

DEAN'S MESSAGE



Dean Dr. Howard Hu

Within the last few weeks, three major events occurred that provide reminders on the far-reaching purview of public health and its importance to saving lives and preventing suffering. The typhoon in the Pacific Ocean and its catastrophic consequences for the residents of Tacloban and other communities on Leyte Island in the Philippines not only killed thousands, but it has been followed by a race to save the survivors from the diseases that inevitably follow from a lack of food, shelter, and potable water; and blunt the impact on mental health of the trauma of shattered lives. Public health preparedness and disaster response has become a

science (with its own journal: <http://journals.cambridge.org/action/displayJournal?jid=DMP>), and some of our faculty, like Professor Brian Schwartz, Chief of Emergency Preparedness for Public Health Ontario, are working hard to generate the evidence for improving the abilities of the global public health and health care community in this regard.

By contrast, the second event – the exodus of refugees fleeing the Syrian civil war into neighboring countries including, as of last week, over a million children registered by the United Nations, many of whom are traumatized with limited access to health care and education-- is entirely the result of man-made events. Public health, of course, has a role here similar to that following natural disasters, but with an additional aim—documenting the full extent of the consequences of war that can serve as a preventative and warning to governments and voting publics considering future wars. Here it is sobering to appreciate that the full consequences of the 2003-2011 war in Iraq are still being tallied (in addition to military casualties, over 116,000 civilian deaths, 5 million displaced, etc.; March 2013 Lancet; [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)60254-8/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60254-8/fulltext)).

The third event – the signing of an agreement between the U.S. and 5 world powers with the government of Iran that freezes Iran's enrichment of uranium – is arguably a positive event and a first step towards preventing the prospect of nations in one of the most volatile areas in the world confronting each other with nuclear weapons. It is worth reminding ourselves that over 50 years ago, public health and medical professionals sounded the alarm on the absurdity of military planners thinking at the time that public health and medical “preparations”

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DEAN'S MESSAGE (CONT.)

could be made for surviving a nuclear war (Sidel et al., 1962¹), and then formed groups in many countries—including Canada—and banded together with their counterparts in what is now the former USSR to lobby their governments on the absolute necessity of taking steps to prevent this ultimate “final epidemic”. Although this amalgamated entity, the International Physicians for the Prevention of Nuclear War, won the Nobel Peace Prize in 1985, it is still working harder than ever, given the continuing threats posed by nuclear weapons as well as the secretive industries that spawn them (Makhijani et al., 1995²; <http://www.ippnw.org/>).

Indeed, whether it's using the best evidence to implement optimal responses to natural or man-made disasters, or using our specialized knowledge and professionalism to take a stand on policies that are destructive to health, public health has a major role to play on a range of issues that bracket the headlines that appear in the world's news every day. We look forward to the research, training, and learning from each other that will improve our abilities to respond.

Howard Hu, M.D., M.P.H., Sc.D.
Dean

REFERENCES

¹ Sidel VW, Geiger HJ, Lown B. The medical consequences of thermonuclear war. II. The physician's role in the post-attack period. *N Engl J Med.* 1962 May 31;266:1137-45. PubMed PMID: 13912536.

² Makhijani A, Hu H, Yih K. Nuclear Wastelands. A Global Guide to Nuclear Weapons Production and Its Health and Environmental Effects. The International Commission for the Investigation of the Health and Environmental Effects of Nuclear Weapons Production. Cambridge: The MIT Press, 1995.

P.S. After I reminded our community of our new anonymous e-suggestion box in our last e-Bulletin (<http://www.dlsph.utoronto.ca/content/anonymous-email-submission>), I received by the end of the day messages noting fatigue in hearing about our “3 strategic themes”, complaining about the lack of a cafeteria, taking me to task for missing my scheduled opportunity to providing welcoming remarks at the October 25 DLSPH student-led symposium on “Healthy Toronto”, and a host of other subjects. I hear you, will take the criticisms and suggestions to heart, and look for ways to do better. And, of course, it's the proverbial drop in a bucket. In an age of instant messaging, Twitter, chat rooms, blogs and 24/7 connectivity, the potential exists for any one

of us to end up spending most of the day getting inundated with data, messages and opinions. But the show must go on. There also remains no substitute for face-to-face meetings in which we can discuss things together. We will be working on arranging student Town Hall meetings beginning in January, and please be reminded that our School Council meetings – which your elected faculty, administration, and student representatives will be attending, are also open to all.

P.P.S. By the way, I felt terrible about missing my opportunity to provide welcoming remarks at the October 25 student-led symposium—it was on my schedule but I ended up having to deal with a pressing family medical issue that delayed me by half an hour, and by then it was too late. I was relieved to hear the symposium went extremely well. Kudos to our ever-creative and superb students, and my apologies for missing my opportunity in the morning.

What's New & Happenings



To check out What's New go to:
<http://dlsph.utoronto.ca/new>



Increased Incidence of Tuberculosis in Zimbabwe, in Association with Food Insecurity, and Economic Collapse: An Ecological Analysis

co-authored by Michael Silverman

DLSPH Assistant Professor, **Michael Silverman**, co-authors, “Increased Incidence of Tuberculosis in Zimbabwe, in Association with Food Insecurity, and Economic Collapse: An Ecological Analysis,” an important story about how the financial crisis impacted upon disease in a low income country, where mitigation measures were not/could not be undertaken. Click [here](#) to the full story.

Congratulations Dr. Lorraine Ferris

Congratulations to **Dr. Lorraine Ferris**, DLSPH Professor in Social and Behavioural Health Sciences, who currently serves as Associate Vice-Provost Health Sciences Policy and Strategy (Office of the Vice-Provost, Relations with Health Care Institutions), has agreed to take on the new position of Associate Vice-President for Research Oversight and Compliance.

DLSPH

PROUDLY CO-SPONSORED THE TAAPP/TAAAC SYMPOSIUM

Read Toronto Star’s Jennifer Yang’s Blogspot. Click [HERE](#).

New Ontario Health Innovation Council

Dr. Adalsteinn Brown, Director, Institute for Health Policy, Management and Evaluation, Dalla Lana Chair in Public Health Policy, as well as Head of the Division of Public Health Policy at the Dalla Lana School of Public Health, University of Toronto, has been appointed to the new Ontario Health Innovation Council, which unites experts from the health care, community, home care, medical device, non-profit, mental health, research, academic and business sectors. Go to page 12 to read the full background.

Two DLSPH Faculty elected to the Board of Directors of the Canadian Public Health Association

Go to <http://www.dlsph.utoronto.ca/page/two-dlsph-faculty-elected-board-directors-canadian-public-health-association> for more.

DLSPH Open House

On October 26, 2013, the Dalla Lana School of Public Health opened its doors to prospective students interested our graduate program public health at the University of Toronto. The day started with an opening address by Dr. Hu, followed by an overview of the School by Professor Sass-Kortsak. The 6th floor then became a hub of activity for visitors to explore all of our programs: Master of Public Health (MPH), Master of Science (MSc), Master of Science in Community Health (MScCH) and PhD. Each program and field was represented by a team of volunteers from the DLSPH community consisting of faculty, current students and alumni to offer prospective students a well-rounded perspective of the program and its expectations. Furthermore, program/field specific sessions were offered as well as a workshop on instructions and tips for the online application. The event was a wonderful success and has now become annual event at the School.

