



Health Care Settings and Canadians

CHSRF/CIHR HEALTH SERVICES CHAIR

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CHSRF/ CIHR CHAIR ANNUAL REPORT 2006

"I have benefited tremendously from the academic mentorship and financial support of Dr. Peter Coyte during my master's research. The opportunities for growth and development through the empirical training, insight, vision and advice of Dr. Coyte are a unique benefit of his mentorship. I have gained skills in empirical data analysis, systematic reviews, knowledge translation, and communicating research to both academic and non-academic audiences. I have been encouraged and supported to forge relationships with decision-makers and leaders in the health services research community, to present at Canadian and international conferences, to contribute as editor and reviewer of a quarterly digest, Home and Community Care Highlights, and to conduct policy-relevant research."

-Meghan McMahon, MSc Graduate,
Department of Health Policy, Management and Evaluation,
University of Toronto

PETER C. COYTE

“THE Network is the only regular forum for folks who are doing Health Economics or Health Technology Assessment in Toronto. It's the only forum that includes both clinical and non-clinical researchers in health economics, folks from industry, academia, governments and graduate students from a number of departments. It is the nidus for future attempts to organize HTA activities across the Faculties and research institutes at the U of T.”

- Murray Krahn, PhD, University Health Network

“The CHSRF/CIHR Genesis Fellowship Award provides me with opportunities to continue my education in Health Services Research. Dr. Coyte's guidance has helped me since the beginning of my research career and especially once I started school at the University of Toronto. This award and Dr. Coyte's mentorship have allowed me to gain both academic knowledge and practical experience which have helped to prepare me for health administration and health economics research.”

- Wanrudee Isaranuwatthai, MSc student, Dept. Health Policy, Management, and Evaluation, University of Toronto

“It has been a great pleasure working with Dr. Coyte for the past two years. Through this opportunity, I have gained insight into health care policy and decision-making. Dr. Coyte has introduced me to new fields and ideas. Through my involvement with his research, I have developed my critical thinking abilities as well as improved my knowledge of current research techniques and analysis. Dr. Coyte has always been a supportive and considerate mentor.”

- Karen Arcot, Research Assistant, BSc student, Faculty of Arts and Sciences, University of Toronto

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1.0 INTRODUCTION:

Collaboration, Consolidation, and Completion: From Home to Abroad

In 2000, Coyte's CHSRF/CIHR Health Services Chair in Health Care Settings and Canadians was created to build research capacity based on a priority triad of (i) focused research in applied health economics that pertains to health service finance, delivery and organization across a range of settings; (ii) innovative trainee education and mentorship in research and knowledge transfer; and (iii) enhanced linkage and exchange with decision-makers. In 2004, Coyte's cornerstone collaborative trainee-decision maker model was expanded to involve and utilize an important research constituency not addressed in the original research program: international trainees and mentors, and international research and policy decision maker stakeholders.

In this, the sixth year of the Chair's mandate, several past key academic projects and activities re-emerged as pressing public priorities, and were addressed in a manner consistent with the aims of the three designated areas: education/mentoring, linkage/exchange, and research. Hence, the theme of this report, "Collaboration, Consolidation, and Completion: From Home to Abroad," aptly reflects the *national* and *international* accomplishments of the past year.

This report consists of 8 sections and 21 appendices. Section 2 reviews relationship developments for the Chair. Sections 3-6 focus on the Chair's Exemplar Activities in 2006.

Exemplars are organized under the Report's three key themes:

- (i) *Collaboration*: Strengthening Ongoing Linkage and Exchange between Students and Decision-Makers
- (ii) *Consolidation*: International Research Initiatives – "The Impact of the Tsunami Disaster on Health Service Utilization and Health Status in Thailand"; and
- (iii) *Completion*: A New Phase of Knowledge Translation: Re-communicating Evidence to Canadian Courts.

A further Exemplar, *Research Training/Internships: Bringing International Experience Back Home* describes the Chair's ongoing commitment to furthering research opportunities for promising young Canadian health scholars. Taken together, the Exemplars illustrate the Chair's cultivation of mentoring and knowledge translation relationships that further the development and use of research evidence to inform decision-making in the finance, delivery and organization of health care services.

Section 7 enumerates the milestone achievements of the program, including those in linkage and exchange, mentorship and education, and research. Section 8 summarizes the Chair's annual budget from 2000-2006.

2.0 RELATIONSHIP DEVELOPMENTS

2.1 Change in Chair Personnel

In August 2006, Andrée Mitchell, the Chair's Program Coordinator from 2003-2006, moved to a new position as Research and Policy Analyst at the Ontario Health Quality Council. The main goal of the Council is to provide Ontarians, Government and professional bodies with relevant evidence-based information in order to assist them to make better decisions about the health care system. Mitchell's genuine warmth, and her enthusiasm for and commitment to the Chair's program are greatly missed. Interviews with potential candidates are underway and an appointment is expected by April 2007.

Prior to her departure, Mitchell worked extensively with two work-study students, Karen Arcot and Venika Manoharan, to ensure seamlessness in the Chair's ongoing administrative and financial operations. Arcot and Manoharan have since effectively facilitated the delivery and organization of research and educational activities, prepared various reports, briefs and other documents for the purpose of communicating the Chair's program with funding agencies and decision maker partners, and provided able support to the Chair's graduate and post-doctoral students.

2.2 Principal Decision Making Partner: The Change Foundation

The Change Foundation continues to be the Principal Decision Maker Partner for the Chair's program. The Foundation has been instrumental in facilitating the knowledge transfer programs for the Chair. Two Change Foundation PhD researchers, Drs Julie Gilbert and Jiahui Wong, continue to work as appointed Adjunct faculty in the Chair's home Department of Health Policy, Management, and Evaluation (HPME), University of Toronto. These appointments signal the Department's firm support of Coyte's ongoing efforts to link decision makers to his research and training projects. Since 2004, a more direct relationship with the Change Foundation has been established that has resulted in increased opportunities for trainee contact with health care executives, and enhanced cross-fertilization of knowledge translation expertise between the university and non-governmental organization sector. This, in turn, exposes the Chair's home Department to the priorities and perspectives of the health services decision maker community.

In early 2006, Gail Murray, then-CEO of the Change Foundation, stepped down and the search commenced for her successor. The Change Foundation is now under the able stewardship of Cathy Fooks. Fooks has been a key figure in the Canadian health service and policy research community beginning with her association with the Centre for Health Economics and Policy Analysis (CHEPA) at McMaster University, then as the inaugural Director of Research Transfer at the Institute for Clinical Evaluative Sciences (ICES), and more recently, as Executive Director of the Health Council of Canada. As the current President and CEO of the Change Foundation, Fooks is committed to the Foundation's continued partnership with the Chair's program.

2.3 Canadian Association for Health Services & Policy Research (CAHSPR)

Coyte continued in his role as Past President of CAHSPR. He was fully involved in strategic planning sessions, and Chaired the Nominations Committee to identify a slate of individuals to be considered for election to the Board.

3.0 EXEMPLAR A:

Collaboration: Strengthening Ongoing Linkage and Exchange between Students and Decision-Makers.

3.1 What It Is

A key group of health economists in the Faculty of Economics at Chulalongkorn University, Bangkok, as well as pharmacoeconomics and pharmacoepidemiology colleagues in the Faculty of Pharmaceutical Sciences at Naresuan University, Phitsanulok, have been instrumental in identifying promising Thai health services researchers, and bringing them to the attention of the Chair in order that they might apply to the University of Toronto. The successful recruitment to Canada of such promising scholars enhances health service research capacity in both Thailand and Canada. The intent is to form a nucleus of Thai students who will return to Thailand fully prepared to engage in the emerging health policy reform debates following immersion in Canada's mixed public-private model of health financing. In the past, many Thai students have preferred the United Kingdom for overseas training in health services research. Yet one limitation of the London School of Hygiene and Tropical Medicine remains the School's narrow approach to financing arrangements. This has historically led to a disconnect between the UK model of health insurance and the existing panoply of Thai approaches. Consequently, Canada represents a broader training opportunity that will provide students with a more nuanced approach to public-private financing in order to better inform decision-makers. In addition, by building research capacity among Thai students, it is hoped that a cadre of research mentors will be generated capable of supervising Canadian trainees interested in pursuing research in low to middle-income countries. Currently, there is a paucity of these research opportunities and an absence of institutionally-based mentors with the appropriate background and knowledge. It is hoped that these initiatives will yield a mutually supportive mentoring milieu in both Canada and Thailand.

3.2 Achievements

Kednapa Thavorn and Sirianong Peyasuntiwong were identified by key faculty in Thailand and recruited into the Doctoral and Master's programs within the Chair's home Department at the University of Toronto. Kednapa will begin her studies in the Fall of 2007 while Sirianong will begin in 2008. Kednapa has earlier collaborated with the Chair on a research project assessing the economic burden of defective heart valves. Sirianong continues to actively participate as a research assistant on the Tsunami project (described in Section 4.0).

3.3 Outcomes

As part of the broader development of Thai student/decision-maker engagement with the Canadian model of public and private sector participation in the finance and delivery of health services, Coyte presented to various stakeholders interested in health system performance (See Appendix 21). Coyte's presentations provided a platform for integration across the Chair's priority triad (education/mentoring, linkage/exchange, and research). It showcased arguments of interest to Thai opinion leaders that had earlier been set out in a report by Coyte and trainee intern Meghan McMahon on health care financing arrangements among member countries of the Organization for Economic Co-operation and Development (OECD).

4.0 EXEMPLAR B:

Consolidation: "The Impact of the Tsunami Disaster on Health Service Utilization and Health Status in Thailand."

4.1 What It Is

The Tsunami health service utilization and health status research project was spearheaded by Coyte and a team of Canadian and Thai health scholars. The actions of the Chair were a response to the devastating effects of the 2004 Indian Ocean mega-tsunami that affected 5 million people across 18 countries, and left 1 million homeless and 300,000 dead or injured.

The purpose of the study is to describe and assess the effects of the natural disaster over a three year-period on health service utilization (and costs), and health status for affected Thai residents. It is intended to inform the priority setting process for relief agencies and Government Departments charged with the responsibility of determining the form and distribution of health service relief for the Tsunami survivors as well as for survivors of natural disasters in Canada and elsewhere. Canada is an important part of the international humanitarian system. When future crises occur, evidence-based research will enable more efficient targeting of the nation's financial contributions to the core activities of the UN humanitarian agencies and the Red Cross/Crescent Movement. The relevance of evidence-informed research to guide Canadian funding relief becomes obvious when one considers the Federal Government pledged \$425 million in international aid over five years to Tsunami affected areas. Further, the occurrence of near-shore tsunamis have been identified as a rare but serious threat to Canadians living in British Columbia, including the lower mainland, Greater Victoria, the Georgia basin, and the east coast of Vancouver Island. In 2005, the BC government provided \$1million for Tsunami preparedness for 24 coastal communities. The latest test of the BC tsunami alert system occurred on March 28, 2007, and involved district and provincial emergency staff as well as members of the public from several communities. Consequently, findings from the Chair's study may one day be applied to guiding evidence-based emergency and relief health services to Canadians.

4.2 Achievements

The Tsunami project is an example par excellence of the priority triad intrinsic to each of the Chair's ongoing research projects: pure research, education/mentoring, and knowledge translation.

Since one goal of the study was to assist in the diversification of Canadian relief efforts by offering sustainable knowledge enhancement to the Thai and provincial ministries of Public Health through indigenous research participation, Coyte spent his sabbatical in Thailand.

Between May 2006 and January 2007, Coyte divided his time between the World Health Organization's Collaborating Centre for Health Economics housed by the Faculty of Economics at Chulalongkorn University, and the Department of Pharmacy Practice, Faculty of Pharmaceutical Sciences at Naresuan University. During this time he stewarded the study and provided the critical link between Canadian investigators and Thai research and public health staff. The value-added benefit of Coyte's direct participation was the opportunity to act as key academic mentor to Wanrudee Isaranuwachai, the Thailand-based Tsunami study research coordinator. As of September 2006, Wanrudee was accepted as a MSc candidate by the HPME Department at the University of Toronto (See Appendix 13). Her doctoral research will analyze data from the first and second data collection waves.

The study has also provided linkage and research opportunities to doctoral fellows in the CIHR Strategic Training Program in Health Care, Technology and Place (HCTP). Emma Varley and Monir Moniruzzaman (both PhD Candidates in the Department of Anthropology, University of Toronto) have recently been awarded an \$8,200 Interdisciplinary Capacity Enhancement (ICE) Grant to conduct ethnographic research with affected Thai residents from one of the Chair's study sites. The Varley-Moniruzzaman study uses qualitative methods and critical medical anthropology (CMA) as the investigative framework in order to obtain local understandings of normative and emergency health service utilization. Synergistically, the two studies will contribute to interdisciplinary knowledge translation and collaboration between the models of social science and of health sciences research.

5.0 EXEMPLAR C:

Completion: Completing the Cycle of Knowledge Translation

5.1 Background

In 2003, the Chair's Report described an Exemplar of the Chair's commitment to engaging trainees in the production and dissemination of *in situ* evidence-based research. In "*From Class Room to Court Room: A New Look at Evidence-Based Decision Making*," the report outlined the Chair's intensive mentorship along with Dr. Wendy Ungar, Scientist at the Hospital for Sick Children of three graduate trainees, Meredith Lilly, Sanober Motiwala, and Shamali Gupta. The aim was to assist trainees in producing sensitive research findings for uptake by diverse legal, policy and advocate stakeholders. Under Coyte's tutelage, and as part of the course requirements for Health Economics HAD 5730 to prepare publishable research by applying cost-effectiveness models to real data, the trainees evaluated the long-term cost-effectiveness of expanding intensive behavioural intervention (IBI) therapy to all autistic children in a range of settings in Ontario. The trainees found that the full expansion of therapy would result in a potential cost saving of \$172,549,472. At conclusion of the course, Coyte and Ungar tirelessly worked with the trainees to restructure the paper for scholarly submission and for use by legal decision makers. Lilly, Motiwala and Gupta chose to make their results available to both plaintiffs and the government in a \$75 million lawsuit launched against the Ontario government alleging discriminatory treatment of children with autism. The research was admitted as evidence in *Wynberg v Ontario* on September 17, 2003. On the basis of his scholarly track record, Coyte was called as an expert witness to testify to the veracity of the trainees' findings, and to support the legitimacy of the work. This level of mentorship was highly valued by trainees. One trainee commented, "I guessed that if he was going to stand up in court and defend our project, then he must have thought it was really strong. I appreciated that." The case was decided by the Superior Court on April 1, 2005, and by the Court of Appeal on July 7, 2006.

In the 2.5 years following the conclusion of the HAD 5730 course, the Chair worked with the trainees to tailor the report to academic manuscript style, to submit the manuscript to an academic journal, and to respond to the evaluations of anonymous reviewers as part of the peer-review process. Coyte was also involved in assisting trainees to reassess their findings in light of new figures released in 2004 by the Ontario Ministry of Community and Social Services. Those

statistics revealed increased treatment costs and a decrease in the population of eligible children. In 2006, trainees' findings were accepted for publication by Healthcare Policy (See Appendix 16).

In July 2006, as part of the case under appeal, Coyte was charged with the responsibility of establishing the relationship between the findings in the trainees' original 2003 report and their 2006 article (See Appendix 16).

5.3 Outcome for Trainees

Trainees learned first hand the powerful influence that careful research-based economic evaluation can exert on legal outcomes and policy development. Mary Eberts, Legal Counsel for the plaintiffs, stated that the 2003 report is the "only Canadian cost-benefit analysis of any of the autism support services, and supports the conclusions of US studies consulted during the early planning stages of the Ontario Intensive Early Intervention Program (IEIP). (The report) has contributed to keeping the IEIP on its initial trajectory, and even improving it."

Next, trainees were also provided the rare opportunity to participate in a case that exemplifies the use of research evidence as a key mechanism in the dialogue between courts and legislatures. A critical part of this dialogue involves the use of scientific evidence to facilitate the process of interaction between the Court's role in interpreting the Charter of Rights and legislative goals as set out by democratically elected politicians. In other words, the trainees' 2003 report and 2006 article were one of the key pieces of evidence that the court and the government used to reconcile "the individualistic values of the Charter with the accomplishment of social and economic policies enacted for the benefit of the community as a whole" (Hogg, P.W. and A.A. Thornton, *The Charter Dialogue between Courts and Legislatures*. Policy Options, 1999: p. 19-22).

Finally, this experience has provided the trainees yet another critical, real world training exercise in knowledge translation across disciplines. Trainees were required to respond to the genuine confusion evinced by the judicial system when faced with the social construction of knowledge. This judicial learning extended to gaining an understanding of the effects of scholarly dialogue and negotiation between authors and peer reviewers in the course of securing publication.

5.4 Outcomes for the Chair

The experience of being called upon as an expert witness in this case has also established a new requirement of the Chair in terms of the ongoing mentoring and support for the knowledge translation activities of trainees. That is, when evidence-based research is translated into non-legal expert evidence through uptake by legal decision-makers, it is often the "credibility of the (expert) witness as a moral person" that is "crucial" to the law's acceptance of a study as credible (Valverde, M., *Theoretical and methodological issues in the study of legal knowledge practices*, in *How Law Knows*, Austin Sarat, Lawrence Douglas, and M.M. Umphrey, Editors. 2007, Stanford University Press. p. 72-92). In this case, although the court was well-apprised that a graduate exercise in real-world economic evaluation was the genesis of the 2003 report, it was Coyte's qualifications as an expert health economist that was required for the court to accept the validity of the original and subsequently revised but not dissimilar claims. Clearly, all CHSRF Chairs need to be cognizant of the extent and depth of the ongoing commitment that is required when engaged in real-world knowledge translation efforts with trainees.

In late February 2007 at a general meeting of CHSRF Chairs, it was decided that the development of a book based on the experiences and innovations of each of the Chairs' Programs across Canada would be a helpful documentation of the reflexive practice of research at the intersection between knowledge production and decision-making. Coyte's contribution to this book will be in relating the experience of developing court expertise in the context of knowledge production and transfer/translation among multiple networks: the classroom, peer-reviewed journals, lay press, and court.

6.0 EXEMPLAR D:

Research Training/Internships: Bringing International Experience Back Home

The Chair has provided funding for three promising health scholars, Meghan McMahon, Aruna Dhara, and Alex Mihailovic to engage in internationally-based research of direct interest and relevance to Canadians.

Aruna Dhara, who holds a Master in Public Health from Yale University and is currently in the Medical Program at the University of Toronto, is conducting a randomized controlled trial of health insurance and health education in rural Karnataka, India. The intervention will begin March 2007 and conclude March 2008. Dhara and research partners (including an Indian non-governmental organization (NGO), the Centre for Insurance Research and Management in Chennai, India, and Yale University) will offer low cost health insurance in 100 villages, and free health education in another 100 villages. These interventions will overlap each other in order to yield four distinct study groups: two with either health education or insurance; one with both interventions; and a final (control) group with no intervention. To evaluate the effects of these interventions, surveys will be undertaken with 30 households in each village. Interviews will inquire about the economic and health status of household members, and will take anthropometric measures including height, weight, blood glucose, and hemoglobin. Surveys will be conducted at baseline, prior to intervention, and one year after the intervention. If it can be determined that health insurance and education have synergistic benefits, it may provide commercial insurers with an incentive to provide health education as a part of insurance packages. In turn, this may provide a sustainable model of insurance and health education in rural India.

Dhara's research showcases Canada's commitment to international research efforts that work in collaboration with local NGOs to identify local health needs and local solutions for economically and socially challenged communities. Her work supports local initiatives designed to improve decision making capacity to advance the health and well-being of marginalized people.

With the guidance and financial support of the Chair, **Meghan McMahon**, who completed her MSc under Coyte's supervision in April of 2007 and is currently Manager for Knowledge Translation for the CIHR's Institute for Health Services and Policy Research, completed a three-month internship with the Health Division at the Organization for Economic Co-operation and Development (OECD) in Paris, France. As part of her internship responsibilities she worked on a project that examined cross-national relationships between pharmaceutical pricing policies and innovations. The internship provided the genesis for a report co-written with Coyte on OECD member health financing policies (See Appendix 20). In turn, the report was used to further academic and policy discussions on the broader topic of health care financing reform for low to middle-income nations (See Section 3.0 of this Report).

Alexandra Mihailovic is a Senior Resident with the Department of General Surgery at the University of Toronto, and is co-supervised by Coyte and Dr. David Urbach in her doctoral studies. Financial support from the Chair enabled Mihailovic to pursue thesis work in Uganda, collecting data on child injuries and working clinically in the war ravaged northern regions of that country. Her research is focused on determinants of access to care for pediatric injury in low income settings. Data was collected from four different sources (hospital records, community sampling using primary school enrollment lists, and teacher and police sources) on all children seriously injured within the time period under study. As part of the knowledge translation component of the research, a prevention program was put in place with the 12,000 children originally involved in the randomization process. After three months, the program demonstrated a 93% reduction in relative risk of child pedestrian injury. The program has subsequently been expanded to other areas of Uganda. Mihailovic noted, "My experience conducting this research in Uganda was invaluable to my future career in bringing epidemiological and public health methods to address surgical and injury crises in the developing world...with a solid understanding of the realities of obstacles to public health programs and policies, and the actual health priorities dictated by the public."

7.0 MILESTONES

7.1 Linkage/Exchange:

Home and Community Care Highlights: A Quarterly Digest

Trainee Participants: 9

Disciplines Represented: 5

Subscribers: 33

Subscribing Community Care Access Centres/Community Health Centres: 19

Subscribing Provider Agencies: 5

Subscribing Ontario Ministry of Health and Long Term Care Divisions: 2

Subscribing Research Centres/NGOs: 1

Subscribing Advocacy/Professional Organizations: 0

Subscribing Political Parties: 6

Toronto Health Economics Network

Participants: 27

Presentations Made: 9

Institutions/Departments Represented: 14

7.2 Education/Mentorship

Trainees Graduated: 1 MSc, 1 PhD (Health Economics)

Trainees Placement: Southlake Regional Health Centre, Newmarket, Catholic University, Rome, Italy, and Organization for Economic Co-operation and Development (OECD), Paris, France

PhD Admitted/Chair Fellowships Received: 4

Disciplines Represented: Health Policy (4)

MSc Admitted/ Chair Fellowships Received: 1

Disciplines Represented: Health Policy, Management and Evaluation

Research Interns Admitted: 2

Disciplines Represented: Health Science and Economics

7.3 Research

Coyte: Peer-Reviewed Publications: 20

Coyte: Presentations: 9

Coyte: Funded Research Proposals: 2

Junior Faculty Papers Submitted & Published: 24

Junior Faculty Presentations: 6

Trainee Papers Submitted & Published: 24

Trainee Presentations: 27

8.0 BUDGET

	Year 1 July 1, 2000- Dec. 31, 2000	Year 2 Jan. 1, 2001- Dec. 31, 2001	Year 3 Jan. 1, 2002- Dec. 31, 2002	Year 4 Jan. 1, 2003 - Dec. 31, 2003	Year 5 Jan. 1, 2004 - Dec. 31 2004	Year 6 Jan.1, 2005 – Dec. 31 2005	Year 7 Jan.1, 2006 – Dec. 31 2006
Coordinator	12,500.00	25,000.00	25,000.00	25,000.00	25,000.00	25,000.00	58,080.00
Other Asst.	5,100.00	10,200.00	30,100.00	0.00	12,000.00	12,000.00	7,500.00
Grad. Stipends	0.00	6,647.07	40,000.00	109,000.00	100,000.00	48,911.45	50,300.00
Junior Faculty	27,350.00	46,908.96	18,124.96	5,975.00	5,975.00	5,975.00	20,000.00
Other Personal	18,450.00	37,171.35	21,261.25	36,000.00	36,000.00	36,000.00	8,000.00
Supplies	5,990.24	2,271.52	382.48	14,051.89	8,000.00	8,000.00	10,000.00
Equipment	0.00	0.00	5,198.90	3,298.62	5,000.00	5,000.00	7,000.00
Travel	1,847.00	10,657.70	9,757.82	24,669.05	15,000.00	20,000.00	25,000.00
Special Events	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Costs	0.00	3,000.00	5,000.00	0.00	5,025.00	5,000.00	20,000.00
Total Costs	71,237.24	137,313.56	149,825.41	217,994.56	212,000.00	165,886.45	205,880.00
Total Revenue¹	97,500.00	195,000.00	195,000.00	195,000.00	195,000.00	195,000.00	195,000.00
Surplus	26,262.76	57,686.44	45,174.59	(22,994.56)	(17,000.00)	29,113.55	(10,880.00)
Cumm. Surplus	26,262.76	83,949.20	129,123.79	106,129.23	89,129.23	118,242.78	107,544.78

¹This includes annual in-kind support of \$25, 000 from the Home and Community Care Evaluation and Research Centre (HCERC).

Appendix 1: Demographic Information

Appendix 1: Demographic Information

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Title: Retired - Ministry of Health and Long-Term Care
Email: teresita.warner@sympatico.ca
Phone: (416) 561-6216
Address: N/A

**Appendix 2:
Institutional Support Survey
2006**

Appendix 2: Institutional Support Survey 2006

Please place a checkmark next to all of the statements that apply. Space is provided for comment.

- ☐ There has been identifiable infrastructure support in the form of recruitment efforts for my program.
- ☐ Full support is provided by the institution with respect to tracking and reporting all financial information.
- ☒ Office space was made available for the chair program and others participating in the chair program.
- ☒ The space is of adequate size.
- ☒ The space is in a location that is appropriate for the teaching and mentoring activities of the chair.
- ☐ Necessary renovations were conducted, including providing an adequate number of Internet access points.
- ☐ The associated costs of furniture and equipment (e.g., computers) were covered by the institution.
- ☐ Assistance was provided in developing or arranging for distance delivery of courses.
- ☒ Mechanisms have been created to facilitate and attribute credit for the interdisciplinary nature of my activities.
- ☒ Where new courses have been developed as part of the chair program, my institution has been fully supportive in the processes needed to get them up and running.
- ☐ The chair is profiled, highlighted in a significant way.
- ☒ There is a specific link to the web site of the chair on the university site.
- ☐ There have been efforts on the part of the institution to link the chair with other programs/activities that complement the chair program.

Note other comments here:

The host department is the Department of Health Policy, Management, and Evaluation (HPME) in the Faculty of Medicine, University of Toronto. HPME continues to provide adequate research and research training space for the conduct of the Chair program, technical support and administrative supports. HPME has also been supportive in co-funding one new Master of Science student: Wanrudee Isaranuwachai, from Thailand.

HPME continues to also support Adjunct Lectureship status to the Principal Decision Maker Partner contacts: Jiahui Wong, PhD, Research Manager, The Change Foundation and Julie Gilbert, PhD, Manager, Knowledge Transfer, The Change Foundation.

Appendix 3:
Accountability Framework -
Objectives, Milestones,
Performance Indicators

Appendix 3: Accountability Framework - Objectives, Milestones, Performance Indicators

Objectives	Milestones	Performance Indicators	Baseline Year 1 2001	Year 2 2002	Year 3 2003	Year 4 2004	Year 5 2005	Year 6 2006
RESEARCH INITIATIVES								
❖ Develop New Theories and Methods Applicable to the Multiple Settings in which Health Care Transactions are Undertaken.	❖ Generate a Corpus of Descriptive and Explanatory/Predictive Research Projects ❖ Generate a Corpus of Evaluative Tools and Findings.	❖ Funded Peer-Reviewed Research Projects Pertaining to Health Care Settings.	5	6	4	4-6	5	2
		❖ Peer Review/Grey Literature Publications & Presentations Pertaining to Health Care Settings.	23	22	24	24-30	27	79
EDUCATION AND MENTORSHIP INITIATIVES								
❖ Develop & Implement Educational & Mentorship Opportunities to Create a New Generation of Scholars Dedicated to Study of Health Care Settings.	❖ Create a Flagship, Transdisciplinary Course on Health Care Settings & Canadians. ❖ 2001 = Course JNH5001 (taught with McKeever) ❖ 2006/7 = New Course BME1456H (taught with Winkelman) ❖ 2006/7 = JNH5003H (taught with Baranek)	❖ Disciplinary Perspectives Reflected in Curriculum	2	3	8	8	8	4, 6
		❖ Students Enrolled	6	10	13	13	13	9, 16
		❖ Disciplines Represented by Enrollees	4	7	7	5-7	7	2. 3
		❖ Policy-Makers/Decision-Makers involved in Teaching & Learning.	0	0	3	3-4	3	3, 1
❖ Enhance Participation of Non-Traditional Disciplines.	❖ Revise Health Economics Course Series to Address Evaluation, KT, and Stakeholder Collaboration. 2002 = Course HAD 5730 (taught with Ungar) ❖ Launch Innovative Research Training Awards Program	❖ Revise Curriculum	-	Yes	-	Yes	-	-
❖ Students Enrolled		-	15	-	-	-	-	
❖ Policy Makers/Decision makers involved in Teaching & Learning.		-	(9) (1)		-	-	-	
❖ Recruit, Mentor, & Motivate Scholars for Health Services and Policy Research Careers		❖ Awards	4	6	8	8	4	5
		❖ Awards Linked to Peer-Reviewed Awards	4	3	5	6	4	5
		❖ Awards for Knowledge Transfer Activities	0	1	3	7-15	13	10

Objectives	Milestones	Performance Indicators	Baseline Year 1 2001	Year 2 2002	Year 3 2003	Year 4 2004	Year 5 2005	Year 6 2006
		❖ Awards for Research Activities/ Equipment	4	6	6	6	4	5
	❖ Create Effective Training Experiences Involving Knowledge Transfer Skills.	❖ Awards Linked to Internships	-	1	5	3-5	1	2
		❖ New Educational Programs launched for Linkage/Exchange	1	3	2	2-3	2	-
		❖ Graduate Placements to Decision-Making/Clinical Professions (Total Graduates)	2 (2)	2 (4)	2 (2)	-	1 (1)	1 (1)
		❖ Graduate Placements to Research Professions (Total Graduates)	9 (2)	2 (4)	0 (2)	-	1 (1)	1 (1)
	❖ Effectively Groom 2 Junior Faculty to become Health Services Research Leaders ❖ *maternity leave	❖ JF Peer Review Research Grants	(1); (3)	(3)*; (3)*	(8); (1)*	-	(4); (1)*	(7); (13)*
		❖ JF Peer Review and Grey Literature Publications (/Per Person)	(16); (10)	(10)*; (5)*	(11); (4)*	-	(11); (4)*	(5); (12)*
LINKAGE AND EXCHANGE INITIATIVES								
❖ Enhance Mutual Receptor Capacity Among Decision Makers and Scholars	❖ Decision-Maker Organizations Involved in Setting the Chair’s Research, Teaching, Linkage & Exchange Agenda	❖ Decision maker Org.’s Participate on Training Awards Review Committee	0	0	1	2	2	1
		❖ Decision Maker Org.’s Participate on Student Committees/Internships	0	2	6	6	2	4
	❖ Development of Communications Infrastructure	❖ Chair Research Documents Available Online	5	10	19	19+	20+	25+
		❖ Chair/HCERC listserv members	400	650	650	650+	650+	650+
		❖ Creation of Stand-Alone Website	-	-	Yes	Yes	Yes	Yes

Appendix 4:
Dedicated Bilingual Website and
Advertising Pamphlet

Appendix 4: Dedicated Bilingual Website and Advertising Pamphlet

To facilitate the use of research in decision-making and to assist decision-makers in communicating with the Chair's activities, the bilingual website continues to be updated and maintained each year. The website offers a range of knowledge broker materials including newsletters, research compendia, research reports, seminar and conference notices, as well as information on educational opportunities and research training awards. The bilingual pamphlet also continues to disseminate information about the Chair and the opportunities it offers.

This will enable Dr. Coyte to better communicate with health policy decision-makers in all Canadian jurisdictions and to foster exchange between knowledge users and creators nationally and internationally.

CHSRF/CIHR Chair Bilingual Website can be viewed at <http://www.hcerc.utoronto.ca>.
Note: Pamphlet link is available online.

Appendix 5:
2006 Research Training Genesis
Fellowship Award Advertisement

Appendix 5: 2006 Research Training Genesis Fellowship Awards Advertisement

Health Care Settings and Canadians

CHSRF/CIHR HEALTH SERVICES CHAIR

Peter C. Coyte

Sponsored by the
Canadian Health Services Research Foundation (CHSRF),
Canadian Institutes of Health Research (CIHR), & the
Ontario Ministry of Health and Long Term Care
Health Care Settings and Canadians CHSRF

Introduction: The CHSRF/CIHR Health Services Chair in Health Care Settings and Canadians anchored in the Faculties of Medicine and Nursing at the University of Toronto, offers research, educational and mentoring opportunities to advance knowledge at the intersection of health care, technology and place.

The CHSRF/CIHR Chair in Health Care Settings and Canadians specializes in providing Genesis Fellowships for qualified students at the Master's and Doctoral level, irrespective of their discipline or institutional location. The Chair's Fellowships are designed to build discipline-based research capacity related to the dynamic interplay between and among people (e.g. care providers and recipients), technologies (e.g. electronic biomedical devices, and pharmaceutical interventions), and health care settings.

This educational and mentorship program addresses the urgent need to build health services research capacity in Canada that is attentive to the critical role of the settings for health care. Fellowships have been established to stimulate creative inquiry that will inform the development and maintenance of efficient, effective and equitable health care in the twenty-first century.

Terms: The duration of the Chair's Fellowships is one year and up to eight awards will be made each year. The amount and form of the awards will be internationally competitive (\$2000-\$20000) and tailored to the specific priorities of the recipients. Bursaries for equipment purchases, travel and project dissemination are potential forms of awards.

Award recipients are required to enrol in a full-time Master's or Doctoral program and to maintain residency within reasonable proximity of their research supervisor. Award recipients are required to meet the degree requirements of their home departments and to participate in educational activities of the Chair.

Program Requirements: During the academic year of the award, trainees must engage in scholarly activities related to the diverse effects of the changing settings in which health care is sought, delivered and received; demonstrate active and effective involvement and interaction with policy and practice decision-makers in the development and execution of

research activities; submit at least one article for peer-reviewed consideration; and contribute actively to Home and Community Care Highlights: A Quarterly Digest.

Application: Award holders must be enrolled in a Master's or Doctoral program, irrespective of discipline or institutional location. Successful applications will demonstrate superior and transdisciplinary academic preparation as well as significant promise and commitment to health research. Applicants should submit: a copy of a completed application to a health services research related graduate program and/or admission documents; curriculum vitae; transcripts from all post-secondary institutions; two letters of recommendation; two writing samples; and a research plan (maximum 1 page) summarizing research goals and the relevance of the Health Care Settings and Canadians program to these goals. Identification of specific research questions and methods is less important than the evidence of a scholarly commitment and the potential to make a significant contribution to health research.

Forward applications to:

Dr. Peter C. Coyte
CHSRF/CIHR Health Services Chair
Department of Health Policy, Management and Evaluation
155 College Street, Suite 425
Toronto, ON M5T 3M6
Phone: 416-978-8369
Fax: 416-978-7350
Email: peter.coyte@utoronto.ca

The closing date for applications is March 30, 2007.

**Appendix 6:
Graduate Course:
*Home and Community Care
Knowledge Translation -
JNH 5003H***

“The Home and Community Care Knowledge Translation course provides me a training ground to critically analyze and disseminate scientific research. From the course, I have developed a pragmatic mindset when I think about my future research focus.”

**- Veronica Law, MSc. Student, Graduate Dept. of Rehabilitation Sciences,
University of Toronto**

“The Home and Community Care Knowledge Translation course provides students with the opportunity to read the latest research in the sector, to critically appraise studies in terms of valid methodology, the importance of disseminating findings, and to write in an accessible way for policy decision makers. In choosing research articles and in drafting their summaries, students must make themselves knowledgeable about the political and health system context and opportunities and challenges facing people in the field. They are asked to make explicit the relevance of each article to policy makers and program decision makers. At the same time, each student is given the opportunity to edit an issue of Highlights.”

- Pat Baranek, PhD, Health Services and Policy Research Consultant, Co-Instructor, “Home and Community Care Knowledge Translation

Appendix 6: Graduate Course: *Home and Community Care Knowledge Translation* - JNH 5003H

JNH 5003H: Home and Community Care Knowledge Translation

**Department of Health Policy, Management and Evaluation/Faculty of Nursing
Fall 2006 & Winter 2007**

**Participants will meet every 3 weeks for 2-hours for a total of 12 sessions.
Sept 11th, Oct 2nd, Oct 23rd, Nov 13th, Dec 4th, Jan 15th, Feb 5th, Feb 26th, Mar 19th and Apr 2nd.
Location: 155 College Street, Room 412 (4th floor)
Time: 12:00 pm – 2:00 pm**

Instructors: Drs. P. Coyte & P. Baranek

OUTLINE:

Course Description: A knowledge translation exercise that selects policy and program relevant research and translates it into an accessible format for decision-makers.

Under Drs. Coyte and Baranek's mentorship and a graduate editorial board, students review research publications on an ongoing basis and summarize in the Digest a range of studies that are of immediate and potential interest to industry and policy communities. This initiative cultivates knowledge translation skills and promotes young researchers awareness of the perspectives and evidence needs of decision-makers. The focus of the readings is home and community care as well as long term facility care. The product of this course is four issues of the Home and Community Care Highlights, a quarterly summary of research in the area. Students will receive a credit upon completion of the course.

Each of four specific components will be graded. Participants will:

1. Attend and engage in active discussion during each of the monthly sessions (students show knowledge of readings prior to class and through their participation and contributions in the classroom) (20%)
2. Select at least one article for discussion and potential inclusion in the Home and Community Care Highlights, hereafter Highlights (20%)
3. Produce a headline, summary and a structured abstract (consisting of: background, methods, findings and conclusion) as 1st or 2nd reviewer of articles for each quarterly digest (20%); and
4. Take the editorial leadership for at least one of the quarterly issues of the Highlights, December, March, June and September (30%)

This highly innovative course accomplishes a number of goals:

Training: Teaching students

- To keep up-to-date with the research literature
- To critically appraise research,
- To consider the relevance of research to policy/ decision makers,
- To write in accessible language, and
- To work as a team in producing a knowledge translation publication

Knowledge Transfer

- Provide up-to-date evidence-based information to providers, and policy decision makers in an easily accessible and efficient format

Student Support

- Provides funding through scholarships to support the training of graduate students

Home and Community Care Highlights: A Quarterly Digest

The quarterly Digest responds to decision makers' needs for timely and relevant evidence providing accessible synopses of recent research in the peer-reviewed and gray literature pertaining to the financing, delivery and organization of home and community-based health care activities.

Under the mentorship of Drs. Coyte and Baranek and a graduate editorial board, students review research publications on an ongoing basis and summarize in the Digest a range of studies that are of immediate or potential interest to industry and policy communities. This initiative cultivates knowledge translation skills and promotes young researchers' awareness of the perspectives and evidence needs of decision-makers. Editorship rotates to new trainees on a quarterly basis.

Digest synopses are provided in two formats. "*Headlines and Conclusions*" crystallize the take-home messages of research in a few sentences. "*Thumbnail Summaries*" condense the background, methods, findings and conclusions of the research into quick-to-use, single-page overviews that include reference information. Cost-recovery subscriptions are available to organizations at \$300/yr and have been purchased by CCACs, industry stakeholders, and other outlets.

Review Team:

Tita Ang-Angco (*Retired - Ontario Ministry of Health and Long-Term Care*)

Patricia Baranek (*Independent Health Care Consultant*)

Peter Coyte (*Dept. of Health Policy, Management and Evaluation, University of Toronto*)

Michael Hillmer (*Dept. of Health Policy, Management and Evaluation, University of Toronto*)

Wanrudee Isaranuwachai (*Dept. of Health Policy, Management and Evaluation, University of Toronto*)

Michele Kohli (*Dept. of Health Policy, Management and Evaluation, University of Toronto*)

Veronica Law (*Graduate Department of Rehabilitation Science, University of Toronto*)

Meredith Lilly (*Dept. of Health Policy, Management and Evaluation, University of Toronto*)

Meghan McMahon (*Dept. of Health Policy, Management and Evaluation, University of Toronto*)

Hans Oh (*Dept. of Health Policy, Management and Evaluation, University of Toronto*)

Greg Payne (*Dept. of Health Policy, Management and Evaluation, University of Toronto*)

Jillian Watkins (*Dept. of Health Policy, Management and Evaluation, University of Toronto*)

Subscribers:

Access Centre for Hastings & Prince Edward
Counties

Algoma (CCAC)

Cancer Care Ontario

Cochrane CCAC

Comcare Health Services

CCAC for Kenora & Rainy River Districts

CCAC of Halton

CCAC of the District of Thunder Bay

CCAC of Waterloo Region

CCAC of Wellington-Dufferin

CCAC Oxford

CCAC Simcoe County

Etobicoke and York CCAC

Grey-Bruce CCAC

Haliburton, Northumberland and Victoria Access Centre
Hamilton CCAC

Kingston, Frontenac, Lennox & Addington CCAC

Long-Term Care Redevelopment Project

Ministry of Health and Long-Term Care – CCACs branch

Long-Term Care Redevelopment Project

North York CCAC

Ontario Association of CCACs

Ontario Home Health Care Providers Association

Spectrum Health Care

Saint Elizabeth Health Care

The Change Foundation

Toronto Community and Neighbourhood Services, Community
Program

VHA Health and Home Care

West Parry Sound Health Centre

HIGHLIGHTS: 2006 ISSUES

***Home and Community Care Highlights* Volume 5, Number 1: January 2006**

This issue focuses on: recent trends in home care provision, the relationship between need and amount of home care received, the importance of age in allocating health care resources, nurses' preferences for pain assessments in nursing homes, the use of specific interventions to achieve desirable health outcomes, assessing economic evaluations and the potential of new home-based technologies. The following topics are addressed:

1. Trends in home care provision from 1991 to 2001: Alberta's experience
2. According to need? Predicting the amount of municipal home help allocated to elderly recipients in an urban area of Sweden
3. The importance of age in allocating health care resources
4. Nurses' preference for assessing pain of nursing home residents
5. Home-based intervention can reduce asthma symptoms in children
6. Using vitamin D to prevent falls in an elderly residential care population
7. A 'how to' guide to detect, and minimize, common flaws in economic evaluations
8. You've got mail – checking lab results over the Internet
9. No place like home: telemonitoring can improve home care

***Home and Community Care Highlights* Volume 5, Number 2: May 2006**

This issue focuses on three broad topic areas: quality and efficiency in long-term care provision, in both home and institutional settings; the effects of end-of-life care on care recipients, family members, and volunteers; and finally, exploring alternative settings and programs for low-intensity elder care. Specifically, the following topics are addressed:

1. Quality control of equipment in home mechanical ventilation: a European survey
2. Quality management activities improve clinical outcomes in nursing homes
3. Remote monitoring works, but technical issues need to be solved
4. Hospice care improves the quality of end-of-life care
5. The positive impact of hospice care on the surviving partner
6. Volunteers generate positive benefits for end-of-life care
7. Intensive homecare program is effective but more expensive than inpatient care
8. Evaluating a community-based health promotion program for seniors
9. Assisted living facilities: how is care provided to residents'?

***Home and Community Care Highlights* Volume 5, Number 3: September 2006**

This issue focuses on:

1. E-mail Reminders to Home Care Nurses can Improve Patient Health Outcomes
2. Obesity in Nursing Homes: An Escalating Problem
3. Unmet care needs indicative of nursing home placement and death

4. Guidelines for professional accountability in e-health services needed
5. Identifying Barriers in the Facilitation of Quality Osteoporosis Care in Skilled Nursing
6. Restructuring Home Care in the 1990s: Geographical Differentiation in Ontario, Canada
7. Real time intensive feedback to control blood sugar works, but questions still remain
8. Integrated care models can benefit caregivers too

Home and Community Care Highlights
Volume 5, Number 4: December 2006

This issue focuses on: factors affecting nursing job satisfaction in long-term care facilities; the relationship between care outcomes and ownerships of long-term care facilities; treatments of pneumonia and pressure ulcers in nursing homes; the effect of a family style mealtimes program on the well-being of institutionalized residents; a home program to promote seniors' functional independence; and a self-managed care program of inflammatory bowel disease. Specifically, the following topics are addressed:

1. What factors influence job satisfaction and staff morale in nursing homes?
2. Nurses need more contact with long-term care residents for improved job satisfaction
3. Care outcomes in long-term care facilities in British Columbia, Canada: Does ownership matter?
4. A clinical pathway for pneumonia treatment can reduce hospital admissions for nursing home residents
5. Preventing pressure ulcers
6. Family style mealtimes can maintain quality of life, physical performance, and body weight of nursing home residents
7. A study of a multicomponent home intervention to reduce functional difficulties in older adults
8. Self-managed care of inflammatory bowel disease: Same outcomes but at a lower cost

Highlights Mentorship Activity

Drs. Coyte and Baranek have invited all of last year's students to return this year as mentors. Coyte has offered each of them a sum of \$100.00 per class with a total of \$1000.00 for the year. Their responsibilities as mentors include regular attendance at all meetings, some research planning, organizational mentoring duties and summary write-ups.

Mentors for 2006-2007

Mike Hillmer
Michele Kohli
Hans Oh
Greg Payne

Mentors for 2005-2006

Mike Hillmer
Michele Kohli
Andrée Mitchell
Hans Oh
Dara Zarnett

**Appendix 7:
Graduate Course:
*Technologies, People, & Places in
the New Health Care -*
BME1456H**

“I have found working with Peter a very inspiring experience. He has a talent to translate the most dense, complex and sometimes onerous concepts into extremely accessible, user-friendly formats. He is also both forthright and kind with his feedback and suggestions for future directions of work.”

- Warren Winkelman, MD, MBA, PhD, Co-Instructor

Appendix 7: Graduate Course: Technologies, People & Places in the New Health Care – BME1456H

BME1456H: Technologies, People, & Places in the New Health Care

**Department of Health Care, Technology and Place
Department of Health Policy, Management and Evaluation
Faculty of Nursing
Faculty of Medicine
CIHR Strategic Initiative**

Participants meet every week on Wednesday for 2 hours for a total of 15 sessions.

Location: 155 College St., Room 618

Time: 1-3 PM

Instructors: Drs. Peter C. Coyte & Warren Winkelman

Course Description

Technology has become so pervasive in today's society that much of it is simply taken for granted. Since the industrial revolution, and even earlier, we have come to view technology as a necessary tool to help us do more, to make more things, and make them better and with greater efficiency. Most recently, with the advent of the "digital" revolution, we have come to place similar expectations on communication, information and knowledge-related technologies: telephone, television, and the Internet allow us efficient access to more people, places, ideas and concepts than ever before in history.

As a society of individuals with a great number of individual needs, we place a lot of hope in technology, particularly in the realm of health. The public purse and private enterprises both invest a lot of money and time in the development of new health technologies because we believe, or perhaps we expect that such technologies hold the key to better health and therefore, better lives. It is for this reason, no doubt, that technological developments have become the major driving force in the evolution of the health care system. Ironically, it is also for this reason that much of the disappointment in our health care system is rooted in the inability of health technologies to deliver on these expectations.

This course explores how health technologies impact the stakeholders of the healthcare system, patients, professionals, healthcare organizations and society-at-large, from an interdisciplinary perspective that includes philosophy, nursing, clinical medicine, health economics, humanities, health policy, health technology assessment, sociology, feminism and psychology. The course instructors aim is to provide current and future researchers with the tools to help them formulate new ideas and questions about technology that go deeper and broader than simple direct cause-and-effect relationships (1) to understand the profound philosophical and physical shifts in health care, health service delivery, and health care settings brought about by new health technologies, (2) to measure how and to what extent new health technologies actually exert their influence, and (3) to appreciate how the changes brought about by new health technologies will impact the healthcare system and its stakeholders in the foreseeable future.

LEARNING OBJECTIVES

- To have a better appreciation of the spectrum of new health technologies and the current trends in new health technologies.

- To develop an appreciation of innovative, trans-disciplinary theoretical and philosophical approaches to the assessment of new health technologies.
- To be able to consider the long-term implications for individuals, society, and the healthcare system of new health technologies.
- To be able to identify and discuss ethical dilemmas arising from new health technologies.

FORMAT

This interactive course includes a series of guest lecturers (many are HCTP Mentors) from the various disciplines and perspectives. Interaction between both the lecturer and students is strongly encouraged. Each session with a guest lecturer will be divided as follows:

- 40 minute presentation by lecturer
- 20 minute discussion
- 10 minute break
- 30 minute presentation(s) by students
- 20 minute discussion

EVALUATION

- Class Participation 10%
- In Class Presentation in Response to Lecture 20% (To be determined in Session 1)
- In Class Discussion of Individual Research Abstract 10% (Deadline for submission: March 28, 2007, in class)
- Individual Research Proposal 60% (Deadline for submission: April 18th, 2007, 4:00 pm)

Note: Proposals received after deadline are subject to a penalty of a 10% reduction on grade for Individual Research Proposal per day, i.e. late two days = grade – 20%)

Individual Research Proposal and In-Class Discussion of Research Abstract

The Individual Research Proposal requirement provides an opportunity for students to explore in greater depth a topic addressed during the course. Each student prepares and submits a paper by the end of the course (maximum 14 pages only [tables, references, etc. are in addition to the 14 pages], letter size, double spaced, 12 point Times New Roman font, 1" margins). The proposal should focus on one technology (or type of technology), summarize the relevant literature, define a research question, justify a conceptual approach, describe the methods to be applied, discuss expected results, usefulness of the study and its ethical aspects, and outline the links with HCTP research issues.

The In-Class Discussion of Research Proposal Abstract requirement provides an opportunity for students to receive feedback on their proposal. Each student submits a one-page abstract on their Research Proposal for distribution to the class in preparation for discussion and feedback in the final session.

Note: Students will prepare one paragraph on their research idea by Week 5 for review with the course instructors.

The In Class Presentation Response

The In Class Presentation provides an opportunity for students to explore in further depth one of the subjects covered by the guest lecturer. Students will use the guest lecturer's abstract and recommended articles as a starting point. They will be expected to respond to the topic from a different perspective than that of the guest lecturer. Depending on the topic, and the number of students in the class, this presentation response will be done either individually or by a small group.

CLASS SCHEDULE (January 10th to April 4th)

January 10, 2007 – PETER COYTE/WARREN WINKELMAN

Introduction to the Course
The Spectrum of the Problems of Health Technologies
Economic approaches to Health Technology Assessment

January 17, 2007 – BARBARA GIBSON

The Challenges of Designing Health Technology for Users

January 24, 2007 – BLAKE POLAND

The Challenges of Assessing the Impact of Health Technology
Benefits and Limitations of Qualitative Approaches

January 31, 2007 – ALEX JADAD

The Challenges of Assessing the Impact of Health Technology
Benefits and Limitations of Quantitative Approaches

February 7, 2007 – TOM CHAU

This Disabled User: How Technologies reconfigure the body
How society's views on disability influence how technology is developed and implemented

February 14, 2007 – GEOFF FERNIE

The Aging Body and the Challenges of Designing and Implementing Technology
How society's values on aging influence how technology is developed and implemented

February 28, 2007 – NADINE WATHEN

Gender and New Health Technologies
Home care work and technology design

March 7, 2007 – WARREN WINKELMAN

Chronic Illness, Empowerment and Information Technology
Challenging the Ownership of Information and Technology in the 21st Century

March 14, 2007 – DAVE HOLMES

Society, Health Technology and the Politics of Sexual Identity
Designing Technology for Ambiguity

March 21, 2007 – SARA DIAMOND

Users (Patients and clients) as experts in technology design
New models of collaborative design and their applicability to health technology
Reconciling power and control

March 28, 2007 – GAVIN ANDREWS

Technology and Place
How technologies are mediating new therapeutic landscapes

April 4, 2007 – PETER COYTE/WARREN WINKELMAN

Student Abstracts & In Class Discussion

Appendix 8:
CHRSF CAN!
(Coyte Alumni Network!)

Appendix 8: CHSRF CAN! (Coyte Alumni Network!)

Dr. Coyte's student-alumni network (CHSRF CAN!) currently comprises 53 members, including both current students and alumni. For the last 2 years the network has arranged various activities to bring members closer together and advertise CHSRF CAN! Dr. Coyte provides \$10,000 per annum to support his student-alumni network. The funds are used to support member attendance at research-related activities including debates on topical policy issues, panel discussions, workshops, and conferences. It also supports member presentation of current research and attendance at guest speaker events.

The CHSRF CAN! provides an important forum for job searching and social get-togethers such as network dinners, conference get-togethers, etc. Besides supporting trainees in their pursuit of continuing education, and fostering career opportunities, CHSRF CAN! also involves newcomers in the decision-making environment and provides further opportunities for mentoring among Program participants within academic and decision-making environments.

The bilingual network website, www.hcerc.utoronto.ca/CHSRFCAN.htm, continues to act as a central place to post all information about the network and its activities. The website and listserv assists in marketing the research priorities and goals of the Program to other trainees as well as promoting and advertising the mandate of the program in the health and community care communities. Lists of names and email addresses have been added to the bilingual website to facilitate contact amongst network members.

2006-2007 Network Leaders Terms of Reference

AUTHORITY/RESPONSIBILITY: As a CHSRF CAN! Leader, he/she act in a position of trust for the membership and is responsible for the effective governance of the group.

QUALIFICATIONS: A qualified candidate must be a current member of CHSRF CAN! The candidate must be committed to complete the full term.

TERM: Leaders are selected / appointed by Peter Coyte. Each leader serves for a one or two year term. Individuals may be re-appointed for one additional term.

