity came up, I was eager to be involved,” recalled Sibbald. “It’s a perfect fit, that allows me to give back in ways that are not just monetary.”

Though Sibbald is located off U of T’s campus, the mentorship program provides flexibility in that mentors and mentees can engage in the program online via Skype.

“One of the great things about this program is that I also get to maintain my connection to the University and IHPME,” said Sibbald.

While the mentorship program is currently geared towards health services research students, IHPME is working to expanding this to include all programs as well as the professional streams of the Master of Health Informatics and Master of Health Science in Health Administration.

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Gutberg emphasizes the benefits of the mentorship program for students, particularly senior graduate students. “Even if it is just to step out of your comfort zone, it is a tremendous opportunity to develop a connection with someone who can provide new insights or more immediate support for research,” she said.

Those interested in becoming a mentor and providing support for graduate students transitioning from student life to a career are invited to contact: [ihpmegsu@utoronto.ca](mailto:ihpmegsu@utoronto.ca)

## AWARDS

### A Change Maker in Health Policy, Raisa Deber Named Royal Society of Canada Fellow



Professor Raisa Deber of the Institute of Health Policy, Management and Evaluation has been elected as one of 89 new Fellows to the Royal Society of Canada (RSC). It is one of the highest honours an individual can achieve in the Arts, Social Sciences and Sciences. Deber, who has been elected to the Division of Social Science, joins a distinguished group of over 2000 scholars from across the country who have been recognized for their remarkable contributions to public life.

“It is really an honour to have people recognize your work and think it deserves attention,” said Deber of her recent election, “but it is even better to see that your work has done something useful to help people and lead to evidence-based change.”

Deber’s work has had a direct influence on policy, and her ability to provide the best data and evidence to keep policy makers and the public well informed is something she considers one of her biggest accomplishments.

“There is a distinction between advocacy and analysis, and I’m always going to approach my work with the mindset of

considering what the data has to tell you” said Deber. “If you are going to push for a new policy, you should first know whether or not the changes proposed are going to work.”

An example of this approach can be found in Deber’s integral work with colleagues from Manitoba on financing models of health care, in particular medical savings accounts (MSA’s). As Deber explains it, this model of financing health care – used in some countries such as the United States – is derived from the economic theory that individuals will be more efficient purchasers of health resources if they must pay for it themselves.

“My reports on MSA’s found that not only did this model show high risks of increased health care costs, but also that it often leads to worse health outcomes for the population,” said Deber.

Roy Romanow, in his famous [Report on the Future of Health Care in Canada](#) cited Deber’s work on the distribution of health care expenditures and MSA’s, and the province of Alberta, which had been on the verge of implementing this model, decided against the change.

Deber’s contributions to public life can also be seen in her work as a teacher and faculty member with the Institute of Health Policy, Management and Evaluation.

“A lot of IHPME students are career professionals and when I first began teaching, many of them were older than I was, but I never assumed that as “professor” I knew everything,” she said. One example is her edited volume, *Case Studies in Canadian Health Policy and Management*, which was written with about 130 students who had taken her case studies course.

Continuing to work with her students, including teaching and thesis supervision, is what currently keeps Deber busy, alongside her work with colleagues at the Institute. She recently published a book on the Canadian health system [Treating Health Care: How the Canadian System Works and How it Could Work Better](#), with U of T Press, which has been described as an accessible guide for all Canadians to unpack the key concepts that define their health system.

On the horizon for Deber is her ongoing work with Professors Whitney Berta and Audrey Laporte on health human resources and her contributions to Professor Greg Marchildon’s new book series on health system profiles across the country.

Deber joins two other faculty members, [Patricia O’Campo and Prabhat Jha](#) within the Dalla Lana School of Public Health, as newly named Fellows, and all will be welcomed into the Royal Society of Canada at the Celebration of Excellence and Engagement in Halifax this November.

