DALLA LANA SCHOOL OF PUBLIC HEALTH

Self-Study 2011-2016

APPENDICES

October 2016

Appendices

APPENDIX 1 – DLPSH History 1914-2012

The origins of the Dalla Lana School of Public Health date back to 1914 when Dr. John FitzGerald established the Connaught Laboratories to continue and expand the work he had begun fighting diphtheria through the production of diphtheria antitoxin. In 1927, with the help of Dr. Robert Defries, Dr. FitzGerald established the School of Hygiene at the University of Toronto with support from the Rockefeller Foundation, the third such institution created by the Foundation in North America after Johns Hopkins and Harvard. The School — including its Connaught Laboratories — became a world leader in sanitation science, nutrition and vaccine development by the mid-1930s (for more history, see: http://www.dlsph.utoronto.ca/history/).

By the 1970s, the Connaught Laboratories was privatized, communicable diseases seemed vanquished by antibiotics, and in 1975 the School and its units were disbanded, with most of the faculty and programs transferred to the Faculty of Medicine (FOM) into a newly created Division of Community Health that included three departments (Behavioural Science, Preventive Medicine and Biostatistics, and Health Administration), as well as a semi-autonomous Occupational and Environmental Health unit. In 1978, the Division of Community Health established the Master of Health Science (MHSc) degree with four fields, and an MSc/PhD program was also introduced shortly thereafter. In 1997, the Department of Preventive Medicine and Biostatistics merged with the Department of Behavioural Science and the Occupational and Environmental Health unit to create the Department of Public Health Sciences (PHS). In 2001, the Department of Health Administration was renamed the Department of Health Policy, Management and Evaluation (HPME).

The impetus to re-create the School began with the 2003 SARS crisis in Canada, which led to a national renaissance of interest in public health. Leading researchers and educators in public health at the University engaged in a thorough planning process to re-create an entity that would bring together strength in public health from across the University. The School of Public Health was established in early 2008 as an Extra Departmental Unit "level A" (EDU: A)[1] with the PHS Department forming its core (the HPME Department remained separate). With a $20-million gift pledge subsequently made by Paul and Alessandra Dalla Lana, the largest ever made for public health education in Canada at the time, the Dalla Lana School of Public Health (DLSPH) was officially launched on April 30, 2008.

During the 2008-2010 period, the DLSPH went through a number of administrative developments, including the creation of five home faculty Divisions to which each faculty member was assigned a single primary affiliation. These Divisions included Biostatistics, Epidemiology, Interdisciplinary, Occupational and Environmental Health, and Social and Behavioural Health Sciences.

In 2010, the School went through a self-assessment and external review by two senior academics from the U.S., one a Dean at the School of Public Health at the University of North Texas, the other a Department Chair at the Arnold School of Public Health at the University of South Carolina. At the time, the School was undergoing an unexpected interruption in leadership, with the inaugural director who had been appointed to the position in 2008, Dr. Jack Mandel (previously Chair of the Department of Epidemiology at the Rollins School of Public Health of Emory University), departing in mid-2010 for personal reasons. Nevertheless, the School went through what could generally be appreciated as a successful review, with the reviewers, for example, noting as strengths of the

[1] For an explanation of EDU's and a link to *Guidelines for Extra-Departmental Units (EDUs), see: http://vpacademic.utoronto.ca/academic-units/extra-departmental-units/*

MPH program: “An extensive, strong, and diverse status faculty…the MPH in Community Nutrition is the only professional master’s program in Canada that is specific to Public Health Nutrition…the relationship with external research, service, and policy organizations who provide full funding for shared faculty that expand the expertise available in each program…an excellent student body with a desire for programming oriented to the unique values of the Canadian health system (all p. 7).” The reviewers also noted that the “…School has created a strong and useful MS in Biostatistics program (p. 9)…[and] an excellent PhD program in three areas of specialization: biostatistics, epidemiology and social and behavioural health sciences (p. 11)…” With regards to research, the reviewers noted that the School “…has an established tradition of high quality research and an outstanding overall record of research productivity over the past five years…substantial research has occurred in twelve primary areas, indicating the research activity is not limited to a few areas but rather conducted in several areas of importance to contemporary public health problems (p. 12)…”. In terms of partnerships, the reviewers noted that “External units uniformly expressed commitment to the School and its activities. They viewed public health as an area of great need and potential for research, service, and training activities by school faculty members…the School has an abundance of good will in these units, who appear to be ready and willing to use their resources to advance mutually beneficial activities (p. 14-15)…”

A number of criticisms and recommendations were also made by the reviewers. Important among them were observations on the need for the addition to the core competencies for the MPH degree of health services management as well as the need to establish an MPH program in health services management, both of which flow into the recommendation made that “The School should investigate mutually beneficial collaborations with cognate university units, especially the HPME, as this is an area of particular interest for students” (p. 14). In a response organized and signed by the Dean of Faculty of Medicine (the home unit for the DLSPH), Dr. Catharine Whiteside, each of the major areas of concern was discussed along with plans, as appropriate, for remediation of issues that needed attention.

Shortly thereafter, the DLSPH conducted its first strategic planning exercise, a broad-based process overseen by the Interim Director, Dr. Louise Lemieux-Charles. The exercise involved 72 DLSPH faculty members, staff members and students, of whom 15 and a professional facilitator were on the planning committee. The resulting report, generated in mid-2012, articulated a new vision, mission and principles for the School as well as a set of five major strategic directions related to education; research; knowledge translation and exchange; partnerships; and faculty, learners and infrastructure support.