REQUIREMENTS:

- Commit to the work of CHSRF CAN!
- Willing to participate in the ongoing development of the group
- Willing to attend monthly leaders meetings and participate in discussions
- Willing to commit 3 hours per month for CHSRF CAN! activities
- Publicly support activities developed or endorsed by CHSRF CAN!

MAJOR DUTIES:

- Oversee activities of CHSRF CAN!
- Establish overall long and short term goals, objectives and priorities for the group
- Coordinate the call for application and review for the annual funding competition.
- Consult with members about CHSRF CAN! activities and ensure that the needs of the membership are met
- Develop, maintain, and evaluate opportunities to foster mentoring among members
- Recruit new members and promote the membership through community networking
- Be accountable to the CHSRF Chair for the funds expended
- Be accountable and seek nominations for the appointment of new leaders when appropriate

2006/07 –Coordinators/ Leaders –

Karen Arcot

Karen Arcot will graduate in 2007 with an Honours Bachelor of Science from the University of Toronto with a specialist in Neuroscience and minors in Psychology and Physiology. As the CHSRF-CAN Coordinator, she processes the payment for the iHEA conference, maintains the network website and corresponds with the network members through regular Broadcast e-mails. She has previously worked as a research assistant at the Institute of Medical Sciences and at the Department of Cell Systems and Biology, and continues to work as a Program Clerk at the Department of Health Policy, Management and Evaluation. Next academic year, she plans to pursue a J.D. at the Faculty of Law, University of Toronto.

Venika Manoharan

This year, Venika Manoharan will graduate with an Honours Bachelor of Science from the University of Toronto with a double major in Human Biology and Economics. As a CHSRF-CAN Coordinator, she maintains regular correspondence with the network members through Broadcast e-mails and helps coordinate the mentorship activities. She is currently working as a Program Clerk and Research Assistant at the Department of Health Policy, Management and Evaluation. As part of her research, she has co-authored a manuscript on the value of caregiver time and needs. Next year, she plans to continue to work in the health research industry.

2004/07 Leaders**Carl Asche**

Dr. Carl Asche is an Associate Professor in the Department of Pharmacotherapy at the College of Pharmacy, University of Utah, Salt Lake City. In 1993, he received his M.Sc. (Health Economics) from the University of York (U.K.) and in 2002 he earned his Ph.D. (Economics) from the University of Surrey (U.K.). Carl has published widely, particularly in the fields of pharmacoeconomics and health services research. Prior to moving to Utah, he served as Manager of Health Economics and Outcomes Research at Aventis Pharmaceuticals (2000-2004) and the Bristol-Myers Squibb Pharmaceutical Group (1997-2000), where he managed health economics and outcomes research applied to both research & development (R&D) and customer marketing areas. In addition, Carl has worked as a Research Coordinator (1995-1997) at the University of Toronto, an Economist (1992-1994) for Alberta Health and as a Administrative Resident (1991) at the Vancouver General Hospital and Health Sciences Center.

Michele Kohli

Michele Kohli is currently completing her PhD under the supervision of Dr. Peter Coyte. For her thesis work, she is looking at priority setting in home care in Ontario, using both qualitative and quantitative methods.

Linda Li

Linda Li is a CIHR-funded Post-doctoral Fellow in the Clinical Epidemiology Program, Ottawa Health Research Institute. She completed her Ph.D. degree in Clinical Epidemiology at the Department of Health Policy, Management, and Evaluation, University of Toronto. She is also a physiotherapist at The Arthritis Society, Ontario Division, and a Lecturer (status-only appointment) at the Department of Physical Therapy, University of Toronto. Her current research activities include evaluation of rehabilitation services models for the management of rheumatoid arthritis and the use of non-pharmacological treatment among people with arthritis, and economic evaluation. Her post-doctoral training focuses on the influence of organizational structure and behaviours on the implementation of best practice information in clinical settings.

Dara Zarnett

Dara Zarnett completed her MSc under the supervision of Dr. Peter Coyte where she examined the effects of competition on community-based nursing wages in the Ontario home care system. She is currently in her first year of a health economics PhD at Michigan University in Ann Arbor, Michigan.

CHSRF CAN! Activities

Three notable activities developed and maintained by network leaders over the past 3 years:

1. Mentorship program
2. Broadcast emails
3. Awards

1. CHSRF CAN! Mentorship Program

One of the goals of CHSRF CAN! is to foster collaborations amongst network members so that network members can informally mentor each other. The CHSRF CAN! has 40 members who are in various stages of their careers. Collectively, there is a very rich range of experiences. In order to foster mentorship activities between network members, the leaders coordinate a formal "Mentorship Program".

The purpose of the program is to link individuals seeking advice about future training or employment opportunities to others who have agreed to participate as mentors. Through this program, alumni are able to share their post-graduation experiences with current students at conferences or through email discussions.

Objective: The objective of the Mentorship Program is to foster mentorship between members of the CHSRF CAN! This will be achieved by linking individuals in the network seeking advice about future career options (e.g. students (MSc, PhD, or Post-Doctoral) or individuals considering a career change) to others in the network who are already in training programs or the workplace.

Description of the Mentorship Program

Program Coordinator

The program will be maintained by the CHSRF CAN! leader who is designated as the mentorship program coordinator (referred to as the "coordinator" throughout this document). The coordinator will be appointed by consensus of the CHSRF CAN! leaders on an annual basis. One individual may act as the coordinator throughout the entire term as leader.

Mentors

Mentors can be any individuals in the CHSRF CAN! who are willing to provide career advice to more junior members of the network. PhD students, Post-Doctoral students, individuals employed in academic settings, and individuals employed in non-academic settings may act as mentors.

Information on Mentors

The coordinator will maintain an Excel spreadsheet of information on individuals within the network who are willing to participate as mentors. The following information will be collected from all mentors:

- Full name of Mentor
- Current Position and Affiliation
- Email address (to be used by potential mentees to contact the mentor)

- A list of keywords that describe your current work duties of the mentor (or describe program of study in the case of current PhD or Post-Doctoral Students)
- A list of key words that describe other work (or study) experiences of the mentor

The coordinator will email members of the CHSRF CAN! on a biannual basis (in May and November) asking new individuals to join the program as mentors. This email may be distributed as part of the CHSRF CAN! email newsletter and announcements. The coordinator will email all current mentors individually on a biannual basis (in May and November) to ensure information in the spreadsheet is correct. At this time, they will also ask mentors to comment on the Mentorship Program. Individuals may be added or removed from the list of mentors at any time by contacting the coordinator. A mentor can also ask the coordinator to temporarily refrain from releasing their name to potential interested candidates if they are being contacted by too many individuals.

Duties of Mentors and Candidates

In order to participate in the program, potential candidates will email the coordinator. They will indicate the type of mentor that they are looking for. They must specify, for example, if they are looking for advice on future training opportunities (PhD or Post-Doctoral) or future employment opportunities (academic or non-academic). The coordinator will send them the name, position, affiliation, contact information keyword descriptors of individual mentors that they may be interested in contacting. After the candidate has contacted the individuals, they will send a brief evaluation of their experience to the coordinator indicating whether they were able to speak to the mentor and whether they found the experience worthwhile.

2. CHSRF CAN! Broadcast E-Mail

The email is an information source for research funding opportunities, new publications, interdisciplinary seminars, CHSRF CAN! activities and conference announcements pertinent to the interconnections of Canadian Health Services Research. (Most recent broadcast email below)

Health Care Settings and Canadians / Les Canadiens et les milieux de soins
CHSRF/CIHR Health Services Chair / Chaire sur les services de santé de la FCRSS/IRSC

University of Toronto, Dept. of Health Policy, Management and Evaluation, Faculty of Medicine, 155 College St., Suite 425,
Toronto, Ontario, M5T 3M6 Tel: 416-946-7948 Fax: 416- 978-7350
peter.coyte@utoronto.ca www.hcerc.utoronto.ca

Peter Coyte's CHSRF CAN! Broadcast Email – March 3, 2007

1. Dr. Peter Coyte is back from sabbatical
2. Job Opportunities – Program Coordinator, Cancer Screening Program Evaluator, Senior Projects Officer
3. iHEA Conference
4. CHSRF CAN! Graduate Network Application
5. CHSRF CAN! Genesis Fellowship Award

1. Dr. Peter Coyte is back from sabbatical!

Dr. Coyte is back from his sabbatical in Thailand! He is happy to be back and is eager to work and see all of you! This term he is teaching three courses: JNH5003H Home Community Care and Knowledge Translation, BME1456H Technologies, People and Places in the New Health Care, and a correspondence course.

2. Job Opportunities

Program Coordinator

Under the general direction of the Director of the Canadian Health Services Research Foundation (CHSRF) Chair's Program in Health Care Settings and Canadians, the incumbent will be responsible for day-to-day administrative and financial operations of the Chair's Program including budget and strategic planning, human resource management, and communications. The incumbent is also responsible for the development and implementation of the knowledge management processes and procedures, s/he will manage the Chair's Program activities, liaise with funding organizations and decision maker partners and will prepare various reports, briefs, and other documents for communication to funding agencies, decision makers and other stakeholders.

Cancer Screening Program Evaluator

This is an exciting opportunity that reports to a department that leads by example when it comes to work/life balance and having fun at work! They are a wonderful and intellectually stimulating bunch of people and the work they are doing is imperative for Albertans – it gives us hope and hope is very important when 1 out of 3 individuals will be diagnosed with cancer. With this in mind, the Screening Department is looking for an energetic and enthusiastic individual with the drive to take on a highly integral role for population-based evaluation of the various cancer screening programs. Join the ACB's growing team of experts to develop innovative and evidence-based strategies to improve the health of all Albertans and make your mark in the history of Alberta! This is an exciting opportunity for someone who wants to make a significant difference in the lives of Albertans and to be a part of proactive strategies that will lead Alberta into a "Possible Cancer Free Future." Be a part of this all-inclusive approach to cancer screening that will positively impact the health of our population!

Senior Projects Officer

Under minimal supervision, the SPO – Communications and Knowledge Translation will be responsible for leading the design and implementation of components of an effective communications strategy, and supporting the knowledge translation initiatives of the CIHR Institute of Health Services and Policy Research (IHSPR) that require skilled writing/editing for a variety of audiences. The SPO will also be expected to lead on certain projects to ensure fulfillment of IHSPR's objectives. Applicants are expected to have or quickly develop a thorough knowledge of CIHR policies and procedures, and the successful applicant will have advanced communications and writing skills. Fluency in French and experience working in or familiarity with health research or health policy sectors is necessary as the incumbent will lead initiatives to increase liaisons with the francophone research community.

3. iHEA Conference

The 6th World Congress will be held in Copenhagen, Denmark, from Sunday, 8 July to Wednesday, 11 July 2007.

Congress Location: Copenhagen, Denmark

Pre-Congress Location: Lund, Sweden

Congress Venue: [Copenhagen Business School](#)

Dates: 8-11 July 2007

Abstract Submission Deadline: 15 September - 15 November 2006

4. CHSRF CAN! Graduate Network Application

Are you planning on attending the CAHSPR Conference or another conference? You are eligible for funding through the CHSRF CAN! Network. Funding applications can be found online at <http://www.hcerc.utoronto.ca/CHSRFCAN.htm>. All completed funding applications should be sent to Dr. Coyte at peter.coyte@utoronto.ca or fax to 416-978-7350.

5. CHSRF CAN! Genesis Fellowship Award

It is that time! The Genesis Fellowship Research Training Award program is targeted to high-achieving Master and Doctoral level trainees engaged in health services and policy research in the area of health care settings. All applications must be submitted by March 31, 2007. The applications review team includes decision-maker partner from The Change Foundation. Participation from decision-makers in the selection of trainees marks an important next step in integrating linkage and exchange activities with the training component of the Chair's program and will help in the early identification of students who are most suitable for internships with decision-maker organizations. Please visit our website for more information and application form. All completed applications should be sent to Dr. Coyte at peter.coyte@utoronto.ca or fax to 416-978-7350.

3. CHSRF CAN! Awards - Alumni Network Application Form



Health Care Settings and Canadians/Les Canadiens et les milieux de soins
CHSRF/CIHR Health Services Chair / Chaire sur les services de santé de la FCRSS/IRSC
PROFESSOR PETER C. COYTE

University of Toronto, Dept. of Health Policy Management and Evaluation, Faculty of Medicine
155 College St., 4th floor, Toronto, Ontario, Canada, M5T 3M6 Tel: 416.978.8369 Fax: 416.978.7350
peter.coyte@utoronto.ca www.hcerc.utoronto.ca

CHSRF CAN!

Graduate Network Application Form

CHSRF CAN! Objectives:

- To support trainees in their pursuit of continuing education and placement opportunities,
- To market the research priorities and goals of the Program to other trainees,
- To foster career opportunities,
- To involve newcomers in the decision-making environment,
- To provide further opportunities for mentoring among Program participants within academic and decision-making environments,
- To promote and advertise the mandate of the program in the health and community care communities.

Funds Available: Maximum \$1,000.00 annually.

Guidelines for Proposal:

- Proposal activity must promote linkages with academics and decision-makers.
- Education/mentoring and linkage/ exchange activities will be given priority over research activities.
- Dr. Coyte will review requests as they are submitted throughout the year. All applications must be submitted **February 28, 2006 and August 5th 2006**. Dr. Peter Coyte will review the proposals within a month.
- Outcomes of research or projects must be reported for CHSRF/CIHR Chair program evaluation purposes and reports.

To apply for funding please complete the attached form and an itemized budget. Send two copies to:
CHSRF CAN! – Dr. Peter Coyte's Health Services Chair
Dept. of Health Policy, Management and Evaluation
Faculty of Medicine, University of Toronto
155 College St., 4th Floor, Suite 425, Toronto, ON, M5T 3M6
FAX: 416.978.7350

For more information contact: **Dr. Peter Coyte, 416-978-8356, peter.coyte@utoronto.ca**

EXAMPLES FOR USE OF FUNDS:

- Research
- Equipment
- Professional skills development
- Program advertisements
- Journal club start-up
- Knowledge exchange activities
- Conferences (CAHSPR, iHEA, etc.)

CHSRF CAN Graduate Network Application Form



APPLICANTS INFORMATION

CO-PRINCIPAL APPLICANT

DEPARTMENT

INSTITUTION

ADDRESS

CITY

PROVINCE

POSTAL CODE

PHONE NUMBER

EMAIL

CO-PRINCIPAL APPLICANT

DEPARTMENT

INSTITUTION

ADDRESS

CITY

PROVINCE

POSTAL CODE

PHONE NUMBER

EMAIL

CO-APPLICANTS

NAME

DEPARTMENT

INSTITUTION

DEGREES

NAME

DEPARTMENT

INSTITUTION

DEGREES

NAME

DEPARTMENT

INSTITUTION

DEGREES

NAME

DEPARTMENT

INSTITUTION

DEGREES



DATE: _____

PURPOSE FOR FUNDS

CHSRF CAN! Themes: Which objectives of the CHSRF CAN! Network will the funds address?

How will these funds address the CHSRF CAN! Network Themes?

AMOUNT REQUESTED FROM CHSRF CHAIR FUNDS:

ATTACH ITEMIZED BUDGET

Note: The names of all successful applicants will be posted on the CHSRF CAN! website.

OFFICE USE ONLY

DATE SUBMITTED:

DATE REVIEWED:

Students/ Alumni who have received funding to attend and present at conferences in 2006:

1. Canadian Institute for Health Information, Canadian Association for Health Services and Policy Research and Canadian Health Services Research Foundation Conference, Vancouver, September, 2006

Students/ Alumni attendees:

- Jill Cameron (oral presentation)
- Meghan McMahon (poster presentation)
- Julie Polisena (poster presentation)

2. Economics of Population Health hosted by the American Society of Health Economists at the University of Wisconsin, Madison, June, 2006.

Student attendee:

- Dara Zarnett (oral presentation)

4. Canadian Therapeutic Congress Conference, Toronto, May, 2006

Alumni attendee:

- Wendy Ungar (oral presentation)

5. Canadian Association for Health Services and Policy Research's Toward a National Pharmaceuticals Strategy Conference, Vancouver, February, 2006.

Students and Alumni attendees:

- Meghan McMahon (poster presentation)
- Vivian Leong (attend)
- Wendy Young (poster presentation)

Appendix 9: Curriculum Vitae Workshop 2006

Appendix 9: Curriculum Vitae Workshop 2006

February 2006, Dr. Peter Coyte led a C.V. workshop – *We See You Through Your C.V.* It has been an annual two-hour workshop discussing the important elements of C.V. and cover letter writing. The workshop commenced in September 2004 and will continue to run until the end of the program.

List of Attendees

2006

Name	Department	Degree	Email
Maria Sabaye	Biochemistry	PD Student	msabaye@chemistry.utoronto.ca
Hans Oh	HPME	PhD Student	hansmixer@gmail.com
Lara Varpio	English	PhD Student	lkvarpio@yahoo.com
Paula Gardner	PHS		paula.gardner@utoronto.ca
Andrea Vick	Social Work	PhD Candidate	vickiivick2@hotmail.com
Sarwar Hussain	Pharmaceutical Science	PhD Candidate	Sarwar_Hussain@camh.net
Della Kwan	Pharmaceutical Science	MSc.	della.kwan@rogers.com
Alexandra Rowland	IMS	PhD Student	alexandra.rowland@utoronto.ca
Melissa Redmond	Social Work	PhD Student	melissa.redmond@utoronto.ca
Catherine Li	IMS	PhD	catherine.li@sickkids.ca
Cathy Boscarino	IMS	PhD Student	Cathy.boscarino@utoronto.ca
Raquel ShawMoxam	College of Physicians and Surgeons	Research Coord	rshawmoxam@cpso.on.ca
Jon Ellis	IBBME	PhD Candidate	jon.ellis@utoronto.ca
Amirreza Golpaygan	Mechanical and Industrial Engineering & IBBME		golpagan@mie.utoronto.ca
Kristen Berg	FSW	PhD Candidate	kristenberg@gmail.com
Powadiuk	Social Work	Masters	kpow@ica.net
Tilak Dutta	Mechanical and Industrial Engineering		tilak.dutta@gmail.com
Diane Wong	Biochemistry	MSc Candidate	meimei.wong@utoronto.ca
Xiaochu Zhang	IMS	Master's	xiaochu.zhang@utoronto.ca
Maryam Zarghooni	LMP		mzargh@hotmail.com
Artur Gevorgyan			artur.gevorgyan@utoronto.ca
Andrea Day	TGH	Fellow	andreaarday@hotmail.com
Adelaide Yiu	IMS		adelaide.yiu@rogers.com
Christopher Tsang	Biochemistry	PhD	christopher.tsang@utoronto.ca
Payman Bokaei	IMS	PhD Candidate	payman.baradar@utoronto.ca
Emilia Alvarez	FSW		emilia.alvarez@utoronto.ca
Conny	Psychology	Grad Student	constanze.hahn@utoronto.ca
Jason Belkas	SickKids	PhD Candidate	jbelkas@gmail.com
Nedzad Pojskic	Pharmaceutical Science	Grad Student	nedzad.pojskic@utoronto.ca
Ingrid Goh	Pharmaceutical Science	PhD Student	ingrid.goh@utoronto.ca
Patricia Rose	IMS		prose@uhnres.utoronto.ca
Andrea Stone	HCTP Fellow		gogostone@sympatico.ca
Michael Mendicino	Immunology	PhD Student	michael.mendicino@utoronto.ca
Kirstin Borgerson	HCTP Fellow	PhD Student	kirstin@chass.utoronto.ca
Farah Ahmad	HCTP Fellow		Ahmadf@smh.toronto.on.ca

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- A. Introduction – agenda, purpose
- B. Power Point Slides
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 - C.V Examples: Various Disciplines and Formats
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 - Resume Choices and Examples
 - University of Toronto Career Centre
- C. CV Dissection: Julia Abelson & Robert Gross
- D. Question & Answer
- E. Evaluation

Introduction

“We See You Through Your C.V.”

Learn the elements of a professional Curriculum Vitae and the art of writing cover letters through assessment of sample CV's and discussion. This workshop is open to HCTP Fellows and Friends.

Purpose:

To discuss the elements of a professional Curriculum Vitae and the art of writing cover letters

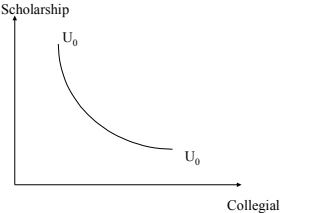
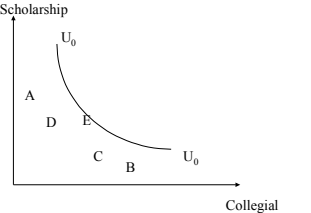
Session Break Down:

Tips on the Creation of your Curriculum Vitae
Writing Your Cover Letter
Facilitated Panel Discussion

Topics Covered

How to Write a Curriculum Vitae
CV Examples: Various Disciplines and Formats
Transferable Skills
University of Toronto: Promotions Manual
Resume Choices and Examples
University of Toronto Career Centre
CV Dissection

Power Point Slides

<p align="center">We See You Through Your CV</p> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p align="center">Peter C. Coyte Professor of Health Economics CHSRF/CIHR Health Services Chair Co-Director, CIHR Strategic Research and Training Program in Health Care, Technology and Place Department of Health Policy, Management, & Evaluation Faculties of Medicine and Nursing University of Toronto</p> <p align="center">February 2, 2006</p> <p align="center">peter.coyte@utoronto.ca www.hccrc.utoronto.ca www.hctp.utoronto.ca</p> </div>	<p align="center">Purpose</p> <p>The purpose of this workshop is to discuss the elements of a professional Curriculum Vitae and the writing of cover letters.</p>	<p align="center">Outline</p> <ul style="list-style-type: none"> • Hour One: Tips on the Creation of Your Curriculum Vitae. Writing Your Cover Letter. • Hour Two: Facilitated Panel Discussion
<p align="center">Curriculum Vitae</p> <p>Your CV is the canvas on which you present yourself to a prospective employer; it is your marketing tool.</p> <p>Also, it's ".....a statement of facts designed to sell your unique mix of education, experience, accomplishments, and skills to a prospective employer." RS and K Hansen</p>	<p align="center">Curriculum Vitae: Format</p> <p>The format you use for your CV refers to the:</p> <ol style="list-style-type: none"> 1. Content of your CV; and 2. Its layout. 	<p align="center">Curriculum Vitae: Content I</p> <ul style="list-style-type: none"> • Does your CV tell your story in 20 Seconds or Less? • Be focused, clear, concise, clean, and organized. • Ensure that all relevant accomplishments are included. Don't include your date of birth or religion. Do include a short statement of your interests/hobbies.
<p align="center">Curriculum Vitae: Content II</p> <ul style="list-style-type: none"> • Education • Research Training • Positions Held • Publications • Awards Received • Research Funding Received/Pending • Presentations/Posters • Teaching Activities and Interests • Professional Service • Other Transferable Skills Acquired 	<p align="center">Curriculum Vitae: Content III</p> <p>Other Transferable Skills Acquired:</p> <ul style="list-style-type: none"> • Learning Quickly; • Synthesizing Information; • Problem Solving; • Dealing with Complexity, Ambiguity, & Uncertainty; • Leadership and Managerial Skills; • People Skills, incl. Persuasion, Tact, & Counseling; & • Personal Qualities, such as Self-Discipline, Self-Motivation, Initiative, Creativity, Focus, Stamina, & Independence. 	<p align="center">Curriculum Vitae: Layout</p> <p>Style is important, but it should not be an exercise in fontification.</p>
<p align="center">Objectives on Your CV?</p> <ul style="list-style-type: none"> • If you were to include an objective: Be specific and not vague; Take the employer's perspective, ie what you would contribute to the organization; Be concise; and Be the focus of your CV (ie tip of the iceberg). • If an objective were not included in your CV, then it should be in your cover letter. 	<p align="center">Scholarship Role</p> <ul style="list-style-type: none"> • Senior Responsible Author (ie supervisor): – Directs investigation; funds research; supervises the laboratory; major role in data analysis; & submits publication. • Principal Author (ie first author): – Conducts the research, data analysis and the drafting of the manuscript. • Co-Principal Author: – Contributes materially to the research, data analysis and the drafting of the manuscript. • Collaborator: – Contributes to the research but does not have a major conceptual role. 	<p align="center">Contribution to Scholarship</p> <p>Contribution to Scholarship (from JAMA):</p> <ul style="list-style-type: none"> – Conception and design – Data acquisition – Analysis and interpretation of data – Drafting the manuscript – Critical revision for important intellectual content – Statistical analysis – Obtaining funding – Administrative, technical or material support – Supervision
<p align="center">Scholarship-Collegial Trade-off</p> 	<p align="center">Scholarship-Collegial Trade-off</p> 	<p align="center">Cover Letter: First Impressions Count!</p> <ul style="list-style-type: none"> • You cover letter is probably the most important letter you will write, so don't leave it to the last minute. • Your CV will generally be read after your cover letter, its intent is to introduce you to your prospective employer. • Ensure that your letter is NOT longer than 2-pages.

<p style="text-align: center;">Cover Letter: Four Components</p> <ol style="list-style-type: none"> 1. Acknowledge the reason for your inquiry; 2. Describe your thesis and research experience; 3. Describe your teaching experience and interests; 4. Conclude by adding other relevant accomplishments that you would like to profile, and end by indicating how and when you will follow-up. 	<p style="text-align: center;">Curriculum Vitae Workshop Panel Members</p> <ul style="list-style-type: none"> • <i>Humanities:</i> Gavin Andrews, Associate Professor, Faculty of Nursing • <i>Social Sciences:</i> Audrey Laporte, Assistant Professor, Department of Health Policy, Management and Evaluation 	<p style="text-align: center;">Curriculum Vitae Workshop Panel Discussion</p> <ol style="list-style-type: none"> 1. How do faculty create their CVs? <ul style="list-style-type: none"> – What “tips of the trade” do you have for doctoral or post-doctoral fellows? 2. What do you look for in a CV when you evaluate other scholars as: <ul style="list-style-type: none"> – Potential recruits; – Salary/career award applicants; – Operating grant applicants; or – Promotion/tenure candidates?
<p style="text-align: center;">CV Dissection</p> <ul style="list-style-type: none"> • Julia Abelson: Assistant Professor, McMaster University www.chepa.org/cv/people_abelson_cv_2003-10-31.pdf • Robert Gross: Assistant Professor, Emory University www.bmc.ufl.edu/documents/gross_re_cv.pdf 	<p style="text-align: center;">Review Committee Discussion Concerning Drs. Julia Abelson and Robert Gross</p> <ul style="list-style-type: none"> • Julia Abelson: Assistant Professor, McMaster University Canada Research Chair (Tier II) • Robert Gross: Assistant Professor, Emory University Promotion to Associate Professor 	<p style="text-align: center;">Curriculum Vitae Assessment: I</p> <ul style="list-style-type: none"> • Research: Publications Compute a 3-year moving average of publications (by category) to yield: total publications; total “quality” publications; total 1st (or senior) authored publications; total 1st (or senior) authored quality publications; & Impact factors for: “quality”, 1st (or senior) authored, & 1st (or senior) authored quality pubs.
<p style="text-align: center;">Curriculum Vitae Assessment: II</p> <ul style="list-style-type: none"> • Research: Funding: Compute a 3-year moving average for each funding category to yield: total operating grants awarded (# and \$); total operating grants from national peer-review agencies; total operating grants as a PI from national agencies; & Impact factors for: grants from national agencies, as PI, & as PI on national agency grants. 	<p style="text-align: center;">Curriculum Vitae Assessment: III</p> <ul style="list-style-type: none"> • Research: Presentations: Compute a time sensitive assessment of presentations and categorize each presentations as: Local; Provincial: in Ontario but outside of Toronto; National: in Canada but outside of Ontario; and International. Over time there is the expectation that the proportion of presentations will shift from local towards international, and that the number of presentations would grow. 	<p style="text-align: center;">Curriculum Vitae Assessment: IV</p> <ul style="list-style-type: none"> • Creative Professional Activity: Describe and measure the effect of various scholarly, mentoring, knowledge dissemination and knowledge brokering activities on the fields of clinical, disciplinary and/or professional practice. Assess the scale of such impacts, ie have the effects been at the local, provincial, national or international level.

Appendix 10: Research Assistants 2005/06- 2006/07

“Working for Dr. Peter Coyte has been a valuable learning experience. Over the past year, I have developed stronger analytical, writing and editing skills. I am very fortunate to have this opportunity because it is through him that I have been introduced to health care research and health economics. ”

**-Venika Manoharan, Research Intern,
Faculty of Arts and Science
University of Toronto**

"Working with Dr. Coyte was a memorable experience. I worked for experts in the field, and learned a lot from such experts."

**-Warapong Wongwarchara, M. Phil Economics Student,
University of Cambridge**

“Working with Dr.Coyte is a highly valuable experience.”

**-Varitha Ganlayanasant, MSc Student,
University of Southampton**

Appendix 10: Research Assistants 2005/06 – 2006/07

2005/07

Ilana Alice
Karen Arcot
Varitha Ganlayanasant
Wanrudee Isaranuwachai
Jenny Korolik
Venika Manoharan
Warapong Wongwachara

Ilana Alice

Ilana Alice is currently the Research Assistant for Drs. Guerriere and Coyte's Cost and Quality of Variations in Ambulatory and Home Care study. She has been working since July 2006. This study seeks to learn more about the experience of recipients of home-based palliative care services across Canada. The study draws participants from the Temmy Latner Centre for Palliative Care in Toronto, Calgary's Senior Health and Palliative Care Program, and Edmonton's Capital Health Regional Palliative Care Program. Ilana conducts bi-weekly telephone interviews, maintains all data entry documents and participates in data analysis. At Queen's University, she was an assistant to Dr. Susan Wood for her third year biology course in Ethnobotany, as well as the Communications Assistant at BIOCAP Canada, a non-profit climate change research institute. In May 2006, Ilana graduated from Queen's University with an Honours Bachelor of Science degree.

Karen Arcot - Program Clerk

Karen Arcot is currently the Program Clerk for Dr. Peter Coyte's CHSRF/CIHR Health Services Chair. She has been working with Dr. Coyte since September 2005. In 2003, Karen graduated from the University of Toronto Schools. She is currently in her last year of a Neuroscience specialization undergraduate degree at the University of Toronto. As a Program Clerk for the Department of Health Policy, Management and Evaluation, University of Toronto, her responsibilities include: maintaining and up-dating the Chair's website, assisting in the preparation for various program activities, and compiling information for the CHSRF Annual Report. She plans to pursue her J.D. at the University of Toronto Faculty of Law in the fall.

Varitha Ganlayanasant – Research Assistant

Varitha Ganlayanasant is currently working for Dr. Coyte in Thailand on the project examining the impact of the tsunami disaster on health service utilization and health service status. She has recruited participants for the study and is now in the process of collecting and analysing data. The data are obtained from face-to-face interviews using various questionnaires. Varitha has a Bachelor of Economics from Chulalongkorn University, Thailand. She is currently pursuing a Master's degree in Risk Management at the University of Southampton, UK. She has previously worked as a research assistant for UC Berkeley, the Centre for Health Economics (Thailand) and the Fiscal Policy Office at the Ministry of Finance in Thailand.

Wanrudee Isaranuwatchai – MSc Student and Research Assistant

Wanrudee came to Canada in 1994 to continue her secondary education in Victoria, British Columbia. She completed her undergraduate program, Health Studies and Gerontology, at the University of Waterloo, Ontario, in 2003. During her undergraduate years, she worked as a research assistant for three consecutive summers in addition to completing an Honours Thesis. She was able to experience research in real life and recognize its powerful influence. After her graduation, she returned to Thailand where she worked as a manager in the Business Development Department for her family's business until June 2005. She came back to Canada in September 2006 to continue her education in the MSc Program at the Department of Health Policy, Management and Evaluation, University of Toronto.

Jenny Korolik – Summer Program Clerk

Jenny Korolik is the Program Clerk for Dr. Peter Coyte's CHSRF/CIHR Health Services Chair during the summer months. She has been working with Dr. Coyte since June 2003. Jenny is currently attending Wilfred Laurier University and plans to graduate in 2009 with a Bachelor of Arts degree in Sociology. As a summer program clerk for the Department of HPME, her responsibilities included: maintaining and up-dating the Chair's website, assisting in the preparation for various program activities as well as maintaining and up-dating subscription information for the Home and Community Highlights Quarterly Digest as well as distribution of the digest. As an executive assistant for the Canadian Association for Health Services and Policy Research (CAHSPR) her responsibilities included: maintaining and updating member's database and processing membership/conference payments. She also assisted in the preparation for the CAHSPR conference in Montreal, May 2004.

Venika Manoharan - Program Clerk/ Research Support

Venika Manoharan currently offers research and administrative support for Dr. Peter Coyte's CHSRF/CIHR Health Services Chair. She is a fourth year student from University of Toronto in the final year of completing her Major in Human Biology and Economics, as well as a minor in Anthropology. As a Program Clerk for the Department of Health Policy, Management and Evaluation, University of Toronto, her responsibilities include assisting in

the preparation for various program activities as well as maintaining subscription information for and distribution of the Home and Community Highlights Quarterly Digest. She also offers research support in editing and revising papers in the process of submission. As an Assistant Administrator/Marketing Coordinator for the Canadian Diabetes Association, her responsibilities included: creating and publishing brochures for a new program in collaboration with selected pharmacies, writing articles for website posting and Readers Digest, assisting in preparing annual report for the Get Off Your Buttathon (GOYB), industry research for next year's GOYB and preparing the initial phases of the GOYB manual.

Warapong Wongwachara – Research Coordinator

In 2006, Warapong Wongwachara provided research assistance to Dr. Coyte's study examining the impact of the tsunami disaster on health service utilization and health service status in Thailand. Warapong worked with two research collaborators and offered them guidance on their research and data analysis. Warapong has a Bachelor degree in Economics from Chulalongkorn University, Thailand and is currently in England, pursuing a Master's degree in Philosophy in the Department of Economics at University of Cambridge, UK. He has previously worked as a part-time research assistant for the Centre of Health Economics (Thailand), UC Berkeley and UC San Francisco.

Ilana Alice

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Campus Address:

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Kingston, ON
K7L 2J5
(613) 531-3685

E-mail: iallice@hotmail.com

EDUCATION

Honours Bachelor of Science, Environmental Life Sciences, Queen's University Graduating Spring 2006

- April 2006 completed my undergraduate degree at Queen's University
- Spent my third year of study as a visiting student at the University of Victoria (May 2004 to May 2005)
- UVic GPA: 7.5 (of possible 9). Average at Queen's: 80.7
- Relevant and interesting coursework includes: Honours Project in Sustainability, Systems Theory, Discourse in Environmentalism, Topics in Environment and Health, Gender and Environment, Health Psychology, Biochemistry, Health Geography, Biomedical Ethics, and Ethnobotany
- Computer skills include: Logger Pro for chemistry and biology lab data, Microsoft Excel and Minitab 14 for statistical analysis, WordPerfect, MSWord, Outlook, Publisher, Email, Database and Journal-based research, fast touch-typing, and web searches.
- Laboratory Experience in Anatomy, Physiology, Biology, Chemistry, and field work in Geography
- Research Experience in both natural and social sciences includes:
 - Compiling and editing a 100 page, comprehensive report for the Green Party of Canada, addressing the issues Kingston will face as it moves towards sustainability in 2025. Consulted with 28 other student writers to create a cohesive paper with system's theory approach and a clear vision for the city. Also responsible for writing introduction and conclusion. Please see:
<http://www.kingstongreens.ca/mainpages/Kingston2025.htm>
 - A research paper on the impacts of traditional herbal medicine use in the Western health care system
 - Prepared a PowerPoint case study on the ethnobotany of the Penan Hunter Gatherers of Borneo
 - A collaborative illustrated paper, presented to the class, which looked to inform the current concept of therapeutic landscapes by drawing on Aboriginal ideas and traditions
 - Conducted an hour seminar on the application of Panarchy theory to Community Forestry in my Systems Theory class
 - A Health Psychology paper which looked at the effects of daily meditation on personal health and stress reduction using the Transtheoretical model for health behavior change
 - Prepared an informational webpage on the use of organic and local foods on University Campuses with specific recommendations for UVic

Silverthorn High School, Etobicoke, ON.

September 1998 to June 2002

- While participating in the Elite Athlete's Program, training in synchronized swimming 36 hours/week, and completing three courses a term, managed to fast track, giving me the opportunity to graduate a year early and avoid the double cohort of 2003.

Graduated with overall OAC average of 87%; Honours each year in High School.

RELEVANT WORK EXPERIENCE

Surveyor, Gananoque and Townships Physician Needs Survey, Queen's University June 2006

10 minute Survey to determine the need for Family physicians in the town of Gananoque and surrounding Townships.

- Approached, recruited and interviewed citizens of Gananoque in the downtown area
- Asked questions regarding physician availability, physician services, client needs and demographic data
- Initial survey results used to design needs assessment study to be carried out by Queen's University for City of Gananoque

Assistant to Dr. Susan Wood, Professor of Ethnobotany, Queen's University May to September 2006

Assisted with BIOL 319 Ethnobotany, a course which addressed links between indigenous societies and local flora

- Created picture map tool for students to learn how to navigate the online journal databases and find relevant articles and journals for ethnobotanical research
- Wrote three supplementary lecture notes to complement core notes on course website. Topics included: Carbon Dating Methods, RFLPs, and Creating Herbarium Samples
- Created short series of exam questions related to above topics

Communications Assistant, BIOCAP Foundation of Canada, Kingston ON September 2005 to April 2006

Non-profit organization that funds research on biologically-based solutions to climate change and works to create networks of people and information between researchers, industry and policy

- Communicated with researchers and politicians to help organize BIOCAP events
- Organizational responsibilities included maintaining contact database, media binder, events binder, communications board, and funded projects file folders
- Created a slideshow of researcher's pictures which played during a reception held on Parliament Hill
- Met personal need to be involved with climate change issues and solutions in Canada

Curriculum Developer, Oak and Orca Bioregional School, Victoria BC May to Sept 2005

Non-profit environmental and alternative education elementary school with a bioregional focus

- Hired for my personal philosophies on environmental education and personal commitment to environmental values
- Developed curriculum for the grade 3 to 5 home-schooling program by giving an ecological and bioregional focus to the BC curriculum
- Also acted as secretary, personal assistant, caretaker, renovator and camp counselor, depending on what needed to be done at the school at that moment.

VOLUNTEER EXPERIENCE AND INTERESTS

Environmental Studies Departmental Student Council, Queen's University September 2005 to April 2006

Represents the interdisciplinary student body of the Environmental Studies program

- Acting representative for three environmental studies classes
- Helped to organize environmental studies career's night

Martha's Table, Kingston, ON October 2003 to May 2004

Restaurant serving meal to customers for a dollar, including a vegetarian option.

- Tasks included preparing food, washing dishes and floors, serving, bussing and assisting as needed

- Wanted to make a contribution and be involved with community in Kingston, outside my studies

Synchronized Swimming
2006

1992 to

- Recently competed for top Queen's competitive team, placing 2nd nationally in both duet and team events
- As national level swimmer (1996 – 2006) swam upwards of 35 hours a week and at peak was ranked 5th in Canada for my age group
- Learned invaluable team skills including leadership, compromise and conflict resolution

KAREN DIYA ARCOT

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TORONTO, ONTARIO, M6P 2P8
PHONE (416) 762-4335
E-MAIL KAREN.ARCOT@UTORONTO.CA

EDUCATION AND AWARDS

- | | | |
|---|--------------------------------------|-------------|
| 2003-present | University of Toronto | Toronto, ON |
| <ul style="list-style-type: none">▪ Hon. B. Sc. – Neuroscience specialist, Physiology minor, Psychology minor▪ NSERC Undergraduate Student Research Award (Zoology, 2006)▪ Ruby M. Jolliffe Scholarship (2006)▪ Dean's Merit Honour List (2004)▪ Regents In-Course Scholarship from Victoria College (2004)▪ Certificate of Achievement in BIO150 (Evolutionary Biology, 2004)▪ Cumulative average - 81%, last annual average - 87% | | |
| 1997-2003 | University of Toronto Schools | Toronto, ON |
| <ul style="list-style-type: none">▪ Graduated with 92 % average and UTS diploma▪ 97th percentile PSAT score and SAT score (700 – Math, 730 – Verbal)▪ Certificate of Achievement for over 150 hours of volunteering experience | | |

TECHNICAL SKILLS

- Experience in electrophysiology (sharp electrode and extracellular recording)
- Experience handling rats, including completed UHN Animal Handling and Care course for rats
- Experience dissecting snails, human brains and frogs
- Deconvolution microscopy and slide photography; cresyl violet staining, H&E staining
- Molecular biology lab techniques: Northern and Southern blots, recombinant DNA and DNA restriction endonuclease analysis, bioinformatics (Genbank, BLAST searches, ClustalW)
- Working knowledge of Microsoft Office (Word, Excel, PowerPoint)
- Experience with HTML, Java, and Visual Basic

RESEARCH EXPERIENCE

- | | |
|---|--|
| May 2006 – present | Department of Zoology, U of T: Research Student for Prof. Buck |
| <ul style="list-style-type: none">▪ Sharp electrode electrophysiological recording on isolated snail ganglia preparation using Clampex 7.0 to determine the effect of adenosine on invertebrate neurons▪ Data analysis of resting membrane potential and frequency using Axoclamp▪ Maintenance of breeding snail population | |
| Sept. 2005 – present | Department of Health Policy, Management and Evaluation, U of T: Research Intern |
| <ul style="list-style-type: none">▪ Perform literature searches and article summaries for various fields of study for Dr. Denise Guerriere▪ Retrieve data and assist in critical analysis of published studies for Dr. Peter Coyte▪ Compile information and write for Annual Report 2005 for CHSRF/CIHR Health Services Chair | |

- Webmaster and general clerical duties

June – Aug. 2004, May 2005 – present Toronto Western Hospital: **Lab Assistant** in Dr. Carlen's epilepsy lab

- Coauthor a paper in preparation on the low magnesium seizure model for the whole hippocampus
- Cresyl violet and H&E staining of whole hippocampi in control and low magnesium conditions
- Photograph epileptic and control hippocampus slices using Axiovision program on deconvolution microscope
- Perform cell counts and measure bandwidth thickness of DG and CA1 using ImageJ software

Sept. 2002 – Apr. 2003 St. Michael's hospital and U of T: **Mentorship program participant** with Dr. Vuksan

- Collected data for a study involving the diet and nutrition of teenagers

Oct. 2001 – May 2002 **Aventis Biotech Challenge Team Leader** with mentor Dr. Verna Higgins

- Designed project comparing the effects of neem versus commercial fertilizer on tomato plants infested with nematodes, using leaf growth, stem growth and fertility as measures of plant vitality
- Worked in greenhouses at U of T, applying treatments to plants and recording measurements once a week
- Wrote a report and had a poster presentation

CAMPUS EXPERIENCE

Political

- North American Model United Nations Co- Secretary General (2006/07), Chief of Operations/ Head of Delegate Services (2005/06), Director (2004/05)
 - Hosted a model UN conference for delegates from across Canada and the United States
 - Increased attendance by more than 60% from 110 delegates to 180 delegates
 - Generated \$20,000 in revenue
- Amnesty International (U of T branch) Outreach Coordinator (2006/07), Publicity Coordinator (2005/06)
- United Nations Society Delegate to McGill Model United Nations (2004/06)
- Social Justice Committee Member (2004/05)

Tutoring and Outreach

- Brain Day and Think First Program Educator (2006)
- University of Toronto Peer Tutor in Biology (2004/05)
- University of Toronto Schools Math Tutor for secondary and elementary schools (2001/03)
- Peer Educator for Sunnybrook's Prevention Against Risk-related Trauma in Youth Program (2002)
- S.A.I.N.T.S students assisting seniors (2003)

Volunteering

- Toronto General Hospital Emergency Room Volunteer (2004) and Cardiac Clinic Volunteer (2004/06)
- Toronto International Film Festival Volunteer (2005)
- Baycrest Hospital Volunteer (2002)

Creative

- The Strand (Campus Newspaper) Arts & Culture, Opinions, Film & Music Staff Writer (2004/06)
- The Twig (Highschool Yearbook) Events Section Editor (2003)
- University of Toronto Schools Arts & Crafts Club President (2003)

Other

- Neuroscience Association of Undergraduate Students Member (2004/07)
- Envirothon Team Member (2002/03)
- Former blue belt in karate (2001/04)
- Traveled to Cuba, India, Qatar, Bulgaria, Australia, Singapore, NYC, Montreal

VARITHA GANLAYANASANT

Address: 359/2 Wipawadee-Rungsit Rd. Samsennai Payathai Bangkok 10400 Thailand

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E-mail: varitha_gant@yahoo.com

Education

- Present: Master's Degree in Risk Management, University of Southampton, UK.
 - April 2005: Bachelor of Economics with 2nd class honours, GPA 3.53.
 - Major: Monetary Economics
 - Minor: International Economics, and Economics of Development
- Faculty of Economics, Chulalongkorn University, Thailand.

Academic Activities

- December 2003: Participant of 'Land Policies for Growth and Poverty Reduction in South and East Asia', a distance learning course, the World Bank Institute and the German Technical Cooperation in collaboration with the Center of Academic Resource, Chulalongkorn University.
- December 2002: Co-project originator of 'Reflections from the SET Index', Chulalongkorn University's Academic Exhibition.
- 2001-2003: Staff of Academic Committee, Students' Club, Faculty of Economics, Chulalongkorn University.

Extra-curricular Activities

- 2006: Secretary of Thai Society, University of Southampton, UK.
- 2003: Vice-president of Fund-raising Committee, Students' Club, Faculty of Economics, Chulalongkorn University.
- January 2002: Staff of Chulalongkorn-Tammasart Traditional Football.
- 2001-2002: Head of Welfare Committee of 'First Step to be an Economist Camp', Faculty of Economics, Chulalongkorn University.

Work Experiences

- April 2005-present: Project coordinator for 'Impact of the Tsunami Disaster on Health Service Utilisation and Health Status in Thailand', conducted by the Canadian Institute of Health Research, University of Toronto, Canada in collaboration with the Centre for Health Economics, Chulalongkorn University, Thailand.

Responsibilities:

- 1) To translate (into Thai) and develop the questionnaires to suit the study as well as the Thai society.
- 2) To test the questionnaires by conducting both interviews and focus groups.
- 3) To create contacts with governmental bodies in various levels from the national level, e.g. the Department of Disaster Prevention and Mitigation, the Ministry of Interior, to the provincial level, e.g. the local governors.
- 4) To cooperate with interviewers in the process of preparing and conducting the study's investigation.

- June 2005-August 2005: Part-time Research Coordinator for a study on Thailand's Universal Coverage Scheme, conducted by Mr.Shawn Mattison, MD student, University of California at Berkeley, and visiting researcher, Chulalongkorn University, Thailand.

Responsibilities

- 1) To conduct interviews (in Thai) with health professionals in hospitals located in the central of Thailand.
 - 2) To transcribe and translate the audio files into English.
- April 2005: Student Assistant for 'Achieving Millennium Goals' held by the World Bank, and hosted by the Centre for Health Economics, WHO collaborating centre for South East Asia, Chulalongkorn University.
 - March 2004-May 2004: Student trainee at the Fiscal Policy Office, the Ministry of Finance, Thailand.

Responsibilities

- 1) To gather data on various topics such as oil prices, India's economy, and ASEAN-China Free Trade Agreement.
- 2) To write daily newsletters on macro-economy.
- 3) To do other activities such as preparing presentations, attending seminars, and writing a brief report.

Computer Skills

- Microsoft Office
- Statistical Applications: SPSS, and Eviews
- Simulation Programmes: @Risk, Simul8, and Stella

Language Skills

- Thai: Native
- English: Reading, Writing, Listening – Superior; Speaking –Advanced Plus.

Wanrudee Isaranuwachai

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M5S 3G2 Canada
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Fax: 647-341-0834

Email: wanrudee.isaranuwachai@utoronto.ca

SUMMARY OF QUALIFICATIONS

- Currently enrolling in a Health Administration Master program, Department of Health Policy, Management and Evaluation at the University of Toronto
- Graduate of the University of Waterloo's Bachelor of Science program in Health Studies and Gerontology (Dean's Honours List)
- Self-motivated, goal-oriented, and committed to a career in the health sector with over five years of experience
- Outstanding organizational, leadership, and communication skills developed over six years of active volunteering within the community
- Adaptable, and capable of working in both individual and group environments
- Reliable under pressure and attentive to details with three years of experience in an animal research environment
- Able to maintain confidentiality and effectively organize the use of resources in research
- Excellent problem solving, interpersonal, creative, decision-making, and multi-tasking skills in both research and management
- Experience with Microsoft applications, SAS, and SPSS

EDUCATION

Master of Science, Health Administration September 2006 – Present
Specializing in Health Services Outcome and Evaluation,
University of Toronto, Toronto, ON, Canada

Bachelor of Science, Honours Health Studies, Minor in Gerontology June 2003
Pre-Health Professions Options, University of Waterloo, Waterloo, ON, Canada

- **Honours Thesis:** Senior year in conjunction with Dr. Glenn Ward
The Effects of Early Postnatal Feeding Patterns on Blood Pressure of Adult Borderline Spontaneous Hypertensive Rats

Bachelor of Science, Honours Biology August 2000
University of Waterloo, Waterloo, ON, Canada

Secondary School Diploma June 1999
St. Margaret's School, Victoria, BC, Canada

RESEARCH EXPERIENCE

Research Assistant
Faculty of Medicine, University of Toronto, Toronto, ON, Canada

Working at the research sites: Phuket, Phangnga, Krabi, and Ranong in Thailand June 2005 – Present

- Collaborated with the research team from Chulalongkorn University, Bangkok, Thailand
- Facilitated the development and implementation of the sampling frame and instruments currently used in the research study
- Established connections with government officers in relevant departments, such as the Department of Provincial Administration, offices of the provincial governors, provincial and district public health offices, and schools in Thailand
- Formed alliances and maintained regular contact with regional government officers and communities in each province studied
- Designed and implemented regional training sessions to guide and assist local public health officers in the data collection process
- Offered support and provided information to the study participants and their communities
- Reported progress of ongoing investigation to the team at University of Toronto
- Monitored, managed, and prepared research data, and completed the data entering process
- Ensured secure and successful transfer of data between Thailand and Canada

Laboratory Research Assistant

Faculty of Applied Health Sciences, University of Waterloo, Waterloo, ON Summers 2001 to 2003

- Prepared and performed implantation of chronic arterial catheter in rats with significant survival rate to conduct blood pressure study
- Assembled and operated blood pressure research equipment for both non-invasive and invasive procedures to collect and analyze data
- Prepared and performed implantation of gastrostomy tubes in rats for artificial rearing
- Conducted artificial rearing of animals with significant survival rate to conduct several studies

HEALTH-RELATED EXPERIENCE

Participant in the Functional Abilities Program (Volunteer)

The Village of Winston Park Health Care Facility for the Aged, Kitchener, ON, Canada 2000 – 2002

- Completed volunteer program to provide quality care for the elderly emphasizing the values of dignity, appreciation, respect, and equality
- Facilitated residents' therapeutic and recreational activities to improve their mobility and quality of life through regular visits

Clinical Assistant (Volunteer)

Canadian Blood Services, Kitchener, ON, Canada

Summer 2000

- Delivered basic medical care to donors by cleaning and bandaging injured sites
- Monitored health status of donors after donation through regular observations for abnormal symptoms
- Organized post-donating area by preparing and offering refreshments

HEALTH-RELATED EXPERIENCE (CON'T)

Clinical Assistant (Volunteer)

Chulalongkorn Hospital, Bangkok, Thailand

December 1998

- Shadowed the physicians on rounds to observe real-world medical practice
- Fulfilled orders from supervisors such as collecting, sorting, and filing clinical data

MANAGEMENT EXPERIENCE

Manager, Business Development

P & W Service Limited, *The Licensed Customs Broker*, Bangkok, Thailand

2003 – 2005

- Evaluated each department by closely monitoring workflow
- Maintained effectiveness and efficiency of 42 employees through ongoing interactions and by welcoming discussion, allowing two-way communication
- Managed company during absence of supervisor by handling financial issues and keeping managing director informed
- Organized company's training seminars and the annual party
- Ensured healthy and safe working environment by providing necessary supplies

OTHER EXPERIENCE

Program Assistant (Volunteer)

Central Juvenile and Family Court, Bangkok, Thailand

2003 – Present

- Implemented plans of associate judges by executing their instructions
- Directed activities for young offenders such as field trips, resulting in increased requests for participation
- Captured quality photographic images representing full range of activities, utilizing creative and artistic skills
- Produced a video presentation of the program for people involved, interested organizations, and any future use

Member of Food Bank (Volunteer)

University of Waterloo, Waterloo, ON, Canada

2000 – 2002

- Distributed nutritious food on regular basis to those in need
- Supported special events such as bake sales by donating materials, promoting events to the public, and actively participating

Member of the Wellness Center (Volunteer)

University of Waterloo, Waterloo, ON, Canada

2000 – 2001

- Provided community with access to health information on regular basis
- Offered information on health in local areas by circulating brochures and pamphlets at public events

OTHER EXPERIENCE (CON'T)

Program Assistant (Volunteer)

Ruam Dua Chua Kan, Bangkok and Pattaya, Thailand

Summer 2000

- Supervised and supported community activities for youth such as beach clean-ups
- Promoted a safe environment by supervising activities and ensuring the availability of medical supplies

ACCOMPLISHMENTS

- | | |
|--|----------------|
| • CHSRF/CIHR Genesis Fellowship Award,
University of Toronto | 2006 – Present |
| • Dean's Honours List, Faculty of Applied Health Sciences,
University of Waterloo | 1999 – 2003 |
| • Applied Health Sciences Health Studies Scholarship,
University of Waterloo | 2001 – 2003 |
| • Standard First Aid and Basic Rescuer CPR (with 2 persons) | 2000 |
| • Senior Most Sportsmanlike Award, St. Margaret's School | 1999 |
| • Senior Player of the Year, St. Margaret's School | 1997 – 1999 |
| • <i>Times Colonist</i> Girls' All-Star Basketball Team, Victoria, BC | 1997 – 1999 |
| • The Dorothisruth Meilicke-Moore Athletics Bursaries,
St. Margaret's School | 1996 – 1999 |

ACTIVITIES

- | | |
|--|-------------|
| • Member, Intramural Basketball Team | 1999 – 2001 |
| • Captain, Basketball and Volleyball Secondary School Team | 1999 |
| • Member of the National Youth Leadership Forum: Medicine | 1999 |
| • Grade representative, House captain, and Games captain
Secondary School Student Council – elected | 1996 – 1999 |
| • President and House Representative
Residence Council – elected | 1995 – 1999 |

INTERESTS

- Juggling
- Photography
- Video games
- Customized exercise programs
- Various sports e.g. basketball, All Terrain Vehicle (ATV), sea-doo, and snowboarding
- Yo-yo

Name: Jenny Marie Korolik

Local Address: 16 Ezra Avenue
Waterloo, On N2L 3B1
Tel: 519-886-4987
Cell: 519-571-3828

Email Address: jenny.korolik@utoronto.ca

Educational Background

- Graduated from Loretto Abbey Catholic Secondary School 1999-2003
- Currently 2nd year student at Wilfrid Laurier University, Bachelor of Arts Communication Studies

Work Experience

Previous Employment:

Summer Program Clerk: CHSRF/CIHR Health Services Chair, Department of Health Policy, Management and Evaluation, Faculty of Medicine; University of Toronto. Responsibilities include: maintaining and up-dating the Chair's website, assisting in the preparation for various program activities; maintaining and up-dating subscription information for the Home and Community Highlights Quarterly Digest, as well as distribution of the digest. Providing assistance to the Program Coordinator.
Date: May 2006 – September 2006 (Full-time)

Program Clerk: CHSRF/CIHR Health Services Chair, Department of Health Policy, Management and Evaluation, Faculty of Medicine; University of Toronto. Responsibilities include: maintaining and up-dating the Chair's website, assisting in the preparation for various program activities; maintaining and up-dating subscription information for the Home and Community Highlights Quarterly Digest, as well as distribution of the digest. Providing assistance to the Program Coordinator.
Date: June 2003– September 2005 (Full-time)

Other Tasks I was responsible for while working at the University of Toronto as Program Clerk:

Program Assistant (Part-time): Health Care, Technology, Place Program, Faculty of Nursing; University of Toronto. Responsibilities included: providing assistance to program coordinator. Organizing annual mentors/Fellows barbeque.
Date: September 2003 – June 2004

Executive Assistant (Part-time): Canadian Association for Health Services and Policy Research (CAHSPR)/ University of Toronto

Responsibilities included: Maintaining and up-dating members database. Processing membership/conference payments. Assisted in preparation for member's conference in Montreal, May 2004. Attended members conference in Montreal to provide assistance.
Date: September 2003 – May 2004

Research Assistant (Part-time): Department of Health Policy, Management and Evaluation, University of Toronto.

