UNIVERSITY OF TORONTO
DALLA LANA SCHOOL OF PUBLIC HEALTH

Proposal for the Creation of a New Faculty:

The Dalla Lana School of Public Health

April 25, 2013

1. Executive Summary

This proposal is for the transition of the existing Dalla Lana School of Public Health (DLSPH), currently an EDU:A at the University of Toronto, to Faculty status, creating the Dalla Lana School of Public Health as a new Faculty, effective July 1, 2013. As summarized in the proposal, the origins of the DLSPH date back to 1927 when the School of Hygiene was established at the University of Toronto with support from the Rockefeller Foundation. After several decades of prominence, the School fell into decline and its units were disbanded in 1975, with most of the faculty and programs transferred to the Faculty of Medicine (FOM) into a newly created Division of Community Health. Then, with the national renaissance of interest in public health that followed the 2003 SARS crisis in Canada, leading researchers and educators in public health at the University engaged in a thorough planning process to create a new unit that would bring together strength in public health from across the University. With a $20 million gift from the Dalla Lana family, the DLSPH was established in 2008 as an EDU:A. In the 5 years since, the DLSPH has matured, grown in size and coalesced into a strongly integrated academic entity. With robust research and teaching programs, over 300 affiliated faculty, over 400 students, and research awards exceeding $30 million per year, the Dalla Lana School of Public Health is now ready to become a Faculty and based on a strong strategic plan, to become a global leader in public health.

This transition to a Faculty status was envisioned during the discussions that led to the establishment of the DLSPH in 2008. It was understood then that almost every leading School of Public Health in both the United States and Canada was structured as a freestanding Faculty and that the DLSPH would require comparable status to optimize the School's ability to compete for the best faculty, students, research funding and influence, both in Canada and globally. As this proposal argues, Faculty status will better position the DLSPH to reach its full potential to generate the discoveries and train the next generation of graduates needed to address the enormously complex and interconnected challenges facing the health of populations locally and globally in the 21st century. In leaving the Faculty of Medicine, the proposed Faculty recognizes that it will face challenges and be assuming significant new responsibility. It is however, convinced that the DLSPH has the level of maturity and the faculty reputation, research and education profile necessary to take its rightful place amongst other freestanding Schools of Public Health. The current proposal is based on a prolonged and inclusive process of strategic decision making in which the School has set out a clear plan for the way forward and the School's leadership has worked closely with the Faculty of Medicine, The Provost's Office and Planning and Budget to establish the Faculty on a strong fiscal and organizational foundation. The DLSPH has benefitted from its long history with the Faculty of Medicine. At this juncture in the School's development, the benefit of becoming a Faculty to the School's profile, status and brand are paramount.

The proposed new Faculty will encompass all existing faculty appointments and academic programs in the School. The School will retain its name as the Dalla Lana School of Public Health. The vision of the DLSPH as its own Faculty is consistent with the strategic directions of the University as well as, specifically, the senior leadership of the FOM. Consultation on the transition have been conducted with key relevant constituencies of the DLSPH and FOM, including academic leadership, faculty and students throughout the process, with endorsements sought and obtained by the faculty/school Councils of each[1]. The Council of Health Sciences has also been consulted.

[1] This will be updated as the Faculty/School Councils of each formally review and approve the proposal, scheduled in April 2013.

By improving the ability of DLSPH to compete for the best students, faculty, and research funding, the transition to Faculty status is expected to positively impact the DLSPH's academic programs. The current DLSPH Graduate Department, the Divisions[2] and the DLSPH-based Institute for Global Health Equity & Innovation will remain largely the same. The DLSPH has been (in 2010) and will continue to be subject to periodic review under the University of Toronto Quality Assurance process. It has already established its own External Advisory Committee. No significant changes in space or facilities accompany this proposal. However, it is noted that an expansion of the DLSPH space footprint is anticipated given the School's on-going increase in faculty complement, strategic addition of senior administrative positions (Communications, Advancement) and student enrolments and the School's planned participation in the on-going University-wide capital campaign.

The five-year budget projections for the DLSPH have been developed in close consultation with the Office of Planning & Budget (P&B), and the FOM. The objective of the planning exercise was to ensure that revenue and expense projections for the new Faculty are based on reasonable assumptions, and that adequate resources are put in place to launch the new Faculty on a financially sustainable basis. The projections have been prepared based on the principles and methodologies of the University's budget model. Section 12 of this proposal and its accompanying Table summarize the five-year revenue and expense projections for the Faculty. The transfer of the reference level University Fund from the FOM, as well as a new University Fund allocation, will ensure the new Faculty is financially viable as it moves through the transition period. Overall, the projections indicate a balanced budget. The DLSPH has built up a modest reserve fund; in years where a small deficit is projected, the Faculty will rely on this reserve fund to close the gap. Afterwards its longer term financial viability will be secured if, as part of its further development, it builds or partners with in a systematic way, an undergraduate program.

2. Brief Statement of Purpose:

This document proposes the transition of the existing Dalla Lana School of Public Health (DLSPH) at the University of Toronto (currently an EDU:A) to a Faculty and the creation of the Dalla Lana School of Public Health as a new Faculty, effective July 1, 2013. The proposed new Faculty will encompass all existing faculty appointments and academic programs in the School (no additional activities will be transferred at this time). The new Faculty will retain its name as the Dalla Lana School of Public Health (as opposed to the Dalla Lana Faculty of Public Health). This proposed nomenclature is in line with norms in the field.

