

What I have heard. A Synthesis of Conversations with Faculty, Students, Staff, and Alumni at the Dalla Lana School of Public Health.

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Precis

Over the past year, I have been fortunate enough to have the opportunity to talk with many of our faculty, staff, students, alumni, and partners across the Toronto and Canadian health systems. These conversations are filled with confidence and optimism about the future of the Dalla Lana School of Public Health, but they are also replete with areas for improvement and concrete suggestions on how we can make a better School. Comparisons of the Dalla Lana School against other top schools of public health suggest further areas for improvement. All of these opportunities re-enforce the core values of the School of excellence, partnership and impact that date back to 1927 and our establishment as Canada's first School of Hygiene.

From these conversations there are six key themes for consideration. These are:

1. Building stronger interdisciplinary and collaborative research
2. Expanding innovative degree and continuing education programs
3. Creating an inclusive and better student experience
4. Increasing internationalization of our research and education
5. Coordinating and supporting engagement for greater health system impact
6. Improving our management and our local health system partnerships

And across these six themes there are more than 40 potential areas of work for consideration. At the same time there are also areas, like wholesale restructuring of the DLSPH, a movement towards solely online educational programming, or revisiting the mission, vision and values from our first attempt at academic planning that have no support. We will not be considering any changes now in these areas.

These themes and potential areas of work are being shared as a way to kick start the creation of our first academic plan. It is *not* the academic plan or a closed list of options, rather just a way to begin conversations that we will continue over the next six months at our faculty meetings and other venues. We will target the completion of our planning process and submission of our academic plan to university governance by Spring of 2019.

Introduction and Purpose of this Document

Over the last year, I've had the good fortune to listen to many of you talk about your hopes and concerns for the Dalla Lana School of Public Health. You have shared suggestions about what needs to be protected and sustained at the School as well as innovative ideas for how the School can build off of its excellence and strong partnerships for greater impact. Although there are many areas where the School can improve – and lots of realistic pathways to improvement – the most consistent themes I have heard are pride in our School and its Institutes and a desire to establish a clear path to the School's future.

This pride is deserved. Although the global rankings vary a bit each year, we consistently rank as the best school of public health in Canada and among the best in the world. And although we differ in many important ways from the very highest ranked schools like Harvard or Johns Hopkins, it is clear to me and to everyone with whom I speak that the Dalla Lana School can create a new and valuable global model for public health and health systems scholarship and education that builds off of our history and our strong partnerships. We are in a good position to create our first academic plan as an independent faculty. The purpose of this document is to share what I have heard from you as a way of kick-starting our planning process.

Purpose of an Academic Plan

An academic plan is the overarching strategic document for a faculty at the University of Toronto. It should state the values of the faculty, it should be consistent with the University of Toronto's long-term plan,^{*} and be consistent with the University of Toronto's Quality Assurance Process (UTOAP). Importantly, it should be grounded in an assessment of the current state of the faculty and address resources required for implementation. Most importantly, it should be founded on an iterative and accountably process. In essence, our academic plan is our strategic plan. However, it is important to note that our academic plan is not a comprehensive statement of what we do. The core strength of the Dalla Lana School of Public Health is our excellent faculty and students and the resulting investigator-driven research and academic programming. Faculty will always be free to pursue their own areas of research and the School will always work with faculty to find ways to support investigator-driven research that aligns with the mission of the School. The academic plan provides an opportunity to reaffirm the value of this work but it also provides guidance on how we can focus available resources in priority areas to achieve goals that have the support of our faculty, students, staff and alumni and that are consistent with the University's long-term plans. Thus, the academic plan is not a comprehensive statement of what we do or even of what is valuable. Rather it is a statement of specific priorities and goals that the School believes it can stretch to achieve over the next five years.