Research Project : “Determinants and Outcomes of Privately and Publicly Financed Home-Based Nursing”.

Responsibilities included: Entering Data for a Home Based Nursing Study.

Date: October 2003 – March 2004

Past Employment

Administrative Assistant/Receptionist: Sundial Homes Design Centre.

Responsibilities included: greeting homeowners, answering the telephone. Using VIA program on computer, sending out correspondence, providing tours of the Design Centre and answering homeowner's questions.

Date: July 2002 – August 2002 (Full Time) and September 2002 – September 2003 (Part-time)

Sales Associate: Sporting Life

Great emphasis placed on customer service and interpersonal relations skills.

Date: December 1999 – June 2002

Personal

22 year old mature, responsible and hardworking individual. I am reliable, courteous and always punctual. I strive to make the best of my abilities and to insure a comfortable and fun working environment. I work well both individually and as a team . I am computer literate and a quick learner.

Computer Skills

I have excellent computer skills and am highly proficient in using Microsoft Windows XP (word, excel, powerpoint and access), email (Microsoft Outlook). I am a quick learner in using laptops, LCD projectors, digital recorders and digital cameras.

References Available upon Request.

VENIKA MANOHARAN
30 Wakunda Place #8
North York, Ontario M4A-1A3
Home: (416) 750-2226 Cell: (647) 208-2725
venika.manoharan@utoronto.ca

Education

2002 – Present

University of Toronto

Undergraduate: Major in Human Biology & Economics

- Graduating in 2007 with Bachelors in Science and Arts Degree.
- Critical evaluation and analysis of theoretical concepts using models and data.

1997-2002

Notre Dame Catholic Secondary School

- Graduated top 5 with an overall average of 92.5% in OAC.
- Achieved various merit awards during the five years, ranging from Valued Student to Student of the Year.
- *Ontario Secondary Scholar diploma*

Work Experience

September 2005-Present
(Part-time/Full-time)

University of Toronto

Department of Health Policy, Management and Evaluation
Research Assistant/Program Clerk

- Successfully managed all activities in the absence of a supervisor while attending full-time university from September to December 2006.
- Coordinating and aiding in the preparation of post-graduate level course as well as materials for proposals, office descriptions, and professional summaries.
- Use appropriate data analytic methods to evaluate alternative health care settings; design databases for survey analysis and use data analysis techniques
- Maintaining accounts and distributing the Home and Community Highlights Quarterly Digest for the Canadian Health Service Research Foundation.
- Facilitating the delivery and organization of research and education activities as well as assist in interaction between health service organizations and academics.
- Assisting in the revision and preparation of manuscripts for submission to journals as well as co-authoring in the manuscript, Valuing Caregiving and Care Recipient Time.

2005-2007

Spring 2005/2006/2007 Annual Meeting of Ontario Dental Association

(Annual Three Day Event)

Student Monitor/Runner

- Aided in preparing the exhibit floor where attendees can view the very latest in products, technology and services.
- Responsible for greeting and admitting attendees, providing customer service as well as reporting technical problems.
- Involved in the organization and execution of the largest annual dental meeting in Canada.

June 2005-September 2005
(Full-time)

Canadian Diabetes Association
Event Coordinator

- Created and published brochures for a new program in collaboration with selected pharmacies.
- Created databases of running groups, health clubs, potential donors and other target groups.
- Actively involved in promoting Get Off Your Butt-a-thon program across GTA/Central South Area and preparing the annual report component related to the event.
- Wrote articles for website posting and Readers Digest Magazine.
- Conducted an Industry Research Report for 2006 GOYB.
- Prepared the initial phases of the GOYB manual.

2005

Nayika

(Temporary Five Day Event)

Event Assistant

- Worked for a well-known British company at the Info Canada Security Event held at the Metro Convention Center.
- Responsible for proofreading, editing, organizing data and ordering brochures.
- Organized and facilitated in the successful promotion of firewall software.
- Involved in setting up event site for Nayika, greeting attendees and reporting technical problems.

June 2005-September 2005
(Part-time)

**Inventa
Promotions**

- Worked in a team-based environment to promote products for other companies.
- Worked on the Proline promotion for Lottery Corporation by setting up for events, attracting people to try out the live version of the game to win prizes.

June 2002 – May 2004
(Part-time/Full-time)

**Larry's Food Basic
Cashier/Customer Service**

- Actively involved in satisfying the needs of customers.
- Excellent skills in dealing with cash.
- Worked as a knowledgeable cashier and product expert in cashier department.

Personal Skills

- Excellent communication and interpersonal skills
- Highly organized, responsible and self-motivated
- Independent/Confident
- Short learning curve in new environment
- Perform effectively in team and/or individual environment
- Work well under pressure.
- Fluent in English and Tamil

Special Achievements

- Recipient of Queen Elizabeth II Aiming for Top Scholarship in 2003
- Recipient of Albert's Scholarship in 2003
- Certificate acknowledging Top Student in Finite Mathematics in 2003
- Ontario Scholar in maintaining an average above 80% in 2003
- 1998-2003 top ten on the Honor Roll, maintaining an average above 80%
- Received Ontario Secondary School Diploma in 2002
- 2002-received the Graduating Student Award, which acknowledges excellence in academic, demonstrates social and political responsibilities within school and community activities that promotes social justice and fosters Christian values.
- 2002- received a cash reward by Teacher's Association for academic excellence

Publication

Guerriere DN, Tranmer J, Ungar WJ, Manoharan V, Coyte PC. **Value Care Recipient and Caregiver Time.**
International Journal of Technological Assessment. Under Review

Volunteer Experience

- | | |
|--|------------|
| ▪ Library Helper | 2002- 2003 |
| ▪ Created Marketing Video for Notre Dame | 2002- 2003 |
| ▪ Multicultural Community | 2001-2002 |
| ▪ York University Science Olympics | 1999-2002 |
| ▪ Yearbook Committee- Co-editor | 1999-2001 |
| ▪ Member of Homeroom Student Council | 1998-2001 |

WARAPONG WONGWACHARA

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E-mail ww258@cam.ac.uk

Term Date 1 October 2006 – 31 August 2007

Date of Birth 19 November 1983 **Nationality** Thai **Marital Status** Single

EDUCATION

2006-2007 **University of Cambridge, UK**

MPhil in Economics (Merit expected)

2001-2005 **Chulalongkorn University, Thailand**

Bachelor of Economics with 1st class honours (summa cum laude)

Senior paper: "Simplicity vs Complexity: A Study on Forecasting"

An evaluation of the merits of simple forecast tools vis-à-vis more complex ones on simulated economic time-series data

AREAS OF INTEREST

- Econometric and Economic Forecasting
- Financial Time-series Econometrics
- Statistical Applications in Economics

AWARDS

2006 **Prize for Distinct Senior Paper**

The Faculty of Economics, Chulalongkorn University

2005 **Gold Medal for Scholastic Achievement**

For achieving the highest mark in Quantitative Economics Major

The Faculty of Economics, Chulalongkorn University

2004 **Trophy for Academic Excellence**

The trophy awarded to the top student from each faculty

Chulalongkorn University

Medal for Enhancing the University's Academic Reputation

Chulalongkorn University

2003-2004 **Two-time Winner of Economic Quiz Contests**

Questions based on theoretical and applied economics

Fourteen Academic Institutions for Economics in Thailand

SCHOLARSHIPS

2006 Shell Centenary and Cambridge Thai Foundation Scholarship

A full scholarship for a one-year course at University of Cambridge
The Cambridge Overseas Trusts, UK

2003-2004 UFJ Scholarship

Scholarships for Thai undergraduates with excellent records
UFJ Foundation, Japan

EXTRA-CURRICULAR ACTIVITIES

2004 Participant of New Investors Programme 6

Thai Investors Association and the Stock Exchange of Thailand

- Attended lectures by reputable professionals in financial market.
- Participated in group activities such as equity analyses and presentations.

2002 Main Staff of ‘Reflections from the SET Index’

Chulalongkorn University’s Academic Exhibition

- One of the three project originators
- Provided fundamental knowledge of Thai equity market (the Stock Exchange of Thailand: SET) to interested participants.
- Employed econometric techniques to present movement in the SET index.

2001 Staff of the Art Division

The Faculty of Economics’ Academic Exhibition, Chulalongkorn University

- Overall responsibility of the artwork of the Academic Exhibition’s pamphlet

WORK EXPERIENCE

2005-2006 Research Assistant / Thai Research Team Leader

A collaborative study ‘Impact of the Tsunami Disaster on Health Service Utilization and Health Status in Thailand’ by University of Toronto (Dr Peter C. Coyte), and Chulalongkorn University (Dr Wattana S. Janjaroen)

- Oversee the research project in Thailand.
- Facilitated communication between the Thai and Canadian research teams.
- Established contacts with Thai government officials at both central and local levels in four affected provinces.
- Designed the sampling procedures, obtained data for the sampling frames, and conducted random samplings.
- Conducted field studies, interviewers’ training sessions, and focus groups.
- Collected data from the study subjects, and conducted preliminary analyses.

2004-2005 Research Assistant

Centre for Health Economics, WHO Collaborating Centre

- Reported directly to the Director, Dr Siripen Supakankunti.
- Reviewed literature, and conducted data analyses on assigned research projects which included ‘Roles of Private Health Insurance on Health Care Access in Thailand’ and ‘Economic Analysis of Strategies against Avian Influenza’.
- Assisted in activities of the Centre such as holding conferences.

2005 Part-time Translator

A study on palliative cares

- Assisted Mr Scott Stonington (MD University of California, San Francisco) during all phases of fieldwork.
- Transcribed and translated the recorded interviews.
- Gave insights and comments concerning Thai culture, on the written work.

SKILLS

IT • Working knowledge of Microsoft Office

- Practical experience of statistical applications (Eviews, and SPSS)
- Typing speed: 50 WPM

Language • Superior English, and Native Thai)

Appendix 11: International Internships

"I am very grateful for the CHSRF/CIHR Chair funding provided to me for my research in India. I am interested in understanding the effects of microhealth insurance and health education on health and economic outcomes through a randomized control trial in rural India. Dr. Coyte's assistance in setting up this project, which occurred this past summer, has been invaluable to me. Without the financial support of CHSRF/CIHR I would have been entirely unable to pursue this project, and I am incredibly grateful for to him for his mentorship. His support of students interested in health services research is greatly appreciated."

- Aruna Dhara, MD

Appendix 11: International Internships

Aruna Dhara – India

Meghan McMahon – France

Alex Mihailovic - Uganda

Wanrudee Isaranuwatthai – Thailand/Canada

Aruna Dhara – India

Aruna Dhara, MD, received funds to pursue a research project in India in the summer of 2006.

On India

Over the summer of 2006 I was involved in the preliminary research for a randomized controlled trial of health insurance and health education in rural Karnataka, India. This was an incredible opportunity for me to gain valuable experiences in learning to become a researcher and to learn the practical skills that I will be able to use in my future career. It was an exciting opportunity to make a valuable contribution to the academic community and to further my understanding of how research is done in Southern countries. The project I have been so fortunate to be a part of aims to evaluate both health insurance and health education in a randomized controlled fashion to show improvements to both health and economic indicators. In order to do this, SKDRDP, an NGO in India, has partnered with Yale University researchers and members of the Centre for Insurance Research and Management in Chennai, India. If health insurance and education have synergistic benefits this might provide commercial insurers with an incentive to provide health education as a part of insurance packages. This might provide a sustainable model of insurance and health education for rural India.

As the principle health researcher in a project full of economists, I was able to learn to communicate effectively with people from different backgrounds and a different way of looking at the world. Additionally, I was surrounded by an unfamiliar work environment, and learned to negotiate my way through a professional culture I had never encountered before. The learning that happened through these experiences could not have been had in any other way, and I am so grateful for the CIHR for the opportunity to be a part of such a dynamic group. As a medical student, it has been difficult to find opportunities to apply my interests in health economics and policy and the research I was able to do this summer was invaluable to my education, both as a doctor and as a student of public policies. My contribution this summer involved the evaluation of metrics for health outcomes in the study and the development of effective partnerships. We are currently waiting for the approval of one of the partner organizations to move forward, and the data collection after that time will take one year. I would like to express my deepest thanks for this enriching experience. I have learned so much and hope to make valuable use of these lessons in the future.

The following is an outline of Aruna Dhara's project:

"Evaluation of Health Insurance and Preventive Health Care in Rural India"

Abstract

We are conducting an "Evaluation of Health Insurance and Preventive Health Care in Rural India", which will take place in Karnataka, India. The intervention is expected to begin in March of 2007 and will be completed in March of 2008. We will offer low cost health insurance in 100 villages and free health education in 100 villages, cross overlapping them so that there will be four different study groups in total: two with either of health education or insurance, one with both interventions and a final control group with no intervention. To evaluate the effects of the interventions, we will conduct surveys of 30 households in each village. These interviews will have two parts: part one will inquire about economic and health status of household members. Part two involves taking simple anthropometric measures: height, weight, blood glucose, and hemoglobin. The surveys will be conducted at baseline, prior to intervention, and at 1 year after the intervention.

Introduction

We are conducting an evaluation of health insurance and preventive health care in the state of Karnataka, India. We are working with SKDRDP, a non-profit health NGO who offers inexpensive health insurance and will be training community health educators to provide free health education in the study villages. The study is partially supported by the Center for Microfinance Research (CMFR), a research institute based in Chennai, India, and ICICI Bank, one of India's largest private banks.

Background

There has been little research on the impact of health insurance or preventive care on health or any other measure of well-being. As discussed in Levy and Meltzger (2001), which details the studies that have been done on whether health insurance affects health, there have been some quasi-experimental studies indicating some positive and some neutral effects of health insurance on health, all with some statistical difficulties and all taking place in the US or Canada. Only one truly randomized experiment on health insurance has been done, and that was the RAND Health Insurance Experiment done in the US between 1974 and 1982.

In our literature search, there have been no randomized studies on the impacts of health insurance and preventive education in developing countries, when taken together. However, there have been three studies which have used questionable statistical methods and no randomized design to try and understand the impact of health insurance in developing countries. For example, Waters (1999) looks at the General Health Insurance program in Ecuador and finds that having health insurance is correlated with using curative health care, but not preventive health care. Jowett et al. (2004) examine the Vietnamese Health Insurance program and find that low-income insured patients tend to use health facilities more than uninsured individuals. Lastly, Jutting (2003) finds that individuals involved in community health insurance schemes in Senegal tend to use health services more and pay less for them than uninsured individuals. All of these results are unsurprising and due to the non-randomized design can tell us very little about the actual impact of health insurance on the insured.

There have been studies tying prevention programs to health improvement. For example, Gertler (2000) shows that the Mexican PROGRESA program improved utilization of preventive care and led to substantial improvements in child and adult health. However, even here it is impossible to disentangle the benefits of increased preventive care use from the increase in income from PROGRESA's incentive scheme. Other studies show the impact of specific drug or nutrition supplements on specific health outcomes. Thus, Miguel and Kremer (2004) find that providing deworming drugs to Kenyan school children significantly improves health and school attendance outcomes for children, as well as for those not treated through positive externalities. Thomas et al. (2003) examine a randomized study of iron supplementation in Indonesia and find that the supplements have a positive impact on health and economic success.

There have been several studies on the impacts of community health workers, although none of them have examined the impact of the health workers on economic or educational outcomes or a household's perceived risk of accident or disease. Kidane and Morrow (2000), for example, find (using a randomized study) that community health workers (CHWs) in Ethiopia can effectively teach mothers to recognize and treat malaria amongst their children. This study shows that even if CHWs are not particularly effective in terms of direct treatment (as was the case in Ethiopia), they can still provide an important role in health education. Sauerborn et al. (1988) finds extremely low usage of CHWs in Burkina Faso, again indicating that CHWs may not be effective in terms of direct treatment of diseases. Bhutta et al. (2006) reviews the literature on community-based health care and its impact on small children. They find that there is in fact very little data on these types of interventions, and that very few have been implemented in an effective randomized controlled way.

Hypotheses/Objectives

The study is a longitudinal, survey based study. There are a number of possible hypotheses, and we are interested in a number of different possibilities, which follow

1. Offering health insurance improves the well-being of Karnataka's rural villages.
2. A CHE improves the well-being of Karnataka's rural villages..
3. There is an interaction between preventive health care and health insurance through impacts on individual's health risks and perceptions of health risks.
4. Health insurance reduces the need for informal insurance and allows for greater consumption smoothing.
5. Adverse/advantageous selection and moral hazard exist in the micro health insurance market.
6. Local leaders matter in the take-up and effectiveness of health interventions.
7. Health interventions have an impact on village-level equality.
8. Village characteristics impact the effectiveness of these health interventions.
9. Health insurance and CHEs have an impact on both the supply and demand for health services. (Increasing the demand/supply of private health care and decreasing the demand/supply of unqualified health practitioners.)
10. Treatment for injuries and illnesses actually reduces morbidity.

Methods

This study will take a village-level randomization approach to be able to discern the impact of health insurance and preventive care on rural Indian villages. The methodology of the

study is to take a sample of 200 villages and randomly offer health insurance to people in half the villages and also randomly train community health educators for half the villages. A random sample of 30 households will be surveyed from each village. There will be three treatment groups and one control group of villages, as illustrated in the following diagram:

	No Preventive Care	Preventive Care
No Health Insurance	Control	Treatment 1
Health Insurance	Treatment 2	Treatment 3

By doing the study in this way, we will be able to separate out the effects of prevention from insurance and be able to see if prevention and insurance have any interactive effects. As we will have little control within a village over who actually takes up the insurance or uses the preventive care, we must be very careful in how we deal with individual's selection into the insurance program as will be discussed later on. The study will last three to five years, with surveys taken every six months of the same panel of households.

Results/Conclusion/Discussion

This study is set to begin in March of 2007 as the original NGO we planned to work with dissolved. We are now developing the CHE curriculum and translating the survey for the pilot, in October, 2006. It proposes to address some of the wide gaps in the literature. It will provide a substantial contribution by providing clear empirical evidence of the economic impact of health insurance and preventive care in India. Perhaps even more exciting, the study will be the first of its kind in creating a randomized controlled study that allows us to examine the interaction between health insurance and preventive health care.

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Jowett, Deolailikar, and Martinsson (2004). "Health insurance and treatment seeking behavior: evidence from a low income country." *Health Economics*. 13: 845-857.

Jutting (2003). "Do Community-based Health Insurance Schemes Improve Poor People's Access to Health Care? Evidence from Rural Senegal." *World Development*. 32(2): 273-288.

Kidane and Morrow (2000). "Teaching mothers to provide home treatment of malaria in Tigray, Ethiopia: a randomized trial." *Lancet*. 356:550-55.

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Miguel and Kremer (2004). "Worms: Identifying Impacts on Education and Health in the Presence of Treatment Externalities." *Econometrica*. 72(1): 159-217.

Morduch (1999). "Between the State and the Market: Can Informal Insurance Patch the Safety Net?" *The World Bank Research Observer*. 14(2): 187-207.

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Rosenzweig (1988). "Risk, Implicit Contracts and the Family in Rural Areas of Low- Income Countries". *The Economic Journal*. 98(393). 1148-1170.

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Thomas et al. (2003). "Iron deficiency and the well-being of older adults: Preliminary results from a randomized experiment." Unpublished manuscript.

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Waters (1999). "Measuring the Impact of Health Insurance with a Correction for Selection Bias—A Case Study of Ecuador." *Health Economics and Econometrics*. 8:473-483.

Meghan McMahon – France

Meghan McMahon is currently completing her MSc with a focus in health policy and economics in the Department of Health Policy, Management and Evaluation at the University of Toronto. Under the supervision of Drs. Peter Coyte and Audrey Laporte, her thesis research concentrates on relationships between body mass index and health service utilisation. She is also interested in health sector financing and pharmaceutical policy. As part of her MSc program, Meghan completed a 3-month internship in the Health Division at the Organisation for Economic Co-operation and Development (OECD) in Paris, France, where she worked with a team examining pharmaceutical pricing policies and innovation. Meghan currently works part-time as a research associate for Dr. Peter Coyte examining issues pertaining to health care financing, and for the Centre for Health Services and Policy Research examining pharmaceutical policy. She graduated with a Bachelor of Arts degree in economics and political science from UBC in 2004.

On France

During the spring of 2006 I was offered the exciting opportunity to work as an intern in the Health Division in the Directorate for Employment, Labour and Social Affairs at the Organisation for Economic Co-operation and Development (OECD) in Paris, France. The chance to work in one of the world's leading international organisations, renowned for its contributions to fostering economic and social development, was truly thrilling. The OECD is comprised of 30 member countries and its staff are representative of this diversity: from May to July 2006 I worked in a dynamic, diverse and fast-paced environment among policy elites, research experts and academics from around the world. Because the OECD is accountable to its 30 member countries, I gained valuable insight into the importance of balancing competing (political and economic) priorities as well as practical experience in a non-academic research environment. Undoubtedly, this enhanced my ability to communicate effectively to both academic and non-academic audiences.

As the Health Division intern, I worked with a team of researchers and policy experts on a project examining cross-national relationships between pharmaceutical pricing policies and innovation. This project commenced in 2005 and is expected to culminate with a series of major reports and an international policy symposium in 2007. I feel very fortunate to have had the opportunity to contribute 3 month's of research and analytic support to this timely, relevant, and critically important programme of research. Working under the direct supervision of the Deputy Head of the Health Division, Elizabeth Docteur, I had the invaluable opportunity to learn from the experience and expertise of a dynamic female leader in healthcare policy. In addition to working with the pharmaceuticals policy team, as part of my internship I was able to attend meetings and conferences such as the 2006 OECD Forum Balancing Globalisation. Spending a summer in Paris wasn't that bad either! Ultimately, I feel extremely fortunate to have had the opportunity to work with a fantastic team of researchers and policy experts in the Health Division at the OECD. This experience enriched my master's training as no other would, and I am sincerely grateful for the ongoing encouragement and support of my MSc supervisor, Dr. Peter Coyte, who made the internship opportunity a reality. The networks and connections that were established through this internship are long-lasting, and I look forward with great excitement to working again with the pharmaceuticals group in the OECD Health Division.

Alex Mihailovic - Uganda

Alexandra Mihailovic is a senior resident with the Department of General Surgery at the University of Toronto having finished her medical school training at McMaster University. Currently a member of the Surgical Scientist Program, pursuing a PhD in Clinical Epidemiology supervised by Dr. Peter Coyte and Dr. David Urbach. Her clinical interests are in the field of trauma and international surgery which aligns with her thesis topic of access to care after pediatric injury in sub-Saharan Africa in response to a growing concern of the enormous burden of disability and early mortality caused by both intentional and unintentional injury in low income countries. This research has taken her to Uganda where she spent 2 years collecting data on child injuries and working clinically in the war ravaged northern regions of the country. In response to her research findings, she started a child injury prevention program which saw a 15 fold decrease in pedestrian injuries in the research population. With a current research position at St. Michael's Hospital, proposals for future work under review focus on the broader effects of conflict on health and the predictors of health epidemics within areas of decreased security such as northern Uganda and the Democratic Republic of Congo. She has presented talks widely on issues of health and human rights.

On Uganda

The opportunity to pursue my thesis work in Uganda has not only provided me with first hand insight into the issues of injury, trauma and global health research in low income settings but has in every way paved the path for my career goals and objectives. Through the support of my various departments and the guidance of my supervisors, a new area of research focused on the role of western academic institutions on solving the growing and enormous public health burdens in the developing world as been opened in both the departments of surgery and HPME. Only through experiencing first hand the extent of suffering in these countries, the resource and knowledge gaps which are obstacles to providing care and then indigenous solutions that exist locally to these problems, can the path towards bridging these dichotomies between the developed and underdeveloped health care systems truly understood. Opportunities afforded to me through my thesis work have allowed me to embark on a career in this area armed with a broader understanding of contributors and issues.

The World Health Organization had recently identified injury and surgical disease as a global health priority and considering the enormous impact of early surgical care on morbidity and mortality of physical trauma, applying access to care measurement methodology to this issue was both timely and well needed.

I spent just under 2 years collecting data in Kampala, Uganda: A small, low income country in sub-Saharan Africa with a heterogeneous population of socio-economic, ethnic, and political diversity. The complexities of data collection in this environment are extensive and creative methods to actually capture what we were seeking to isolate were a challenge from the beginning. With the collaboration of the Injury Control Center in Uganda and their expertise in the region as well as local standing, we sought to prospectively collect data from 4 different sources on all children seriously injured in the time period. The first set was collected directly from the casualty unit of Mulago Hospital where the majority of children needing surgical services would present. This data was collected for 12 months with the time to contact with a health facility used as the measure of access to care. The second

component of the data was collected through a double-cluster sampling of 2500 homes in the community of Kawempe. These homes were randomly selected through primary school enrollment lists which were also randomly selected from the district. All children in the home who were under the age of 14, who had suffered a serious injury in the past year or had either died or a permanent disability from an injury previously were included. Their experience and timing of health services were the focus. Lastly, data on child injuries was collected from teacher and police sources throughout the study period.

This data shed light on a number of important issues including the incidence and etiology of injury, the determinants of access to care, the usefulness and validity of certain data sources and finally potential targets for injury prevention interventions. As part of this final knowledge translation component of the research, a prevention program targeting child pedestrian injury was put in place with the 12, 000 children initially involved in our randomization process. After 3 months, this program was remarkably effective with a 93% relative risk reduction in pedestrian injury in our study group. This program has subsequently been expanded to other areas of Uganda.

My experience conducting this research in Uganda was invaluable to my future career in bringing epidemiological and public health methods addressing surgical and injury crises in the developing world. Having the opportunity to work first hand with local researchers and clinicians, to experience the challenges of conducting research and search for their solutions in collaboration with the research teams in these settings and to witness the obstacles to public health programs and policies and the actual health priorities dictated by the public have allowed me to embark on my field of study and clinical interest with a solid understanding of the realities and needs.

Working in Uganda as a clinical investigator obviously requires one to be involved in helping out clinically where ever possible. I did this by spending months at a time in northern Uganda helping with trauma surgery for the victims of the war. This experience, in addition to strengthening my clinical skills, has given me a perspective of global health, determinants of health and the health effects of poverty and conflict that I could never have come close to by reading. The place for western intervention and the complex nature of the health concerns of the poor should not be simplified by our desire to be involved in this area of health care and research. Our role as westerners must be identified locally, our assistance must be offered humbly and the impact of global health research and methodologies must be sought and applied in context with cultural and social consideration. I'm incredibly thankful for the opportunity offered by HPME to conduct my research in this setting and hope that my experience will lend credibility to others seeking a similar career path.

Wanrudee Isaranuwatchai – Thailand and Canada

Wanrudee came to Canada in 1994 to continue her secondary education in Victoria, British Columbia. She completed her undergraduate program, Health Studies and Gerontology, at the University of Waterloo, Ontario, in 2003. During her undergraduate years, she worked as a research assistant for three consecutive summers in addition to completing an Honours Thesis. She was able to experience research in real life and recognize its powerful influence. After her graduation, she returned to Thailand where she worked as a manager in the Business Development Department for her family's business until June 2005. She came back to Canada in September 2006 to continue her education in the MSc Program at the Department of Health Policy, Management and Evaluation, University of Toronto.

On Thailand and Canada

From June 2005 to present, I have been working for Dr. Coyte on the project entitled, "The impact of the tsunami disaster on health status and health service utilization in Thailand." This once-in-a-lifetime opportunity has enabled me to learn a great deal about research. I have also had a chance to be involved in the process since its inception: from the development of a sampling frame and instruments to the collection and analysis of data. One of my responsibilities is to establish connections with government officers at all levels. In this position, I have had the opportunity to meet significant people such as provincial governors and public health officers. I have been able to directly observe how health care services affect health status and health service utilization of the Thai population. I also assist the officers with the data collection process and provide study participants with anything they need such as information about the project or other relevant issues. This position has illustrated the essential role that research plays. Working on the tsunami project has allowed me to acquire a great deal of experience and develop (improve) skills such as effective communication, decision-making, analytical skills, and public speaking.

Currently, I am enrolled in the Master's Program in the Department of Health Policy, Management and Evaluation at the University of Toronto. Experiences gained from the Tsunami Research Project have enabled me to apply what I learn in class to the real world; being able to do so helps me understand concepts better and make them more practical and interesting. The experiences from this project emphasize the crucial role of research in practice. Experiences gained from working in this project under Dr. Coyte's mentorship have allowed me to gain both academic knowledge and practical experience which help prepare me for the field of health services research.

My thesis is a component of the tsunami project, and will examine the impact of the tsunami disaster on health service utilization in Thailand, focusing on the differences between those affected by the disaster and others. Another part will examine the change in health service utilization of this sample over time, as well as notice any similarities or differences between the two groups.

To date, we have established strong connections with the Thai government and associated departments or organizations. Public health officers were recruited and trained to be study interviewers. Prior to conducting interviews, these public health officers attended a training session that covers the research protocol and other relevant information such as the study instrumentations, informed consents, secure data collection and storage, privacy and confidentiality of the participants, and the management of possible obstacles which may arise during the course of the interviews.

We completed the data collection process in all four study provinces in two waves: the first, nine months after the 2004 tsunami; and the second, six months after the first wave. The data from approximately 2,000 participants were collected by trained public health officers using questionnaires. Written consent was obtained for all participants.

The research team reviewed questionnaires and entered the data into an Excel file. The data were double entered and the two data files were verified for consistency. The data entering process will be complete by the end of April 2007. In the meantime, some of the data from the first wave are being analyzed. By September 2007, all the data are expected to be analyzed and a preliminary report will be produced.

Appendix 12: Trainees: Graduates and Admissions

“I have benefited tremendously from the academic mentorship and financial support of Dr. Peter Coyte during my master’s research. The opportunities for growth and development through the empirical training, insight, vision and advice of Dr. Coyte are a unique benefit of his mentorship. I have gained skills in empirical data analysis, systematic reviews, knowledge translation, and communicating research to both academic and non-academic audiences. I have been encouraged and supported to forge relationships with decision-makers and leaders in the health services research community, to present at Canadian and international conferences, to contribute as editor and reviewer of a quarterly digest, Home and Community Care Highlights, and to conduct policy-relevant research. Dr. Coyte fostered and supported the invaluable opportunities for me to conduct a seminar at and participate in an international health research methods workshop in Stockholm, Sweden, and to work with the Health Division at the Organisation for Economic Cooperation and Development (OECD) in Paris, France, in a 3-month internship position. My master’s training and experiences have undoubtedly been enriched through Dr. Coyte’s mentorship, training and financial support.”

**-Meghan McMahon, MSc Graduate,
Department of Health Policy, Management and Evaluation,
Faculty of Medicine, University of Toronto**

Appendix 12: Trainees: Admissions and Graduates

Summary of Graduate and Post-Doctoral Supervision:

	Program Participants							
	2000	2001	2002	2003	2004	2005	2006	2007
PDF	1	1	2	2	-	-	-	-
PhD	10	12	14	12	5	5	5	6
MSc	4	5	6	5	2	3	2	2

	Number (& Duration in Years) of Program Graduates							
	2000	2001	2002	2003	2004	2005	2006	2007
PDF	1 (2)	0 (-)	1 (1)	0 (-)	1 (2)	1 (2)	0 (-)	-
PhD	0 (-)	1 (4)	3 (6)	1 (1)	2 (4,6)	0 (-)	1 (6)	-
MSc	0 (-)	2 (2)	1 (1)	2 (1)	1 (1)	1 (1)	1 (2)	1 (2)

Trainee Graduates 2007

McMahon, M. "Examining the Impact of Obesity on Canadian Health Services Utilization." MSc Candidate, Department of Health Policy, Management and Evaluation, U of T (Supervisor 2005 – 2007)

Trainee Admissions 2006

Dealhoy K, "Retrospective Study of Drug Utilization Pre and Post Hip Fracture in Ontario's Elderly Population", MSc Candidate, Department of Health Policy, Management and Evaluation, U of T (Supervisor 1998-present).

Johnson, L. "The Impact of Generalists and Specialists in the Follow-up Care of Breast Cancer Patients," PhD Candidate, Department of Health Policy, Management and Evaluation, U of T (Supervisor 2002-present)

Kohli, M. "Understanding Resource Allocation Decisions in Ontario Community Care Access Centres." PhD Candidate, Department of Health Policy, Management and Evaluation, U of T (Supervisor 2003 – present).

Lilly, M. "Medical Versus Social Care: Exploring Wage Discrimination for Personal Support Work Between Hospital and Home." PhD Candidate, Department of Health Policy, Management and Evaluation, U of T (Supervisor 2003 – present).

Mihailovic, A. "Determinants of Costs and Consequences if Late Presentation of Trauma – a Cross-Sectional Examination of Pediatric Trauma in Uganda and Ontario." PhD Candidate, Department Of Health Policy, Management And Evaluation, U of T (Supervisor 2004 – Present)

Isaranuwatthai, Wanrudee. "The Impact of the Tsunami Disaster on Health Status and Health Services Utilization in Thailand." MSc Candidate, Department of Health Policy, Management and Evaluation, U of T (Supervisor 2006 – Present)

Oh, H. "Should eHealth Innovations be Tested Using the Same Process Used to Evaluate Drugs?", PhD candidate, Department of Health Policy, Management and Evaluation, U of T (Member 2002-present)

Payne, G. "Health Expenditures, time to death, and age: a study of individual-level, longitudinal data to identify the demographic determinants of the demand for health and to estimate the temporal development in end-of-life morbidity." PhD Candidate, Department of Health Policy, Management and Evaluation, U of T (Supervisor 2004 – present).

Trainee Graduates 2006

McGillion, M. "Psychoeducation as an Intervention for Individuals Living with Chronic Stable Angina in Ischemic Heart Disease." PhD candidate, Faculty of Nursing, U of T (Member 2000 – 2006).

Tam, S. "Comparison of the Assessment of Inflammatory Arthritis in a Community Hospital Setting by Allied Health Professionals and Rheumatologists." MSc Candidate, Department of Health Policy, Management and Evaluation, U of T (Supervisor 2004 – 2006).

Trainee Admissions 2005

Kohli, M. "Understanding Resource Allocation Decisions in Ontario Community Care Access Centres." PhD Candidate, Department of Health Policy, Management and Evaluation, U of T (Supervisor 2003 – present).

Lilly, M. "Medical Versus Social Care: Exploring Wage Discrimination for Personal Support Work Between Hospital and Home." PhD Candidate, Department of Health Policy, Management and Evaluation, U of T (Supervisor 2003 – present).

McMahon, M. "Examining the Impact of Obesity on Canadian Health Services Utilization." MSc Candidate, Department of Health Policy, Management and Evaluation, U of T (Supervisor 2005 – Present)

Mihailovic, A. "Determinants of Access to Care After Pediatric Injury in a Low Income Country: Applications of the Andersen Model." PhD Candidate, Department Of Health Policy, Management And Evaluation, U of T (Supervisor 2004 – Present)

Payne, G. "Health Expenditures, time to death, and age: a study of individual-level, longitudinal data to identify the demographic determinants of the demand for health and to

estimate the temporal development in end-of-life morbidity.” PhD Candidate, Department of Health Policy, Management and Evaluation, U of T (Supervisor 2004 – present).

Tam, S. “The Use of an Allied Health Professional to Assess for Inflammatory Arthritis.” MSc Candidate, Department of Health Policy, Management and Evaluation, U of T (Supervisor 2004 – present).

Placement: Southlake Regional Health Centre, Newmarket

Trainee Graduates 2005

Hall, R. “New Approaches to Funding Acute Care Institution for Post-Acute Home Care in Ontario.” Post-Doctoral Fellowship, Canadian Health Services Research Foundation (Co-Supervisor 2003 – 2005).

Polisena, J. “Literature review on the institutional patterns of medical innovation processes.” MSc Candidate. Department of Health Policy, Management and Evaluation, U of T (Supervisor 2004 – 2005).

Placement: in Italy

Trainee Admissions 2004

Kohli, M. “Understanding Resource Allocation Decisions in Ontario Community Care Access Centres.” PhD Candidate, Department of Health Policy, Management and Evaluation, U of T (Supervisor 2003 – present).

Lilly, M. “Medical Versus Social Care: Exploring Wage Discrimination for Personal Support Work Between Hospital and Home.” PhD Candidate, Department of Health Policy, Management and Evaluation, U of T (Supervisor 2003 – present).

Payne, G. “Early Medical and Surgical Abortion in Ontario: A Cost Minimization Analysis.” PhD Candidate, Department of Health Policy, Management and Evaluation, U of T (Supervisor 2003 – present).

Polisena, J. “Assessment of the Operational Efficiency of Community Care Access Centres (CCACs) in Ontario.” MSc Candidate. Department of Health Policy, Management and Evaluation, U of T (Supervisor 2004 – 2005).

Tam, S. “The Use of an Allied Health Professional to Assess for Inflammatory Arthritis.” MSc Candidate, Department of Health Policy, Management and Evaluation, U of T (Supervisor 2004- present).

Trainee Graduates 2004

Cameron, J. “Do Caregiving Experiences Mediate Mental Health Outcomes?” PhD Candidate, Institute of Medical Sciences, U of T (Supervisor 2003 – present).

Li, L. "A Cost-Effectiveness Analysis of Home-Based Therapy for People with Rheumatoid Arthritis." PhD Candidate, Department of Clinical Epidemiology, U of T (Member 1998 – 2004).

Young, W. "Multi-Site Study of Home Care for MI Patients." Post-Doctoral Fellowship. Canadian Health Services Research Foundation (Co-Supervisor 2002-2004).

Zarnett, D. "The Effects of Competition on Community-Based Nursing Wages." MSc Candidate, Department of Health Policy, Management and Evaluation, U of T (Member 2003 – 2004).

Appendix 13: CHSRF/CIHR Fellowship Recipients

“The Genesis Fellowship provides me support so that I can focus on my studies in the role of Internet in the care delivery of rehabilitation professionals. The Home and Community Care Knowledge Translation course provides me a training ground to critically analyze and disseminate academic knowledge to highlight the clinical implications and policy relevance of scientific research. From the course, I have developed a pragmatic mindset when I think about my future research focus.”

**- Veronica Law, MSc. Student, Graduate Dept. of Rehabilitation Sciences,
University of Toronto**

“The CHSRF Genesis Fellowship Award enables me to focus energy on thesis research. As I am nearing degree completion, this funding also allows me to spend some time considering next steps in my career, such as a post-doctorate or academic appointment at a Canadian university.

**- Meredith Lilly PhD. Student, Dept. Health Policy, Management, and
Evaluation, University of Toronto**

“The CHSRF/CIHR funding that I received enabled me to focus exclusively on my research efforts during a very crucial time in my thesis work. The program and colleagues within it were imperative to my learning and understanding of issues in health services research, to my exposure to relevant methods and experts in the field of health services utilization and to my development as a health care provider and researcher.”

**- Alexandra Mihailovic, PhD. Student, Dept. of Health Policy, Management and
Evaluation; resident, Dept. of Surgery, University of Toronto**

“The Genesis award has given me added financial support for my research activities. Also, activities sponsored by the CHSRF/CIHR Chair have provided networking and mentoring opportunities.”

**- Greg Payne PhD. Student, Dept. Health Policy, Management, and Evaluation,
University of Toronto**

Appendix 13: 2005/06 - 2006/07 CHSRF/CIHR Fellowship Recipients

Wanrudee Isaranuwatchai, Department of Health Policy, Management and Evaluation, is currently in the first year of her MSc Program. From June 2005 to present, she has been working for Dr. Coyte on the project entitled, "The impact of the tsunami disaster on health status and health service utilization in Thailand." This opportunity has enabled her to learn a great deal about research. She has also had a chance to be involved in the process since its inception: from the development of a sampling frame and instruments to the collection and management of data. One of her responsibilities is to establish connections with government officers at all levels. In this position, she has had the opportunity to meet significant people such as provincial governors and public health officers. She also assists the officers with the data collection process and provides the study participants with information about the project or other relevant issues. This position has illustrated to her the essential role that research plays. Working on the tsunami project has allowed her to acquire a great deal of experience and develop (improve) skills such as effective communication, decision-making, analytical skills, and public speaking.

Being an occupational therapist, **Veronica Law** is interested in understanding the way technology reshapes the healthcare system. Her research area is about how healthcare practice is affected by the adoption of technology. Under the supervision of Dr. Angela Colantonio, a mentor from the Health Care, Technology, and Place strategic research and training initiative, she is working on her thesis which focuses on the use of the Internet by occupational therapists in their clinical practice. She is interested in finding out the factors influencing their use of the Internet in a clinical setting, and if their clinical practice is supported by this technology.

Meredith Lilly is nearing completion of her PhD in health services research through the Dept. of Health, Policy, Management and Evaluation. Thesis research supervised by Dr. Peter Coyte is focused on the labor supply of Canada's unpaid caregivers. This research investigates whether caregivers are more or less likely to be in the labour force, whether they receive lower wages in the labor market, and whether their hours of labour force work are negatively impacted, relative to non-caregivers. The ultimate goal is to inform decision-making around economic policies to support unpaid caregivers. Other research interests related to homecare and health economics include compensation of health professionals across healthcare settings. In addition to funding from the Genesis Award, Meredith is also a recipient of a CIHR Doctoral Research Award.

Meghan McMahon is currently completing her MSc with a focus on health policy and economics in the Department of Health Policy, Management and Evaluation at the University of Toronto. Under the supervision of Drs. Peter Coyte and Audrey Laporte, her thesis research concentrates on relationships between body mass index and health service utilization. She is also interested in health sector financing and pharmaceutical policy. As part of her MSc program, Meghan completed a 3-month internship in the Health Division at the Organisation for Economic Co-operation and Development (OECD) in Paris, France, where she worked with a team examining pharmaceutical pricing policies and innovation. Meghan currently works part-time as a research associate for Dr. Peter Coyte examining issues pertaining to health care financing, and for the Centre for Health Services and Policy Research examining pharmaceutical policy. She graduated with a Bachelor of Arts degree in economics and political science from UBC in 2004.

Alexandra Mihailovic is a senior resident with the Department of General Surgery at the University of Toronto having finished her medical school training at McMaster University. Currently a member of the Surgical Scientist Program, pursuing a PhD in Clinical Epidemiology supervised by Dr. Peter Coyte and Dr. David Urbach. Her clinical interests are in the field of trauma and international surgery which aligns with her thesis topic of access to care after pediatric injury in sub-Saharan Africa in response to a growing concern of the enormous burden of disability and early mortality caused by both intentional and unintentional injury in low income countries. This research has taken her to Uganda where she spent 2 years collecting data on child injuries and working clinically in the war ravaged northern regions of the country. In response to her research findings, she started a child injury prevention program which saw a 15 fold decrease in pedestrian injuries in the research population. With a current research position at St. Michael's Hospital, proposals for future work under review focus on the broader effects of conflict on health and the predictors of health epidemics within areas of decreased security such as northern Uganda and the Democratic Republic of Congo. She has presented talks widely on issues of health and human rights.

Greg Payne, Department of Health Policy, Management and Evaluation, is currently in the fourth year of his PhD program. He is supervised by U of T health economics specialists Drs. Peter Coyte and Audrey Laporte. He is specializing in building refined models of the influence of demographics on health care spending. These individual-level models relate health care utilization and expenditures among the elderly to time-to-death as well as age. By including time-to-death, these models can account for changes in health status and mortality rates that are not captured in age-only models. In addition to his two supervisors, the third member of his thesis committee is the renowned economic demographer Dr. David Foot. Besides his thesis, other research interests include economic evaluation and the economic efficiency of private-public partnerships in health care service delivery. He is supported in his research with funding from the HPME department and the CHSRF/CIHR Chair through the Genesis Fellowship.

Dara Zarnett graduated with a B.A. in Applied Economics in May 2002 and a MSc in Health Administration in 2004. During 2004-2006, she worked for Drs Whitney Berta and Audrey Laporte on CIHR and SSRHC funded studies on the efficiency of long-term care in Ontario and Canada. She is currently in the first year of a PhD program in Health Services Organization and Policy School of Public Health, University of Michigan.

Wanrudee Isaranuwachai

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Toronto Ontario
M5S 3G2 Canada
Tel: 647-588-6465
Fax: 647-341-0834

Email: wanrudee.isaranuwachai@utoronto.ca

SUMMARY OF QUALIFICATIONS

- Currently enrolling in a Health Administration Master program, Department of Health Policy, Management and Evaluation at the University of Toronto
- Graduate of the University of Waterloo's Bachelor of Science program in Health Studies and Gerontology (Dean's Honours List)
- Self-motivated, goal-oriented, and committed to a career in the health sector with over five years of experience
- Outstanding organizational, leadership, and communication skills developed over six years of active volunteering within the community
- Adaptable, and capable of working in both individual and group environments
- Reliable under pressure and attentive to details with three years of experience in an animal research environment
- Able to maintain confidentiality and effectively organize the use of resources in research
- Excellent problem solving, interpersonal, creative, decision-making, and multi-tasking skills in both research and management
- Experience with Microsoft applications, SAS, and SPSS

EDUCATION

Master of Science, Health Administration September 2006 – Present
Specializing in Health Services Outcome and Evaluation,
University of Toronto, Toronto, ON, Canada

Bachelor of Science, Honours Health Studies, Minor in Gerontology
Pre-Health Professions Options, University of Waterloo, Waterloo, ON, Canada June 2003

- **Honours Thesis:** Senior year in conjunction with Dr. Glenn Ward
The Effects of Early Postnatal Feeding Patterns on Blood Pressure of Adult Borderline Spontaneous Hypertensive Rats

Bachelor of Science, Honours Biology
University of Waterloo, Waterloo, ON, Canada August 2000

Secondary School Diploma
St. Margaret's School, Victoria, BC, Canada June 1999

RESEARCH EXPERIENCE

Research Assistant
Faculty of Medicine, University of Toronto, Toronto, ON, Canada
Working at the research sites: Phuket, Phangnga, Krabi, and Ranong in Thailand June 2005 – Present

- Collaborated with the research team from Chulalongkorn University, Bangkok, Thailand
- Facilitated the development and implementation of the sampling frame and instruments currently used in the research study
- Established connections with government officers in relevant departments, such as the Department of Provincial Administration, offices of the provincial governors, provincial and district public health offices, and schools in Thailand
- Formed alliances and maintained regular contact with regional government officers and communities in each province studied
- Designed and implemented regional training sessions to guide and assist local public health officers in the data collection process
- Offered support and provided information to the study participants and their communities
- Reported progress of ongoing investigation to the team at University of Toronto
- Monitored, managed, and prepared research data, and completed the data entering process
- Ensured secure and successful transfer of data between Thailand and Canada

Laboratory Research Assistant

Faculty of Applied Health Sciences, University of Waterloo, Waterloo, ON Summers 2001 to 2003

- Prepared and performed implantation of chronic arterial catheter in rats with significant survival rate to conduct blood pressure study
- Assembled and operated blood pressure research equipment for both non-invasive and invasive procedures to collect and analyze data
- Prepared and performed implantation of gastrostomy tubes in rats for artificial rearing
- Conducted artificial rearing of animals with significant survival rate to conduct several studies

HEALTH-RELATED EXPERIENCE

Participant in the Functional Abilities Program (Volunteer)

The Village of Winston Park Health Care Facility for the Aged, Kitchener, ON, Canada 2000 – 2002

- Completed volunteer program to provide quality care for the elderly emphasizing the values of dignity, appreciation, respect, and equality
- Facilitated residents' therapeutic and recreational activities to improve their mobility and quality of life through regular visits

Clinical Assistant (Volunteer)

Canadian Blood Services, Kitchener, ON, Canada

Summer 2000

- Delivered basic medical care to donors by cleaning and bandaging injured sites
- Monitored health status of donors after donation through regular observations for abnormal symptoms
- Organized post-donating area by preparing and offering refreshments

HEALTH-RELATED EXPERIENCE (CON'T)

Clinical Assistant (Volunteer)

Chulalongkorn Hospital, Bangkok, Thailand

December 1998

- Shadowed the physicians on rounds to observe real-world medical practice
- Fulfilled orders from supervisors such as collecting, sorting, and filing clinical data

MANAGEMENT EXPERIENCE

Manager, Business Development

P & W Service Limited, *The Licensed Customs Broker*, Bangkok, Thailand

2003 – 2005

- Evaluated each department by closely monitoring workflow
- Maintained effectiveness and efficiency of 42 employees through ongoing interactions and by welcoming discussion, allowing two-way communication
- Managed company during absence of supervisor by handling financial issues and keeping managing director informed
- Organized company's training seminars and the annual party
- Ensured healthy and safe working environment by providing necessary supplies

OTHER EXPERIENCE

Program Assistant (Volunteer)

Central Juvenile and Family Court, Bangkok, Thailand

2003 – Present

- Implemented plans of associate judges by executing their instructions
- Directed activities for young offenders such as field trips, resulting in increased requests for participation
- Captured quality photographic images representing full range of activities, utilizing creative and artistic skills
- Produced a video presentation of the program for people involved, interested organizations, and any future use

Member of Food Bank (Volunteer)

University of Waterloo, Waterloo, ON, Canada

2000 – 2002

- Distributed nutritious food on regular basis to those in need
- Supported special events such as bake sales by donating materials, promoting events to the public, and actively participating

Member of the Wellness Center (Volunteer)

University of Waterloo, Waterloo, ON, Canada

2000 – 2001

- Provided community with access to health information on regular basis
- Offered information on health in local areas by circulating brochures and pamphlets at public events

OTHER EXPERIENCE (CON'T)

Program Assistant (Volunteer)

Ruam Dua Chua Kan, Bangkok and Pattaya, Thailand

Summer 2000

- Supervised and supported community activities for youth such as beach clean-ups
- Promoted a safe environment by supervising activities and ensuring the availability of medical supplies

ACCOMPLISHMENTS

- | | |
|--|----------------|
| • CHSRF/CIHR Genesis Fellowship Award,
University of Toronto | 2006 – Present |
| • Dean's Honours List, Faculty of Applied Health Sciences,
University of Waterloo | 1999 – 2003 |
| • Applied Health Sciences Health Studies Scholarship,
University of Waterloo | 2001 – 2003 |
| • Standard First Aid and Basic Rescuer CPR (with 2 persons) | 2000 |
| • Senior Most Sportsmanlike Award, St. Margaret's School | 1999 |
| • Senior Player of the Year, St. Margaret's School | 1997 – 1999 |
| • <i>Times Colonist</i> Girls' All-Star Basketball Team, Victoria, BC | 1997 – 1999 |
| • The Dorothisruth Meilicke-Moore Athletics Bursaries,
St. Margaret's School | 1996 – 1999 |

ACTIVITIES

- | | |
|--|-------------|
| • Member, Intramural Basketball Team | 1999 – 2001 |
| • Captain, Basketball and Volleyball Secondary School Team | 1999 |
| • Member of the National Youth Leadership Forum: Medicine | 1999 |
| • Grade representative, House captain, and Games captain
Secondary School Student Council – elected | 1996 – 1999 |
| • President and House Representative
Residence Council – elected | 1995 – 1999 |

INTERESTS

- Juggling
- Photography
- Video games
- Customized exercise programs
- Various sports e.g. basketball, All Terrain Vehicle (ATV), sea-doo, and snowboarding

Yo-yo

Veronica Law

8 Dunloe Road, Richmond Hill, Ontario, L4B 2H5

Tel: 416-456-6693 Fax: 905-508-1437

Education

2005 - Masters in Rehabilitation Sciences, currently enrolled in University of Toronto.

