



UNIVERSITY OF TORONTO
DALLA LANA SCHOOL OF PUBLIC HEALTH

Dalla Lana School of Public Health



STRATEGIC PLAN
2012 - 2015

Table of Contents

Foreword from the Interim Director	3
Strategic Planning Steering Committee	4
Message from the Incoming Director	5
Summary of Strategic Directions for 2012-2015.....	7
Introduction	9
Planning Context.....	10
Vision, Mission and Core Values	12
Strategic Directions and Goals	13
Strategic Direction 1 – Education.....	14
Strategic Direction 2 – Research	17
Strategic Direction 3 – Knowledge Translation and Exchange	19
Strategic Direction 4 – Partnerships	21
Strategic Direction 5 – Faculty, Learners and Infrastructure Support	23
Moving Forward – Implementation Priorities.....	25
Appendix I	27
Appendix II.....	29

Foreword from the Interim Director

This is an exciting time for the Dalla Lana School of Public Health.

A new Director of the School, Dr. Howard Hu, has been appointed and will be joining us in August 2012.

In addition, in September 2011, we embarked on a planning process to develop a new vision and a three-year strategic directions document. It is expected that this plan will provide a framework for a longer term plan which will be developed after the new Director is established in his role.

The strategic planning process resulted in a new vision, mission and principles for the School. It provided the opportunity for broad consultation with faculty, learners, staff and key external stakeholders. It identified areas where the School has strengths and competitive advantages, including: its location in one of the most diverse, multicultural communities in the world; its highly multidisciplinary faculty and student body; and its rich history of interdisciplinary practice, research and education. The process confirmed a strong drive for both local and global leadership in public health research, education and service and a shared passion for contributing to a “healthier Canada and a healthier world.”

The willingness with which faculty from across the university and practitioners and decision-makers from the broader public health community engaged in this process reinforced the importance of partnerships. It highlighted the increased potential for making a positive impact on health threats and challenges through collaboration.

There are many people who participated in this planning process and shared their insights and aspirations for a preferred future for the School. In particular, I extend sincere thanks to our Strategic Planning Steering Committee for their thoughtful reflections and collegial dialogue throughout the process. A special thanks to our strategy consultant, Helena Axler, and to Astrid Augspols, who provided dedicated administrative support to the process.

I look forward to working with all of you to translate this plan into action and to demonstrate leadership and excellence in all that we do.

Louise Lemieux-Charles
Interim Director, Dalla Lana School of Public Health

Strategic Planning Steering Committee

Louise Lemieux-Charles	Interim Director, Dalla Lana School of Public Health Chair, Strategic Planning Steering Committee
Astrid Augspols	Assistant to the Strategic Planning Steering Committee, DLSPH
Helena Axler	Helena Axler and Associates
Adalsteinn Brown	Dalla Lana Chair, Public Health Policy and Associate Professor, DLSPH
Donald Cole	Associate Professor and Interim Head, Global Health Division, DLSPH
Ray Copes	Scientific Director, Environmental and Occupational Health, Public Health Ontario
Pierre Côté	Scientist, Toronto Western Research Institute, University Health Network and Associate Professor, DLSPH
Erica Di Ruggiero	Associate Director, Canadian Institutes of Health Research and Doctoral Candidate, DLSPH
Michael Escobar	Professor, Biostatistics, DLSPH
David Fisman	Associate Professor, Epidemiology, DLSPH
Lisa Forman	Lupina Assistant Professor, DLSPH and Munk School of Global Affairs Director, Comparative Program on Health and Society, Munk School of Global Affairs
Ann Fox	Director, MPH Community Nutrition Program, Department of Nutritional Sciences and DLSPH
Joanna Kirton	MPH student, DLSPH
Andrea Sass-Kortsak	Associate Director and Graduate Coordinator, DLSPH
James Scott	Associate Professor, Environmental and Occupational Health, DLSPH
Carol Strike	Associate Professor, Social and Behavioral Health Sciences, DLSPH

Message from the Incoming Director

I am thrilled and honored to have been chosen to be the next Director of the Dalla Lana School of Public Health (DLSPH).

Although I have yet to arrive (scheduled for August 1, 2012), I would like to thank the Strategic Planning Committee for the opportunity to already review and contribute to the crafting of this Strategic Plan for 2012-2015.

These are extraordinary times for schools of public health, particularly those in Canada. Public health is facing an ever increasing universe of challenges, from the control of long-standing as well as recently emerging infectious diseases; to addressing the continuing world-wide toll of tobacco use; to understanding the root causes of and addressing the burgeoning rates of chronic disease, to mention a few. Cutting across these issues are powerful forces that also must be understood to effect real solutions, such as the influence of globalization, migration, health care economics, environmental pollution, and long-standing social inequities.

Given the needs and visibility of public health today, the resources and stature of the University of Toronto, and the many assets of Toronto and Ontario, the DLSPH has an incredible future as the leading institution of its kind in Canada. It also has all the right ingredients to become a global leader, based not only its impact on research, education and service, but also as a reflection of its place in a city, province and country that aspires to be a model of diversity, human rights, sustainable and responsible growth, and respectful global engagement.

I come to DLSPH being lucky to have been able to channel a passion for combining public health, medicine, scientific inquiry and human rights into a successful career in academia. In my view, advancing DLSPH's future will hinge, in large part, on our ability to capitalize on similar passions among our faculty and students to further build academic units that are simultaneously sources of great disciplinary expertise while also nimble, innovative, and able to reach across the University and across the globe to partner into multi-disciplinary teams. Current advances in science and technology such as those in informatics, genomics, epigenomics and multimedia behavioral interventions offer unprecedented opportunities for public health discovery and knowledge translation. DLSPH should be able to leverage the enormous wave of student interest in public health and global health as well as its position in the heart of the University of Toronto to pursue research and training objectives that can seamlessly integrate across public health, medicine, pharmacy, nursing, policy, law, business, and other units. There will be "low-hanging fruit" that can be attained fairly easily, but also other aims that will require major investments of time, effort and resources.

