

Appendix A: Dalla Lana School of Public Health (DLSPH) Strategic Visioning Planning Document (March 4, 2013)

Background: the Vision, Mission and Core Values of the DLSPH (as re-articulated in the 2012-2015 Strategic Plan; <http://www.dlsph.utoronto.ca/page/strategic-plan-2012-15>) are sound, appropriate, and well-worded. But they are very generic (similar to those of other leading public health schools) and don't capture a sense of what makes, or will make, DLSPH unique and a global leader. This Planning Document aims at outlining a coherent vision of themes that would be strategically advantageous for DLSPH to pursue over the next 10+ years. The vision identifies and builds off of the DLSPH's strengths, capitalizes on its position in the University, geographical location, and many partnerships, and represents major opportunities to lead in research, training, and knowledge translation in Canada and globally.

Process: versions of this document have been discussed in meetings of the DLSPH Director with each of the DLSPH Divisions during the Fall of 2012; the monthly meetings of the DLSPH Executive Committee (Division Heads, Associate Directors); and the inaugural meeting of the School Council on November 12, 2012. This document has been revised as continuous process with feedback from faculty, and updated versions will continue to be distributed and discussed in the general DLSPH faculty meeting on January 21, 2013; the 2013 winter/spring semester meetings of the DLSPH Divisions; the February 24 meeting of the inaugural DLSPH Research Committee; and a planned winter meeting of the re-constituted DLSPH External Advisory Committee.

PROPOSED MAJOR THEMES for DLSPH "Brand"

Our School's emerging vision for the future

Five Foundational Sciences
+ Three Major Themes
+ Five Cross-cutting Drivers (5+3+5)

UNIVERSITY OF TORONTO
DALLA LANA SCHOOL OF PUBLIC HEALTH

Healthy Cities & Communities

Global Health

Integration of Public Health & Primary Care

Foundation Sciences:

- Epidemiology
- Biostatistics
- Health Care & Public Health Policy
- Social & Behavioural Sciences
- Occupational & Environmental Health

Cross-cutting Drivers (Values and Skills)

- Human Rights, Equity & Social Justice
- Participation & Partnerships
- Sustainability
- Innovation
- Leadership

(A) Healthy Cities & Communities

What is the need?

Urbanization has changed the face of the earth and the human experience, including patterns of disease and health equity. As an emerging area of concentration, Healthy Cities/Communities encompasses education, research, knowledge translation, and service activities focussed on informing, designing and evaluating solutions for complex urban problems impacting population health. While the concept of “Healthy Cities” has been a robust area of research and scholarship in Europe^{1,2} for some years, it remains a relatively open opportunity area in North America. We seek to consolidate and build on considerable initiatives already underway at University of Toronto and with our partners in surrounding communities on healthy communities locally, provincially, nationally and internationally. Given rapid urbanization around the world and our location in one of Canada’s largest and most diverse cities, our focus on urban/suburban health equity will bridge to related work on rural-urban linkages and rural community health, in the far north, in aboriginal communities, and in the global South. We will also build on DLSPH leadership/participation in on-going University-wide projects focused on urban renewal and research, such as the CUSP/Bloomberg/NYU initiative³ and the; Regent Park redevelopment initiative.⁴ Our values and skills include Human Rights, Equity and Social Justice; Participation and Partnerships; Sustainability; Innovation and Leadership.

In addition to penetrating analyses of pressing problems, Healthy Cities/Communities will be solutions-focused; in this regard we parallel CIHR’s increased emphasis on ‘population health intervention research’ and our community partners’ desire to use evidence to inform action on growing inequities. DLSPH strength in solution focussed urban research includes but is not limited to: Inner-city health (e.g., CRICH), HIV/AIDS (e.g., Center for HIV Prevention; HIV Studies Unit), community development, urban air and water pollution, nutrition/food, health care delivery in urban setting, healthy work environments, aboriginal health, the built environment, and partnerships too numerous to name individually on a range of healthy cities initiatives.

How will this happen?