1994 – 2000 Bachelor in Science with High Distinction, University of Toronto
major in Psychology, minor in Sociology

Pertinent Courses taken: Health Psychology & Sociology of Mental Health

1994 – 1998 Bachelor of Science in Occupational Therapy, University of Toronto

Clinical Experiences

Mar 1999 – Present Community Occupational Therapist & Association (COTA)

- ♦ Visit adult and geriatric clients with physical medical diagnoses (e.g., CVA & MS) and mental health diagnoses (e.g., bipolar affective disorder), Acquired Brain Injuries and psychogeriatric clients (e.g., clients with dementia)
- ♦ Conduct assessments concerning home safety, mobility and bathroom equipment needs, needs for personal assistance
- ♦ Establish and implement client-centered treatment programs (e.g., wheelchair assessment & functional mobility training, life skills training, cognitive retraining, & linkage to community resources)
- ♦ Collaborate with team members in the community (e.g., case managers of the Community Care Access Center, physiotherapists and personal support workers, and clients' family)

Apr 2000 – Nov 2000 Yee Hong Center of Geriatric Care, Scarborough
In-patient continuing Care, Part-Time Position

- ♦ Assess and prescribe wheelchairs concerning individual seating and mobility needs
- ♦ Conduct wheelchair trials and functional mobility training
- ♦ Assess needs for assistive devices for functional transfers

Dec 1998 – Jan 1999 Baycrest Center for Geriatric Care, Toronto
In-patient Continuing Care, temporary part-time position

- ♦ Develop pressure sore prevention and management program
- ♦ Design and fabricate orthoses for upper-extremity positioning
- ♦ Complete seating assessments and wheelchair prescriptions

Aug – Oct 1998 St. John's Rehabilitation Hospital, Toronto
In-patient multiple trauma & complex care, clinical placement
♦ Develop, implement and monitor rehabilitation programs for clients with: traumatic injuries resulting from motor vehicle

accidents (e.g., clavicle fracture & closed head injury); burn injuries (e.g., burned trunk & hands); and orthopedic surgery (e.g., total hip replacement)

- ♦ Administer pre-discharge assessments and made recommendations of assistive devices and services (e.g., home-making services)
- ♦ Collaborate with team-members (e.g., social worker) in client's discharge planning

Apr – May 1998

Baycrest Center for Geriatric Care, Toronto

In-patient Continuing Care & seating clinic, clinical placement

- ♦ Problem-solve with team-members (e.g., nurses and OT assistant) regarding client's individual needs (e.g., designing adaptive clothing)
- ♦ Provide training to clients regarding the use of power wheelchair
- ♦ Develop professional relationship with wheelchair vendors

Nov – Dec 1997

York Central Hospital, Richmond Hill

In-patient rehabilitation, clinical placement

- ♦ Work with orthopedic clients (e.g., total hip replacements and fractured spine), clients with chronic obstructive pulmonary disorder and cerebral vascular accidents (CVA)
- ♦ Develop, implement, and monitor rehabilitation treatments (e.g., swelling control & ADL retraining) for orthopedic clients
- ♦ Implement motor rehabilitation for clients with CVA

Relevant Clinical Skills

- ♦ Possess strong observational skills as required in ADL and kitchen assessments, mental status and cognitive assessments
- ♦ Proficient in administering various standardized assessments, such as the Power-mobility Indoor Driving Assessment (PIDA), Cognitive Competency Test, the Functional Independence Measure
- ♦ Able to identify and critically analyze issues of concerns from a holistic perspective
- ♦ Creative and flexible in problem-solving
- ♦ Proficient in spoken and written English and Chinese (Mandarin & Cantonese)

Additional Experience

Feb – Oct 1998

Student researcher at the Bloorview MacMillan Center, the MacMillan site

- ♦ Research focus: The Psychosocial Impact of Ankle-Foot Orthoses on Pediatric Users, the Parents' Perspective using a modified Psychosocial Impact of Assistive Devices Scale (PIADS)

May – Jun 1997

Clinical placement at Giant Steps Toronto, Concord

- ♦ Worked in a multidisciplinary team in therapeutic and educational school, which serves predominantly children with Persuasive Developmental Disorder
- ♦ Assisted in program planning and implementation using sensory-integration approach
- ♦ Developed skills to adjust communication styles to clients with special needs (e.g., lack of verbal communication skills)

1992 – 1993 Member of Hong Kong Youth Hockey Team
 Founder & Vice-President of Hong Kong Union of Young Leaders

Awards & Scholarships

- | | |
|-------------|---|
| 2006 | ♦ Genesis Fellowship, (awarded by CHSRF/SIHR Chair in Health Care Settings and Canadians, University of Toronto) |
| | ♦ University of Toronto Open Fellowship |
| 2005 | ♦ Toronto Rehabilitation Institute Student Scholarship Fund (awarded for Masters Degree in GDRS, University of Toronto) |
| | ♦ University of Toronto Open Fellowship |
| 1995 – 2000 | ♦ Dean's List of Faculty of Arts & Science, University of Toronto |
| 1998 | ♦ Smith & Nephew Award, Dept. of Occupational Therapy, University of Toronto |
| 1997 | ♦ Mary Horan Prize in voluntarism, Dept. of Occupational Therapy, University of Toronto |
| 1995 | ♦ University of Toronto Scholar |
| | ♦ New college Silver Anniversary Scholarship, University of Toronto |
| 1990 | ♦ The Hong Kong Bank Inc. Scholarship to participate in AFS Student Exchange Program |

Professional Affiliations

- | | |
|--------------|---|
| | ♦ College of Occupational Therapists of Ontario, Member (1998 – 2007) |
| | ♦ Canadian Association of Occupational Therapists, Member (1998 – 2005, |
| 2006 – 2007) | ♦ Ontario Society of Occupational Therapists, Member (1998 – 2007) |

Professional Development

- | | |
|--------------------------------|---|
| Nov 2006 | ♦ The 2 nd Toronto Rehabilitation Institute Research Day – Poster Presentation of “Internet Use among Occupational Therapist in their Clinical Practice” |
| Feb 2003
by the
Sciences | ♦ The 6 th annual Clinical Conference “ Living on the Edge: Seniors at Risk”,

Geriatric Outreach Team – RGP Sunnybrook & Women's College Health |

- Center
- Jun 2002 ♦ Introduction to Postural Control & Movement in Neurology: Improving Function, by
Continuing Education, University of Toronto
- Jun 2002 ♦ “Assessing Mental Health in the Elderly”, by Senior Mental Health Service,
West Park
HealthCare Centre
- 1998 – 2003 ♦ Invacare Seating & Mobility Rounds
- Nov 1999 ♦ Workshop on Mobility and Seating, by Sheila Bucks
- Apr 1999 ♦ Certificate of 6 continuing education credits in the Mind Matters Seminar
on Dementia
- Nov 1998 ♦ Certificate holder of National Certificate Examination of Occupational
Therapy
- June 1998 ♦ The 12th International Congress of the World federation of Occupational
Therapists

Interests

- ♦ Traveling, Tennis, Squash, Photography, Reading

References

Available Upon Request

Meredith Lilly

Departmental Address

Health Policy Management & Evaluation
Faculty of Medicine, University of Toronto Health Sciences Building
155 College Street Suite 425
Toronto, ON M5T 3M6
Tel: 416-978-4326

Education

2002- Doctor of Philosophy Candidate, Dept. Health Policy, Management & Evaluation, University of Toronto Expected Completion Date: May, 2007

Concentration: health services research, specializing in health economics and labour remuneration across settings of care

Thesis topic: Labour force participation and earnings of unpaid caregivers in Canada. Supervisor: Dr. Peter C. Coyte

Collaborative Doctoral Program in Health Care, Technology and Place (HCTP)

1994-1998 Specialist Co-operative Honours Bachelor of Arts in International Development Studies, University of Toronto

Graduated with High Distinction

Initiated B.A. at University of Ottawa (1993-1994), prior to transfer to Toronto

Academic Awards and Honours

2004-2007 CIHR Doctoral Research Award
2002-2007 CHSRF/CIHR (CADRE) Chair in Health Services Research Trainee Award
2003-2006 CIHR Strategic Training PhD Fellowship in Health Care, Technology & Place
2003-2004 Dept. Health Policy, Management and Evaluation (HPME) Training Award
2003 MSc Poster Competition Award, Dept. HPME
2002 University of Toronto Fellowship awarded upon entry to graduate studies
1998 University of Toronto, Fourth Year Scarborough College Honours List
1996 SKF International Development Scholarship for outstanding academic performance in Univ. Toronto's International Development Studies Programme
1994 University of Ottawa Excellence Scholarship for outstanding first year performance

1994 University of Ottawa Admission Scholarship

Research and Teaching Interests

Health Services Research

Health Economics and Economic Evaluation

Homecare Paid and Unpaid Caregiving

Comparative compensation for healthcare work across settings and jurisdictions

Research Experience

- 2003-present Thesis research: Labour Force Participation & Employment Earnings by Unpaid Caregivers in Canada. Quantitative study focused on the influence of unpaid caregiving on the nature of labour force participation in Canada.
- 2005-present Transdisciplinarity teaching and learning in the health sciences: a case study of the Health Care, Technology and Place course on the Body in Health Care.
- 2004 Ontario Ministry of Health and Long-Term Care: Acute Services Division Observer/Report Writer: Critical Care Steering Committee, July 8-9, 2004 Goal: to build a framework for integrated Critical Care in Ontario
- 2003-2004 Analysis of wage variation for personal support work across health care settings.
- 2002-2004 Cost-effectiveness analysis of IBI therapy for children with autism in Ontario. Results of this research were presented as expert testimony to the Ontario Superior Court in September, 2003.
- 1996-1997 Undergraduate research & work internship in Uganda, East Africa and Toronto. Co-managed rural community development programs focussing on community-based health care, HIV/AIDS prevention, water and sanitation, and agroforestry.

Research Grants

- 2005 Meredith B. Lilly (Co-Principal Investigator); Nancy Davis Halifax (Co-Principal Investigator); Andrea Cortinois (Investigator). Transdisciplinary Teaching and Learning in the Health Sciences: A Case Study. Amount: \$3,195. Agency: Health Care Technology and Place Programme, Interdisciplinary Capacity Enhancement Grant, University of Toronto.

Teaching Experience

- 2005 Teaching in Higher Education: Course for PhD students preparing for academic careers. Topics include teaching and learning methods; pedagogical theory; teaching strategies for large, moderate and seminar-sized classes; presentation and facilitation skills; improving student writing; assessing student performance; evaluating teaching effectiveness; using information technology; promoting equity and ethics. Students also complete two

microteaching sessions where they instruct classes of their peers/faculty and receive feedback on performance.

2002-present Grant Writing Instructor and Consultant: Deliver tailored training workshops on effective proposal writing and obtaining grant support to graduate students, academic audiences and non-profit sector professionals. Delivered eight seminars from 2002 to 2006, with class sizes ranging from 10 to 100 (mode 20).

Industry Experience

1999-2002 Proposal Writer, The Hospital for Sick Children Foundation, Toronto. Managed proposal writing activities and wrote funding proposals valued between \$25,000 - \$25,000,000; acted as liaison between Research Institute Executive, hospital physicians and staff, and Foundation on strategic fundraising direction.

1997-1999 Program Consultant and Funding Officer, Citizenship and Immigration Canada, Ontario Region, Toronto. Managed special Ontario-wide contracts with non-governmental partners such as: a research project to assess the settlement needs of newcomers from former-Yugoslavia; expansion of a research database on immigrant women; service provision to immigrant and refugee groups.

Publications

Work Submitted

Lilly, Meredith B. *Medical vs. Social Care: Wage Variation for Personal Support Work Between Hospital & Home*. Submitted to *Gender, Place and Culture* for inclusion in a special collection on women's caregiving work.

Work in Progress

Lilly, Meredith B., Audrey Laporte, Peter C. Coyte. *Unpaid Caregiving and Labor Supply: A Systematic Review of the International Literature*. To be submitted to *Milbank Quarterly*.

Peer-Reviewed Journals

* Motiwala, Sanobar S., Shamali Wickremaarachi, Meredith B. Lilly, Wendy J. Ungar, Peter C. Coyte. *The Cost-Effectiveness of Expanding Intensive Behavioral Intervention (IBI) to All Autistic Children in Ontario*. *Healthcare Policy*. 2006. Vol 1 (2): 135-151.

* Article is Winner of 2006/07 Dept. of Health Policy, Management and Evaluation Society of Graduates Literary Award for superior paper in Health Services Evaluation.

Lilly, Meredith B. Book Review on Women and Unpaid Caregiving in Home Care. *Archives of Women's Mental Health*. 2005. Volume 8: 113-114.

Reports, non-refereed

Motiwalla, Sanober S., Shamali Wickremaarachi, Meredith B. Lilly, Wendy J. Ungar, Peter C. Coyte. *The Cost-Effectiveness of Expanding Intensive Behavioral Intervention (IBI) to All Autistic Children in Ontario*. Expert testimony at Superior Court of Ontario, Aug. 2003.

Published Abstracts

Lilly, Meredith B. (2004). Labour Force Participation & Employment Earnings of Unpaid Caregivers in Canada. in D.L. Spitzer, M.J. Stewart, K.E. Kushner (eds). *Gender, Sex & Health: Overview of Recent Research*. (pp. 104). Ottawa: CIHR Institute of Gender and Health.

Presentations

Conference Presentations

The labour supply of unpaid caregivers: an international review of the literature. Poster presentation to the 5th Canadian Cochrane Symposium. Ottawa: Feb 12-13, 2007

Labour Force Participation, Labour Supply, and Unpaid Caregiving in Canada. Poster presentation to the Karolinska Institute: NordForsk Course on Research Theory and Methods in Home and Community Care. Nasslingen, Sweden: September 1-6, 2006.

Labour Force Participation, Labour Supply, and Unpaid Caregiving in Canada. Conference presentation to The Centre for Research in Women's Health 5th Annual Graduate Student Research Day in Women's Health. University of Toronto: May 12, 2006.

Labour Force Participation, Labour Supply, and Unpaid Caregiving in Canada. Poster presented at the University of Toronto's Dept. Health Policy, Management and Evaluation Research Day: May 3, 2006.

Medical vs. Social Care: Wage Variation for Personal Support Work Between Hospital & Home American Association of Geographers Conference, Chicago, USA: March 7-11, 2006

Labour Force Participation, Labour Supply, and Unpaid Caregiving in Canada. Poster presented at the CIHR Institute of Gender and Health Third National IGH Award Recipient Symposium, Montreal: October 25, 2004.

Labour Force Participation, Labour Supply, and Unpaid Caregiving in Canada. Canadian Association of Health Services and Policy Research Conference, Montreal: May 25-28, 2004.

Variations in Labour Remuneration for Caregiving in Canadian Hospitals versus Homes. Presenter. Place and 21st Century Health Care Research: Concepts, Methods and Findings. Health Care, Technology and Place Collaborative Workshop. CIHR Strategic Training Program in Health Care, Technology and Place. University of Toronto: June 12-13, 2003.

Expanding Treatment for Ontario's Autistic Children: A Cost Effectiveness Study. Poster Presented at the CIHR / IHSPR Inaugural National Symposium, Montreal: Nov. 22-24, 2003.

Cost Effectiveness of Expanding Treatment for All of Ontario's Autistic Children. Poster Presented at the University of Toronto's Dept. Health Policy, Management, and Evaluation Research Day. May, 2003.

Invited Lectures

The Labour Supply of Unpaid Caregivers: An International Review. Karolinska Institute: NordForsk Course on Research Theory and Methods in Home and Community Care. Stockholm, Sweden: September 1-6, 2006.

Supporting Canada's Unpaid Caregivers: Policy Instruments. University of Toronto 3rd Year Undergraduate Course in Sociology: SOC354H1S - Emerging Issues in Health and Social Policies. March 21, 2006.

Expanding Treatment for Ontario's Autistic Children: A Cost Effectiveness Study. The Hospital for Sick Children Population Health Rounds, October 18, 2004.

Labour Force Participation & Employment Earnings by Unpaid Caregivers in Canada. Health Care Technology and Place Seminar, University of Toronto: April 28, 2004.

Academic Service

- | | |
|--------------|--|
| 2002-present | Editorial Team Member and Contributor: Home and Community Care Highlights: A Quarterly Digest. Peter C. Coyte (Editor-in-Chief). CHSRF/CIHR Chair in Health Settings and Canadians, University of Toronto. Review relevant peer-reviewed literature, nominate articles for inclusion, participate in meetings of the editorial team, and write one-page reviews of articles for publication. |
| 2005 | Reviewer. <i>Archives of Women's Mental Health</i> . Publisher: Springer Wien |
| 2004-2005 | Member, CADRE Desktop Working Group, Canadian Health Services Research Foundation (CHSRF). National student representative for group mandated to develop a virtual desktop for use by all researchers, faculty, and students involved in the CHSRF's CADRE Programme. |
| 2004-2005 | 2005 Health Care, Technology and Place Workshop Organizing Committee, University of Toronto. Actively participated in, and led aspects of, organization of this annual conference. 60 researchers and decision-makers from around the world attended this two day workshop in Toronto, April 14-15 th 2005. |
| 2003-2005 | Curriculum Committee, Dept. Health Policy, Management & Evaluation (HPME), Univ. Toronto. Student representative. Participated in such activities as review and approval of proposed new graduate courses, approval of grades for completed courses, student-faculty relations, and the student funding policy. |
| 2003-2005 | HPME Graduate Student Union Executive, Dept. Health Policy, Management & Evaluation, Univ. Toronto. Participated in all aspects of this department's student government including student-faculty relations; social events; annual conference organization; and student policy formulation. |
| 2004 | MSc/PhD Student Admissions Sub-Committee, Dept. HPME, Univ. Toronto. Student representative on sub-committee to review |

applications of incoming student candidates, interview them, and make admission recommendations.

Academic Associations

Member	International Health Economics Association
Member	Toronto Health Economics Network, University of Toronto
Member	Canadian Research Network for Care in the Community

MEGHAN McMAHON

Department of Health Policy, Management & Evaluation
Faculty of Medicine, University of Toronto
155 College Street, Suite 425, Toronto ON. M5T 3M6
Phone: (416) 850-6997; E-mail: meghan.mcmahon@utoronto.ca

EDUCATION

MSc Health Administration (Outcomes and evaluation stream)

“Body mass index and health services utilisation in Canada”

Department of Health Policy, Management and Evaluation

University of Toronto

Expected March 2007

B.A. Economics & Political Science (First Class distinction)

University of British Columbia

May 2004

FELLOWSHIPS, AWARDS AND SCHOLARSHIPS

- CIHR Health Care, Technology, and Place Doctoral Fellowship (2006/07 academic year – deferred)
- Ontario Graduate Scholarship (September 2006)
- CHSRF/CIHR Research Training Fellowship, University of Toronto (September 2006)
- CIHR Canada Graduate Scholarship Master’s Award (September 2005)
- CHSRF/CIHR Research Training Fellowship, University of Toronto (September 2005)
- Ontario Graduate Scholarship (2005/06 academic year – declined)
- University of Toronto Open Fellowship Award (September 2005)
- CHSRF-CAN! and CIHR travel awards to attend a conference in Montreal (September 2005), and to present at conferences in Vancouver (February and September 2006)
- UBC Undergraduate Scholar Program Scholarship (August 2003)
- Member of the UBC Chapter of the Golden Key International Honour Society

RESEARCH EXPERIENCE

Research Intern / Stagiaire

May 2006-July 2006

Organisation for Economic Cooperation and Development, Health Division (Paris, France)

- Invited to be a summer intern by the Deputy Head of the OECD Health Division, Elizabeth Docteur, to contribute research, writing and analytical support to the Pharmaceutical Pricing Policies and Innovation group
- Gathered, synthesized and analysed information, including OECD data, pertaining to US pharmaceutical pricing, coverage, and reimbursement policies, and assisted in the writing of OECD Health Working Papers

Research Assistant for Dr. Peter Coyte

December 2005-July 2006

Department of Health Policy, Management & Evaluation

University of Toronto

- Assisted in the research and writing of a report to examine regulatory frameworks to protect access to care within the public health care sector given the potential for an expansion of private health care finance in Ontario
- Conducted a structured literature review on private health finance in Canada and OECD member countries, and applied economic theory and comparative political analysis to develop a potential regulatory framework for use in Ontario to protect quality and timely access to care in the publicly financed health sector
- Assisted in the systematic review and writing of a report to synthesize options for health care financing reforms for Thailand

Research Intern for Dr. Steve Morgan

June 2004 – August 2005

Centre for Health Services and Policy Research

University of British Columbia

- Conducted literature reviews and qualitative interviews with decision-makers in Canada, Australia, New Zealand and the United Kingdom in the area of pharmaceutical coverage and reimbursement policy
- Wrote manuscripts (as both lead and co-author) on Canadian and international pharmaceutical policy for publication in peer-reviewed journals, including *Social Science and Medicine*, *Health Policy*, *Health Affairs*, and *Applied Health Economics and Health Policy*, and also for Health Canada's Pharmaceuticals Policy Branch
- Analysed drug utilization and spending data from IMS Health Canada, Inc. Worked with a team of researchers to produce two drug atlases – “The Canadian Rx Atlas” and “The BC Rx Atlas,” which provide portraits (through maps and accompanying text) of overall drug utilization and expenditure

Communications Volunteer

March 2003 - May 2004

Sierra Legal Defence Fund (Vancouver, B.C.)

- Conducted scans of trends and issues within Canadian environmental and public health policy and disseminated pertinent information to Sierra lawyers; Compiled and maintained extensive research and media records on Canadian environmental policies; Assisted in the planning and organization of press conferences; Liaised with staff lawyers and media to raise public awareness of environmental and public health issues

ACADEMIC ACCOMPLISHMENTS

Peer-reviewed Publications

- Morgan S, **McMahon M**, Mitton C. (2006). “Centralising drug review to improve coverage decisions: economic lessons from (and for) Canada,” *Applied Health Economics and Health Policy*, 5(2): 67-73
- **McMahon M**, Morgan S, Mitton C. (2006). “The Common Drug Review: A NICE Start for Canada?” *Health Policy*, 77(3): 339-51
- Morgan S, **McMahon M**, Mitton C *et al.* “Centralized Drug Review Processes in Australia, Canada, New Zealand and the United Kingdom.” *Health Affairs (Millwood)* (2006). 25(2): 337-347
- Mitton C, **McMahon M**, Morgan S, Gibson J. (2006). “Centralized Drug Review Processes: Are they Fair?” *Social Science and Medicine*, 63(1): 200-11
- Morgan S, Hanley G, **McMahon M**, Barer M. “A National Formulary for Canada: Lessons from New Zealand,” *Healthcare Policy* (Revised and re-submitted, January 2007)

Non-peer-reviewed Publications

- Coyte PC, **McMahon M**. “Regulatory Frameworks to Safeguard Patient Access to Health Care in an Environment of Increased Private Finance for Health Care.” March 2006
- Morgan S, **McMahon M**, Lam J, Mooney D, Raymond C. “The Canadian Rx Atlas.” The Centre for Health Services and Policy Research. November 2005
- Morgan S, Schaub P, Mooney D, Lam J, Caetano P, **McMahon M**, Rahim-Jamal S. “The British Columbia Rx Atlas.” The Centre for Health Services and Policy Research. November 2005
- Editor, team member and contributor: Home and Community Care Highlights: A Quarterly Digest. Peter C. Coyte (Editor-in-Chief). CHSRF/CIHR Chair in Health Settings and Canadians, University of Toronto. Review relevant peer-reviewed literature, nominate articles for inclusion, participate in meetings of the editorial team, and write one-page reviews of articles for publication. September 2005-Present

Reports for Government

- Morgan S, **McMahon M**. (2005) Examining National Drug Formularies: Lessons from International Experiences. Report prepared for the Pharmaceuticals Policy Branch, Health Canada

Invited Presentations

- Invited Lecture: Regulations to Protect Access in the Public Health Sector in the Face of an Increased Role for Private Health Insurance: An International Review. Karolinska Institute: NordForsk Course on Research Theory and Methods in Home and Community Care. Stockholm, Sweden: September 1-6, 2006.

Conference Presentations (Presenter underlined)

- Coyte PC, **McMahon M**. “Enhanced private finance and regulations that protect access to quality public care: Lessons for Canada.” Oral presentation, 2006 Canadian Association of Health Services and Policy Research Conference, Vancouver, September 2006
- Morgan S, Hanley G, **McMahon M**, Barer M. “A national formulary for Canada: Lessons from New Zealand.” Oral presentation, 2006 Canadian Association of Health Services and Policy Research Conference, Vancouver, September 2006
- Hancock R, **McMahon M**, Menon-Nair A, Woo G, Aziza A, Laporte A, Connolly B, Chait P, Wales P, Ungar W. “Cost-effectiveness analysis of port insertion using image guided therapy (IGT) compared to conventional operating room (OR) methods.” Oral presentation, 2006 Annual Health Policy, Management and Evaluation Student Research Day, Toronto, May 2006.
- Hancock R, **McMahon M**, Menon-Nair A, Woo G, Laporte A, Ungar W. “Cost-effectiveness analysis of port insertion using image guided therapy (IGT) compared to conventional operating room (OR) methods.” Poster presentation, 2006 Annual Conference of The Canadian Association for Population Therapeutics, Toronto, May 2006.
- Coyte PC, **McMahon M**. “Enhanced Private Finance for Health Care and Policies to Safeguard Access to Quality Publicly Financed Health Care.” Invited podium presentation, 2006 Health Care Invitational Symposium: Dialogue on the Future of Medicare, Toronto, April 2006.
- Morgan S, **McMahon M**, Mitton C, Roughead L, Kirk R, Kanavos P, Menon D. “Centralizing Assessment to Inform Drug Coverage Decisions: An International Comparison.” Poster Presentation, Centre for Health Services and Policy Research’s International Pharmaceutical Policy Conference, Vancouver, February 2006.
- Mitton C, **McMahon M**, Morgan S. “Centralized Drug Review Processes: Are they Fair?” Oral presentation, 2005 International Conference on the Scientific Basis of Health Services, Montreal, September 2005.

- Morgan S, **McMahon M**, Mitton C, Roughead L, Kirk R, Kanavos P, Menon D. “Centralizing Assessment to Inform Drug Coverage Decisions: An International Comparison.” Poster presentation, 2005 Annual Research Meeting of AcademyHealth, Boston, June 2005.
- Morgan S, Schaub P, Mooney D, Caetano P, Rahim-Jamal S, **McMahon M**, Yan L. “Mapping Drug Utilization Patterns: A Canadian Case Study.” Poster presentation, 2005 Annual Research Meeting of AcademyHealth, Boston, June 2005.
- Morgan, S, Rahim-Jamal S, Schaub P, **McMahon M**, Mooney D, Yan L. “A Population-Based Atlas of Drug Utilization Patterns.” Poster presentation, 2005 Annual Conference of The Canadian Association for Population Therapeutics, Vancouver, April 2005.

EXTRACURRICULAR ACTIVITIES AND INTERESTS

- International experience and travel:
 - Three month internship with the OECD Health Division, Paris, France (Summer 2006)
 - Four months travel in Latin America (2005). Developed basic Spanish verbal skills in Spanish school in Nicaragua
 - Nine months teaching experience as a CASI Level 2 Snowboard Instructor in Whistler, British Columbia (2000)
 - Two months French language school in Nice, France (1998). Obtained O.A.C. French credit
- Team captain for October 2003-2005 and participant in October 2006 Canadian Breast Cancer Foundation Run for the Cure
- Member of UBC Economic Students Association & Political Science Students Association (2002-2004)
- Travel & Event Planner for the Executive Council of the UBC Surf Club (2002-2004)
- Active outdoor enthusiast – snowboarding, mountain biking, hiking, and surfing

Dr. Alexandra Mihailovic

48 McGill St. Toronto, ON Canada M5B 1H2
416-897-7412, SIN: 498 122 902, Age 31.
alex.mihailovic@utoronto.ca

Education

UNIVERSITY OF TORONTO, PhD Dept Health Policy, Management and Evaluation- *Doctor of Philosophy* 2003-2007

Thesis: Determinants of Access to Care After Paediatric Trauma in Sub-Saharan Africa (in process of defending)

UNIVERSITY OF TORONTO, FRCPS . GENERAL SURGERY, 2001-2008

Fellow of Royal College of Physicians and Surgeons (in progress)

MCMASTER UNIVERSITY, MD. DEPT OF MEDICINE 1998-2001

Medial Doctor

UNIVERSITY OF WATERLOO, BSc (Hon)- DEPT OF SCIENCE 1993-1997

Bachelor of Science- Physics and Biochemistry

Academic Appointments

ST. MICHAELS HOSPITAL- RESEARCH ASSOCIATE Sept 2006-
APPOINTMENT, Dept of Surgery – Toronto, ON

Current Advisory Positions

UNITED NATIONS GENERAL ASSEMBLY ON HIV/AIDS/DFAIT 2006-

CANADA- *Advisor on Effects of Conflict on HIV/AIDS vulnerability*

HUMAN SECURITY CENTER/DEPARTMENT OF FOREIGN Oct 2006

AFFAIRS- *Group of 30 Researchers from Around the World gathered in Ottawa to advice on the direction of quantifying the indirect effects of war on civilians and the ethical responsibilities of our governments*

CANADIAN COALITION FOR GLOBAL HEALTH RESEARCH 2003-

- *Advisory and Planning Board . Part of Mobilization Task force.*
- *Head of Alumni Program*
- *Summer Institute Mentor Program and Past Participant*

CCGHR MENTORSHIP AND GLOBAL HEALTH DIRECTIVE 2006

COALITION- *Chosen to Attend as a Student Representative of Leaders in Global Health Research to decide future direction of Canadian Institutional Involvement*

CLINICAL INVESTIGATOR PROGRAM- *Advisory and Planning Board* 2003-2007

GENEVA FORUM/ SMALL ARMS SURVEY - *Advisor on Clinical Effects of* 2006

Small Arms in Developing Nations

JOURNAL OF “CONFLICT AND HEALTH”, *Editorial Board* 2005-

CANADIAN NETWORK FOR INTERNATIONAL SURGERY- *Student* 2002-

Member and Advisory Council

GULU WALK- *Advisor to NGO addressing needs of children affected by conflict in* 2005-

Northern Uganda.

OIL AND WATER PROJECT- *On Board of Directors and Ground Support* 2005-

Director for Coalition Addressing Youth Education in Alternative Energy

External Supervisory Roles

MCMASTER UNIVERSITY – <i>Undergraduate Thesis in Peace and Conflict Studies</i>	2006-
Student: Robert Ciccicali	
PEACE THROUGH HEALTH FELLOWSHIP - <i>Student Fellowship</i>	2006-
Student: Milton Mutto (Uganda)	

Awards

ROTARY CLUB INTERNATIONAL- PAUL HARRIS FELLOWSHIP	Sept 2006
GALLIE-BATEMAN SURGICAL RESIDENT RESEARCH AWARD- 2ND PLACE. \$1000.	2006
JOHNSON AND JOHNSON RESEARCH AWARD- \$25,000 <i>New Investigator Award, Sept 2003.</i>	2003-2004
GOVERNMENT OF ONTARIO/PATTY RIGBY AND JOHN WEDGE GRADUATE SCHOLARSHIP IN SCIENCE AND TECHNOLOGY- \$15,000, Sept 2005	2005
CIHR STRATEGIC TRAINING DOCTORAL FELLOWSHIP IN HEALTH CARE, TECHNOLOGY AND PLACE- \$20,000- Sept 2005	2005-2007
CHRISHOLM MEMORIAL FELLOWSHIP- \$6,600- Sept 2004	2006
EDWARD CHRISTIE STEVENS FELLOWSHIP- \$ 9,500- Sept 2004	2005
CHSRF/CIHR HEALTH SERVICES RESEARCH AWARD- \$5000- 05	2005
MEDICAL ALUMNI ASSOCIATION – KURKYAK FAMILY FUND- Travel Grant \$5000, July 2003	2003

Research Interests

- Conflict/Human Security and Impact of Population Health (i.e. HIV, GSBV, Injury)
- Effect of Small Arms Trade on Risk to Overall Population Health
- Determinants of Access to Care in Developing/Low Income Countries
- Risk of Childhood Injury/Trauma and Impact of Social Economic Indicators
- Burden of Injury in Developing Countries
- Part of Center for International Health and Human Rights Studies. 2006

Work /Professional Experience

GENERAL SURGERY TRAINEE- <i>Clinical Experience in over 20 countries focusing on effects of conflict/ war as well as general trauma surgery</i>	1999- present
EXPEDITION DOCTOR- <i>Hired by National Geographic Associated 32 day Expedition to locate the source of the Nile River in Rwanda. Congo River planned 2007</i>	2005
MANAGER- SEABLADES KAYAKING COMPANY- <i>Honduras Central America. August 1997- July 1998. Organized and Managed all aspects of seakayak touring company in the Caribbean</i>	1997-1998
GUIDE/SITE COORDINATOR- Boundless Adventures- <i>Palmer Rapids, ON. Adventure camped aimed at special needs groups (drug addicted, mental disorders etc..) Responsible for site safety and ongoing of 5 day river trips on the Madawaska River.</i>	1998

Organization Development

AMEND.ORG CO-FOUNDER/PROGRAM DIRECTOR- C3 (501) 2005-
NGO based in New York City focusing on the epidemic of childhood injury in the developing world and addressing it through evidence based, community-driven interventions.

BIOFUELS EDUCATION COALITION CO-FOUNDER/LOGISTICS 2005-
Grass roots initiative focusing on youth education of alternative energy sources
Grants

Mihailovic A, Bitwe R, et al. Enabling Health System Resilience to the Effects of Fluctuating Human Security: A Program of Research and Capacity Building in Democratic Republic of Congo and Northern Uganda.

- Submitted Sept 29, 2006 to IDRC.
- PI on grant for \$1.6 million – **decision of funding pending**

Howard A. **Mihailovic A**. et al . Childhood Injury in Uganda: A Community based exploration of Disease Burden and Access to Care. \$100,000.00 2004-2005

Mills E. **Mihailovic A**. et al. Research Standards for Conducting Research in Vulnerable Populations in Unstable Settings \$172, 452 (awaiting review)

Mihailovic A, Bitwe R, et al. Community based prevention and treatment of malaria and HIV/AIDS: A program of research and capacity building in the Democratic Republic of Congo and Northern Uganda. \$15,000 (Teasdale-Corti)

International Development Research Council (IDRC)/ CIHR/CIDA Canadian Institute for Health Research Canadian Institute for Health Research International Development Research Centre (IDRC)

Publications in Refereed Journals

Mihailovic A, P. Oluput-Oluput. “Weaning Out C: When Politics Override Evidence in HIV Prevention in Africa”. *PLOS Medicine*. Vol 3(9). September 2006

P. Chui, C. Sauer, **A. Mihailovic**, I. Adiatia, D. Bohn, A. Coates, J. Langer. “The Price of Success in Management of CDH: Is Improved Survival Accompanied by an Increase in Long Term Morbidity?” *Journal of Pediatric Surgery* vol 41(5) May 2006, 888-892

Mihailovic A, Bell C, Urbach D. “User’s Guide to the Surgical Literature: Case Control Studies in Surgical Journal” *Can j Surg* Vol 48(2) April 2005

C. Forrest, **A Mihailovic**, R Buncic, J Drake J Thorner, M Greenberg. “Lacrimal Gland Adenosquamous Carcinoma: An Unusual Case of Proptosis in a 6 yr old Boy” *Craniofacial Surgery* 9: 231-233, 2001

Papers Currently in Review in Refereed Journals

A. Mihailovic, M. Nakitto, A. Howard. “Child Pedestrian Injury in the Setting of a Low Income Country: Quantifying the Problem and Translating Knowledge to Sustainable Solutions” (to be submitted to The Lancet)

A. Mihailovic, A. Howard. “The Global Burden of Childhood Injury”. (currently in review in

Journal of Pediatrics)

J. You, **A. Mihailovic**, A. Woo, M Krahn. “Implantable Cardioverter-Defibrillators for the Primary Prevention of Sudden Cardiac Death in Patients with Hypertrophic Cardiomyopathy: (Currently in review in JAMA)

A. Mihailovic, P. Chiu, J. Langer “Cost Effective Analysis of Two Surgical Procedures for the Repair of Congenital Diaphragmatic Hernia”. (in review Journal of Pediatric Surgery)

A. Mihailovic, P. Chiu, A Laporte, J Langer. “Comparison of Outcomes after Repair of Congenital Diaphragmatic Hernia Using Two Surgical Techniques”. (in review Journal of Pediatric Surgery)

Work in Progress

A. Mihailovic, P. Coyte, D. Urbach, A. Willan, A. Howard. “The Burden of Pediatric Injury and Determinants of Access to Care: Applying the Andersen Behavioral Model in a Low Income Setting” (as part of PhD thesis)

A Mihailovic, P, Coyte, D. Beacon, A. Howard, A. Willan. “Socio-Economic Status as a Predictor of Injury Risk and Access to Care: Issues Surrounding Conceptualization and Measurement.” (as part of PhD thesis)

International Presentations

Mihailovic A. HIV/AIDS in conflict affected settings.

- United Nations General Assembly Special Session on HIV/AIDS. New York. June 1, 2006

Mihailovic A “The Realities of Small Arms on the Health of Civilians: Reports from Clinical and Research Experience in Northern Uganda”

- *Geneva Forum*. Geneva, Switzerland. October 2006 (invited speaker to address delegates)

Mihailovic A et al. “Child Pedestrian Injury in Low Income Countries: Quantifying the Problem and Translating Research into Sustainable Solutions”

- *World Injury and Violence Prevention Conference*. Durban, South Africa. April 2006 (Expert Panel and Oral Presentation)

Mihailovic A et al. “the Burden of Paediatric Injury and Determinants of Access to Care: Applying the Andersen Behavioural Model in a Low Income Setting”.

- *World Injury and Violence Prevention Conference*. Durban, South Africa. April 2006

Mihailovic A et al. “Cost Effective Analysis of Two Surgical Procedures for the Repair of Congenital Diaphragmatic Hernia”

- *International Health Economics Conference*. Barcelona, Spain. July 2005.

A Mihailovic, P, Coyte, D. Beacon, A. Howard, A. Willan. “Socio-Economic Status as a Predictor of Injury Risk and Access to Care: Issues Surrounding Conceptualization and Measurement.”

- *World Injury and Safety Promotion Conference*. Durban South Africa. April 2006

Local Presentations

Mihailovic A et al. “The Effects of Conflict: Working as a Surgeon and Researcher in Africa’s

Hot Zones”. Keynote Speaker. University of Toronto- Health and Human Right’s Conference. Jan 20, 2007

Mihailovic A et al. “Conflict in Africa: Working as a Surgeon and Researchers in Africa”. Rotary Region Meeting. North Bay, ON. Sept 30, 2006

Mihailovic A et al. “Child Pedestrian Injury in Low Income Countries: Quantifying the Problem and Translating Research into Sustainable Solutions”

- *Gallie Day- Surgical Research Forum.* Toronto, Canada. May 2006
- *Bethune Round Table of International Surgery.* Toronto, Canada. May 2006
- *Canadian Association of Pediatric Surgeons Conference.* Calgary, AB. Sept 2006

Mihailovic A et al. “the Burden of Paediatric Injury and Determinants of Access to Care: Applying the Andersen Behavioural Model in a Low Income Setting”.

- *Global Health Education Consortium.* Toronto, Canada April 2006
- *Annual General Surgery Assembly.* Toronto, Canada. June 2006
- *Bethune Round Table of International Surgery.* Toronto, Canada. May 2004
- *St. Michael’s Hospital- Clinical Epidemiology Rounds.* Proposal Defense, Toronto. March 2006

A Mihailovic, P, Coyte, D. Beacon, A. Howard, A. Willan. “Socio-Economic Status as a Predictor of Injury Risk and Access to Care: Issues Surrounding Conceptualization and Measurement.”

- *Health Care, Technology and Place Seminar.* Toronto, Canada. May 2006

Mihailovic A et al. “Cost Effective Analysis of Two Surgical Procedures for the Repair of Congenital Diaphragmatic Hernia”

- *Canadian Conference on Health Policy and Evaluation.* Montreal, PQ. May 2004
- *Annual General Surgeons Assembly.* Toronto. Canada. May 2003

Mihailovic A, P. Fitzgerald, J Bourgeois, B Cameron. “Metastatic Carcinoid Tumor of the Appendix: A Rare Care of a 11 year old boy and Literature Review of the Topic”

- *Canadian Association of Pediatric Surgeons Conference.* Montebello PQ, Sept 2000

Teaching Experience

MCMMASTER UNIVERSITY- *Guest Lecturer, Undergraduate Peace Through Health Course.* Jan 2006

UNIVERSITY OF TORONTO- *Lecturer on skills and Importance of Physician Advocacy- Undergraduate Health Research Course.* Feb 2006

ONTARIO NATUROPATHIC MEDICINE COLLEGE- *Guest Lecturer on Pediatric Surgical Emergency to ND physicians.* Feb 2003

TRAUMA TEAM TRAINING INSTRUCTOR- *Development and Execution of ATLS Course in Uganda. Traveled throughout country teaching health professionals advanced trauma life saving techniques and evaluation of their skills learned.* Ministry of Health, Uganda. 2004-2006

UNIVERSITY OF TORONTO- *Skills and Theory teaching to junior residents and clerks in general surgery*

WILDERNESS TRAUMA TRAINING- *developed and executed a 3 day course to numerous adventure and outdoor centers in Canada and Uganda focusing on skills needed to save lives in remote conditions.* 2001-2006

PTOLEMY PROJECT- *Traveled through Africa teaching skills required to use Toronto Library Access online*

ONTARIO SECONDARY SCHOOLS- *Have lectured and visited numerous elementary and high schools (including as part of the Helix Summer Program at U of T) talking of Global Health, Africa and Advocacy..*

Community Involvement

PEACE THROUGH HEALTH- *Active member of Community of Doctors who Seek to Apply Scientific*

Methods to Using Health as a Bridge To Peace. WHO Collaborating Group.

HABITAT FOR HUMANITY VOLUNTEER- *New Orleans, L.A. 1997*

ORPHANAGE/SCHOOL MEDIC- *visited several orphanages and schools around Uganda regularly*

PHYSICIANS FOR GLOBAL SURVIVAL- *Member for several years*

DOCTORS FOR GLOBAL HEALTH- *Involvement in Uganda*

PRESIDENT OF STUDENT INTERNATIONAL HEALTH INITIATIVE- *1999-2001*

ADVENTURE/KAYAKING GUIDE- *Numerous jobs and locations around the world including Tofino, BC, Honduras, Central America and Cost Rica*

Skills

LANGUAGES: *Fluent (Spoken + Written): English and French. Intermediate (Spoken + Written): Spanish, Communication abilities in Swahili, Luganda and some Japanese and Serbian*

MUSIC: *Grade 10 Classical Piano (Western Conservatory of Music)- Multiple awards in Piano performance through the Kiwanis Festival and other provincial competitions. , Vocal/ Guitar (numerous bands/ bars)*

SPORTS:

- *Sprint Kayaking (2nd Place at National Championships, Level 2 Coaching, Ontario Team Member)*
- *Nordic Skiing (Athlete of the Year (university), Multiple National Championships)*
- *PADI certified Rescue Scuba Diver 1997, Free Fall Skydiving Licence 1993*
- *Finisher of 3 full running marathons (South Africa, Vancouver, Toronto), White Water Kayaker*

Greg Payne

172 Lippincott St., Toronto, Ontario, M5S 2P1

(416) 934-0260

e-mail: greg.payne@utoronto.ca

Education

Ph.D. Candidate, Health Policy, University of Toronto, September 2003 - Current

- Department of Health Policy, Management, and Evaluation (HPME)
- Supervisor Dr. Peter Coyte
- Expected date of completion: fall 2006

M.A., Economics, University of Toronto, September 1996 - April 1997

- Graduated with honours

B.Sc., Honours Statistics, University of Western Ontario, September 1988 - April 1992

- Graduated with honours

Research Experience

Research Assistant, University of Toronto, 2003-Present

Provide data analysis and interpretation to investigative team researching the determinants of efficiency and quality in long-term care facilities in Ontario and Canada.

Publications

Refereed Submissions

Payne, G, Laporte A, Coyte P. Counting Backwards to Health Care's Future: The Potential of Time-to-Death Modelling to Identify Changes in End-of-Life Morbidity and the Impact of Aging on Future Health Care Expenditures. Submitted to: Milbank Quarterly. Date submitted: October, 2005.

Scholarship Role: Based on the literature review section of my doctoral research. 95% contribution.

Dunn S, Limacher J, Daniel I, Isaacksz S, Payne G, Coyte P, Laporte A. Early Medical and Surgical Abortion in Ontario: a Cost Minimization Study. Submitted to: Journal of Obstetrics and Gynecology Canada. Date submitted: September, 2005

Scholarship Role: Prepared systematic literature review, contributed to quantitative analysis, acted as primary or co-author of the original text of paper, all sections. 35% contribution.

Publications (continued)

Presentations

Payne G. Age, Time-to-Death, and Health Care Utilization: New techniques for understanding the impact of aging populations on health care systems. Canadian Association for Health Services and Policy Research, 2nd annual meeting, Montreal, Quebec, Canada, September 17-19, 2005.

Scholarship Role: Based on the proposal for my doctoral research. 95% contribution.

Payne G. Age and Health Care Utilization: How time-to-death modelling could help clarify a surprisingly complex relationship. HPME Student Research Day, Toronto, Canada, May 4, 2005.

Scholarship Role: Based on my proposal for my doctoral research. 95% contribution.

Limacher J, Payne G, Daniel I, Isaacksz S, Dunn S, Coyte PC, Laporte A. Early Medical and Surgical Abortion in Ontario: a Cost Minimization Analysis. Canadian Association for Health Services and Policy Research, 1st annual meeting, Montreal, Quebec, Canada, May 25-28, 2004.

Scholarship Role: Prepared systematic literature review, contributed to quantitative analysis, acted as primary or co-author of the original text of paper, all sections. 35% contribution.

Poster Presentations

Payne G, Limacher J, Daniel I, Isaacksz S, Dunn S, Coyte PC, Laporte A. Early Medical and Surgical Abortion in Ontario: a Cost Minimization Analysis. International Health Economics Association, 4th meeting, Barcelona, Spain, July 10-13, 2005.

Scholarship Role: Prepared poster presentation, prepared systematic literature review, contributed to quantitative analysis, acted as primary or co-author of the original text of paper, all sections. 50% contribution.

Notes

Payne G. The Options War. Letter to the editor, Barron's Magazine, June 14, 2003

The letter responded to an analysis of the battle over stock options accounting in the United States, published in an earlier edition of the magazine. The letter suggested that arguing about accounting wasn't enough: options serve no productive role as a form of manager compensation.

Payne G. Safe for Democracy? Letter to the editor, The New Yorker, March 24, 2003

The letter contained an analysis of why American plans to build democracy in Iraq were unlikely to be successful, using a comparison of the histories of the Middle East and the former communist bloc.

Teaching Experience

Teacher's Assistant, Faculty of Pharmacy, 2004, 2005

- Lead TA for fourth year undergraduate course in pharmacoeconomics.

Teacher's Assistant, Faculty of Economics, 1996-1997

- TA for first year undergraduate course in economics.

Teacher's Assistant, Department of Statistics and Actuarial Science, 1990-1992

Academic Awards

Genesis Foundation Research Award, September 2005 – August 2006

- \$5,000 in support of doctoral research

Ontario Graduate Scholarship, University of Toronto, May 2005 - April 2006

- \$15,000 in support of doctoral research

University of Toronto Fellowship Award, January 1997

- \$4,000, awarded for academic excellence

University of Western Ontario Mathematics Scholarships, 1991, 1992

- \$2,000 each year for academic excellence

Professional Service, Volunteer Activities, and Other Contributions

Contributing author and editor, *Home and Community Care Highlights Quarterly Digest*, September 2003 – present

Organization: University of Toronto, Department of Health Policy, Management, and Evaluation

Impact: The digest provides decision-makers with accessible synopses of recent research in the peer-reviewed and grey literature pertaining to the financing, delivery, and organization of home and community-based health care activities.

Member and reviewer, September 2004 – present

Organization: Toronto Health Economists (THE) Network

Impact: THE Network brings together students and experts in the field of health economics from the academic, government, medical, and business communities to discuss, review, and advise on works-in-progress of the membership.

Director and Treasurer, May 2004-present

Organization: Canadian Support for Rural African Initiatives

Impact: Serve as volunteer for small Canadian charity responsible for raising funds and providing advice to Tanzanian partner MKUKI, a Community-Based Organization engaged in activities to address the effects of the AIDS epidemic in rural Tanzania.

Professional Service, Volunteer Activities, and Other Contributions (Continued)

Author, business case document for caregiver support initiative, Spring 2003

Organization: Ontario Ministry of Health and Long-Term Care, Long-Term Strategy unit

Impact: Prepared background information, economic analysis, and recommended alternatives for government strategy of designing new programs to support informal caregivers.

Chair, Proxy Guidelines and Voting Committee, 2000-2002

Organization: KBSH Capital Management

Impact: Rewrote firm guidelines for voting proxies on shares beneficially owned for clients of the firm, and oversaw implementation of procedures ensuring that these guidelines were met.

Representative, Canadian Coalition for Good Governance (CCGG), 2002

Organization: KBSH Capital Management

Impact: Represented firm on newly established CCGG, an initiative by the investment management community to respond to corporate governance scandals and lack of adequate oversight from the institutional investor community. Submitted proposal to CCGG to adopt as policy the rejection of all proposals for stock option compensation (the proposal was rejected).

Non-Academic Work Experience

October 2002 – June 2003, Full-time; September 2004 – Current, Part-time

Policy Analyst, Ontario Ministry of Health and Long-Term Care

- Design models, analyze and forecast trends in demand for long-term care in Ontario
- Model financial condition of private sector operators of long-term care facilities, and make policy recommendations regarding licensing and funding based on these models
- Provided research and analysis in support of Ministry initiative for a long-term strategy for elderly care, with a focus on the expansion of programs designed to support informal caregivers.

June 1997 - September 2002

KBSH Capital Management Inc.

