

AMS - CM - EP6 - Sophia Ikura

Helen 0:00

This is a real pleasure. I've been looking forward to having a chance to sit down with you because you're hard to pin down any other way. So I'm here with Sophia Ikura. You are the director of the Health Common Solutions Lab. Full disclosure, I'm actually on your advisory committee. Yes. And you're doing amazing work. So why don't you talk a little bit about the lab and then talk about some of the work that you did during COVID. And some of the work that you're doing now and how you're bringing some of those lessons from the pandemic forward?

Sophia 0:31

Sure. Well, Health Commons Solutions Lab started out as the Population Health Solutions Lab, it was spun out of the Toronto Central Inn and the initial intention of the space was to create a place where we could bring the perspectives and experiences of people in community into the policymaking sort of realm. And really specifically trying to fill in the gaps around how do you do population health. What are the tools of population health management, things like population health assessment, using data using community engagement and CO design to really get to much more specific solutions that are tailored for communities that are experiencing large gaps in health outcome? So we spun it out from Toronto Central Inn and about eight months and realized that nobody knew what population health was. So we changed our name to Health Common Solutions Lab, just in time for the government to announce a population health strategy. So it was it was probably time but the intention of the of the lab has always been to try and think about the spaces that sit between big systems: the healthcare system, housing, social services, infrastructure, that sort of those common spaces in between where there's isn't a lot of attention paid to what are the experiences of people that are intersections. And in particular, when systems are not fulfilling their mandates or their failures, either because there's big gaps in their silos or because the healthcare system, for example, is generally designed to meet the needs of the average population, the folks that sit between those systems, where they might require some health and a lot of social services to be able to achieve better health, often lose out.

So we call that Health Commons because it's really sitting in the commons between all these spaces. And there's a few excellent examples of labs and innovation labs across the country. UHN's Open Lab was a precursor to help common solutions lab and I looked a lot at what they were doing and how they were doing their work under Ty Quinn's leadership. And so the intention was really to bring in new tools, I had spent most of my career in the public policy space, and I knew the tools of that space and really understood politics pretty well. But innovation requires, I think, a lot more tools and strategies to be able to uncover new ways of doing things. And I think really trying to figure out, in particular, in those complex spaces, how could we bring in new perspectives and new approaches to uncover solutions that haven't been tested or tried? The other benefit of these lab spaces is that they can kind of transfer the risk from government, they create the opportunity to sort of I wouldn't say play, but really test out like, might this work? How could this work before you have to get to the level of scale the government's get into where the investment is enormous, and the risk is very big. And so that's one of the really important functions of these labs is to create some space to think a little bit and to work differently with different stakeholders, in particular community bring different voices in, that's the lab. And I think the best working example that we've had that brings all of the pieces together was our experience working with communities during the pandemic. So you'd mentioned you know, the, there was an initiative that started out within an inquiry just looking at the map of the city of Toronto.

So very early in the pandemic, I think it was maybe April, May, a few weeks, about a month after locked down the same pattern that you could see on maps across the world and big urban centres was emerging in Toronto. So less COVID, in the centre, where there's often a lot of affluence people can afford to sort of own expensive houses in the downtown core, there's also services. And then along the edges of the map, where I was showing the prevalence rates of COVID, a darkening of the edges. And it was a common pattern, but there wasn't a lot of understanding what was happening in that moment. So the data and the maps helped us to pinpoint there is a clear pattern emerging of spread. The other thing that was obvious was that at that time, the only intervention available to us was testing and asking people to test and if they tested positive to stay home and isolate, to prevent the spread. And the testing centres in Toronto fall down the center of the city and along the university corridor in Toronto where all the hospitals are. So if you lived in Toronto

downtown, very accessible if you lived in the communities where COVID was spreading pretty rapidly. It was two bus rides away. There was a real desire to understand what if we brought testing into those communities with that accessibility, close this gap, and increase the likelihood that people would be able to know when they had COVID. Stay home, prevent the spread.