Education

Healthy Cities/Communities requires a strong educational foundation for this pioneering work. In turn, the Healthy Cities/Communities theme will provide a powerful stimulus for further innovations in transdisciplinary training. We will build upon and interact with a range of graduate and post-graduate training programs including: a wide range of relevant Collaborative Programs (cross departmental transdisciplinary training initiatives) in Women’s Health, Community Development, Aboriginal Health, Environmental Health, and Public Health Policy, to name but a few; Action for Health Equity Interventions ACHIEVE (postdoctoral training program) at the Centre for Research on Inner City Health (CRICH) equipping new researchers to generate and apply evidence to close health inequities); Centre for Urban Science and Progress (CUSP) (a multi-country initiative led by NYU using big data sets to solve complex urban problems), and vibrant graduate programs in epidemiology, .

Research

New research on Healthy Cities/Communities theme will build on the well-established platforms of research at DLSPH such as CRICH, the Centre directed by theme co-Leader Professor O’Campo. The Centre’s main focus is research to better understand the linkages between poverty, social exclusion and poor health and the evaluation of “what works” to improve health outcomes for inner city populations.⁵ Examples of

¹ Barton H, Grant M. Urban Planning for Healthy Cities : A Review of the Progress of the European Healthy Cities Programme. J Urban Health. 2012 Jun 20. [Epub ahead of print] PubMed PMID: 22714703.

² Green G, Acres J, Price C, Tsouros A. City health development planning. Health Promot Int. 2009 Nov;24 Suppl 1:i72-i80. doi: 10.1093/heapro/dap057. PubMed PMID: 19914991.

³ <http://www.news.utoronto.ca/content/center-urban-science-and-progress-cusp>

⁴ <http://rpni.ca/index.html>

⁵ <http://www.stmichaelshospital.com/crich/about/>

on-going research at CRICH include studies drawing connections between urban homelessness and mortality; research to help enhance the cultural relevance and scientific excellence of Indigenous health and health-related services, programs and policies (in partnership with First Nations, Indian, Inuit, Métis and international Indigenous organizations and governing groups in the Greater Toronto Area); evaluating targeted mental health interventions that are most likely to meet the needs of vulnerable groups, such as community-based mental health care services and supportive housing, and studying the links between urban neighbourhood features and residents' chronic stress, depression and child behavioural problems; and assessing whether health care is delivered equitably or not, evaluating how well health care services work for inner city populations. CRICH also works on developing tools to make health data more accessible to decision-makers, and informing targeted health care responses to a range of health issues.

Leadership

The DLSPH Healthy Cities/Communities theme area is co-led by Patricia O'Campo, DLSPH Professor, internationally-renowned scholar in urban public health and Director of the Centre for Research on Inner City Health at St. Michael's; and Blake Poland, DLSPH Associate Professor DLSPH and Director of the DLSPH-based Collaborative Program in Community Development. Professors O'Campo and Poland are organizing a 2 day Symposium to be held in the fall of 2013 to showcase the theme's vision and early educational and research initiatives.

(B) Global Health: Equity & Innovation

What is the need?

Massive change globally is addressing some health inequities but exacerbating others, both within and across countries.^{6,7} There are increasingly calls for a greater equity orientation in global health research^{8,9} and increased attention to the right to health in global health governance¹⁰. Many innovations are being fostered¹¹ but concern remains as to whether these innovations will all promote health equity¹², in keeping with core values of the DLSPH. This global situations has prompted a huge interest amongst masters and doctoral students, post-doctoral fellows, and Visiting Scholars.

Approaching global health, we find varying conceptualizations and methodologies being used to understand global stressors, determine burdens, developing responses and designing governance. Global health is a theme of scholarship, policy, and practice¹³. A dominant definition of global health in North America is that proposed by Koplan et al. in 2009: "Global health is an area of study, research and practice that places a priority on improving health and achieving equity for all people worldwide. Global health emphasizes transnational health issues, determinants, and solutions; involves many disciplines within and

⁶ Bhutta ZA, Reddy KS. Achieving equity in global health: so near and yet so far. *JAMA*. 2012;307:2035-6

⁷ Friel, S, Butler, C & McMichael, A, 'Climate change and health: Risks and Inequities', in Solomon Benatar and Gillian Brock (ed.), *Global Health and Global Health Ethics*, Cambridge University Press, Cambridge UK, 2011, pp. 198-209.