Portfolio Manager, September 2000 - September 2002

- Managed investment funds for institutional and retail clients, directly responsible for the management of over \$200 million
- Presented to clients and prospects for marketing and client service purposes, and wrote quarterly investment review sent to all clients from 1999 to 2002
- Chaired proxy voting committee, rewrote company proxy voting guidelines, and spearheaded initiative to see those guidelines implemented
- Represented firm in summer of 2002 on newly established Canadian Coalition for Good Governance (CCGG) a body that included many of Canada's leading investment managers

Financial Analyst, June 1997 - September 2000

- Performed competitive, industry, financial, and valuation analysis of North American companies in industries from energy pipelines and transportation to technology and health care
- For KBSH portfolio managers, made purchase or sale recommendations for shares in companies analyzed
- Conducted study for KBSH of the feasibility of entering the mutual fund industry, and the strategy to be implemented if the decision was taken – the study's recommendation to not enter the industry was accepted

March 1996 - September 1996

Logistics Coordinator, Cargill Ltd., Toronto

- Designed and implemented production planning programs, dealt with logistical issues for Cargill's specialty meats department
- Using spreadsheets and database links, designed programs to forecast sales and monitor store deliveries

January 1996 - March 1996

Redemptions Technician, BPI Mutual Funds, Toronto

- Developed and improved spreadsheet-database interfaces to more efficiently determine back-end load charges owed by fundholders to the limited partnership at the time of fund redemption

February 1995 - September 1995

Consultant, Bata Shoes, Czech Republic

- Improved the efficiency of the Bata factory's purchasing program, and its management of raw materials
- Designed a program to monitor material movements, coordinated with 10-week forecasts for material use and trained purchasing staff to use this program

September 1994 - February 1995

Manager, Canada - Czech Republic Chamber of Commerce, Czech Republic

- Managed day-to-day activities, promoted Canadian-Czech business cooperation while actively involved in the Prague business community
- Organized two business meetings in downtown Prague, one in which the Canadian Ambassador was the keynote speaker

September 1993 - July 1994

Financial Analyst, Tatra a.s., Czech Republic

- Prepared financial reports on past performance and future forecasts for the board of directors

Skills and certification

- Chartered Financial Analyst (CFA), completed in 2000, Canadian Securities Course, 1996
- Data skills in Excel, Access, SQL, and SAS
- Fluent spoken and written Czech

Activities and Interests

- Extensive Travel (Europe, Africa, South America)
- Squash, basketball, chess
- Reading in history, current events, and economics

Curriculum Vitae

Dara Zarnett

EDUCATION

- 2006 – present P.h.D Health Services Organization and Policy, School of Public Health,
University of Michigan
- 2004 M.Sc., Health Administration, University of Toronto, November 2004
- 2002 B.A (Hons), Economics, Queen's University, June 2002

WORK EXPERIENCE

- 2004 – 2006 Project Coordinator, Department of Health Policy, Management and
Evaluation, University of Toronto, ON
- Responsible for the management and coordination of two projects on long-term care, funded by CIHR and SSHRC.
 - Conduct statistical analysis, review relevant literature and write reports for submission to various peer-reviewed journals in economics, management and aging.
 - Have presented research at various international conferences
- 2002-2003 Research Assistant, Health Care, Technology and Place Strategic Training
Program, Toronto, ON
- Wrote literature reviews and conducted focus groups for data collection
 - Worked on an Ontario Ministry of Health and Long-Term Care funded study on home care for the elderly and published a working paper
 - Worked on a CHSRF grant, examining issues surrounding funding decisions for health care services and published a working paper
- Summer 2002 Research Assistant, Community Health Promotion Coalition, University
of Victoria, BC
- Conducted an economic analysis of British Columbia's primary health care system
 - Presented findings to government officials and community health care centre board members
- 1999-2001 Junior Analyst, Investor Economics Inc. Toronto, ON (Summer
Employment)
- Conducted statistical analysis of yearly mutual fund data
 - Aided with the editing, assembly and distribution of the company's publications

AWARDS

September 2005	CHSRF CAN! Alumni Network Conference Grant (\$500)
July 2005	CHSRF CAN! Alumni Network Conference Grant (\$2000)
2003 – 2004	CHSRF/CIHR Genesis Research Training Award (\$12,000)
2003 – 2004	University of Toronto Fellowship Award (\$8000)
1998 – 1999	North Toronto Women's Award (\$1000)

PUBLICATIONS

Published

1. Berta, W., Laporte, A., Zarnett, D., Valdmanis, V., Anderson, G. In press. A Pan-Canadian Perspective on Institutional Long-Term Health Care Policy. *Health Policy*.
2. Zarnett, D. The Effects of Competition on Payments for Nursing Services to Private Home Care Provider Agencies. MSc Thesis, University of Toronto. September 2004.
3. Coyte PC, Mitchell A, Zarnett D. Development and Assessment of a Housing Adequacy Checklist for Elderly Individuals in Receipt of Home Care. Hospital Management Research Unit Report to the Ontario Ministry of Health and Long-Term Care. July 2003
4. Coyte PC, Zarnett D., Mitchell A. Development of a Taxonomy for Health Care Decision Making in Canada. Working Paper No. 3, "Defining the Medicare Basket" Health Law Group, University of Toronto, March 2004

Submitted

1. Zarnett D., Laporte A, Nauenberg E, Doran D, Coyte, P. The Effects of Competition on Community-Based Nursing Wages. Submitted to *Health Policy*, January 2006.
2. Zarnett D., Berta W, Laporte A. Mapping Analysis of the Ontario Long-Term Care Market. Submitted to *Canadian Journal on Aging*, January 2006.

In Preparation

1. Zarnett D., Berta W, Laporte A. Inequality in Long-term Care Across Canada, 1996-2002. To be submitted to *Health Affairs*, Spring 2006.
2. Berta W, Laporte A, Zarnett, D. Predictors of Quality in Ontario Long-Term Care Industry. To be submitted to *Social Science and Medicine*, Summer 2006.

PRESENTATIONS

Organized Sessions

1. *The Effects of Competition on Community Based Nursing Wages in Ontario*. 1st Annual Conference on Economics of Population Health, American Society of Health Economists, Madison, Wisconsin. June 2006

2. *Pan-Canadian Perspectives on Institutional Long-Term Care.* Canadian Association of Health Services Policy Research Conference, Montreal, Quebec, September 2005.
3. *The Effects of Competition on Community Based Nursing Wages in Ontario.* 5th World Congress, International Health Economics Association, Barcelona, Spain. July 2005.
4. *Frontier Estimation and Ownership: The Case of Nursing Homes,* International Conference on Economics, Management and Policy, Athens, Greece, June 2005
5. *The Effects of Competition on Community Based Nursing Wages in Ontario.* Canadian Association of Health Services Policy Research Conference, Montreal, Quebec, May 2004.
6. *Cost-Analysis of Surgical Repair for Congenital Diaphragmatic Hernia.* Canadian Association of Health Services Policy Research, Montreal, Quebec May 2004.

Poster Presentations

1. *Cost-Analysis of Surgical Repair for Congenital Diaphragmatic Hernia.* 5th World Congress, International Health Economics Association, Barcelona, Spain. July 2005.
2. *The Effects of Competition on Community Based Nursing Wages in Ontario.* Department of Health Policy, Management and Evaluation Research Day, Toronto, April 2004

TEACHING

Fall 2005 Teaching Assistant, Pharmacy 427 - Evaluating New Health Care Technology and Services: Pharmacoeconomics Evaluation. Faculty of Pharmacy, University of Toronto

PROFESSIONAL ACTIVITIES

2005 – present Member, American Society of Health Economists
 2004 – present Member, International Health Economics Association
 2004 – present Member, Canadian Health Economics Study Group
 2004 – present Editor, Home and Community Care Highlights
 2004 – present Member, Canadian Health Services and Policy Research
 2004 – 2005 Chair, CHSRF CAN! Alumni Network for Dr. Peter Coyte
 2003 – present Member, Toronto Health Economics Network

EXTRA-CURRICULAR ACTIVITIES

2005 – present Member of Ultimate Frisbee Team, Toronto Central Sports and Social Club, Toronto, ON
 2004– present Running Club, Running Room, Toronto, ON
 1999 – 2002 Queen's Varsity Track and Field Team

Appendix 14:
2005-2007 CHSRF/CIHR Fellowship
Recipients: Updates

Appendix 14: 2005-2007 CHSRF/CIHR Fellowship Recipients: Updates

Academic Year 2006/07

Wanrudee Isaranuwachai

My specific research interest centers on health administration/health economy. With Dr. Peter Coyte as my supervisor, my research topic of interest is on the impact of the tsunami disaster on the health service utilization in Thailand.

Testimonial:

With this opportunity, I am trying to illustrate how the assistance from CHSRF is not only accessible or beneficial to Canadians but also to the citizens of other countries where research and information in health administration/health economy can be a considerable benefit.

Financial Assistance:

For the 2006-2007 academic year, I received the CHSRF/CIHR Genesis Fellowship Award along with the University of Toronto Fellowship Award. These awards have given me financial flexibility (e.g., enabled me to take additional seminars to expand and enhance my education and knowledge such as Statistics using SAS).

Academic Training:

The CHSRF/CIHR Genesis Fellowship Award provides me with opportunities to continue my education in Health Service Research. With this opportunity, I am now enrolled in the Health Administration master program, specializing in health services outcomes and evaluation in the Department of Health Policy, Management and Evaluation. Through both classroom study and supervised interaction with affiliated institutes, I am gaining the academic knowledge and practical experience that would allow me to make a more effective contribution to health care globally.

Mentorship:

This award and Dr. Coyte's mentorship have allowed me to develop and practice skills that are essential to research and to have a better understanding of the significance of health administration and health economy in international health services research. This research support and Dr. Coyte's guidance grant me the privilege of being a part of – and possibly to become a valuable asset to – a research community that aims to improve and ensure the effectiveness, efficiency, and quality of health services worldwide.

Veronica Law

Testimonial:

The CHSRF/CIHR Genesis Fellowship Award allows me to interact and exchange ideas with students and fellows from other disciplines. This experience facilitates my appreciations of how health care services are advanced through different field of studies. Getting to know other people with different research foci provides me with the opportunity to develop a social and research network, and lays the ground for future research collaboration.

Financial Assistance:

The Genesis Fellowship provides me support so that I can focus on my studies concerning the role of Internet in the care delivery of rehabilitation professionals.

Academic Training:

As a recipient of this fellowship, I am able to enroll to the Home and Community Care Knowledge Translation course, which widens my academic collaboration with other students and fellows. I am exposed to other workshops and seminars which present some pioneer and original research ideas and findings.

The Home and Community Care Knowledge Translation course provides the training ground to critically analyze and disseminate academic knowledge to highlight the clinical implications and policy relevance of scientific research. From the course, I have developed a pragmatic mindset when I think about my future research focus.

Mentorship:

Under the guidance of Dr. Peter Coyte, I am able to learn to sharpen my research focus to highlight the implications for policy-makers and healthcare providers. He has provided me with insights concerning how to look at research findings from a local perspective. During the discussion of the peer review articles, I learned how to present scholarly ideas and arguments, which is a skill not learned from formal teaching or textbooks.

Meredith Lilly

Please note that I was on Parental Leave for 2005. Funding for the Genesis Award was suspended during this period and then reinstated upon return to studies at the end of 2005. Therefore, my input for this period is somewhat limited.

Testimonial:

Funding from the award has helped me to focus on thesis work.

Financial Assistance:

In addition to the Genesis Award, I have also received the following funding during my PhD to assist with research and training: CIHR Doctoral Research Award; CIHR Strategic Training PhD Fellowship in Health Care, Technology & Place; Dept. Health Policy, Management and Evaluation (HPME) Training Award.

Academic Training:

Academic course work was completed prior to receiving this award. At this stage of my student career, training is channeled through thesis work, including advanced study in statistics, as well as specific health economics research methods.

Mentorship:

Upon my return from Parental Leave, Dr. Coyte then began actively pursuing his own research overseas. Much of the mentorship during this period has been via electronic means, which has been surprisingly successful. This virtual experience has made me more open to pursuing and engaging in other international collaborations, opening the doors for a whole range of exciting research opportunities. In addition, Dr. Coyte has placed me in touch with senior representatives in the federal government who are interested in my thesis work. Ongoing dialogue with them is helping to ensure that research finds an audience.

positioned to act, and that knowledge gained through this study can inform evidence-based decision-making at the most senior levels.

Meghan McMahon

Testimonial:

My master's training and experiences have undoubtedly been enriched through Dr. Coyte's mentorship, training and financial support.

Financial Assistance:

Dr. Coyte fostered and supported the invaluable opportunities for me to conduct a seminar at and participate in an international health research methods workshop in Stockholm, Sweden, and to work with the Health Division at the Organisation for Economic Co-operation and Development (OECD) in Paris, France, in a 3-month internship position.

Academic Training:

I have gained skills in empirical data analysis, systematic reviews, knowledge translation, and communicating research to both academic and non-academic audiences. I have been encouraged and supported to forge relationships with decision-makers and leaders in the health services research community, to present at Canadian and international conferences, to contribute as editor and reviewer of a quarterly digest, *Home and Community Care Highlights*, and to conduct policy-relevant research.

Mentorship:

I have benefited tremendously from the academic mentorship and financial support of Dr. Peter Coyte during my master's research. The opportunities for growth and development through the empirical training, insight, vision and advice of Dr. Coyte are a unique benefit of his mentorship.

Greg Payne

Testimonial:

The Genesis Award has helped give me the financial flexibility to pursue my research. In addition, activities sponsored by the CHSRF Chair have also connected me with a network of experts in my field who have been able to advise me on the progress of my thesis work.

Financial Assistance:

The Genesis Award has helped give me the financial flexibility to pursue my research, in particular by funding my computing needs, books and subscriptions, and travel expenses.

Academic Training:

My editorial responsibilities with the Home and Community Care Highlights digest have helped keep me up-to-date on developments in the broader fields of my discipline, as well as hone my writing and editing skills. The Toronto Health Economics (THE) Network, sponsored by the CHSRF Chair, has also introduced me to new areas of research and afforded me the opportunity to network with experts in my field.

Mentorship:

The mentorship of Dr. Coyte, with his broad expertise in health economics, and of other members of THE network, has been an important aid in developing the knowledge I require for my thesis work.

Dara Zarnett**Financial Assistance:**

This award has helped me fund my PhD studies at the University of Michigan, one of the leading institutions in health services research and policy in the United States. This award has given me the opportunity to help further my goals in pursuing health services research.

Academic Training: If it wasn't for Dr. Coyte, I would not have had the opportunity to finish a Masters degree and work as a research assistant at U of T, Dept. of HPME.

Mentorship:

Dr. Coyte, with his broad expertise in health economics, has been instrumental in the development of my interest in health services research and health economics.

Academic Year 2005/06**Meredith Lilly****Testimonial:**

Funding and mentorship support from the CHSRF/CIHR Chair in Health Services Research augments my experience as a PhD student in health services research at the University. There is no question that Dr. Coyte and his Chair provide genuine value-added resources that would not otherwise be available to me.

Financial Assistance:

In each of 2004-05 as well as the current academic year (November 2005-06)*, I have been granted CHSRF/CIHR Research Training Awards in the amount of \$8,000. This funding enables me to focus my time and resources on thesis research and health services research training, rather than having to balance additional employment as well. In addition, Dr. Coyte's funding has been applied to securing academic study space on campus for his graduate students. Access to these resources is critical to the successful completion of my degree.

Academic Training:

In 2004-2005, I augmented my capacities as a health services researcher by focusing on the following activities:

Thesis research – literature review and development of theoretical model.

Two courses – (1) HCTP course on the body and (2) Teaching in Higher Education, a course for PhD students preparing for academic careers.

Knowledge translation – (1) conference presentation at the CIHR's Institute of Gender and Health conference in Montreal; (2) lecture to clinicians on cost-effectiveness of IBI therapy for children with autism; (3) grant writing instruction for graduate students.

Manuscript preparation – (1) cost-effectiveness of IBI therapy (accepted); (2) book review on women and unpaid caregiving (in press).

Editor/reviewer - Home and Community Care Highlights Digest.

Mentorship:

In 2004-2005, Dr. Coyte continued to provide overall guidance for thesis research. He also provided advice on content for conference presentations, and editorial/content advice (and/or authorship) on manuscripts. In addition, in 2004-05 he invited senior PhD students studying health economics to join the collaborative group he leads, the Toronto Health Economic Network. Attended by university faculty and Toronto area health economists, participation in this group has been invaluable.

*I took a six month parental leave in 2005. I returned to full-time study on November 1, 2005.

Meghan McMahon

Testimonial:

I have benefited tremendously, both academically and financially, from the CHSRF/CIHR Health Services Chair Training Award. Indeed, my research experiences at the University of Toronto have been greatly enhanced by the opportunities that have emerged through this Award. In addition to the mentorship I have received from Dr. Coyte in terms of both my current research and future career goals, I have also been provided invaluable opportunities to interact and forge connections with numerous leaders in the field of health services research.

Financial Assistance:

Financially, the Award has enabled me to focus exclusively on my course work and Master's research, and to undertake an ambitious and stimulating research programme consisting of 8 courses and a thesis that examines linkages between health risk behaviours (including, for example, obesity and smoking), health services utilization (e.g., physician visits, emergency room visits, medications) and income inequality.

Academic Training:

An excellent component of the Award is the Home and Community Care Knowledge Translation course, which trains students to write succinctly and concisely for health care decision-makers. By serving on an editorial board for a Home and Community Care quarterly digest, I have developed knowledge translation skills and an awareness of the importance of communicating research evidence to decision-makers.

Mentorship:

Academically, the Award has enriched my education through the training, guidance and mentorship of one of Canada's leading health economists – Dr. Peter Coyte. The opportunities for growth and development through the insight, vision and advice of Dr. Coyte are a unique benefit of mentorship.

Alex Mihailovic

Testimonial:

My experience as a PhD student has in many ways been enhanced through funding I have received through the CHSRF/CIHR Research Training Award, working with the team of people involved with the CHSRF group and from the academic training and mentorship provided by Dr. Peter Coyte. I have further elaborated on these topics below.

Financial Assistance:

I received \$5000.00 through the 2005/06 CHSRF/CIHR Research Training Award for one year. This money has allowed me to focus on completing my PhD in 3 years without a need to engage in clinical work, to travel to Africa where the data collection for my thesis has taken place and to work with a team of people familiar with the methodology and skills behind the study of access to care and poverty analysis.

Academic Training:

I was provided with guidance and training in quantitative research skills pertaining to access to care and equity in health service provision. This was to supplement my training with the Clinical Epidemiology Program at University of Toronto. I have also had the opportunity to participate in the following educational activities:

- * Reviewer: Home and Community Care Highlights
- * Completed a thesis "The Determinants of Access to Care After Pediatric Injury in the Low-Income Country: Applications of the Andersen Behavioral Model"
- * Presented at the CAHSPR/CIHR Conference in Montreal, May 2004
- * Participated in Canadian Coalition for Global Health Research Summer Institute on research knowledge translation. Tanzania, July 2005
- * Presented 3 abstracts at the World Injury Conference, Durban, South Africa, April/06
- * Presented at the Canadian International Health Association Conference, Toronto, April 2006
- * Presented at Annual General Assembly of General Surgeons, Toronto, May, 2006
- * Assisted in conducting a Work Shop at the Canadian Society for International Health and Canadian Coalition for Global Health Research Conference, Ottawa, Nov, 2005

These activities allowed me the opportunity to interact with fellow researchers and students and expand my understanding of Health Services Research. In addition to meeting people in my own and other fields of studies I received useful feed back on my own methods and research and ideas for future endeavors.

Mentorship:

Dr. Peter Coyte is consistently encouraging and allows a large amount of independent work which is essential to the work that I have undertaken. He is keen to provide guidance and structure without overpowering the thesis process. He has encouraged expansion of my learning into broader fields of health service research, community care and knowledge translation which will no doubt serve to enhance my future work and my understanding of where my own work fits into the picture of health care provision. He is very approachable, very flexible in research endeavors and especially knowledgeable of the literature and methods pertaining to all aspects of health service research. I hope to have the opportunity to continue to seek his guidance and support throughout my career in Toronto.

Greg Payne

Testimonial:

The Genesis Award has helped give me the financial flexibility to pursue my research. In addition, activities sponsored by the CHSRF Chair have also connected me with a network of experts in my field who have been able to advise me on the progress of my thesis work.

Financial Assistance:

The Genesis Award has helped give me the financial flexibility to pursue my research, in particular by funding my computing needs, books and subscriptions, and travel expenses.

Academic Training:

My editorial responsibilities with the Home and Community Care Highlights digest have helped keep me up-to-date on developments in the broader fields of my discipline, as well as hone my writing and editing skills. The Health Economists (THE) Network, sponsored by the CHSRF Chair, has also introduced me to new areas of research and afforded me the opportunity to network with experts in my field.

Mentorship:

The mentorship of Dr. Coyte, with his broad expertise in health economics, and of other members of THE network, has been an important aid in developing the knowledge I require for my thesis work.

**Appendix 15:
Selected Publications and
Presentations by Trainees since
2000**

Appendix 15: Selected Publications and Presentations by Trainees Since 2000

PUBLICATIONS

2007

Motiwalla, S.S., Croxford, R., **Guerriere, D.N.**, Coyte, P.C. (In Press). Predictors of Place of Death for Seniors in Ontario: A Population-Based Cohort Analysis. Canadian Journal on Aging.

Polisena J., **Tam S.**, Lodha A, **Laporte A.**, Coyte P.C., **Ungar W.J.** (2007) An Economic Evaluation of Asthma Action Plans for Children with Asthma. Journal of ASTHMA, forthcoming 2007.

Payne G., **Laporte A.**, Coyte P.C. (2007) Counting Backwards to Health Care's Future: the Potential of Time-to-Death Modelling to Identify Changes in End-of-Life Morbidity and the Impact of Aging on Future Health Care Expenditures. The Milbank Quarterly, forthcoming 2007.

2006

Alameddine, M., **Laporte, A.**, Croxford, R., Baumann, A., O'Brien-Pallas, L., Sping, W., Milburn, B., Deber, R. (2006) Where are nurses working? Employment patterns by sub-sector in Ontario, Canada. Health Policy, forthcoming 2006.

Berta, W., **Laporte, A.**, Valdmanis, V., **Zarnett, D.**, Anderson, G. (2006) Pan-Canadian Perspective on Institutional Long-term Care. Health Policy; in press.

Cameron, J.I., Cheung, A.M., Streiner, D.L., Coyte, P.C., Stewart, D.E. (2006) Stroke Survivors' Behavioural and Psychological Symptoms are Associated with Informal Caregivers' Experiences of Depression. Archives of Physical Medicine and Rehabilitation; 87(2): 177-183.

Chui, P., Sauer, C., **Mihailovic, A.**, Adiatia, I., Bohn, D., Coates, A., Langer, J. (2006). The Price of Success in Management of CDH: Is Improved Survival Accompanied by an Increase in Long Term Morbidity? Journal of Pediatric Surgery, 41(5): 888-92.

Guerriere, D.N., Tullis, E., Ungar, W.J., Tranmer, J., Corey, M., Gaskin, L., Carpenter, S., Coyte, P.C. (2006) Economic Burden of Ambulatory and Home-Based Care for Adults with Cystic Fibrosis. Treatments in Respiratory Medicine, 5(5): 351-9.

Guerriere, D.N., **Ungar, W.J.**, Corey, M., Croxford, R., **Tranmer, J.E.**, Tullis, E., Coyte, P.C. (2006) Evaluation of the Ambulatory and Home Care Record: Agreement Between Self-Reports and Administrative Data. International Journal of Technology Assessment in Health Care, forthcoming 2006.

Laporte, A. (2006) Price responsiveness of demand for cigarettes: Does rationality matter? Substance Use and Misuse; 41(4):511-31.

Laporte, A., Ferguson, B. (2006) Investment in health when health is stochastic. Journal of Population Economics, forthcoming 2006.

Laporte, A., Croxford, R., Coyte, P.C. (2005) Can a Publicly Funded Home Care System Successfully Allocate Service Based on Need Rather Than Socio-Economic Status? A Canadian Experience. Health and Social Care in the Community, forthcoming, 2006.

Li, L., Maetzel, A., Davis, A.M., Lineker, S., Bombardier, C., Coyte, P.C. (2006) The Primary Therapist Model for Patients Referred for Rheumatoid Arthritis (RA) Rehabilitation: A Cost-Effectiveness Analysis. Arthritis Care and Research, forthcoming 2006.

Li, L., Davis, A.M., Lineker, S., Coyte, P.C., Bombardier, C. (2006) Outcomes of Patients who were Referred for Rheumatoid Arthritis Rehabilitation: A Randomized Controlled Trial. Arthritis Care and Research, forthcoming 2006.

Limacher, J.J., Daniel, I., Isaacksz, S., **Payne, G.,** Dunn, S., Coyte, P.C., **Laporte, A.** (2006) Early Abortion in Ontario: Options and Costs. Journal of Obstetrics and Gynaecology Canada, forthcoming 2006.

McMahon M, Morgan S, Mitton C. (2006). The Common Drug Review: A NICE Start for Canada? Health Policy, 77(3): 339-51

Mitton, C., **McMahon, M.,** Morgan, S., Gibson, J. (2006) Centralized Drug Review Processes: Are they Fair? Social Science and Medicine. 63(1):200-11.

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Cameron, J.I., Franche, R.L., Cheung, A.M., Stewart, D.E. (2002) Lifestyle Interference and Emotional Distress in Family Caregivers to Advanced Cancer Patients. Cancer; 94:521-527

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Gibson, B.E. (2001) Long Term Ventilation for Patients with Duchenne Muscular Dystrophy: Physicians Beliefs and Practices. Chest. 119:940-946.

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Wiles, J., Rosenberg, M. (2001) Gentle Caring Experiences: Seeking Alternative Health Care in Canada. Health and Place; 7(3): 209-224.

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Coyte, P.C., **Young, W.,** Croxford, R. (2000) Costs and outcomes associated with alternative discharge strategies following joint replacement surgery: Analysis of an observational study using a propensity score. Journal of Health Economics; 12:907-929.

Li, L., Coyte, P.C., Lineker, S.C., Wood, H., Renahan, M. (2000) Ambulatory care of home-based treatment? An economic evaluation of two physiotherapy delivery options for people with rheumatoid arthritis. Arthritis Care and Research; 13(4): 183-190.

PRESENTATIONS

2007

Lilly, M. "The labour supply of unpaid caregivers: an international review of the literature." Poster presentation. 5th Canadian Cochrane Symposium, Ottawa. Feb 12-13, 2007.

Mihailovic A et al. "The Effects of Conflict: Working as a Surgeon and Researcher in Africa's Hot Zones." Keynote Speaker. Health and Human Right's Conference, University of Toronto. Jan 20, 2007.

2006

Guerriere, D., Wong, A.Y.M., Croxford, R., McKeever, P., Coyte, P.C. (2006) "Determinants and Outcomes of Privately and Publicly Financed Home-Based Care." 10TH International Nursing Research Conference, Albacete, Spain, November 2006.

Mihailovic, A. "The Realities of Small Arms on the Health of Civilians: Reports from Clinical and Research Experience in Northern Uganda" Geneva Forum, Geneva, Switzerland. October 2006

Coyte PC, **McMahon M.** "Enhanced private finance and regulations that protect access to quality public care: Lessons for Canada." Oral presentation, 2006 Canadian Association of Health Services and Policy Research Conference, Vancouver. September 2006.

Lilly, M. "Labour Force Participation, Labour Supply, and Unpaid Caregiving in Canada." Poster presentation. Karolinska Institute: NordForsk Course on Research Theory and Methods in Home and Community Care, Nasslingen, Sweden. September 1-6, 2006.

Mihailovic A et al. "Conflict in Africa: Working as a Surgeon and Researchers in Africa". Rotary Region Meeting. North Bay, ON. Sept 30, 2006.

Mihailovic A et al. "Child Pedestrian Injury in Low Income Countries: Quantifying the Problem and Translating Research into Sustainable Solutions" Canadian Association of Pediatric Surgeons Conference, Calgary, AB. Sept 2006.

Morgan S, Hanley G, **McMahon M,** Barer M. "A national formulary for Canada: Lessons from New Zealand." Oral presentation, 2006 Canadian Association of Health Services and Policy Research Conference, Vancouver, September 2006

Mihailovic A. "HIV/AIDS in conflict affected settings." United Nations General Assembly Special Session on HIV/AIDS, New York. June 1, 2006

Mihailovic A et al. "The Burden of Paediatric Injury and Determinants of Access to Care: Applying the Andersen Behavioural Model in a Low Income Setting." Annual General Surgery Assembly, Toronto, Canada. June 2006.

Zarnett, D. "The Effects of Competition on Community-Based Nursing Wages." The Economics of Population Health hosted by the American Society of Health Economists, University of Wisconsin, Madison, June 2006.

Hancock, R., **McMahon, M.**, Menon-Nair, A., Woo, G., Aziza, A., **Laporte, A.**, Connolly, B., Chait, P., Wales, P., Ungar, W. "Cost-effectiveness analysis of port insertion using image guided therapy (IGT) compared to conventional operating room (OR) methods." Oral presentation, 2006 Annual Health Policy, Management and Evaluation Student Research Day, Toronto, May 2006

Hancock R, **McMahon M**, Menon-Nair A, Woo G, Laporte A, Ungar W. "Cost-effectiveness analysis of port insertion using image guided therapy (IGT) compared to conventional operating room (OR) methods." Poster presentation, 2006 Annual Conference of The Canadian Association for Population Therapeutics, Toronto, May 2006.

Lilly, M. "Labour Force Participation, Labour Supply, and Unpaid Caregiving in Canada." Conference presentation to The Centre for Research in Women's Health 5th Annual Graduate Student Research Day in Women's Health. University of Toronto: May 12, 2006.

Lilly, M. "Labour Force Participation, Labour Supply, and Unpaid Caregiving in Canada." Poster presentation. University of Toronto's Dept. Health Policy, Management and Evaluation Research Day. May 3, 2006.

Mihailovic A et al. "Child Pedestrian Injury in Low Income Countries: Quantifying the Problem and Translating Research into Sustainable Solutions" Gallie Day- Surgical Research Forum, Toronto, Canada. May 2006.

Mihailovic A et al. "Child Pedestrian Injury in Low Income Countries: Quantifying the Problem and Translating Research into Sustainable Solutions" Bethune Round Table of International Surgery, Toronto, Canada. May 2006

Mihailovic, A., Coyte, P., Beacon, D., Howard, A., Willan, A. "Socio-Economic Status as a Predictor of Injury Risk and Access to Care: Issues Surrounding Conceptualization and Measurement." Health Care, Technology and Place Seminar, Toronto, Canada. May 2006

Coyte PC, **McMahon M.** "Enhanced Private Finance for Health Care and Policies to Safeguard Access to Quality Publicly Financed Health Care." Invited podium presentation, 2006 Health Care Invitational Symposium: Dialogue on the Future of Medicare, Toronto, April 2006.

Mihailovic A et al. "Child Pedestrian Injury in Low Income Countries: Quantifying the Problem and Translating Research into Sustainable Solutions" World Injury and Violence Prevention Conference, Durban, South Africa. April 2006.

Mihailovic A et al. "The Burden of Paediatric Injury and Determinants of Access to Care: Applying the Andersen Behavioural Model in a Low Income Setting. World Injury and Violence Prevention Conference, Durban, South Africa. April 2006.

Mihailovic, A., Coyte, P., Beacon, D., Howard, A., Willan, A. "Socio-Economic Status as a Predictor of Injury Risk and Access to Care: Issues Surrounding Conceptualization and Measurement." World Injury and Safety Promotion Conference, Durban South Africa. April 2006.

Mihailovic A et al. "The Burden of Paediatric Injury and Determinants of Access to Care: Applying the Andersen Behavioural Model in a Low Income Setting". Global Health Education Consortium, Toronto, Canada. April 2006.

Lilly, M. "Medical vs. Social Care: Wage Variation for Personal Support Work Between Hospital & Home." American Association of Geographers Conference, Chicago, USA. March 7-11, 2006.

Mihailovic A et al. "The Burden of Paediatric Injury and Determinants of Access to Care: Applying the Andersen Behavioural Model in a Low Income Setting". St. Michael's Hospital-Clinical Epidemiology Rounds, Proposal Defense, Toronto. March 2006.

Morgan, S., **McMahon, M.**, Mitton, C., Roughead, E., Kirk, R., Kanavos, P., Menon, D. "Centralizing Assessment to Inform Drug Coverage Decisions: An International Comparison." Poster Presentation, Centre for Health Services and Policy Research's Toward a National Pharmaceuticals Strategy, February 9-10, 2006.

Ungar, W. "Differences in Pharmaceutical Benefits Policies in the Public and Private Sectors: Effects on Health Outcomes in Children with Asthma." Poster Presentation, Centre for Health Services and Policy Research's Toward a National Pharmaceuticals Strategy, February 9-10, 2006.

2005

Wong, A., Guerriere, D.N., Croxford, R., McKeever, P., Coyte, P.C. "Determinants and Outcomes of Privately and Publicly Home-Based Nursing." Poster Presentation at International Conference on the Scientific Basis of Health Services, Montreal, Quebec, September 18-20, 2005.

Berta, W., **Laporte, A., Zarnett, D.**, Valdmanis, V., Anderson, G. Pan-Canadian Perspectives on Institutional Long-Term Care. Canadian Association of Health Services Policy Research Conference, Montreal, Quebec, September 2005.

Kohli, M. "Priority Setting in the Home Care Sector in Ontario." Oral presentation, Canadian Association for Health Services and Policy Research, 2nd annual meeting, Montreal, Quebec, Canada, September 17-19, 2005.

Mitton C, **McMahon M**, Morgan S. Presented by Craig Mitton. "Centralized Drug Review Processes: Are they Fair?" Podium presentation, 2005 International Conference on the Scientific Basis of Health Services, Montreal, September 2005.

Payne G. Age, Time-to-Death, and Health Care Utilization: New techniques for understanding the impact of aging populations on health care systems. Canadian Association for Health Services and Policy Research, 2nd annual meeting, Montreal, Quebec, Canada, September 17-19, 2005.

Piwko, C. "Methods for Developing/Implementing Best Practices." Poster presentation, Canadian Association for Health Services and Policy Research, 2nd annual meeting, Montreal, Quebec, Canada, September 17-19, 2005.

Polisena, J. "An Economic Evaluation of Asthma Action Plans for Children." Oral presentation, Canadian Association for Health Services and Policy Research, 2nd annual meeting, Montreal, Quebec, Canada, September 17-19, 2005.

Ungar, W. "Comparison: Asthma Medication use in publicly vs. privately insured children with asthma." Poster presentation, Canadian Association for Health Services and Policy Research, 2nd annual meeting, Montreal, Quebec, Canada, September 17-19, 2005.

Ungar, W. "Public Drug Plan Coverage for Children Across Canada: a Portrait of Too Many Colours." Poster presentation, Canadian Association for Health Services and Policy Research, 2nd annual meeting, Montreal, Quebec, Canada, September 17-19, 2005.

Ungar, W., Ahmad, F., Kozyrskyi, A., Paterson, M., Mamdani, M. "Financial Barriers to Medication Use in Children with Asthma: an Analysis of Private Sector Prescription Medication Claims." Oral presentation, Canadian Association for Health Services and Policy Research, 2nd annual meeting, Montreal, Quebec, Canada, September 17-19, 2005.

Ungar, W., Kozyrskyi, A., Paterson, M., Mamdani, M., Gunraj, N., Ahmad, F. "Comparison: Asthma Medication use in publicly vs. privately insured children with asthma." Oral presentation, Canadian Association for Health Services and Policy Research, 2nd annual meeting, Montreal, Quebec, Canada, September 17-19, 2005.

Wong, A., Guerriere, D.N., Croxford, R., McKeever, P., Coyte, P.C. "Determinants and Outcomes of Privately and Publicly Home-Based Nursing." Oral presentation, Canadian Association for Health Services and Policy Research, 2nd annual meeting, Montreal, Quebec, Canada, September 17-19, 2005.

Zarnett, D. "Pan-Canadian Perspectives on Institutional Long-Term Care." Oral and poster presentation. Canadian Association of Health Services Policy Research Conference, Montreal, Quebec, September 17-19, 2005.

Asche, C., Coyte, P. C. "Welfare loss resulting from small area variation in rates of ventilation tube surgery in Ontario." Presentation at International Health Economics Association, 5th World Congress, Barcelona, Spain, July 10-13, 2005.

Kohli, M. "Priority Setting in the Home Care Sector in Ontario." Presentation at International Health Economics Association, 5th World Congress, Barcelona, Spain, July 10-13, 2005.

Mihailovic, A., Chiu, P., Langer, J. Cost Effective Analysis of Two Surgical Procedures for the Repair of Congenital Diaphragmatic Hernia. Poster presentation at International Health Economics Conference in Barcelona, Spain, July 2005.

Mihailovic, A., Zarnett, D., Bumpass, D., Tsimicalis, A., Langer, J. Cost-Analysis of Surgical Repair for Congenital Diaphragmatic Hernia. 5th World Congress, International Health Economics Association, Barcelona, Spain. July 2005.

Payne, G., Limacher, J., Daniel, I., Isaacksz, S., Dunn, S., Coyte, P.C., Laporte, A. Early Medical and Surgical Abortion in Ontario: a Cost Minimization Analysis. Poster presentation at International Health Economics Association, 5th meeting, Barcelona, Spain, July 10-13, 2005.

Zarnett, D., Laporte, A., Nauenberg, E. Doran, D. Coyte, P. The Effects of Competition on Community Based Nursing Wages in Ontario. 5th World Congress, International Health Economics Association, Barcelona, Spain. July 2005.

Laporte, A., Berta, W., Valdmanis, V., **Zarnett, D.** Frontier Estimation and Ownership: The Case of Nursing Homes, International Conference on Economics, Management and Policy, Athens, Greece, June 2005.

Morgan, S.G., **M. McMahon,** C. Mitton, L. Roughead, R. Kirk, P. Kanavos, and D. Menon. "Centralizing Assessment to Inform Drug Coverage Decisions: An International Comparison." Poster presentation, 2005 Annual Research Meeting of AcademyHealth, Boston, June 2005.

Morgan, S., P. Schaub, D. Mooney, P. Caetano, S. Rahim-Jamal, **M. McMahon,** and L. Yan. "Mapping Drug Utilization Patterns: A Canadian Case Study." Poster presentation, 2005 Annual Research Meeting of AcademyHealth, Boston, June 2005.

Payne G. Age and Health Care Utilization: How time-to-death modelling could help clarify a surprisingly complex relationship. HPME Student Research Day, Toronto, Canada, May 4, 2005.

Morgan, S., S. Rahim-Jamal, P. Schaub, **M. McMahon,** D. Mooney, and L. Yan. "A Population-Based Atlas of Drug Utilization Patterns." Poster presentation, 2005 Annual Conference of The Canadian Association for Population Therapeutics, Vancouver, April 2005.

2004

Lilly, M. Expanding Treatment for Ontario's Autistic Children: A Cost Effectiveness Study. The Hospital for Sick Children Population Health Rounds, October 18, 2004. Invited Lecture.

Lilly, M. *Labour Force Participation, Labour Supply, and Unpaid Caregiving in Canada.* Poster presented at the CIHR Institute of Gender and Health Third National IGH Award Recipient Symposium, Montreal: October 25, 2004.

Mihailovic, A., Chiu, P., Langer, J. Cost Effective Analysis of Two Surgical Procedures for the Repair of Congenital Diaphragmatic Hernia. Presented at the Canadian Conference on Health Policy and Evaluation, Montreal PQ, May 2004 and Annual General Surgeons Assembly, Toronto, Ontario: June 10, 2004

Mihailovic, A., Zarnett, D., Bumpass, D., Tsimicalis, A., Langer, J. Cost-Analysis of Surgical Repair for Congenital Diaphragmatic Hernia. Canadian Association of Health Services Policy Research, Montreal, Quebec May 2004.

Lilly, M. *Labour Force Participation, Labour Supply, and Unpaid Caregiving in Canada.* Canadian Association of Health Services and Policy Research Conference, Montreal: May 25-28, 2004.

Limacher J, **Payne G,** Daniel I, Isaacksz S, Dunn S, Coyte PC, Laporte A. Early Medical and Surgical Abortion in Ontario: a Cost Minimization Analysis. Canadian Association for Health Services and Policy Research, 1st annual meeting, Montreal, Quebec, Canada, May 25-28, 2004.

Zarnett, D., Laporte, A., Nauenberg, E. Doran, D. Coyte, P. The Effects of Competition on Community Based Nursing Wages in Ontario. Canadian Association of Health Services Policy Research Conference, Montreal, Quebec: May 25-28, 2004.

Lilly, M. Labour Force Participation & Employment Earnings by Unpaid Caregivers in Canada. Health Care Technology and Place Seminar, University of Toronto: April 28, 2004. Invited Lecture.

Zarnett, D., Laporte, A., Nauenberg, E. Doran, D. Coyte, P. The Effects of Competition on Community Based Nursing Wages in Ontario. Department of Health Policy, Management and Evaluation Research Day, Toronto, April 2004.

2003

Lilly, M. Sanober S. Motiwala, Shamali Wickremaarachi, Wendy J. Ungar, Peter C. Coyte. *Expanding Treatment for Ontario's Autistic Children: A Cost Effectiveness Study*. Poster Presentation at CIHR / IHSPR Inaugural National Symposium, Montreal: November 22-24, 2003.

Lilly, M. *Proposals that Work: A Workshop for Graduate Students*. Invited Presentation. CIHR Strategic Training Program in Health Care, Technology and Place, University of Toronto, November, 2003.

Cameron, J. 111th Annual Convention of the American Psychological Association, Toronto, August 2003

Lilly, M. (2003). *Variations in Labour Remuneration for Caregiving in Canadian Hospitals versus Homes*. Presenter. Place and 21st Century Health Care Research: Concepts, Methods and Findings. Health Care, Technology and Place Collaborative Workshop. CIHR Strategic Training Program in Health Care, Technology and Place. University of Toronto. June 12-13, 2003.

Motiwala, S. International Health Economics Association World Congress, San Francisco, June 2003

Gibson, B. "Identity Experiments: The Connectivity of Disability". Transvision 2003. 'The Adaptable Human Body: Transhumanism and Bioethics in the 21st Century'. Yale University, Connecticut, June 2003

Lilly, M., Sanober S. Motiwala, Shamali Wickremaarachi, Wendy J. Ungar, Peter C. Coyte. *Cost-Effectiveness of Expanding Autism Therapy to Children in Ontario*. Poster Presentation: Health Policy, Management and Evaluation Research Day; University of Toronto, May 7 2003.

Tranmer, J. Canadian Association of Population Therapeutics, Quebec City, March 2003

Young, W. "A randomized controlled trial of a community-based inner-city disease management program for post-myocardial infarction patients." Knowledge Translation Rounds, Toronto, February 10, 2003

Young, W. "Integrating Research and Practice at the Ideas Factory: The Experience of Saint Elizabeth Health Care." HCERC Lunch and Learn Events, Toronto, January 22, 2003

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Appendix 16:
From Class Room to Court Room:
A New Look at Evidence-Based
Decision Making

Appendix 16: From Class Room to Court Room: A New Look at Evidence-Based Decision Making

The Cost-Effectiveness of Expanding Intensive Behavioral Intervention (IBI) to All Autistic Children in Ontario

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The Cost-Effectiveness of Expanding Intensive Behavioural Intervention to All Autistic Children in Ontario

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Abstract:

Intensive Behavioural Intervention (IBI) describes behavioural therapies provided to autistic children to overcome intellectual and functional disabilities. The high cost of IBI has caused concern regarding access, and recently, several court cases have been brought against provincial governments to increase funding for this intervention. This economic evaluation assessed the costs and consequences of expanding an IBI program from current coverage for one-third of children to all autistic children aged two to five in Ontario, Canada. Data on the hours and costs of IBI, and costs of educational and respite services, were obtained from the government. Data on program efficacy were obtained from the literature. These data were modelled to determine the incremental cost savings and gains in dependency-free life years. Total savings from expansion of the current program were \$45,133,011 in 2003 Canadian dollars. Under our model parameters, expansion of IBI to all eligible children represents a cost-saving policy whereby total costs of care for autistic individuals are lower and gains in dependency-free life years are higher. Sensitivity analyses carried out to address uncertainty and lack of good evidence for IBI efficacy and appropriate discount rates yielded mixed results: expansion was not cost saving with discount rates of 5% or higher and with lower IBI efficacy beyond a certain threshold. Further research on the efficacy of IBI is recommended.

Autism is an early-onset developmental disability characterized by impairments in social interaction, abnormal verbal and non-verbal communication, repetitive, stereotyped behaviour and resistance to change (Howlin 1998; American Psychiatric Association 1994). Most cases are diagnosed by three years of age, with a male-female ratio of 3:1 (Ontario Ministry of Community, Family and Children's Services [MCFCS] 2000). The reported prevalence of autism in Ontario almost doubled between 1996 and 1998, with the 1998 prevalence being 2.09 per 1,000 children aged five and younger (Ontario Health Insurance Program [OHIP] 2000). The etiological cause of autism is believed to be dysfunction of the right hemisphere of the brain, which is responsible for appropriate visual-spatial and emotional interactions (Gillberg and Coleman 2000).

Intensive Behavioural Intervention (IBI) is the general term for behavioural therapies provided to autistic children to overcome their intellectual and functional disabilities. Several variants of IBI and non-IBI therapies have been reported, but strong evidence is lacking regarding the effectiveness of many of these approaches. No single form of behavioural intervention is appropriate for all individuals with autism (Dawson and Osterling 1997). IBI typically involves one-on-one training provided by a therapist, in which children are trained to respond to environmental changes, understand and use language and interact appropriately with others in social settings (Dawson and Osterling 1997). Positive reinforcement is used to internalize appropriate behaviours. Success of IBI is believed to correspond to the intensity and duration of the treatment - between 20 and 40 hours per week of one-on-one therapy, for a minimum of two years, is generally believed to yield optimal results (MCFCS 2000; Lovaas 1987). Beyond a minimum threshold of 20 hours per week, there is little agreement in the peer-reviewed literature as to the exact number of hours required to achieve the most favourable results (MCFCS 2000; Dawson

and Osterling 1997; Bassett et al. 2000; Sheinkopf and Sigel 1998; Smith 1999; Ludwig and Harstall 2001). Annual IBI costs range from \$40,000 to \$75,000 per child in 2003 Canadian dollars, depending on the number of treatment hours provided and other factors, including administrative costs and training (Ontario Ministry of Children's Services [MCS] and Ontario Ministry of Community and Social Services [MCSS] 2003; Jacobson and Mulick 2000; Jacobson et al. 1998; Hildebrand 1999; Freeman 1997).

IBI outcomes are generally categorized by level of functioning, assessed at the end of the intervention period. "Normal-functioning" individuals integrate into the community, receive schooling in mainstream classrooms and live independently as adults. "Semi-dependent" and "very dependent" individuals make partial and minimal gains, respectively, and continue to rely on social assistance throughout their lifetime (Lovaas 1987; Freeman 1997; Rutter 1996; Howlin 1997; Howlin et al. 2004). The most optimistic estimates available in the literature suggest that without receiving any form of intervention, as many as 25% of autistic individuals live normal lives, 25% are moderately disabled and 50% are severely compromised (Freeman 1997). However, other studies have reported lower rates of normalization without intervention (Rutter 1996; Howlin 1997). Success rates of IBI and similar interventions vary.

A highly publicized and controversial study, conducted by Lovaas (1987), reported a large proportion of children (up to 47%) achieving normal intellectual and educational functioning at the end of the intervention. However, Lovaas's primary study and its follow-up (McEachin et al. 1993) have been criticized for their methodological limitations, particularly, exclusion of the poorest-functioning 15% of referred subjects, the non-random assignment of children to treatment groups and the statistically significant difference in sex ratios between the treatment and control groups. These limitations have led to concerns regarding the validity of Lovaas's findings (Bassett et al. 2000).

In Canada, funding for IBI varies across provinces, but most provincial governments offer some support for IBI to children diagnosed with autism up to a certain age. As a result of high costs of treatment, several lawsuits have been launched by families of autistic children, rallying for increased government funding for IBI. In most cases, rulings have been favourable for the families, requiring governments to increase funding for IBI. In contrast, the Supreme Court of Canada recently ruled favourably in an appeal from the British Columbia government, denying increased funding for IBI on the grounds that the therapy did not constitute "medically necessary" care as defined by the *Canada Health Act*.

In Ontario, the government currently funds up to three years of IBI for approximately a third of autistic children younger than six years of age (OHIP 2000; MCSS 2002). The Ontario government does not promote any particular form of IBI. It has contracted with a private organization (Behaviour Institute, Hamilton) that delivers training to regional service providers, who in turn are contracted through a competitive tendering process. In its provincial program guidelines for IBI, the government lists principles and teaching methods that regional providers are expected to follow, which include, where appropriate, one-on-one training, task analysis, positive reinforcement and small-group instruction (MCFCS 2000). Eligibility for IBI, duration and intensity of treatment are determined through formal assessment, with allocation of services geared towards children with more severe forms of autism (MCFCS 2000). Earlier this year, the Superior Court of Ontario ruled in favour of the plaintiffs in a class-action lawsuit against the Ontario government, challenging the

termination of public funding for IBI at the age of six. The decision is currently being appealed.

The purpose of this study was to conduct a cost-effectiveness analysis to evaluate the expansion of the IBI program to all autistic children in Ontario from two to five years of age, commencing in 2003. We included costs incurred only by the government and excluded all other costs, for example, those incurred by autistic individuals, their families and employers. The government's perspective was employed for the analysis because it is highly relevant to ongoing legal and policy debates across the country. The provision of IBI in this model was limited to children aged two to five because (1) IBI is believed by many to be most effective when provided at an early age (MCFCS 2000); (2) currently, the Ontario government funds IBI only for children under the age of six (MCS and MCSS 2003); and (3) previous economic analyses carried out in other jurisdictions have limited IBI provision to children of similar ages (Jacobson et al. 1998; Hildebrand 1999). Thus, the present model would facilitate comparisons.

Methods

Including costs incurred only by the government, we developed a model that reflects the current public provision of autism services in Ontario. The prevalence of autism in Ontario, or the cohort size for this study ($n = 1,309$), was calculated as the sum of the number of children receiving IBI ($n = 485$), the number of children eligible but wait-listed for IBI ($n = 91$) and the number of children waiting for an assessment, multiplied by the proportion of assessed children who have historically been deemed eligible for IBI ($n = 952 \times 0.77$). The three comparison groups were (1) *Status Quo provision*, (2) *Expansion of IBI services* and (3) *No Intervention*. *Status Quo* was based on the current provision of autism services by the provincial government, whereby 37% of children with autism aged two to five ($n = 485$) receive up to three years of IBI for 23 hours per week on average, while the remainder ($n = 824$) do not receive IBI. While the majority of children currently eligible for IBI in Ontario receive it for less than three years because of diagnostic delays and waiting lists, our study was based on the assumption that all children eligible for these services would receive them for a fixed three-year duration. Under *Expansion*, IBI was provided to all autistic children ($n = 1,309$) for three years at 23 hours per week. Under the third scenario, *No Intervention*, IBI was not provided to any of the 1,309 children in the cohort. Although this scenario represents an unlikely regression from the current situation in Ontario, it makes our findings relevant for jurisdictions where IBI may not be currently publicly funded.

Efficacy rates

Under all three scenarios, children were categorized according to their levels of functioning - normal, semi-dependent and very dependent - upon completion of IBI until the age of 65 (Table 1) (Jacobson et al. 1998; Hildebrand 1999). Efficacy rates for *No Intervention*, the cohort that received no IBI, were based on published literature (Freeman 1997; Howlin et al. 2004; Green et al. 2002). It was assumed that 25% attain normal functioning, 25% are semi-dependent and 50% are very dependent without receiving IBI (Freeman 1997). The figures from Freeman (1997) are the most optimistic reported in the literature; they match closely more recent estimates of adult functioning by Howlin et al. (2004), which are slightly lower. Although many studies report even lower rates of normalization (Rutter 1996; Howlin 1997), we selected the highest published rates to investigate the cost-effectiveness of IBI from a best-case scenario, thereby increasing the robustness of our model.

Because of ongoing controversy regarding the reported efficacy of Lovaas's treatment and other forms of behavioural intervention (Dawson and Osterling 1997; Bassett et al. 2000;

Sheinkopf and Sigel 1998; Smith 1999; Ludwig and Harstall 2001; Green et al. 2002), we assigned IBI efficacy rates that were more conservative than those reported for Lovaas's intervention (1987) and its replications (McEachin 1993; Sallows and Graupner 2001). The efficacy rates for *Expansion* were assumed to be 30% normal, 50% semi-dependent and 20% very dependent. *Status Quo* efficacy was based on a weighted average of 824 children receiving no IBI (efficacy equivalent to *No Intervention*) and 485 children receiving IBI (efficacy equivalent to *Expansion*) for three years. The resultant efficacy rates for *Status Quo* were 26.9% normal, 34.3% semi-dependent and 38.9% very dependent.

Cost Data Sources

All costs in the model were converted to 2003 Canadian dollars using growth in the consumer price index from the period when the underlying data were available, and were estimated for individuals from age two to 65.

The Ontario Ministry of Children's Services and Ontario Ministry of Community and Social Services (2003) reported the annual cost of IBI as \$75,670 per child aged two to five, based on 23 hours per week of therapy. This figure represents the aggregate cost of the IBI program incurred by the Ontario government and includes the training costs of IBI therapists, contractual payments to service providers, and salaries, benefits and overhead costs incurred by provincial civil servants. Average wage rates from Statistics Canada's Ontario Wage Survey (1999) were used to estimate costs for government-funded respite services and speech and language therapy (BBB Autism Support Network 2002). In all cases, costs were converted to 2003 dollars.

No autism-related costs were assumed for normal-functioning individuals after the age of five; families of semi-dependent and very dependent individuals in both the *Status Quo* and *Expansion* groups continued to receive respite services until 18 years of age. All education costs were derived from Ontario Ministry of Education documents (2000; 2001a,b,c). This ministry incurs two levels of special-education costs, Intensive Support Amount 2 (ISA 2) and Intensive Support Amount 3 (ISA 3) for semi- and very dependent individuals from five to 18 years of age.

Adult care costs for semi- and very dependent individuals were based on reports prepared by the Auditor of Ontario (MCSS 2001). Costs for adult day programs were obtained from Ontario Agencies Supporting Individuals with Special Needs (OASIS 2000). Due to limited availability of data on housing and care of autistic adults, 50% of semi-dependent individuals were assumed to live independently and 50% in public residential facilities, while all very dependent individuals were assumed to live in public residential facilities. Autistic adults are eligible for compensation through the Ontario Disability Support Program (ODSP) (Canadian Legal Information Institute 2004).

ODSP benefits represent transfer payments rather than costs related directly to autism; therefore, these monthly ODSP entitlements were excluded from the model. The cost to government and other employers of administering assisted-employment programs for developmentally disabled adults was based on current programs of Human Resources Development Canada (HRDC 1999, 2001).

While healthcare utilization might be related to the level of functioning (Jarbrink and Knapp 2001), we did not have access to such data; hence, the cost-effectiveness analysis does not capture these healthcare costs. However, since utilization may increase with the level of dependence, the potential cost savings identified in this study would increase if

healthcare utilization were included.

In projecting costs over the productive lifetime, a discount rate of 3.0% per annum was applied to calculate present values (Drummond et al. 1997). In sensitivity analyses, discount rates from 1.0% to 5.0% were used.

TABLE 1. Levels of functioning, efficacy rates, and dependency-free years gained for <i>No Intervention</i> , <i>Status Quo</i> and <i>Expansion</i>				
LEVEL OF FUNCTIONING	DESCRIPTION	EFFICACY RATES		
		No Intervention	Status Quo*	Expansion
Normal	Mainstream classroom education; independent functioning; earn average Canadian high school graduate income as adults	25%	26.9%	30%
Semi-Dependent	Special education; respite services; 50% live independently as adults; 50% live in residential facilities; participate in day programs; earn assisted employment income as adults	25%	34.3%	50%
Very Dependent	Intensive special education; respite services; 100% live in residential facilities as adults; participate in day programs; earn assisted employment income as adults	50%	38.9%	20%
Discounted Dependency-free years gained until 65 years of age†		9.6 years	11.2 years	14.0 years
*Weighted average based on 485 children receiving IBI (efficacy: 30% normal, 50% semi-dependent, 20% very dependent) and 824 children receiving no IBI (efficacy: 25% normal, 25% semi-dependent, 50% very dependent)				
†Calculated as a weighted average based on efficacy rates for each scenario, discounted at 3% per annum				

Outcomes

IBI outcomes were measured by the number of dependency-free years gained to age 65, where dependency was defined as the need for special education and other special services comprising adult day programs, disability supports and assisted employment.