The Healthy Toronto Student-Led Conference was a

SUCCESS!

The Healthy Toronto Student-Led Conference was a marvelous success and it was due in large part to the phenomenal guests that came out and supported the event! The workshops were packed with thoughtful discussion and an extensive exchange of business cards, Facebook invites, and Twitter following.

Thanks to our remarkably engaging workshop facilitators and speakers, delegates from the University of Toronto, York and Ryerson University, and a variety of community agencies absorbed skills in urban planning,

advocating for migrant health, social entrepreneurship, social media management, creative and theatre-based facilitation, political participation, and app development!

After a delicious lunch of wraps and salad from Field to Table catering, and a double dose of workshop engagement, the extremely knowledgeable, enchanting, and multi-talented panel openly discussed what makes Toronto healthy and what needs to happen to make our community healthier. Bike lanes, green roofs, political engagement were the hot topics. Did you

catch us on Twitter? The Twitter Feed projected in the auditorium lit up the room with pizzazz, cultivating even more discussion. Did you miss it? Not to worry! The panel and question period was recorded and a podcast with annotations will be released in the upcoming months, so keep posted on Facebook and Twitter!



APPLICATION FOR THE

WDP PROGRAM

NOW AVAILABLE

The Work Disability Prevention (WDP) CIHR Strategic Training Program, directed by Professor Patrick Loisel MD, is a part-time three year program intended for PhD students, Post-Docs, and Young Researchers and includes four main educational activities: online courses, intensive in-class summer sessions focused on one of the following themes: methodological, sociopolitical, or ethical challenges, synthesis course, and optional courses. The educational activities include problem solving, learning to address the session theme, case studies, seminars, lectures, workplace visits, knowledge mobilization activities and practicums.

There are over 20 Mentors (faculty) from around the world participating as supervisors in trainee activities and often as collaborators in research activities outside of the program requirements. We are located here in DLSPH and are truly an interdisciplinary and international program with trainees coming from over 15 countries to participate in the annual summer session. Currently we have over 30 trainees and are accepting applications for our 2014 cohort. Please see the attached flyer for more information or go to our website www.training.wdpcommunity.org or contact sandra.knol@utoronto.ca.

APPLICATION DEADLINE IS MONDAY DECEMBER 16, 2013!

Article from DLSPH Alumni

Dr. Maxwell Smith along with DLSPH alumnus **Diego Silva** and faculty member **Ross Upshur**, published an article in the most recent issue of the Canadian Journal of Public Health:

Silva DS, Smith MJ, Upshur REG. Disadvantaging the Disadvantaged: When Public Health Policies and Practices Negatively Affect Marginalized Populations. Canadian Journal of Public Health, 2013; 104(5): e410-412.

Bruce Urch, PhD, Research Associate
Gage Occupational & Environmental Health Unit,
St Michael's Hospital and University of Toronto

October 23, 2013. 9-10 am.
Keenan Research Centre, Li Ka Shing Knowledge Institute,
St Michael's Hospital.
Re: Press announcement by the Ontario Minister of Energy- Bob Chiarelli

As an expert in the field of air pollution and health effects using controlled human exposures, Bruce was asked to speak at a press announcement by the Ontario Minister of Energy- Bob Chiarelli. This was a media event where the closure of the Lambton coal-fired Generating Station was formally announced by the Minister. Bruce gave a brief talk on the health effects of air pollution and the benefits of reducing air pollution levels. The event was held at the Keenan Research Centre on October 23rd, 2013.

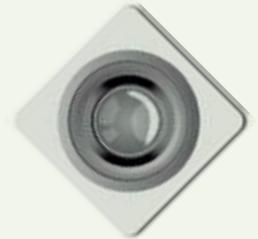
Share Your Photos!

Snap it and send it in! Send pictures of the DLSPH in action.

The Dean's Office is looking for lab, event, classroom, and field site photographs from each Division to add to our website, Facebook, and e-communications.

Photo submissions will go into a DLSPH photo library. By submitting your photograph(s) you are authorizing DLSPH to use your photograph(s)!

Send Submissions to:
dean.dlsph@utoronto.ca



The Mentorship Program - Evaluated

In January 2013 the DLSPH and PHAA re-launched the Mentorship Program, a yearlong initiative that pairs public health alumni mentors with current graduate students. The Program's 60 participants represented the fields of epidemiology, health promotion, occupational and environmental health, and biostatistics. Supported with regular check-ins, the Mentorship Monthly e-newsletter, and group events, mentors and mentees met regularly to discuss coursework and practicum opportunities, work-life balance, career aspirations, and interesting topics in public health.

The Mentorship Program for 2013 is coming to a close at the end of this calendar year and an evaluation has just been completed by the mentors and mentees. The results are outstanding: over 95% of participants said they would recommend participating in this program to other students/alumni colleagues. 90% of mentees stated that they had a better understanding of the skills and experiences they need for their career. Likewise, 90% of mentors found the experience rewarding.

The Mentorship Program is already looking ahead to next year. If you are interested in becoming a mentor, or wish to know more about the program, please contact [julie.foisy@utoronto.ca] or [public.health@alumni.utoronto.ca].

DLSPH makes significant contributions to the World Alliance for Risk Factor Surveillance (WARFS) 2013 Global Conference, October 29-November 1, 2013, Beijing, China



The World Alliance for Risk Factor Surveillance (WARFS) 2013 Global Conference was held from October 29 to November 1, 2013 in Beijing, China. WARFS is the Global Working Group on surveillance of the International Union for Health Promotion and Education (IUHPE). Two professors from the DLSPH, Drs. Bernard Choi and Susan Bondy, were invited keynote and plenary speakers at the conference, and made significant contributions to the conference. The 2013 Global Conference was co-hosted by the Chinese Center for Disease Control and Prevention (CCDC) and the Chinese Preventive Medicine Association (CPMA). With more than 200 participants from 16 countries, the WARFS Beijing Conference was one of the most attended WARFS conferences since inception in 1999 in Atlanta, USA. The theme of the 2013 global conference was the past, present and future of risk factor surveillance.

Day 1 of the 3-day conference focused on learning from the past. It started with welcome addresses from IUHPE, WARFS, CCDC, CPMA, and the National Health and Family Planning Commission (NHFPC) of China. This was followed by 4 keynote addresses from USA (global progress since the first global conference in 1999), Canada (lessons learned from the history of surveillance for the future - presented by Choi), World Health Organization (WHO) (WHO global monitoring framework for non-communicable diseases (NCDs)), and China (history, current state and future of NCD surveillance in China). There were also five plenary sessions discussing the difficulties for developing global risk factor surveillance, global challenges to NCD risk factor surveillance, meeting the WHO 25% reduction target of premature NCD mortality by 2025, country strategies in China, Singapore, Venezuela, Canada (presented

by Bondy) and USA to meet surveillance needs, and the IUHPE WARFS white paper on surveillance and health promotion (chaired by Choi).





Day 2 focused on reflecting on the present. This included present methodological challenges for surveillance, such as survey methodology, other challenges, surveillance evaluation, and surveillance information dissemination (presented by Choi). A plenary session discussed surveillance use in China, Canada (presented by Bondy) and Venezuela. Four parallel sessions (3 English and 1 Chinese) featured 44 oral presentations and 21 poster presentations from Antigua & Barbuda, Australia, Cambodia, Canada (3 by Choi on behalf of Canadian colleagues who could not attend, 1 by Bondy), China, Finland, Georgia, Hong Kong China, Italy, Kenya, Singapore, South Korea, Thailand and Venezuela.