So we took a team out, you know, one of the tools of labs like ours is to just go and spend a lot of time and community almost like practicing sociology and ethnography, really deep conversation, participant observation, right, exactly, yeah. And, you know, you have to spend a lot of time in places to be able to get enough trust for people to share their stories with you. So we went out, we started in May, we did about 120 interviews, first with frontline staff, and were invited in by the United Way's table that helped a lot. They opened many doors, their faith leaders that invited us in and helped us to bridge to meet with people so that we could hear the stories and conversations about what was happening right locally. And what started to emerge in those conversations well understood now, but at the time really wasn't. And so there were a few things, few factors that were coming into play, that bringing a testing center into that location would not have solved. So there was a real disconnect for many people between the messages that the public was hearing broadly around, Stay home, Wear a mask, Try and isolate, and their own experience ; then very little PPE in these communities couldn't really stay home, were fearful that if they stayed home, they would be able to go back to work, there was a huge amount of stigma around COVID at the time, because it was so deadly in those first few months. And so, you know, households were terrified of being seen standing in line waiting to get a test for fear that people would associate them with COVID admin stairway. And so the message is that end that disconnect created a sense of mistrust, that the things that they were saying didn't make sense. And they clearly aren't for me.

And then of course, there were the practical considerations. So you get COVID. And you have to stay home from work, you may not make rent, you will be able to put food on the table. So what we discovered was that people really wanted to take care of their health, they want to take care of their households and their and their community, they didn't have a lot of tools. And they didn't feel like they had a lot of options. And so it wasn't for lack of wanting to but it was really for a lack of opportunity. And the other thing that we heard a lot about were some of the solutions that were

coming up. So the communities were self-organizing around food drives, and the distribution of supplies and checking in on each other messages about what was safe, what was unsafe, we're traveling naturally through like the WhatsApp channels, you know, the Sudanese Mothers, like, you know, Mom's group channel, through the faith based organizations. And so we knew there were ways to get information into the community through people who were trusted, and whose voice felt authentic. But who could also kind of give us advice around like, well, that's going to work or that's not going to work, it's going to make sense to people or it won't. So that was a really powerful lesson to learn. And so there were three parts of it, you could start to identify could be the pillars of a strategy that even though locally, it would be really specific in terms of who are your partners and what are your channels.

Generally speaking, if you had a leader who was trusted in the community could bring together all the partners they could form a program of wraparound services, so really helping people that you know, the household tested positive, you would see Community Ambassador, go in, look around, figure out whether I was saved isolate from the rest of the family in that space, figure out what they needed. It was diapers, was it like filling out the forms for what came in place afterwards, So we were able to also, I think, identify what were the characteristics of people who could carry the message. So people who either were from community had a really authentic connection to the experience of that community or those who've been working there for a really long time. So the community ambassadors in the outreach component was really important than actually bringing the services in much more locally. So those three pillars became the elements of the strategy. And then I think through kind of a Securitas route, standing around invited us to share the stories that we're hearing and that model at the Science table, and then you were there was and then the rest, as they say, is history.

It created the inroad into government to share what we were hearing. You invited me to present I think that afternoon...

Helen 9:12
I wasted no time!

Sophia 9:13

...to a number of deputies here like I think you should come this afternoon, which is amazing. So I invited, I invited the CEOs of the Rexdale Community Health Center and Black Creek Community Health center, and their, you know, their leaders in their communities, their authentic connection to the problem, and they're very clear and practical solutions. I think we're what landed that story with leadership inside government. So then I think it was about it took some time, but about three months later, the province announced their high priority community strategy and the first \$25 million dollars flowed into the community in January. And that was for the first quarter. And we watched you know, 17 communities within the space of a month hire 1800 Community ambassadors they opened almost 40 testing centers and, in a very short time, did over a million and a half tests. So there's, there's always I think these assumptions about how quickly community can move. And can they organized and like it was, it was a tremendous show of what well networked communities can offer when it comes to things like outreach, bringing people in for effective services. And I think building or bridging that trust gap that was really substantial. So we learned a lot.