3. Background/Context

This proposal represents the culmination of a long history dating back to the establishment, with funding from the Rockefeller Foundation, of the original University of Toronto School of Hygiene in 1927. As documented in a two-volume history commissioned by the Canadian Public Health Association[3] and as described in the

[2] Divisions" in this context refers to the discipline-based units that were created within the DLSPH for the purposes of administration of faculty and student affairs, consistent with the Divisions that exist within the Departments of the FOM (e.g., the Divisions of Cardiology, Gastroenterology, and Infectious Disease within the FOM's Department of Medicine).

[3] PA Bator and AJ Rhodes. *Within Reach of Everyone: A History of the University of Toronto School of Hygiene and the Connaught Laboratories. Volumes I and II.* Ottawa: the Canadian Public Health Association. 1990.

School's recent 2010 self-study (prepared for the 2010-11 external review of the School)[4]; the School of Hygiene was the first institution in Canada to offer comprehensive training for public health researchers and professionals, originally largely through Diploma programs. Until 1975, the School of Hygiene remained the major focus of public health and academic training in English-speaking Canada. In 1975, after a period of decline, the School of Hygiene was disbanded, with most of the faculty transferred to the Faculty of Medicine, specifically to a new Division of Community Health with three departments: Behavioural Science, Preventive Medicine & Biostatistics and Health Administration, together with a semiautonomous Occupational & Environmental Health Unit. The Division continued to offer research masters and doctoral degrees and shortly after its formation replaced the School of Hygiene's diploma programs with professional Master's degree programs.[5] In 1997, the Department of Health Administration became a separate graduate unit and in 2001 was renamed the Department of Health Policy, Management & Evaluation (HPME). In 1997, the Department of Preventive Medicine & Biostatistics (which then included the Occupational & Environmental Health Unit) merged with the Department of Behavioural Science to create the Department of Public Health Sciences (PHS).

A national renaissance in public health began in Canada with the SARS crisis of 2003 and the subsequent Naylor report[6], which led to the establishment of the Public Health Agency of Canada and the Ontario Agency for Health Protection and Promotion (now known as Public Health Ontario). In 2008, following the recognition that the renewal of public health created an outstanding opportunity, and obligation[7], for the University of Toronto in relation to academic public health, the School of Public Health at the University of Toronto was established as an EDU:A, largely out of the Department of Public Health Sciences[8]. At the time, the discussions assumed that the School would move eventually to Faculty status. Shortly thereafter, the new EDU:A was named the Dalla Lana School of Public Health in recognition of a generous $20 million gift from the Dalla Lana family, the largest donation to academic public health ever made in Canada.

In the last 5 years, the DLSPH has grown and matured in all respects. It has completed a strategic plan,[9] developed and received approval for its own Constitution, recruited a new permanent Director in July 2012 (who spent a combined 22 years at the Schools of Public Health at the University of Michigan and Harvard), established and convened its own School Council and established its by-laws, and developed, through an intensive process of consultation with its faculty and many stakeholders, a specific vision of how it will lead globally (Appendix A). It has robust research and teaching programs, with over 300 faculty, over 400 students, and research awards, contracts and fellowships exceeding $30 million per year. It is the primary home for (or primary faculty affiliation for directors of) a number of leading centres of excellence, including, for example, those related to research and training on HIV/AIDS, global health, tobacco impacts on health, public health policy,

[4] *Self Study for External Review of the Dalla Lana School of Public Health.* December 1, 2010. http://www.dlsph.utoronto.ca/page/dalla-lana-school-public-health-self-study-external-review .[5] Beaton GH. Community health: a new approach in the University of Toronto. *Canadian Journal of Public Health* 1974; 65: 463-6.

[5] Beaton GH. Community health: a new approach in the University of Toronto. *Canadian Journal of Public Health* 1974; 65: 463-6.

[6] National Advisory Committee on SARS and Public Health, David Naylor, Chair. *Learning from SARS: Renewal of Public Health in Canada.* Ottawa: Health Canada. October, 2003.

[7] *Proposal to Establish a School of Public Health at the University of Toronto.* (Approved by the Governing Council, 2008); http://www.governingcouncil.utoronto.ca/AssetFactory.aspx?did=5058

[8] The Department of Health Policy, Management and Evaluation remained separate and transitioned, in 2011, into the Institute of Health Policy, Management and Evaluation (an EDU-A), with joint reporting to the FOM (as primary) and the DLSPH (as secondary).

[9] http://www.dlsph.utoronto.ca/page/strategic-plan-2012-15

public health practice, occupational disease and disability, air pollution, genomics, inner-city health, and circumpolar health.

4. Comparisons to Other Schools of Public Health (or their equivalent)

The proposed Faculty status for the DLSPH would bring the unit in line with norms in the field. Globally, the vast majority of Schools of Public Health exist either in the United States or Europe. The Schools of Public Health in the United States remain the most useful benchmark, since standardized data for comparisons are made available through the U.S.-based Association of Schools of Public Health (ASPH), the national organization representing Schools of Public Health accredited by the Council on Education of Public Health (CEPH). This is in contrast to the Schools of Public Health in Europe, which, while organized into the Association for Schools of Public Health of the European Region (ASPHER) since 1966, do not offer publicly-available compiled and standardized data.

Although there are currently 50 Schools of Public Health accredited by the CEPH in the U.S. as of 2012, we will refer to the 45 Schools of Public Health accredited as of 2010 [10], the last year for which summary statistics are available. Of these 45, it is estimated that over 90% are the equivalent of Faculties.[11] With respect to rankings, among the accredited Schools that are ranked in the top 25[12], only one, the Yale School of Public Health is not a Faculty. With respect to student enrolments, among the 45 accredited U.S. Schools, the current student enrolment figures for DLSPH (434 in 2012-2013) indicate that it already has the 22nd highest total. Thus, in comparison to U.S. Schools of Public Health, DLSPH has the dubious distinction of not being a Faculty despite already having a significant student population.