Current State and Opportunities

Evolution of the Dalla Lana School of Public Health

It is important to remember that the Dalla Lana School of Public Health (DLSPH) has gone through extraordinary evolution over the past decade. The School was founded in 2008, hired its first permanent Director (Professor Jack Mandel) in 2008 and became an independent faculty with its own Dean (Professor Howard Hu) in 2013. In 2014, the Institute of Health Policy, Management and Evaluation (IHPE) joined as

^{*} See the University of Toronto's Strategic Research Plan (<http://www.research.utoronto.ca/isrp/>) released in 2018, the University of Toronto's Three Priorities (<http://threepriorities.utoronto.ca>) and the University of Toronto's Towards 2030 (<http://www.towards2030.utoronto.ca>).

an extra-departmental unit type A and in 2015 so did the Joint Centre for Bioethics (JCB) as an extra-departmental unit type C. The Waakebiness-Bryce Institute for Indigenous Health (WBIH) was created in 2015 through a generous gift from Michael and Amira Dan and now has its first permanent director (Professor Suzanne Stewart). Over the same period of time, the DLSPH has nearly doubled in graduate student enrollment, created Canada's largest continuing education program in quality improvement and a new program to support Ontario's Public Health Units, undergone three successful program accreditations (Health Administration, Nutrition, and the Public Health and Preventive Medicine Residency) and its first University of Toronto Quality Assurance Process (UTQAP) external review. Our faculty have won multiple honours including Royal Society and Order of Canada appointments through to Canada's top 40 under 40, the Governor General's Meritorious Service Cross, and endowed research chairs across the Greater Toronto Area. Our students continue to take an outsize portion of the CIHR's most prestigious awards. Since becoming an independent faculty, scholars based at the DLSPH have won almost \$142m in grants and contracts and published over 23,000 papers.

And although we are the newest faculty at the University of Toronto (UofT), we have a century's worth of leadership and achievement that begins with the establishment of the Connaught Laboratories over 100 years ago, the creation of the first School of Hygiene in Canada more than 90 years ago and the launch of the first diploma in hospital management in Canada (forerunner of IHPME) over 70 years ago. The production of toxoid here made Toronto and Hamilton the first Diphtheria-free cities and the dominant themes of leadership, impact and partnership that shaped the early years of the School of Hygiene still shape the DLSPH today. We see the same impact in our faculty's work on – among many other critical issues – high users of health care, the opioid crisis, Ebola, assisted death, mortality, vaccines and infectious disease, and health informatics and big data.

Opportunities for Improvement

Despite these strengths, there are many areas where the School can and should improve. When we benchmark the DLSPH against other leading schools of public health we can see a number of important structural differences. Benchmarking analysis completed for the School in 2016 and follow-up interviews show we have roughly the same graduate student enrollment as the top schools, but lag behind them in continuing education and educational programming for our alumni. Other leading schools have multiple joint-degree programs with other faculties (we have one) and they offer a much wider range of services and programs focused on improving student experience, with a much stronger focus on diversity and inclusion. They also have a much larger and more coherent global footprint in research and education. Furthermore, we have the lowest proportion of international students, whether comparing ourselves to other leading schools or to most of our cognate faculties within UofT. Finally, all of the leading schools are bigger with more faculty, more staff, and larger and more modern facilities and follow a departmental structure with more developed structures to support student success and engagement.

The UTQAP and a subsequent administrative review also identified a number of opportunities for improvement. Chief among these were the opportunities for greater coordination, transparency and efficiency in the DLSPH's operations and strategic research initiatives. The UTQAP review re-enforced the importance of internationalization of our programs and global health as well as the importance of stronger relationships across UofT, particularly with the Faculty of Medicine, and with our partners across the health system where many of our status and adjunct faculty – who do so much for the DLSPH – hold their primary employment.

Work by faculty within the DLSPH has also identified a number of opportunities for improvement. Although our grant applications rose by nearly 2/3 over the last year, we have relatively little research support infrastructure in place and both our application and success rates could be higher. Likewise with our post-grant support and our ability to stimulate and support inter-disciplinary work. Although we have launched three new degree programs over the last four years, we are not using new teaching technologies and approaches anywhere near their potential. Not surprisingly, many of our programs are still largely being delivered the same way as 10 or even 20 years ago. And although we have regularly updated our reporting requirements and worked to improve our administrative processes, full-time, status and adjunct faculty still complain about administrative burden while critical emerging areas of School policy like conflict of interest reporting remain unaddressed compared to our TAHSN partners and leading Schools around the world.