⁸ Kass N, Ijsselmuiden C, Sewankambo N, Lavery JV. Evolving values in ethics and global health research. *Global Public Health* 2010; 5(2): 154-163

⁹ O'stlin P, Schrecker T, Sadana R, Bonnefoy J, Gilson L, Hertzman C, Kelly MP, Kjellstrom T, Labonté R, Lundberg O, Muntaner C, Popay J, Sen G, Vaghri Z. (2011) Priorities for Research on Equity and Health: Towards an Equity-Focused Health Research Agenda. *PLoS Med* 8(11): e1001115. doi:10.1371/journal.pmed.1001115

¹⁰ Forman L, Cole DC, Ooms G, Zwarenstein M. Human Rights and the Global Health Funding 'Revolution': What Contribution Can the Right to Health Make to Sustaining and Extending International Assistance for Health? *Global Health Governance*, Dec 2012 <http://blogs.shu.edu/ghg/2012/12/31/volume-vi-issue-1-fall-2012/>

¹¹ Daar AS and Singer PA. *The Grandest Challenge: Taking Life-saving Science From Lab To Village*. Doubleday/Random House Canada. September 20, 2011

¹² Cozzens SE, Kaplinsky R (2009). Innovation, poverty and inequality: Cause, coincidence or co-evaluation? In Bengt-Ake, Lundvall, K.L Joseph, Cristina Chaminade and Jan Vang. *Handbook of Innovation Systems and Developing Countries: Building Domestic Capabilities in a Global Setting*. Edward Elgar: Cheltenham, UK

¹³ Birn AE, Pillay Y, Holtz TH. *Textbook of International Health. Global Health in a Dynamic World*. New York, Oxford: Oxford University Press. 2009. Ch 3 on International health agencies, activities and other actors, pp 61-131

beyond the health sciences and promotes inter-disciplinary collaboration; and is a synthesis of population-based prevention with individual-level clinical care.¹⁴

Key questions confronting global health educators and researchers are: What competencies are needed by global health practitioners and researchers¹⁵? How can global health education be conducted in ways that stimulate critical thinking, practice and policy? What norms being invoked and policy approaches being applied, at different jurisdictional levels are most fruitful for advancing global health equity e.g. in control of the use of tobacco and hazardous pesticides, in responding to HIV-AIDS or tuberculosis, or in promoting access to primary health care and medicines? These, among others, represent opportunities that will be addressed as high priority global health issues by the DLSPH.

How will this happen?

Addressing such questions require multi-disciplinary teams of faculty, staff and students. DLSPH faculty are key leaders in several world-class centers of global health research sited at fully affiliated hospitals/research institutes, such as the Sandra A. Rotman Centre for Global Health at the University Health Network¹⁶, the Centre for Global Health at St. Michael's Hospital¹⁷, and the Global Child Health programme at Hospital for Sick Children¹⁸. In conjunction with colleagues in the Joint Center for Bioethics, DLSPH faculty are also leading scholarship in global health ethics.¹⁹ The DLSPH is a World Health Organization Collaborating Centre in Health Promotion²⁰ We will continue to deepen global health perspectives across DLSPH programs and strengthen equitable collaborations with colleagues around the world.

Education

Global health educators at the DLSPH will lead in the transformation of the current Global Health Emphasis at the masters' level. They already worked with University of Toronto colleagues and students to mount the first Collaborative PhD Program in Global Health in Canada in 2009. With two graduates and 23 current students, coming from nine home programs across the university, the program engages students in trans-disciplinary discussions of research questions and applications to policy and practice. In conjunction with other faculty and schools at U Toronto, the new Institute for Global Health Equity & Innovation (IGHE&I)²¹ is planning a trans-disciplinary post-doctoral training program in global health for research and leadership training in a flexible, 1 or 2 year non-degree program. The aim is to strengthen a Fellow's knowledge of economics, epidemiology, policy formulation, law, political analysis, organizational behavior, or evaluation with an emphasis on the application of mixed methods. The program will provide Fellows with the opportunity to interact extensively with students, faculty and other professionals, leading to funded collaborative research projects.