Normal-functioning individuals were not dependent after age five and, as a result, gained 60 dependency-free years. Very dependent individuals made minimal gains from IBI, remained dependent throughout life and gained zero dependency-free years. Semi-dependent individuals continued to be partially dependent. Their outcome was assumed to be the midpoint between normal and very dependent functioning outcomes; they gained 30 dependency-free years. Estimated dependency-free years for the study time horizon were discounted at 3.0% per annum. The discounted number of dependency-free years gained under *No Intervention*, *Status Quo* and *Expansion* were calculated as the weighted average of dependency-free years for normal, semi- and very dependent individuals under each scenario (Table 1). The number of discounted dependency-free years per person to age 65 was 9.6 years for *No Intervention*, 11.2 years for *Status Quo* and 14.0 years for *Expansion*.

Results of the analysis were expressed in terms of incremental cost savings in present values (PVs) and gains in dependency-free years (also measured in PVs). The incremental cost analyses compared *Status Quo* to *No Intervention*, *Expansion* to *No Intervention* and *Expansion* to *Status Quo*.

Productivity costs incurred by semi- and very dependent individuals were included in a sensitivity analysis to examine costs and benefits from a partial societal perspective. Lost wages to age 65 were derived from sex-adjusted income estimates from the 1996 and 2001 Canadian censuses (Statistics Canada 1996; 2001a,b,c) and federal assisted-employment initiatives data (HRDC 1999, 2001). Potential earnings for the normal-functioning group were assumed to be equivalent to the sex-adjusted annual income of high school graduates. Semi-dependent incomes are derived from the average earnings of workers in a supported employment initiative in Newfoundland, adjusted for Ontario (HRDC 2001). Owing to lack of data, income for very dependent individuals was assumed to be 60% of the semi-dependent income. All earnings were converted to 2003 dollars. Sensitivity analyses performed also varied IBI efficacy rates and discount rates to compensate for potential estimation uncertainties and methodological controversies (Drummond et al. 1997). Additional sensitivity analyses varied the cost of IBI, adult care costs and number of dependency-years, but did not significantly affect the results presented.

Results

The annual cost during the intervention period (age two to five) for each autistic child was \$5,378 for *No Intervention*, \$33,414 for *Status Quo* and \$81,048 for *Expansion* (Table 2). The annual cost during schooling (age five to 18) was \$6,616 for normal, \$21,422 for semi-dependent and \$38,672 for very dependent individuals. No costs were incurred during adulthood for normal-functioning individuals. The annual cost during adulthood (age 18 to 65) was \$37,380 for semi-dependent adults and \$75,648 for very dependent adults. The average total discounted cost per individual, based on a weighted average of normal, semi-dependent and very dependent costs over the study time horizon, was \$1,014,315 for *No Intervention*, \$995,074 for *Status Quo* and \$960,595 for *Expansion*. The cost of *Status Quo* was lower than the cost of *No Intervention*, indicating that the present provision of IBI was preferable to providing no IBI at all. While significant costs were incurred under all scenarios, the cost of *Expansion* was lowest, resulting in savings of \$34,479 per individual over his or her lifetime compared to *Status Quo*. *Expansion* of the current program to fund IBI for all autistic children ($n = 1,309$) in Ontario younger than six years of age results in net cost savings of \$45,133,011 for the government. The greatest number of dependency-free life years was gained under *Expansion*: 4.5 years per person

compared to *No Intervention* and 2.8 years per person compared to *Status Quo*. *Expansion* is the dominant strategy, as it yields both a decrease in cost as well as gains in dependency-free years.

TABLE 2 Average costs per person of *No Intervention*, *Status Quo* and *Expansion* and cost savings from pair-wise comparisons

AGE RANGE	COST ITEM	NORMAL		SEMI-DEPENDENT		VERY DEPENDENT	
		ANNUAL COST (\$)	PV OF TOTAL COST (2003 \$)	ANNUAL COST (\$)	PV OF TOTAL COST (2003 \$)	ANNUAL COST (\$)	PV OF TOTAL COST (2003 \$)
Intervention Age (2-5)	IBI and other costs: <i>No Intervention</i>	5,378	15,211	5,378	15,211	5,378	15,211
	OR IBI and other costs: <i>Status quo</i> [†]	33,414	94,516	33,414	94,516	33,414	94,516
	OR IBI and other costs: <i>Expansion</i>	81,048	229,252	81,048	229,252	81,048	229,252
Schooling Age (5-18)	Education and Respite Services	6,616	64,393	21,422	208,490	38,672	376,372
Adulthood (18-65)	Day programs, residential costs, and assisted employment program costs	0	0	37,380	588,568	75,648	1,191,110
Total cost	No Intervention		\$ 79,604		\$ 812,269		\$ 1,582,693
	<i>Status quo</i>		\$ 158,909		\$ 891,574		\$ 1,661,998
	<i>Expansion</i>		\$ 293,645		\$ 1,026,310		\$ 1,796,734
Average cost per individual (PV): No Intervention †			\$ 1,014,315				
Average cost per individual (PV): <i>Status quo</i> ‡			\$ 995,074				
Average cost per individual (PV): <i>Expansion</i> **			\$ 960,595				

Incremental cost savings per individual:	\$ 19,241
No Intervention → Status quo	
Incremental cost savings per individual:	\$ 53,720
No Intervention → Expansion	
Incremental cost savings per individual:	\$ 34,479
Status quo → Expansion	
Cost savings for cohort (n= 1,309):	\$ 25,186,469
No Intervention → Status quo	
Cost savings for cohort (n= 1,309):	\$ 70,319,480
No Intervention → Expansion	
Cost savings for cohort (n= 1,309):	\$ 45,133,011
Status quo → Expansion	

* Based on 485 individuals out of 1,309 receiving IBI and all 1,309 receiving respite services and speech and language therapy
† Based on a weighted average: 25% normal, 25% semi-dependent, 50% very dependent
‡ Based on a weighted average: 26.9% normal, 34.3% semi-dependent, 38.9% very dependent
** Based on a weighted average: 30% normal, 50% semi-dependent, 20% very dependent

Sensitivity analyses

The cost-effectiveness model was run with productivity costs to examine the economic impact of IBI from a partial societal perspective. Inclusion of productivity costs incurred by semi- and very dependent adults resulted in increased cost savings from *Expansion* of \$54,757 per person and \$71,676,776 for the entire cohort compared to *Status Quo*.

			DECREASED EFFICACY	BASELINE CASE	INCREASED EFFICACY
Efficacy rates	Expansion	Normal	25.0%	30.0%	40.0%
		Semi-dependent	50.0%	50.0%	50.0%
		Very dependent	25.0%	20.0%	10.0%
	Status quo	Normal	25.0%	26.9%	30.6%
		Semi-dependent	34.3%	34.3%	34.3%
		Very dependent	40.7%	38.9%	35.2%
Results	Incremental savings (cost) per individual: Status quo → Expansion		\$ (13,493)	\$ 84,031	\$ 128,433
	Discounted dependency-free years gained: Status quo → Expansion		2.0 years	2.8 years	4.4 years

IBI efficacy was modified to accommodate controversy in the research literature (Table 3). When the efficacy of IBI was increased to 40% of subjects who achieve normal functioning, 50% achieving semi-dependent functioning and 10% achieving very

dependent functioning, the cost savings from *Expansion* compared with *Status Quo* increased to \$128,433 per person. In contrast, under the assumption that IBI yielded efficacy rates of 25% for normal functioning, 50% for semi-dependent functioning and 25% for very dependent functioning, *Expansion* cost \$13,493 more per person compared to *Status Quo* and yielded gains of 2.0 dependency-free years per person. Results of the sensitivity analyses suggest that a significant drop in treatment efficacy from the base case scenario would be required in order to yield a net cost for achieving dependency-free years in this population.

Varying the discount rate modified the present value of the cost savings. With a discount rate of 1%, cost savings from *Expansion* were even greater than those realized in the base case. Cost savings were not realized with a discount rate of 5%: it cost \$29,912 more per person to expand from *Status Quo* to *Expansion*, but gains of 1.8 dependency-free years per person were still realized under *Expansion*.

Discussion

The results demonstrate that expansion of the IBI program, which currently serves 485 children (*Status Quo*), to all 1,309 autistic children in Ontario (*Expansion*) would yield savings of \$45,133,011 over the entire cohort's lifetime (from two to 65 years of age). Significant costs are incurred under both *Status Quo* and *Expansion*; however, under *Expansion*, the government would spend \$45 million less on autistic individuals when compared with *Status Quo*.

The cost of expanding IBI to all autistic individuals is small (less than 10% of total costs) compared to the significant cost of educating and supporting semi- and very dependent individuals over their lifetime. The present value of total costs incurred during intervention (ages two to five), including respite services and speech and language therapy, is higher for *Expansion* (\$229,252 per person) compared with *Status Quo* (\$94,516 per person). However, the larger intervention cost under *Expansion* yields lower support costs during schooling and adulthood (ages five to 65) compared to *Status Quo*. The primary reason for cost savings from expansion of IBI, from *No Intervention* to *Status Quo* and from *Status Quo* to *Expansion*, is the change in the distribution of functional dependence. Increased provision of IBI results in a shift of individuals from the very dependent to semi-dependent category and, to a lesser extent, from the semi-dependent to the normal-functioning group.

To guard against criticisms of previous economic evaluations (Marcus et al. 2000), IBI efficacy rates in this study were deliberately conservative. The proportion of children who attain normal functioning from IBI was set lower, and the proportion of children who function normally without IBI was set higher, than the proportions cited in the literature (Jacobson et al. 1998; Hildebrand 1999). As a result, cost savings realized under this model (\$34,479 per individual for *Expansion* vs. *Status Quo* and \$53,720 per individual for *Expansion* vs. *No Intervention*) are lower than those reported by previous studies (Jacobson et al. 1998; Hildebrand 1999). Lower normalization rates under *No Intervention* and higher normalization rates from IBI would yield more favourable results for expansion of the current IBI program in Ontario.

Although the costing data utilized in this study are specific to Ontario, our findings may be generalized to inform health policy decisions in other jurisdictions. The increased awareness of intensive behavioural intervention and its high program cost have made the financing of IBI and its cost-effectiveness relevant concerns for governments and other payer organizations. The grounding of our model parameters in peer-reviewed research

evidence and the scope of the sensitivity analyses make our findings relevant for policy decision-makers.

Limitations

Several study limitations should be noted. First, only costs borne by the Ontario government were included in this economic evaluation; hence, costs borne by other payers, including autistic individuals, their families and employers, were not considered. Inclusion of such cost items as opportunity costs, quality of life of families and unpaid caregiver expenses could potentially increase the savings realized under *Expansion* (Curran et al. 2001; Jarbrink and Knapp 2001; Jarbrink et al. 2003). Second, expansion of the IBI program may result in higher average costs per child in the short term due to shortage of qualified IBI therapists in the province and the resulting increase in their earnings. Third, this model assumed that all children initiated IBI at the age of two. However, children may be diagnosed with autism at later ages. Because of age restrictions currently enforced by the Ontario government, these children may not receive IBI for the full three-year period. This contingency may affect the efficacy of the treatment and the associated IBI costs incurred. Fourth, the 485 children currently receiving government-funded IBI in Ontario were assumed to be representative of the entire cohort of autistic children. Fifth, while healthcare utilization might be related to the level of functioning, we did not have access to such data and, hence, the cost-effectiveness analysis does not include these costs. However, since utilization may increase with the level of dependence, the cost savings identified in this study would increase if healthcare utilization were included. Sixth, the provincial government provided only aggregate costs for its entire IBI program, resulting in the very high annual IBI therapy cost of \$75,670 per child. This figure includes the operating costs associated with the launch of the IBI program in Ontario, including a large training component for new IBI therapists. As a result, costs per child are expected to decrease in coming years as start-up costs diminish. Finally, every attempt was made to obtain accurate costing information. However, in the absence of reliable estimates, costs from other jurisdictions within Canada, and costs for developmentally disabled people in general, were used to represent costs incurred for autistic individuals in Ontario.

Conclusion

This economic evaluation demonstrates positive outcomes from expansion of the current IBI program offered by the Ontario government. In the absence of high-quality evidence on the efficacy of IBI, but under reasonable assumptions, estimated cost savings in present-value terms associated with this expansion were \$45 million for the government, with potential improvement in the quality of life of autistic individuals and their families because of increased dependency-free years gained under *Expansion*. These cost savings and improvements in outcomes were largely maintained in the sensitivity analyses. However, savings to government disappeared when the annual discount rate of 5% was used or when IBI was assumed to be less effective than in the base case scenario, with *Expansion* resulting in 25%, 50% and 25% of individuals in normal, semi-dependent and very dependent categories (compared to 30%, 50% and 20% in the base case), respectively. Owing to uncertainty surrounding the efficacy of IBI, further study in the area is recommended, perhaps in the form of a randomized, controlled trial, to allow more definitive economic evaluations in the future.

enfants autistes de l'Ontario

Résumé

L'intervention comportementale intensive (ICI) décrit les thérapies comportementales fournies aux enfants autistes pour les aider à surmonter leurs déficiences intellectuelles et fonctionnelles. Les coûts élevés de cette intervention ont soulevé des préoccupations quant à l'accès et, récemment, plusieurs poursuites judiciaires ont été intentées contre les gouvernements provinciaux en vue d'amener ces derniers à augmenter le financement accordé à l'ICI. Cette analyse économique visait à évaluer les coûts et les conséquences de l'élargissement de la portée d'un programme d'ICI pour le rendre accessible à tous les enfants autistes âgés de deux à cinq ans en Ontario, au Canada - au lieu du tiers des enfants comme c'est le cas actuellement. Les données sur les heures et les coûts liés à l'ICI, ainsi que sur les coûts des services éducatifs et de relève, ont été obtenues auprès du gouvernement. Les données sur l'efficacité du programme ont été tirées de la littérature. Ces données ont été modélisées afin de déterminer les économies supplémentaires et les années de vie autonome gagnées. L'élargissement de la portée du programme actuel a permis de réaliser des économies de 45 133 011 \$ CAN en 2003. Selon les paramètres de notre modèle, étendre l'ICI à tous les enfants admissibles constitue une mesure de réduction des dépenses en vertu de laquelle les coûts totaux des soins fournis aux enfants autistes sont moins élevés et les gains d'autonomie sont plus élevés. Les analyses de sensibilité effectuées pour aborder l'incertitude et le manque de données solides corroborant l'efficacité de l'ICI et les rabais appropriés pour cette dernière ont donné des résultats mixtes : l'élargissement de la portée de l'ICI ne permet pas de réaliser des économies avec des rabais de 5 p. cent ou plus ou avec un seuil d'efficacité en deçà d'un certain niveau. Nous recommandons d'effectuer des travaux de recherche plus poussés sur l'ICI.

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The opinions expressed in this paper are those of the authors and do not necessarily reflect the opinion of any funding agency or institution. The authors would like to thank Marianna Ofner for her useful comments on an earlier draft of this paper.

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Affidavit from Peter Coyte

Court File No. C43425

COURT OF APPEAL FOR ONTARIO

B E T W E E N :

**MICHAEL SHANE DESKIN and NOAH SAMUEL DESKIN
(minors by their litigation guardian, Brenda Jill Deskin)
BRENDA JILL DESKIN, STEVEN JOE DESKIN,
SHELDON KOSKY, FRANCES KOSKY, AND BETTY DESKIN**

***Plaintiffs (Respondents/
Appellants by Cross Appeal)***

- and -

HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO

***Defendant (Appellant
/Respondent by Cross-Appeal)***

A N D:

ROBYN WYNBERG et al

Plaintiffs (Respondents/Appellants by Cross-Appeal)

- and -

HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO

Defendant (Appellant/Respondent by Cross-Appeal)

**AFFIDAVIT OF PETER COYTE
(sworn May 2, 2006)**

I, Peter Coyte, of the city of Toronto, MAKE OATH AND SAY:

1. I am a Professor of Health Economics in the Department of Health Policy, Management and Evaluation, at the Faculty of Medicine at the University of Toronto. and hold a Canadian Health Services Research Foundation and Canadian Institutes of Health Research Health Services Chair. I was an expert witness at the trial in the matter of Wynberg et al v. Her Majesty the Queen; Deskin et al v. The Queen and was qualified as an expert in the design and analysis of cost effectiveness studies in the health care field. I gave evidence on September 17-18, 2003, and submitted into evidence an expert report (the "2003 Report"). **Attached hereto as Exhibit "A" to my affidavit is a copy of the expert report.**

2. Essentially, the 2003 Expert Report is an economic evaluation assessing the costs and consequences of providing IBI to children with autism under the age of 6. The report considers the fact that where IBI is provided, children make gains such that in the future, they require less support from the government. The report concludes that maintaining the IBI Program in its current form results in a cost savings for the government of roughly \$172 million.

3. I am swearing this affidavit today as I understand that it has come to the attention of the parties that I (along with a number of co-authors) published a paper in *Healthcare Policy Journal*, Volume 2, Number 2, 2006. (the “2006 Article”) **Attached hereto as Exhibit “B” to my affidavit is a copy of the article.**

4. In this my affidavit I wish to set out the relationship between the 2003 Report and the 2006 Article.

New Disclosure from Government Necessitates revisiting the 2003 Report

5. After the conclusion of the case for the Plaintiffs in 2003, the Government was ordered to produce new disclosure of material and information regarding the costs of providing the Intensive Behavioural Intervention (“IBI”) Program and also regarding the estimated numbers of children who might benefit from receiving IBI.

6. As a result of receiving this new information, I was asked to revise the report and make any necessary changes to our findings.

7. While there were some nuances to the new information received from the government, the two principal changes were as follows: first, the government estimated that the annual cost of providing IBI (including all start up and administration costs of the Program) were higher than previous figures, specifically, \$75,670 per child in receipt of IBI compared to \$60,000 reported in our 2003 report. Second, the number of children estimated to be able to benefit from the current Program decreased, from 1717 to 1309.

8. A second reason for revisiting the 2003 Report relates to the process of writing academic papers itself. As is the case with any academic paper, the Report was sent for peer review. This is a process whereby comments are submitted to the authors by anonymous peers who are also experts in the field of study. Certain changes were made as a result of receiving these comments, and also in response to comments from the journal’s editor, with a view to securing publication of the article. The general thrust of comments from the reviewers and editor was to request that the authors highlight the paucity of definitive cost-effectiveness evidence in the research literature pertaining to IBI Program and to make a number of changes that would provide a more conservative assessment of the IBI Program.

2006 Article confirms findings of 2003 Report, notwithstanding changes made

9. The new information received from the government indicated that the annual cost per child in receipt of IBI therapy had increased. Logically, this pointed towards a less favourable cost-benefit comparison, although substantial cost-savings were still evident..

10. Likewise, the other changes made in response to the peer review process negatively affected the cost-benefit comparison. While these changes markedly reduced the cost-savings attributable to the IBI Program, there were still substantial cost-savings despite the revisions.

11. In other words, it is fair to say that the 2006 Article still incorporates only the most conservative assumptions. Or, to put it another way, the 2006 Article is based on taking the most pessimistic view of the potential cost savings attributable to the IBI Program, and is based on the highest possible current cost estimates of providing that Program.

12. And yet, notwithstanding this conservative approach, the baseline estimates used in the 2006 Article suggest that providing the IBI Program represents significant cost-savings for the government, in the amount of roughly \$45 million.

SWORN BEFORE ME at the city of
Toronto, on May 2, 2006.

Commissioner for Taking Affidavits

Peter Coyte

Appendix 17: Toronto Health Economics (THE) Network

“THE Network is the only regular forum for folks who are doing Health Economics or Health Technology Assessment in Toronto. It's the only forum that includes both clinical and non-clinical researchers in health economics, folks from industry, academia and governments and graduate students from a number of departments. It is the nidus for future attempts to organize HTA activities across the Faculties and research institutes of the U of T.”

- Murray Krahn, PhD, University Health Network

Appendix 17: Toronto Health Economics (THE) Network

Purpose

While the University of Toronto and its associated Research Institutes have tremendous expertise in health economics, such expertise is geographically dispersed and unevenly distributed across several academic units. This dispersion has limited opportunities for both research collaboration and the pursuit of educational and mentoring activities. In order to address this shortfall in interaction, and to take advantage of the potential economies of scale and scope in the conduct of collaborative scholarly activities, a Toronto Health Economics (THE) Network has been established.

Objectives

The objectives of the Toronto Health Economics (THE) Network are to:

1. Increase awareness of existing expertise and activities amongst those who pursue health economics research;
2. Facilitate the coordination of scholarly activities;
3. Improve opportunities for synergy in research and education, including curriculum development, delivery and supervision; and to
4. Enhance mentorship activities, including peer support and professional guidance for research trainees and peers.

In order to achieve these objectives, a series of informal meetings have been launched to gauge interest in the development of a more formal structure for meetings.

Toronto Health Economics (THE) Network Members 2006-2007

Lusine Abrahamyan *(Ontario Ministry of Health and Long-Term Care)*

Taimur Bhatti *(Ontario Ministry of Health and Long-Term Care)*

Anthony Culyer *(Institute for Work and Health)*

Thomas Custers *(Ontario Ministry of Health and Long-Term Care)*

Carolyn Dewa *(Centre for Addiction and Mental Health)*

Farah Farahati *(McMaster University)*

Paul Grootendorst *(Faculty of Pharmacy, University of Toronto)*

Denise Guerriere *(Department of Health Policy, Management and Evaluation, University of Toronto)*

Jeff Hoch *(Inner City Health Research Unit, St Michael's Hospital, Toronto)*

Barbara Jaszewski *(Bayer Inc.)*

Ava John-Baptiste *(University of Toronto)*

Michele Kohli *(Department of Health Policy, Management and Evaluation, University of Toronto)*

Murray Krahn *(University Health Network)*

Audrey Laporte *(Department of Health Policy, Management and Evaluation, University of Toronto)*

Meredith Lilly *(Department of Health Policy, Management and Evaluation, University of Toronto)*

Linda Mackeigan *(Faculty of Pharmacy, University of Toronto)*

Stephane Mechoulam *(Department of Economics, University of Toronto)*

Eric Nauenberg *(Ontario Ministry of Health and Long-Term Care)*

Manny Papadimitropoulos *(Eli Lilly Company)*

Greg Payne *(Department of Health Policy, Management and Evaluation, University of Toronto)*

Joanne Plaxton *(Ontario Ministry of Finance)*

Carlos Quinonez *(Faculty of Pharmacy, University of Toronto)*

Mayvis Rebeira *(Ontario Ministry of Health and Long-Term Care)*

Beate Sander *(University Health Network)*

Mark Stabile *(Department of Economics, University of Toronto)*

Wendy Ungar *(Hospital for Sick Children)*

Walter Wodchis *(Toronto Rehabilitation Institute)*

**THE Network Meeting Schedule
Faculty Club, University of Toronto**

2006-2007

September 21st, 2006

Presented by: *Paul Grootendorst (Faculty of Pharmacy, University of Toronto)*
"Distributional Effects of 'Needs-Based' Drug Subsidies: Regional Evidence from Canada."

October 19th, 2006

Cancelled.

November 16th, 2006

Presented by: *Murray Krahn (University Health Network)*
"Does It Matter What Patients Want? Integrating Evidence on Patient Preferences into Clinical Practice Guidelines."

December 7th, 2006

Presented by: *Thomas Custers (Ontario Ministry of Health and Long-Term Care)*
"Principles and Options for Designing an Incentive Structure to Improve Health System Performance: a Toolkit."

January 18th, 2007

Cancelled.

February 8th, 2007

Presented by: *Canadian Competition Commissioner Sheridan Scott (Competition Bureau)*
"The Competition Bureau's Agenda In Health Care And Opportunities For Collaboration."

March 1st, 2007

Presented by: *Walter Wodchis (Toronto Rehabilitation Institute)*
"Hospital Efficiency and Quality."

March 22nd, 2007

Presented by: *Eric Nauenberg (Ontario Ministry of Health and Long-Term Care) and Audrey Laporte (Department of Health Policy, Management, and Evaluation, University of Toronto)*
"Aging, Social Capital and Health Care Utilization in Canada."

2005-2006

September 22nd, 2005

Presented by: *Beate Sander (University Health Network)*
"The Cost-Utility of Ontario's Universal Influenza Immunization Program."

October 20th, 2005

Presented by: *Greg Payne (Department of Health Policy, Management and Evaluation, University of Toronto)*
"Counting Backwards to Health Care Future."

November 17th, 2005

Presented by: *Wendy Ungar (Hospital for Sick Children)*
"International Status of Pediatric Health Economic Evaluation."

December 8th, 2005

Presented by: *Manny Papadimitropoulos (Eli Lilly Company)*
Cancelled.

January 19th, 2006

Presented by: *Walter Wodchis (Toronto Rehabilitation Institute)*
"Examining Cost and Quality in Ontario's CCACs."

February 16th, 2006

Presented by: *Ava John-Baptiste (University of Toronto)*
"Treatment of Hepatitis C positive patients in active or recent substance abusers - effects on patient quality of life, health care costs and disease epidemiology."

March 16th, 2006

Presented by: *Lusine Abrahamyan (Ontario Ministry of Health and Long-Term Care)*
"Conjoint Analyses of Preferences to Fund a New Treatment Modality for End Stage Renal Disease."

April 13th, 2006

Cancelled.

Appendix 18:
Population/Needs-Based Initiative
– Ministry of Health and
Long-Term Care

Appendix 18: Population/Needs-Based Initiative

Dr. Coyte continues to be involved in the Expert Advisory Panel with the MOHLTC. This initiative has given him the opportunity to connect and network with the Ministry of Health staff, the various LHINs, stakeholders and academics in the health field.

Below describes the initiative and the meetings that coordinate this initiative.

Expert Advisory Panel

Terms of Reference

POPULATION/NEEDS-BASED PLANNING MODEL INITIATIVE

Background/Context

Population/needs-based planning initiative

In 2003, the Ministry of Health and Long-Term Care (hereafter the Ministry) engaged in a collaborative initiative with the University of Toronto and the Institute for Clinical Evaluative Sciences (ICES) to develop a needs-based planning model that would help to predict health care needs of Ontario seniors (65+ years). Through ongoing discussions between the Health Results Team for Information Management (HRT-IM) and the Ontario Women's Health Council Secretariat (OWHCS), an opportunity has been identified to expand the need-based planning approach to different populations. The intended result of this Population/Needs-Based Planning Initiative will be a more robust methodology for predicting the health care needs of various populations within the province. The *Population/Needs-Based Planning Model* will produce short (in-year), medium (2-3 year) and long-term (5 year) predictions of the needs of different populations for a suite of health services within geographically bounded areas. Moreover, the planning model developed will enable assessment of various policy options and their impact on the future health needs of Ontario's population groups. While the output of the model will help to inform planning around resource allocations and distribution, it is not intended for determining/defining funding. It will therefore be useful as a tool to support complex funding formulae for selected services/providers, populations groups and/or regions, but will not produce forecasts of financial needs per se. In developing the model, it will be critical that key leaders and specialists are assembled to guide and inform the precise nature of the output that is most desirable for resource planning and decision making purposes. The planning model will be a key source of information on the specific populations' needs for particular services within selected regions/areas throughout Ontario. The models will generate information that can help to inform the decision making process at both the system (Ministry) and the local (LHIN) levels. The model therefore has several audiences who will benefit from its output:

- The Ministry of Health and Long-Term Care (MOHLTC)
- Local Health integration Networks (LHINs)
- Service Providers
- Disease Networks
- Academic Health Sciences Centres (AHSCs)
- Advocacy organizations for the population groups

Expert Advisory Panel

Integral to the Population/Needs-Based Planning Model Initiative is the establishment of an Expert Advisory Panel. Consisting of representation from health planning, data, methods and modeling specialists, decision and policy makers, and stakeholder groups, the panel's expert knowledge is intended to inform and steer the initiative. The key objectives of the Expert Advisory Panel will be:

- To guide the project so that the model developed is practical and useful for the intended audience of resource allocation managers and planners;
- To ensure that the development of the model aligns with local and international best practices.

The scope of responsibilities of the Committee shall include:

- Inform the assessment of overall feasibility of the initiative;
- Recommend population cohorts for model development;
- Recommend modeling options – modeling process and specialist(s);
- Contribute to defining measures of success for the project.

The responsibilities of the Committee shall not include:

- Design of the models
- Evaluation or coordination of process issues associated with the project
- Providing financial assistance to support the project

Membership, Reporting & Meetings

Membership

The Expert Advisory Panel will be chaired by a member to be determined by the Panel.

The Expert Advisory Panel will consist of:

- Nam Bains
- Dr. Peter Coyte
- Jeff Doleweerd
- Dr. William Gnam
- Paul Huras
- Doug Manuel
- Ray Pong
- Adalsteinn Brown
- Matt Norton (Chair)
- Alex Iverson

A MOHLTC Legal Services representative will be invited or consulted as required.

Reporting

The Lead for HRT-IM, Adalsteinn Brown will provide guidance to the Expert Advisory Panel as appropriate. In addition, he will:

- Require reports on progress from the Expert Advisory Panel Chair
- Monitor progress to ensure appropriate sequencing and coordination of actions
- Ensure that plans comply with policy requirements and directives of the government

Meetings

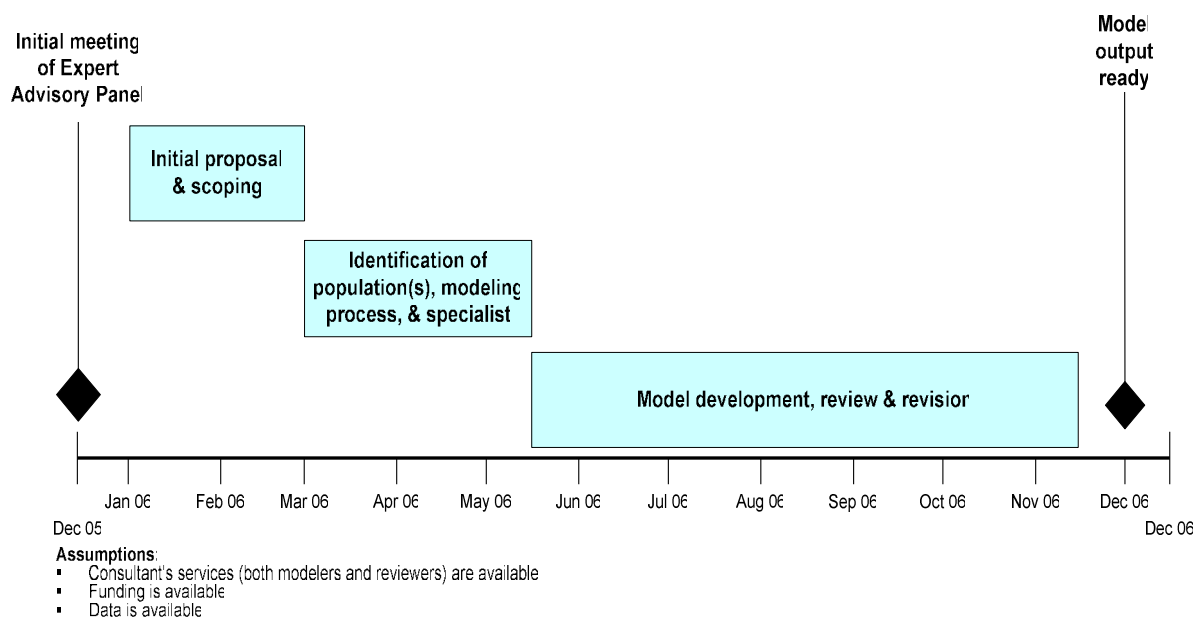
The members and Chair of the Expert Advisory Panel will serve for a term of no more than 12 months, and before that term is over, the Expert Advisory Panel will review and propose any appropriate amendments in its mandate and membership.

Meetings will be held as required to address issues. It is estimated that each meeting will be one to two hours in duration, and held no more than once a month for twelve months in Toronto or by teleconference (between twelve and twenty-four hour total time commitment).

Decisions should be made by consensus. The Expert Advisory Panel Chair will be Matthew Norton (acting for Adalsteinn Brown).

Proposed Schedule

The following is the high-level, estimated timeline for development and implementation (i.e., reporting output).



Estimated Budget

Over 50% of the total budget of is designated for packaging and uptake: brokering transfer (bringing the model 'in-house'), presentations, development of user manuals, and training.

Resources	Costs
Consultant services	\$200,000
Ministry – human resources	\$150,000
Data – new data purchases	n/a
Total	\$350,000

Necessary travel expenses will be covered for the purposes of conducting in-person meetings, as required.

Needs-Based Planning Initiative – Expert Advisory Panel
Health Results Team for Information Management
Ministry of Health and Long-Term Care

AGENDA

Time: Thursday December 15th, 9 am – 10:30 am
Place: 101 Bloor Street West, 6th Floor, IM Boardroom

1-866-355-2663 (for calls outside Ontario government offices)
416-212-0400 (for calls from inside the government)
Pass code: 0488#

Participants: Peter Coyte
Jeff Doleweerd
William Gnam
Paul Huras
Doug Manuel
Ray Pong
Mandana Vahabi
Matthew Norton
Alex Iverson

1. **Introductions**
2. **Message from Steini Brown**
3. **Needs-Based Planning Initiative – background**
4. **Terms of Reference**
 - a. **Understanding**
 - b. **Agreement on ToRs**
 - c. **Chair/other members**
5. **Moving forward: Steps**
 - a. **Consensus on feasibility & value**
 - b. **Define/determine other cohorts**
 - c. **Identify modelers/researchers**
6. **Next meeting**
7. **Adjournment**

**NEEDS-BASED PLANNING:
EVALUATING THE COYTE MODEL (DRAFT)**

December 2005

Overview

Traditionally, health service resource allocation has been based on adjusted historical utilization patterns. These methods look to annual volumes of health service transactions, in order to allocate resources for the next fiscal year. Historical utilization is typically adjusted for inflation and age-sex demographic shifts.

Distinct from these utilization-based planning methods, the needs-based approach allows decision makers to determine the unique needs of individuals and communities, service providers and funding agents, and configure those needs to a continuum of health care resources (services, programs, HR, etc.). Needs-based planning also enables opportunities for different options in the provision of care, and helps to locate gaps in services delivery. In doing so, this approach is useful in the development of decision support tools which 'customize care' to the specific needs and dynamics of communities or local areas.

In 2003, the Ontario Ministry of Health and Long-Term Care contracted Dr. Peter Coyte and his colleagues at the University of Toronto to build a needs-based model for Long-Term Care planning, and to populate it with various data sets relevant to forecasting LTC needs (i.e., healthcare needs of Ontario's seniors 65+). This document gives a general introduction to needs-based planning; and, where appropriate, provides some comparative of the Coyte model with other needs-based models. It looks in particular at the example of needs-based planning in the U.K. before discussing how such models might be integrated into a broader planning framework and some of the challenges associated with needs-based planning.

What is needs-based planning?

Generally, needs-based planning is any planning process which takes into account some measure of the needs of the target population for the services under consideration. A needs-based planning model, then, is the component of that process that assesses need, predicts future need, and guides funding and/or resource allocation decisions accordingly. In practice, these models vary widely in scope and design.

In the context of planning for the allocation of resources, need is often based on health deficit or risk, and defined in terms of the capacity to benefit from some program or service intervention (see Frankel et al, 1999). Based upon a 'social concepts' interpretation of need, the following delineation is taken from the Central West Health Planning Information Network, and is also adopted by other health organizations:

1. **Normative** need is typically defined by health experts and professionals; expressed in terms of acceptable minimum and maximum population health status, and/or service provision.
2. **Comparative** need is determined from the relative rank of a population based on certain health indicators; it is underpinned by the concept of 'equitable' allocation of resources.
3. **Felt** need is defined by a population (what people feel they need) and may or may not translate into expressed need.

4. **Expressed** need is essentially the demand for (or utilization of) a service.

Whether needs are thought of based on a normative, comparative, felt or expressed conception, some quantitative measure of need is required in order to assess and forecast health care needs, (i.e., ‘need’ needs to be transformed into a metric).¹ Given the difficulty associated with quantifying any of the four types of need, other measures such as total utilization costs or ‘resource intensity’ may be used as a “proxy” for an actual empirical measure of need.

Needs-based planning models range dramatically in design and use – from high level funding formulas (macro models) to narrowly focused methodologies for planning the delivery of specific services (micro models). Needs-based planning methods tend to be designed to produce one of two outputs:

1. At the **macro** level, to determine the amount of funding needed for a given service area or by geographic region (e.g., by health district); and
2. At the **micro** level, to determine the amount of a specific service that is needed within a given service area or by geographic region.

In addition, a model might be described as producing outputs at a **meso** level, determining the need for a bundle of services for a population group.

One of the most attractive attributes of needs-based planning over historical utilization-based planning is the ability to determine regional variations in need, and inform more equitable planning decisions, instead of perpetuating existing inequalities year after year. With the emergence of better data (up-to-date, consistent standards databases with individually linked data) and more sophisticated modeling, needs-based planning is becoming more common and more feasible.

Comparison of needs-based planning models

Needs-based planning models vary greatly in scope and methodology, ranging from detailed assessments of need for particular health services (micro) to more general assessments of need for a population group (meso), to overall resource allocation strategies and funding formulas for large jurisdictions (macro). In addition, some models make specific predictions for service utilization, while others are more focused on assessing the need for a service, and are used in a broader planning context.

As a first step in evaluating the Coyte model, it was compared with a number of other needs-based planning models. These models are summarized below.

Non-predictive models

- *Population needs-based funding formula* (macro)
Ministry of Health of British Columbia.

¹ It is worth noting that, in the absence of suitable quantitative data, qualitative methodologies (such as case studies, focus groups, interviews and surveys) are useful for assessing the health needs of a population (see www.pssru.ac.uk). However, they are generally not useful on their own for forecasting purposes.

This model is used to adjust utilization-based funding formulas for the Regional Health Authorities in British Columbia. The formula takes into account the different distributions of age groups, socio-economic levels, and population growth across the regions, and “nudges” their respective funding accordingly. The B.C. funding formula is a good example of how needs-based planning can be integrated into broader planning and funding strategies.

- *Population Needs-based Funding Model* (macro)
Saskatchewan Health

Like the British Columbia model, Saskatchewan’s needs-based funding formula is used to adjust historical utilization for more equitable funding across the province’s regions. These adjustments are made by considering the regions’ age and sex, standardized mortality ratio for premature deaths, fertility, standardized low birth-weight ratio, and the inter-regional service flow.

- *Needs Based Planning for Community Care* (meso)
Personal Social Services Research Unit (PSSRU), UK

This influential model is a methodology for assessing social service need in a region, and is not, strictly speaking, a planning model. First the target population is divided into a number of groups, based on demographics, health status, socio-economic status, etc. Next, the needs of each of these groups are projected based on a number of service categories that are devised for the agency. Finally, the actual target population’s needs are compiled and translated into demand for services. This output can then be used to inform more equitable resource allocation.

- *The Future of Community Support Services for Older Adults* (meso)
Halton-Peel District Health Council

The Halton-Peel DHC adapted the PSSRU model to determine the need for long-term care community support services. Using 7 target groups and 13 service categories, the model provided a basis for more equitable distribution of resources across the District Health Councils (DHCs).

- *Application Of A Needs-Based Planning Model For Health Human Resources Planning* (micro)
Central West Health Planning Information Network

Instead of simply setting out to determine patient needs, this model examined the need for physical and occupational therapy following hip and knee replacement surgery to determine the health human resource needs for physical and occupational therapists in Ontario’s Central West region. The investigators conducted literature reviews, surveys, and interviews, and examined wait times and local and international utilization to assess the four components of need. The study concluded that current supply and utilization is far from meeting the “true” need for services and human resources.

Predictive models

- *Estimating Personal Care Home Bed Requirements* (micro)
Manitoba Centre for Health Policy

This model uses historical utilization data and simple regression analysis to project the need for personal home care (PHC) beds. The regression analysis was used to project demand using only age, sex, and region as independent variables. Since this estimate was deemed too conservative, a simple extrapolation of recent utilization was also computed, and the output of the two models was averaged, to create a final prediction for PHC bed demand. Although the predictive power of the overall model was not tested, the regression model alone tracked bed use very well.

- *Forecasting Long-Term Care Needs for Seniors in Ontario* (micro)
Ontario Ministry of Health and Long-Term Care (Peter Coyte)

The Coyte model also used regression analysis to predict the need for long-term care for Ontario seniors. A large, linked database of administrative and survey data was constructed, and many possible determinants of need were investigated to ascertain their contribution to predicting resource intensity. Out of these, five determinants were selected for having a large contribution to resource intensity and being applicable to a large section of the population: age/sex, dementia, paraplegia, polypharmacy, and CADG5 (collapsed adjusted diagnostic group 5 – chronic medical unstable). Future resource intensity was then predicted using these determinants. By predicting the resource intensity for a known year, the model's predictive power was determined to be $r^2 = 0.38$, meaning that it accounted for 38% of the variance in resource intensity.

- *Needs-Based Funding for Home Care and Community Support Services in Ontario* (micro)
Centre for Health Economics and Policy Analysis (CHEPA)

This model set out to develop a needs- and population-based funding formula for home and community care in Ontario. The model used regression analysis with 19 independent variables grouped into individual-level need indicators, enabling and predisposing indicators, and environmental indicators. The needs-based resource share of each CCAC region was then calculated using the output of the regression analysis. The model was found to have a pseudo- $r^2 = 0.4$, which was considered a very good fit by the modellers.

- *Methodology for Estimating Acute Care Bed Requirements* (micro)
St. Joseph's Health Care, London ON

A needs-based funding formula was adapted from the Growth Funding Working Group of the Ontario Joint Policy and Planning Committee to predict the number of acute care beds needed for London hospitals in 2003 (from 1995). By projecting the population growth in each region, and adjusting for age and case type, the model predicted that fewer beds were needed in the region than had originally been called for. The predictions of the model were not tested.

- *Needs-Based Planning for Manitoba's Generalist Physicians* (micro)
Manitoba Centre for Health Policy

This study set out to determine the relative need for generalist physicians across different regions in Manitoba. First, the demographics of each region were determined. Next, the residents were grouped into various types, and the number of visits required by each type was calculated. Finally, these results were adjusted for the premature mortality rate for each region, as a proxy for regional health status. Although known futures were predicted well, no quantitative measure of the model's predictive power was reported.

The above models are evidence of the range of methodologies and goals of needs-based planning. Among the predictive models, the Coyte model compares quite favourably in rigor and predictive power. Particularly of note, the Coyte model was able to account for nearly the same variance as the CHEPA model (which that model's authors considered a very good fit), using a quarter of the indicators. However, simply comparing measures of correlation between models with different designs and goals is not particularly informative, as different outputs are required of different models. Finally it should be noted that such models never come close to explaining the total variance in service utilization.

The U.K. experience

In 1990, the British parliament passed the National Health Service and Community Care Act, which required social service departments (SSDs) to consider the needs of their communities in their planning (HMSO 47). Rather than specifying a specific needs assessment methodology, the act stipulated that the planning "shall be carried out in such manner and take such form as the local authority consider appropriate" (HMSO 47.4). As a result, a wide variety of strategies were used across the U.K., from simply adjusting historical utilization data with demographic factors, to developing complex planning models. The range of programs undertaken and their relative success provides valuable insights on how needs-based planning might be undertaken.

A survey conducted in 2002 found that 39% of SSDs were using some kind of formal model in their resource allocation planning (Glasby 2003). Of these, 69% used an externally developed index of "deprivation," and 31% used an in-house model. These in-house models ranged from weighted formulas using a deprivation index and demographic information, to complex resource allocation indices for each of the community's main user groups. In Warwickshire, a complex planning methodology was developed based on the Breadline Britain approach to poverty needs assessment, "inspired by a sense that resources should be allocated on a logical and transparent basis" (Glasby 2003). This methodology was used mainly to allocate resources equitably between different areas. The system was allowed to lapse after a few years, however, due to a change in Director, and the complexity of the model. With a half-implemented and misunderstood planning model, there is now "little clarity as to how the current [lapsed] system works in practice" (Glasby 2003).

The experiences of SSDs in the U.K. offer some valuable lessons on implementing needs-based planning. Warwickshire's attempts to develop a comprehensive model show the dangers of an overly-complex model that is not well understood by its users. This experience is mirrored in other communities in the U.K. which have adopted the

Standard Spending Assessment (SSA) model, which has a very large range of inputs. As Bebbington and Rickard observe, adding input variables into a predictive model often leads to rapidly diminishing returns, and a balance must be struck between adequate predictive power on the one hand, and usability and comprehensibility on the other (Bebbington and Rickard 1999).

Integrating needs-based planning: challenges and ways forward.

Needs-based planning models are frequently criticized for the ways they attempt to quantify need. As mentioned above, resource utilization is often used as a proxy for need when developing quantitative models. However, it has been widely shown that factors which have nothing to do with need (however defined), such as individual physicians' assessments and tendencies, can have a large impact on resource utilization. For example, Wennberg has shown that in different populations with similar health status indicators, surgery rates can vary widely due to "supplier-induced demand" (Wennberg 1982). Thus, resource intensity-based models predict at best future resource intensity, not future need.

More generally, need is almost always defined with respect to specific medical treatments or types of care. As a result, needs-based planning does not directly tailor services to population health status, but to existing health services. In addition, by only dealing with current health services, needs-based planning models do not predict how changes in health services and technology might impact service delivery, and are thus conservative in their visions of the future.

Although needs-based planning models like the Coyte model can account for a relatively large percentage of resource utilization, it is clear that they cannot effectively provide a full view of future health needs. In addition, as the experience in Warwickshire shows, attempts to implement comprehensive quantitative models can lead to confusion and poor adoption. Instead of considering needs-based planning as merely the development of a model of medical need or resource utilization, then, needs-based planning should be considered as any planning process where the needs of the community are integrated as an input. Despite their shortcomings, predictive models like the Coyte model at least give planners a picture of relative need across the population, and can help level inequalities in funding that have been perpetuated by historical utilization-based allocation.

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Appendix 19: Junior Faculty Activity Reports and Testimonials

“Working within Dr. Coyte’s mentorship/research program has greatly contributed to the development and implementation of my own research agenda. Dr. Coyte’s program has provided the infrastructure to develop, as well as sustain, relationships with health services researchers, clinicians and administrators within the area of home and ambulatory healthcare. Because of these relationships, the research studies that I am currently conducting are relevant to practice and policy. These key individuals participate as research investigators to help ensure that we generate empirical results that can be used through dissemination and uptake activities. ”

**- Denise Guerriere, PhD, Assistant Professor,
Faculty of Nursing, University of Toronto**

Appendix 19: Junior Faculty Activity Reports and Testimonials

CHSRF Progress Report for Dr. Denise Guerriere

CURRICULUM VITAE

January 2007

NAME: Denise Noelle Guerriere

CITIZENSHIP: Canadian

BUSINESS ADDRESS

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EDUCATION

- 1998 Doctor of Philosophy, Faculty of Nursing, University of Toronto
Research supervisor: Hilary Llewellyn-Thomas, Professor, Faculty of Nursing,
University of Toronto (Committee Members; Patricia McKeever, Jack Williams,
Glenn Berall)
Dissertation title: Measuring Decisional Conflict in Substitute Decision Makers:
Mothers' Decisions About Initiating Gastrostomy Tube Feeding in Children
- 1994 Master of Science, Faculty of Nursing, University of Toronto
Major field of study: Parent/Child Nursing
Research supervisor: Patricia McKeever, Professor, Faculty of Nursing,
University of Toronto (Committee Members; Ruth Gallop, Robert Gates)
Thesis title: Playing the Hand You're Dealt: Mothers' Accounts of their
Relationships with Brain-Injured Children
- 1991 Bachelor of Science in Nursing, Faculty of Nursing, University of Western Ontario

ACADEMIC APPOINTMENTS

Current

- 10/2001 - Assistant Professor (status only), Department of Health Policy, Management and Evaluation, Faculty of Medicine, University of Toronto
- 02/1999 - Assistant Professor (status only), Faculty of Nursing, University of Toronto
- 10/2000 - Core Investigator, Health Care, Technology and Place Research Group, University of Toronto

Prior

01/1999 – 10/2000

Post-Doctoral Research Fellow, Population Health Sciences, The Hospital for Sick Children Research Institute. Supervisors: Wendy Ungar, Scientist, Population Health Sciences, The Hospital for Sick Children Research Institute; and Peter Coyte, Professor, Department of Health Policy, Management and Evaluation, Faculty of Medicine, University of Toronto.

CLINICAL NURSING APPOINTMENTS

Prior

10/1995 – 05/1998

Nurse Clinician, Paediatric Feeding Assessment Clinic, Bloorview MacMillan Centre, Toronto

10/1991 – 01/1997

Registered Nurse, Ross Tiley Burn Centre and Intensive Care Unit, The Wellesley Hospital, Toronto

08/1994 - 12/1994

Registered Nurse, Bloorview Children's Hospital, Toronto

04/1991 – 10/1991

Registered Nurse, General Pediatrics, The Hospital For Sick Children, Toronto

RESEARCH GRANTS

2004-2008

“Cost and Quality of Variations in Ambulatory and Home-Based Palliative Care”. \$292,371, Canadian Institutes of Health Research, 2005-2008, Co-Principal Investigators: **Guerriere DN**, Coyte PC; Co-Investigators: Fassbender K, Laporte A, Adams D, Wagner F, Librach SD, Croxford R, Brown P, Brenneis C, & Fainsinger R.

The purposes of this study are to: 1) comprehensively assess the societal costs, satisfaction and quality of home-based palliative care; and 2) examine the socio-demographic and clinical factors that account for variation in costs, satisfaction and quality of care, at various time points over the course of the palliative care trajectory, from admission to death.

2002-2007

“Determinants and Outcomes of Privately and Publicly Financed Home-Based Nursing”, \$134,000, Canadian Health Services Research Foundation, Co-Principal Investigators: **Guerriere DN**, Coyte PC; Co-Investigator: McKeever P

This study will assess determinants of publicly and privately financed home-based nursing service utilization. Determinants such as socio-economic status, amount of informal caregiving and geographic location of residence will be considered. The relationship between publicly and privately financed home-based nursing services and the quality of nursing care, as well as the costs to the system and to care recipients will also be evaluated. A greater appreciation of home-based nursing is necessary for practitioners, health managers, and policy decision makers to ensure that care recipients and their families receive efficient, effective, equitable, and quality care.

2006-2008

“Costs Incurred by Families of Children Newly Diagnosed with Cancer”, \$330,712, National Cancer Institute of Canada (NCIC), 2006-2008. Principal Investigator: Stevens B, Co-Investigators: Tsimicalis A, Greenberg M, McKeever P, Ungar W, **Guerriere DN**, Agha M, & Barr R.

The ultimate goal of this study is to increase our knowledge of the costs incurred by families, help us better understand the impact of childhood cancer on families, and inform multiple decision and policy makers.

2006-2007

“Costs Incurred by Families of Children Newly Diagnosed with Cancer”, \$55,000, Pediatric Oncology Group of Ontario (POGO), 2006-2007. Principal Investigator: Stevens B, Co-Investigators: Tsimicalis A, Greenberg M, McKeever P, Ungar W, **Guerriere DN**, Agha M, & Barr R.

The ultimate goal of this study is to increase our knowledge of the costs incurred by families, help us better understand the impact of childhood cancer on families, and inform multiple decision and policy makers.

2004-2008

“Risk Factors in the Transition of Acute to Chronic Pain After Cardiac Surgery - The CARDPAIN Study”, \$624,846, Canadian Institutes of Health Research, 2005-2008, Principal Investigator: Choinière M, Co-Principal Investigators: Watt-Watson J, Carrier M, Cogan J, Collet JP, Guertin MC, Lespérance J, Costello JB, Feindel C, **Guerriere DN**, Sullivan J.

The primary objective of this research project is to identify risk factors involved in the transition of acute to chronic postoperative pain after cardiac surgery (CABG and/or valve replacement). This two-year follow up study will allow us to document different aspects of the pain including its intensity, time course and impact in terms of interference with every day activities, psychological well-being, and health-related quality of life. Economic consequences of chronic pain after cardiac surgery will also be examined.

2004-2005

“Improving Chronic Pain Management In Canada - The STOPPAIN Project Phase 1: Assessment Of Chronic Pain Burden And Management”, \$255,012, Canadian Institutes of Health Research and \$80,000, Fonds de la Recherche en Santé du Québec (FRSQ), 2004-2005, Principal Investigators: Choinière M, Co-Investigators: Collet JP, Peng P, Lefort SM, Clark J, Lynch ME, Boulanger A, Dion D, Shir Y, Ware M, Guertin MC, Gordon A, **Guerriere DN**, Mouling D, Intrater H, Banner R, Taenzer P, Barton P, Rashid S, Ong-Lam M.

This project is the first step of a larger research program aimed at improving chronic pain management in Canada. Two studies are proposed. The first will evaluate the human and economic burden of chronic pain in Canada by portraying the bio-psycho-social profile of the patients waiting to be seen in multidisciplinary pain treatment facilities (MPFT), and documenting the direct and indirect costs of their pain. The second will describe and analyse the services that are currently offered in public and private MPFT in Canada. The information thus obtained will be used as the foundation of a national database that will use common demographics, a chronic pain classification system, pain severity indices and standardized outcome measures for research purposes.