Day 3 focused on planning for the future. Three plenary sessions discussed problems and solutions for the future, ways to encourage future global collaborations (chaired by Choi), and future development of global risk factor surveillance.

The 2013 global conference has made significant contributions to global NCD risk factor surveillance on several fronts. It opens up the conceptual thinking of risk factor surveillance: in time, by going back to the past

to learn lessons for the future; in space, by exchanging experiences from developed and developing countries; and in content, by blending theory and practice. Outcomes of debates and discussion at the conference have provided important leads to revise and finalise the IUHPE WARFS white paper. Comments from participants include: “I enjoyed every moment of the conference”, “very informative, thought-provoking and inspiring presentations”, “I thoroughly enjoyed the conference and felt very happy to be with like-minded people”, “The conference was really exciting and the sessions were very useful”. The WARFS Global Conference is held every two years. The 2015 conference is scheduled to be held in Antigua & Barbuda.

of WARFS in 1999, the Chair of the Organizing Committee of the WARFS 2011 Global Conference which was held in Toronto, and an Executive Member of the International Scientific Committee of WARFS 2013 in Beijing. Coordinated by Dr. Bondy, flyers promoting DLSPH were distributed to participants at the WARFS 2013 conference.



“ I thoroughly enjoyed the conference and felt very happy to be with like-minded people ”

Dr. Choi was a Founding Member

ALUMNI SPOTLIGHT



Elsa M. Cabral, Hon. BSc, MHSc (1996)
Director Business Support, Bayshore HealthCare Ltd.

How did you become interested in your field?

I have always had a love for science, mathematics, people and business. Traditional roles and undergraduate professional degrees seemed to favour either one or two of these disciplines but not all four. In high school, I volunteered at a hospital and worked at a financial institution selling RSPs and mutual funds.

I was challenged and fulfilled. The various roles that I played reinforced that I wanted to pursue a degree that could lead to a profession that touched all four.

With some research I decided I would pursue a degree with a discipline of either Toxicology or Nutritional Sciences. When I was in high school, I started researching what degree and program I wanted to enroll in and achieve. I explored the mentorship program with Nutritional Sciences at U of T and I also spoke with a co-worker who was enrolled in U of T's Toxicology program about the program and future career possibilities. After that conversation, I was sold. In the fourth year of my Toxicology program, I worked many hours in a pathology lab within the Faculty of Medicine. I enjoyed the research that I was conducting so much but I knew that this was not the right environment for me and it confirmed that the people piece had to be an integral part of my career. That is when I discovered, through my supervisor, the Occupational and Environmental Health professional degree

within DLSPH. I was thrilled but very anxious about the application process given the competition especially with a small enrollment quota.

What do you enjoy most about your current career position?

I love that I work within a healthcare field but especially community healthcare. I believe community healthcare is a growth area with lots of opportunity for innovation for better health outcomes. My role is focused on identifying those opportunities and bringing them to our frontline healthcare team. It touches on science, mathematics, people and business each and every day. I couldn't ask for a better fit.

In what ways has your DLSPH experience had an impact on your career and who you are today?

I am forever grateful for my DLSPH experience – it has made me the person that I am today not only at work but at home. What I have valued the most from my graduate program is that it taught me how to think critically and problem solve in a group setting by using a very practical methodology, in addition to its relevancy to the real world in addressing real community and business problems. The decision making process that I apply at home and at work has been defined and built on what I have learned at DLSPH and I believe it is

“ I am forever grateful for my DLSPH experience – it has made me the person that I am today not only at work but at home. ”

one of my ingredients for success in my life. The practicum was the best way to start to apply that learning.

How did your experiences at DLSPH help you to overcome obstacles you've faced as a public health professional?

The most relevant experience for me has been how to engage and involve stakeholders in addressing any obstacles I face as a public health professional. Our class was very collaborative thanks to our leader, Dr. Andrea Sass-Kortsak. In no way do I try to solve a problem alone. I facilitate problem solving with relevant stakeholders. This is something I learned at DLSPH.



Describe any significant relationships with fellow students or faculty. How did these relationships help you?

Although I am not working in a profession directly linked to my DLSPH degree, i.e. I am not focused specifically in occupational or environmental health, I continue to connect with and learn from fellow students. The DLSPH program carries a lot of credibility in my opinion and the relationships I have built with fellow students and faculty are important to me as I have a lot of respect for these thought leaders.

“Choosing DLSPH has been the best decision that I made in my career.”

Do you have a favorite or funny story about your time at DLSPH?

My favourite story is the time I spent my whole reading week in the library with classmates and our program director trying to make sense of our Ventilation course. We all recognized the need to come together as a team to help each other and the level of commitment from each other was extraordinary. The value of teamwork and common goals to achieve an objective is something that I experienced for the first time during this reading week and I think about this experience regularly.

What advice would you give to younger alumni or current students who aspire to follow a similar career path?

Follow your heart in what you really want to do and have a vision as to where you want to be in 3 years or so. Create some annual career goals for yourself that will bring you satisfaction in real time but also set you up for achieving your vision. Be a career activist. You need to define the value you bring to your role and any future roles and you need to market that value. The experience and designations you achieve at DLSPH builds the foundation and gives you an excellent start to establish credibility in your profession and to demonstrate your capability, but you must translate that capability into skills and experience every day which will help build your credibility. And don't forget to stay current and relevant for the marketplace you are pursuing.

What would you say to a prospective student who is considering DLSPH?

DLSPH is a top notch school with exceptional professional programs that provide great opportunities for a bright future in public health. Choosing DLSPH has been the best decision that I made in my career. Know yourself and know what you want to get out of a program first and know that you will get the best value of learning and experience from DLSPH. I highly recommend it!!!

A seasoned change leader, Ms. Cabral has held Director roles with both LifeLabs and MDS Inc. Diagnostic Services prior to her recent transition to Bayshore Healthcare Ltd. She has demonstrated a passion for professional development, and is eager to share her experience with others, especially when it reconnects her to her alma matter the University of Toronto. Ms. Cabral most recently volunteered her time to support DLSPH graduate students in building their own professional skills, leading a seminar in the area of interviewing and job searching.

Nature, one of the most widely-read journals in science, highlights Professor Jha's Million Death Study

ONE MILLION DEATHS

WHAT RESEARCHERS ARE LEARNING FROM AN UNPRECEDENTED SURVEY OF MORTALITY IN INDIA.

BY ERICA WESTLY

In 1975, when Prabhat Jha was growing up in Canada, his family received a report from India that his grandfather had died; the cause was unclear. Like many people living in rural India, Jha's grandfather had died at home, without having visited a hospital. Jha's mother was desperate for more information, so she returned to her home village to talk to locals. Years later, when Jha was at medical school, he reviewed his mother's notes and realized that his grandfather had probably died of a stroke. Now Jha, an epidemiologist at the University of Toronto, is nearing the end of an ambitious public-health programme to document death in India using similar 'verbal autopsy' strategies.