In Canada, in addition to the DLSPH, there are 4 Schools of Public Health that have been established of which we are aware: the Schools of Public Health at the University of Alberta, the University of Saskatchewan, the University of Montreal, and the University of British Columbia. The School of Public Health at the University of Alberta is the only one so far in Canada which has gone through the process of accreditation by the U.S.-based Council for Education in Public Health. It is a Faculty[13] despite having, in comparison to DLSPH, fewer students (approximately 300 versus over 400), fewer core faculty (36 versus 47), fewer jointly appointed or cross-appointed faculty (92 versus over 250), and less research funding (approximately $10 million/yr versus approximately $30 million/yr). The School of Public Health at the University of Saskatchewan, which has chosen to pursue accreditation through ASPHER, is described as “a new interdisciplinary entity” of the University.[14] Its configuration and place in the reporting structure of the University is unclear, however. Similarly, the School of Public Health at the University of Montreal is described as a “strong sector, present within the Faculty of Medicine as well as in other faculties and schools and particularly the Faculty of Arts and Sciences, the Faculty of Nursing and Faculty of Veterinary Medicine”,[15] but its place in the reporting structure of

[10] The latest figures that are currently publicly available; from the website of the Association of Schools of Public Health; http://www.asph.org/document.cfm?page=749 (accessed January 26, 2013)
[11] Defined as reporting directly to the home institution’s Provost or Provost-equivalent (as opposed to, for example, reporting to a Faculty of Medicine).
[12] US News & World Report: http://grad-schools.usnews.rankingsandreviews.com/best-graduate-schools/top-health-schools/public-health-rankings (accessed December 15, 2012)
[13] http://www.publichealth.ualberta.ca/en/about_us.aspx , accessed January 26, 2013.
[14] http://www.usask.ca/sph/about_the_school/index.html, accessed January 26, 2013.
[15] http://www.espum.umontreal.ca/page/sante-publique.html , accessed February 1, 2013.

the University is also unclear. The School of Public Health at the University of British Columbia remains a unit within the Faculty of Medicine.[16]

Outside of North America, the oldest and best established School of Public Health, the London School of Hygiene and Tropical Medicine[17], has been a stand-alone unit in the United Kingdom since its inception in 1899 (it has been a School within the University of London since 1924). The rest of the landscape is varied. In Australia, for example, there are 6 Schools of Public Health[18], mostly new and tied to Faculties of Health Science or Faculties of Medicine. Elsewhere, there has been a recent explosion of new Schools of Public Health (or their equivalent, such as the new Schools of Public Health being created by the Public Health Foundation of India[19]). Of those at major universities, some remain tied to medical schools (such as the College of Public Health at Shanghai Jiao-Tung University[20]), while others are their own Faculty or equivalent (such as the John P Grant School of Public Health[21] at BRAC University [Bangladesh], and the School of Public Health at the University of Sao Paolo[22]).

5. Academic Rationale

Becoming a Faculty will place the DLSPH on an equal footing with comparable Schools of Public Health, allowing it to compete for the best faculty, students, research funding and influence, both in Canada and globally. The ability to compete at this level will help the DLSPH to reach its full potential to generate the discoveries and train the next generation of graduates needed to address the enormously complex and interconnected challenges facing the health of populations locally and globally in the 21st century. As examined, for example, by national commissions in Canada[23], the United States[24], and the World Health Organization[25], these challenges vary somewhat from country to country but have much more in common than ever before. They span chronic issues such as tobacco-related diseases, the HIV/AIDS epidemic, toxic environments, and limited access to health care (even where universal health coverage may exist), to rapidly changing issues such as the obesity epidemic, newly recognized infectious agents, antimicrobial resistance and bioterrorism. In many parts of the world, old and new problems co-exist in discordant ways. In many rapidly developing countries, for example, malnutrition persists in a large proportion of the population while a growing middle class experiences a dramatic rise in obesity and diabetes. The effects of globalization, including the accelerating movement of peoples, foods (and associated microbes), industries, products, wastes, cultures and attitudes have accentuated the inter-connectedness of public health problems as well as

[16] http://www.spph.ubc.ca/AboutUs.htm , accessed February 1, 2013.
[17] http://www.lshtm.ac.uk/; accessed January 26, 2013.
[18] http://oztrekk.com/programs/public_health/PG/sydney.php; accessed on January 26, 2013.
[19] http://www.phfi.org/; accessed on January 26, 2013.
[20] http://english.shsmu.edu.cn/default.php?mod=article&do=detail&tid=329483; accessed on January 26, 2013.
[21] http://sph.bracu.ac.bd/; accessed on January 26, 2013.
[22] http://www.fsp.usp.br/site/; accessed January 26, 2013.
[23] The Ad Hoc Committee on the Future of Public Health in Canada. *The Future of Public Health in Canada: Developing a Public Health System for the 21st Century*. Ottawa: The Institute of Population and Public Health, Canadian Institutes for Health Research. 2003. Available at http://www.cihr-irsc.gc.ca/e/19573.html
[24] Committee on Assuring the Health of the Public in the 21st Century. Board on Health Promotion and Disease Prevention, Institute of Medicine of the National Academies. *The Future of the Public's Health in the 21st Century.* Washington DC: The National Academies Press. 2002. Available at : http://www.nap.edu/openbook.php?isbn=030908704X
[25] Speech by Margaret Chan, Director-General, World Health Organization, to the Sixty-fifth World Health Assembly, Geneva, Switzerland, 21 May 2012; available at http://www.who.int/dg/speeches/2012/wha_20120521/en/index.html

their solutions. All of these factors contribute to the requirement of modern Schools of Public Health to have the critical mass and depth of intellectual resources and skills to conduct the multi-disciplinary research needed to generate solutions and train the next generation of leaders to implement them. In addition, critical mass and a visible identity as a stand-alone unit is necessary for the DLSPH to be able to compete globally with other Schools of Public Health for the enormous sources of funding that have recently arisen for major population-based initiatives (and that remain largely intact, despite the recent global economic downturn; discussed further below). That these funds have become available is a reflection of the insight, imbedded in the Millennium Development Goals[26], that the perception of health among governments and donor agencies has changed, from a drain on resources *to a driver of socioeconomic progress*.