Message from the Incoming Director (cont.)

With this in mind, I am delighted to endorse the Strategic Plan that follows. Although I still have a steep learning curve in terms of familiarity with DLSPH (existing programs, faculty, staff, students, stakeholders, protocols and procedures, budgets, relationships...I get tired just thinking about it!), I believe that this document already reflects the kind of self-reflection and overall assessment that aligns with my values and overall vision for the School. I am very happy to promote it and use it as a base for generating the specific initiatives and priorities that will be on the top of my agenda for DLSPH, even as I embark on the listening tour that will begin once I arrive.

As we move forward, I offer profound thanks to Dean Catherine Whiteside and Provost Cheryl Misak for their enthusiasm, support, advice, honesty, and unfailing accessibility during our negotiations. I also would like to thank Louise Lemieux-Charles for the same as well as the incredibly dedicated and effective leadership she has provided as Interim Director and Chair of this Strategic Planning Committee. Finally, I thank all of the many faculty, staff, students, donors, and other stakeholders whom I have met so far. Your energy and passion for DLSPH and its impact is, by far, the main reason I am excited about coming and optimistic about our future. I look forward to physically arriving on campus full-time later this summer. Best wishes.

Howard Hu
Incoming Director, Dalla Lana School of Public Health

Summary of Strategic Directions for 2012-15

STRATEGIC DIRECTIONS	GOALS
<p>STRATEGIC DIRECTION 1 – EDUCATION</p> <p>Prepare tomorrow’s leading scientists and scholars, health professionals and practitioners who will contribute to fulfilling the social responsibility of the Dalla Lana School of Public Health.</p>	<p>1-1 Review and revise the MPH program to be more explicitly competency-based and relevant to current and future needs in public health.</p> <p>1-2 Find solutions for stable and secure funding for all student groups (Master’s and Doctorate), including international students and postdoctoral fellows.</p> <p>1-3 Hire new faculty (negotiated by the incoming Director) who, together with progressive improvements in the MPH program and strategies for recruiting the best students, will contribute towards a major increase in the intake of MPH students while maximizing the quality of the MPH educational experience.</p> <p>1-4 Review the PhD program and its fields with a view to enhancing offerings.</p> <p>1-5 Plan to expand the curriculum offerings for undergraduate students with the potential goal of creating an undergraduate minor; explore the strategic value and feasibility of an undergraduate major.</p> <p>1-6 Enhance continuing education and professional development offerings in collaboration with key partners.</p> <p>1-7 Advance educational scholarship in public health.</p>
<p>STRATEGIC DIRECTION 2 – RESEARCH</p> <p>Lead research innovation in population and public health that answers questions of local, provincial, national and international societal relevance.</p>	<p>2-1 Strengthen and bring greater focus to the research agenda to address pressing population and public health issues.</p> <p>2-2 Raise the profile of current and ongoing scholarly work in public health and use selected areas of strength as platforms for building new interdisciplinary research ventures in directions of high impact strategic value.</p> <p>2-3 As part of faculty expansion, recruit the very best scholars conducting research that is aligned with the new interdisciplinary directions in 2-2.</p> <p>2-4 Build capacity in research innovation within an inter- and multidisciplinary approach and to support targeted pilot initiatives.</p>

Summary of Strategic Directions for 2012-15

STRATEGIC DIRECTIONS	GOALS
<p>STRATEGIC DIRECTION 3 – KNOWLEDGE TRANSLATION AND EXCHANGE</p> <p>Exchange knowledge and discoveries to improve health benefits for local and global populations.</p>	<p>3-1 Promote an interdisciplinary and multisectoral environment that facilitates knowledge exchange across research domains, disciplines and sectors.</p> <p>3-2 Partner with practitioners, students, policy-makers and community members to facilitate the results of research being applied to policy and practice.</p> <p>3-3 Build capacity of researchers, learners, policy-makers and practitioners to engage in knowledge translation and exchange.</p> <p>3-4 Promote, advocate and communicate research results and discoveries to a general audience.</p>
<p>STRATEGIC DIRECTION 4 – PARTNERSHIPS</p> <p>Create a collective vision for a shared academic future with the University, community-based affiliates and other public health partners locally and internationally.</p>	<p>4-1 Investigate and engage in mutually beneficial collaborations with university academic units.</p> <p>4-2 Expand opportunities to integrate education and research activities with the Institute of Health Policy, Management and Evaluation (IHPME.)</p> <p>4-3 Strengthen and support partnerships with public health sector providers, agencies and policy stakeholders.</p> <p>4-4 Engage in and nurture effective, sustainable global partnerships.</p> <p>4-5 Enhance the DLSPH role as a public health leader, informing public policy at regional, provincial, national and international forums.</p>
<p>STRATEGIC DIRECTION 5 – FACULTY, LEARNERS AND INFRASTRUCTURE SUPPORT</p> <p>Invest strategically in academic and infrastructure priorities in support of our learners, faculty and staff to provide for their success.</p>	<p>5-1 Intensify faculty recruitment and retention strategies.</p> <p>5-2 Augment faculty and staff development efforts; build a particular focus on developing capacity in public health leadership.</p> <p>5-3 Enhance communications and profile of the School for greater impact.</p> <p>5-4 Align and integrate the organization and structure of the School to best facilitate achievement of the new vision and mission.</p>

Introduction

The University of Toronto Dalla Lana School of Public Health (DLSPH), officially launched in 2008, has the largest critical mass of public health educators and researchers in Canada.