Helen 10:31

Well, you probably learned a lot. There's so many places to go with that story. And one of my proudest moments have played a small role in helping that wasn't small scale, (Opening the door's a big deal.) But and then, you know, when I when I got to AMS and I realized, and I read the book, Without Compassion, There is No Healthcare. And then I realized that the definition of compassion goes beyond just the patient provider relationship, it actually can extend to leadership and workplaces and communities, right? Yes. And I think of this work is really an exemplar of having a compassionate process that were deeply listens to a community and helps put into place the supports that they need, rather than what we think that they need.

Sophia 11:16

Yes, I yeah, I you know, I think I was thinking about the work of AMS in advancing this, you know, a pretty broad definition of what compassionate health care looks like. And to me, I think the lesson that I took out of the COVID experience, was that compassionate healthcare is health care that that builds trust, I think, with the people who are meant to benefit from those services, and a trustworthy system. You know, I think there's a lot of a lot of research in the business literature around how do you build trust, if

your Uber for example, right, on your own employees, and it like in the broader public? I think there's been some attempt to codify it, but they talk about sort of three key pieces. There's the signals that we care about you, you know, we really care, there's an empathy that's built in there. There's a component that's related to logic. So does that make sense? Is it going to work? And does the logic resonate? And then the last piece is, Is it authentic? So are the messages that are coming from government or the healthcare providers, as honest as possible and as authentic as possible?

And, you know, what I will say is that communities are excellent detectors at what is what's true, what's not authentic, but also, you know, who decides what's logical, and what makes sense, is really important. So in these communities, in the early stages of the pandemic, when the messages didn't make sense, it was because the infrastructure wasn't there, there was no history of investment, you know, there. We saw this in long term care homes, as well as access to PPE, even in the communities that had the highest rates of COVID, was very difficult to come by. So you know, we had to rebuild trust in each of those places. So compassion, I think, is taking steps on each of those measures. Right? How do we really show that we care about you? And not just today, but actually in a sustained way? So once the pandemic is, has ended, are we gone? Now, as the players, the government, or the health care system players that were there, did they disappear? Or do they have a longer tail and a sustained presence?

Helen 13:21

I mean, my hope would be that some of the, the lessons and the ways of working, and we're talking on the day after there was a long Woods event on Ontario health teams, right. So that there's actually a connection between all that good work in relationship building and trust and how you parsed out challenges using data and communications and community basically, community development. Right. Yeah. And the work on Ontario health teams, and also the Ontario health teams might expand their view of people that just think beyond just healthcare, but into housing and some of the spaces in between that you talked about at the beginning.

Sophia 14:05

Yeah. You know, it's interesting, I think in order to take this question seriously, from an Ontario Health team perspective, you have to be able to take a step back and really understand the connection between the gaps

that people experience in access and the sometimes poor experiences that they have in the system, with the things that are really meaningful challenges sustainability, right. So often people feel like equity is an important nice to have, but kind of a nice to have a not the burning platform. When you look at the health spend, and this is true in Canada as well as other jurisdictions. You break it down into segments of the population. This is where population health becomes very useful. You can see that above 5% of the population is responsible for almost 50% of healthcare spend. And when you go deep into that population, that 5%, what you see is people have tremendous health complexity, lots of comorbidities, but also tremendous social complexity. And it, you know, I think you have to break it down. This is where the human voice becomes really important. Why is it that being poor makes it hard for you to maintain your health? Well, you know, it's really difficult to prioritize that doctor's visit, or get access to the right food that's going to keep you healthy, and then on track with your diabetes management, or get access to the medications that you need if you don't have insurance. And so, there's really practical reasons why there's a heavy concentration of health care resources that are used in that space. And this is where I think it gets messy, right?

Like in policy, different from politics, we try to have discrete problems that we can like influence. What can we sort of spend money on? What can we measure? How can we track that? How do we know what's working. And so there's a real temptation to stay in these discrete boxes of these are the services I can provide within the walls of my organization. Anything beyond that is like beyond my scope of control, Ontario health teams in their conception, and also in their implementation in certain spaces, not everywhere, but in many places that we've seen.