# MSC/PHD DEFENSES

## Health Services Research

Jennifer Im, MSc

Thesis Topic: *Perceptions of End-of-Life Communication in Older Adults with Advanced Heart Failure and their Family Caregivers* Date: September 7, 2018

Avery Hughes, MSc

Thesis Topic: *A Cost-Utility Analysis of Biosimilar Infliximab Compared to Reference Infliximab in Switch Patients: A Canadian Analysis* Date: September 7, 2018

Andrea Simpson, MSc

Thesis Topic: *Disparities in Access to Endometrial Cancer Surgery in Ontario and the Influence of Morbid Obesity on Wait Times* Date: September 11, 2018

Rebecca Lum, MSc

Thesis Topic: *Exploring the Role of Resilience in the Experience of Family Caregivers of a Patient Requiring an Alternate Level of Care* Date: September 13, 2018

Julianna Yi, PhD

Thesis Topic: *The Influence of Organizational and Health System Arrangements on Priority-Setting for Health Technology Assessment* Date: September 24, 2018

## Clinical Epidemiology & Health Care Research

Ashwin Sankar, MSc

Thesis Topic: *Association of Preoperative Spirometry with Cardiopulmonary Exercise Capacity and Postoperative Outcomes in Surgical Patients* Date: September 7, 2018

Kazuyoshi Aoyama, PhD

Thesis Topic: *Maternal Critical illness in Canada: Temporal and Geographic Trends, Predictors of Outcome, and an Examination of the Variability in Provision of Critical Care* Date: September 13, 2018

# PUBLICATIONS

Suman Budhwani, Walter P. Wodchis, Camilla Zimmerman, Rahim Moineddin, Doris Howell. *Self-management, self-management support needs and interventions in advanced cancer: a scoping review.* (2018) *BMJ Supportive and Palliative Care.* <http://dx.doi.org/10.1136/bmjspcare-2018-001529>

Joanna E.M. Sale, Stephen Thielke. *Qualitative research is a fundamental scientific process.* (October 2018) *Journal of Clinical Epidemiology.* <https://doi.org/10.1016/j.jclinepi.2018.04.024>

Stephen Bornstein M.A., Ph.D. Melissa Heritage M.P.A. Amanda Chudak B.Sc.H. Robyn Tamblyn B.Sc.N., M.Sc., Ph.D. Meghan McMahon M.Sc. Adalsteinn D. Brown A.B., D.Phil *Development of Enriched Core Competencies for Health Services and Policy Research* (2018). <https://doi.org/10.1111/1475-6773.12847>

Noah M. Ivers, Irfan Dhalla and Adalsteinn Brown *Aligning innovations in health funding with innovations in care.* (2018) *CMAJ.*

Noah Ivers, MD, PhD; Adalsteinn D. Brown, DPhil; Allan S. Detsky, MD, PhD, CM *Lessons From the Canadian Experience With Single-Payer Health Insurance: Just Comfortable Enough With the Status Quo* (2018) *JAMA Internal Medicine.*



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# FACULTY APPOINTMENTS

## New Faculty

Julia Zarb - Assistant Professor, Teaching Stream Program Director, Master of Health Informatics and Executive Master of Health Informatics



IHPME is pleased to announce that after a successful search, Dr. Julia Zarb has been hired as a full-time Assistant Professor, Teaching Stream and Program Director of the Master of Health Informatics and Executive Master of Health Informatics.

Julia teaches, instructs and oversees the practicum, health information project, and capstone courses for the MHI and EMHI program. Of 21 years in health information technology strategy and marketing leadership, she has spent 14 in the US arena and 10 years on corporate executive teams. Her own firm, Zarb Consulting, served dozens of clients in national-scale initiatives, including Allergan, Allscripts, American College of Cardiology, Partners' Healthcare (Harvard/CITL), Siemens Healthcare, McKesson and Health Information Management Systems Society (HIMSS), as well as multiple start-up and mid-stage organizations.