The School provides a dynamic centre within the University with a focus on interfacing academic public health and public health practice at the regional, provincial, national and global level. The School was established from a long and rich tradition of preparing leaders in public health practice and research since 1925. The renewal of public health post Walkerton and SARS in Ontario and in Canada created a new environment and urgency for establishing a separate and distinct School of Public Health for the University.

The DLSPH has reached a critical juncture in looking to the future. After an extensive international search, a new Director has been appointed and will take on the leadership of the School in August 2012. A recent external review has outlined several recommendations that will strengthen the School's educational offerings. The University of Toronto Administration has reinforced the importance of the School to the University and will facilitate its evolution to full Faculty status. As Dr. Cheryl Misak, Provost emphasized, "This is a School on the move with a very important future within the University."¹

In the fall 2011, the School launched a strategic planning process to develop a road map and strategic direction for the next three years. The planning process included broad consultation internally and externally². On November 4, 2011, the School hosted a strategic planning retreat that included representatives of all the School's academic divisions and its many affiliated partners. The following document outlines the revised vision, mission and principles for the School as well as strategic directions, goals and priorities for the next three years. This is a transitional plan, providing guidance and direction until the new Director is in place and establishes new leadership for the DLSPH.

DLSPH FACTS

Educational Programs

MPH, MSc, MScCH, PhD

Students

385 graduate students

Divisions

Biostatistics
Epidemiology
Global Health
Public Health Policy
Social & Behavioural Science
Interdisciplinary
Occupational &
Environmental Health

Faculty

23 tenured/ tenure stream
28 CLTAs
178 status only
14 adjunct
73 cross-appointments

Research funding (2008-09)

\$30+ million

¹ Remarks at DLSPH retreat, November 4, 2011.

² Strategic Planning Steering Committee and retreat participants (Appendix 1).

Planning Context

As the DLSPH plans for the future, several environmental and system factors in public health are relevant to exploring opportunities and setting strategic directions and priorities.³

Changing Public Health Practice

Many factors are having an impact on the practice of public health:

- > Changing demographics – aging population, immigration patterns, unemployment and urbanization
- > Changing health of Canadians – growing numbers of Canadians living with at least one chronic disease; emerging and re-emerging infectious disease challenges; challenges with obesity, tobacco, alcohol and drugs
- > Environmental issues – climate change, contamination and the built environment
- > Economic instability – the global financial crisis
- > Health inequities throughout different populations
- > Globalization – borders and boundaries are more diffuse.

New Developments in Public Health Education

The 2003 SARS experience in Canada underscored the need for a larger and renewed workforce in public health across the country. As a result, over the past decade there has been an explosion in the number of MPH-type programs, increasing from four to fifteen Canadian universities offering these programs and others actively considering starting programs. Recent efforts have focused on the development of public health competency sets, MPH Program and Practicum Guidelines, and a pan-Canadian public health human resources framework. The education environment for public health programs is changing rapidly with expanded program offerings and greater competition for top calibre students, high quality practica and robust curriculum.

Research Landscape

The CIHR Institute for Population and Public Health (IPPH) notes that “the state of public and population health science is shifting from understanding social determinants of health to examining the impacts of multi-level program and policy interventions on health improvements.”⁴ Accordingly, new opportunities and CIHR-IPPH emerging priorities for public health research may lie in several areas that include:

- > Health equity – understanding inequities in policy and political contexts and the pathways that produce a shift towards equity
- > Population health interventions – understanding complex interventions as part of complex adaptive systems
- > Population health ethics – global health ethics, ethics of population health interventions, resource allocation
- > Theoretical and methodological innovations.

³ The Planning Context was informed by Planning Retreat Panel presentations by Arlene King, Brent Moloughney, David McKeown and Erica Di Ruggiero, (November 4, 2011). Further opportunities and challenges are summarized in a Strengths, Weaknesses, Opportunities and Challenges analysis in Appendix II.

⁴ CIHR Institute for Population and Public Health Strategic Directions 2009-2014.

Planning Context (cont.)

At the same time, research opportunities for DLSPH with the potential for high impacts on public health and prevention may also lie in partnering with the basic and medical sciences to better understand the complex inter-play, mechanisms, and resulting impacts of environmental, behavioural and genetic factors on the causation and progression of disease.

Many opportunities exist to shape the future of public health science. The School will need to be creative in pursuing new sources of funding and the cultivation of innovative cross-disciplinary scientific teams to support these new areas of discovery and inquiry.

Vision, Mission and Core Values

Vision

We will lead in public health research, education and service for a healthier Canada and a healthier world.

Mission

The Dalla Lana School of Public Health enables enduring, positive changes in health by:

- > Educating practitioners and leaders in public health practice, research and policy.
- > Understanding and addressing the complex determinants of health through discovery, evaluation, application and exchange of knowledge.
- > Pushing the frontiers of disciplinary and interdisciplinary research in public health.
- > Facilitating and engaging in interdisciplinary and intersectoral sustained relationships and collaborations to promote health, address health threats and reduce health inequities.
- > Reaching out to diverse communities and educating citizens, decision-makers and practitioners with strategies to promote health and engage around priority health issues.
- > Initiating and driving evidence-informed policy debate and decision-making.
- > Building the methodological tools and theories to support this mission.

Core Values

We are guided by the following core values:

Excellence – in striving for and adhering to the highest standards of scholarship, critical thinking, innovation, professionalism and leadership in the creation and dissemination of public health knowledge.