Research

New global health research projects, including new epidemiologic studies, analyses of health systems, research that addresses the socio-political dimensions of global health, will build on existing strengths among DLSPH affiliated faculty, students and staff. In addition, IGHE&I will serve as a nodal point for providing new scholarship to a variety of on-going global health initiatives that already exist at DLSPH, such as the HIV

¹⁴ Koplan JP, Bond TC, Merson MH, Reddy KS, Rodriguez MH, Sewankambo NK, Wasserheit JN; Consortium of Universities for Global Health Executive Board. Towards a common definition of global health. *Lancet*. 2009 Jun 6;373(9679):1993-5. doi: 10.1016/S0140-6736(09)60332-9. Epub 2009 Jun 1. PubMed PMID: 19493564.

¹⁵ Cozzens SE, Kaplinsky R (2009). Innovation, poverty and inequality: Cause, coincidence or co-evaluation? In Bengt-Ake, Lundvall, K.L Joseph, Cristina Chaminade and Jan Vang. *Handbook of Innovation Systems and Developing Countries: Building Domestic Capabilities in a Global Setting*. Edward Elgar: Cheltenham, UK

¹⁶ <http://www.srcglobal.org/>

¹⁷ <http://www.cghr.org/>

¹⁸ <http://www.sickkids.ca/globalchildhealth/>

¹⁹ AD Pinto, REG Upshur, Editors. *An Introduction to Global Health Ethics*. Xxxxxx, 2013

²⁰ <http://global-health-promotion-consortium.spruz.com/>

²¹ <http://www.ghd-si.utoronto.ca/global-health-faculty-and-researchers/university-of-toronto-institute-for-global-health-equity-and-innovation/>

Social, Behavioural and Epidemiological Studies Unit's work in partnership with Shanghai CDC colleagues; at affiliated research centres e.g. the Centre for Global Health Research's huge investment in mortality surveillance with Indian colleagues and the Sandra Rotman Centre for Global Health's work on the social and ethical aspects of innovations; and the affiliated Institute for Circumpolar Health Research's use of participatory methods with Arctic indigenous populations and policy makers.

Leadership

Leadership on this theme is being provided by DLSPH global health faculty including IGHE&I's Interim Director, Professor Donald Cole of DLSPH's Division of Epidemiology, with an Executive Committee consisting of global health leaders in the University of Toronto community from Schools of Management, Engineering, Pharmacy and Global Affairs. Dr. Cole is a senior DLSPH faculty member and widely published and known scholar in occupational and environmental epidemiology and global health. Searches for a permanent Director for IGHE&I and a new Dalla Lana Chair in Global Health have recently begun.

(C) "Clinical Public Health": Trans-disciplinary research and training across public health, clinical practice and health care delivery (and research on how to do this well)

What is the need?

Public health achievements in enhancing health through disease prevention, health protection and promotion are well documented and justifiably celebrated.²² Research evidence indicates that where primary care systems flourish, population health outcomes are better.²³ However, it is also well recognized that broader determinants of health, the focus of much of the domain of public health, have as much, if not more impact on health than health systems.²⁴ It follows, therefore, that systematic integration of primary care and public health will lead to better health outcomes.

The scholarly basis for this integration is not well developed.²⁵ DLSPH has an opportunity to lead in creating innovative approaches to the integration of public health and primary care in the management of population health. The University of Toronto and DLSPH are poised to be on the forefront of this critical horizon of health sciences within the mandate of the Division of Clinical Public Health.

The DLSPH is strategically well placed to harness the unrivaled intellectual and human resource capacity of the University of Toronto and among partner health care organizations and research institutes in the Greater Toronto Area to become national and global leaders in the training of a new generation of health care practitioners possessing the requisite skills to tackle the health challenges posed by 21st Century realities.²⁶ This will require true trans-disciplinary education and research.

Demographic transitions in high and low and middle income countries, renewed concern for environmental integrity and the re-emergence of infectious disease outbreaks, the advent of "big data", revolutions in informatics, discoveries in basic biological sciences, reforms in the delivery of health care such as primary care reform and the move towards inter-professional team based care as well as persisting inequities in health argue for the need for health care professionals to be well grounded in science, clinical practice, critical thinking, leadership and sensitive to cultural diversity, ethics and human rights. These are

²² Center for Disease Control Ten Great Public Health Achievements in the 20th Century <http://www.cdc.gov/about/history/tengpha.htm>

²³ Starfield B. Toward international primary care reform. CMAJ. 2009. 180 :1091-2.