In terms of research and training, Faculty status will optimize the ability of DLSPH to become the central pillar for many of the large, multi- and trans-disciplinary initiatives that characterize much of the best in public health scholarship today, such as Centres that are devoted to large-scale population-based studies; the control of HIV/AIDS and other infectious diseases; policy evaluations and comparisons; population-wide genomics; urban public health; etc. The steep ascendancy of Schools of Public Health as engines of research and scholarship has been accompanied by a steep increase in the numbers of Schools of Public Health (29 in 2001 to 50 in 2012 in the U.S., for example) and the intensity of the accompanying competition. Schools of Public Health have become the dominant institutions successfully competing for the enormous resources that have been recently devoted towards addressing the world's public health problems. The latter includes not only traditional sources of biomedical research, such as the U.S. National Institutes of Health and the Canadian Institutes for Health Research, but new public and private efforts, such as the Global Health Program of the Bill & Melinda Gates Foundation[27] ($25 billion since 1998), the U.S. President's Emergency Plan For AIDS Relief (PEPFAR/Emergency Plan; over $20 billion since 2003), new programs of the U.S. Agency for International Development[28], the new Populations program of the Burroughs Welcome Trust Fund[29] and the Health Programmes of the European Union[30]. The high visibility of the problems being addressed, the expansion of the public health workforce (and numbers of students applying to schools of public health), and the increasing availability of such funding has driven a marked expansion in the numbers of Schools of Public Health. Using the U.S. and Canada as an example, there were 29 and 0 Schools of Public Health, respectively, in 2001; versus 50 and 5 Schools of Public Health, respectively, in 2012. This has, unsurprisingly, greatly heightened competition for funding, whether from public or private sources.

What are elements for being able to compete successfully for funding? Of course the quality of the activity being proposed is paramount; however, competing successfully inevitably also requires convincing peer-reviewers that institutional applicants have the infrastructure and resources to leverage resources being sought to maximize productivity and impact, a factor that is explicitly scored in most grant applications. And today, it is expected that a School of Public Health with the critical mass of infrastructure and resources needed to mount complex projects is an independent Faculty (see discussion of other Schools of Public Health in the section above). To wit, gone are the times when a School of Public Health could be absorbed into a Medical School as a Division of

[26] http://www.un.org/millenniumgoals/
[27] http://www.gatesfoundation.org/global-health/Pages/overview.aspx; accessed January 28, 2013.
[28] http://www.usaid.gov/work-usaid/get-grant-or-contract/opportunities-funding; accessed January 28, 2013.
[29] http://www.bwfund.org/page.php?mode=privateview&pageID=159; accessed January 28, 2013.
[30] http://europa.eu/pol/health/index_en.htm; accessed January 28, 2013.

Community Health and still be seen as an influential center for Public Health Scholarship, as was the case with the University of Toronto in 1975[31].

Proposed configuration of the DLSPH as a Faculty

The proposed new Faculty will encompass all existing faculty appointments. This includes 25 tenured/tenure stream[32], 22 contract[33], 190 status-only[34], 74 adjunct and 16 cross-appointed faculty

All existing academic programs in the DLSPH will be transferred to the new Faculty, unchanged. They include:

Graduate:

1. PhD in Public Health Sciences offered in 3 fields – Biostatistics, Epidemiology and Social & Behavioural Health Sciences.
2. Masters of Public Health (MPH) in Public Health Sciences, offered in 5 fields – Community Nutrition, Epidemiology, Family & Community Medicine, Occupational & Environmental Health, and Social and Behavioural Health Sciences.
3. MSc in Public Health Sciences, offered in 1 field – Biostatistics.
4. Master of Science in Community Health (MScCH), offered in 5 fields – Addictions & Mental Health, Family & Community Medicine, Health Practitioner Teacher Education, Occupational Health Care, and Wound Prevention & Care.

The DLSPH also participates in 14 graduate Collaborative Programs; this will remain unchanged.

All of these graduate programs will continue to be offered, with no change, through the School of Graduate Studies, within the new Faculty. Some new initiatives are being discussed and planned, such as a combined MD/MPH program, but these will be brought forward for approval, as appropriate, as separate proposals.

The DLSPH also offers two Royal College of Physicians and Surgeons of Canada postgraduate residency programs, one in Public Health & Preventive Medicine, and one in Occupational Medicine. These programs will remain housed in the DLSPH's Divisions of Clinical Public Health and Occupational & Environmental Health, respectively, with joint administrative oversight by the DLSPH and the FOM's Office of Post Graduate Medical Education. These programs will also remain unchanged.

