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Photo: Former CHEPA post-doctoral fellow Elysée Nouvet and CHEPA member Lisa Schwartz, seated left, address researchers and international aid workers in Geneva on September 26. (Photo courtesy of HHE).

## E-News

CHEPA researchers have been helping to shape Canada's health system since 1988. Located at McMaster University, CHEPA ([chepa.org](http://chepa.org)) is a multidisciplinary centre providing timely and relevant evidence to inform policy-making at all levels of the health-care system.

CHEPA news is an electronic newsletter available by email or on the CHEPA website ([chepa.org](http://chepa.org)). If you would like to subscribe, send an email to [ramsay@mcmaster.ca](mailto:ramsay@mcmaster.ca). If your email address is changing, please let us know.

## Grants

[Laura Anderson](#) is principal investigator on a one-year research project funded for \$14,000 by [Waterfront Toronto and Sidewalk Labs](#) in partnership with the Toronto Foundation. Her team, which includes [Elizabeth Alvarez](#), will engage in a "Measurement of quality of life, happiness, and well-being at the neighbourhood

## Health ethics involving refugees highlighted at Geneva workshops

[Lisa Schwartz](#), the Arnold L. Johnson Chair in Healthcare Ethics, and a team from CHEPA who are members of the **Humanitarian Health Ethics** (HHE) research group, shared knowledge drawn from two major studies: "*Aid when there is nothing left to offer: A study of ethics & palliative care during international humanitarian action*," and "*Perceptions of research during the 2014-15 Ebola (EVD) Outbreak*" and also conducted interactive workshops with front-line aid workers and representatives of global aid organizations on September 26 and 27 in Geneva,

level.”

**Michel Grignon** is Co-Principal Investigator on a Canadian Institutes of Health Research (CIHR) research project entitled "[\*The Socioeconomic Health Gradient in the Life Course in Canada\*](#)," which has been awarded a \$317,475 grant over four years. The team, which also includes **Jeremiah Hurley**, will investigate whether education slows down the aging process, how social position influences healthy aging, and if that status changes with place and time.

**Michael Wilson**, **John Lavis** and other CHEPA faculty members are among a group of researchers who were awarded \$30,000 by McMaster's [Department of Health Research Methods, Evidence, and Impact](#) (HEI) to develop "*A citizen panel and stakeholder dialogue on strengthening approaches to preventing and managing infectious disease among injection drug users.*"

## 27th Labelle Lecture

The 27th annual [Labelle Lecture](#) was presented on Wednesday, Oct. 3 by **Dr. Ruth Lavergne**, an Assistant Professor at Simon Fraser University's Faculty of Health Sciences. Lavergne's lecture, entitled "[\*Primary care, secondary data: Learning from policy change in British Columbia\*](#)" provided an overview of research examining primary care policy changes in British Columbia and offered lessons for other jurisdictions.

The discussant for this year's Lecture was **Dr. Erin Strumpf**, Associate Professor in the Department of Economics and the Department of Epidemiology, Biostatistics and Occupational Health at McGill University.

The annual Labelle Lecture was created 27 years ago to honour Roberta Labelle, who was one of the founding members of CHEPA. Her death in 1991 was unexpected, and occurred when broad recognition for her research in health economics was just starting to emerge.

## Visiting professor

CHEPA is hosting Visiting Professor **Dr. Margherita Giannoni** for the fall semester. She is an Associate Professor at the Università di Perugia (Italy), [specializing in health economics and health-care policy](#), who will be working with **Michel Grignon** on research that will measure socioeconomic inequalities and equity in health and access to healthcare, comparing Canada and European countries. They will be exploring two questions:

Switzerland at a conference that addressed the ethics of conducting healthcare research during humanitarian crises. The conference was co-sponsored by HHE and the [Geneva Centre for education and research in Humanitarian Action](#) (CERAH).

The Ebola study, conducted in Sierra Leone, Liberia and Guinea and which was funded by [Elrha's UK-based Research for Health in Humanitarian Crises R2HC Programme](#), had Schwartz, former CHEPA post-doctoral fellow **Elysée Nouvet**, and other researchers visit places affected by the Ebola virus, where they interviewed aid workers; toured Ebola treatment facilities; trained local research students and conducted a workshop on the ethics of socio-anthropological research. They later returned to each country to share findings with local researchers and survivor group members. They shared the results of this research with conference attendees from organizations including the World Health Organization, Médecins Sans Frontières (MSF), and the United Nations High Commission for Refugees, and also held workshops to help front-line staff working in missions sponsored by these organizations.

The second part of the workshop drew from the "*Aid when there is nothing left to offer*" study. **Sonya de Laat**, a post-doctoral fellow working under Schwartz, was part of a panel discussion about the power and limitations of small humanitarian acts based on themes emerging from the study.