²⁴ Commission on Social Determinants of Health. Closing the gap in a generation: Health equity through action on the social determinants of health http://www.who.int/social_determinants/thecommission/finalreport/en/index.html

²⁵ Committee on Integrating Primary Care and Public Health. *Primary Care and Public Health: Exploring Integration to Improve Population Health*. Board on Population Health and Public Health Practice. Washington DC: Institute of Medicine of the National Academies. March, 2012.

²⁶ Frenk J, Chen L, Bhutta ZA, Cohen J, Crisp N, Evans T, Fineberg H, Garcia P, Ke Y, Kelley P, Kistnasamy B, Meleis A, Naylor D, Pablos-Mendez A, Reddy S, Scrimshaw S, Sepulveda J, Serwadda D, Zurayk H. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. Lancet. 2010 Dec 4;376(9756):1923-58.

consistent with the vision of transformative leadership for health care professionals articulated in the influential Lancet Commission Report.

How will this happen?

A comprehensive vision of Clinical Public Health entails initiatives in education, professional training and research.

Education

The creation of a division of Clinical Public Health provides the opportunity for the creation of a set of new courses in the DLSPH. These will build upon existing courses and expand to include focus on leadership, ethics and human rights,

The Division of Clinical Public Health will work with partners in the Faculty of Medicine to strengthen the undergraduate Determinants of Community Health to ensure all graduating medical students possess public health competencies.

We will engage with other health professions (Nursing, Dentistry, Pharmacy, Social Work and Rehabilitation Sciences) to advance training in public health and primary care. We will create novel opportunities to allow students to integrate graduate level training into their professional training. Examples include MD/MPH and MD/PhD streams. These can be expanded in the future to other health professions.

Health Professional Training

The Division will continue to support and expand the Royal College of Physicians and Surgeons Residency program in Public Health. Additional training opportunities will be created to provide leadership skills, research and clinical opportunities at the interface of primary care and public health. The Department of Family and Community Medicine, one of the largest training programs of family physicians in the world, is a natural partner for enhanced training opportunities in public health and primary care.

Research

The Division of Clinical Public Health and DFCM will partner with research intense organizations such as Public Health Ontario, The Institute for Clinical Evaluative Sciences and Cancer Care Ontario as well as the wealth of intellectual resources at the University of Toronto, Canada's largest research intense university, to create a research agenda that will focus on the creation of practice based, evidence informed research that will improve the delivery of effective primary care and preventive medicine.

Global Partnerships

The Division of Clinical Public Health is well situated to integrate with the Division of Global Health and the Institute of Global Health Equity and Innovation to build partnerships with universities globally. There are existing collaborative partnerships emerging in China, Brazil, Bangladesh and Ethiopia where the educational programs and skills represented by Clinical Public Health will be refined and taken up for the betterment of global public health.

Leadership

The Division of Clinical Public Health is a newly created entity in DLSPH, with the DLSPH Director, Howard Hu, providing interim leadership, and the Division housing faculty and associated units that fit well into the new Division's vision and mission (and that had previously been in other DLSPH Divisions), including those associated with the DLSPH's programs in Community Nutrition, Community Health, and Public Health & Preventive Medicine Residency training. The Division's first permanent Head, Dr. Ross Upshur, is designated

to begin on September 1, 2013. Dr. Upshur holds the CRC Chair in Primary Care and is an internationally-renowned scholar, family practitioner, and former Director of the U of T Joint Centre for Bioethics.

(D) The “Sweetspot” (The Overlap between the 3 areas above)

A stream of major opportunities in the “Sweetspot” have emerged, such as requests from high-level Ministries of Health and/or Universities to solicit University of Toronto as a major partner for overhauling primary care health/public health systems in China, Brazil, and Bangladesh. This “sweetspot” represents the unique strength derived from the combination of these 3 areas, which, in turn, is a combination that few, if any, academic institutions are as well-positioned to pursue as the Dalla Lana School of Public Health/University of Toronto.