[31] Beaton GH. Community health: a new approach in the University of Toronto. *Canadian Journal of Public Health* 1974; 65: 463-6.
[32] Plus an additional 6 positions in the budget projections – 4 faculty searches are underway and an additional 2 from the CUSP initiative expected for next year.
[33] This includes 6 CLTA positions (under the 5 year limit, funded through operating funds); 8 grant funded positions (therefore, exempt from the 5 year limit); 4 part time faculty (< 0.75FTE, therefore not technically CLTA); 1 secondment; and 3 that fall outside the strict definition of CLTA (which, for the most part, are longstanding arrangements).
[34] University status only.

Although the DLSPH offers no undergraduate degree programs, DLSPH faculty currently offer 11 courses in the Faculty of Arts & Science curriculum, many as a result of the Provost's Undergraduate Course Development Fund (UCDF) initiative.[35] These are expected to continue, unchanged, within the new Faculty. New, additional, undergraduate initiatives are in early stages of discussion at the School, but are not part of this current proposal. Any new initiatives would be brought forward for approval, as appropriate, as separate proposals.

No additional academic activities will be transferred at the current time as part of this proposal. However, the University has identified the DLSPH as the academic unit that will become the leading University centre for scholarship on health services administration and health policy. The DLSPH and IHPME (currently the largest centre for scholarship in these areas) will be working together to develop proposals for integrated academic programs and other activities to support this vision and will produce a proposal after the DLSPH is anticipated to become a Faculty, but before the end of 2013. This approach has been agreed to by both academic units.

The School will retain its name as the Dalla Lana School of Public Health (as opposed to the Dalla Lana Faculty of Public Health), which will allow it to adhere to the convention relating to all the top Schools of Public Health in the United States as well as other global-leading institutions (such as the London School of Hygiene and Tropical Medicine) and in Canada (such as the School of Public Health at the University of Alberta). It will also conform to the model of the Rotman School of Management at the University of Toronto, which chose to retain this name after becoming a Faculty.

6. Fit with University's Strategic Direction

The vision of the DLSPH as its own Faculty is consistent with the strategic directions of the University as well as, specifically, the Faculty of Medicine. Growth in student enrolments at DLSPH is consistent with the growth in graduate student enrolments that has been incentivized by the Ontario Government and planned by the University of Toronto in *Towards 2030*[36]. Notably, the specific vision of how the DLSPH will lead globally (Appendix A) calls not only for its transition to Faculty status, but also the continued close collaboration of DLSPH with the FOM on a range of activities that require integration of public health and medicine to optimize research and training. For example, both the DLSPH and the FOM will remain as the primary working partners on research and training initiatives with respect to the Institute of Health Policy, Management and Evaluation (IHPME) and the new Institute for Global Health Equity and Innovation (IGHE&I)[37]. The FOM and associated clinical departments will also be the main partners on research and training initiatives based in the DLSPH's new Division of Clinical Public Health, including the planned combined MD-MPH program (proposal under development, to be launched in 2014-2015). This and many other education and research initiatives

[35] The courses are: GGR 434H: Building Community Resilience, HMB 325H: Statistics Applied to Human Biology, HMB 342H: Epidemiology of Health & Disease, PHS 300H: HIV Prevention Research, STA 365H: Applied Bayesian Statistics, STA 465H: Theory and Methods for Complex Spatial Data, UNI 330H: Population Health, and UNI 373H: Epidemiology (all currently listed in the most recent Arts & Sciences Calendar). In addition to these 8 are the most recent 3 which will be added when the Calendar is next published: GGR 400S: Built Environment & Health, HMB 436H: Human Fungal Interaction, and PSY 407H Addiction as a Disorder of Consumption.

[36] http://www.towards2030.utoronto.ca/files/2030_REDUXv7.pdf; Chapter 3: Long-term Enrolment Strategy; accessed January 16, 2013.

[37] The Institute for Global Health Equity & Innovation is an EDU-C housed within the DLSPH, as approved by Governing Council.

articulated in the 2011-2016 FOM Strategic Academic Plan and the 2012-2017 FOM Research Strategic Plan[38] demonstrate alliances that will benefit from DLSPH becoming a close, strong independent partner.

7. Academic Priorities/Goals

The DLSPH (and its predecessor departments) have benefitted enormously from being a part of the FOM. Over the past 38 years, the FOM has supported and nurtured the re-development of Public Health within the Faculty. This is particularly evident in the past 5 to 6 years, with the establishment of the DLSPH and the investments made in its development. It is now appropriate for the DLSPH to achieve the expected norm nationally and internationally, with the added profile of an independent Faculty. There will inevitably be challenges ahead. The School is well positioned and prepared to meet these challenges in order to reach its full potential and optimize its ability to compete for the best faculty, students, research funding, support of private donors and influence, both in Canada and globally. In terms of research, Faculty status will optimize the ability of DLSPH to compete nationally and internationally with other leading Schools of Public Health to become the central pillar for many of the large, multi- and trans-disciplinary research and training initiatives (and associated funding agency and donor initiatives) that characterize much of the best public health research today, such as the Centres that are devoted to large-scale population-based studies; policy evaluations and comparisons; population-wide genomics; the control of infectious disease; urban public health; etc.

In terms of academic priorities and goals going forward, DLSPH is currently engaged in solidifying the strategic directions it will pursue that build on the strategic plan for 2012-2015 that it had developed last year. A current working draft of the vision surrounding these strategic directions is provided as Appendix A. The vision incorporates confirmation of the continuing need to maintain and strengthen DLSPH's "bench strength" in the five basic disciplines that define modern public health academics (epidemiology, biostatistics, social & behavioural health sciences, occupational & environmental health, health policy and management); emphasis of several core universal values that shape how DLSPH makes decisions and selects priorities; and the identification of 3 overlapping themes that represent, simultaneously, areas with enormous unmet needs for outstanding scholarship; areas of research and/or training for which DLSPH and its partners have major strengths; and areas which, when blended together, offer outstanding promise for synergy as well as "branding" for DLSPH. These 3 overlapping themes are: Healthy Cities & Communities; Global Health; and the Integration of Public Health with Clinical Medicine ("Clinical Public Health").