The Million Death Study (MDS) involves biannual in-person surveys of more than 1 million households across India. The study covers the period from 1997 to the end of 2013, and will document roughly 1 million deaths. Jha and his colleagues have coded about 450,000 so far, and have deciphered several compelling trends that are starting to lead to policy changes, such as stronger warning labels on tobacco.

Public-health experts need mortality figures to monitor disease and assess interventions, but quality mortality data are scarce in most developing countries. Seventy-five per cent of the 60 million people who die each year around the globe are in low- and middle-income countries such as India, where cause of death is often misclassified or unreported. Groups such as the World Health Organization (WHO) typically base mortality estimates on hospital data, but in many developing countries most people die outside hospitals.

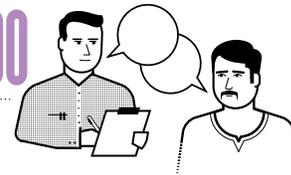
As global health researchers increasingly turn to indirect computer models, many applaud the MDS's low-tech, on-the-ground approach and see it as a model for assessing true health burdens in the developing world. "For countries like India, there will almost certainly continue to be a role for verbal autopsy," said Colin Mathers, coordinator of mortality and burden of disease at the WHO. "It's a crucial source of information."

HOW THEY GATHER THE DATA

The Million Death Study (MDS) involved two phases, 1997–2003 and 2004–2013, each of which surveyed a different selection of more than 1 million homes.

800–900

government surveyors visit the homes every six months.



MAPPING MORTALITY

The project data show that cause of death is influenced by geography. Knowing which threats are greatest in which states informs policies and future studies.

ROAD-TRAFFIC INJURY:

Haryana

Annual Death Rate: **30 per 100,000**

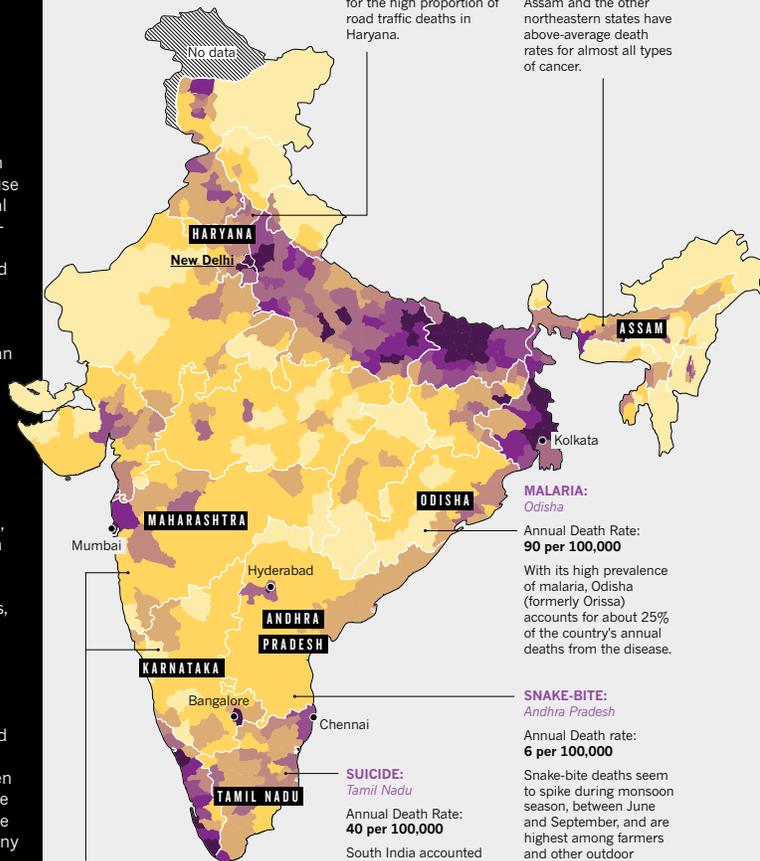
High-density trucking routes may be to blame for the high proportion of road traffic deaths in Haryana.

CANCER:

Northeastern States, including Assam

Annual Death Rate: **65 per 100,000**

For reasons not yet clear, Assam and the other northeastern states have above-average death rates for almost all types of cancer.



HIV:

Maharashtra/Karnataka

Annual Death Rate: **56 per 100,000**

Rural areas around Mumbai, the capital of Maharashtra, have the highest concentration of HIV-related deaths in India.

MALARIA:

Odisha

Annual Death Rate: **90 per 100,000**

With its high prevalence of malaria, Odisha (formerly Orissa) accounts for about 25% of the country's annual deaths from the disease.

SNAKE-BITE:

Andhra Pradesh

Annual Death rate: **6 per 100,000**

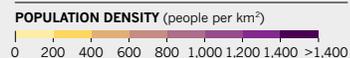
Snake-bite deaths seem to spike during monsoon season, between June and September, and are highest among farmers and other outdoor labourers.

SUICIDE:

Tamil Nadu

Annual Death Rate: **40 per 100,000**

South India accounted for more than 40% of India's suicides. The area has high education levels and unemployment, both considered risk factors for suicide in India.



DESIGN BY JASIEK KRZYSZTOFIAK/NATURE

FEATURE NEWS

50,000–58,000 TWO

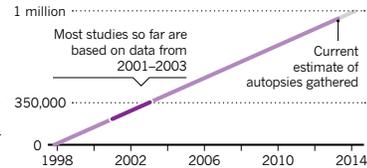
verbal autopsies are collected each year.



trained doctors from a pool of 300 assign a cause of death on the basis of each autopsy.

REACHING 1 MILLION

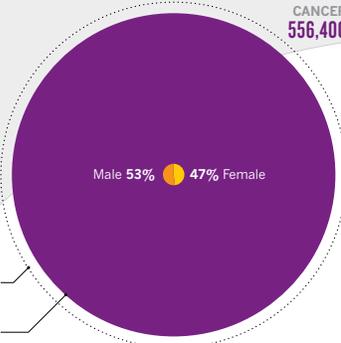
Owing to some delays related to the 2011 national census, the researchers will not have data on all 1 million deaths for a few more years.



PRECISION AND CONTROVERSY

Studies based on the MDS's data help to provide a detailed picture of death in India, particularly for adolescents and adults living in rural areas. The findings include some surprising deviations from World Health Organization estimates.

WHO estimate
MDS figure



CANCER

Rural areas had a higher incidence of deaths from infection-related cancers, such as stomach and cervical cancer. Cervical cancer was the top killer for women, suggesting that interventions such as screening and HPV vaccination should be increased.

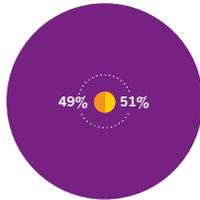
TOTAL DEATHS IN INDIA PER YEAR
9,500,000



SUICIDE

The suicide rate in Indian women of 15 years and older is more than 2.5 times that for women of the same age in high-income countries. Poisoning — often with pesticides — is the most common method for both sexes.

SUICIDE 187,000



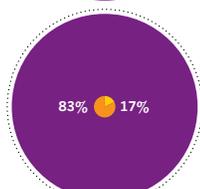
MALARIA

Controversially, the MDS's estimate for malaria deaths was much higher than the WHO's. The MDS found that about 58% of malaria deaths occurred in people aged 15–69.