Equity and Social Justice – by promoting the inherent dignity of every human being and the just distribution of resources, needs and access to the benefit of society, including the right to health.

Ethics and Integrity – in our conduct and in the manner in which we engage with our communities, respectful of diverse perspectives, values and cultures.

Sustainability – by living and working within the limits of available physical, natural and social resources.

Accountability and Responsiveness – to students, faculty and the community.

Strategic Directions and Goals

In developing the strategic directions to pursue its mission and vision, the DLSPH has drawn on its many strengths and assets which include:

- > A robust portfolio of public health educational programs and a highly competitive PhD program.
- > A broad range of disciplines and specializations, with an impressive track record of interdisciplinary research, education and practice.
- > A highly diverse faculty and student body, with a depth of experience and breadth of expertise spanning the range of academy through practice.
- > A unique location in one of the world's largest multicultural urban hubs and physical proximity to key partners within and outside the University.

The future directions for the DLSPH align closely with the new U of T Faculty of Medicine strategic plan and focus on leading new developments and preparing graduates and practitioners to meet the evolving challenges of population and public health. The strategic directions reflect the School's commitment to leadership in several domains: in developing and offering innovative educational programs for all level of learners across the education continuum, including continuing professional education for practitioners; in pushing the boundaries in interdisciplinary public and population health research; and in pursuing novel approaches to service in local and global environments. The School expresses its social responsibility through its core values and by engaging collaboratively with its partners to identify and address pressing health threats and problems. Pursuing the five strategic directions in tandem and interdependently will bring the School closer to achieving its bold new vision and mission.

FIVE CORE STRATEGIC DIRECTIONS PROVIDE THE FRAMEWORK FOR THE DLSPH STRATEGIC PLAN

1. **Education** – Prepare tomorrow's leading scientists and scholars, health professionals and practitioners who will contribute to fulfilling the social responsibility of the Dalla Lana School of Public Health.
2. **Research** – Lead research innovation in population and public health that answers questions of local, provincial, national and international societal relevance.
3. **Knowledge Translation and Exchange** – Exchange knowledge and discoveries to improve health benefits for local and global populations.
4. **Partnerships** – Create a collective vision for a shared academic future with the University, community-based affiliates and other public health partners locally and internationally.
5. **Faculty, Learners and Infrastructure Support** – Invest strategically in academic and infrastructure priorities in support of our learners, faculty and staff to provide for their success.

Goals and proposed actions are outlined for each of the five strategic directions.

Strategic Direction 1 – Education

Prepare tomorrow's leading scientists and scholars, health professionals and practitioners who will contribute to fulfilling the social responsibility of the Dalla Lana School of Public Health.

Goals:

1-1 Review and revise the MPH program to be more explicitly competency-based and relevant to current and future needs of public health.

Proposed Actions:

- > Complete curriculum renewal review and implement recommendations.
- > Map faculty skills and expertise to education curriculum requirements.
- > Develop Global Health and Public Health Policy offerings across the continuum of public health education.
- > Work with partner faculties and departments to facilitate student access to courses in other departments.
- > Conduct surveys with alumni and with employers. Develop an ongoing data base to track trajectories of graduates.
- > Develop a stronger mentorship program to advise on diverse MPH career paths.
- > Devise a sustainable approach for the Public Health and Preventive Medicine Residency Program.
- > Following renewal of the MPH program, review the continuum of educational offerings for more explicit outcomes-based learning goals, course requirements, alignment through undergraduate to graduate to post-doctoral and continuing education.

1-2 Find solutions for stable and secure funding for all student groups (Master's and Doctorate), including international students and postdoctoral fellows.

Proposed Actions:

- > Establish task force to explore options for guaranteed funding for doctoral students.
- > Explore diverse avenues for funding Master's students.

1-3 Hire new faculty (negotiated by the incoming Director) who, together with progressive improvements in the MPH program and strategies for recruiting the best students, will contribute towards a major increase in the intake of MPH students while maximizing the quality of the MPH educational experience.

Proposed Actions:

- > Identify curricular, scholarly and research areas that could be strengthened with new faculty expertise and that are aligned with strategic directions.
- > Recruit new faculty based on these priorities.

Strategic Direction 1 – Education

1-4 Review the PhD program and its fields with a view to enhancing offerings.

Proposed Actions:

- > Conduct program review, including current programs, identifying opportunities and optimal ways to enhance U of T offerings.
- > Explore professional doctorate in Public Health in collaboration with IHPME.

1-5 Plan to expand the curriculum offerings for undergraduate students with the potential goal of creating an undergraduate minor; explore the strategic value and feasibility of an undergraduate major.

Proposed Actions:

- > Assess the feasibility of developing an undergraduate minor and major.
- > Assess the implications on graduate programs.
- > Explicitly determine the financial resource implications.

1-6 Enhance continuing education and professional development offerings in collaboration with key partners.

Proposed Actions:

- > Address gaps in the public health work force skills and competencies, including program and outcome evaluation, measurement and reporting and leadership training.
- > Work with key strategic partners to identify professional development needs; design and implement offerings accordingly.
- > Explore alternative course offerings, including e-learning and distance programs, part-time and diploma programs. Implement e-learning opportunities as appropriate.
- > Explore ways to leverage the MPH program for continuing education initiatives.

1-7 Advance educational scholarship in public health.

Proposed Actions:

- > Identify opportunities and challenges to educational scholarship in the DLSPH and develop strategies to address.
- > Develop scholarship / research around effective learning, teaching and evaluation.
- > Assess outcomes and process at the learner, faculty and program level.