If they're taking that mandate very seriously, they recognize that spanning beyond their own walls means partnerships, that are really effective, and a reciprocal relationship. So part of what made it work during the pandemic was the flexibility that the province offered, when the Ministry of Health gave funding to these agencies, they said, We need you to close the gap on PPE distribution, which means lots of touch points and in the community, we want you to do lots more tests. And eventually we'll ask you to do vaccinations. And that was it. Now here's your money, do what you need to do. Those 17 lead agencies, when asked to track and list by name, all of their partners came up with over 700 partners. And when you talk to

the partners, it was like the food bank, and they're like, Well, they gave us a bit of money for our volunteers. And they also helped us buy a fridge. Right?

So it was dollars that we use flexibly to strengthen the relationship. But the reach was phenomenal. So many people who wouldn't necessarily come to a testing clinic but had to show up at the food bank at least once a week, we're suddenly now within reach in ways that we hadn't been able to before. So, you know, if an Ontario Health team is taken seriously, drawing down the cost of the system, figuring out how to reach people much sooner. They're thinking, How do I reach outside the walls of our of our healthcare service partners, and get into community really meaningful ways? And it has to be reciprocal. So the community has to want you there. Yeah. And what you're offering has to reflect the priorities.

Helen 17:39

So what kind of work are you doing now?

Sophia 17:42

I mean, we're trying all kinds of interesting stuff.

Helen 17:45

Give me a couple of examples. Just beyond the pandemic, obviously, it was a huge moment for the province and for the, you know, the setup of the lab and the mandate and everything else. But where are you going?

Sophia 17:57

So right now we're thinking about ways that we can extend the logic of the high part of human new strategy into what's been called locally driven healthcare. And using the same concepts of really effective outreach, hiring people from the community, training them up the lab was given the privilege, I think, by the ministry to stay in the space after the program came into place during the pandemic, and provide training to all those community ambassadors. And we've been meeting with community ambassadors every week, or every two weeks in a community of practice, where they tell us what they need, and then we generate the training, and we bring it back to them. So I think, well, before we declared the end of the pandemic, those communities had had enough of the messages around the vaccine. But what they did say was, you know, we are not disinterested in health, though, what can you give us on the health front. And so what that

meant was different approaches, like community health fairs that would bring in the library and the other community partners, that we're familiar alongside cancer screening, chronic disease management information, ways of getting access to primary care. So we've been focusing on how to pivot away from the pandemic response, which was really about testing the vaccinations, to ensuring people have access to cancer screening. And very unfortunately, many of these communities are suffering from a lack of primary care. And they're waiting, and while they're waiting, finding ways to give them information that helps them manage their own health care needs. And to feel like they have some agency around that is part of the focus.

So that's one piece of our work as much as possible. We try to get upstream when we can. So we're rounding out a PHACK grant that we received around how do we build networks inside of seniors, buildings and seniors, communities where they're where folks have the opportunity to check in on each other and to articulate their own health goals. So it might be staying connected to my family or reconnecting with my family. It might be going out for walks. And those are all things that are outside of the purview of the healthcare system, but really meaningful for individuals when they're thinking about how do I feel good and feel and then invested in my own health and do all the other things that are supposed to come along with that.

So we've been doing that for three years in a program called Neighbours, that's now become a partnership with the libraries for like we can carry on this social connection program. So that's exciting. And then we just wrapped in March, we spent about 60 days in Belleville, at the request of Ontario Health, there was a state of emergency called by the mayor in February, remember, because a very high number of overdoses just over the course of a couple of days, the opioid overdoses in these communities is a real crisis that's has so many layers to it. And I think going in and spending some time with community members, with people's lived experience with their families with service providers, allowed us to unpack a series of insights, that, you know, help, I think, to inform where governments can invest in order to be able to create systems that offer off ramps from addictions and into treatment, into housing into the services that will really sort of begin to turn the tide on that crisis. So we finished that work, and in partnership with a group of seven organizations, their creative proposal for the province and look at.