ROAD-TRAFFIC INJURY

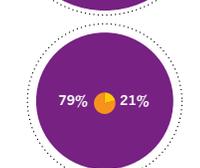
Two-wheel riders and pedestrians accounted for some 65% of traffic deaths. And about 60% involved head injury, suggesting interventions such as increased helmet use, lower speed limits and protected walkways for pedestrians.



HIV

The prevalence of HIV in India is relatively low, but the country has the third-largest number of people living with HIV in the world owing to its large population.

HIV 100,000

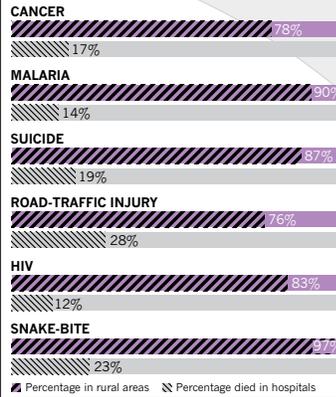


SNAKE-BITE

Estimates based on hospital data may miss many such deaths because three-quarters of them occur outside hospitals. Community education and increased distribution of anti-venom to rural areas are the main interventions.

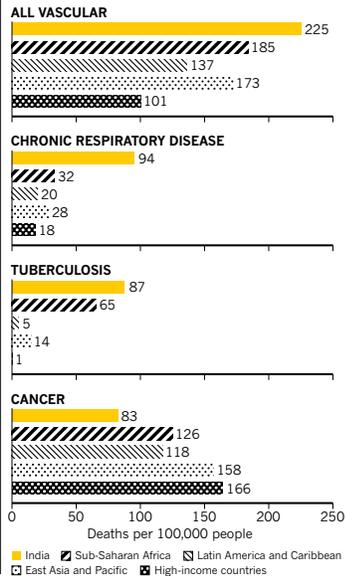
THE HIDDEN DEATHS

Most deaths are occurring outside of the hospital setting and in rural areas where they are often not registered. The MDS is starting to expose the hidden trends.



TOP CAUSES OF DEATH

The MDS determined that the four most significant causes of death for Indians aged 30–69 are vascular disease, chronic respiratory disease, tuberculosis and cancer. Some of these burdens look very different in other regions of the world.



SOURCE: P. JHA ET AL. PLOS MED. 3, E18 (2006); R. DIKSHIT ET AL. LANCET 379, 1807–1816 (2012); N. DHINGRA ET AL. LANCET 376, 1768–1774 (2010); V. PRADEL ET AL. LANCET 379, 2343–2351 (2012); M. HSIAO ET AL. BRIT. MED. J. OPEN 3, E002621 (2013); P. JHA ET AL. BRIT. MED. J. 340, C661 (2010); B. MOHAPATRA ET AL. PLOS NEGLECT TROP. DIS. 5, E1018 (2011).

Enhancing Ontario's World-Class Health Care Technology Sector

November 19, 2013

The new Ontario Health Innovation Council unites experts from the health care, community, home care, medical device, non-profit, mental health, research, academic and business sectors.

The Ontario government created the council to improve the sustainability of the health care system and accelerate Ontario innovations into practice and within the global marketplace.

The council will identify opportunities for evidence-based innovation and strategies in health care to:

- Improve health, health care and well-being in Ontario.
- Spur innovation that lowers health care costs.
- Increase quality of patient care.
- Stimulate the environment needed for job creation in this sector.
- Attract the best and brightest researchers and entrepreneurs to Ontario.

Supporting Health Innovation in Ontario

Ontario's health system and health technology sector have tremendous intersecting opportunities:

- Ontario's [Action Plan for Health Care](#) is building a health care system that is more responsive to patients and delivers better value for taxpayers.
- Ontario's *Innovation Agenda* is built on an ongoing commitment to excellence in research and development, including advanced health technologies.
- Ontario's medical devices sector exported approximately \$1.4 billion in goods,
- some 63 per cent of total Canadian medical devices exports. Ontario-supported innovation programs include [MaRS Excellence in Clinical Innovation and Technology Evaluation](#), [Ontario Centres of Excellence](#) and the [Health Technology Exchange](#).

OHIC Members: Experts in Innovation

Dave Williams

President and CEO, Southlake Regional Health Centre

Canadian astronaut and physician Dr. Dave Williams is President and CEO of Southlake Regional Health Centre and Assistant Professor of Surgery at the University of Toronto. Prior to joining Southlake, Dr. Williams was Director of the McMaster Centre for Medical Robotics at St. Joseph's Healthcare Hamilton and Professor, Department of Surgery, Michael G. DeGroot School of Medicine, 2008 to 2011, and held the position of Chief Medical Officer of Quality and Safety at St. Joseph's Healthcare Hamilton from 2010 to 2011.

In 1976, Dr. Williams graduated from McGill University with a Bachelor of Science, major in biology. He obtained a Master of Science from the Physiology Department, a Doctorate of Medicine and a Master of Surgery from the Faculty of Medicine, McGill University. Areas of keen interest for Dr. Williams and the Southlake team include safety and quality, precision diagnostics and therapeutics, clinical informatics, and computer assisted surgery.

Richard Dicerni

Adjunct Research Professor, Lawrence Centre, Richard Ivey School of Business, Western University

Richard Dicerni is Adjunct Research Professor, Lawrence Centre, Richard Ivey School of Business, Western University. He was Deputy Minister of Industry Canada from 2006 to 2012.

In his federal government career he held executive positions including Senior Assistant Deputy Minister, Health and Welfare and Deputy Secretary to the Cabinet. In 1992 he joined the Ontario government as Deputy Minister of Environment and Energy; in 1995, he assumed the position of Deputy Minister, Education, Post-secondary Education and Training.

In 1996, Mr. Dicerni was appointed President and CEO of the newly established Canadian Newspaper Association, leaving in 1998 to join the Ontario Power Generation (OPG) as Senior Vice President. He stayed at OPG for the next seven years and led the company between 2003 and 2005. Mr. Dicerni is a board member of Desjardins Financial Security and of Holcim Canada. He has served on boards of Trent University, Credit Valley Hospital, Atomic Energy of Canada Ltd. and the Public Policy Forum.

Mr. Dicerni graduated from the College Sainte Marie in 1969 with a Bachelor of Arts; he pursued graduate studies at the Kennedy School of Government at Harvard where he earned a Master of Public Administration in 1981.

**Robert S. Bell, MDCM, MSc, FACS, FRCSC
President and CEO, University Health Network**

Dr. Robert Bell was appointed President and CEO, University Health Network (UHN), in June 2005. An internationally recognized orthopaedic surgeon, health care executive, clinician-scientist and educator, Dr. Bell brings more than 20 years of academic health care leadership to Canada's largest research hospital. From 2000 to 2005, he served as Chief Operating Officer of UHN's Princess Margaret Hospital where he led Canada's largest comprehensive cancer centre. From 2003 to 2005, he served as Regional Vice President and Chair of the Clinical Council of Cancer Care Ontario.

Dr. Bell earned a Doctor of Medicine from McGill University in 1975 and a Master of Science from the University of Toronto in 1981. He completed a Fellowship in Orthopaedic Oncology at Massachusetts General Hospital and Harvard University in 1985. During his career as a clinician-scientist, University of Toronto, he received more than five million dollars in peer-reviewed funding and published more than 170 peer-reviewed papers. He participated in the Advanced Management Program at Harvard Business School in 2005. Dr. Bell is a Fellow of the Royal College of Physicians and Surgeons of Canada, the American College of Surgeons and the Royal College of Surgeons of Edinburgh.