In terms of students, transitioning to become a Faculty will strengthen the identity, profile and attraction of DLSPH when competing for the best students—an increasingly important factor given the recent explosion of public health degree programs in Canada, which are offered by many Universities in addition to those that have Schools of Public Health. Whereas 10 years ago there were fewer than 5 public health degree programs in Canada, today there are 19.[39] Transitioning to a Faculty will also enhance the students' profiles in the job marketplace. The ability of DLSPH to compete for the best students and for the graduates of DLSPH to compete for the best jobs will relate to perceptions of the School relative to other Schools of Public Health (in Canada or the U.S.), comparisons that were

[38] U of T Medicine. *Strategic Academic Plan 2011-2016, Research Strategic Plan 2012-2017.* Both available at http://medicine.utoronto.ca/3dissue/uoftmedicinestrategicplanv1/index.html

[39] http://www.phac-aspc.gc.ca/php-psp/master_of_php-eng.php#g accessed December 15, 2012.

discussed in Section 4 above and that indicate, again, the importance of completing the process of DLSPH becoming a Faculty.

8. Consultation

The vision of the DLSPH as its own Faculty is consistent with the strategic directions of the University as well as, specifically, of the Faculty of Medicine. The FOM's senior leadership has been consulted in every aspect of the proposed transition of the DLSPH to Faculty status, including, the establishment of the separate DLSPH budget. A recent draft of this proposal was discussed and unanimously approved "in principle" by the DLSPH School Council, including all of the faculty and student representatives, on January 21, 2012. In addition to the student representatives, there were a number of additional students in attendance. A question arose regarding the impact of the creation of a new Faculty on the PhD Funding Policy. Students were assured that Funding Policy issues were not affected by the transition to Faculty status. There have also been 2 Town Hall meetings with groups of students at which this matter was discussed. Students understood that there would be little impact on their graduate programs/degrees and that this proposed change was seen in a positive light. Students in DLSPH graduate programs have not tended to have a strong sense of affiliation with the Faculty of Medicine per se, but instead have seen their primary association as being with the School of Public Health and their discipline.

It is important to acknowledge that in the course of consultations made as part of this proposal, some DLSPH faculty members voiced concern over the ability of DLSPH scholarship to retain the advantages of having close ties with clinical faculty and clinical departments that was afforded by being a unit within the FOM. In fact, even while DLSPH transitions to become a Faculty, it is *strengthening* its ties with the FOM and FOM clinical departments through DLSPH-FOM collaborations on, for example, the Determinants of Community Health curriculum (required for FOM undergraduate medical curriculum), the Preventive Medicine and Public Health Residency program, the Occupational Medicine Residency program, and the planned MD-MPH program. Most of these activities will be conducted through the new DLSPH Division of Clinical Public Health, which was specifically created to enhance collaborations and scholarship on the integration between public health and clinical medicine (and other clinical professional activity).

The proposal was also discussed, with no dissension appreciated, at the February 5, 2013 meeting of the Council of Health Sciences Deans[40]. Consultations and discussions will continue with additional student groups, faculty, staff and relevant committees and Councils in a sequence of steps provided in Table 1.

[40] Including the Deans of the Faculties of Nursing; Pharmacy; Social Work; Kinesiology & Physical Education; Medicine; and Dentistry; and representation from the Rehabilitation Sciences Sector of the FOM.

Table 1: Timetable of Consultations (*: completed)						
	Month					
Unit	January	February	March	April	May	June
DLSPH	Executive Committee (Jan 15*); General Faculty (Jan 21*); School Council Executive Committee (Jan 28*)	School Council (Feb 4*);	General students (March 4,6)* (additional meetings to be scheduled)	Full Faculty & Staff meeting (April 4) School Council (April 8)		
FOM			Graduate Education Committee; Education Committee; Research Committee;	CEPD Committee Faculty Council Agenda Committee; Faculty Council		
Other		Provost's Advisory Group*	Institute for Health Policy, Management, and Evaluation; Council of Health Sciences		Planning & Budget	Academic Board; Governing Council

Impact of the change

Administration

In terms of impact, the changes that are anticipated relate to revising DLSPH procedures that until now required review and approval by the FOM before going to the Office of the Provost. Going forward, all relevant policy and other matters will be dealt with at the level of the DLSPH's senior leadership, its Divisions[41] and its governing body, the School Council, before going directly to the Office of the Provost and University governance. For example, the DLSPH's current Promotions Committee (made up of the DLSPH Director and Division Heads) will serve as the inaugural Decanal Promotions Committee and the DLSPH's current Executive Committee (made up of the DLSPH Director, Associate Director, and Division Heads) will serve initially as the Committee for Faculty Appointments and Re-Appointments. As the new Faculty grows and matures there will clearly be a concurrent development of the internal administrative structures, with some new positions anticipated (see Section 9, below).

[41] "Divisions" in this context refers to the discipline-based units that were created within the DLSPH for the purposes of administration of faculty and student affairs, consistent with the Divisions that exist within the Departments of the FOM (e.g., the Divisions of Cardiology, Gastroenterology, and Infectious Disease within the FOM's Department of Medicine).