On the second day of the conference, participants heard about wider preliminary findings from that study, including early insights on palliative care and supportive care needs for refugees. For more information about the conference, click [here](#).

Schwartz said the workshops also offered front-line fieldworkers and policy-makers encouragement and practical advice to take back to their

- How socioeconomic inequalities in self-reported, unmet need for medical care compare in Canada and Europe, and
- What the role of food insecurity plays in socioeconomic inequalities and inequities in health care utilization.

## Supporting EVIPNet's capacity-building efforts in Eastern Europe

**Kaelan Moat** delivered a customized training session in Belgrade, Serbia to 11 members of the [Evidence Informed Policy Network \(iEVIPNet\)](#) Europe, representing four Eastern-European countries (Bulgaria, Moldova, Romania and Serbia). In preparation, participants were enrolled in the [McMaster Health Forum's](#) online training course "[Finding and Using Research Evidence to Inform Decision-making in Health Systems and Organizations](#)" as a foundation for their planned work in developing evidence briefs to support policy development on the topic of antimicrobial resistance in the region.

Forum staff also presented three sessions at the International Federation on Ageing's 14th Global Conference on Ageing in Toronto, held in August 8-10. **Moat** and [John Lavis](#) led a workshop on how we can better equip citizens and patients with the knowledge and skills to find and use the best-available evidence, and empower them to drive health-system change. During the same conference, **Lavis** helped lead a symposium addressing the five key strategic objectives of the [WHO Global Strategy and Action Plan on Ageing and Health](#) and described how McMaster researchers contribute to this global ageing strategy through interdisciplinary research leading to evidence-informed policy.

**Michael Wilson** was also part of a panel that discussed how Canada can bridge the gap between policy and solutions in the aging and technology space.

## Conference presentations

Several CHEPA members gave conference presentations over the summer.

They included [Elizabeth Alvarez](#), who presented "How do physiotherapists use mental health interventions to treat individuals with chronic conditions? A scoping review" at Paul W. Stratford REBP Day at McMaster Innovation Park on July 24.

As well, [Katherine Boothe](#) presented "(Re)defining legitimacy? Expertise and public and patient involvement

organizations.

On Sept 28, the day after the Geneva conference, Schwartz presented their research to the World Health Organization's Board of Directors.

For more information about the two research projects go to: [www.humanitarianhealthethics.net](http://www.humanitarianhealthethics.net).

## New Publications

### Journal articles

**Alvarez E, Lavis JN, Brouwers M, Schwartz L.** Developing a workbook to support the contextualisation of global health systems guidance: a case study identifying steps and critical factors for success in this process at WHO. *Health Research Policy and Systems*. 2018.16:19.

**Asada Y, Hurley J, Grignon M, Kirkland S.** Health inequalities and inequities by age: Stability for the Health Utilities Index and divergence for the Frailty Index. *SSM Population Health*. 2018. 5:17-32.

**Bainbridge D, Seow H.** Palliative care experience in the last 3 months of life: A quantitative comparison of care provided in residential hospices, hospitals, and the home from the perspectives of bereaved caregivers. *The American Journal of Hospice and Palliative Care*. 2018. March; 35(3): 456-463.

**Birch S.** Demand-based models and market failure in health care: projecting shortages and surpluses in doctors and nurses. *Health Economics, Policy and Law*. 2018. doi: 10.1017/S1744133118000336.

**Elzibak O, Dang A, Qutob M, Smith B, Alvarez E.** Physician assistant involvement in health advocacy, health promotion and disease prevention: A scoping review. *The Journal of Canada's Physician Assistants*. 2018.1:1.

in Canadian drug assessment” at the Annual Meeting of the American Political Science Association in Boston in August.

## In the media

Katherine Boothe's opinion piece, “Debunking the myths about a Canadian pharmacare program” appeared in *The Conversation* on July 23.

Andrew Costa was interviewed by CBC radio for a feature entitled “Is it safe? 5 questions when looking for long term care.”

Arthur Sweetman told the CMAJ news why deciding how many doctors a region actually needs is a tricky business.

Sweetman was also quoted in a series of articles by the *Edmonton Journal* that investigated the reasons for chronic cost over-runs in hospital budgets in Alberta: “Two-thirds of hospitals in Alberta have chronic deficits. Here’s why they can’t kick the habit,” and “Plenty of ideas to fix hospital overspending in Alberta but few clear answers.”

Feng Xie was interviewed about the implications of interventions which prolong progression-free survival in cancer patients without addressing their health-related quality of life.

## PPEET 2.0 now available

A revised Public and Patient Engagement Evaluation Tool (PPEET) is now available! Since 2015, over 650 people worldwide have downloaded the tool. After extensive testing with tool users and implementers, PPEET 2.0 is even better equipped to meet the needs of the public & patient engagement community. The revised PPEET is available for download [here](#).