**Adalsteinn (Steini) Brown
Director, Institute for Health Policy, Management and Evaluation, University of Toronto**

Adalsteinn (Steini) Brown is Director of the Institute for Health Policy, Management and Evaluation and the Dalla Lana Chair in Public Health Policy, as well as Head of the Division of Public Health Policy at the Dalla Lana School of Public Health, University of Toronto. Presently a scientist at the Keenan Research Centre in the Li KaShing Knowledge Institute, at St. Michael's Hospital, past roles include Assistant Deputy Minister, Strategy and Policy, Ontario Ministry of Health and Long-term Care and for Science and Research, Ontario Ministry of Research and Innovation.

He received his undergraduate degree in government from Harvard University and his Doctorate from the University of Oxford, where he was a Rhodes Scholar. He has received several leadership awards including being named one of Canada's 'Top 40 under 40' in recognition of his work on performance measurement in health care. He has held founding roles in consulting, software, and Internet companies and has advised the World Health Organization, banks, software and insurance companies, and health care providers in North America, Europe, and Asia.

Neil Fraser

President, Medtronic of Canada Ltd.

Neil Fraser joined Medtronic of Canada Ltd. in 1984 and was promoted to President in 2004.

As Chair of the Ivey International Centre for Health Innovation Advisory Council, Mr. Fraser guides collaborative partnerships to enhance quality health care. As executive sponsor of one of Canada's greatest cardiology device trials: RAFT (Resynchronization/Defibrillation for Ambulatory Heart Failure Trial) which recruited 1,798 patients (90% Canadian) he created new global heart failure guidelines.

Previously, Mr. Fraser worked at Alcan Canada Products Ltd., where he introduced aluminum cans to Canada and initiated curbside recycling programs in Ontario and Quebec. While at Procter & Gamble Inc. he oversaw start-up of a new automated cake mix technology and patented invention of a world product: Liquid Spic & Span®.

Mr. Fraser has a Bachelor of Applied Science, in Chemical Engineering, University of British Columbia and an MBA, Richard Ivey School of Business, Western University. He holds a P.Eng, is a member of Professional Engineers Ontario and advises engineering faculties and government and industry associations on biomedical engineering and health care innovation.

Mr. Fraser is an executive board member of MEDEC, a founding member and co-chair of the Centre for the Advancement of Health Innovations, Conference Board of Canada, and a founding member of the Rotman School's 'Judy Project' (An Enlightened Leadership Forum for Executive Women). In 2013, Mr. Fraser joined the advisory board for the life sciences division, National Research Council Canada. He was the 2013 United Way of Peel campaign chair.

Sarah Friesen

President, Central Ontario Health Care Procurement Alliance

Sarah Friesen is CEO and General Manager, Central Ontario Healthcare Procurement Alliance, an independent, non-profit corporation that implemented a standardized information technology platform and leading practices to provide integrated supply chain management services to affiliates. COHPA is owned by six founding hospitals and governed by an independent board of directors. It also has five customer hospitals.

Previously, Ms. Friesen was President of Friesen Concepts Inc., an independent practice specializing in health care procurement solutions, and vice president operations for Plexxus, a shared services organization supporting 11 Toronto area hospitals. She has over 14 years of health care experience, and brings an additional 20 years of private-sector strategic sourcing and supply chain expertise.

Ms. Friesen serves as a member on the boards of the Healthcare Supply Chain Network and the Brescia University College Foundation. She holds an MBA from York University in Toronto.

Rafi Hofstein

President and CEO, MaRS Innovation

Dr. Raphael (Rafi) Hofstein joined MaRS Innovation as President and CEO in June 2009. During the 1980s, he was Scientific Director of Biotechnological Applications Ltd., and Manager of Research and Development and Chief of Immunochemistry at the International Genetic Scientific Partnership – organizations pivotal in developing Israel's world-leading biotechnology sector. Dr. Hofstein was Scientific Director of Ecogen Inc., Israel, a subsidiary of Monsanto, for over six years before assuming the role of Vice President, Business Development for Ecogen in Langhorne, Pennsylvania.

Dr. Hofstein received his PhD and Master of Science degrees in Life Sciences and Chemistry from the Weizmann Institute of Science in Rehovot, Israel. His Bachelor of Science in chemistry and physics is from Hebrew University, Jerusalem.

Jeffrey Lozon**President and CEO, Revera Inc. – Retirement Living/Long Term Care (Canada)**

Prior to joining Revera in 2009, Mr. Lozon was President and CEO of St. Michael's Hospital, Toronto, for 17 years. He was previously seconded to the position of Deputy Minister, Ontario Ministry of Health and Long-term Care, 1999-2000. He has also served on a number of national and provincial committees and organizations, including Chair of the Canadian Partnership Against Cancer and Vice Chair of Canada Health Infoway. Mr. Lozon holds a Honourary Doctor of Civil Laws from Bishops University, a Master of Health Services Administration from the University of Alberta and a Bachelor of Arts (Honours) from the University of Guelph. He is a graduate of the Senior Executive Program at Stanford University. In 2009, he was appointed as a Member to the Order of Canada.

Peter Robertson**Vice President and General Manager, GE Healthcare**

Peter joined GE Healthcare in 1985 as the National Sales Manager. He advanced through a series of senior roles in sales, marketing and operations, and was a key contributor to building GE's leadership position in the Canadian health care environment. He became General Manager, Diagnostic Imaging in September 2006, and assumed his current position in May 2008.

Mr. Robertson's passion for improving the effectiveness and delivery of Canada's health care system extends to his community involvement. In May of 2012, he was appointed Chair of MEDEC's Board of Directors (Canada's medical technology industry association) where he provides industry leadership and serves as a corporate advisory council member of the Canadian College of Health Leaders.

Mr. Robertson also serves as Vice Chair of the Board of Directors, Centre for Probe Development and Commercialization at McMaster University, Hamilton, where he is helping to improve the lives of patients by supporting health care innovations in Canada.

Anne Snowdon**Chair, International Centre for Health Innovation, Richard Ivey School of Business**

Dr. Anne Snowdon is Academic Chair and Leader of the International Centre for Health Innovation, Richard Ivey School of Business. She is also a Professor at the Richard Ivey School of Business and Western University's Faculty of Health Sciences, and is cross-appointed to the Faculty of Engineering. She is also an Associate Professor to the adjunct academic staff of the School of Rehabilitation Therapy at Queen's University.

Dr. Snowdon holds a Bachelor of Science in Nursing from Western University, a Master of Science from McGill University and a PhD in Nursing from the University of Michigan. She is a Fulbright Scholar and was awarded the Social Sciences and Humanities Research Council Doctoral Fellowship for her doctoral research. Dr. Snowdon is the Principal Investigator for a Strategic Teams for Applied Injury Research (STAIR) grant funded by the Canadian Institutes of Health Research (CIHR). This research focuses on injury prevention for children and has resulted in the commercialization of innovative new safety seat products for child occupants in vehicles.