Although up to this time HPME remained separate from the DLSPH, it became manifest shortly thereafter that a transition into the DLSPH was of mutual strategic benefit (see below). Partly in anticipation, the HPME was converted in 2011 from a Department into a University-wide EDU: A Institute (IHPME). In this new configuration, IHPME went through its own self-study and external review exercise in late 2011. The review was conducted by the chairs or heads of Departments of Health Administration and/or Policy of the University of Montreal, Harvard Medical School, and the University of Pittsburgh. Overall, although a number of issues were raised, the review concluded that IHPME “…is a very dynamic and productive unit. Its training programs cater to various clienteles and its research activities are of high quality…the transition from a department to an Institute brings substantial opportunity to become even more interdisciplinary and collaborative across multiple departments and schools…”

APPENDIX 2 – Proposal for the Creation of a New Faculty: The Dalla Lana School of Public Health, April 25, 2013

1. Executive Summary

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

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

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

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

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

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

2. Brief Statement of Purpose:

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

3. Background/Context

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5. Academic Rationale

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

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

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

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

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

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

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

Proposed configuration of the DLSPH as a Faculty

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

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

Graduate:

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

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

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

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

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

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

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

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

6. Fit with University's Strategic Direction

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

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

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

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

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

7. Academic Priorities/Goals

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

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

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

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

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

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

8. Consultation

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

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

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

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

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

Impact of the change

Administration

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

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

Academic programs and students

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

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

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

Faculty appointments

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

9. Administration

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

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

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

10. Governance

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

11. Quality Assurance/review

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

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

12. Space and Facilities

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

13. Budget

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

Funding sources for the new Faculty include five components:

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

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

1. Net revenue

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

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

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

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

3. Recoveries from non-operating budget revenue sources

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

4. Reference Level University Fund Allocation from FOM to DLSPH

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

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

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

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

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

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

Table 2:

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

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

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

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.

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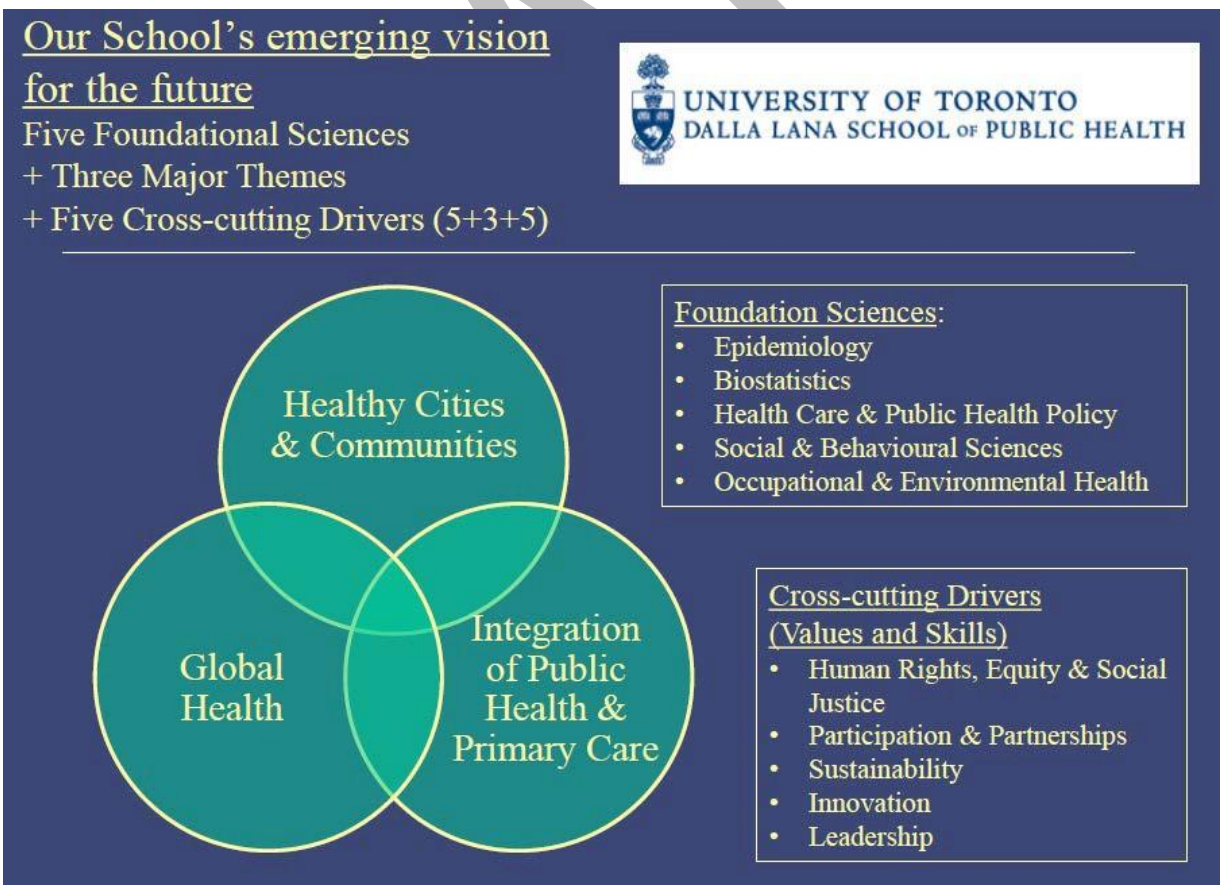
PROPOSED MAJOR THEMES for DLSPH "Brand"



(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 initiative[3] 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 governance[10]. Many innovations are being fostered[11] but concern remains as to whether these innovations will all promote health equity[12], 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 practice[13] . 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.

Key questions confronting global health educators and researchers are: What competencies are needed by global health practitioners and researchers[15]? 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 Network[16], the Centre for Global Health at St. Michael's Hospital[17], and the Global Child Health programme at Hospital for Sick Children[18]. 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 Promotion[20] 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

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[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

<u>Our Divisions & their associated disciplines (in alphabetical order)</u>

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

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

- 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

APPENDIX 3 – Proposal for Transfer of the Institute of Health Policy, Management, and Evaluation from the Faculty of Medicine to the Dalla Lana School of Public Health, March 4, 2014

Summary

This document follows on the Report of the Dalla Lana School of Public Health and Institute of Health Policy, Management and Evaluation Steering Group and is a proposal for the transfer of the Institute of Health Policy, Management and Evaluation (IHPME) from its current home faculty (Medicine) to a new home faculty of the Dalla Lana School of Public Health (DLSPH) effective 1 July 2014. Under the proposed transfer, IHPME will maintain its EDU-A status and its status as a distinct graduate unit; it will retain its current executive committee structure and membership; and it will continue to offer its existing suite of approved academic programs. In addition, as part of the proposed transfer, the parties have agreed that the members of the DLSPH currently focused on public health policy will become members of IHPME and any new programs in health policy will be offered through IHPME. The course offerings and MSc/PhD enrollment at IHPME will be expanded to reflect this addition.