Helen 21:17

I just want to pivot and talk a bit about you. You know, that's a different way of working, you know, then well, in my experience is, you know, senior public servants, right? It's, it feels very working with you have a small team, as I know, that quite diverse, small team, what leadership skills did you draw on in order to be able to work in that way? Because often, if you're, you know, in a more hierarchical organization, and you've spent some time in government, and it is hierarchical, you know, it's sort of speed, you know, trying impatience, and let's get to a solution quickly, and you talked about the siloed kind of thinking around problems. This is very lateral, and requires sort of deep connection. I'm putting, I'm doing my diagnosis here, but authentic leadership in order to be able to work with communities. What skills did you draw on to do this kind of work? Because it feels very different to me.

Sophia 22:24

That's interesting. I haven't, you know, I haven't thought I think maybe it's easier for me to talk about the examples of leadership that have sure informed the way that I work. I started in, in government in a very junior role as a temp admin temp person, we're talking about our first jobs and government, you know, you get to be a fly on the wall in rooms where people just talk in front of you, they don't really notice you're there, you learn a lot very quickly about where power sits, how does it work? You know, Who's powerful? And why? And you also begin to really understand how much like power is the undercurrent of everything that happens inside of government? And what are the tools for that? So on the on the civil service side, in public policy, I think power comes from your ability to harness what's available to you what stakeholders say that they want, what's the evidence base that's there?

How can you construct a really good diagnosis of the problem and then create some options that are grounded in evidence, and that are believable as a potential path. And that requires a lot of lateral working. So you have to be able to work across, you know, the stakeholder groups into the cube, you have to understand the systems really well. All of those things are the tools of the civil servant on the bureaucracy side. And the political side, it's a different, it's a lot different. I think it's politics. It's that that really takes it a little bit further from like, Well, what did we want to do? How are we going to do it? Or how did we do it to how do people feel about it, which is a really a sensing the environment, sensing the mood of your constituents, really

sensing did that feel like it worked? And so both of those things are really important in the work that we do we know where we start with an intention. We can see what evidence is available, we can construct some interesting things. But we'll never know actually, how it's going to feel for people, that asking and that's the part that I think I learned in politics. So this practice of going out and sitting and listening to people is something that I observed in that Matthews was the Minister of Health would say, When you're coming up to an election in the year beforehand, I expect all of my staff to go and sit in Tim Hortons and listen quietly.

You know, the Premier would ask questions like, how am I going to know if it's working? How other people know if that's going to work? Or if it's working and I'm like "what", that's more of a feeling question than it is a measurement question. So that was important. I think. I talk about her a lot in many spaces. But you know, I think of the most influential mentor in my career has been Camille Orridge, who was the CEO of the Toronto Central. And so we got the chance to work together for four years. And she taught me a lot, I was writing it down, I was like, Oh, there's some really obvious things about equity and how that works. But there were lots of things that Camille taught me about, you know, how to be bold. So I witnessed her, you know, walk into a room full of hospital CEOs, and essentially saying, when I carve this money out of your budgets, because I need to do something in community, that is about prevention. And I don't think that you have the line of sight to be able to do that. That's a bold move, not a very popular one, but a very effective one - she was brave, she was so brave. And she was also the brain, the courage came also with a lot of wisdom on my mind work, and what messages those hospital CEOs needed to hear in order to make that reasonable. Like this is also for you, like we're trying to figure out how to get outside your walls to prevent unnecessary cases coming to your emergency departments, and to create the conditions that people can be discharged. So there was a there was a deep understanding of what the audience on the hospital side required, and also the gap that she was filling in community. Another thing that I learned from her was really what it means to be fearless in your advice. And then to take the direction once it comes down and execute that, and with a high degree of fidelity. So I think that those are, those are important lessons, all those things inform the way that we think about building trust when we go into community but also trust with our government partners. Yeah, those are some of the skills and the I think the examples that I saw.