Shirlee Sharkey**President and CEO, Saint Elizabeth**

Shirlee Sharkey is President and Chief Executive Officer of Saint Elizabeth, a leading national health care organization known for its social innovation, strong financial performance and pioneering practices. As an award-winning and diversified not-for-profit, Saint Elizabeth delivers more than six million health care visits annually and employs 7,000 people providing nursing, rehabilitation, personal support, crisis, research and consulting services.

Ms. Sharkey's commitment to community advancement is evident in her leadership and involvement on many boards, ranging from health to education. She is a past Chair of George Brown College, Toronto and a former President of the Canadian Home Care Association. Internationally, she is Chair of the World Homecare and Hospice Organization. She is also a past President of the Registered Nurses Association of Ontario. In 2007, the Ontario Minister of Health and Long-Term Care appointed Ms. Sharkey as an expert advisor on staffing and care standards for long-term care homes in the province.

Academically, Ms. Sharkey is cross-appointed to the University of Toronto's Lawrence S. Bloomberg Faculty of Nursing and the Department of Health Policy, Management and Evaluation as an adjunct professor. She has appeared on a number of media panels and is widely published on home and community-based health care, health transformation, social innovation and breakthrough leadership.

Leslee Thompson
President and CEO, Kingston General Hospital

Leslee has extensive public- and private-sector strategic, operational and transformational leadership experience. Ms. Thompson's passion for improving patient care has fueled a career that spans from the bed side to the board rooms of top tier organizations. Ms. Thompson started as a critical care nurse and is now President and CEO of Kingston General Hospital.

Ms. Thompson has led many teams through periods of significant change. She has been Vice President, Cancer Care Ontario; Executive Vice President and Chief Operating Officer, Sunnybrook & Women's Health Science Center; Chief Operating Officer, Toronto Western Hospital, University Health Network; and Senior Operating Officer of Royal Alexander Hospital – Capital Health, Alberta. Ms. Thompson was Canadian Vice President of Health System Strategies for Medtronic, a global private medical devices company where she had national and international responsibilities in strategy, health policy and strategic account management. She was also a member of the Shoppers Drug Mart Board of Directors and is a Certified Corporate Director (ICD.D).

Ms. Thompson has an MBA from Western University, a Master of Nursing from the University of Toronto, and a nursing degree from Queen's. She is currently Chair of the Council of Academic Hospitals of Ontario (CAHO), Vice Chair of Canadian Foundation of Healthcare Improvement and a Director of the Ontario Institute for Cancer Research. She has won awards for contributions to the nursing profession, leadership of a national public service program, and advancement of best practices in health care management.

Peter van der Velden
Managing General Partner, Lumira Capital Investment Management Inc.

Mr. Peter van der Velden has spent his entire career investing in, mentoring and building innovation-centric businesses in North America. He is currently a founder and the Managing General Partner of Lumira Capital Investment Management Inc., one of Canada's largest venture capital investment companies. In 2012 Lumira established two new venture capital investment funds, Lumira Capital II and the Merck Lumira Biosciences Fund.

Prior to Lumira, Mr. van der Velden's experience includes: President and CEO of MDS Capital, Canada's oldest and largest life sciences- and medtech-dedicated venture capital firm; Co-Founder of Fusion Capital, a boutique investment bank targeting private Canadian technology-centric businesses; Managing Partner and head of investment banking for technology investment bank Taurus Capital; Partner at private equity boutique Bedford Capital; Vice President Business Development for venture-capital backed and TSX 300-listed Hyal Pharmaceuticals; Associate at Vencap Equities Alberta Limited, which at the time was Canada's largest venture capital fund, and Assistant to the Vice President of Operations, Connaught Pharmaceuticals.

In addition to his role at Lumira, Mr. van der Velden is currently President and a Director of the Canadian Venture Capital and Private Equity Association. His other current and recent board positions include: CML Healthcare, vendorlink.ca, LCC Legacy Holdings, Spinal Kinetics, Milcom Ventures, Craigeith Ski Club and Lumira Capital Investment Management Inc.

Mr van der Velden holds an MBA in Finance and Policy from the Schulich School of Management, a M.Sc. in Pathology from Queen's University and a B.Sc. (Honours) from Queen's University.

Theodore Witek

President and CEO, BoehringerIngelheim (Canada)

Dr. Witek was appointed President and CEO of BoehringerIngelheim (Canada) Ltd. in 2008 and is Head of Prescription Medicine business. Prior to his current role, Dr. Witek served as Managing Director, Boehringer Ingelheim Portugal for four years.

Dr. Witek currently serves on the Board of Directors of Canada's Research Based Pharmaceutical Companies (Rx&D) and is Chair of the Health Technologies Assessment (HTA) Committee and the Health Technology Assessment Task Force. He is also an Associate Professor at Leslie Dan Faculty of Pharmacy, University of Toronto. He has authored more than 100 scientific papers and several chapters and books.

He holds an MBA from Henley Management College (UK), a Doctor of Public Health from Columbia University and a Master of Public Health from Yale University.

Catherine Zahn

President and CEO, Centre for Addiction and Mental Health

Dr. Zahn joined CAMH as President and Chief Executive Officer in December, 2009. Previously, Dr. Zahn was Executive Vice President, Clinical Programs and Practice, at the University Health Network (UHN). She has held senior leadership roles in the organization for 12 years. Previous UHN positions have included Vice President and COO, Toronto Western Hospital, Program Medical Director for Neuroscience and Division Head for Neurology, and inaugural holder of the Krembil Family Chair in Neurology.

An honors graduate, Faculty of Medicine, University of Toronto, she completed her residency training in neurology at the U of T. Dr. Zahn is a Fellow of the Royal College of Physicians and Surgeons of Canada and a professor in the U of T's Faculty of Medicine. She is a Fellow of the American Academy of Neurology and is internationally recognized for her contributions to neurologic education and to standards of practice in neurology. Dr. Zahn earned a Master of Health Science in Health Administration at the U of T, and has made numerous contributions to health care in Ontario through leadership in technology assessment, chronic disease management and stroke care co-ordination.

Sarah McMaster, Minister's Office, 416-326-9492
Brigitte Marleau, Communications Branch, 416-325-2479

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Doing Qualitative Research with Children and Youth

Date and Time: June 2, 2014, 9:00 am – 4:30 pm

Location: University of Toronto, St. George Campus

Instructors

Dr. Brenda Gladstone - Assistant Professor, Dalla Lana School of Public Health, University of Toronto; SickKids Foundation/CIHR New Investigator, Community Health Systems Resource Group, SickKids

Gail Teachman, PhD (C) - Lecturer, Department of Occupational Science & Occupational Therapy, University of Toronto

Workshop Highlights

- Overview of social and health science perspectives in research with children and youth.
- Introduction to research design in qualitative studies with children and youth: thinking critically about childhood and child-focused techniques for generating data; considering the role of the researcher; and, anticipating ethically important moments at all stages of the research process.
- Teaching examples from the instructors' research in the field of children's mental health, childhood disability, and qualitative and arts-based health research methods.
- Opportunity for some hands-on experience in data-generating techniques.

Registration

Applications due **March 24, 2014**; successful applicants will be notified by April 7, 2014

Fee: \$465 CDN + 13% HST = **\$525.00** (includes 6.5 hours in-class time, materials & light refreshments; fee payment must be received by **May 2, 2014**)

No more than **12 participants** will be admitted to this workshop. A minimum of 5 participants are required for the workshop to be conducted.