Academic Rationale

As discussed in detail in the Steering Group Report (http://www.ihpme.utoronto.ca/about/institute/strategic2013.htm and http://www.dlsph.utoronto.ca/page/major-new-initiatives and Appendix 1), the shift of home faculty from Medicine to Public Health for IHPME promises to enhance the global position and capacity of the University of Toronto among other Universities to lead research and education that can improve health care, health system design, and public and population health. Together, faculty members already in DLSPH and in IHPME will be able to work together to address critical questions affecting health systems around the world on sustainability, population health, effective and sustainable health systems, and the experience of patients, families and providers; an academic goal that neither unit could accomplish, as effectively, on their own. Together the two units bring a wide range of quantitative and qualitative methods and disciplinary depth that includes epidemiology, clinical epidemiology, biostatistics, sociology, economics, health services research, political science, occupational and environmental health, ethics, sociology, preventive medicine, management studies, and behavioural sciences to address the full scope of health problems today. This scope and the ability to demonstrate global leadership will ensure that DLSPH and IHPME will be able to attract the best graduate students, create a pipeline of accomplished undergraduate students, and demonstrate scholarly leadership and real-world impact on health care, health system design, and population health. Together, the two academic units will be able to address critical questions in clinical policy (how, and what, care should be delivered), population health policy (how to elevate overall health and the broader determinants of health), and health system design, as well as how these elements can and should work together.

The University of Toronto has already committed to creating a leading scholarly academic unit in public health, health policy, and health services research and administration in DLSPH. The landmark gift of the Dalla Lana family to DLSPH provides the foundation for this vision that is being further supported by an ambitious plan for a formal advancement campaign, the first for a school of public health in Canada. Together, DLSPH and IHPME have the capacity to create such an

environment; these units comprise the largest collection of Public Health, Population Health, Clinical Epidemiology, Health Services Research, and Health Policy scholars in Canada. As such, the existing collaborations with the other health sciences including the Clinical Departments in the Faculty of Medicine will be deepened and broadened for advantage to all stakeholders. The shift in lead faculty for IHPME will further expand the capabilities of the DLSPH – already the largest school of public health in Canada – to become one of the largest and highest impact schools in the world. It will also address the critical need of ensuring capacity in the DLSPH necessary for the DLSPH to meet the disciplinary expectations set by international credentialing bodies for full-service schools of public health in today's world. The resulting School will also have a remarkably broad scope and – because of the inter-disciplinary nature of the IHPME and existing faculty in the DLSPH – the DLSPH will have some of the strongest connections across disciplines and faculties of any school of public health. By working together, the IHPME and existing faculty within the DLSPH will be able to address key elements of the rationale for their evolution to Faculty (DLSPH) and EDU-A (IHPME) status noted in their proposals. For IHPME, this is the strengthening of inter-disciplinary research that supports the achievement "of better health at a lower cost." For DLSPH, this is the ability to "generate the discoveries and train the next generation of graduates needed to address the enormously complex and interconnected challenges facing the health of populations."

Consultation

There has been substantive consultation on the relationship between the IHPME and the DLSPH over the past four years. The proposal for the transformation of the Department of Health Policy, Management, and Evaluation into an EDU-A (IHPME) was the product of extensive consultation and wide support and included the commitment to a stronger partnership and planning with the DLSPH. This document (approved in 2011) was followed up by a strategy development process that culminated in January 2013 with the creation of a new 5-year strategy for IHPME that committed to "Forge a stronger partnership with the Dalla Lana School of Public Health and other academic units to increase our ability to impact health and health systems."

Starting in January 2013, the Director of IHPME met with all tenured faculty within IHPME to discuss the possibility of transferring the home faculty for IHPME from the Faculty of Medicine to the DLSPH and other opportunities for collaboration. These discussions were followed up by a steering committee composed of senior representatives from IHPME and the DLSPH and chaired by Catharine Whiteside (Dean of the Faculty of Medicine) to make recommendations to create a stronger relationship between DLSPH and IHPME. This committee finished its deliberations in May 2013 and approved a final report. This report laid out the proposed transition of the HPME to the DLSPH described above and is mounted on the website of both academic units.

This report and other issues around the proposed transition were discussed and endorsed at an IHPME Senior Administrative Committee meeting (June 2013) that included representation from all IHPME programs. This report and other issues about the transition were discussed and endorsed at a subsequent IHPME faculty meeting (June 2013) to which all faculty members (including status-only, adjunct, and cross-appointed faculty) were invited. Later that year (September 2013), the faculty members focused on public health policy in the DLSPH met and discussed and unanimously endorsed the proposed integration into IHPME.

In order to reassure students that the transition will be seamless and that there will be no effect on their studies, funding, or other important matters, the report and proposed transition has been discussed and endorsed at a meeting with the IHPME Graduate Student Union Executive (January 2014) and has been discussed at a town hall style meeting to which all IHPME students were invited (February 2014). Finally, additional meetings were held with the Clinical Epidemiology and Healthcare Research Executive Committee (a program composed of status-only, cross-appointed, and adjunct faculty in IHPME focused on clinical epidemiology) (February 2014) and with all staff at IHPME (January 2014) In each case any issues about the proposed transition and were either resolved or referred to committees designed to address these issues.

Similar discussions about the report and the proposed transition were held at the DLSPH Faculty Meeting (November 2013) and DLSPH School Council Meeting (November 2013) and again endorsement was enthusiastic.

Transfer of programs

All existing programs currently offered by the IHPME will move with the EDU including:

i. Master of Health Science in Health Administration, M.H.Sc
ii. Combined Master of Health Science (Health Administration)/Master of Nursing
iii. Combined Master of Health Science (Health Administration)/Master of Social Work

ii. Master of Health Informatics, M.H.I.

iii. Doctor of Philosophy in Health Policy, Management and Evaluation, Ph.D.

iv. Master of Science in Health Policy, Management and Evaluation, M.Sc.