The DLSPH is also well positioned to build on the UofT advantage. The UofT ranks highly in a broader number of disciplines arguably than any other university and we sit in one of the world's most dynamic and diverse cities. A School of Public Health is, by definition, composed of multiple disciplines and focused on populations. We should be able to do more and more highly-impactful inter-disciplinary research and teaching based on the resources within our School and across UofT.

A number of important trends also point to areas for improvement. Recent initiatives focused on increasing students' leadership training such as CIHR's Health System Impact Fellowships, the Vernissage (IHPME) and Change Dialogues (PHS), the Global Health Case Competition and the model World Health Assembly, and the Certificate in Health Impact (health journalism) have had a strong and positive reception. This suggests that students (and alumni) across our programs are looking for broader sets of skills to increase their capacity for health systems impact.

Continuing problems in diversity, equity and inclusion and the Truth and Reconciliation Commissions Calls to Action represent another important challenge to the School. As noted above, most top (US) Schools of Health have much more extensive programming and leadership to promote equity and inclusion as well as much more diverse faculty compositions. And although the School has made great progress in Indigenous Health including the wealth of scholarship and impact emanating from the WBIIH and the launch of Canada's first MPH in Indigenous Health, there is more that can be done to respond to the Calls to Action. Finally, unlike most top US Schools and many faculties across the UofT, the School lacks an outreach program that can help build pathways to graduate public health education and to greater public health and health systems impact for members of our most marginalized communities here in Toronto or abroad.

Building the Future Dalla Lana School of Public Health

Creating an Academic Plan

Although the DLSPH became an independent faculty five years ago, it has never had an approved academic plan as a faculty. Given the evolution and stabilization of the School – and the need to respond to the challenges noted above – we are in an excellent position to develop this plan. We have made progress over the last year on our operational plan (2017) and the existing strategic plans for IHPME and Public Health Sciences (PHS) have been largely successfully completed. This document is just the first step in creating an academic plan for the whole DLSPH. It synthesizes the themes and ideas that have come from my conversations with you. Its purpose is to kick-start our academic planning process. It is a descriptive document, *not* a prescriptive statement of our strategic themes or a closed list of options. It is *not* our academic or strategic plan.

Below you will find a list of options for consideration based on conversations to date. I hope that the document provides a useful starting point for our discussions. As you read through it, please think about where we should be investing our time and resources as a School, and, as importantly, where we should not. Given that our aspirations will always stretch beyond our resources please also think about innovative approaches to implementation that can provide leverage to our existing resources and particularly how we work most effectively with our partners. I would like to thank all of you who have taken the time and energy to share your thoughts, observations and suggestions. If I have missed or mis-stated key points in the notes below that is my fault alone.

Over the next several months, we will use our faculty meetings, special meetings with students, staff and alumni, and other opportunities to consult and create a draft plan and we will hold a special half day retreat in November to get input on priorities. I will also meet with our partners across the University and across the Canadian and, where appropriate, international public health and healthcare systems to gather their input on options for our academic plan. This process of development will culminate in a full-day retreat for the DLSPH in the Spring and the finalization of our academic plan for submission to University governance shortly afterwards. In the meantime, I welcome ideas and suggestions for our draft academic plan, regardless of whether they are included in this document or not.

Options for our future

The DLSPH is a new school but because of our excellent faculty, students and staff and because of our strong partnerships we are able to command an outsize reputation and impact compared to our budget. The importance of excellent people and the resulting academic excellence are a touchstone of virtually every conversation that I have had about the future of the DLSPH. Any new opportunities must build on and protect this foundation of excellence. At the same time, many of the same conversations have raised the notion that we can create a new model of global public health and health systems education that is distinct from other leading schools. This new model builds on the strengths of our School and centres on the idea that by combining excellence, interdisciplinarity, and engagement with decision-makers and practitioners across our system we can dramatically increase the impact of the School and the opportunities available to our students. This model can be a global standard and alternative to other top Schools of Public Health. Indeed, our faculty have written and published on this idea and a number of our faculty and alumni have created high-impact research careers by weaving together excellence and engagement. But it is critical to emphasize that this new model rests first and foremost on excellence and that engagement will not be attractive or useful to every member of our School. Some faculty members and students will be comfortable engaging with decision-makers and the public, while some will want support and training for engagement, and some will want engagement handled by others who are focused on this engagement. Such a model extends the current CIHR paradigm of embedding knowledge transfer into each individual's work and instead views it as a powerful tool that operates at the School level and providing support across individual areas of work.