Strategic Direction 1 – Education

STRATEGIC DIRECTION 1 – EXPECTED OUTCOMES

Overall, the goals related to Strategic Direction 1 are expected to yield the following outcomes:

- > Completed work by the Curriculum Review Task Force with implementation of recommendations initiated.
- > Increased funding for students.
- > Additional faculty to support expanded enrolment in MPH program.
- > Expanded continuing education programs in collaboration with the public health field.
- > Educational scholarship program launched.
- > Public Health and Preventive Medicine Residency Program stabilized.
- > Highly competitive learning offerings across the education continuum.

Strategic Direction 2 – Research

Lead research innovation in population and public health that answers questions of local, provincial, national and international societal relevance.

Goals:

2-1 Strengthen and bring greater focus to the research agenda to address pressing population and public health issues.

Proposed Actions:

- > Develop applicable research methodologies and theories to address pressing public health questions of importance to policy and practice.
- > Foster engagement between practice and research such that practice informs research questions to assist in generating practice-based research.
- > Engage knowledge exchange staff to support scientists in the interplay with public health practice and to assist in grant writing.
- > Expand data platforms, e.g., high quality population level data; create a population health observatory for Ontario (through a possible CFI Grant).
- > Enhance existing collaborations (and identify and cultivate collaborations with new partners of high strategic value) involving large cohort studies that are amenable to adding new research of high value to public health.
- > Establish mechanisms to improve success rates for applications to CIHR and other potential funding sources, e.g. reviews of grants prior to submission.
- > Foster critical debate in public health, e.g., a Controversies in Public Health to showcase local expertise; consider debating teams of faculty and students.
- > Enable the research environment to develop leading edge methodologies and theories in response to research priorities.

2-2 Raise the profile of current and ongoing scholarly work in public health and use selected areas of strength as platforms for building new interdisciplinary research ventures in directions of high impact strategic value.

Proposed Actions:

- > Strengthen the School's communications on public health research initiatives.
- > Develop strategies to increase public health scholars' engagement in media dialogue on public health issues; develop strategies to make public health integral to health policy conversation.
- > Profile and advance the directions of the new Chairs in (1) Public Health Policy, (2) Global Health and (3) Disease Control.
- > Identify areas of DLSPH research that offer potential for interdisciplinary and strategic research ventures.
- > Support the creation of an Institute for Global Health Equity and Innovation, including expanding postdoctoral training program in targeted areas.

Strategic Direction 2 – Research

- > Establish a named and highly competitive postdoctoral fellowship program.
- > Feature the role of student engagement in research more prominently; facilitate knowledge exchange for students.
- > Enhance overall student engagement in research (i.e., data analysis skills, provide resources and space).

2-3 As part of faculty expansion, recruit the very best scholars conducting research that is aligned with the new interdisciplinary directions in 2-2.

Proposed Actions:

- > Recruit new faculty based on identified research priorities.

2-4 Build capacity in research innovation within an inter- and multidisciplinary approach and to support targeted pilot initiatives.

Proposed Actions:

- > Establish a forum where faculty can better understand each other's disciplines and research strengths and interests. Consider theme based seminar series that are readily accessible (in person and on the web), archived, and organized to pursue themes of clear strategic value to building new research opportunities for DLSPH.
- > Advocate for increased understanding of the broad interdisciplinary scope of public health, including the role of social sciences, (i.e., target funders).
- > Create forum(s) for identifying future-oriented research ideas.
- > Identify, promote, and support several key projects of high strategic value in which researchers from across disciplines and faculties can collaborate.
- > Consider a working paper series.

STRATEGIC DIRECTION 2 – EXPECTED OUTCOMES

The Strategic Direction 2 goals are expected to achieve the following outcomes:

- > Expanded research addressing current pressing public health issues.
- > Greater profile of DLSPH research initiatives and findings, with increased hit rate for publications.
- > New inter- and multidisciplinary research programs, with increased number of relevant disciplines on each grant.
- > Increased capacity and capability of DLSPH researchers to secure research funding, with increased funding rate for faculty members.
- > The best student publishing rate in Canada.

Strategic Direction 3 – Knowledge Translation and Exchange

Exchange knowledge and discoveries to improve health benefits for local and global populations.

Goals:

3-1 Promote an interdisciplinary and multisectoral environment that facilitates knowledge exchange across research domains and disciplines.

Proposed Actions:

- > Establish forums where researchers of different disciplines share discoveries, current projects and identify and discuss priority health issues.
- > Create venues for faculty members to share ideas and areas of research inquiry among each other.
- > Collaborate on grant proposals to learn how to work across disciplines and identify common areas of inquiry.
- > Clarify internal and external knowledge translation and exchange goals.

3-2 Partner with practitioners, students, policy-makers and community members to facilitate the results of research being applied to practice.

Proposed Actions:

- > Establish regular forums for exchange amongst researchers, public health practitioners, policy-makers and community leaders.
- > Strengthen relationships between clinicians and public health practitioners encouraging joint problem-solving around health issues that may require multiple approaches, (i.e., active treatment and promotion and prevention strategies).
- > Establish awards program for knowledge translation and exchange.

3-3 Build capacity of researchers, learners, policy-makers and practitioners to engage in knowledge translation and exchange.

Proposed Actions:

- > Establish a Task Force on Knowledge Translation and Exchange.
- > Develop a tool box and key resources for practitioners and researchers.
- > Collaborate with key organizations around KT, e.g., the Li Ka Shing Knowledge Institute, CIHR.
- > Integrate knowledge exchange component into DLSPH curriculum.
- > Establish formal KT capability in the DLSPH; appoint a KT champion.
- > Embed knowledge exchange in performance evaluation and in professional activity; establish a metric for assessing knowledge translation/ exchange.
- > Apply for a KT infrastructure grant.