Transition Planning

The Steering Committee Report dealt with many of the most important and strategic issues facing the proposed transition of the IHPME to the DLSPH. This report addressed the academic rationale for the transition, laid out key terms of the proposed transition such as maintaining IHPME's EDU-A status, its distinct status as a graduate department, its existing programs, and its current set of accountabilities and authorities. The report recommended maintaining the current executive committee structure and representation but shifting the chair of that committee to the Dean of the DLSPH.

In bringing forward this proposal for the transfer of IHPME to the DLSPH, the Deans of Public Health and Medicine and the Director of IHPME have worked with colleagues to clarify a wide range of matters arising from the transition including:

Students: The transition will be seamless for IHPME students; nothing will change on their transcript or degree parchment. Their academic programs will remain unchanged.

Faculty: Likewise, the transition will be similarly uneventful for faculty members On July 1st, IHPME faculty members will receive a re-issued letter of appointment reflecting the change in Faculty. Nothing in the status of their appointment will change. All current cross-appointments (except for cross-appointments in DLSPH) will remain the same as will rank, tenure, and eligibility for promotion. The Dean of Medicine, the Director of IHPME, and the Dean of DLSPH have all agreed

that they will support any IHPME faculty members who wish a cross-appointment in Faculty of Medicine Clinical Departments appropriate to their scholarly work.

Staff and Immediate Space Concerns: The transition will have no impact on staffing. DLSPH and IHPME already sit on adjacent floors in the Health Sciences Building so there will be no need for reallocation of space or moves to support the transition.

Budget: The budget disaggregation process whereby the IHPME budget will be shifted from the Faculty of Medicine to the DLSPH has been completed and the transfer of the budget will be overseen by the Deans of each Faculty in consultation with the Director of IHPME.

To ensure that neither division is financially disadvantaged by the transition, the Faculty of Medicine and DLSPH agree to a base budget transfer that recognizes the historical budget allocations made to IHPME and keeps the IHPME budget whole in the transition year. Effective 2014-15, DLSPH will be allocated the operating revenues associated with the programs in IHPME, and will be responsible for the IHPME share of centrally managed student aid and university-wide costs. Going forward, DLSPH will be responsible for incorporating the expenses associated with IHPME into the DLSPH overall expense budget. The Dean of DLSPH will determine the methodology for internal expense budget and resource allocations to IHPME effective 2015-16, and will discuss the methodology with the Director of IHPME as part of the transition process.

To facilitate further the transition process, DLSPH and IHPME have struck four committees that are populated by equal numbers of members from each academic unit (See Appendix 2: Committee Terms of Reference). The five committees are:

i. *Governance* that is establishing the Terms of Reference for Education (to which curriculum committees report), Faculty Appointments and Promotions, and Senior Administrative Committees and harmonize requirements for appointment to IHPME and other parts of DLSPH. It is also addressing changes to the DLSPH School Council and Dean's Advisory Board. This committee made its first report in May. Faculty meetings in IHPME and DLSPH are used to shape and determine final recommendations from this committee in an iterative process.
ii. *Operations and Space* that is supporting the integration of processes across IHPME and DLSPH for effective operations. This committee made its first report out in May on these issues. This committee will also address future space needs for IHPME and DLSPH in an integrated fashion. Faculty meetings in IHPME and DLSPH are used to shape and determine final recommendations from this committee in an iterative process. This committee also deals with issues around impact on student experience that are identified through student representatives and student town halls.
iii. *Communications, Advancement, and Alumni Relations* is defining branding standards, opportunities to link communications activities and communications personnel (linked to operations group above). This committee is building on the current communications activities taking place in both academic units and will support the brand of both academic units. This committee made its first report in May. Faculty meetings in IHPME and DLSPH are used to shape and determine final recommendations from this committee in an iterative process; and
iv. *Stress Testing* was a special committee composed of IHPME faculty who met to explore scenarios around the transition and ensure that faculty members were fully

engaged in transition planning and had explored all potential issues. Faculty meetings in IHPME were used to shape and determine final recommendations from this committee in an iterative process.

Together these efforts, combined with ongoing and regular consultation with faculty and students in each academic unit, have created a blueprint for the successful transition of IHPME.

APPENDIX 1: Steering Committee Report

Report on the Deliberations of the Dalla Lana School of Public Health and the Institute of Health Policy, Management, and Evaluation Steering Committee

Executive Summary

Under the leadership of the Dean of Medicine, the leaders and faculty members from the Dalla Lana School of Public Health (DLSPH) and Institute of Health Policy, Management, and Evaluation (IHPME) worked as a Steering Committee during the Spring of 2013 to create a plan to transition the home Faculty for IHPME from the Faculty of Medicine to the DLSPH (which was slated at the time to become a Faculty by July 1 of 2013) while maintaining the current accountabilities, authorities, and programs of the IHPME. This transition is based on the shared vision of the DLSPH and IHPME to improve health, and to capitalize on points of strategic alignment to build innovative educational offerings and impactful programs of research. Key recommendations from the Steering Committee include: the lead Faculty for IHPME will become the DLSPH; membership of the Executive Committee for the IHPME will stay the same; the IHPME will retain the same accountability and authority that it has today; both the DLSPH and the IHPME will maintain a strong relationship with the Faculty of Medicine, and the Faculty of Medicine strongly values these relationships; there are substantial opportunities for synergy between the DLSPH and IHPME in terms of new graduate and undergraduate programs; shared graduate course offerings; the development of new and important lines of research; and the creation of a comprehensive home for health services, clinical epidemiology, and health policy scholarship at IHPME. Assuming approval of these recommendations, the leader of the DLSPH (who transitioned from Director to Dean, when the DLSPH became a Faculty on July 1, 2013) and the Director of IHPME will work to implement the transition within the 2013-2014 academic year.

Purpose

In March 2013, the Provost and President of the University of Toronto asked the Dean of Medicine to chair a steering committee to make recommendations to create a stronger and closer collaboration between the Dalla Lana School of Public Health (DLSPH) and the Institute of Health Policy, Management, and Evaluation (IHPME) (Terms of Reference in Appendix 1). This committee was to work under several key principles. Chief among these was that the DLSPH become the lead Faculty for the IHPME. This report is the result of the Committee's deliberations, and provides a framework for the shift in leadership for the Institute from the Faculty of Medicine to the DLSPH.

