



**Dalla Lana School of Public Health
Strategic Planning Exercise
Towards 2021 and Beyond**

Synergy Between Population Health & Health Systems Sub-Committee Report

SUB-COMMITTEE MEMBERSHIP:

Arjumand Siddiqi (co-Chair)
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SUB-COMMITTEE TERMS OF REFERENCE:

Pay specific attention to the notion that synergies should reflect impacts that are truly greater than the sum of their parts (including financial revenues), and building off of leading universities with schools of public health or medicine:

1. Assess strategic options on scholarly areas where there is **identified scientifically productive synergy** between population and public health and health systems and health services research;
2. Describe **pathways by which this scholarship has impacted health** through broader health system organization that could be used by the DLSPH;
3. Identify **education programming and outreach (community/alumni) opportunities** that reflect this synergy, with a focus on students, alumni, community based organizations as key stakeholders in developing synergisms;
4. **Propose opportunities and priorities** for focus at the DLSPH and identify necessary support for realizing these priorities.

***Please note:** regarding question B2: the sub-Committee's discussions did not extend to include consistency of these directions with the University of Toronto Strategic Plan. Regarding question B5: The sub-committee felt that the strategic directions put forward were priorities and thus, the risk was in not undertaking the strategic directions.



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Strategic Direction One

A. Provide a clear statement of the first suggested strategic direction.

Become a Centre of Excellence for research and training on health systems that integrate population health perspectives in health services.

- The objective is to undertake programs of research that move from a focus on healthcare systems to health systems approaches.
- Societies which are able to integrate health services with a broad range of social dimensions throughout the life course are those which produce more desirable outcomes related to population health and systems management.

B. Provide clear rationale/statements on the following:

1. What will be the anticipated return / “payoff” / “value” on direction?
(Measured in different ways likely for various stakeholders)

- This theme builds on existing strengths within the DLSPH and the IHPME to raise the profile and impact of research and training for a broader range of stakeholders in the policy sphere.
- The move to programs of research and training that explicitly incorporate a more comprehensive understanding of the determinants of health and health behaviours at both the individual and population levels in order to generate evidence that will have the greatest possible policy impact.

2. Does this direction align with the strategic plans of the University of Toronto, or any of its other faculties, units or partners? If yes, please specify how.

3. Alignment with current themes at the School, or its units (direction does not have to align with any current themes) and list any relevant cross-cutting themes that the strategic direction incorporates.

- Consistent with the core programming across IHPNE/DLSPH



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4. Outline the implementation resources you imagine would be important/ helpful.
 - Provision of course compliments that address the integration of health systems and population health perspectives.
 - Facilitation of practicum opportunities in social as well as health care organizations for both the MPH and MHSc programs.
 - Facilitation of access to linked health care and social service datasets housed at ICES for DLSPH/IHPME affiliated researchers.
 - Leverage newly established and existing Centres within DLSPH/IHPME by funding training fellowships through private donors in areas that span the social and health care spheres.
 - Leverage ongoing areas of collaboration within the Division of Clinical Public Health that tie into the Health Cities/Communities framework.

5. Comment on the risk of the suggested strategic direction
 - Risk that this will fail if not properly resourced in ways that facilitate and support ongoing engagement with broader stakeholders, which should not be left entirely to individual researchers, and that may draw on the resources of the DLSPH/IHPME to organize events that showcase the research and training activities occurring across research specialities and units in a given area.



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Strategic Direction Two

A. Provide a clear statement of the second suggested strategic direction.

Innovations in Methods and Approaches to Systems Research

B. Provide clear rationale/statements on the following:

1. What will be the anticipated return / “payoff” / “value” on direction?
(*Measured in different ways likely for various stakeholders*)

The ability to contribute to the development of research approaches that are inclusive and respectful of various epistemologies/worldviews, research designs, and methods and that are appropriate to addressing complex issues related to health and health care.