Helen 26:36

The trust, where it goes across all your experiences, right, you can't progress in a career unless there's some trust in your advice as a public servant, and certainly as a political staffer as well, that it is a game of trust and confidence. But it's also important that you have the trust and confidence of the stakeholders that you're working with. Otherwise, you know, you're really in trouble, the lines of communication break down, you don't know what's happening in the sector, you can't sniff out a problem. You can't form functional working relationships. It just doesn't work. Right. And so you've got to be bridged to both.

Sophia 27:18

And I think I've observed this with you and, and the many levels of government and even on the political side, there's that you have to have a sensitivity to every audience that you're working with, right? Like, What is it that they care about? Why do they care about it? How do I show that it matters to me too, and, and then there's the homework part of it. So whatever you're offering them has to hold water. Otherwise, you're not gonna have any credibility, the work of doing the work and really understanding the problem deeply thinking through what are some of the opportunities to intervene effectively, and then also presenting it in a way that responds to the audience's needs? And is also very authentic and honest. So I think one of the most important lessons that we learn when we're out in community, during the pandemic, and now about things like vaccines are, what are the things we know? What are the things we don't know? I think when you're honest about the things you don't know, they really feel a much higher level of certainty. But the things you were telling them you do know, in my experience, that's been true. And community, it's also been true in the system side.

Helen 28:20

So how did you go from being a temp to running an innovation lab that's having the kind of, you know, impact that you've had, that's an interesting journey. Yeah. And a little bit unusual, because the numbers of people who move from the public service side into the political side is relatively small, right? You're usually kind of start at one place or another. But you've done both. You know, as we were talking at the beginning, I mean, I started as a junior planner, making probably less money in the public service than I did when I was a TA at the University of Toronto, my masters. So you're gonna lean times at the beginning of a career, but what was the journey? Yeah.

And how did you build skills? I mean, obviously, Camille was a huge presence. And I would say for many of us, yes, yeah. But how did you build skills along the way?

Sophia 29:15

Um, good question. I. So I started as a temp because I graduated with my nursing degree and, for a lot of reasons, decided nursing was not going to be like a good path for me. At the time, there's a lot of instability in the field in terms of job security, but I loved the idea of going into government and being able to affect the reasons why there's not no job security for nurses. I was like, that's an interesting problem. And the only place that I can see that has a hand in that is How does government fund health care services and How does it affect who gets employed full time/not full time? I mean, like that kind of thing. So I started on a wing and a prayer. I took a temp job as an admin person, the Ontario Works branch and then bounced around a little went for a couple of years from that to into a junior policy position into a senior policy position, first in a number of the social service ministries, which is actually really instructive in understanding the social determinants of health better. And then I managed to find my way over to the place I wanted to be, which is the nursing Secretariat, like how does government create jobs stability for nurses, and I spent five years there, I started as an as a senior policy analyst and worked my way into the director role. And then this is one of the bits of advice that I give to people always do under fills. So if there is a job, and you can get paid less to do a job that is way beyond your skill set, you have the benefit of exactly the benefit of low expectations and learning into that space. And you'll get to stretch, and you'll be forced to stretch, actually.

And so you're spending all that time really trying hard to understand the environment and sense what's going on and figure out who matters in terms of a decision making and who has the real power. And all those things are the things you sense when you're in, in underfill roles. And so you get to stretch way beyond what's on your CV. And then the other bit of advice that I would give to people is just if there's something that you think is a place you would like to be, then you have to articulate that to people just say I want to be a director, by the time I'm 30, I would really be interested in finding out what goes on the other side of that door after as a policy shop, we give our advice, and then the political staff and then and then Minister take it away and then something comes out completely, like what happens in the in between? So I just started saying, you know is I if

