

# Essential Readings and Continuous Learning in Healthcare Policy

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## Abstract

Using structured e-mail interviews with healthcare system leaders, this essay identifies essential readings that can guide today's policy makers toward meaningful healthcare reform. Combining qualitative analysis of expert recommendations with citation impact assessment, the study highlights key themes, including integration, community engagement, technological innovation and equity. Findings suggest that reform requires balancing structural changes with grassroots solutions and emphasizes adaptability in policy making. The research advocates a health systems reading feedback loop that continuously updates knowledge by integrating new insights and revisiting historical perspectives. This iterative approach underscores the need for dynamic, reflective strategies in addressing contemporary healthcare challenges for sustainable progress.

## Introduction

Expert reports have long shaped discourse in healthcare policy, offering both historical context and visionary frameworks for reform. Concurrently, while “must-read” lists abound in book publishing, few rely on expert solicitation to determine what policy makers should prioritize. To address this gap, my essay emerges from structured e-mail correspondence with a subset of Canadian healthcare thought leaders – policy makers, administrative leaders, clinicians and scholars – to curate a reading list that remains pertinent, if not urgent, in today's healthcare landscape. This essay does not seek to set forth a definitive reading list but rather to highlight key texts that have demonstrably shaped Canadian healthcare policy. The objective is to provide a resource and approach to reading that policy makers can use to inform decisions with evidence-backed literature.

Unlike passing trends in publishing, the books and reports identified by the leaders interviewed for this essay reflect enduring themes that continue to influence public policy and reform. In total, 30 such books and reports were identified through my interviews with 20 experts (i.e., some respondents gave two or more suggestions). Of these recommendations,

22 were explicitly healthcare-focused while eight selections drew upon insights from broader trends in public policy, economics and social sciences.

## Methodology

This investigation employed a mixed-methods approach to evaluate the influence and applicability of key healthcare texts. The qualitative component consisted of structured e-mail interviews with 20 health system leaders who were either editors of Longwoods Publications (including *Healthcare Quarterly*) or referred to me by those editors. Each respondent recommended a book or whitepaper essential for Canadian policy makers, with a rationale for its inclusion. To seek a balanced representation of perspectives, participants were selected to reflect a range of expertise across clinical, administrative, academic and policy-making roles. This approach helped mitigate selection bias and ensured that the recommendations captured a range of viewpoints within our healthcare system. The e-mail correspondence and information gathering took place from January 6 to January 23, 2025.

The quantitative component assessed citation impact to determine which works or reports have shaped both academic discourse and policy implementation in a sustained manner. By synthesizing expert judgment with bibliometric analysis, this methodology sought a balanced perspective between theoretical frameworks and real-world applicability.

## Key Themes Arising From Essential Readings Integration beyond structures

Integration in healthcare is often discussed but rarely realized effectively in practice. Among the most cited works on this theme was a 2000 paper by Peggy Leatt, George H. Pink and Michael Guerriere in *Healthcare Papers*, which outlines the characteristics by which patients would recognize a well-functioning, integrated system (Leatt et al. 2000). Leatt et al. (2000) contend that successful integration must address both systemic and human factors. Their insights have guided a suite of provincial reforms, including Alberta's centralized

referral system. Their framework, emphasizing the interplay among structural, clinical and financial integration, has been instrumental in prescribing other regional initiatives too, such as Ontario Health Teams and British Columbia's Primary Care Networks. These models demonstrate that successful integration extends beyond administrative restructuring to encompass patient experience and service coordination.

### Community engagement as a catalyst for reform

Cormac Russell's *Rekindling Democracy: A Professional's Guide to Working in Citizen Space* (Russell 2020) and *The Connected Community: Discovering the Health, Wealth, and Power of Neighborhoods*, co-authored with John McKnight (Russell and McKnight 2022), were highly recommended for their emphasis on asset-based community development. Russell and McKnight's framework has shaped initiatives in rural Canada, where localized solutions improve access and quality of care. These books trenchantly argue that healthcare crises – such as provider shortages in rural areas – cannot be solved by centralized policy alone and require localized, community-driven solutions. This axiom has been successfully applied in Indigenous healthcare programs in Northern Ontario, where community-led health initiatives incorporate traditional healing alongside Western medicine.

### Innovation and equity as complementary goals

The tension between innovation and equity is a recurring theme in Canadian healthcare policy. The Naylor report, *Unleashing Innovation: Excellent Healthcare for Canada: Report of the Advisory Panel on Healthcare Innovation*, presents a vision of healthcare as both a social program and an economic driver (Naylor et al. 2015). Marcel Saulnier, a health policy consultant and former senior official with Health Canada, observed that “what was refreshing in this report is that it brought a new perspective on what it will take to reform the healthcare system in Canada, including looking at the health system not only as a social program but as a potential contributor to economic growth” (M. Saulnier, personal communication, January 23, 2025). This dual role of healthcare – as a fundamental public good, such as roads and other infrastructure, and as a driver of economic progress – has become increasingly relevant in discussions on post-pandemic recovery and health system sustainability.