2003-2006

“An Outcome Indicator for Morbidity in Medically Vulnerable Infants”, \$216,975, Canadian Institutes of Health Research, Principal Investigator: Dick, P; Co-Investigators: **Guerriere DN**, Guttman A, To T, Whyte H

The purpose of this study is to develop and validate an outcome indicator of post-neonatal morbidity for medically vulnerable infants that can be used with hospitalization data. The objectives are: 1) To create a list of ICD-9 diagnoses called the Medically Vulnerable Infant - Ambulatory Sensitive Conditions (MVI-ASC) which to experts represent potentially avoidable morbidity when they occur as the “most responsible” diagnosis for hospitalizations; 2) To determine whether parental report of quality of primary care (Primary Care Assessment Tool) for medically vulnerable infants discharged from NICU and then hospitalized with MVI-ASC diagnoses during the year following discharge is significantly different from control infants; and 3) To describe the incidence of MVI-ASC hospitalizations during the first year of life for all medically vulnerable children and major subgroups born in Ontario between April 1996 to March 2001 using hospital discharge abstract data.

2002-2006

“Global and Molecular Pain Responses in Children With and Without Significant Neurological Impairment.” \$362,000, Canadian Institutes of Health Research, Principal Investigator: Hadden, K Co-Investigators: Coyte PC, **Guerriere DN**

This study will: validate multidimensional pain measures for children with cerebral palsy (CP); seek to discriminate between pain measures acquired from children with CP and from those not so affected; and assess the economic burden of CP from multiple perspectives.

2001-2003

“Economic Evaluation of a Paediatric Tele-Home Care Program”, \$82,000, The Hospital Management Research Unit, Ontario Ministry of Health. Co-Principal Investigators: Coyte PC, **Guerriere DN**; Co-Investigators: Dick P, Young N.

The purpose of this study was to assess economic and psychosocial outcomes of families of children receiving formal home care services following hospitalization.

2000-2003

"Evaluation of the Ambulatory and Home Care Record (AHCR)", \$134,492, Canadian Institutes of Health Research. Principal Investigator: **Guerriere DN**; Co-investigators: Coyte PC, Tullis DE, Ungar WJ, Corey M

The primary objective of this study was to evaluate the reliability of a resource costing tool (the Ambulatory and Home Care Record, AHCR), which was designed to assess health service and informal caregiving costs. The secondary objectives were twofold: first, to measure the economic burden associated with care for Cystic Fibrosis (CF) patients experiencing an exacerbation and CF patients who were "stable" through use of the AHCR; and second, to assess the sensitivity of resource cost estimates to alternative methods of valuing patients' and informal caregivers' forgone time.

1999-2002

"Evaluation of the Chronic Pain Self-Management Program", \$333,648, Canadian Institutes of Health Research. Co-Principal Investigators: Lefort S, Watt-Watson J; Co-investigators: Gray-Donald K, Webber K, Coyte PC, **Guerriere DN**

The purpose of this randomized clinical trial was to evaluate the feasibility and cost-effectiveness of a community-based chronic pain self-management intervention delivered by multiple nurse facilitators in two Canadian provinces on paid-related outcomes, and health service utilization and costs for individuals with chronic non-cancer pain.

1999-2001

"Cost-Effectiveness of Home Versus Hospital Management of Feeding Difficulties in Preterm Infants", \$55,000.00, Health Transition Fund. Principal Investigators: Stevens B and McKeever P; Co-investigators: Coyte PC, Daub S, Dunn M, **Guerriere DN**, Gibbins S, MacDonell J and Ohlsson A.

The purpose of this randomized controlled clinical trial is to compare the cost, safety and efficacy of managing feeding difficulties in preterm neonates in hospital and home settings.

1999 - 2000

"Development and Evaluation of the Ambulatory and Home care Record", \$52,000, Post-Doctoral Fellowship, Hospital for Sick Children Research Institute. Principal Investigator: **Guerriere DN**; Supervisors: Ungar W, Coyte P.

The purpose of this work was to develop the Ambulatory and Home Care Record (AHCR) and to pilot test the AHCR within the context of a paediatric tele-home care project. The overall goal was to develop a standardized and comprehensive resource costing measure.

1997-1998

“Measuring Decisional Conflict in Substitute Decision Makers: Mothers’ Decisions About Initiating Gastrostomy Tube Feeding in Children”, \$16,000, (salary per annum for 2 years; 1 year declined), Doctoral Research Training Grant, Hospital for Sick Children Research Institute. Principal Investigator: **Guerriere DN**; Co-Investigators: Llewellyn-Thomas H (Supervisor), McKeever P, Williams J, Berall G.

This study explored: a) the conflict associated with substitute decision making; b) the appropriateness of an instrument to measure decisional conflict in a substitute decision making context; and c) the sources of mothers’ conflict associated with the decision regarding gastrostomy tube insertion for their children.

1995 – 1997

“Measuring Decisional Conflict in Substitute Decision Makers: Mothers’ Decisions About Initiating Gastrostomy Tube Feeding in Children”, \$30,000, Doctoral Research Training Grant, The Easter Seal Research Institute. Principal Investigator: **Guerriere DN**; Co-Investigators: Llewellyn-Thomas H (Supervisor), McKeever P, Williams J, Berall G.

This study explored: a) the conflict associated with substitute decision making; b) the appropriateness of an instrument to measure decisional conflict in a substitute decision making context; and c) the sources of mothers’ conflict associated with the decision regarding gastrostomy tube insertion for their children.

ACADEMIC AWARDS

1999-2001	Restracom Post-Doctoral Fellowship Grant, The Hospital for Sick Children Research Institute, \$52,000.
1997-98	Ontario Graduate Scholarship, Ministry of Education and Training.
1997-98	Restracom Fellowship, The Hospital for Sick Children.
1997	Whipper Watson Graduate Research Studentship Award, Bloorview MacMillan Centre.
1996-97	Restracom Doctoral Fellowship Grant, The Hospital for Sick Children Research Institute.
1996-97	Ontario Graduate Scholarship, Ministry of Education and Training - declined.
1995-96	University of Toronto Open Doctoral Fellowship, University of Toronto.
1994	Helen Carpenter Award, Graduate Department of Nursing, University of Toronto.
1994	Bloorview Children's Hospital Foundation Graduate Award, University of Toronto.
1994	R. J. MacMillan Scholarship, The Wellesley Hospital.
1993	Miriam Neveren Summer Studentship Award, The Easter Seal Research Institute, Toronto.
1993	Marilyn Creighton Scholarship Award, The Wellesley Hospital.

PUBLICATIONS

Papers in Journals

Guerriere DN, Tullis E, Ungar WJ, Tranmer J, Corey M, Gaskin L, Carpenter S, & Coyte PC. (2006). Economic Burden of Ambulatory and Home-Based Care for Adults with Cystic Fibrosis. Treatments in Respiratory Medicine, 5(5):351-9.

Motiwalla SS, Croxford R, **Guerriere DN**, & Coyte PC. (In Press). Predictors of Place of Death for Seniors in Ontario: A Population-Based Cohort Analysis. Canadian Journal on Aging.

Guerriere DN, Ungar WJ, Tullis E, Corey M, Gaskin L, Carpenter S, Coyte PC. (2006). Evaluation of the Ambulatory and Home Care Record: Agreement Between Self-Reports and Administrative Data. International Journal of Technology Assessment in Health Care, 22(2), 1-8.

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Tranmer J, **Guerriere D**, Ungar WJ, Coyte PC. Valuing patient and caregiver time: A review of the literature. Pharmacoeconomics 23(5):449-459, 2005.

Guerriere DN, McKeever P, Llewellyn-Thomas H, Berall G. (2003). Mothers' decisions about Gastrostomy tube insertion in children: an exploration of the factors contributing to uncertainty. Developmental Medicine and Child Neurology, 45, 470-476.

McKeever P, Stevens B, Miller K-L, MacDonnell J, Gibbons S, **Guerriere DN**, Dunn M, Coyte PC. (2002). Home versus hospital lactation support for newborns: A randomized controlled trial. Birth: Issues in Perinatal Care, 29(4), 262-269.

Guerriere DN, McKeever P, Coyte PC. (2001). Focus on Health Care Settings: The Home Care Evaluation and Research Centre. Canadian Journal of Nursing Research, 33(1), 77-79.

Guerriere DN, Llewellyn-Thomas H. (2001). Substitute decision-making: Measuring individually mediated sources of uncertainty. Patient Education and Counselling, 42, 133-143.

Guerriere DN, Llewellyn-Thomas H. (1999). Mothers' conflicts related to gastrostomy tube feeding in infants. IMPrint, 23, 9-12.

Guerriere DN, McKeever P. (1997). Mothering children who survive brain injuries: Playing the hand you're dealt. Journal of the Society of Pediatric Nurses, 2, 105-115.

Papers Under Review

Guerriere DN, Wong AYM, Croxford R, Leong V, McKeever P, Coyte PC. Costs and Determinants of Publicly- and Privately-Financed Home-Based Health Care. Health and Social Care in the Community.

Leong V, **Guerriere DN**, Croxford R, McKeever P, Coyte PC. The magnitude, share and determinants of private costs incurred by recipients (and their caregivers) of in-home publicly financed care. Healthcare Policy.

Tranmer JE, **Guerriere DN**, Ungar WJ, Coyte PC. Valuing patient and caregiver time: A comparison of methods. Under Review: International Journal of Technology Assessment in Health Care.

Hadden KL, **Guerriere DN** & Coyte PC. Discriminant and concurrent validity of the Child Facial Coding System with children who have cerebral palsy. Developmental Medicine and Child Neurology.

Abstracts Published in Journals

Stevens B, McKeever P, Coyte PC, Daub S, Dunn M, Gibbons S, **Guerriere DN**, MacDonell J, Ohlsson A. (2001). The impact of home versus hospital support of breast feeding on neonatal outcomes. Paediatric Research, 49(4), 261A.

Guerriere DN, Llewellyn-Thomas H. (1998). Substitute decision making: How best to assess the sources of decision uncertainty? Medical Decision Making, 18(4), 468.

Guerriere DN, Llewellyn-Thomas H. (1997). Initiating pediatric gastrostomy tube feeding: How best to assess mothers' decisional conflict? Medical Decision Making, 17(4), 518.

Reports

Stevens B, McKeever P, Coyte PC, Daub S, Dunn M, Gibbons S, **Guerriere DN**, MacDonell J, Ohlsson A, Ray K. (2001, March 31). Cost-Effectiveness of Home Versus Hospital Support of Breast Feeding in Neonates. Sub-study #12 under the National Evaluation of the Cost-Effectiveness of Home Care, Health Transitions Fund, Final Report.

Papers Presented (Invited)

Guerriere DN, Coyte PC, Li L, Stabile M. (2001, June). Economic evaluation in health care and place. International Collaborative Research Workshop, Stockholm, Sweden.

Guerriere DN, McKeever P. (1998, October). Mothers' decisional conflicts related to G-tube insertion in infants. Infants with Medical & Developmental Challenges: Caring for the Infant-Parent Relationship Conference, The Ontario Association for Infant Development, Toronto, Canada.

Guerriere DN, Llewellyn-Thomas H. (1998, May). Measuring decisional conflict in substitute decision makers: Mothers' decisions about initiating gastrostomy tube feeding in children. Clinical Epidemiology Unit / Institute for Clinical Evaluative Sciences Rounds, Sunnybrook Health Science Centre, Toronto, Canada.

Guerriere DN. (1996, November). Mothers' decisional conflict about initiating gastrostomy tube feeding in children with severe disabling conditions. The Pediatric Feeding Symposium, Bloorview MacMillan Centre, Toronto, Canada.

Guerriere DN, McKeever P. (1995, February). "Playing the hand you're dealt": An interactionist interpretation of mothers' accounts of coming to terms with brain-injured children. Bloorview Children's Hospital, Nursing Research Committee, Toronto, Canada.

Papers Presented (Peer-Reviewed, Oral Presentations)

Guerriere D, Wong AYM, , Croxford R, McKeever P, & Coyte PC. (2006). Determinants and Outcomes of Privately and Publicly Financed Home-Based Care. 10th International Nursing Research Conference, Albacete, Spain, November 2006.

Wong AYM, **Guerriere D**, Croxford R, McKeever P, & Coyte PC. (2005). Determinants and Outcomes of Privately and Publicly Financed Home-Based Nursing. International Conference on Scientific Basis for Health Services, Montreal, QC, September 18-20.

Tranmer JE, **Guerriere DN**, Coyte PC, Ungar W. (2002, May). Valuing care recipients' and informal caregivers' time: a comparison of methods. Canadian Health Economics Research Association Annual Meeting, Halifax, Canada.

Guerriere DN, Coyte PC, McKeever P, Baranek P. (2001, December). Pre-conference workshop: Summary of the International Collaborative Research Workshop. Canadian Home Care Association Conference, Ottawa, Canada.

Guerriere DN, Coyte PC, Croxford R, Dick P, Laporte A. (2001, December). Trends and patterns of home care utilization by adults. Canadian Home Care Association Conference, Ottawa, Canada.

Dick P, Lam K, **Guerriere DN**, To T, Laporte A. (2001, December). Home care replacing hospital care for children in Ontario. Canadian Home Care Association Conference, Ottawa, Canada.

Guerriere DN, Coyte PC. (2001, May). Development and assessment of the Ambulatory and Home Care Record. Canadian Health Economics Research Association, Toronto, Canada.

Guerriere DN, Llewellyn-Thomas H. (1998, October). Substitute decision making: How best to assess the sources of decision uncertainty? Annual Meeting for the Society for Medical Decision Making, Boston, USA.

Guerriere DN, McKeever P. (1995, May). “Playing the hand you're dealt”: An interactionist interpretation of mothers’ accounts of coming to terms with brain-injured children. Rehabilitation Research Symposium, School of Rehabilitation Therapy, Queen’s University, Kingston, Canada.

Poster Presentations (Peer-Reviewed)

Wong AYM, **Guerriere D**, Croxford R, McKeever P, & Coyte PC. (2005). Determinants and Outcomes of Privately and Publicly Financed Home-Based Nursing. Canadian Association of Health Services and Policy Research Conference, Montreal, QC, September 16-18.

Guerriere DN, Coyte PC, Tullis E, Ungar W, Corey M. (2003, November). Cost of caring for adults with cystic fibrosis. Institute of Health Services and Policy Research Conference, Montreal, Canada.

Tranmer JE, **Guerriere DN**, Coyte PC, Ungar W. (2003, June). Valuing patient and caregiver time: a comparison of methods. International Health Economics Association Annual Meeting, San Francisco, USA.

Guerriere DN, Lefort S, Watt-Watson J, Croxford R, Choi BYL, Coyte PC. (2003, May). Chronic pain: Measuring the cost of care & assessing the economic impact of a community-based intervention, the CPSMP. Pain, the Silent Epidemic: The Canadian Pain Society Annual Conference, Toronto, Canada.

Tranmer JE, **Guerriere DN**, Ungar WJ, Coyte PC. (2003, May). Valuing patient and caregiver time: a comparison of methods. University of Toronto Department of Health Policy Management and Evaluation Research Day, Toronto, Canada. Awarded the Maureen Dixon Award for Best Community-based Poster.

Guerriere DN, Lefort S, Watt-Watson J, Croxford R, Choi BYL, Coyte PC. (2003, March). Chronic pain: Measuring the cost of care & assessing the economic impact of a community-based intervention, the CPSMP. The American Pain Society 22nd Annual Scientific Meeting, Chicago, USA.

Tranmer JE, **Guerriere DN**, Coyte PC, Ungar W. (2003, March). Valuing patient and caregiver time: a comparison of methods. Canadian Association of Population Therapeutics, Quebec City, Canada.

Tranmer JE, **Guerriere DN**, Ungar WJ, Coyte PC. (2002, May). Valuing caregiving time: A comparison of methods. University of Toronto Department of Health Policy Management and Evaluation Research Day, Toronto, Canada.

Tranmer JE, **Guerriere DN**, Ungar WJ, Coyte PC. (2002, April). Valuing caregiving time: A comparison of methods. University of Toronto Faculty of Nursing Research Day, Toronto, Canada.

Guerriere DN, Llewellyn-Thomas H. (1998, April). Initiating pediatric gastrostomy tube feeding: How best to assess mothers' decisional conflict? First International Research Utilization Conference, Faculty of Nursing, University of Toronto, Toronto, Canada.

Guerriere DN, Llewellyn-Thomas H. (1997, December). Initiating gastrostomy tube feeding in children: How best to assess mothers' decisional conflict? Sigma Theta Tau International Convention, Indianapolis, USA.

Guerriere DN, Llewellyn-Thomas H. (1997, October). Initiating gastrostomy tube feeding in children: How best to assess mothers' decisional conflict? Annual Meeting for the Society for Medical Decision Making, Houston, USA.

Guerriere DN, McKeever P. (1994, May). "Playing the hand you're dealt": An interactionist interpretation of mothers' accounts of coming to terms with brain-injured children. The Hugh MacMillan Rehabilitation Centre and Bloorview Children's Hospital Research Day, Toronto, Canada.

Thesis Committee Participation

2003 – 2004 - Sanober Motiwala, “Where Ontarians Die: the Impact of Sociodemographic Characteristics”, MSc program, Department of Health Policy, Management and Evaluation, University of Toronto (Member).

2001 – 2002 - Jennifer Tranmer, “Valuing Caregiving Time: A Comparison of Methods”, MSc program, Department of Health Policy, Management and Evaluation, University of Toronto (Member).

2001 - Linda Choi, “Cost Implications of a Chronic Pain Self-Management Program” (working title), PhD student, Department of Health Policy, Management and Policy, University of Toronto (Member).

TEACHING

University Teaching: Graduate Courses

- NUR1022 Research Design, Appraisal & Utilization
Faculty of Nursing, University of Toronto
Role: Instructor: January-April 2006
- NUR1041 Contemporary Family Theories
Faculty of Nursing, University of Toronto
Role: Course Instructor
Taught course 3 times in 1999/2000 academic year
- NUR1022 Critical Appraisal of Research
Faculty of Nursing, University of Toronto
Course Instructor: Ellen Hodnett
Role: Teaching Assistant for course two times in 1996/1997 academic year

University Teaching: Undergraduate Course

- NUR380 Nursing Research and Scholarship
Faculty of Nursing, University of Toronto
Role: Course Instructor
May – July 2003 and June – August 2004

Community College Teaching

06/1994 – 08/1994

Centennial College, School of Health Sciences, Toronto

Role: Paediatric Nursing Clinical Instructor (The Hugh MacMillan Rehabilitation Centre)

01/1992 – 04/1992

Centennial College, School of Health Sciences, Toronto

Role: Nursing Lab Instructor

Guest Lectures

Graduate Courses

10/2001

HAD5725 Health Economics I

Department of Health Policy Management and Evaluation, University of Toronto.

Course Instructors: Audrey Laporte, Wendy Ungar

05/1996

NUR1022 Critical Appraisal of Research

Faculty of Nursing, University of Toronto

Course Instructor: Hilary Llewellyn-Thomas

02/1996

NUR1041 Contemporary Family Theories

Faculty of Nursing, University of Toronto

Course Instructor: Patricia McKeever

02/1995

NUR1041 Contemporary Family Theories

Faculty of Nursing, University of Toronto

Course Instructor: Patricia McKeever

Undergraduate Course

11/1999

NUR380 Research Methods

Faculty of Nursing, University of Toronto

Course Instructor: Kathy McGilton

RESEARCH TRAINING

01/1999 – 10/2000

Post-Doctoral Research Fellow, Population Health Sciences, The Hospital for Sick Children Research Institute. Supervisors: Wendy Ungar, Scientist, Population Health Sciences, The Hospital for Sick Children Research Institute; and Peter Coyte, Professor, Department of Health Policy, Management and Evaluation, Faculty of Medicine, University of Toronto.

09/1998 - 12/1998

Title: Pediatric Tele-Homecare: Domains of Importance
Primary Investigators: Guttman A, Dick P, Young N, McKeever P
Institution: The Hospital for Sick Children, Toronto
Role: Research Associate

01/1996 – 12/1998

Title: Evaluation of the Hart Walker Orthosis for Children with Cerebral Palsy.
Primary Investigators: Wright V, McKeever P
Institution: Bloorview MacMillan Centre, Toronto.
Role: Qualitative Interviewer

09/1994 – 05/1998

Title: Measuring Decisional Conflict in Substitute Decision Makers: Mothers' Decisions About Initiating Gastrostomy Tube Feeding in Children (Doctoral Dissertation, University of Toronto).
Research Training Setting: Institute for Clinical Evaluative Sciences & Clinical Epidemiology Unit, Sunnybrook Health Science Centre, Toronto
Data Collection Sites: The Hospital for Sick Children, Toronto and Children's Hospital at Chedoke-McMaster, Hamilton, Ontario
Role: Principal Investigator (Supervisor: Hilary Llewellyn-Thomas)

02/1997 – 09/1997

Title: Home and Hospital Chemotherapy Study
Primary Investigator: Bonnie Stevens
Institution: The Hospital for Sick Children, Toronto
Role: Research Assistant

09/1994 – 09/1996

Title: A Study to Investigate Nurses' Perceptions and Beliefs re: Boundary Issues and Professional Behaviour
Primary Investigators: Ruth Gallop & Gail Donner
Institution: The University of Toronto, Quality of Nursing Work-life Unit
Role: Research Assistant

05/1994 - 07/1994

Title: Health Promotion in Pre-school-Age Children
Primary Investigators: Dorothy Craig & Karen Wade

Institution: North York Public Health Unit
Role: Research Assistant

09/1992 – 04/1994

Title: Playing the Hand You're Dealt: Mothers' Accounts of Their Relationships with Brain-Injured Children (Master's Thesis)

Institution: University of Toronto

Role: Primary Investigator (Supervisor: Patricia McKeever)

PROFESSIONAL ACTIVITIES

Since 1991	Member: College of Nurses of Ontario
Since 2000	Member, Canadian Health Economics Research Association
Since 1999	Committee Member, Child and Youth Homecare Network (CYHN), Hospital for Sick Children Foundation
1992 - 98	Member: Registered Nurses Association of Ontario
1993 - 98	Inducted Member: Sigma Theta Tau, Inc. (Honour Society of Nursing)
1995 - 98	Member: Association for the Care of Children's Health (ACCH)
1994 - 97	Volunteer: Annual Research Day, Faculty of Nursing, University of Toronto
1993 - 97	Member: Canadian Nurses Foundation
1992 - 96	Elected Member: Graduate Students' Union, University of Toronto
1994 - 96	Graduate Student Representative: Graduate Curriculum Committee, University of Toronto, Faculty of Nursing Science
1995 - 96	Member: Lambda Pi Newsletter Committee, Sigma Theta Tau Inc.

Research Grant Assessor

Canadian Institute for Health Information, Canadian Population Health Initiative
Hospital for Sick Children Research Institute, Toronto
Hospital for Sick Children Foundation, Toronto
Ontario Respiratory Care Society Research Grant Program, Toronto

Manuscript Reviewer

Health Affairs
Canadian Journal of Nursing Research

Conference Abstract Reviewer

Abstract Review Committee Member,
Canadian Health Economics Research Association, 10th Canadian Conference on Health,
May 22-25, 2002, Halifax, Canada
Research: Stability and Change in the Canadian Health Care System,

Clinical Skill Development

1991 - 1996 Annual Critical Care Re-Certification
The Wellesley Hospital, Department of Nursing Education,
Toronto

09/1991 - 12/1991 Critical Care Courses: Ryerson University, Toronto
- Critical Care Concepts
- Physiology and Pathotherapeutics

CAREER INTERRUPTIONS

04/2000 to 10/2000 Maternity Leave
04/2002 to 04/2003 Maternity Leave
08/2004 to 08/2005 Maternity Leave

CHSRF Progress Report for Dr. Audrey Laporte

AUDREY LAPORTE

CURRICULUM VITAE

March, 2007

A. BIOGRAPHICAL INFORMATION

1. PERSONAL

Date of Birth: August 27, 1970.

Place of Birth: Kitchener-Waterloo, Canada

Marital Status: Married, three children.

2. EDUCATION

PhD: University of Guelph, 2001

Specialization: Health Economics

Thesis: Essays on the Socio-economic Determinants of Population Health

MA: University of Guelph, 1995

Concentration: Labour Economics

BA: (With Distinction) University of Toronto, 1993

Concentration: Economics and Political Science

3. CURRENT APPOINTMENTS

April 2005- Associate Graduate Faculty, Department of Economics, University of Guelph

January 2003- Cross-Appointed, Faculty of Law, University of Toronto.

January 2003- Assistant Professor (Tenure-Track), Department of Health Policy, Management and Evaluation, University of Toronto

September 2002- Cross-Appointed, Faculty of Dentistry, University of Toronto.

4. PREVIOUS APPOINTMENTS

August 2000- Policy, December 2002	Assistant Professor (CLTA/Status Only), Department of Health Management and Evaluation, University of Toronto
June 1999- Guelph September 1999	Instructor, (Sessional) Department of Economics, University of
January 1997- Guelph May 1997	Instructor, (Sessional) Department of Economics, University of

5. AWARDS/HONOURS

i. FELLOWSHIPS

2001-2002	Post-Doctoral Fellowship, Lupina Foundation, Munk Centre for International Studies.
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ii. AWARDS

2005	Eugenie Stuart Award for Excellence in Teaching
2001-2003	Canadian Health Services Research Foundation (CHSRF) Post-doctoral Training Award

iii. SCHOLARSHIPS

1998	University Graduate Scholarship
1997	Board of Graduate Studies Research Scholarship University Graduate Scholarship
1996	University Graduate Scholarship
1990	The Frederick G. Gardiner Scholarship in Political Economy, University of Toronto

B. ACADEMIC HISTORY

1. RESEARCH GRANTS

Principal Investigator:

- 2007-2008 \$50,000 (CIHR) *Aging, social capital and health care utilization*, Co-I: E Nauenberg
- 2006-2009 \$285,072 (CIHR) *The supply of nurses: identifying factors that influence leaving, staying, and sector switching*, co-investigators: R Deber, A Baumann, L O'Brien-Pallas, J Blythe.
- 2003-2007 \$261,000 (CIHR) *Operational Efficiency of Long-Term Care Facilities in Canada* Co-PI: W. B. Berta, co-investigators: V. Valdmanis, G Anderson. [Role: Contributed jointly with W Berta to proposal preparation and study design, articulated the economic theory and methods to be employed. Currently responsible for conduct of DEA analyses that underpin the study, performance of regression analyses for papers to be submitted to economics journals and contribute to writing of papers as either principal or co-principal author]
- 2003-2005 \$90,274 (CIHR) *Where do nurses work? Work setting and work choice* Co-PI: R. Deber, co-investigators: L. O'Brien-Pallas and A. Baumann [Contributed jointly with R Deber to proposal preparation and study design, and articulated the labour economic theory and methods which form the basis of the study. Currently responsible for conduct of regression analyses, and contribute to writing of papers as either principal or co-principal author]
- 2003-2006 \$83,259 (SSHRC) *Operational Efficiency of Long-Term Care Facilities in Ontario*. Co-PI: W. B. Berta, co-investigator: V. Valdmanis. [Role: Contributed jointly with W Berta to proposal preparation and study design, articulated the economic theory and methods to be employed. Currently responsible for conduct of DEA analyses that underpin the study, performance of regression analyses for papers to be submitted to economics journals and contribute to writing of papers as either principal or co-principal author]
- 2003-2005 \$10,000 (Connaught New Staff Matching Grant) *Health Status, Health Behaviour and Income Inequality: Exploring the Linkages*.
- 2003-2006 \$8,497 (Dean's Research Fund, Faculty of Medicine, University of Toronto) *Operational Efficiency of Long-Term Care Facilities in Ontario*. Co- PI: W. B. Berta, co-investigator: V. Valdmanis. [Contributed jointly

with W Berta to proposal preparation and study design, articulated the economic theory and methods to be employed. Currently responsible for conduct of DEA analyses that underpin the study, performance of regression analyses for papers to be submitted to economics journals and contribute to writing of papers as either principal or co-principal author]

- 2003-2005 \$10,000 Connaught Start-Up Grant, University of Toronto.
- 2002-2003 \$3,000 (M-THAC and CIHR) *Estimating the Operational Efficiencies of Long-Term Care Facilities in Ontario*, Co-PI: W. B. Berta, co-investigator: V. Valdmanis. [Contributed jointly with W Berta to proposal preparation and study design, articulated the economic theory and methods to be employed. Currently responsible for conduct of DEA analyses that underpin the study, performance of regression analyses for papers to be submitted to economics journals and contribute to writing of papers as either principal or co-principal author]

Co-Investigator:

- 2006-2009 \$227,385 “Measuring and understanding gender equity in access to care” (CIHR) PI: A Brown, Co-Is: B Abramson, A Bierman, D Davis, **A Laporte**, C Levinton, H McLean, N Mohamed, D Stewart, C Wilson
- 2006-2011 “Building Community and Public Health Nursing Capacity-National CHN study (CHSRF-REISS) PI: Jane Underwood. Co-Is: A Baumann, **A Laporte**, R Deber.
- 2006-2011 \$2,500,000 (CIHR) *“CIHR Team in Community Care and Human Resources”*, PI: R Deber, co-Is: P Williams, A Baumann, A Laporte, B. Gamble, M Landry, K Parker, K Spalding, P Burns, W Isaac, S Rappolt, M Verrier, D Challis, C Kushner, J Lum, M Saks, M Vujic. [Role: Co-leader with A Baumann of Theme I (Health Human Resources). Theme II: Balance of Care lead by P Williams]
- 2005-2008 \$292,371 (CIHR) *Cost and quality of variations in Ambulatory and Home-based Palliative Care*, PIs: PC Coyte and D N Guerriere, co-Is: **A Laporte**, D Adams, F Wagner, L Librach. [Role: Provided substantive feedback on proposal. Contribute expertise to economic costing and regression modeling component of the study]
- 2005-2010 \$445,410 (CIHR) *A randomized comparison of laproscopic myotomy and pneumatic dilation for achalasia*, PI: David Urbach, co-Is: **A Laporte**, G Darling, N Diamant, G Tomlinson. [Role: Wrote economic costing subsection of the proposal, Contribute expertise to economic costing and modeling component as related to the RCT design of the study]

- 2004-2007 \$143,000 (SSHRC) *Community support services at the margins: how community support agencies mediate the impact of health and social services restructuring*, PI: A. Paul Williams, co-Is: Raisa Deber, **A Laporte** (University of Toronto); Janet Lum (Ryerson University); David Challis (University of Manchester, UK) Social Sciences and Humanities Research Council of Canada, Standard Research Grant . [Role: Contribute expertise to economic costing methodology and modeling component as related to the survey-based design of the study]
- 2004-2005 \$150,000 (Ontario Neurotrauma Foundation) *Nature and Extent of Inappropriate Living Environments for Adults with Moderate to Severe Acquired Brain Injury* PI: Angela Colantonio, Co-Is: **A Laporte**, B Kirsh, PC Coyte, S Hwang, B Christensen, C Levy, T Chiu, D Clarke [Role: Contribute expertise to economic costing methodology and modeling component as related to analyses of linked administrative data bases, provide substantive feedback on draft articles abd abstracts]
- 2003-2008 \$1,000,000 (CIHR, ICE: Institute of Health Services and Policy Research) *Health Care, Technology, and Place: An Interdisciplinary Research Team*, , co-investigator, PIs: P.C. Coyte and P. McKeever, co-investigators: A. Chambon, **A Laporte**, P Lehoux, E Harvey, G Fernie, C Flood, L MacKeigan, J Eakin, A Jadad, A Laupacis, A Adams, M Gignac, J Dunn, R Gray, W Levinson. [Role: Act as a mentor for students and collaborate with colleagues from a wide range of disciplines to further knowledge in health economics.]
- 2003-2005 \$126,198 (Hospital for Sick Children Research Fund) *Fluoride Varnish in the Prevention of Dental Caries in Aboriginal Children*, PI: H.P. Lawrence, Co-I **A Laporte** [Role: Wrote economic costing section of the proposal and provided substantive feedback on the overall proposal. Contribute expertise to economic costing and modeling components of the study and substantive feedback on articles and abstracts]
- 2002-2007 \$520,475 (CIHR) *Population-based estimates of cost and quality of life in prostate cancer survivors*. co-investigator, PI: Murray Krahn, co-Is: G Naglie, S Alibai, N Klar, **A Laporte**, P Ritvo, M Irvine, E Holowaty, M Mamdani, J Trachtenberg. [Role: Provided substantive feedback on the overall proposal. Contribute expertise to economic costing and modeling components of the study and substantive feedback on articles and abstracts]
- 2003-2005 \$380,970 (CIHR) *Fluoride Varnish in the prevention of dental caries in Aboriginal and non-Aboriginal Children*, PI: H.P. Lawrence, Co-I: **A Laporte** [Role: Wrote economic costing section of the proposal and provided substantive feedback on the overall proposal. Contribute expertise to economic costing and modeling components of the study and substantive feedback on articles and abstracts]

2. PUBLICATIONS

i. REFEREED PUBLICATIONS (* student papers written under supervision, # evaluation studies)

1. **Laporte, A.**, Croxford R, Coyte PC (2007) “Can a publicly funded home care system successfully allocate service based on perceived need rather than socio-economic status? A Canadian experience”, *Health and Social Care in the Community* 15 (2), 108–119. [Principal author: Undertook conception and design, development of methods, interpretation of results and wrote first draft]

*2. Payne G, **Laporte A**, Deber R, Coyte P (2007) “Counting Backward to Health Care’s Future: Using Time-to-Death Modeling to Identify Changes in End-of-Life Morbidity and the Impact of Aging on Health Care Expenditures”, forthcoming, *Milbank Quarterly* [Co-supervisor: A Laporte, Co-principal author: Involved in conception and design, contributed to interpretation of results and provided critical textual revisions for substantial scientific content.]

*#3. Polisena J, Tam S, Lodha A, **Laporte A**, Coyte PC, Ungar WJ (2007) “An Economic Evaluation of Asthma Action Plans for Children with Asthma” forthcoming, *Journal of Asthma* [Collaborating author: Polisena, Tam and Lodha were students in my Economic Evaluation class and this paper was derived from their course project]

4. Landry MD, Deber RB, Jaglal S, **Laporte A**, Holyoke P, Devitt R, Cott C (2006) Assessing the consequences of delisting publicly funded community-based physical therapy on self-reported health in Ontario, Canada: a prospective cohort study. *International Journal of Rehabilitation Research*. 29(4):303-307[Collaborating author]

5. Stabile M, **Laporte A**, Coyte PC, (2006) “Household Responses to Public Home Care Programs”, *Journal of Health Economics*, Vol. 25(4):674-701. [Co-Principal author: Developed the theoretical framework, articulated the nature of the problem in mathematical terms, wrote the theoretical section of the paper, articulated the hypotheses to be tested and provided critical textual revisions for substantial scientific content on the paper as a whole.]

*6. Alam-eddine M, **Laporte A**, Baumann A, O’Brien-Pallas L, Mindon B, Deber R (2006) “Stickiness and inflow as proxy measures of the relative attractiveness of various sub-sectors of employment”, [forthcoming](#), *Social Science and Medicine*. [PhD Thesis Committee Member. Co-principal author: Involved in conception and design, contributed to interpretation of results and provided critical textual revisions for substantial scientific content, research supported by our (with R Deber) CIHR-funded grant.]

7. **Laporte A** (2006) "Price responsiveness of demand for cigarettes: Does rationality matter?" forthcoming, *Substance Use and Misuse*, Vol. 41(4):511-531.
8. **Laporte A.**, Ferguson B (2006) "Investment in health when health is stochastic", forthcoming *Journal of Population Economics*. [Principal author: Involved in conception and design, development of theory, and wrote of first draft of the paper].
- *,#9. Wu, R., **Laporte, A.** Ungar, W. (2006) "Cost effectiveness of an electronic medication ordering system in reducing adverse drug events", forthcoming, *Journal of Evaluation in Clinical Practice* [Co-Principal author: Involved in conception and design, provided critical textual revisions for substantial content. R Wu was a student in my health economics class and this article was developed from his course project.]
10. Berta W, **Laporte A**, Valdmanis V, Zarnett D, Anderson G (2006) "Pan-Canadian Perspective on Institutional Long-term Care" , *Health Policy*, 79:175-194[Co-principal author: Involved in conception and design, contributed to interpretation of results and provided critical textual revisions for substantial scientific content.]
- *,#11. Limacher J, Daniel I, Isaacksz S, Payne G, Dunn S, Coyte PC, **Laporte A** (2006) "Early Abortion in Ontario: Options and Costs", forthcoming *Journal of Obstetrics and Gynaecology Canada*. [Senior author: Involved in conception and design, provided critical textual revisions for substantial content. J Limacher , I Daniel, S Isaacksz, G Payne were students in my health economics class and this article was developed from their course project.]
- *12. Alameddine M, **Laporte A**, Croxford R, Baumann A, O'Brien-Pallas L, Sping Wang, Brad Milburn, Deber R (2006) "Where are nurses working? Employment patterns by sub-sector in Ontario, Canada" *Healthcare Policy Vol. 1(3): 65-86*. [Co-principal author: Involved in conception and design, oversaw conduct of analyses, contributed to interpretation of results and provided critical textual revisions for substantial scientific content. Member of M. Alameddine's PhD thesis committee and this article forms part of his thesis which was funded from my CIHR research grant]
- *,#13. Gupta, S; Hawker, G A; Laporte, A; Croxford, R; Coyte, P C (2005) "The Economic Burden of Disabling Hip and Knee Osteoarthritis (OA) from the Perspective of Individuals Living with this Condition" *Rheumatology* (Oxford, England), 44(12):1531-7. [Contributing author: Involved in conception and design, oversaw regression analyses component of the study, provided critical textual revisions for substantial scientific content. Member of S Wickremaarachi's master's thesis committee. This article was developed from her thesis.]
- *,#14. Achonu, C., **Laporte A.**, Gardam MA (2005) "The Financial Impact of Controlling a Respiratory Disease Outbreak in a Teaching Hospital: Lessons Learned from SARS", *Canadian Journal of Public Health*, Jan/Feb, Vol. 96(1): 52-55. [Co-principal author: Involved in conception and design, contributed to interpretation of results and provided critical textual revisions for substantial content.]

*15. Motiwala, S.S., Flood, C.M., Coyte, P.C, **Laporte, A.** (2005) "The First Ministers' Accord on Health Renewal and the Future of Home Care in Canada" *Longwoods Review*, Vol. 2, No.4. [Senior author: Involved in conception and design, provided critical textual revisions for substantial content. S. Motiwala was a student in my health economics class and this article was developed from her course paper.]

16. **Laporte A.**, Windmeijer F (2005) "Estimation of Panel Data Models with Binary Treatment Indicators when Treatment Effects are not Constant over Time", *Economics Letters* 88, 389-396. [Principal author: Developed the theoretical framework, articulated the nature of the problem in mathematical terms and wrote the first draft of the paper]

17. Berta WB, **Laporte A**, Valdmanis V (2005) Observations on Institutional Long-term Care in Ontario: 1996-2001, *Canadian Journal on Aging* Vol. 24(1):71-84. [Co-principal author: Involved in conception and design, contributed to interpretation of results and provided critical textual revisions for substantial scientific content.]

18. **Laporte, A.** (2004) "Do economic cycles have a permanent impact on population health? Revisiting the Brenner hypothesis," *Health Economics* Vol. 13(8), 767-779

*,#19. Attard N, **Laporte A**, Zarb GA (2004) "Long-term Treatment Costs associated with Implant supported Mandibular Prostheses in Edentulous Patients." *International Journal of Prosthodontics* Vol. 18(2), 117-123. [Co-principal author: Involved in conception and design, contributed to interpretation of results and provided critical textual revisions. Member of N Attard's thesis committee.]

*20. Attard NJ, Wei X, **Laporte A**, Zarb GA, Ungar WJ (2003) "A cost minimization analysis of implant treatment techniques in edentulous patients". *International Journal of Prosthodontics* 16(3):271-276. [Contributing author: Involved in conception and design, provided critical textual revisions for substantial content. NJ Attard and X Wei were students in my health economics class and this article was developed from their course project.]

21. **Laporte, A.** and Ferguson, B.S. (2003) "Income inequality and mortality: Time series evidence from Canada", *Health Policy*, 66, 107-117. [Principal author: Involved in conception and design, development of theory and methods, conducted the data analyses, contributed to interpretation of results and wrote first draft]

22. **Laporte, A.** (2002) "A note on the use of a single inequality index in testing the effect of income distribution on mortality", *Social Science and Medicine*, 55(9), 1561-1570.

23. Christofides LN, **Laporte, A.** (2002) "Menu costs, nominal wage revisions and intra contract wage behaviour," *Industrial Relations*, 41(2), 287-303. [Co-principal author: Involved in conception and design, development of theory and methods, conducted the data analyses, contributed to interpretation of results and to writing of the paper].

ii. **CONFERENCE PROCEEDINGS**

1. Ferguson, B.S., Coyte, P.C., **Laporte, A.** (1999)"The Role of Target Incomes in Determining Expenditures on Physicians' Services in Canada, 1972-1993" in *Exploring the Health Frontier - The Effect of Reform Initiatives on Canadian Health and Health Care: Proceedings of the 8th Canadian Conference on Health Economics*, Edmonton, Alberta. [Contributing author: Involved in conception and design, conducted data analyses, assisted in drafting of paper and provided critical textual revisions for substantial content.]

iii. **PUBLISHED ABSTRACTS**

1. **Laporte A** (2001) "The effect of income distribution on mortality: Evidence from American data", International Health Economics Association.

iv. **BOOK CHAPTERS**

Laporte A, Tompa E, Dolinschi R, Grignon M, Chapter 10 "The Identification and Valuation of Costs" in *Economic Evaluation of Workplace Interventions for Health and Safety*-under editorial revision

Culyer A, Amick B, **Laporte A**, Chapter 1" What is a little more health and Safety worth?" in *Economic Evaluation of Workplace Interventions for Health and Safety*-under editorial revision

SUBMITTED REFEREED PAPERS

Under Review

1. **Laporte A**, Nauenberg E, Shen L (2007) "Aging, social capital and health care utilization in Canada", under review, *Journal of Health Economics, Law and Policy*.
2. **Laporte A**, Levinton C, Baumann A, O'Brien-Pallas L, Deber R (2007) "Leaving Nursing: Predictors of Nursing Drop-out" under review *Health Services Research* [Principal author: Undertook conception and design, development of methods, interpretation of results and wrote first draft]
3. Lim S, Gardam M, **Laporte A** (2007) "The Financial Impact of Hospital-Acquired MRSA: An Incremental Cost Analysis", under review, *JAMA*.
4. **Laporte A**, Berta W, Valdmanis V (2005) "Frontier Estimation, Cost and Quality of Care: An Application to Ontario Nursing Homes" under review, *Medical Care Research*

and Review. [Principal author: Undertook conception and design, development of methods, interpretation of results and wrote first draft]

5. **Laporte A**, Ferguson B (2004) “On the Formal Analytics of the Discrete Time Rational Addiction Model” under review, *Health Economics*. [Principal author: Involved in conception and design, development of theory, and writing of first draft of the paper].

6. **Laporte A**, Ferguson B (2004) “Rational Addiction Models and Aggregate Data: The Problem of the Unit Root” under review, *Journal of Health Economics*. [Principal author: Involved in conception and design, development of theory, and writing of first draft of the paper].

*7. Zarnett D, **Laporte A**, Nauenberg E, Doran D, Coyte PC (2005) “The Effects of Competition on Community-Based Nursing Wages”, under review, *Health Policy*, [Supervisor: A Laporte Co-principal author: Involved in conception and design, oversaw conduct of regression analyses, contributed to interpretation of results and provided critical textual revisions for substantial scientific content.]

*8. Zarnett D, Berta W, **Laporte A** (2006) “The Ontario Long-Term Care Market: An Examination of the Availability of Services across the Local Health Integration Networks”, under review, *Canadian Journal on Aging*. [Senior author: Involved in conception and design, provided critical textual revisions for substantial content. D. Zarnett was Research Coordinator on our (with W Berta) SSHRC grant which also supported this research.]

3. NON-REFEREED REPORTS AND WORKING PAPERS

i. Reports

1. *An Overview of the Current State of Ontario's Health Care System* (with Brian S. Ferguson), report commissioned by the Ontario Ministry of Finance, March 2002.

2. *Forecasting Facility and In-Home Long Term Care for the Elderly: The Impact of Improving Health and Changing Preferences* (with P.C. Coyte, P. Baranek, W. Croson), report commissioned by the Ontario Ministry of Health and Long Term Care, March 2002.

3. *Identifying the Assumptions used by Various Jurisdictions to Forecast Demands for Home and Facility-Based Care for the Elderly* (with P.C. Coyte, S. Stewart), report commissioned by the Ontario Ministry of Health and Long Term Care, September 2001.

4. *Forecasting the Supply of Primary Care Physicians' Services for Kansas* (with B.S. Ferguson), report prepared for the University of Kansas Medical Center and the Kansas Health Institute, September 1998.

ii. **Papers in Progress**

1. **Laporte A**, Ferguson B, Windmeijer F (2006) “Unstable Roots and their Implications for Statistical Inference in Rational Addiction Models”. [Principal author: Involved in conception and design, conduct of data analyses, interpretation of results and wrote first draft.]

2. **Laporte A**, Valdmanis V, Berta W (2006) “Nursing Home Productivity through Time: Does Organizational Structure Matter?” [Principal author: Involved in conception and design, conduct of data analyses, interpretation of results and wrote first draft.]

*3. Liu C, Ferguson B, **Laporte A** (2006) “Ranking the Health System Efficiency among Canadian Provinces and American States” [Senior author: Involved in conception and design of efficiency analysis approach, provided critical textual revisions for substantial scientific content.]

4. Ferguson BS, **Laporte A.**, Coyte PC (2003) "Determinants of Expenditures on Physicians' Services in Canada: Dynamic Modeling of Pooled Provincial Data" [Co-principal author: Involved in conception and design, conduct of data analyses, contributed to interpretation of results and co-wrote the first draft.]

5. Lawrence H, Rogers JB, Romanetz M, Binguis D, **Laporte A** (2003) “Cost-effectiveness of a Prenatal Nutrition Program for the Prevention of Early Childhood Caries in the Sioux Lookout Zone, Ontario”. [Senior author: Involved in conception and design of cost-effectiveness component, provided critical textual revisions for substantial scientific content.]

*6. Mihailovic A, Bumpass D, Tsimicalis A, Zarnett D, Langer J, Chiu P, Nauenberg E, **Laporte A** (2004) “Cost Analysis of Surgical Patch Repair for Congenital Diaphragmatic Hernia”. [Senior author: Involved in conception and design of cost-effectiveness component, provided critical textual revisions for substantial scientific content.]

*7. Attard N, **Laporte A**, Locker D, Zarb, G “Prospective Study on immediate loading of implants with mandibular overdenture: patient mediated and economic outcomes”, [Co-principal author: Involved in conception and design, contributed to interpretation of results and provided critical textual revisions for substantial content]

*8. Achonu, C, **Laporte A.**, Gardam MA (2003) “An Analytic Study of the Costs of West Nile Virus Illness and Prevention in Toronto” [Co-principal author: Involved in conception and design, contributed to interpretation of results and provided critical textual revisions for substantial content]

*9. Cadarette SM, **Laporte A**, Hawker GA (2005) “Bone mineral density testing services, costs and policy changes in Ontario, Canada 1980/81-2002/03” [Co-principal author: Involved in conception, design and provided critical textual revisions for substantial content]

*10. Polisena J, Tam S, Lodha A, **Laporte A**, Coyte P, Ungar W “A Cost-Consequence Analysis of Asthma Action Plans for Children”

11. Colantonio A, Croxford R, Farooq S, **Laporte A** (2006) “Trends in Hospitalization associated with traumatic brain injury in Ontario, 1992-2001”.

C . PRESENTATIONS AND INVITED LECTURES

1. INVITED LECTURES

2007

1. University of Calgary, Department of Community Health Sciences, Faculty of Medicine, “ Aging, social capital and health care utilization” co-authors: E Nauenberg, L Shen.

2006

1. Oakland University, School of Business Administration “Time Series Issues in Dynamic Panel Data Models with Unstable Roots: Is large T Necessarily a Good Thing?” presented by co-author B Ferguson.

2. Faculty of Dentistry, University of Toronto “The Health Economics of Dental Care”

3. Institute for Human Development, Life Course and Aging, Graduate Seminar, Collaborative Program in Aging and the Life Course, University of Toronto, “Frontier Estimation, Cost and Quality of Care: An Application to Ontario Nursing Homes”, co-authors W.B. Berta, V Valdmanis.

4. Institute for Human Development, Life Course and Aging, AGE 1000H: Multidisciplinary Research Concepts in Palliative and Supportive Care, University of Toronto “The Economics of Palliative Care”

2005

1. University of Heidelberg, Health Systems & Evaluation Unit, Dept. of Tropical Hygiene and Public Health. "Frontier Estimation, Ownership and Quality of Care: The Case of Ontario's Nursing Homes" (co-authors W. Berta and V. Valdmanis).
2. Oakland University, School of Business Administration "Testing the impact of Social Capital on population health using the Grossman framework" (co-author B Ferguson)

2004

1. Faculty of Dentistry, University of Toronto "The Health Economics of Dental Care"
2. Institute for Human Development, Life Course and Aging, Graduate Seminar, Collaborative Program in Aging and the Life Course, University of Toronto, "Operational Efficiencies of Long-Term Care Facilities in Ontario", with W.B. Berta.
3. OANHSS (Ontario Association of Non-Profit Homes and Services for Seniors) "Operational Efficiencies of Long-Term Care Facilities in Canada", with W.B. Berta.

2003

1. American Public Health Association Meetings (San Francisco) "Can aggregate data tell us anything about the socio-economic determinants of population health?"
2. Presented at the Institute for Human Development, Life Course and Aging, Graduate Seminar, Collaborative Program in Aging and the Life Course, University of Toronto, "Operational Efficiencies of Long-Term Care Facilities in Ontario", with W.B. Berta.

2002

1. Department of Health Policy, Management and Evaluation MSc/PhD Seminar Series, University of Toronto, "Estimating Operational Efficiencies in Long-Term Care Facilities in Ontario".

2. **CONFERENCE PRESENTATIONS** (presenter underlined)

2006

1. Krahn M, Zagorski B, Forde N, **Laporte A**, Alibhai S, Bremner K, Tomlinson G and Naglie G " Predictors of stage-specific and lifetime costs of prostate cancer" *Society of Medical Decision Making*.

2. Krahn M, Bremner K, Tomlinson G, Alibhai S, **Laporte A**, Naglie G “Effect of age on preferences for health outcomes in prostate cancer” ISPOR

3. **Laporte A**, Ferguson B., F Windmeijer “Time Series Issues in Dynamic Panel Data Models with Unstable Roots: Is large T Necessarily a Good Thing?” Mid-West Economics Association Meetings, Chicago.

4. Liu C, **Laporte A**, Ferguson B, "Ranking the health system efficiency of Canadian provinces, American states and OECD countries, using DEA" American Society for Health Economics, Madison, WI.

5. **Laporte A**, Ferguson B., F Windmeijer “Time Series Issues in Dynamic Panel Data Models with Unstable Roots: Is large T Necessarily a Good Thing?” American Society for Health Economics, Madison, WI.

6. Zarnett D, **Laporte A**, Doran D, Nauenberg E, Coyte P, “The Effects of Competition on Community-Based Nursing Wages” American Society for Health Economics, Madison, WI.

7. **Laporte A**, Ferguson B “Time Series Issues in the Estimation of the Rational Addiction using Micro Data" American Society for Health Economics, Madison, WI.

8. Furlan JC, Chan K, Sandoval G, Klinger C, Lam K, Patchell R, **Laporte A**, Fehlings MG
 “Surgical decompression with postoperative radiotherapy *versus* radiotherapy alone in the palliative care of patients with metastatic spinal cord compression (MSCC): A cost-effectiveness analysis using Ontario-based health economic data” 41st Canadian Congress of Neurological Sciences (Montreal, QC, June 13-17, 2006)

9. Furlan JC, Chan K, Sandoval G, Klinger C, Lam K, Patchell R, **Laporte A**, Fehlings MG
 “Surgical decompression with postoperative radiotherapy *versus* radiotherapy alone in the palliative care of patients with metastatic spinal cord compression (MSCC): A cost-effectiveness analysis using Ontario-based health economic data” NASS 21st Annual Meeting (Seattle, WA).

10. Yong JHE, Lau R, Rashidi R, Vanderby S, Schuh S, **Laporte A**, Nauenberg E, Ungar W “Cost-effectiveness Analysis of Omitting Chest Radiographs in the Diagnosis of Bronchiolitis in Infants in the Emergency Department”, CAPT at the 3rd Annual Canadian Joint Therapeutics Congress; Poster.

11. Chan K, Furlan JC , Sandoval G, Klinger C, Lam K, Patchell R, **Laporte A**, Fehlings MG “Direct decompressive surgery with post-operative radiotherapy (S + RT) versus radiotherapy (RT) alone for the treatment of metastatic epidural spinal cord compression (MESCC): A cost-utility analysis using Ontario health economic data”. American Society of Clinical Oncology ASCO Annual Meeting. June 2 - 6, Atlanta, GA, USA. Poster.

12. Liu C, **Laporte A**, Ferguson B, "Ranking the health system efficiency of Canadian provinces, American states and OECD countries, using DEA" Canadian Health Economics Study Group Meetings, Hamilton, ON, May 11-13.