Academic programs and students

With regard to existing programs (see Academic Rationale subsection, above), all listed programs will be transferred to the new Faculty. There will be no change to program requirements. Policies, procedures, guidelines and rules relative to graduate programs and students are established by the School of Graduate Studies (SGS) and by the graduate unit. The current graduate unit within DLSPH, (the Graduate Department of Public Health Sciences) will continue to function, without change, within the new Faculty. As students are registered in SGS in DLSPH programs, there will be no need to transfer, or otherwise make any changes for the students. Transcripts and parchments will be unchanged. Students will continue to graduate/convocate from the School of Graduate Studies and their degree program. Virtually all graduate student services were provided either through the DLSPH or SGS and this will continue, unchanged. The major exception is the University of Toronto Open Fellowship awards program, which, though adjudicated by DLSPH, is paid through the FOM's Office of the Vice Dean, Graduate & Life Sciences Education. In addition, DLSPH students are eligible for some Faculty of Medicine-wide awards. These matters are being negotiated with the FOM, the DLSPH will keep its share of student awards funds. For 2013-14 this will involve an in-year transfer. From the students' perspective, any change in the administration of these awards will be completely seamless.

In terms of affiliation agreements, many are directly relevant to DLSPH collaborations on training and research. However, since such agreements are made with the University of Toronto, as a whole, rather than just the FOM, no impact is expected.

Given that the DLSPH does not offer undergraduate degree **programs**, there is no impact on undergraduate programs or students.

Faculty appointments

With regards to existing faculty, tenure is currently held in the DLSPH, as an EDU:A, and this will transfer seamlessly to the new Faculty. Similarly, most DLSPH-based contracts are with the University of Toronto as the legal entity, and the transfer will be seamless. There are a few individual arrangements, historical in nature, which have been negotiated with the FOM. The wording of faculty appointment template letters will be modified, as necessary, to reflect the change of status of the DLSPH. This will be done with the input and approval of the Office of the Vice Provost, Faculty and Academic Life.

9. Administration

The transition to a Faculty is not expected to lead to any major changes in the current overall DLSPH organization and structure per se. The DLSPH will be a single-department Faculty (SDF) and the Director/Dean will have the responsibilities of a SDF Dean as defined in the Policy on Appointment of Academic Administrators (PAAA). As described in the Constitution of the School, the Director (Dean) has responsibility for the overall direction of the new Faculty and, in particular, authority over the budget, appointments, promotions and extra-school relationships. Currently, the Director/Dean is supported by a senior leadership team, including an Associate Director, Academic, with specific delegated responsibilities, a Manager, Business & Finance and Division Heads. The DLSPH is organized into discipline-based Divisions and these will remain the same (Biostatistics, Clinical Public Health, Epidemiology, Global Health, Occupational & Environmental Health, Public Health Policy, Social & Behavioural Health Sciences). Within the DLSPH, graduate programs are administered by the Graduate Department of

Public Health Sciences (GDPHS). The Director/Dean will retain the position of Chair of GDPHS, though delegating responsibility and authority to the Associate Director, Academic. Following transition to Faculty status, all senior academic appointments (Dean/Associate Dean) will fall under the PAAA. The DLSPH will remain the primary home of the Institute for Global Health Equity & Innovation as well as its current portfolio of Centres and training programs.

However, new DLSPH senior administrative positions will be added to those that currently exist to provide the key personnel needed. In particular, the DLSPH will be appointing 2 additional academic administrators: an Associate Dean for Faculty Affairs, given the particular challenges of a school heavily leveraged on status-only faculty, and an Associate Dean for Research. These will be appointed following PAAA from amongst current faculty (0.5 FTE). Further, there is a pressing need to fill 3 senior administrative positions - a Director of Strategic Initiatives; a Director of Marketing & Communications, given the particular opportunities afforded by being a School heavily involved in high visibility issues; and, a Director for Advancement, given plans for the DLSPH to begin participating in the Fall of 2013 as a distinct entity in the on-going University of Toronto Capital Campaign. These positions have been included as compensation expenditures in the 5-year budget projections.

10. Governance

The DLSPH will continue to be governed by its new Constitution, School Council, and associated by-laws.

11. Quality Assurance/review

As a Faculty, the DLSPH and its academic programs will continue to be subject to periodic review under the University of Toronto Quality Assurance process. It will also continue to have its External Advisory Committee, composed of senior leaders and/or stakeholders relevant to public health. It is possible that DLSPH will, at some point, undergo accreditation review by an external body. So far, however, no such accreditation body exists in Canada. In addition, the DLSPH has currently decided against channeling the substantial resources that would be required to undergo the accreditation process of either the U.S.-based Council for Education in Public Health (CEPH) or the Association of Schools of Public Health in the European Region (ASPHER) based on a variety of strategic reasons that argue against making this a high priority.[42] Instead, the philosophy and orientation of the DLSPH is to meet or exceed the general organizational and competency goals of accreditation (by either CEPH or ASPHER) without going through the actual accreditation process, until that time when accreditation is seen as of major strategic benefit.

[42] Principal reasons arguing against making accreditation by the US-based CEPH a high priority: (a) the principal source of students and target for jobs of our graduates is, overwhelmingly, Canada, and to some degree, other Commonwealth nations, not the U.S.; (b) the Provincial funding model for students (funding only Domestic students) is a significant financial disincentive to taking students from the U.S.; (c) the accreditation process requires a large segment of faculty time and resources; (d) in our view, the accreditation process, as currently construed, creates obstacles for innovation in curriculum reform.

12. Space and Facilities

No significant changes in space or facilities accompany this proposed change to Faculty status, although expansion is anticipated given the School's on-going increase in student enrolments, expansion of faculty and senior administrative positions, and planned participation in the on-going University-wide capital campaign.