Similarly, two books noted, Michael Marmot's *The Health Gap* and Paul Farmer's *Pathologies of Power*, explain how equitable access to healthcare is not just a moral imperative for Canada but also an accelerant of the nation's system performance (Farmer 2003; Marmot 2015). The idea that health inequities exacerbate system inefficiencies is demonstrable in data on preventable hospital admissions and chronic disease management.

### Adaptability in policy and practice

Alasdair Roberts's *The Adaptable Country* was a repeat recommendation, emphasizing the work's insights on resilience and adaptability (Roberts 2024). As one respondent noted, “We are trapped in a political culture and highly centralized, statist model of healthcare that is proving to be nearly impervious to change.” Roberts's work offers a roadmap for breaking free from policy inertia by fostering a culture of responsiveness and innovation.

Hirschman's *Exit, Voice & Loyalty* was cited as a foundational text on incentives in public policy, reinforcing that systemic change requires aligning stakeholder incentives rather than relying on top-down mandates (Hirschman 1970). Both Roberts (2024) and Hirschman (1970) highlight the importance of responsive, flexible policy frameworks. Quebec's rapid reconfiguration of healthcare services during relatively recent crises exemplifies this approach (Denis et al. 2020). However, one challenge noted by multiple respondents is that adaptability requires not only policy flexibility but also a culture shift in institutions resistant to change. This resistance, often embedded in administrative inertia and rigid funding structures, remains a significant barrier to real-time policy evolution.

### From Theory to Practice: Case Examples Noted

The texts elicited through my interviews have inspired real-world transformations across Canada. Specifically, respondents noted how:

- *Alberta's centralized referral system* aligns with Leatt et al.'s (2000) integration model, demonstrating how structural reforms can enhance efficiency;
- *Newfoundland's mobile health units* apply Russell and McKnight's principles (2022), improving access in remote communities;
- *Ontario's digital health transformation* follows the Naylor report's (Naylor et al. 2015) recommendations, advancing telemedicine and artificial intelligence (AI)-assisted diagnostics;
- *British Columbia's Indigenous health partnerships* reflect community-driven strategies that enhance cultural competency; and
- *Quebec's agile crisis response model* embodies adaptability in policy execution, ensuring timely healthcare delivery during emergencies (Denis et al. 2020).

### Charting the Course Ahead

Jumping off their book and report recommendations, my respondents distilled current priorities that should, in their eyes, emerge from “must-read” books and reports. These priorities align with international trends in healthcare reform, particularly those seen in nations that have successfully

leveraged digital health advancements and community-based models to enhance service delivery. The most commonly mentioned were as follows:

- *Digital health transformation*: Expanding telemedicine and AI in a way that ensures equitable access.
- *Community engagement*: Strengthening participatory models to bridge systemic gaps.
- *Economic innovation*: Exploring outcome-based funding models and public-private partnerships.
- *Workforce development*: Investing in interdisciplinary training and digital literacy.
- *Policy adaptability*: Designing healthcare frameworks that can quickly respond to new challenges.

Jennifer Zelmer, the chief executive officer of Healthcare Excellence Canada, provided important context that should guide *how* we read about healthcare, not only *what* we read. Zelmer advises:

[R]ather than a book or white paper, my recommendation would be for policy makers and politicians to spend the time that they might have spent reading talking with a diversity of people who have an interest in healthcare, including both those who receive care and those who provide it, about what matters to them. There are lots of good writings, of course, but deep, meaningful engagement is a characteristic of high-performing health systems and not always a reality. (J. Zelmer, personal communication, January 13, 2025)

This inspires my key takeaway. What our leaders require, I feel, is a health systems reading feedback loop – one that continuously motivates a bias to reform by capturing and distributing new knowledge, and the relevance of old knowledge too.

### Conclusion

This analysis reveals that the most influential healthcare texts are not merely historical artifacts but evolving blueprints for reform. The synthesis of expert recommendations demonstrates that sustainable healthcare improvements require a combination of system integration, community empowerment and adaptive policy frameworks.

Critically, this reading list does not function as a prescriptive solution but as a toolkit for policy makers. It is only by engaging with these works – and, as Zelmer suggests, complementing them with authentic, real-world dialogue – that leaders can assess the complexities of Canadian healthcare reform with a more informed and holistic perspective.

Policy makers must go beyond reading – operationalizing insights requires interdisciplinary collaboration, political will and a commitment to continuous learning. But reading matters. As Canada faces ongoing challenges in healthcare delivery, access and quality, the principles embedded in these essential readings offer a foundation for evidence-based, equitable and forward-thinking policy development. The path ahead requires not only reading but also active implementation of these insights in the service of a healthier, more resilient nation. **HQ**

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