(E) Proposed Cross-cutting “Drivers”

These cut across the 3 themes and characterize the values by which we will approach each of these themesL

- *Human Rights, Equity & Social Justice*: Consider disparities/inequities (in terms of ethnicity, social class, geography, etc), and approaches to reducing disparities and inequities.
- *Participation & Partnerships*: Involving affected communities and policy makers in the design of research and interventions; develop and work through balanced partnerships with local and global collaborators.
- *Sustainability*: Conduct all activities with consideration of how research, interventions, training, etc. can be sustained and be based on principles of sustainability (emphasis on renewable resources).
- *Innovation*: Discover and pursue innovative solutions to the public health challenges identified, with an emphasis on trans-disciplinary approaches that involve all the disciplines of public health, other health sciences, law, business, engineering, etc.
- *Leadership*: Incorporate into our scholarship and training competencies and approaches to leading change, with an emphasis on managing human and other resources; organizational IQ; strategic planning and implementation; program evaluation; etc.

DLSPH Strengths (including some unique strengths) for addressing the major themes

Our Divisions & their associated disciplines (in alphabetical order)

- Biostatistics; Clinical Public Health; Epidemiology; Global Health; Occupational & Environmental Health; Public Health Policy; Social & Behavioural Health Sciences;

Major DLSPH-based Units (based in DLSPH and/or led by DLSPH faculty)

- Centre for Critical Qualitative Health Research
- Centre for Global Health Research
- Centre for Research Expertise in Occupational Disease
- Centre for Research on Inner City Health
- CIHR Social Research Centre in HIV Prevention (SRC)
- HIV Social, Behavioural and Epidemiological Studies Unit
- Institute for Clinical and Evaluative Sciences
- Institute for Circumpolar Health Research
- Institute for Work & Health
- Institute of Global Health Equity and Innovation
- Institute of Health Policy, Management and Evaluation
- Occupational Cancer Research Centre
- Ontario Health Study
- Ontario HIV Epidemiologic Monitoring Unit
- Ontario Tobacco Research Unit

- Public Health Ontario
- Sandra Rotman Centre for Global Health

SUMMARY

- Is unique, forward-thinking, designed to last 10+ years
- Takes advantage of many of the assets at the Dalla Lana School, the U of Toronto, the City of Toronto, and Canada
- Is inclusive—can accommodate much of the best scholarship occurring in all corners of the School

USE

- Branding and adding themes to the refinement of our vision and mission
- Provides a conceptual framework for growth in faculty, attracting students and other scholars, reaching out to our stakeholders, donors, et al.

PLANS

- Leaders identified for developing these 3 theme areas
 - Healthy Cities & Communities: Patricia O'Campo (DLSPH Professor; Director, Center for Research on Inner-City Health [St. Michael's] & Blake Poland (DLSPH Associate Professor; Director, Community Development Collaborative Program
 - Global Health: Donald Cole (IGHE&I and DLSPH Global Health Division Interim Director) & other members of the steering committee of IGHE&I: Cathy Whiteside (Dean, FOM); Yu-Ling Cheng (Director, Centre for Global Engineering); Abdallah Daar (DLSPH SBHS/University Health Network/Sandra Rotman Centre for Global Health; Howard Hu (Director, DLSPH); Jillian Kohler (Director of Global Health, Faculty of Pharmacy & Munk School of Global Affairs); Anita McGahan (Associate Dean, Research, Rotman School of Management); Ross Upshur (Department of Family & Community Medicine, DLSPH); Prabhat Jha (DLSPH and Director, Centre for Global Health Research, St. Michael's Hospital); Stanley Zlotkin (Director of Global Health, Sick Kids Hospital)
 - Clinical Public Health: Ross Upshur (incoming Head, DLSPH Division of Clinical Public Health [start date: September 1, 2013]; partners to be identified)
- Major workshops/symposia in each of these areas (except Global Health: may await recruitment of permanent Director of IGHE&I/GH Division)
 - Organized by the leaders above
 - Mid to late-fall, 2013: Healthy Cities & Communities
 - Spring, 2014: Clinical Public Health
 - Spring or Fall, 2015: Global Health
 - To focus on the concepts, needs, opportunities for DLSPH-specific scholarship and added value in each of these areas, as well as the overlap of each are with the other two areas