This direction would support the advancement of novel research methods and approaches that build on:

- The strong foundation of quantitative research expertise in the areas of biostatistics, epidemiology, econometrics, economic evaluation and decision-modelling by capitalizing on the big data initiatives underway at the DLSPH and large linked datasets available in Ontario for example through ICES;
 - The strong foundation of qualitative research expertise represented, for example, in the Centre for Critical Qualitative Health Research and amongst DLSPH/IHPME faculty;
 - The increasing sophistication amongst IHPME faculty in pursuing complex mixed methods approaches; and on
 - The established tradition of utilizing integrated approaches (e.g., integrated knowledge translation/iKT) to cogenerate system problem statements that can be addressed through research that is, in turn, collaboratively conducted and applied.
2. Does this direction align with the strategic plans of the University of Toronto, or any of its other faculties, units or partners (*alignment is not a requirement; refer to documents on Crush site*)? If yes, please specify how.
 3. Alignment with current themes at the School, or its units (direction does not have to align with any current themes) and list any relevant cross-cutting themes that the strategic direction incorporates.
 - Aligns with current bench strength of DLSPH in biostatistics, and in evaluation of complex health interventions.



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- Aligns with the very successful specialized programming offered in health Economics, econometrics, epidemiology, health technology assessment and decision modeling offered at IHPME.
 - IHPME/DLSPH is already well poised to be a leading research hub in the study, design and implementation of integrated health systems through existing partnerships with Sinai Health System, the Bridgepoint Collaboratory for Research and Innovation which can provide training and educational opportunities for practitioners, faculty, students and research fellows.
4. Outline the implementation resources you imagine would be important/ helpful.
(Implementation does not need to be the focus)
- Establishment of working groups to determine the feasibility/implementation strategy for the possible introduction of specializations across the DLSPH/IHPME in biostatistics, health economics, and health technology assessment drawing from the experience of the health policy programming.
 - Establishment of working group of those who teach methods courses across the DLSPH and IHPME to determine whether there are efficiencies to be gained through greater coordination of the course offerings
 - Classroom capacity
 - The ability to offer specialized doctoral training programs within HSR in biostatistics and within Public Health in economics and health technology assessment in order to attract new students and to meet the growing demand for graduates with strong methodological skills.
 - Development of specialized training at the Masters and or PhD levels in Health Evaluation.
5. Comment on the risk of the suggested strategic direction



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Strategic Direction Three

A. Provide a clear statement of the third suggested strategic direction.

Addictions and Mental Health across the health and social care continuum

B. Provide clear rationale/statements on the following:

1. What will be the anticipated return / “payoff” / “value” on direction?
(Measured in different ways likely for various stakeholders)
 - Large and growing field of research that cuts across disciplines such as social epidemiology, clinical epidemiology, economics, policy, psychology etc.
 - Emergent economies such as China are disproportionately affected by some health behaviours such as smoking so this program of research has the potential for linkage to researchers based in other parts of the world.
 - Access to linked datasets (CCHS) that yield unparalleled insight into the impact of smoking, drug addiction, and other health behaviours over the long run.
 - Provides platform for engaging with and providing advice to inform public health policies to be implemented by health and social care agencies.
 - Represents the potential to impact the health of large segments of the Canadian population, including children.
2. Does this direction align with the strategic plans of the University of Toronto, or any of its other faculties, units or partners (*alignment is not a requirement; refer to documents on Crush site*)? If yes, please specify how.
3. Alignment with current themes at the School, or its units (direction does not have to align with any current themes) and list any relevant cross-cutting themes that the strategic direction incorporates.
 - Existing expertise in tobacco research and control policies, economics and epidemiology of addictive behaviours and established partnerships and cross-appointed faculty at CAMH and with the Canadian Centre for Health Economics.
 - Ties in to the maternal and child health initiatives by IHPME affiliated researchers at ICES



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4. Outline the implementation resources you imagine would be important/ helpful.
(Implementation does not need to be the focus)
 - Establishment of working group of DLSPH/IHPME affiliated researchers to identify how best to foster ongoing research efforts across individuals and groups and how training opportunities and skills can be deepened in these areas through the academic program offerings.
 - Establish exchanges with students and researchers based in the Asia Pacific region
5. Comment on the risk of the suggested strategic direction