Strategic Direction 3 – Knowledge Translation and Exchange

3-4 Promote, advocate and communicate research results and discoveries to a general audience.

Proposed Actions:

- > Invite the key thought leaders in KT to promote the exchange of knowledge and co-creation of new knowledge with the community locally and globally.
- > Broaden our understanding of externally relevant concerns to foster new collaborations and learn from the audiences with whom knowledge is being exchanged.

STRATEGIC DIRECTION 3 – EXPECTED OUTCOMES

The Strategic Direction 3 goals are expected to achieve the following outcomes:

- > A KT Task Force is established to build awareness, enhance scholarship and KT capacity in public health.
- > Expanded engagement between researchers, policy-makers and practitioners, with increased number of co-created initiatives.
- > Increased number of projects that have an impact on public health policy and practice.

Strategic Direction 4 – Partnerships

Create a collective vision for a shared academic future with the University, community-based affiliates and other public health partners locally and internationally.

Goals:

4-1 Investigate and engage in mutually beneficial collaborations with university academic units.

Proposed Actions:

- > Identify key strategic partnerships within the U of T to pursue shared goals and opportunities (e.g. IHPME Nursing, Dentistry, Pharmacy and the Munk School of Global Affairs) in specific areas of priority, e.g., nutrition, infectious disease and bioethics.
- > Broaden collaborations outside of health in such areas as Law, Engineering, Environmental Science.
- > Develop an inventory of current key academic strategic partnerships with a view to better understanding and evaluating partnerships for impact and academic excellence.

4-2 Expand opportunities to integrate education and research activities with the Institute of Health Policy, Management and Evaluation (IHPME.)

Proposed Actions:

- > Explore the offering of a joint degree program to address the needs of public health professionals seeking management training.
- > Determine resources required to offer additional courses that focus on public health management.
- > During the curriculum renewal process, explore the feasibility of collaborating with IHPME in offering a professional doctorate degree in Health Leadership.
- > Develop new initiatives to bridge health policy and public health policy offerings.

4-3 Strengthen and support partnerships with public health sector providers, agencies and policy stakeholders.

Proposed Actions:

- > Monitor and manage relationships with key external stakeholders with specific emphasis on: teaching faculty, research collaborations, student mentorship, employment of graduates and ongoing public health professional education.
- > Target key relationships for explicit collaborations, including Public Health Agency Ontario, MOHLTC, Public Health Units.
- > Actively pursue strategies to address the funding of public health teaching units.
- > Develop and evaluate current and future external partnerships against specific criteria to assess impact and value; clarify faculty expectations and commitments.
- > Broaden relationships with external stakeholders and sectors outside of health, including transportation, architecture and built environments.
- > In collaboration with formal partners, host intersectoral forum.

Strategic Direction 4 – Partnerships

4-4 Engage in and nurture effective, sustainable global partnerships.

Proposed Actions:

- > Identify priority global health projects which the DLSPH will champion through capacity building and educational initiatives.
- > Work with the Faculty of Medicine to establish metrics to demonstrate the impact of global health collaborations and partnerships.
- > Assess and respond to opportunities for new partnerships that align with DLSPH capabilities and goals, are problem-oriented and are relevant to local as well as global public health threats and challenges.

4-5 Enhance the DLSPH role as a public health leader, informing public health policy at regional, provincial, national and international forums.

Proposed Actions:

- > Demonstrate leadership in effective public health partnerships and collaborations. (Performance measures will be built into goals 4-1 to 4-3).
- > Establish a greater presence in system surveillance and vigilance.
- > Participate at key planning tables with a view to leading targeted public and population health initiatives.
- > Facilitate informed decision-making with evidence derived from research as applied to public health practice.

STRATEGIC DIRECTION 4 – EXPECTED OUTCOMES

The Strategic Direction 4 goals are expected to achieve the following outcomes:

- > Expanded research initiatives and education courses across multiple Faculties and Departments.
- > New offerings in public health policy, management and leadership in collaboration with IHPME.
- > Increased numbers of teaching faculty and student practica.
- > Greater coherence and strategic alignment in partnerships with shared goals clearly outlined.
- > DLSPH faculty broadly engaged and viewed as expert resources in policy development locally and globally.

Strategic Direction 5 – Faculty, Learners and Infrastructure Support

Invest strategically in academic and infrastructure priorities in support of our learners, faculty and staff to provide for their success.

Goals:

5-1 Intensify faculty recruitment and retention strategies.

Proposed Actions:

- > Outline criteria for recruitment that includes achieving critical mass for academic sustainability of core programs.
- > Identify areas of priority to guide faculty renewal and recruitment.
- > Clarify expectations for faculty of all categories, including the tenure-stream (researchers and lecturers), contract, and status faculty. Work in close collaboration with the institutional homes of the status faculty to create transparency and bi-directional agreement.
- > Review and improve awards and processes for recognizing and valuing faculty and staff.

5-2 Augment faculty and staff development efforts; build a particular focus on developing capacity in public health leadership.

Proposed Actions:

- > Conduct needs assessment to determine priority areas for faculty development, (e.g., on-line teaching, use of new educational technologies and methodologies, leadership.)
- > Identify and profile current public health leaders and areas of leadership.
- > Clarify the areas, fields in which the DLSPH has unique strengths and plays a leadership role.
- > Partner with the UT Centre for Faculty Development and IHPME in developing leadership and faculty development programs.
- > Strengthen mentoring across various stages of the career track, including junior, mid- and senior career faculty.
- > Establish curriculum for professional development in mentoring.

5-3 Enhance communications and profile of the School for greater impact.