there's ever an opportunity, I would love to be able to, you know, go over the political side on secondment, to help out in whatever way and lo and behold, one day they needed somebody who could help with their nursing strategy and Health Human resource policy. And I went over it on secondment for a couple of years and an upstanding five years. And it was interesting. I got there, Six months before the changeover of ministers from Smitherman to minister Kaplan. A year later, there was pretty seismic shift with Minister Kaplan and the eHealth scandal, which is very instructive, stayed on for Minister Matthews, and then went out to join Health Quality Ontario when he first got off the ground after the legislation was introduced, and was invited to go back to work as the premier said, health advisor. So like, you know, it was it was five years of being in this incredibly privileged position of working with deputies, and assistant deputy ministers and CEOs in the system, and seeing the whole healthcare system from a 60,000 foot lens. Also really understanding like, what do people talk about in the Cabinet Room? You know, at the cabinet table? What did they talk about a Treasury Board? How are those two things different? What happens at committee like, so you get to understand the machinery of government very different way. But it felt very far away from the problem. So when Camille invited me to go to the LIN to, to her strategy work, I was like, Yes, I would like to be just a little bit closer. And that got me a little bit closer to the question. But it's still in put me in communities. Actually, I was I was responsible for the communication strategy. But that time, I think, for the whole healthcare system engagement looked a lot more like telling rather than asking. And so I was looking at exemplars like what Ty was doing an open lab with Peter McLeod doesn't mass LBP innovation labs at West and with four, there's a number of them that do really exciting work. And then when the LIN CCAC merger happened, there was an opportunity to spin out something different. And actually, Steini Brown said to me, like, what do you really want to do? I'm like, I really want to run an open lab, but for equity and population health. And so you know, he said, Well just start saying that. And that's how that happened. That was trajectory.

Helen 33:53

That's amazing. I give similar advice. Although having not worked on the political side. I often just do a little stint in government, you don't have to love it. Yes, some of us did. But you know, that's not for you. That's just fine. But understand how it works and the unique considerations that decision makers have. And I've had, you know, wonderful conversations with a Fahad Razak and other members of the science table sort of that

after the fact and that's how, what the role of science and evidence is in decision making and how all those other things that you just talked about how it feels the noisiness of different constituencies. That's right, what it means to go back and deal with restaurateurs, who are not very happy because they're closed, what that feels like and why those things are also ingredients in decision making right

Sophia 34:46

100% We have this exercise that we play called Jobs Pains, and Gains when we're tackling a new project or walking in a new space. We know there's a lot of players there will sit with each person. You know, I'm sure I had Helen Angus on my list at one point I'm like what is Helen, why does Helen get out of bed every day? What makes it hard for her to do that thing that she has made her purpose? And what would make it easier? And I think the practice of walking in people's shoes just a little bit means that you're leading with curiosity, but also, hopefully, with empathy. Like really, What does it feel like to have to do that to run a health care system? What does it feel like to have to build the next generation of public health leaders, if you're at the School of Public Health, or feel the responsibility and the weight of being a CEO that's managing the entire, you know, health care system in Toronto and balancing it against the needs of those who are living in Thorncliffe? If you can spend time learning and the practice of listening and getting curious, it serves you really well in really being able to understand how those audiences play a role in the way decisions get made? And what ends up looking like at the end of the day.

Helen 35:54

Great advice. How does that, final sort of questions, how does that translate into policy? Because you're really good. You're I mean, you're amazing, Policy-mind. And so the generalizability of, you know, the work that you're doing into policy, we've talked a little bit about that. But how do these, how does the lab How does your work? Now working on the outside? How do you influence the big decisions that government makes, and you know, that some of the challenges that you've set for yourself are complex, right? I mean, like you, I started my career as an urban planner, so I have my backgrounds in housing, which I brought forward with me almost, you know, to every job and healthcare is just I think about that those first few years working in housing policy. Breaking down the silos between housing and health care, started at the beginning of my career, and still a challenge at the end. How do you try and move the thinking

inside government, on problems that, at least in my own experience were there when I got there in 1986, and are still there when I left in 2021? So shame on me, but ...