13. Budget

The five-year budget projections for the DLSPH have been developed in close consultation with the Office of Planning & Budget (P&B), and the FOM. The objective of the planning exercise was to ensure that revenue and expense projections for the new Faculty are based on reasonable assumptions, and that adequate resources are put in place to launch the new Faculty on a financially sustainable basis. The projections have been prepared based on the principles and methodologies of the University's budget model. Table 2 summarizes the five-year revenue and expense projections for the Faculty. Overall, the projections indicate a balanced budget. The DLSPH has built up a reserve fund; in years where a small deficit is projected, the Faculty will rely on this reserve fund to close the gap.

Funding sources for the new Faculty include five components:

1. Net revenue, calculated based on the University's budget model
2. Transfer of operating funds from FOM to DLSPH
3. Recoveries from non-operating revenue sources
4. Transfer of a portion of the University Fund from the FOM to DLSPH as a "reference level" University Fund allocation
5. 2013-14 University Fund allocation from the Provost

Total revenue for the new Faculty is projected to be $13.5 million in 2013-14, growing to $16.6 million in 2017-18.

1. Net revenue

Net revenue is calculated as gross revenue, less a 10% contribution to the University Fund, less DLSPH's share of university-wide costs and centrally-funded student aid. Gross revenue is composed primarily of provincial operating grants and tuition, based on an enrolment plan that includes growth in enrolment in existing Professional Masters, Doctoral Stream Masters and PhD programs. Tuition revenue projections have been adjusted to comply with the recently announced Provincial Tuition Framework and University's policies. University-wide costs have been calculated based on the University's cost model and include expenses for services such as the University Library, building occupancy costs, pension deficit payments, central Human Resources, Finance and IT, etc. Student aid expenditures have been projected based on an assessment of student financial need and enrolment growth plans.

Net revenue is projected to grow from $4 million in 2013-14 to $7.2 million by the end of the planning period.

2. Transfer of funds in recognition of ongoing FOM commitments to DLSPH

Over the past several years the FOM and DLSPH have entered into several revenue and cost sharing agreements. A portion of the revenues that have accrued in FOM as a result of historical DLSPH enrolment growth will be transferred to DLSPH on a permanent basis.

3. Recoveries from non-operating budget revenue sources

Similar to budgets in many other divisions, DLSPH has funds from sources beyond the operating budget. These include recoveries from restricted funds for endowed chairs and Canada Research Chairs; divisional income; and overhead on research contracts. These revenue sources have been factored into the long range plan and are projected to remain at approximately $2.3 million over the planning period.

4. Reference Level University Fund Allocation from FOM to DLSPH

When the University first adopted the budget model in 2006-07, the reference level University Fund was used as a mechanism to ensure that each division was "held harmless" during the transition period. The reference level University Fund is calculated as the gap between net revenue (new model) and the unit's budget under the old model. This calculation has been done for DLSPH effective 2012-13 and the resulting amount is $6.1 million. The amount will be transferred from FOM to DL on a permanent basis to "hold harmless" the DL budget as it becomes a Faculty.

5. A 2013-14 University Fund allocation from the Provost

In 2013-14, the Provost has committed $1.3 million from the University Fund to facilitate the establishment of DLSPH as a Faculty. Of this amount, $1.1 million will be allocated to DLSPH and the remaining $200K to the FOM. Of the $1.1 million provided to DLSPH, $300K will be set aside to fund 2 faculty positions related to the CUSP initiative.

Expenditure plans for the new Faculty have been projected over the five year period, taking into consideration complement plans, increases in salaries and benefits, and other non-salary expenses. Divisional expenses are projected to be $13.8 million in 2013-14, growing to $17 million over five years.

The DLSPH will utilize services for selected administrative functions that are based in the FOM. A cost sharing service agreement will be established to manage this relationship. The objective of this arrangement is to maximize efficiency and conserve resources while meeting DLSPH needs. While currently being negotiated, it is anticipated that these services may include Human Resources; selected offices within Advancement (event planning); Space & Facilities; Strategic Communications and External Relations; Information Technology; and Research Services. These costs have been included in the 5 year Budget Projections.

In summary, the projections included in Table 2 are based on reasonable assumptions. The transfer of the reference level University Fund from the FOM, as well as the new University Fund allocation, will ensure the new Faculty is financially viable as it moves through the transition period. Afterwards its longer term financial viability will be secured if, as part of its further development, it builds or partners with in a systematic way, an undergraduate program.

Table 2:

Long Range Budget Projection *, 2013-14 to 2017-18 ($000s)
Dalla Lana School of Public Health

	2013-14	2014-15	2015-16	2016-17	2017-18
Net Revenue Allocation	$ 3,961	$ 4,903	$ 5,972	$ 6,836	$ 7,200
University Fund Allocation	7,195	7,195	7,195	7,195	7,195
Divisional revenue and recoveries	2,360	2,370	2,370	2,324	2,176
Total sources of funds	**$ 13,516**	**$ 14,468**	**$ 15,537**	**$ 16,355**	**$ 16,570**
Compensation	11,474	12,316	12,535	13,071	13,638
Student support	1,105	1,200	1,300	1,400	1,500
Other expenses	1,222	1,143	1,511	1,630	1,824
Total expense	**$ 13,801**	**$ 14,659**	**$ 15,347**	**$ 16,101**	**$ 16,962**
Net Surplus (Deficit)	**$ (285)**	**$ (190)**	**$ 190**	**$ 254**	**$ (392)**
Accumulated Reserve	**$ 317**	**$ 127**	**$ 317**	**$ 571**	**$ 179**

* Revised for New Tuition Fee Framework - April 11,2013