Proposed Actions:

- > Develop an integrated communications strategy that reaches across the School, its key partners and alumni.
- > Reinforce the DLSPH brand by highlighting strengths in key area.
- > Work with the Office of Advancement in the Faculty of Medicine and with the Office of the Vice-President Advancement to set fund-raising targets for support of education and research endeavours including studentships, postdoctoral fellowships, professorships and chairs to build capacity and enable top quality recruitment.
- > Develop a strategy to strengthen the relationship with alumni by engaging them in the School.

Strategic Direction 5 – Faculty, Learners and Infrastructure Support

5-4 Align and integrate the organization and structure of the School to best facilitate achievement of the new vision and mission.

Proposed Actions:

- > Explore diverse organizational and structural models.
- > Identify and provide the necessary infrastructure to support research, teaching and learning.

STRATEGIC DIRECTION 5 – EXPECTED OUTCOMES

The Strategic Direction 5 goals are expected to achieve the following outcomes:

- > Faculty in place and supported to advance DLSPH vision and mission.
- > DLSPH is successful in attracting top calibre talent.
- > Organizational structure and resources aligned with DLSPH mission and strategic directions.

Moving Forward – Implementation Priorities

The strategic directions and goals outlined above provide direction for the School over the next three years.

Each of the five core strategic directions includes a number of goals. Outlined below are implementation priorities for the next 12 to 18 months. The accomplishment of these priorities will provide a foundation for achieving the remaining goals over the strategic plan timeline.

Key implementation priorities – next 12 to 18 months

STRATEGIC DIRECTION	IMPLEMENTATION PRIORITIES
1. Education	<ol style="list-style-type: none"> 1. Review and revise the MPH program and complete curriculum renewal. 2. Recruit and hire new faculty. 3. Review and address doctoral stream student funding policies and practices. 4. Devise a sustainable approach for Public Health and Preventive Medicine Residency Program. 5. Initiate a review of the continuum of educational offerings.
2. Research	<ol style="list-style-type: none"> 6. Ensure access to data platforms that link health data and other data (e.g., environment data) making the platform accessible to doctoral, postdoctoral students and faculty. Consider grant proposals around a population health data observatory for the School. 7. Establish a 'Controversies in Public Health' forum to foster critical debate and engage faculty and students. 8. Support the Institute of Global Health Equity and Innovation. 9. Identify and create sources of support for the competitive awarding of pilot projects that have the best promise for leading to major research initiatives in targeted areas.
3. Knowledge Translation and Exchange	<ol style="list-style-type: none"> 10. Establish a Knowledge Translation and Exchange Task Force to develop a KT strategy for the School.

Moving forward – Implementation Priorities

STRATEGIC DIRECTION	IMPLEMENTATION PRIORITIES
4. Partnerships	11. Create a partnership inventory – identifying, assessing and formalizing key partnerships that align with the vision and mission of the School. 12. Strengthen partnership agreements to clarify faculty expectations and supports.
5. Faculty, Learners and Infrastructure Support	13. Develop human resources plan aligned to faculty recruitment and renewal priorities. 14. Identify gaps in infrastructure for faculty and learner support and begin to address. 15. Develop funding strategy with alternative sources of revenue to fund human resources and infrastructure priorities, including working with the Offices of Advancement in the Faculty of Medicine and the Office of the Vice-President Advancement.

The Executive of the DLSPH and identified leaders for each of the five strategic directions will be responsible for the successful implementation of strategic directions and goals outlined in this plan. These leaders will meet regularly to assess progress according to accountability measures and outcomes that will be confirmed for each strategic direction.

The DLSPH is well poised to build on the strengths of its diverse faculty and educational offerings, its long tradition of research and education in public health and its unique positioning in one of the most multicultural urban centres in the world to advance its ambitious new vision. This strategic plan provides a framework for the next few years and a solid foundation upon which the new Director, DLSPH faculty, staff, students and partners can build to achieve “a healthier Canada and a healthier world.”

Appendix I

Participants – Strategic Planning Retreat (November 4, 2011)

Izzeldin Abuelaish	DLSPH
Astrid Augspols	DLSPH Strategic Planning Staff
Helena Axler*	Axler and Associates
Liza Badley	DLSPH
Helen Batty	DLSPH
Taryn Beber	Axler and Associates
Victoria Blackwell-Hardie	DLSPH Student
Susan Bondy	DLSPH
Paul Bozek	DLSPH
Kevin Brown	DLSPH Student
Adalsteinn Brown*	DLSPH
Melodie Buhagiar	DLSPH Staff
Elfreda Burkholder	PHAC-Ontario/Nunavut Region
Liviana Calzavara	DLSPH
Lissa Ceolin	DLSPH
Donald Cole*	DLSPH
Ray Copes*	Public Health Ontario
Pierre Côté*	DLSPH
Erica Di Ruggiero*	DLSPH PhD Candidate
Joan Eakin	DLSPH
Gillian Einstein	DLSPH
Michael Escobar*	DLSPH
Lorraine Ferris	DLSPH
David Fisman*	DLSPH
Julie Foisy	DLSPH Staff
Lisa Forman*	DLSPH
Ann Fox*	DLSPH
Michael Goodstadt	DLSPH
Bart Harvey	DLSPH
David Henry	Institute for Clinical & Evaluative Services
Linn Holness	DLSPH
Robin Hurst	DLSPH Staff
Suzanne Jackson	DLSPH
Prabhat Jha	DLSPH
Yaping Jin	DLSPH
Arlene King	Chief Medical Officer of Ontario