Sophia 37:16

no, I mean, I think you're talking to you're alluding to is that there's patterns of how these things happen, and how they how they play out. And I mean, these are really complex problems, you got to tackle them, I think with a clarity focus on what you need to understand really deeply. So what shapes people's behaviors around certain things. And then also laterally? Like how, how does that play out across a number of different, you know, public policy spaces or public spheres, there's, there's a practice, I think, to tackling complex problems from a policy angle, but also really understanding the politics of it. What I'll say is that this is what I say when I talk to students. If you really want to influence in any small way, like the big policy picture, you really do need to have mastery of the tools. And I think spend some time in government, I would say even not a little bit. But if you're going to spend a little bit then really lean into studying what's happening there. Understand, what are the mechanisms by which governments make decisions? How do options get formed? who informs them? What are the windows? What usually prompts a window to open and close? Understand, you know, the patterns of a year inside government? When are they going through the process of deciding what the allocation looks like next year? And how big is that window, you need to talk to like those, that mastery of that model is really important, then you can sort of understand where are the realistic places that we could influence, so I think that's part of it. And it's the benefit of spending a long time inside government is getting to see all those pieces, but it's written down in lots of places. So you don't have to spend, you know, 13 years in government to do that. I think the other side of it is really recognizing the politics is necessarily messy. It when you are bringing a decision to government you're bringing it to usually to cabinet and cabinet is made up of a bunch of politicians who have to answer to constituents and those constituents don't live their lives in health care, discreet from education, just like the constituents sit in the in the messy commons, right? They sit in the middle, so the politicians are an expression of what that complexity looks like. They're also pretty good whether or not that's gonna feel like it's gonna make a difference, right? So absolutely. You think really understanding how to speak to that complexity. So you're not trying to optimize the health care policy, you're bringing forward, what you're thinking about in relation to

housing and social services and the economic policy. So that I think that's part of it. I think that there's also you need to get very practiced at looking for patterns. So what's come before, how many times do we try, we don't derail the model. The 1% in and like Hotspotting became the Pharmacare, Here's another one. That's right. Many kicks at that many kicks, yeah, like, but every single time we learn something useful, and it keeps becoming a bit of a refinement, and what made it collapse and what made it work or not like those are the patterns are looking for. So the patterns will help you to understand what you're building off of. I always tell people, in addition to really understanding the system you're trying to influence you need to prepare. So you're gonna, you're gonna probably, if you're paying close attention, be able to anticipate what problem is going to break for the government in six months. It's August now, but I know eight months from now or six months from now, it's gonna be flu season, and emergency departments are gonna be overwhelmed. So how are we preparing now to have an answer for what can well rural communities can do to siphon some of those people off and to give them an alternative to the emergency department? So preparing and having an answer ready for the first little while the hospital CEO at Sinai, Gary Newton, who has been amazing support for the lab would come by and say like, he's I'm gonna lucky you guys are kind of house blue for that, right? I'm like, yes, yeah, it's really lucky.

But just be ready and then see the windows. So you gotta be paying attention. What are people saying is really hard for them right now. That's when you're, you know, the going joke is the lab always has a deck for everything. I'm like, tell me what your problem is. We see what we've got. But you know, you're, you're asking people, what's important to them, and what's peeking for them. Use your network, like, where gonna go, for sure. Like I, every stage of my career has been at the generosity of people in the network, who are like, oh, there's an interesting piece of work you'd be doing over here or a willingness to sit on our advisory board and give us really good advice. You know, you start building your network from day one and government I'm still very close friends with many of the people I was in as an admin with right and, and now they're all across government and many different roles. You just use your network. Yeah, I think that that's, that's how you learn to work with the currents of what's happening in the in the outside world and in the inside world of government.

Helen 42:11

Great.

Sophia 42:12
Cool.

Helen 42:12
Good luck. And I'm so happy to be a part of your advisory committee, because it's really amazing.

Sophia 42:19
Yeah, thank you. I really love it. I'm so grateful to everybody that sat on the advisory committee. It's the first thing that people say when they look at our website, they're like, Wow, that is quite the advisory table. And I'm like, yeah, they're very generous. Thank you.