A History of Excellence in DLSPH and IHPME

The History of DLSPH and IHPME are closely intertwined. By the 1920s, the University of Toronto had established a world-leading school of public health (Hygiene) that evolved over time to include a large number of programs and areas of scholarly endeavour. These areas spanned disease

control, population health, hospital administration, health policy, epidemiology, clinical epidemiology, and biostatistics. However, by the 1970s, the departments in the School of Hygiene were absorbed into the Faculty of Medicine as the Division of Community Health and the School was closed.

Over the subsequent several decades these departments have re-organized at regular intervals to create two leading foci of scholarship. One focus is largely on public health and population health, with the associated activity situated within in the Department of Public Health Sciences. The other focus is on healthcare, health services research, clinical epidemiology, and health policy where associated activities are grouped together in the (now) Institute of Health Policy, Management & Evaluation (initially, the Department of Health Administration).

In 2006, the Provost requested that the Dean of Medicine launch a process to evolve the Department of Public Health Sciences into a School of Public Health. In 2008, the School was launched. Also in 2008, a generous gift from Paul and Alessandra Dalla Lana provided the financial foundations that made feasible a School with global aspirations. At the time this report was first generated in the Spring of 2013, the DLSPH was close to final approval for its application for status as an independent faculty; this transition came to a successful conclusion with approval by the University of Toronto Governing Council on July 1, 2013.

The DLSPH is building capacity within public health and population health while maintaining close connections with the Faculty of Medicine. Within the DLSPH there are centres and institutes that take a variety of forms (i.e., EDU-C and EDU-B) in critical areas of public health and health policy scholarship such as the newly created Institute for Global Health Equity and Innovation. The integration of public health with clinical medicine, particularly with Family and Community Medicine, is recognized as a continued, key priority for both the DLSPH and the Faculty of Medicine. The postgraduate MD residency program in Public Health & Preventive Medicine attests to a long-standing integration between public health sciences and primary care education and scholarship. Close partnerships with the affiliated hospitals, e.g., Inner-city Health at St. Michael's Li Ka Shing Knowledge Institute, and with external agencies such as the Institute for Work and Health and Public Health Ontario, exemplify the outreach of scholarship into the broader community of stakeholders, including government. Over the years, partnerships with basic science departments that have a translational and professional component, e.g., Nutritional Science, and Statistics, have been very successful. With financial incentive provided by the Provost, the DLSPH has now assumed responsibility for developing new undergraduate Arts & Science courses in public health. The planning for launch of a joint MD/MPH program in 2014 is well underway.

Many years ago, the Department of HPME (formerly Health Administration) separated from the other departments within the Division of Community Health to create capacity, and to recognize the rapidly developing line of scholarship, in health administration and health services and policy research. Over the last two decades, this Graduate Department has developed into an inter-disciplinary unit that collaborates with clinical departments, other faculties, the Institute for Clinical and Evaluative Sciences (ICES), provincial and federal government agencies, e.g., Cancer Care Ontario (CCO) and CIHI, and affiliated hospitals, other healthcare providers, and research institutes in a broad array of scholarship related to clinical evaluation, health services research, health economics, health informatics, quality and patient safety, health administration, and health policy. The graduate degree programs are both professional and doctoral. The masters' and doctoral level degree programs now include concentrations in Health Services Research, Clinical

Epidemiology and Health Care Research, Health Technology Assessment and Management, and Quality Improvement and Patient Safety (masters' level only). The Clinical Epidemiology and Health Care Research Program deserves special mention as it provides a graduate unit home to a group of largely clinical scholars (i.e., holding primary appointments in clinical departments) who have come together to create one of the largest clinical epidemiology units in North America within the IHPME. IHPME is also now the home of the new Leadership Program (LEAD) for undergraduate medical students and the plan for the launch of a series of joint MD-Master's degrees offered through IHPME is underway. In 2011, a proposal for this graduate unit to transform into an EDU-A was approved by the Faculty of Medicine Council, Academic Board, and Governing Council. This effectively changed the unit's status within the University to an interdisciplinary and inter-Faculty unit, with the Faculty of Medicine identified as the lead faculty.

Strong Existing Connections between the DLSPH and IHPME

IHPME's Executive Committee now includes representation from the Faculties of Medicine, Public Health, Nursing, Pharmacy, and Information Sciences. It is important to note that this does not encompass the full range of partnerships for IHPME who have faculty cross-appointed, or with home appointments, across the University.

The proposal for the creation of IHPME as an EDU-A and the evolution of the DLSPH to faculty status both stress the importance of closer collaboration between the IHPME and the DLSPH as an important strategic direction for the Faculty of Medicine and the University of Toronto. This strategic direction was reconfirmed as part of recent DLSPH and IHPME strategic planning retreats.

Although not deliberately aligned, the recent strategic development processes for the two academic units identified a number of similar themes. Chief among these themes is the desire to work towards impactful initiatives in health and health systems that transcends the disciplinary foci of either unit. The strategies for both units also identified similar mechanisms for achieving this goal, including a strong emphasis on partnerships with similar groups (clinical departments, healthcare providers or public health practitioners, and government ministries and agencies).

It is worth noting that there are strong existing collaborations and overlap between the two academic units. Both units belong to many of the same collaborative programs and one of them, the Collaborative Program in Public Health Policy, is led by DLSPH faculty members but heavily engages IHPME faculty members. There are a large number of faculty members who have appointments in both academic units, including the Director of IHPME. Extra-Departmental Units, such as the Joint Centre for Bioethics, rely heavily on both academic units and faculty members from both units who work with a strongly overlapping set of health system partners such as Public Health Ontario, Cancer Care Ontario, TAHSN Hospitals, and others. There are also a large number of existing collaborative research projects involving both academic units, some shared courses, and frequent guest lecturing by faculty members in both units.