Julia was a co-founder of the Electronic Health Record Vendor Association (EHRA), whom she represented for several years in the US. She has served on a variety of industry workgroups, including HIMSS HL7 & IHE Interoperability Collaborative, and HIMSS Katrina Phoenix. For HIMSS, she developed and project managed National Health IT Week (2006-2011).

Julia served as VP Marketing for A4 Health Systems, building brand recognition to third in the American EHR category, prior to the company's sale for \$272M. In Canada, Julia served as Senior VP, Marketing and Strategy for patient flow technology company, Medworxx, Inc.

## IHPME IN THE NEWS

### [Lessons from Ontario on big hospital funding changes](#)

IHPME's Noah Ivers examines Ontario hospital funding reforms

[Fall risk may increase after heart attack patients leave hospital](#) - IHPME's Dr. Sharon Straus comments on U.S. study that finds 3 in 5 patients hospitalized for heart attacks have a serious risk of falling after discharge

[Is poor health a problem you can fix by yourself? Not when you don't have money](#) - IHPME's Les Boehm comments on food insecurity, and health equity alongside DLPSh's Varlie Tarasuk

## EVENTS

### [IHPME GSU Writing Circles](#)

Ongoing | Times subject to change | HS 460 | Free

### [The Future of Integrated Care with Guest Speaker Dr. Ed Wagner](#)

October 3 | 2:30pm - 4:00pm | HS 208 | Free

### [IHPME GSU Pizza and Games Night](#)

October 3 | 5:30pm - 8:00pm | HS 700 | Free

### [Research Challenges in Quality of Care and Patient Safety: Jeffrey Braithwaite](#)

October 15 | 9:30am - 11:30am | HS 208 | Free

### [IHPME Moonshot 2018](#)

October 16 | 5:30pm - 10:00pm | Metro Toronto Convention Centre | \$35 reg / \$25 student

Connect with fellow alumni, students and faculty at the 5th annual Moonshot celebration with keynote Nick Goodwin, CEO and co-founder of the International Foundation for Integrated Care. Food, fun and festivities abound as we also recognize the 2018 winner of the Emerging Health System Leader Award in Honour of Louise Lemieux-Charles.

### [Buy Tickets](#)

## **CCHE Seminar Series**

10:00am - 12:00pm | HS 412 | Free

October 19 - [Etienne Gaudette](#)

October 23 - [Meghan McMahon](#)

## **IHPME Book Launch: The Elgar Companion to Social Capital and Health**

October 23 | 5:30pm - 7:30pm | HS 700 | Free

Register to attend: <https://ihpmebooklaunch.eventbrite.ca>

Editor's Eric Nauenberg of IHPME at the University of Toronto and Sherman Folland of Oakland University invite you to a launch of their latest book featuring insights and cutting edge research on the ever-expanding social capital field.

The Elgar Companion to Social Capital and Health offers a developed examination of new research across sociology, epidemiology, economics, psychology, and political science. Copies of the book will be available for sale and refreshments and snacks will also be served.

## **NAO Lecture Series and Comparative Health Systems Award in Honour of Les Bohem**

[Evaluating Health System Decentralization in Federal Systems: Eight International Cases](#)

October 24 | 4:00pm - 6:00pm | U of T Faculty Club | Free

As part of the North American Observatory on Health Systems and Policies (NAO) Lecture Series, we welcome Thomas J. Bossert (Harvard University) and Gregory Marchildon (University of Toronto) on Wednesday, October 24, 2018 at 4:00 PM at the Faculty Club (41 Willcocks Street, Toronto). Following the lecture, we will present the inaugural Comparative Health System Award in Honour of Les Boehm to this year's recipient, and celebrate with a reception. Please register for this event: <https://www.eventbrite.ca/e/nao-lecture-series-thomas-bossert-tickets-50448948162>

# APPLICATIONS

## **Vernissage Health 2019**

Applications are open to all IHPME graduate students in advanced stages of study as well as graduate students enrolled in the Joint Centre for Bioethics in the Dalla Lana School of Public Health.

Applications are due October 26, 2018

[View the application form.](#) - PDF

# 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!

## 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)