Additions include two participant questionnaires to evaluate on-time and on-going activities; a more finely tuned organization questionnaire, and a three module project questionnaire to inform planning activities and evaluate process and early outcomes of engagement in the short and longer term.

Thanks to these collaborating partner organizations - Cancer Care Ontario, the Children’s Hospital of Eastern Ontario (CHEO), Hamilton Health Sciences, Health Quality Ontario, Norwest Community Health Centres, Toronto Central LHIN and the University Health Network. Feedback on the tool and how it is used is always appreciated.

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Grignon M, Spencer, B. The funding of long-term care in Canada: What do we know, what should we know? *Canadian Journal on Aging / La Revue Canadienne Du Vieillessement*, 2018.37(2), 110-120.

Hunt M, Chénier A, Bezanson K, Nouvet E, Bernard C, de Laat S, Krishnaraj G, Schwartz L. Moral experiences of humanitarian health professionals caring for patients who are dying or likely to die in a humanitarian crisis. *Journal of International Humanitarian Action*. 2018. 3:12.

Hunt M, Pal NE, Schwartz L, O’Mathuna D. Ethical challenges in the provision of mental health services for children and families during disasters. *Current Psychiatry Reports*. 2018. 20:60.

Jones A, Feeny D, Costa AP. Longitudinal construct validity of the minimum data set health status index. *Health and quality of life outcomes*. 2018. 16 (1),102.

Kapiriri L, Chanda-Kapata P. The quest for a framework for sustainable and institutionalised priority-setting for health research in a low-resource setting: the case of Zambia. *Health Research Policy and Systems*. 2018. Feb 17; 16(1):11.

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## Retirement

**Lydia Garland**, one of CHEPA's first staff members, retired on Oct. 1 after 27 years working at McMaster. For the past 10 years she has been the administrator of the [Health Policy PhD program](#), providing a comforting ear and practical advice to students and staff.

## Health Policy PhD program

The [Health Policy PhD Program](#) marked its 10th anniversary in September. Currently, 24 students have completed the program and successfully defended their dissertations.

The program has also launched a revamped website: <https://healthsci.mcmaster.ca/hpphd>.

Three students successfully defended their dissertations over the summer:

- On August 31, **Marjan Walli-Attai** successfully defended her thesis "*On the measurement and interpretation of health inequality, income inequality, and income-related health inequality*". Her supervisor was [Jeremiah Hurley](#).
- **Sarah Newell**, who was supervised by Nancy Doubleday, defended her research on "*Social, cultural and ecological systems' influence on community health and wellbeing*", on September 10. Newell is now doing a post-doctoral fellowship with Doubleday and Brent McKnight of McMaster's DeGroot School of Business, working on the [Boreal Water Futures project](#), which is part of a larger [Global Water Futures](#) cross-Canada grant.
- **Melodie Yun Ju Song** successfully defended her thesis on September 17. It was entitled "Making Sense of Social Media for Public Health Decision-makers - The Case of Childhood Immunization in Ontario." Her supervisor was [Julia Abelson](#).

Waligora M, Prasad M, Bhatnagar N, Thabane L, Brundage M, Guyatt G, Xie F. **Evaluating progression-free survival as a surrogate outcome for health-related quality of life in oncology: A systematic review and quantitative analysis.** *Journal of the American Medical Association (JAMA) Internal Medicine.* 2018. Published online October 1, 2018.

Krahn M, Miller F, Bayoumi A, Brooker AS, Wagner F, Winsor S, Giacomini M, Goeree R, Schünemann H, van der Velde G, Petersen S. **Development of the Ontario decision framework: A values based framework for health technology assessment.** *International Journal of Technology Assessment in Health Care.* 2018. 34(3):290-9.

Majid U, Vanstone M. **Appraising qualitative research for evidence syntheses: A compendium of quality appraisal tools.** *Qualitative Health Research.* 2018. July 26.

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Shearer J, Lavis J, Abelson J, Walt G and Dion M. **Evidence-informed policymaking and policy innovation in a low-income country: does policy network structure matter?** *Evidence & Policy.* 2018. Aug 20.

Tarride JE, Quinn FR, Blackhouse G, Sandhu RK, Burke N, Gladstone DJ, Ivers NM, Dolovich L, Thornton A, Nakamya J, Ramasundarahettige C, Frydrych PA, Henein S, Ng K, Congdon V, Birtwhistle RV, Ward R, Healey JS. **Is screening for atrial fibrillation in Canadian family practices cost-effective in patients 65 years and older?** *Canadian Journal of Cardiology.* 2018, June 21. pii: S0828-282X(18)30384-2.

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CHEPA  
CRL Building, 2nd Floor  
McMaster University  
1280 Main Street West  
Hamilton, Ontario, Canada  
L8S 4K1

E: [ramsay@mcmaster.ca](mailto:ramsay@mcmaster.ca)  
W: [www.chepa.org](http://www.chepa.org)

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