Identification and pursuit of further opportunities for synergy and alignment between the two units will be critical to their continued success under the new governance model. Both units face an increasingly competitive local and global market as they seek research funding, philanthropy, and – perhaps most importantly – talented faculty and students. Major fund-raising campaigns are underway at most Ontario hospitals that rival the University's "Boundless" campaign and that play

to similar messages regarding the potential contributions of the DLSPH and IHPME to improving health and a sustainable health systems. Both academic units compete on a global stage against universities that presently present a more coherent picture of how public health and health services and health systems scholars work together. And most of the competition has a longer history of such a coherent picture than can be offered by the University of Toronto, and a stronger global track record in bringing a cohesive set of researchers to the world's public health and health system problems. Going forward, a comprehensive inventory of overlapping activities will be prepared that will provide the foundation for how the two academic units can create a hub to support collaborative research on how to improve health and sustainability.

The shift of home faculty from Medicine to Public Health for IHPME stands to enhance the global position of the University of Toronto among other institutions with capacity to improve health care, health system design, and public and population health through research and training. Together, these two units will be able to work together to address critical questions affecting health systems around the world on sustainability, population health, effective and sustainable health systems, and the experience of patients, families and providers – a feat that neither unit could accomplish, as effectively, independently. Together the two units bring a wide range of quantitative and qualitative methods and disciplinary depth that includes epidemiology, clinical epidemiology, biostatistics sociology, economics, health services research, political science, sociology, and behavioural sciences to global health system challenges. This scope and ability to demonstrate global leadership in these areas will ensure that the academic units can attract the best graduate students, create a pipeline of accomplished undergraduate students, and demonstrate scholarly leadership and impact on health care, health system design, and population health. Together, the two academic units will be able to address critical questions in clinical policy (how, and what, care should be delivered), population health policy (how to elevate overall health and the broader determinants of health), and health system design, as well as how these elements can and should work together.

Vision

The University of Toronto has committed to creating a leading scholarly centre in public health, health policy, and health services research and administration at the DLSPH. The landmark Dalla Lana Gift to the DLSPH provides the foundation for this vision which is being further supported by ambitious fund-raising. Together, the DLSPH and the IHPME have the capacity to create such a centre; these units comprise the largest collection of Public Health, Population Health, Clinical Epidemiology, Health Services Research, and Health Policy Scholars in Canada. The shift in lead faculty will make the DLSPH the largest school of public health in Canada and one of the largest in the world. The School will also have a remarkably broad scope and – because of the inter-disciplinary nature of the IHPME – the DLSPH will have some of the strongest connections across disciplines and faculties of any school of public health. By working together, both academic units will be able to address key elements of the rationale for their evolution to Faculty (DLSPH) and EDU-A (IHPME) status noted in their proposals. For the IHPME, this is the strengthening of inter-disciplinary research that supports the achievement "of better health at a lower cost."

A Decision to Work Together

After internal consultation led by the current directors of the DLSPH and the IHPME, work has begun on a joint strategy that will capitalize upon the strengths of both units, will afford the DLSPH

the additional expertise in health policy and health services administration that completes the Dalla Lana vision and advances the DLSPH's formal status as a Faculty, and will support future collaborations among the researchers in these units and, where appropriate, graduate programs. The shift in lead faculty will also help IHPME realize its strategy that stresses improving health and creating sustainable health systems; the shift will create a larger community of scholars who will want to work with the Institute, and it will afford a stronger platform for advancement activities.

Given the support for each academic unit's strategy that this shift will effect, both units were able to agree by the end of April 2013 to the following principles and goals:

The following principles and goals were reviewed and agreed to at the first meeting of the DLSPH-IHPME Steering Group, are supported by the Dean of Medicine, and were reviewed by the IHPME Executive Committee in May 2013.

1. The DLSPH is on track to become a Faculty as of July 1, 2013 with its own Dean[2]
2. The IHPME will remain an EDU-A with its own Director
3. The Lead Faculty for IHPME will transfer from the Faculty of Medicine to the DLSPH
    a. The Dean of Public Health will chair the Executive Committee instead of the Dean of Medicine
    b. The membership of the Executive Committee for IHPME will remain the same (Deans of Medicine, Nursing, Pharmacy, and Public Health)
    c. The DLSPH values and will support the IHPME brand
    d. Following the process that was conducted to separate the budget of the DLSPH from Medicine to establish the DLSPH as a Faculty, a similar process will be undertaken to separate the IHPME budget from that of Medicine to coincide with transfer of lead Faculty to the DLSPH
4. IHPME will retain the same authority and accountability that it has today around
    a. Hiring of faculty members
    b. Recommending Promotion of faculty members
    c. Administrative and financial management
    d. Graduate education and research programs administered through its own graduate unit
    e. IHPME will not be subject to disproportionate budget reductions once in DLSPH nor disproportionately lower increases in general revenues growth
5. The DLSPH and the IHPME will maintain a strong relationship with the Faculty of Medicine, particularly with the clinical departments. The Faculty of Medicine strongly values these relationships.
6. The repositioning of the DLSPH as the lead faculty for the IHPME must be informed by a vision based on better health and health systems and not simply on structural considerations.
7. There are substantial and immediate opportunities for synergy between the DLSPH and IHPME
    a. Course offerings can be shared between the two academic units, particularly in the areas of biostatistics and health policy

[2] This transition has now occurred and the DLSPH became a stand-alone faculty as of July 1, 2013.

    b. There are a number of identified research themes that will attract faculty members from both academic units
    c. The IHPME can provide a comprehensive home for health policy (including public health policy) scholarship

These goals and principles entail a number of administrative and governance changes. These will affect reporting structures, appointment policies, and will create opportunities for shared administrative activities. Some of these changes are self-evident but are listed below:

1. The DLSPH provides oversight for the IHPME
    a. The Director of IHPME reports primarily to the Dean of the DLSPH instead of the Dean of Medicine
    b. The Dean of the DLSPH assumes chairmanship of the IHPME Executive Committee
    c. The Budget for the IHPME is separated from the Faculty of Medicine and moved to the DLSPH.
    d. Faculty Council for DLSPH is expanded proportionately given the addition of IHPME faculty members, with corresponding amendments to the DLSPH and Faculty of Medicine constitutions.
2. The DLSPH provides the home faculty for the IHPME
    a. The DLSPH's committees are the appropriate location for pre-Provostial/Governing Council approval where faculty-level approval is required
    b. New appointments and promotions within the IHPME are made to the IHPME with DLSPH as the home faculty unless otherwise appropriate.
    c. IHPME faculty members will have cross-appointments to the appropriate department within the Faculty of Medicine if they desire them. Clinical Epidemiology (clinical faculty) will maintain their home appointments in the Faculty of Medicine.
    d. Members of the IHPME will need to have strong proportionate representation on the relevant faculty level committees.
    e. The DLSPH and the IHPME will need to ensure that their appointments policies provide a consistent picture of the need for service to the relevant academic unit in exchange for the privileges of appointment
    f. The DLSPH and the IHPME will need to create a coherent plan for space, and administrative and communications support. Both academic units will retain their own business managers.
3. The IHPME provides a comprehensive home for health services, clinical epidemiology, and health policy
    a. The IHPME and the DLSPH work together to create sustainable course offerings in health policy, health services management, and public health policy that meet the learning objectives of MPH and other public health students
    b. The budget for Public Health Policy is reassigned from the DLSPH to IHPME, the Public Health Policy Division is decommissioned and IHPME and DLSPH build strength and scholarly focus in public health policy as part of health policy
    c. IHPME develops a principle area of study in Public Health Policy within the Health Services Research MSc and PhD but other graduate programs stay unchanged
    d. The Director of the IHPME is also the Dalla Lana Chair of Public Health Policy

Appendix 1 below provides a graphical representation of how the changes will affect the organization of each academic unit

The leaders of the DLSPH and the IHPME agreed to begin planning for these changes after the DLSPH becomes a faculty and to complete implementation of these changes in the 2013-2014 academic year. As noted in the proposed organizational chart below, the IHPME will be different from a division within the DLSPH and will function as it does today within the Faculty of Medicine as an inter-disciplinary department. This means that faculty members may actually hold appointments within divisions of the DLSPH and the IHPME as many do today.

Opportunities for Stronger Collaboration

In addition to the opportunities for working together on courses noted above (refer to item #7), the DLSPH and the IHPME have substantial opportunities for collaboration in developing new undergraduate and post-graduate medical education initiatives that build on current programming in both academic units. This is particularly true in the area of undergraduate education where the DLSPH and the IHPME are in the position to lead programming that will increase the understanding and capacity for health system policy and management and create a pipeline of talented undergraduates looking for graduate education in health sciences.

The repositioning of the DLSPH as the lead Faculty for the IHPME also present substantial opportunities for collaborations in research. At the second DLSPH-IHPME Steering Committee meeting, a number of these opportunities were identified and will be supported by an "initiatives fund".

There was substantial discussion of topics for shared work in methodological and conceptual/theoretical areas that would then be applied to questions in health – economics, evaluation, community oriented research, systems change, systems thinking, integrated knowledge translation and implementation science. All of these areas create opportunities for partnerships across the University, and across the health system. This collaborative approach creates the opportunity to train practitioners in systems change – thinking and planning – that has huge growth opportunities in Ontario, in the North, and around the World. Within the next 5 years or so, global governments will be looking for assistance in shaping or revising the health systems within their own countries. Building from IHPME's capacity in integrated knowledge transfer, the two academic units will be able to offer a wide range of solutions that extend beyond traditional educational and independent research projects. A deliberate strategy will need to be created in order to anticipate the needs of developing countries and ensure that the DLSPH and the IHPME are positioned to address them when the time comes.

Given the wealth of opportunities likely to confront the DLSPH and the IHPME as they begin working together, the DLSPH-IHPME Steering Committee also identified a number of principles to help identify areas of collaborative research that should be supported. These were:

1. The initiative requires strong faculty engagement (more than one member), interest, and the identification of more than one dedicated leader willing to champion the initiative
2. The initiative provides a vehicle for the health system and public population health efforts to drive one of the Triple Aim goals – better health, health sustainability, better patient experience.

3. The initiative links to priority policies at the University, Toronto, Ontario, the North and abroad (strategically positioned) – with relevance and importance locally (Ontario and the North), nationally and internationally
4. The initiative is feasible, has opportunity for support from current funding opportunities, and utilizes strategic partnerships across the University

The Steering Committee also identified a number of potential opportunities for shared support for infrastructure that are being addressed by a sub-committee led by the business managers for the DLSPH and the IHPME. This will include the consideration of sharing resources to support critical elements of infrastructure such as communications and advancement staff.

Finally, the repositioning of the DLSPH as the lead Faculty for the IHPME provides an opportunity to forge even stronger links with key partners such as ministries, provincial agencies, TAHSN hospitals, and other health care system organizations to support person oriented and health systems research. This opportunity for integrating the DLSPH and the IHPME into advisory structures for these groups will be pursued by a sub-committee of the two academic units in partnership with the Faculty of Medicine.

Next Steps

The DLSPH and the IHPME will implement the transitions outlined above within the 2013-2014 academic year. However, it will be important to have strong and inclusive consultation on these transitions. To support this sort of consultation, the Director of IHPME will table these proposals with the IHPME Executive Committee in the 2013-2014 Academic Year. The Dean of DLSPH will also table these with the DLSPH School Council in the same timeframe. Following these consultations, the Dean of the DLSPH, the Director of IHPME, and the Dean of Medicine will review the proposed transitions with the University leadership and begin work on the analysis necessary to realign the IHPME, DLSPH and Faculty of Medicine budgets. Following this analysis, the Dean of the DLSPH, the Director of IHPME, and the Dean of the Faculty of Medicine will inform (and take forward the proposed transitions for approval, as necessary to) the Planning and Budget Committee, Academic Board, and Governing Council.

The Steering Group had its last meeting on May 22nd, 2013. However, the Steering Group members will continue to meet with the Dean of the DLSPH and the Director of IHPME acting as co-chairs to discuss further plans for implementation and address new issues in the proposed transition as they arise.