2005

1. **Laporte A**, Croxford R, Baumann A, O'Brian-Pallas L, Deber R "Leaving Nursing: Predictors of nursing drop-out and switching between sectors", Canadian Employment research Forum, Health Human Resource Conference Sponsored by: HRSDC, CHEPA, OMH, STATCAN
2. **Laporte A**, Ferguson B "Rational Addiction Models and Aggregate Data: The Problem of the Unit Root", European Health Economics Study Group, Oxford University.
3. **Laporte A**, Berta W, Valdmanis V, Zarnett D "Frontier Estimation, Ownership and Quality of Care: An Application to Ontario Nursing Homes", 4th International Conference on Health Economics, Management and Policy, June 2-5, 2005. (Athens, Greece).
4. **Laporte A**, Berta W, Valdmanis "Frontier Estimation, Ownership and Quality of Care: The Case of Ontario's Nursing Homes" International Health Economics Association meetings. (Barcelona, Spain).
5. **Laporte A**, Berta W, Valdmanis V "Frontier Estimation, Ownership and Quality of Care: The Case of Ontario's Nursing Homes" International Atlantic Economic Society (New York, U.S.A.)
6. Valdmanis V, **Laporte A**, Berta W "Nursing Home Productivity through Time: Does Organizational Structure Matter?", International Atlantic Economic Society (New York, U.S.A.)
7. Limacher J, Daniel I, Isaacksz S, Payne G, Dunn S, Coyte PC, **Laporte A** "Early Medical and Surgical Abortion in Ontario: A Cost Minimization Analysis" International Health Economics Association meetings. Poster (Barcelona, Spain).
8. Mihailovic A, Bumpass D, Tsimicalis A, Zarnett D, Langer J, Chiu P, Nauenberg E, **Laporte A** "Cost Analysis of Surgical Patch Repair for Congenital Diaphragmatic Hernia". International Health Economics Association Meetings. Poster (Barcelona, Spain).
9. Zarnett D, Coyte PC, Nauenberg E, **Laporte A** "The impact of competitive bidding for community-based nursing services on nursing wages" International Health Economics Association Meetings. (Barcelona, Spain).

10. Valdmanis V, **Laporte A**, Berta W “Nursing Home Productivity through Time: Does Organizational Structure Matter” 60th International Atlantic Economic Conference (New York).
11. Limacher J, Daniel I, Isaacksz S, Payne G, Dunn S, Coyte PC, **Laporte A** “Early Medical and Surgical Abortion in Ontario: A Cost Minimization Analysis” Canadian Association of Health Services and Policy Research (CAHSPR) Montreal.
12. Polisena J, Tam S, Lodha A, **Laporte A**, Coyte P, Ungar W “A Cost-Consequence Analysis of Asthma Action Plans for Children” Canadian Association of Health Services and Policy Research (CAHSPR) Montreal.
13. Payne G, **Laporte A**, Coyte P (2005) “Age, Time-to-Death, and Health Care Utilization: New techniques for understanding the impact of aging populations on health care systems”, Canadian Association of Health Services and Policy Research (CAHSPR) Montreal.
14. Berta W, **Laporte A**, Valdmanis V, Zarnett D, Anderson G (2005) “Pan-Canadian Perspective on Institutional Long-term Care” Canadian Association of Health Services and Policy Research (CAHSPR) Montreal.

2004

1. Limacher J, Daniel I, Isaacksz S, Payne G, Dunn S, Coyte P, **Laporte A**. Early medical and surgical abortion in Ontario: a cost minimization study. Society of Obstetricians and Gynecologists of Canada, 60th Annual Clinical Meeting, Edmonton, Alberta, Canada, June 25-29, 2004. Journal of Obstetrics and Gynecology Canada 2004; 26 (5): S24-25.
2. **Laporte A**, Berta W, Valdmanis V “Quality of care, efficiency of care provision and profit status: What’s the relationship for LTC facilities in Ontario?” CAHSPR (Montreal)
3. Zarnett D, Coyte PC, Nauenberg E, **Laporte A** “The impact of competitive bidding for community-based nursing services on nursing wages” CAHSPR (Montreal)
4. Lilly M, **Laporte A**, Armstrong P, Coyte PC “Labour market costs of community care”. CAHSPR (Montreal)
5. Mihailovic A, Bumpass D, Tsimicalis A, Zarnett D, Langer J, Chiu P, Nauenberg E, **Laporte A** “Cost Analysis of Surgical Patch Repair for Congenital Diaphragmatic Hernia”. CAHSPR (Montreal)
6. Wickremaarachi S, Hawker G, **Laporte A**, Coyte PC “The Economic Burden of Osteoarthritis in Ontario: the Patient's Perspective” CAHSPR (Montreal)

7. Ferguson B, **Laporte A** “Econometric Issues in the Estimation of the Rational Addiction Model”. Midwest Economics Association Meetings (Chicago).
8. **Laporte A**, Croxford R, Alam Eddine M, Baumann A, O’Brien–Pallas L, Deber R “Leaving Nursing: Predictors of drop out” CAHSPR (Montreal) Poster
9. Alam Eddine M, **Laporte A**, Croxford R, Baumann A, O’Brien–Pallas L, Deber R “Where are Nurses Working?”, CAHSPR (Montreal) Poster
10. Alam Eddine M, **Laporte A**, Croxford R, Baumann A, O’Brien–Pallas L, Deber R “Nursing Employment: A sticky situation?” CAHSPR (Montreal)
11. **Laporte A** Discussant for “Time Inconsistency and Welfare” CHESG (Montreal)
12. **Laporte A** Discussant for “Therapeutic non-adherence: a rational behaviour revealing patient preferences?” Thirteenth European Workshop on Econometrics and Health Economics (Venafrö)

2003

1. **Laporte A**, Croxford R, Coyte P “Access to home care services: the role of socio-economic status”, IHSPR-CIHR Symposium (Montreal), Poster presentation.
2. **Laporte A**, Ferguson B “Investment in health when health is stochastic” Canadian Health Economics Study Group Workshop (Banff).
3. **Laporte A** European Econometrics and Health Economics Workshop (Menorca, Spain) Discussant.
4. **Laporte A**, Croxford R, Coyte P “Access to home care services: the role of SES” IHEA (San Francisco).

2002

1. **Laporte A**, Croxford R, Coyte P, “Access To Home Care Services: The Role Of Socio-Economic Status”, Apha (Philadelphia).
2. **Laporte A**, Croxford R, Coyte P, “Access To Home Care Services: The Role Of Socio-Economic Status”, Chera(Halifax).
3. **Laporte A**, Croxford R, Coyte P, “Access To Home Care Services: The Role Of Socio-Economic Status” Canadian Home Care Conference (Ottawa).
4. Guerriere DN, **Laporte A**, Coyte PC, Croxford R, Dick P, Lam C, “Trends and Patterns of Home Care Utilization by Adults” Canadian Home Care Conference (Ottawa).

2001

1. **Laporte A**, Croxford R, Coyte P, "Access to Home Care Services: The Role of Socio-economic Status" Munk Centre for International Studies, University of Toronto.
2. **Laporte A**, Ferguson B, "Income inequality and Mortality: The case of Canada" APHA, Atlanta, Georgia.
3. **Laporte A** "A note on the use of a single inequality index in testing the effect of income distribution on mortality", Poster presentation, IHEA (York, England).
4. **Laporte A**, Croxford R, Coyte P, "Access to Home Care Services: The role of socioeconomic status" Karolinska Research Institute and the Ersta Skondal Hogskola, International Collaborative Research Workshop, Stockholm, Sweden.
5. **Laporte A**, "A note on the use of a single inequality index in testing the effect of income distribution on mortality", CHERA, University of Toronto.

2000

1. **Laporte A** "Economic Fluctuations And Population Health: Testing The Brenner Hypothesis" Atlantic Canada Economics Association, St. John's, Newfoundland.

1999

1. **Laporte A** "The Effect of Income Distribution on Mortality: Evidence from American Data." Atlantic Canada Economics Association, Wolfville, Nova Scotia.
2. **BS. Ferguson, Laporte A, Coyte P**, "Determinants of Expenditures on Physicians" Services in Canada: Dynamic Modeling of Pooled Provincial Data." Atlantic Canada Economics Association, Wolfville, Nova Scotia.
3. **BS. Ferguson, Laporte A, Coyte P**, "The Role of Target Incomes in Determining Expenditures on Physicians" Services in Canada, 1972-1993" CHERA, Edmonton.
4. **Laporte A**, American Public Health Association, (Chicago, Illinois) Discussant.

1997

1. **Laporte A, Ferguson B** "Population Migration, Ageing and Physician Requirements: An Application of the Bureau of Health Professions Model to the case of Kansas." APHA, (Indianapolis).

D. TEACHING AND STUDENT SUPERVISION

1. UNDERGRADUATE COURSES TAUGHT

- 1999 ECO1200: Microeconomic Theory, Department of Economics, University of Guelph (Web-based Distance Course)
- 1997 ECO1200: Microeconomic Theory, Department of Economics, University of Guelph (Web-based Distance Course).

2. GRADUATE COURSES TAUGHT

- 2000-present HAD 5730 Health Economics I: Economic Evaluation, Department of HPME, University of Toronto
- 2000-present HAD 5760 Health Economics II: Advanced Health Economics and Policy Analysis, Department of HPME, University of Toronto.
- 2001-present HAD 6761 Health services Outcome and Evaluation Comprehensive Course (Economics sessions)

3. MSc/PhD STUDENT SUPERVISION

i. SUPERVISOR

MSc(Completed Masters)

1. Dara Zarnett (Fall 2003-Fall 2004) Thesis title: "The Effects of Competition on Payments for Nursing Services to Private Home Care Provider Agencies", Current Position: PhD student, University of Michigan.
2. Sue Lim (Fall 2004-) Thesis title: "The financial impact of Nosocomial Methicillin-Resistant Staphylococcus Aureus (MRSA) in a Teaching Hospital" Division of Special Pathogens and Transplant Products, Center for Drug Evaluation and Research, U.S. Food and Drug Administration, Silver Spring, Maryland.
3. Julie Polisena (Fall 2004-Fall 2005) Thesis title: "Performance Evaluation in Home and Community Care". Current Position: Research Officer, Canadian Agency for Drugs and Technologies Health (CADH)
4. Meghan McMahon (Fall 2005-) Thesis title: "Examining the impact of obesity on Canadian health services utilization." Co-supervisor: P Coyte

PhD (Co-supervision)

1. Frieda Waisberg (Fall 2006) Thesis title: TBD co-supervisor: L. Lemieux-Charles
2. Greg Payne (Fall 2003-present), Thesis title: Longitudinal change in health services utilization patterns: incorporating time-to-death in the behavioural model of health services utilization, co-supervisor: PC Coyte

ii. **COMMITTEE MEMBER**

PhD

1. Mohammad Alam Eddine (Fall 2001-Spring 2006), Thesis title: “Where do nurses work? Work settings and work choice”, Supervisor: R Deber, Department of Health Policy, Management and Evaluation, Faculty of Medicine. Director of International Development and Partnerships, Post Graduate Medical Education, Faculty of Medicine University of Toronto.
2. Karen Parent (Fall 2002-present), Thesis title: “Characterizing the market for home support workers in Ontario”, Supervisor: PC Coyte, Department of Health Policy, Management and Evaluation, Faculty of Medicine.
3. Nikolai Attard (Fall 2001-Summer 2004), Thesis title: “On treatment outcomes of implant-supported prostheses in edentulous patients”, Supervisor: G Zarb, Department of Prosthodontics, Faculty of Dentistry. Current Position: Senior Lecturer University of Malta, Faculty of Dentistry
4. Meredith Lilly (Winter 2003-present), Thesis title: “Labour market costs of community care”, Supervisor: PC Coyte.
5. Ava John-Baptiste (Fall 2003-present), Thesis title: “Cost-effectiveness of antiviral therapy for HCV positive injection drug users enrolled in a methadone maintenance program in the lower east side of Vancouver”, Supervisor: M Krahn.
6. Chunping Liu (Winter 2005-present) Thesis title: TBA but will deal with methodological issues associated with measuring the efficiency of health care systems. Supervisor: B. Ferguson.
7. James Limacher (Fall 2004-)Thesis title: TBA but will deal with impact of different aspects of quality on hospital performance. Supervisor: G Anderson
8. Kenneth Lam (Fall 2005-) Thesis title: "Who are the High Users of Health Care Services? Determinants and Stability of Health Care Expenditure Trajectories in Manitoba." Supervisor: R Deber
9. Sara Al-Fadda's (Fall 2006-) Thesis title: “On Treatment Outcome of Implant Supported Fixed Prosthesis in the edentulous patient.” Supervisor: Dr. Jokstad, Faculty of Dentistry.

MSc

1. Stephanie Stewart (Fall 2000-Summer 2001), Thesis Title: “Elderly Care Preferences For Alternative Care Settings”, Supervisor: Pc Coyte. Current Position: Research Assistant Uc Berkeley

2. Shamali Wickremaarachi (Spring 2003-Fall 2003), Thesis title: “The Economic Burden of Osteoarthritis in Ontario: the Patient's Perspective”, Supervisor: PC Coyte. Senior Analyst, Indicator. Development, CIHI.

3. Antonio Grossi (Spring 2004-) “The effect of reference pricing of nitrates on welfare recipients on use and expenditures on angina medications” Supervisor: Paul Grootendorst

iii. EXTERNAL EXAMINER

1. Taimur Bhatti - M.Sc. Thesis defense, (External) Faculty of Pharmacy. Thesis Title: “The Impact of Financial Incentives on Pharmacist Dispensing Habits: Evidence from the British Columbia Product Incentive Plan”. November 21, 2005.

2. Michelle Kohli-PhD proposal defense, (External-Internal) Department of Health Policy, Management and Evaluation. Thesis title: “Priority Setting in Community Care Access Centres in Ontario” February 1, 2005.

3. Beate Sander-PhD proposal defense, (External-Internal) Department of Health Policy, Management and Evaluation. Thesis title: “Modeling influenza transmission using a dynamic, stochastic, individual-level model to evaluate the cost-effectiveness of epidemic and pandemic influenza management programs in Ontario”. November 23, 2005.

4. Teresa Chiu-PhD proposal defense, (External-Internal) Department of Health Policy, Management and Evaluation. Thesis title: “The Acceptance and Usage of Personalized Email Support for Chinese Family Caregivers of People with Alzheimer Disease” July 5, 2005.

E. MAJOR PROFESSIONAL AFFILIATIONS AND ACTIVITIES

1. ACADEMIC ORGANIZATION AFFILIATIONS

Affiliated Scientist, Nicholas C. Petris Center on Health Care Markets & Consumer Welfare, School of Public Health, University of California Berkeley

Adjunct Scientist, Institute for Clinical and Evaluative Sciences

Adjunct Investigator, Home and Community Care Evaluation Research Centre, U of Toronto.

Adjunct Research Associate, Institute for Policy Analysis, Department of Economics, University of Toronto.

Contributed Sessions Organizer, Economics Committee, American Public Health Association

Researcher, From Medicare to Home and Community (M-THAC) Research Unit

2. MEMBERSHIPS

Member, Canadian Economics Association

Member, Canadian Association for Health Services and Policy Research

Member, International Health Economics Association

Member, American Public Health Association

Member, American Society for Health Economics

3. DEPARTMENTAL COMMITTEES (AND RESPONSIBILITIES)

2001-2005	Interviewer, MHSc Admissions Process
2003-present	MSc/PhD HPME Program Curriculum Committee
2004-2005 Responsibilities	Departmental Taskforce on Roles and
2005-present	Graduate expansion issues committee
2006	Ontario Research Chair Selection Committee

4. FACULTY OF MEDICINE COMMITTEES

2003-present Faculty Council, Education Committee

2003-2006

Faculty Council, Departmental Representative

5. FACULTY OF DENTISTRY COMMITTEES

2005-

Member (external), Graduate and Postgraduate Committee

6. EXTERNAL REVIEW ACTIVITIES

i. Manuscript review

Health Economics, Journal of Health Economics, Social Science and Medicine, Demography, Canadian Journal on Aging, Applied Health Economics and Health Policy, Canadian Journal of Economics, Southern Economic Journal

ii. Grant/ Proposal Review

2006- Health Care, Technology and Place Research Centre (**HCTP**), Admissions Review Committee

2005- Canadian Institutes for Health Information (**CIHR**), Health Services Evaluation and Interventions Research – B

2005- Scientific Committee, American Society for Health Economics (**ASHE**)

2003- Canadian Institutes for Health Information (**CIHR**), Proof of Principle Committee

2004- Alberta Heritage Foundation for Medical Research (**AHFMR**), Health Services Research Advisory Committee

2003- Social Sciences and Humanities Research Council (**SSHRC**) Evaluator, Access to Research Data Centre Program

7. UNIVERSITY SERVICE

2007-2010 Academic Board

8. CONFERENCE ORGANIZATION

2007

Member, Scientific Review Committee, CAHPSR conference

2006

Series Co-Chair Canadian Health Economics Study Group (CHESG)

Member, Scientific Review Committee, CAHPSR conference.

2005

Co-chair Organizing Committee, International Health Economics Association (IHEA) meetings, Toronto 2011.

Co-chair of Canadian Health Economics Study Group (CHESG) meetings Toronto, May 25-26.

Pre-Conference Workshop Session On “Health Economics Methods” Apha Conference In Philadelphia.

2004

Pre-Conference Workshop Session On “Advances In Economic Evaluation Methods” Apha Conference In Washington D.C.

Contributed Sessions, Economics Committee, Apha Conference In Washington D.C.

2003

Solicited session: "Poverty Does Matter - the Social Determinants of Health" APHA meetings in San Francisco.

Contributed sessions, Economics Committee, APHA meetings in San Francisco

9. COMMUNITY SERVICE

Board Member, Ontario Problem Gambling Research Centre 2004-2005

10. CAREER INTERRUPTIONS

Maternity leave February 2000-February 2001

Maternity leave March 2002-March 2003

Maternity leave May 2006-May 2007

**Appendix 20:
Publications and Presentations
by Peter C. Coyte since 2000**

Appendix 20: Publications and Presentations by Peter C. Coyte since 2000

Year	Publications		Presentations
	Peer-Reviewed Articles	Monographs and others	
2000	7	-	6
2001	9	7	6
2002	6	5	8
2003	6	1	17
2004	6	6	9
2005	9	1	6
2006	12	5	9
2007 (in progress)	7 (20 manuscripts under review)	-	1

Peer-Reviewed Journal Publications:

Calendar Year 2007:

Polisena J, Tam S, Lodha A, Laporte A, **Coyte PC**, Ungar WJ, "An Economic Evaluation of Asthma Action Plans for Children with Asthma". Journal of ASTHMA, forthcoming 2007.

Payne G, Laporte A, **Coyte PC**, "Counting Backwards to Health Care's Future: the Potential of Time-to-Death Modelling to Identify Changes in End-of-Life Morbidity and the Impact of Aging on Future Health Care Expenditures". The Milbank Quarterly, forthcoming 2007.

Coyte PC, Holmes D, "Health Technology Adoption and Diffusion in a Social Context". Policy, Politics and Nursing Practice, 8:1, forthcoming, 2007.

Doran DM, Pickard J, Harris J, **Coyte PC**, MacRae AR, Laschinger H, Darlington G, Carryer J. "The Relationship between Characteristics of Home Care Nursing Service Contracts under Managed Competition in Ontario and Continuity of Care and Client Outcomes". Healthcare Policy, forthcoming, 2007.

Doran DM, Pickard J, Harris J, **Coyte PC**, MacRae AR, Laschinger H, Darlington G, Carryer J "The Relationship Between Managed Competition for Home Care Nursing Services in Ontario and Nurse Outcomes". Canadian Journal of Nursing Research, forthcoming, 2007.

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Calendar Year 2007:

"Health Care Financing Mechanisms and Methods of Regulation that Advance Access to Quality Health Care", School of Business and Economics, Wilfrid Laurier University, Conference on Health and Health Care, February 2007.

Calendar Year 2006:

"Health Care Financing Mechanisms in the Kingdom of Thailand", Faculty of Pharmaceutical Sciences, Naresuan University, Phitsanulok, Thailand, November, 2006.

"Health Care Financing in Emerging Markets: Implications for Policy Decision Makers", Asia Pacific Working Group (APWG) Turing Policy Priorities into Results, Hong Kong, December, 2006.

"Health Care Financing Mechanisms in the Kingdom of Thailand that Advance Health System Performance", Health Care Financing Workshop, Bangkok, November, 2006.

"Health Care Financing in the Kingdom of Thailand", Bangkok, November, 2006.

"International Perspectives on Healthcare Systems: A Review of Health Care Financing Arrangements Across the OECD", Mitigating the Challenges of Change and Capitalizing on Pharmaceutical Market Trends, Thai Pharma Forum, Bangkok, August, 2006.

"A Review of Health Care Financing Arrangements & Their Impact on Common Measures of Health System Performance", Health Care Financing Workshop, Bangkok, July 2006.

"Enhanced Private Finance for Health Care and Policies to Safeguard Access to Quality Publicly Financed Health Care", 2006 Healthcare Invitational Symposium: Dialogue on the Future of Medicare, Toronto, April, 2006.

"Health Economics and its Contribution to the Pharmaceutical Industry", Faculty of Pharmaceutical Sciences, Naresuan University, Phitsanulok, Thailand, March, 2006.

"Economics Evaluation for Decision Making", Beijing Municipal Health Bureau, Workshop on Health Economics and Economic Evaluation, Toronto, February, 2006.

Calendar Year 2005:

“How Health Economics Can Leverage the Pharmaceutical Industry”, Pharmaceutical Research and Manufacturer’s Association (PReMA) of Thailand, Bangkok, November, 2005.

“Economic Evaluation of Health Care Resource Allocations”, World Health Organization’s Collaborating Centre for Health Economics, Chulalongkorn University, Bangkok, October, 2005.

“Welcome to Montreal”, Canadian Association for Health Services and Policy Research, Montreal, September, 2005.

“Options for Health Care Finance and Economic Evaluation Applications”, World Health Organization’s Collaborating Centre for Health Economics, Chulalongkorn University, Bangkok, August, 2005.

“Linkage and Evolution in the Development of the Canadian Association for Health Services and Policy Research”, The 4th National SDO Conference: Delivering Research for Better Health Services, London, April, 2005

“Health care Technology Adoption and Diffusion in a Social Context”, The 2nd International Conference on Humanoid, Nanotechnology, Information Technology, Communication and Control, Environment and Management, Manila, Philippines, March, 2005

Calendar Year 2004:

“(Un)masking Variations in Health Care Finance”, Sustainable Development Policy Institute’s 7th Sustainable Development Conference, Islamabad, Pakistan, November, 2004.

“Planning for Long-Term Care in the 21st Century”, Dialogue on Health and Aging in British Columbia, Vancouver, October 2004.

“The Economics of Health Resource Allocation”, St Mary’s Catholic Secondary School, Toronto, October, 2004.

“Development of a Taxonomy for Health Care Decision-Making in Canada”, Canadian Association for Health Services and Policy Research, Montreal, May 2004.

“Cost Containment in Health Care”, National Health Economics Workshop, Health Services Academy and the Sustainable Development Policy Institute, Islamabad, April, 2004.

“Development of a Taxonomy for Health Care Decision-Making in Canada”, Faculty of Law, University of Toronto, Toronto, March 2004.

“Planning for Long-Term Care in the 21st Century” Ontario Long Term Care Association, Niagara-on-the-Lake, Ontario, February 2004.

"(Un)masking Health Policies: Behind the Art of Governmentality" Health Care, Technology and Place Program, University of Toronto, January 2004.

"Home and Community Care Research" Ontario Home and Community Care Council, Toronto, January 2004.

Calendar Year 2003:

"Finance, Delivery and Organization of Home Care Services", 1st Year Undergraduate Medical Students, University of Western Ontario, London, December 2003.

"The Canadian Association for Health Services and Policy Research", Strengthening the Foundations, CIHR's Institute for Health Services and Policy Research Symposium, Montreal, November 2003.

"Health Care, Technology and Place in the 21st Century: A Program for Research and Training" School of Geography and Environmental Science, University of Auckland, Auckland, New Zealand, November 2003.

"Towards a Theory of Social Inclusion/Exclusion: Economics, Politics and Deviance" School of Geography and Environmental Science, University of Auckland, Auckland, New Zealand, November 2003.

"Health Care, Technology and Place in the 21st Century: A Research and Training Program" Griffith University, Surfers Paradise, Queensland, Australia, October 2003.

"Planning for Long-Term Care in the 21st Century" Australian Institute of Health and Welfare, Canberra, October 2003.

"Health Care, Technology and Place in the 21st Century: A Program for Research and Training" Centre for the Study of Health and Society, University of Melbourne, Melbourne, Australia, October 2003.

"Towards a Theory of Social Inclusion/Exclusion: Economics, Politics and Deviance" Centre for the Study of Health and Society, University of Melbourne, Melbourne, Australia, October 2003.

"Planning for Long-Term Care in the 21st Century" Ontario Hospice Association, Alliston, Ontario, September 2003.

"Primary and Home Care Reform" Health Services Division, Health Canada, Ottawa, August 2003.

"Dementia in Ontario: Prevalence and Health Services Utilization", International Health Economics Association, San Francisco, June 2003.

"The Effect of Protease Inhibitor Therapy on the Cost of Middle Ear Surgery", 8th International Symposium on Recent Advances in Otitis Media, Fort Lauderdale, Florida, June 2003.

“The Effect of Protease Inhibitor Therapy on the Cost of Middle Ear Surgery”, Faculty of Pharmacy, Toronto, May 2003.

“Health Care in Canada”, Delegation from the International University of Health and Welfare, Tokyo, Japan, Toronto, February 2003.

“To Re-Construct Estimates for Long Term Care Bed Requirements in Ontario”, Ontario Long Term Care Association Winter Forum, Collingwood, January 2003.

“The P’s and Q’s of Competition in Canadian Health Care”, Department of Economics, Lakehead University, Thunder Bay, January 2003.

“The P’s and Q’s of Competition in Canadian Health Care”, Office of Economic Policy Winter 2003 Retreat, Ministry of Finance, Toronto, January 2003.

Calendar Year 2002:

“Romanow Report: Unfunded Liabilities”, Office of Economic Policy, Ministry of Finance, Toronto, December 2002.

“Romanow Report: Unfunded Liabilities”, Department of Health, Halifax Nova Scotia, November 2002.

“To Re-Construct Estimates for Long Term Care Bed Requirements in Ontario”, Ontario Hospital Associations, Toronto, November 2002.

“The P’s and Q’s of Competition in Canadian Health Care”, Competition Authority, Dublin, November 2002.

“The Current State of Home Care in Canada”, Hospital for Sick Children Child and Youth Network, Toronto, October 2002.

“Access to Home Care: The Role of Socio-Economic Status” Canadian Health Economics Research Association, Halifax, May 2002.

“Health Care and Place: An International Collaborative Research Workshop”, From Knowledge to Wisdom, An International Exchange on Home and Community Care”, Health Canada, Toronto, April, 2002.

“Expenditure Trends, Inter-Provincial Variations and Projected Costs of a National Home Care Program”, Diagnostics and Solutions: Building Consensus for Health Care Reform in Canada. The McGill Institute for the Study of Canada, February, 2002.

Calendar Year 2001:

“Access to Home Care Services: The Role of Socio-Economic Status”, Canadian Home Care Association, December, 2001.

"International Collaborative Research Workshop: Background, Goals and Process ", Canadian Home Care Association, December, 2001.

"Theory, Measurement, and Valuation of Informal Care", Institute for Clinical Evaluative Sciences, November, 2001.

"Creating Linkages and Exchanges Between Researchers and Decision Makers", Health Care in a Complex World, Toronto, May 2001.

"The Economics of Home Care", We Care National Convention, Niagara-on-the-Lake, April 2001.

"Funding for the Health System: Searching for the Magic Formula", Reorganizing the Continuum of Care in Canada, Institute for International Research, Toronto, January, 2001.

Calendar Year 2000:

'Home Care in Canada: Passing the Buck', York Community Care Access Centre's Annual General Meeting, Toronto, September, 2000.

'Home Care Pressure Points', CD Howe Institute, Toronto, September, 2000.

'Home Care in Canada: Passing the Buck', Dialogue on Health Reform, Toronto, June 2000.

'Health Expenditure Inflation: Where Are We Going?' National Symposium on Aging: The Canadian Institute of Actuaries and the Association of Canadian Pension Management, Toronto, May 2000.

'Healthcare: Where Do We Go From Here?', Clinical Epidemiology Rounds, Sunnybrook and Women's College Health Science Centre, Toronto, May, 2000.

'The Impact of Socio-Economic Factors on Health in an Aging Population', 3rd Joint Kyoto University - University of Toronto Symposium on Inter-Disciplinary Studies in the Aging Societies, Kyoto, Japan, March, 2000.

**Appendix 21:
Funded Research Grants since
2000**

Appendix 21: Funded Research Grants since 2000

Year	Number of Grants	Total Funding
2000	8	\$20,686,792
2001	7	\$2,040,724
2002	6	\$9,306,593
2003	7	\$3,529,000
2004	6	\$1,834,177
2005	4	\$686,967
2006	2	\$145,000

Calendar Year 2006:

“Re-Injury After Traumatic Brain Injury (TBI).” \$60,000, Ontario Neurotrauma Foundation, 2006-2007, Colantonio A is the principal Investigator and Lewko J, Coyte P, and Swainke B are co-investigators.

This project uses Ontario administrative data to examine TBI incidence, trends and causes of hospital readmissions for persons living with TBI.

“Research into Home and Community Care”, Ontario Ministry of Health, Health System-Linked Research Units Program, 2006-2007, \$85,000. Coyte PC is PI.

In consultation with representatives from the Ministry of Health and Long Term Care (MOHLTC) one project was funded: Home and Community Care Knowledge Translation.

Calendar Year 2005:

”Development and Evaluation of an Assessment Tool for Estimating Dementia Caregiver Resources, Vulnerabilities and Homecare Service Needs”, \$143,950, The Alzheimer Society of Canada, 2005-2007, Marziali E is the Principal Investigator and Coyte PC and Streiner D are Co-investigators.

The purpose of this study is to develop a tool for assessing the personal resources and vulnerabilities of family caregivers of persons with dementia (Alzheimer or other).

“Cost and Quality of Variations in Ambulatory and Home-Based Palliative Care”. \$292,371, Canadian Institutes of Health Research, 2005-2008, Coyte PC and Guerriere DN are Co-Principal Investigators and Fassbender K, Laporte A, Adams D, Wagner F, Librach SD, Croxford R, Brown P, Brenneis C, and Fainsinger R, are co-investigators.

This purposes of this study are to: 1) comprehensively assess the societal costs, satisfaction and quality of home-based palliative care; and 2) examine the socio-demographic and clinical factors that account for variation in costs, satisfaction and quality of care, at various time points over the course of the palliative care trajectory, from admission to death.

“Knowledge Management in Health Care Communities”. \$86,646, Canadian Institutes of Health Research, 2005-2006, Grimshaw JM is the Principal Investigator and Coyte PC, Graham ID, Judd M, Li L, and Nielsen CP are CIs.

This project aims to define and understand how Communities of Practice (CoPs) have been used in the health sector for disseminating best practices. It consists of a content analysis of the functional definition(s) of CoPs, a systematic review to evaluate effectiveness, and a consensus panel to compose an agenda of future CoP research. This work will be of value to health care professionals, decision makers and researchers who are considering use of informal networks for knowledge translation and exchange.

“Research into Home and Community Care”, Ontario Ministry of Health, Health System-Linked Research Units Program, 2005-2006, \$164,000. Coyte PC is PI.

In consultation with representatives from the Ministry of Health and Long Term Care (MOHLTC) one project was funded: Home and Community Care Knowledge Translation

Calendar Year 2004:

“The Nature and Extent of Inappropriate Living Environments for Adults with Moderate to Severe Acquired Brain Injury.” \$150,000, Ontario Neurotrauma Foundation, 2004-2005, Colantonio A is the principal Investigator and Coyte P, LaPorte A, Christensen B, Abramowitz C, Hwang S, Clarke D, Chiu T, Levy C, and Kirsh B are co-investigators.

This project uses administrative data from Ontario to describe and assess the degree of inappropriate living environments for persons aged sixteen or older who have sustained a traumatic brain injury.

“Investigating Physician Bias as a Possible Explanation for Gender Disparity in the Utilization of Knee Arthroplasty Surgery”. \$370,359, Canadian Institutes of Health Research, 2004-2007, Wright JG is the Principal Investigator and Borkhoff C, Coyte P.C., Glazier R, Hawker G., Hudak P, Kreder H, and Mahomed N are co-investigators.

The purpose of this study is to assess whether bias in physicians’ opinions regarding if and when to refer for, or perform, total joint arthroplasty might account for the observed disparity in access to joint arthroplasty surgery by gender. We will send men and women with comparable levels of arthritis into physicians’ offices and establish their recommendations for total knee arthroplasty.

“Nature and Extent of Inappropriate Living Environments for Persons with Moderate to Severe ABI”. \$150,000, Ontario Neurotrauma Foundation, 2004-2005, Colantonio A is the Principal Investigator and Hwang S, Laporte A, Clarke D, Christensen B, Abramowitz C, Levy C, Coyte PC, Chiu T, and Kirsh B are co-investigators.

The purpose of this project is to capture the degree of inappropriate living environments of Ontarians who sustained a Traumatic Brain Injury at 16 years of age or older.

“Research into Home and Community Care”, Ontario Ministry of Health, Health System-Linked Research Units Program, 2004-2005, \$169,000. Coyte PC is PI.

In consultation with representatives from the Ministry of Health and Long Term Care (MOHLTC) one project was funded: Home and Community Care Knowledge Translation.

“Improving Chronic Pain Management in Canada: The STOP-PAIN Project. Phase I: Assessment of Chronic Pain Burden and Management”. \$355,012, Canadian Institutes of Health Research in partnership with Pfizer, the Fonds de la Recherche en Sante du Quebec, and the Réseau Neurosciences, 2004-2006, Choiniere M is the Principal Investigator and Clark A, Collet J-P, Peng P, Lefort S, and Guerriere D are co-investigators. Coyte PC is a collaborator.

The purpose of this study is to assess the human and economic burden of chronic pain in Canada by portraying the bio-psycho-social profile of patients referred to a multidisciplinary pain treatment facility (MPTF), and documenting the direct and indirect costs of their pain. In addition, the study will describe and analyze the services currently offered in public and private MPTF in Canada.

“Risk factors in the Transition of Acute to Chronic Pain after Cardiac Surgery: The CARDPAIN Study”. \$639,806, Canadian Institutes of Health Research, 2004-2008, Choiniere M and Collet J-P are Co-Principal Investigators and Clark A, Peng P, Lefort S, Lynch ME, Boulanger A, Dian D, Shir Y, Ware M, Guertin MC, Gordon A, Moulin D, Intrater H, Banner R, Taenzer P, Barton P, Rashid S, Ong-Lam M, and Guerriere D are co-investigators. Coyte PC is a collaborator.

The main purpose of this study is to identify the risk factors for chronic post-operative pain (CPOP) after cardiac surgery (CABG and/or valve replacement). The secondary objectives are to determine the prevalence of CPOP in cardiac patients up to two years after surgery and to assess the characteristics of the pain, its evolution, and impact on both economic costs, well-being and health-related quality of life.

Calendar Year 2003:

“An Integrated Training Program in Health and Social Science Research to Improve the Health of Marginalized Populations. \$1.8 million, Canadian Institutes of Health Research Strategic Training Programs, 2003-2009, Levinson W, Skinner HA and Laupacis A are Co-Principal Investigators. In addition the co-investigators comprise Beaton DE, Bervocitz K, Cass DE, Coyte PC, Deber RB, Dunn JM, Eakin JM, Glazier RH, Goering PN, Hawker GA, Hwang SW, Jadad AR, Jha PK, Khan K, Lavery JV, Links PS, McKeever PD, Orbinski JJ, Palepu A, Poland BD, Redelmeier DA, Rourke SB, Wasylenko DA, and Young K.

The purpose of this grant is to train a new generation of health researchers who will integrate the historically separate research approaches of social scientists and health

services researchers to address the impact of physical and social environments on the health of marginalized populations.

“Research into Home and Community Care”, Ontario Ministry of Health, Health System-Linked Research Units Program, 2003-2004, \$169,000. Coyte PC is the Principal investigator.

In consultation with representatives from the Ministry of Health and Long Term Care (MOHLTC) two projects were identified: Home and Community Care Knowledge Translation; and Options for Community-Based Living Arrangements for the Elderly (a research synthesis).

“The Interdisciplinary Capacity Enhancement Team for Health Care, Technology and Place (HCT&P)” \$1.0 Million, Canadian Institutes of Health Research Interdisciplinary Capacity Enhancement (ICE) Teams Grant Program, 2003-2008, Coyte PC and McKeever P are Co-Principal Investigators. In addition the co-investigators comprise Adams A, Chambon A, Dunn JR, Eakin JM, Fernie GR, Flood C, Gignac MA, Gray RE, Harvey ED, Jadad AR, Laporte A, Laupacis A, Lehoux P, Levinson W, Mackeigan LD.

The purpose of this grant is interdisciplinary research capacity enhancement by nurturing the creative synergies of the clinical/health sciences and the social sciences and humanities. Interdisciplinary scientific achievement will be fostered and junior researchers mentored in order to generate a cadre of scholars from diverse disciplines focused on the generation of methods, concepts and theories required to understand contemporary health care networks. Research activities will focus on four thematic areas: Improving Quality; Public Advice Seeking in an Era of eHealth; Health Care Evaluation and Technology Assessment; and Health Human Resources.

“Health Care, Technology and Place: A CIHR/IPPH Centre for Research Development”. \$10,000, Canadian Institutes of Health Research Strategic Training Programs, Proposal Development Grant, 2003, Coyte PC, McKeever P are Co-Principal Investigators, and the co-investigators comprise Adams A, Chambon A, Dunn JR, Fernie GR, Flood C, Gignac MA, Gray RE, Harvey ED, Jadad AR, Laporte A, Laupacis A, Lehoux P, Levinson W, Mackeigan LD

The purpose of this grant is to provide interdisciplinary research infrastructure support for the study of health care environments.

“Understanding and Addressing the Impacts of Physical and Social Environments on the Health of Marginalized Populations. \$10,000, Canadian Institutes of Health Research Strategic Training Programs, Proposal Development Grant, 2003, Levinson W, Skinner HA and Laupacis A are Co-Principal Investigators. In addition the co-investigators comprise Beaton DE, Bervocitz K, Cass DE, Coyte PC, Deber RB, Dunn JM, Eakin JM, Glazier RH, Goering PN, Hawker GA, Hwang SW, Jadad AR, Jha PK, Khan K, Lavery JV, Links PS, McKeever PD, Orbinski JJ, Palepu A, Poland BD, Redelmeier DA, Rourke SB, Wasylenki DA, and Young K.

The purpose of this grant is to train a new generation of health researchers who will integrate the historically separate research approaches of social scientists and health

services researchers to address the impact of physical and social environments on the health of marginalized populations.

“Determinants and Outcomes of Privately and Publicly Financed Home-Based Nursing”, \$200,000, Canadian Health Services Research Foundation, 2003-2006, Guerriere DN and Coyte PC are Co-Principal Investigators and McKeever P is a Co-investigator.

This purpose of this study is to assess the determinants and outcomes of publicly and privately financed home-based nursing by examining the impacts of the absolute and relative amounts of publicly and privately financed home-based nursing on total health service and caregiver costs and the perceived quality of nursing care.

“Cross-Sectoral Accountability for Chronic Patients”, \$340,000, Canadian Health Services Research Foundation, 2003-2005, Feldberg G and Coyte PC are Co-Principal Investigators and Young W, Hollander M, Hadjistavropoulos H, Rewa G, Young T, Sharkey S, Murray G, and Wang M. are a Co-investigators.

This study will identify and distribute information pertaining to the structures and processes that promote cross-sectoral accountability for service integration for patients with chronic heart disease.

Calendar Year 2002:

“Defining the Medicare “Basket””, \$516,045, Canadian Health Services Research Foundation, 2002-2005, Flood C and Tuohy C are Co-Principal Investigators and Abelson J, Coyte PC, Giacomini M, Lemmens T, Nauenberg E, Ripstein A, Sreenivasan G, Stabile M, Stark A are a Co-investigators.

This study will assess the extent to which the current mechanism for defining public coverage for health care services are successful in applying technical evidence and in reflecting public values through democratic processes. By drawing on international evidence and on evaluative frameworks combining ethical, legal, political, and economic perspectives, and by involving participants in the decision making system, it will suggest how existing processes might be improved or supplanted.

“Global and Molecular Pain Responses in Children with and without Significant Neurological Impairment”, \$243,478 Canadian Institutes of Health Research, 2002-2005 Hadden K is Principal Investigator and O’Brien M, Lefort SM, Coyte PC, and Guerriere DN are Co-investigators.

This study will: validate multidimensional pain measures for children with cerebral palsy (CP); seek to discriminate between pain measure acquired from children with CP and from those not so affected; and will assess the economic burden of CP from multiple perspectives.

“Health Care, Technology, and Place: A Transdisciplinary Research Training Program”, \$2.5 Million, Canadian Institutes of Health Research Strategic Training Programs, 2002-2008, Coyte PC and McKeever P are Co-Principal Investigators. In addition to Coyte and McKeever, University of Toronto mentors comprise Chambon A,

Fernie G, Gray R, Harvey ED, Jadad A, Levinson W, O'Brien-Pallas, and Smith D. External mentors comprise Dunn J, Kearns R, Reid M, and Rosenberg M, and collaborating mentors comprise Carter M, Colantonio A, Dick P, Flood C, Gignac M, Harvey W, Hulchanski D, MacKeigan L, Poland B, Shorter E, Streiner D, and Young N.

The overriding objective of this research training initiative is to build research capacity concerning the new configurations of technologies, bodies, places and work that characterize 21st century health care. In addition, the training program will foster transdisciplinary and transprofessional research collaboration, and will also function as a research-training epicentre linked to programs across the country.

“Development and Evaluation of an Ontario Training Centre in health Services and Policy Research”, \$3.75 Million, Canadian Institutes of Health Research Strategic Training Programs, 2002-2012, Ontario Ministry of Health and Long-Term Care, Mental Health and Rehabilitation Reform Branch, \$1.26 million, 2002-2008, and the Ontario Ministry of Health and Long-Term Care, Research Unit, \$250,000, 2003-2004, DiCenso A is the Principal Investigator and the co-investigators are Angus, D, Armstrong P, Cockerill R, Coyte PC, Davies B, Doran D, Edwards N, Goering P, Hutchison B, Minore B, Montelpare B, O'Brien-Pallas, L, Pong R, Rioux M, Rukholm E, Spasoff B, and Woodward C.

The purpose of the Ontario Training Centre is to increase the number of appropriately trained health services and policy researchers in Ontario through an innovative training program. The Program will be a collaborative undertaking between six Universities. Trainees will work closely with decision maker partners so that they may conduct research that informs policy development and health care management.

“Health Care Settings and Public Policy: International Collaborative Workshop”, \$56,800, Health Policy Research Program, Health Canada, 2002, Coyte PC and McKeever are Co-Principal Investigators.

To facilitate the coordination and implementation of an international collaborative Workshop in Toronto in June 2002, in partnership with the Karolinska Research Institute and Ersta Skondal Högskola. This Workshop will provide an opportunity for policy makers and researchers to address together the challenges posed by the complex array of settings that are used for health care delivery in the 21st century.

“Centre for Global eHealth Innovation”, \$2,240,270, Canadian Foundation for Innovation, 2002-2005, Jadad A (PI), Co-investigators are Coyte PC, DeKerckhove D, Gallie B, Goel V, Mann S, Reznick R, Straus S, Streiner D, and Vicente K.

The purpose of the Centre for Global eHealth is advance the use of information and communication technologies that enhance the effective translation of health information to aid decision-making and population health between and among new health care settings. Three research themes have been proposed to organize the research activities: Society; Health Knowledge Management; and Technology. The society theme is concerned with the examination of the human, organizational and social elements related to the introduction of eHealth innovations designed to improve the new health order and population health. The health knowledge management theme concerns the identification of innovative ways to synthesize and disseminate

information to different groups of decision makers operating in diverse health care settings. The technology theme is concerned with the evaluation of the impacts of information technologies that are designed to enhance effective communication between and among an array of decision-makers and health care settings.

Calendar Year 2001:

“Health Care, Technology and Place”, \$5,000.00, Canadian Institutes of Health Research (CIHR), 2001, Coyte PC and McKeever P (Co-Pis).

To create a full proposal to the CIHR for a research-training Program centred on the health care interactions between and among people (e.g. care providers and recipients), technologies (e.g. electronic and biomedical devices, and pharmaceutical agents), and health care settings in the 21st century.

“International Collaborative Research Workshop: Health Care and Place: Theories and methods in Home Care Research”, \$25,000, Canadian Institutes of Health Research (Institute of Health Services and Policy Research, Institute of Health Aging, Institute of Gender and Health, Institute of Human Development, Child and Youth Health, and the Institute of Population and Public Health), 2001. Coyte PC and McKeever P were Co-PIs.

To facilitate the design and implementation of an international research workshop in Stockholm, Sweden in collaboration with the Karolinska Research Institute and the Ersta Sköndal Högskola in order to: provide an arena to foster research capacity development in the area of health care and place; participate in the development and delivery of educational modules associated with the study of health care settings; identify research issues, theories and methods relevant for the study of health care and place; and to provide international research and mentorship opportunities.

“Research into Various Health Care Settings”, Ontario Ministry of Health, Health System-Linked Research Units Program, 2001-2003, \$338,000. Coyte PC is the Principal investigator.

In consultation with representatives from the Ministry of Health and Long Term Care (MOHLTC) five distinct, but inter-related, projects were identified: Palliative Care (a research synthesis); Economic Evaluation Techniques for Tele-Home-Health; Forecasting Facility and In-Home Long Term Care for the Elderly; Development and Assessment of a Housing Adequacy Checklist for Home Care; and Capitation Funding and Outcome Assessments for Post-Acute Home Care.

“Proposal to Examine the Completeness and Accuracy of Home Care (OHCAS) Records”, \$18,812, Institute for Clinical Evaluative Sciences, 2001-2002, Coyte PC (PI) and Croxford R Co-investigator. (Declined)

The objectives of this project are: to explore the ability to link home care data to OHIP and CIHI data; to assess the extent to which the OHCAS database accurately and completely reflect Community Care Access Centre (CCAC) client registration and service provision records; and to compare the congruence between CCAC data and that held by in-home providers.

"From Hospital to Home and Community: Analyzing Local Realities and Global Logistics in Canadian Health Care", \$373,523, Social Science and Humanities Research Council, Society, Culture and the Health of Canadians, 2001-2004, Williams AP (PI), Coyte PC, Deber RB, Flood C, Hollander M, Kushner C, Lum J, Rappolt S, Verrier M.

The objectives of this study are to describe and assess the shift in the locus of health care from hospitals to home and community through use of an applied policy perspective. Several activities will be undertaken in order to achieve the study objective, including a description of the shifting patterns of health care practices, surveys to elicit perceptions with respect to appropriate role of the state in health finance and delivery, and an assessment of the consequences of change on the efficient, effective and equitable use of health care for Canadians.

"From Medicare to Home and Community: Overtaking the Limits of Publicly-Funded Health Care in Canada", \$1,158,569, Social Science and Humanities Research Council, Community Alliances for Health Research, 2001-2006, Deber RB and Williams AP are Co-PIs, Co-investigators are Coyte PC, Bauman A, Beland F, Colantonio A, Cott C, Donner G, Flood C, Foot D, Gignac M, Hollander M, Kushner C, McKeever P, O'Brien-Pallas L, Lum J, Poland B, Rappolt S, Verrier M.

The objective of the community alliance for health research is to bring together community partners and a wide variety of academics from a range of disciplines in order to: inform policy and service delivery with respect to the shift in the setting for care; foster dialogue about the costs and consequences of the changing care settings; provide training opportunities for multidisciplinary health research; and to facilitate the effective dissemination of research findings.

"When Home Care Ends and Institutional Care Begins: A Longitudinal Study of Stroke Patients and their Family Caregivers", \$121,820, Social Science and Humanities Research Council, 2001-2004, Cheung A (PI), Coyte PC, Streiner D, Stewart D, Feldberg G.

The objectives of this are to identify and assess the determinants of institutional placement in the first year following a stroke. The project will examine an array of caregiving situations that may influence institutional placement.

Calendar Year 2000:

"The Effects of Health Care Settings on Canadians: A Program of Research, Education and Linkage", \$650,000, Canadian Institutes of Health Research/Social Science and Humanities Research Council/National Health Research & Development Program, Senior Investigator Award & Partnership Appointment, 2000-2005. (Declined Senior Investigator Award, but Accepted Partnership Appointment.)

The purpose of this Health Career Award is to synergistically combine the creation of new knowledge with enhancements to research capacity so that new knowledge is used in decision-making. A series of multidisciplinary, national and international collaborative activities will be undertaken to fill an informational vacuum, generate a

cadre of scholars, and enhance policy and service development. Three objectives are outlined:

1. To build research capacity through the development and implementation of education and mentoring activities for graduate students, fellows and faculty;
2. To generate new knowledge and evidence concerning the effects of health care settings on Canadians based on valid and reliable evaluation methods; and
3. To increase capacity to acquire and use evidence to guide decision making within the fields of ambulatory, home, and tele-care practice and policy.

"The Canadian Language and Literacy Research Network-CLLRNet", \$14.2 million, Networks of Centres of Excellence, 2000-2005, Don Jamieson (Scientific Director).

To create, organize and disseminate of knowledge designed to help all Canadian children achieve their full potential to communicate using spoken and written language.

"Management and Delivery of Community Services in Ontario: Impact on the Quality of Care and Quality of Worklife of Community Based Nurses", \$213,500, Canadian Health Services Research Foundation (CHSRF), 2000-2003, Irvine Doran D, and Pickard J, (Co-PIs), Co-investigators are Harris J, Coyte PC, MacRae A, Laschinger HS, Darlington G.

The purpose of this study is to describe the brokerage model (tendering process via Requests for Proposals) used in Ontario for the allocation of home care service provision contracts and to examine the impact of this model on the quality of care and the quality of worklife of community-based nurses. The study will examine the extent and impact of organizational arrangements with respect to the management and delivery of home care nursing services.

"Evaluation of the Ambulatory and Home Care Record (AHCR)", \$134,492, Medical Research Council, 2000-2004, Guerriere DN (PI), Co-investigators are Coyte PC, Tullis DE, Ungar WJ, Corey M.

The primary objective of this study is to evaluate the reliability of a standardized resource costing tool (the Ambulatory and Home Care Record, AHCR), which was designed to assess health service and informal care costs. The secondary objectives are twofold: first, to measure the economic burden associated with care for Cystic Fibrosis (CF) patients experiencing an exacerbation and CF patients who are "stable" through use of the AHCR; and second, to assess the sensitivity of resource cost estimates to alternative methods of valuing patients' and informal caregivers' forgone time.

"Health Care Settings and Canadians: A Program of Research, Education and Linkage", \$4,947,368, Canadian Health Services Research Foundation/Canadian Institutes of Health Research Professorship Program, 2000-2010.

The purpose of this Professorship award is to advance research, research training and linkage and exchange activities focused on the evaluation of home, ambulatory and internet-based health care services. The award holder will synergistically combine the creation of new knowledge with enhancements to research capacity so that evidence informs decision making. A series of multidisciplinary, national and international collaborative activities will be undertaken to fill an informational vacuum, generate a

cadre of scholars, and enhance policy and service development. Three objectives are outlined:

1. To build research capacity through the development and implementation of education and mentoring activities for graduate students, fellows and faculty;
2. To generate new knowledge and evidence concerning the effects of health care settings on Canadians based on valid and reliable evaluation methods; and
3. To increase capacity to acquire and use evidence to guide decision making within the fields of ambulatory, home, and tele-care practice and policy.

“Research into Various Health Care Settings”, Ontario Ministry of Health, Health System-Linked Research Units Program, 2000-2001, \$169,000. Coyte PC is the Principal investigator.

In consultation with representatives from the Ministry of Health and Long Term Care two projects were identified: Identifying the Assumptions Used by Various Jurisdictions to Forecast Demands for Home and Facility-Based Care for the Elderly; and Identifying Outcome Indicators for Evaluating Services Provided by Community Care Access Centres.

"A Study of the Costs and Outcomes of a Flexible Client-Driven Approach to In-Home Service Delivery", \$368,248, Medical Research Council, 2000-2004, McWilliam CL (PI), Co-investigators are Stewart M, Donner A, Vingilis E, Hoch J, Coyte PC, Ward-Griffen C, Browne G.

The purpose of this study is to evaluate the comparative costs and outcomes of a flexible client-driven service delivery approach to the provision of in-home care using a mixed-method multi-measure approach in a quasi-experimental evaluation design. The objectives are to: describe the processes involved in implementing the present and flexible client-driven service delivery approaches to care management in order to identify barriers to effective service delivery; and to evaluate the comparative impact of the flexible client-driven approach on the health system, providers of in-home services, clients receiving care and their caregivers.

"A Cost-Effectiveness Analysis of Home-Based Therapy for People with Rheumatoid Arthritis: A Pilot Study", \$4,184, Physiotherapy Foundation of Canada, 2000-2001, Bombardier C, and Li L, (Co-PIs), Co-investigators are Coyte PC, Lineker SC, Davis A.

The purpose of this study is to assess the feasibility of a RCT protocol design which would evaluate the cost-effectiveness of home therapy using a primary therapist model for individuals with rheumatoid arthritis (RA) compared to the care routinely prescribed by referring rheumatologists for individuals with RA.