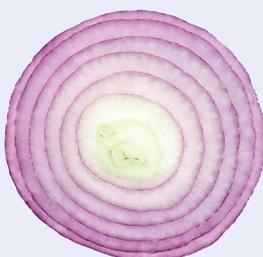
Application Process

Participation in this workshop requires some prior knowledge of the methodological underpinnings of qualitative inquiry.

To apply please send an e-mail (no attachments) to ccqhr@utoronto.ca outlining:

1. Your qualitative research experience, including formal training
2. Your disciplinary background/career experience (with mention of any exposure to research with children and youth)
3. A brief description of the research to which you wish to apply your learning
4. Your reasons for wanting to take the workshop

** Instructor bios and a workshop description are available online:
<http://www.ccqhr.utoronto.ca/workshops>*



For more information about this workshop series, including information about the instructors, content, and other topics to be offered, please visit the website:

<http://www.ccqhr.utoronto.ca/workshops>



Moving Beyond Interviews: Using Creative Methods in Qualitative Health Research

Date and Time: March 24, 2014, 9:00 am – 4:30 pm

Location: University of Toronto, St. George Campus

Instructors

Paula Gardner, PhD - Assistant professor, Community Health Sciences, Brock University and Affiliate Scientist, Bridgepoint Collaboratory for Research and Innovation

Denise Gastaldo, PhD - Associate professor, Bloomberg Faculty of Nursing; Associate Director, Centre for Critical Qualitative Health Research, University of Toronto

Workshop Highlights

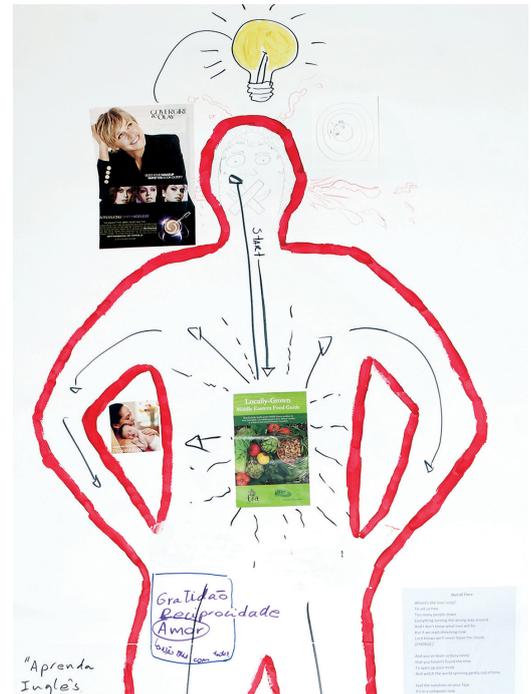
- Overview of qualitative health research methods and the limitations of traditional interviewing
- Identifying health issues, research questions, and topics that require creative approaches
- Introduction to two creative research methods: the *Go-Along Interview* and *Body-map Storytelling* including key features, strategies for successful data generation, appropriate use, and how-to guidelines
- Hands-on learning exercise of body-map storytelling
- Real world application of methods using instructors' research projects
- Challenges and opportunities for utilizing creative methods in the health sciences

Registration

Applications due **January 13, 2014**; successful applicants will be notified by January 27, 2014

Fee: \$465 CDN + 13% HST = **\$525.00** (includes 6.5 hours in-class time, materials & light refreshments; fee payment must be received by **February 24, 2014**)

No more than **12 participants** will be admitted to this workshop. A minimum of 5 participants are required for the workshop to be conducted.



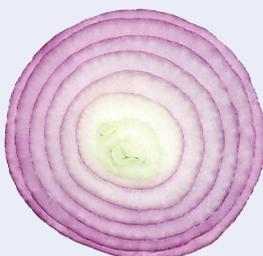
Application Process

Participation in this workshop requires prior knowledge of the theoretical underpinnings of qualitative inquiry.

To apply please send an e-mail (no attachments) to ccqhr@utoronto.ca outlining:

1. Your qualitative research experience, including formal training (please mention qualitative methods you have previously used)
2. Your disciplinary background/career experience
3. A brief description of the research to which you wish to apply your learning
4. Your reasons for wanting to take the workshop

* Instructor bios and a workshop description are available online: <http://www.ccqhr.utoronto.ca/workshops>



For more information about this workshop series, including information about the instructors, content, and other topics to be offered, please visit the website:

<http://www.ccqhr.utoronto.ca/workshops>



Reading Between the Lines: Strategies for Evaluating Qualitative Health Research

Date and Time: March 3, 2014, 9:00 am – 4:30 pm

Location: University of Toronto, St. George Campus

Instructor

Dr. Brenda Gladstone - Assistant Professor, Dalla Lana School of Public Health, University of Toronto; SickKids Foundation/CIHR New Investigator, Community Health Systems Resource Group, SickKids

Workshop Highlights

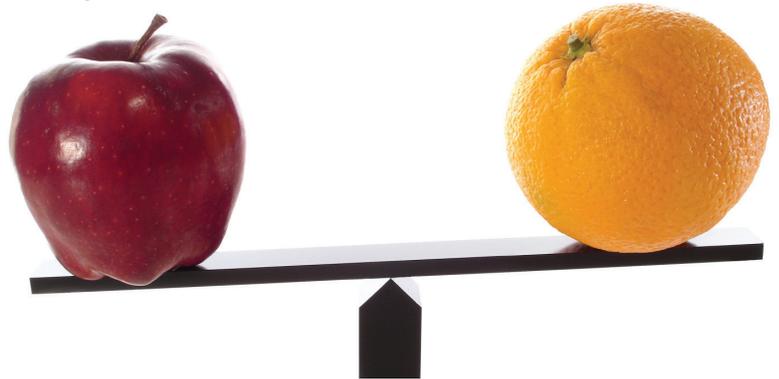
- Introducing qualitative methodologies, methods and evaluation options.
- Establishing the links between qualitative methodology, methods and research results, and their significance in good evaluation.
- Reviewing different evaluative criteria for qualitative research, their strengths and limitations.
- Applying criteria from a comprehensive appraisal tool to a sample qualitative research paper of interest to the participant.

Registration

Applications due **January 10, 2014**; successful applicants will be notified by January 24, 2014

Fee: \$465 CDN + 13% HST = **\$525.00** (includes 6.5 hours in-class time, materials & light refreshments; fee payment must be received by **February 7, 2014**)

No more than **12 participants** will be admitted to this workshop. A minimum of 5 participants are required for the workshop to be conducted.



Application Process

Although formal training is not a prerequisite, some familiarity with qualitative research is highly recommended.

For planning purposes and to apply please send an e-mail (no attachments) to ccqhr@utoronto.ca outlining:

1. Your qualitative research experience, including any formal training
2. Your disciplinary background/career experience (with mention of any exposure to research methodology, and whether this was in health or health care contexts or not)
3. A brief description of the area to which you wish to apply your learning (e.g. as a researcher; policy or decision maker; as a reviewer for funding purposes or publication)
4. Your reasons for wanting to take the workshop

** Instructor bio and a workshop description are available online: <http://www.ccqhr.utoronto.ca/workshops>*



For more information about this workshop series, including information about the instructors, content, and other topics to be offered, please visit the website:

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