Building on the dominant themes of excellence, partnership and impact, the list below attempts to summarize six key sets of ideas that have arisen in conversations and correspondence with faculty, staff, students, alumni and partners of the DLSPH. The six areas are:

1. Building stronger interdisciplinary and collaborative research
2. Expanding innovative degree and continuing education programs
3. Creating an inclusive and better student experience
4. Increasing internationalization of our research and education

5. Coordinating and supporting engagement for greater health system impact
6. Improving our management and our local health system partnerships

Building stronger interdisciplinary and collaborative research

The DLSPH produces a wide range of exceptionally strong research (and does exceedingly well in international rankings). Over the last year we have had a significant increase in research applications and success. But we can increase the strength of our research enterprise by increasing the amount of research funding (\$), increasing the volume of papers in appropriate journals, and increasing the interdisciplinarity of our research. Possible options include:

- i. Enhanced research infrastructure and a research committee to improve success in grants (internal review committees and research mentorship for junior faculty) as well as for grant preparation and grant management within the School.
- ii. Annual planning to identify emerging public health system research priorities and to engage cognate faculties hospital research institutes, public sector agencies and other institutions in developing transformative research initiatives
- iii. Seed funds to stimulate interdisciplinary and mixed methods (qualitative and quantitative) research in key emerging areas (to be defined).
- iv. Increased opportunities for student publications based on data resources at the School
- v. Increase the number and integration of post-doctoral fellows into the School's research and teaching activities.
- vi. Identify School-wide priorities for faculty hiring that enable the School to respond more strongly to emerging issues and approaches to research.

Expanding innovative degree and continuing education programs

The DLSPH has several rigorous professional and research-based degree programs, but only two of these programs are accredited by an external body and – in contrast to top public health schools – there is only one joint degree with another faculty. I have heard from many faculty and students their concerns about both the redundancy of course material across programs and difficulty in accessing courses in different programs. At the same time, the School struggles to provide public health and health systems educational opportunities for students at the undergraduate level or in cognate faculties, despite the vision of the DLSPH becoming UofT's hub for education and scholarship in these areas. New offerings like the Certificate in Health Impact suggest that faculty, alumni and students are interested in training to increase impact and new skills across all of our programs. Finally, in contrast to other leading schools of public health, the DLSPH has very few continuing education options which reduces our impact and limits our engagement with Alumni. Possible options include:

- i. Create core classes in key areas like epidemiology, policy, biostatistics, economics, and social theory that are shared across programs and more open to students from across UofT.
- ii. Develop Canada's first DrPH offering and create joint or collaborative degrees with cognate faculties like Medicine, Social Work and Management as well as with international partners.
- iii. Increase availability of and comfort with using new teaching technologies to shift degree programs towards more blended models (in-class and on-line) that require less time for students on campus.
- iv. Develop continuing education programs that leverage off of deep expertise and novel initiatives at the DLSPH in areas including, but not limited to, ethics, quality improvement, health philanthropy, health journalism, or research management, prevention, and policy.
- v. Work with employers and funders like MITACS to create large team-based practicum opportunities for students across programs

- vi. Consider ways to increase undergraduate penetration and create pathways for the best UofT undergraduates to DLSPH (e.g. "Ones" programs)
- vii. Increase degree, course, and continuing education offerings for Clinical Public Health and Public Health and Preventive Medicine residents.
- viii. Integrate greater humanities-based teaching throughout DLSPH educational programs.