Appendix I

Joanna Kirton*	DLSPH
Nancy Kreiger	DLSPH
Louise Lemieux-Charles*	DLSPH Interim Director
Wendy Lou	DLSPH
Ellen MacEachen	DLSPH
Peggy McDonough	DLSPH
David McKeown	Medical Officer of Health, Toronto
Cheryl Misak	Provost's Office (Opening Remarks)
Brent Moloughney	BMW Health Consultants Inc.
Melanie Morris	DLSPH
Cameron Mustard	DLSPH
Ted Myers	DLSPH
Stephanie Nixon	DLSPH
Kristen O'Brien	DLSPH Student
James Orbinski	DLSPH
George Pasut	Public Health Ontario
Nandita Perumal	DLSPH Student
Blake Poland	DLSPH
Jason Pole	DLSPH
Jackie Quirk	DLSPH Student
Linda Rabeneck	Cancer Care Ontario
Andrea Sass-Kortsak*	DLSPH Associate Director
Robert Schwartz	DLSPH
Fran Scott	DLSPH
James Scott*	DLSPH
Arjumand Siddiqi	DLSPH
Carol Strike*	DLSPH
Terry Sullivan	Public Health Ontario
Lei Sun	DLSPH
Peter Tanuseputro	DLSPH
Halla Thornsteinsdottir	DLSPH
Kevin Thorpe	DLSPH
Susan Tremblay	Axler and Associates
Bernice Yanful	DLSPH Student
Kue Young	DLSPH
Rachel Zulla	DLSPH Staff

*Strategic Planning Steering Committee

Appendix II

Summary: Strength, Weaknesses, Opportunities and Threats Analysis (October, 2011)

Strengths

- > Well established and well recognized MPH program, with several areas of specialization
- > Longstanding and excellent practicum program
- > Highly competitive PhD program, interdisciplinary and collaborative between specializations
- > 3 new Chairs, Public Health Policy, Global Health, Disease Control
- > Successful researchers; increased research funding and grants
- > Large cadre of status only faculty, with many cross-appointments
- > Faculty with expertise from diverse disciplines from multiple perspectives
- > Solid and long term relationships with external partners and stakeholders
- > Attached to strong medical school with depth and breadth in departments, institutes and specialized centres
- > New physical site
- > Location; in close proximity to the Ontario Public Health Agency, MaRS, Queen's Park.

Opportunities

- > Graduate program expansion, especially with government's plan to create 1000 new graduate placements at U of T
- > Growth in global health, public health policy and environmental health offerings;
- > Endowments for Global Health and its advancement
- > Institute for Global Health Equity and Innovation, with expanded opportunities for research and post-doctoral training and fellowships (e.g., expanding Million Deaths study)
- > Professional doctorate in Public Health, potential collaboration with HPME and strong connection with the field
- > Joint MD/MPH; joint programs with other faculties (e.g., Nursing, Dentistry) and other institutions; e.g., UT Scarborough campus, OISE, Northern Ontario School of Medicine
- > MOHLTC launching a Public Health HR strategy to identify needs and strategies
- > Enhanced continuing education and professional development offerings; pressing need for advanced education and new skills for people currently working in the field, many are deficient in Public Health Skills
- > Gaps in public health leadership across the country; need program and outcome evaluation, research, measurement and reporting, thought leadership
- > Increasing focus on chronic disease management, health promotion and prevention in primary care
- > New affiliation agreements; partnership agreements; "edge of campus" linkages
- > Pan Am Games in Toronto in 2015
- > Outreach to and engagement with areas other than health, e.g., transportation, architecture and built environments; "public health should be everyone's business"
- > Advances in technology, integrated data bases, social media and e-learning
- > Opportunity to build on the unique breadth of DLSPH disciplines and specializations

Appendix II

Weaknesses

- > Lack of unifying vision and values
- > Leadership, permanent Director not in place
- > Current organization and structure of the School
- > Gaps in data and ongoing data collection, e.g., who applies, where do graduates go; why do applicants accept other offers?
- > Few practitioners teaching with Public Health experience
- > Current curriculum needs to be tied to competencies (curriculum review is a priority)
- > Lacking targeted curriculum with leadership content
- > Lacking research-based MSc; need to develop pool of people with technical skills; limited on-line educational offerings
- > Diminishing human resources is a major structural deficit; declining number of faculty as CLTA (contract) positions are being eliminated
- > Small tenured faculty; most research takes place outside of the School
- > Faculty associate and disassociate with the School at will; needs to be a reason for them to engage with the School.
- > Need more efficient organization of space for students and faculty
- > Limited resilience and flexibility in an environment that requires these characteristics.

Threats/Challenges

- > Making the School financially viable
- > Ensuring funding for doctoral stream students (to be competitive with other programs)
- > Competition with other MPH programs, especially Waterloo (well resourced and offers distance education); 15 MPH programs in Canada
- > Tension between education and research; competing demands on faculty time, tension between supporting leadership in practice and research
- > Attracting faculty to teach in programs that will have national and international impact
- > Achieving accreditation and/or going beyond CEPH requirements to compete at a global level; developing peer based way of judging what the School is instead of being limited to accreditation.
- > Being seen as the “go-to resource” and making public health an essential part of health policy conversations.

We will lead in public health research, education and service for a healthier Canada and a healthier world.

DLSPH Vision

**Exceptional graduate education.
Innovative, interdisciplinary research.**

**Discover the Dalla Lana School of Public Health.
Visit www.dlsph.utoronto.ca**



UNIVERSITY OF TORONTO
DALLA LANA SCHOOL OF PUBLIC HEALTH

Dalla Lana School of Public Health
155 College Street
Health Sciences Building, 6th floor
Toronto, ON M5T 3M7
Tel. 416-978-4387
dlsph.info@utoronto.ca

www.dlsph.utoronto.ca