Strategic Direction Four

A. Provide a clear statement of the fourth suggested strategic direction.

Research Partnerships in Indigenous Health

B. Provide clear rationale/statements on the following:

1. What will be the anticipated return / “payoff” / “value” on direction?
(Measured in different ways likely for various stakeholders)
 - Contributing to Public Health Research and Practice that Indigenous Communities Report as Useful and Relevant
 - Leadership in an area that is seriously understudied and which is of national importance.
 - Potential for international impact on policy issues related to Indigenous peoples health and well-being.
 - Introduce a rigour to research related to Indigenous health that draws on the expertise within the DLSH/IHPME and First Nations, Métis, Inuit , non-Status Indians and urban Indigenous communities. Specifically it would leverage DLSPH’s strengths in Indigenous health, population health, and at IHPME in health systems in order to improve Indigenous health research and training in substantial ways:
 - Tackle major health information system problems that result in a striking gaps and inadequacy in population based Indigenous health information across geographies and populations, by working in partnership with Aboriginal governing bodies and organizations, to push forward the move for better, population-based health and social information systems.
 - Promote excellence in Indigenous health research and practice by embedding both scientific excellence along with community relevance in the training programs. Students would receive both didactic and experiential training in population health, health systems, applied public health methods, Indigenous knowledge, and Indigenous community engagement that support the development of competencies according to these dual criteria.
 - Foster further development of unique approaches and methods to bring together public health researchers and practitioners with Indigenous health system



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managers and decision makers in ways that ensure ongoing public health and health services research is informed by the questions of front line Indigenous health care practitioners, managers and policy makers.

2. Does this direction align with the strategic plans of the University of Toronto, or any of its other faculties, units or partners (*alignment is not a requirement; refer to documents on Crush site*)? If yes, please specify how.
3. Alignment with current themes at the School, or its units (direction does not have to align with any current themes) and list any relevant cross-cutting themes that the strategic direction incorporates.
 - Builds on the:
 - Creation of the Waakebeniss-Bryce Institute for Indigenous Health. Connection to Centre for Research on Inner City Health.
 - Existing partnerships between Indigenous communities and the Ontario Tobacco Research Unit, Well Living House (at St Michael's), the Institute of Circumpolar Health (Yellowknife) and Waakebiness-Bryce Institute.
 - Links with the Faculty of Medicine Department of Family Medicine researchers who focus on access to care and equity issues in rural and remote locales.
4. Outline the implementation resources you imagine would be important/ helpful. (*Implementation does not need to be the focus*)
 - Continued support of initiatives designed to integrate Indigenous knowledge and practice into the training programs and School level support of engagement activities with Indigenous communities.
5. Comment on the risk of the suggested strategic direction
 - High quality Indigenous community engagement requires an investment in recruitment and retention of core faculty with these skill sets, as well as time and resources. Similarly, harmonized Indigenous public health scholarship that draws on the substantive body of critical Indigenous knowledge scholarship and practice as well as cutting edge non-Indigenous specific public health sciences is critical to excellent in this area. Currently, we have both some strengths and some persistent gaps in curriculum and



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scholarship at the DLSPH that models this harmonized approach, particularly with respect to thought leadership in Indigenous public health knowledge and practice.

Strategic Direction Five

A. Provide a clear statement of the fourth suggested strategic direction.

Become a Centre of Excellence for research and training in public health policy and healthy public policy

B. Provide clear rationale/statements on the following:

1. What will be the anticipated return / “payoff” / “value” on direction?
(Measured in different ways likely for various stakeholders)

The advantage of this direction is that it would:

- Fill a void in the Canadian Health Policy landscape
- Expand on existing partnerships between IHPME and DLSPH
Allow for the development of research projects for comparative study across jurisdictions and across substantive areas to further understanding of the development, design and implementation of public health and healthy public policies.

2. Does this direction align with the strategic plans of the University of Toronto, or any of its other faculties, units or partners *(alignment is not a requirement; refer to documents on Crush site)*? If yes, please specify how.

3. Alignment with current themes at the School, or its units (direction does not have to align with any current themes) and list any relevant cross-cutting themes that the strategic direction incorporates.

- Builds on the experience of the Public Health Policy STIHR and Collaborative Program
- Builds on the strong academic programming offered in the area of health policy within IHPME/DLSPH

4. Outline the implementation resources you imagine would be important/ helpful.
(Implementation does not need to be the focus)



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- Additional courses (and faculty) with an emphasis on theoretical and conceptual frameworks to support the training of the very best graduates for careers in research and policy-making.
 - Establishment of a working group composed of members across DLSPH/IHPM to advise on the content and experiential training requirements for a doctoral or masters program in Public Health Policy.
5. Comment on the risk of the suggested strategic direction