Create an inclusive and better student experience

The Calls to Action from the Truth and Reconciliation Commission, our continually more sophisticated and deeper understanding of the consequences of inequity and discrimination, and the challenges of living in Toronto as a student mean that we need to work continuously to improve inclusiveness and student success. Options include:

- i. Create new opportunities for student support through courses with paid placements, increased TA and RA opportunities and student awards.
- ii. Create a Canadian inclusiveness climate survey for public health and share across Canada
- iii. Develop outreach programs in marginalized communities to create pathways for students from these communities into public health and health systems training.
- iv. Develop innovative ways to meet the Calls to Action such as allowing thesis defences on Traditional Land.
- v. Building on the work of the Black Public Health Students Coalition, support affinity groups at the DLSPH
- vi. Continue to develop programming to increase equity and inclusion and ensure hiring practices attract strong minority candidates.

Increasing internationalization of our research and education

Although it has grown over the last year, the DLSPH continues to have low international student enrollment, a loss in terms of diversity of our student body, international connections for scholarship and impact, and revenue for the School. At the same time, the DLSPH has the office of Global Health Education and Training and a number of world-renowned global health researchers but there is no consistent approach to global health across the entire School and its Institutes. Options include:

- i. Adapt degree and continuing education programs to make it easier for international students to participate and invest in marketing of our programs in foreign countries.
- ii. Identify and fund a small number of global health initiatives that engage scholars from across the DLSPH and build on strengths such as mortality, HIV, infectious disease control, Indigenous Health, ethics, and health systems policy and management
- iii. Fund a cadre of post-doctoral fellows and senior global health leaders and scholars from developing countries to work at the DLSPH as Scholars-in-Residence
- iv. Create a strong home for all global health activities with institute-level status to ensure penetration of global health into all areas of the School.
- v. Make global health expertise and experience a key factor in new hiring decisions.
- vi. Deepen connections to institutions in key jurisdictions with whom we have collaborations (e.g. Shandong, Moi, and The American Universities) and select new partners in a way that creates sustainable and mutually beneficial partnerships
- vii. Integrate ecological approaches to public health across our programs, to stress interdependence of peoples and planet.

Coordinating and supporting engagement for greater health system impact

The DLSPH is home to a wealth of individuals and centres who weave together scholarship and engagement with decision-makers and health system leaders. This tight connection between scholarship and impact has been a defining feature of the School since its founding. However, it is sometimes challenging for outside parties to know where to link into the School, there can be competing proposals coming forward for engagement from different areas of the School, and candidly, some faculty find engagement exciting and enjoyable while others believe that knowledge transfer and impact are important but beyond their focus or capacity. Finally, despite substantial amounts of work in decision-maker engagement, the impact of the School is not always clear in different areas because of the diversity of brands under which it happens. Potential options include:

- i. Create an umbrella organizational structure for the knowledge transfer expertise and engagement activities at the School, similar to the Chatham House model.
- ii. Create an umbrella structure that can bring together the quality improvement and patient safety work associated with DLSPH into a coherent offering.
- iii. Organize the major lectures and public events at the DLSPH according to priority policy or system change themes each year in consultation with decision-makers and patients.
- iv. Explore whether knowledge broker roles would increase the impact of research by full-time, status, and adjunct DLSPH faculty across the system.
- v. Encourage community-engaged research that connects research expertise within the School with decision-makers and health system leaders to tackle complex, real-world problems.
- vi. Create academy style approaches to continuing education where there is a major focus for education (e.g. leadership or ethics) and large alumni based communities of practice with regular continuing education, knowledge transfer, and engagement.
- vii. Ensure high profile initiatives like responding to emerging infectious disease threats have a clear link to global decision-makers (e.g. World Health Organization Collaborating Centre status)

Improving our management and our local health system partnerships

Again, in contrast to the top schools of public health globally, the DLSPH is small in terms of budget and full-time faculty. We are successful and viable because of careful management of our resources and strong partnerships. Options to ensure the effective and efficient management and strong partnerships include:

- i. Simplify and streamline appointment, renewal and improve onboarding processes to create a community for all of our scholars and re-enforce the values of the School. Similarly, create simple easy-to-use templates and instructions for common tasks like expenses.
- ii. Ensure every faculty and staff member has a development plan. This can build off current faculty development like our large cohort of NEAL-trained faculty (both full-time and status), health journalism, and equity and diversity training.
- iii. Develop and conduct policy clinics and other tailored capacity development exercises with our closest health system partners and support partnered and community-based research to ensure translation into health systems action and long-term impact
- iv. Organize much stronger Alumni engagement with educational and mentorship programming. This can build on the revitalized Moonshot (IHPME) and In-the-Loop (PHS) events.
- v. Implement a conflict of interest and transparency policy that responds to growing concerns over conflict of interest in research and aligns with TAHSN and UofT efforts and ensure we create opportunities for our status and adjunct faculty to work in an environment that guarantees academic freedom.

- vi. Develop innovative partnerships with the private sector to increase access to data and opportunities for student practicums and faculty impact.
- vii. Move our administrative cost ratios to the best level for single department faculties and benchmark each year against other single department faculties at UofT.

This document has a long list of 41 possible directions and I am sure consultations and our first retreat will identify more. These possible directions are exciting but it is important to keep in mind that we remain in a period of financial constraint. The DLSPH has had a good financial year. We have balanced our budget and eliminated a structural deficit. Paul and Alessandra Dalla Lana completed their first landmark gift to the School and committed another \$20m and we have had the best year for faculty and alumni giving ever. But, provincial government concerns over waste, the challenges of building and sustaining a tradition of philanthropy around the School, and the increasing financial needs of our students mean that we need ways of increasing the financial strength of the School. If we grow as we expect to, we will soon exceed the capacity of our current building and will need to move, creating further financial pressures. Our vision will hopefully always exceed our resources so we will need to create priorities and think about what we can stop doing.

What I have not heard

Notably, there are also some areas of discussion that have been absent from my conversations with faculty staff, students and alumni. First, there is little appetite for wholesale restructuring of the School. There is a desire for greater and more equitable support for research, teaching, and financial administration and most note that we could be organized more efficiently, but there is also clear acknowledgement that form must follow function. Thus, we will not consider tweaks to the structure of the School until we know what our academic plan will look like.

Work during our first academic planning attempt and our more recent work on our brand has set up a strong mission, vision and values. These – noted below – maintain strong support and do not need revisiting.

DLSPH Vision: To be the leading model for public health and health systems learning, research and service, with impact at local and global levels.

DLSPH Mission: Public health and health systems scholarship built on engagement, excellence and impact.

DLSPH Values: Independence, Integrity and Rigour – Engagement and Collaboration – Equity and Social Responsibility – Ethical and Responsive – Accountability – Sustainability – Healthy Work

There is also very little appetite for moving our education programming – and particularly our degree programs – into solely online activities. There is significant interest in making better use of blended models but not to remove classroom and direct interaction time. Finally, after all of the evolution of the School, no one believes the School is in a precarious position. We are generally confident about our future. By no means can we take our eyes off of careful management nor can we stop raising money for the core areas of faculty and student support, but we are in a great position to begin planning for a strong future.

Moving Forward

As noted above, over the next six months we will use our faculty meetings and other special meetings with students, staff, alumni and our partners to develop and refine our academic plan with the goal of submitting the final plan for review by UofT governance in February 2019. The presentation shared in faculty meetings this week has a more detailed timeline that is reproduced in the accompanying appendix¹. We will *not*, however, sit still while we plan. We have several approved searches for new faculty that will go forward this year. New opportunities will come up to advance some of the ideas in this list. We will need to take these opportunities lest we set faculty and students back by saying “no” or “please wait.” But through this process we will be able to create a clear and transparent plan that provides guidance to the School as it considers investments and provides a framework for judging our success over the next five years.

Once established, we will revisit this plan on a yearly basis to take stock and adjust our plans if necessary. And as noted above, I welcome comments at any time over the next few months as we develop the draft plan.

¹ See appendix 1

Appendix

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