Appendix 1

Membership of the DLSPH-IHPME Steering Committee

Catherine Whiteside (Chair)
Ahmed Bayoumi
Adalsteinn Brown
Michelle Deeton
Howard Hu
Andrea Sass-Kortsak
Ross Upshur
Elizabeth Badley
Whitney Berta
Brian Corman (External)
Vivek Goel (External)
Robin Hurst
Tina Smith

APPENDIX 4 – Proposal to Change the Lead Faculty of the University of Toronto Joint Centre for Bioethics

Approved by the JCB Executive Committee 14 November 2014

Summary

This document is a proposal for the transfer of the University of Toronto Joint Centre for Bioethics (JCB) from its current lead Faculty (Medicine) to a new lead Faculty, the Dalla Lana School of Public Health (DLSPH), effective 1 July 2015. Under the proposed transfer, the JCB will maintain its EDU:C status and partnerships with affiliated health organizations; it will retain its current executive committee structure; and the academic programs with which it is most closely associated will move with it.

Academic Rationale

The JCB was created in 1995 as an inter-faculty extra-departmental unit (EDU) of the Faculties of Medicine, Arts and Sciences, Law, and Nursing in partnership with University of Toronto affiliated healthcare institutions.[3] The Faculty of Medicine (FoM) has served as the JCB's lead Faculty with the JCB Director reporting to the Dean of Medicine and an Executive Committee chaired by the Vice Provost, Relations with Health Care Institutions. As an EDU:C, the JCB does not hold academic programs or faculty appointments. However, the JCB has been closely associated with two academic programs in the Institute of Medical Sciences (IMS), including the MHSc in Bioethics and courses funded through the Provost's Undergraduate Course Development Fund (UCDF). It is also closely associated with the Collaborative Program in Bioethics, for which the Faculty of Medicine is the lead Faculty. Faculty members who teach or supervise students in these academic programs have primary appointments in academic departments across the university, including the Faculties of Public Health, Nursing, Arts and Science, Law, Pharmacy, Social Work, and Medicine.

Significant changes in the Faculty of Medicine, including the DLSPH's evolution to a stand-alone Faculty on July 1, 2013 and the transfer of the Institute of Health Policy, Management and Evaluation (IHPME) into the DLSPH on July 1, 2014, affords an opportunity for the JCB to revisit its academic home. The JCB has a strong academic relationship with the DLSPH, including IHPME, based on a shared commitment to improving health, health systems, and health care through interdisciplinary research and education. A large proportion of the JCB's affiliated faculty members have an academic appointment or cross-appointment in the DLSPH, including IHPME. In addition, a majority of students in the Collaborative Program in Bioethics are enrolled through the DLSPH and IHPME graduate units. The DLSPH provides a natural academic home for the evolving breadth of JCB scholarship, which spans health care ethics, health system and policy ethics, research ethics, public health ethics, and global health ethics. Health system

[3] There are now 12 participating health institutions: 10 UofT-affiliated hospitals, including 9 TAHSN full and associate members, the Centre for Clinical Ethics (a joint venture of St. Michael's Hospital, St. Joseph's Hospital, and Providence Centre), and the Toronto Central CCAC.

challenges such as the Ebola outbreak, the Sandoz drug supply shortage, complex chronic disease, and global health equity underscore the need for bioethics models, methods, and approaches that are interdisciplinary, interprofessional and intersectoral. Working together, the JCB and the DLSPH will be able to address key ethical questions of contemporary health systems. Over time, the JCB's academic mission has become less aligned with IMS. Although academic collaboration with the DLSPH and IHPME would be possible if the JCB were to remain in the Faculty of Medicine, a change in lead Faculty means that the JCB will be better able to leverage these academic synergies to build a robust academic program in bioethics that attracts the best graduate students, engages the passion and commitment of shared faculty members, and demonstrates scholarly leadership and real-world impact on health, health systems, and health care locally and globally. Conversely, a change in lead Faculty will still allow the JCB to continue close collaborations with the clinical Departments and EDUs, including IMS, associated with the Faculty of Medicine.

Consultation

In May-August 2013, the JCB Leadership Team initiated a consultation process with senior academic administrators in the Faculty of Medicine, the DLSPH, and the School of Graduate Studies; the administrative lead responsible for extra-departmental units in the Provost's Office; the Director of IMS; and JCB Executive Committee members to assess the academic implications and feasibility of changing the JCB's lead Faculty to the DLSPH. A report of the initial assessment was presented to the JCB Executive Committee on September 06, 2013, at which point it was decided to broaden the consultation. Subsequently, the JCB Director met with the CEOs of JCB partner health institutions and Chairs or Deans of affiliated academic units. Additional meetings were held with the MHSc in Bioethics Course Directors and with the JCB Forum, to which all JCB-affiliated faculty, students, and staff were invited, to discuss the possibility of changing the JCB's lead Faculty and to address any emerging questions, issues or concerns. In order to reassure students that the transition will have very little impact on their studies, funding, or other important matters, the proposed transfer was discussed at a town hall style meeting on September 10, 2014 to which all incoming and current students in the Collaborative Program in Bioethics (CPB) and the MHSc program in Bioethics and all affiliated faculty members involved in co-directing MHSc courses, supervising CPB students and teaching Undergraduate Course Development Fund (UCDF) courses were invited. A final report to the JCB Executive Committee was made on November 14, 2014, at which time the JCB Executive Committee approved the transfer of the JCB to the DLSPH.

Transfer of Academic Programs

The DLSPH will become the lead Faculty for the academic programs with which the JCB is most closely associated. These include:

i. Master of Health Science Program in Bioethics
ii. Collaborative Program in Bioethics
iii. Undergraduate Course Development Fund (UCDF) courses

The MHSc program in Bioethics will be transferred from the Institute of Medical Sciences (IMS) to the Graduate Department of Public Health Sciences (PHS), within the DLSPH, and will be governed and administered by the DLSPH. There will be no changes to the MHSc admission and program requirements or to the degree conferred. The MHSc in Bioethics Program Director will continue to be based at, and funded by, the JCB. The tuition and grant (BIU) revenue generated by the MHSc enrolment will flow to the DLSPH and, following deductions for University-wide costs, central student aid programs and division-wide expenses, will be distributed to the JCB.

The Collaborative Program in Bioethics (CPB) will remain unchanged when the lead faculty switches from the FOM to the DLSPH. New Memoranda of Agreement will be signed by the Chairs and Deans of the participating graduate units, the DLSPH Dean and the Dean of the School of Graduate Studies. The CPB Director will continue to be based at, and funded by, the JCB. There are no revenues associated with this program and administrative costs will continue to be the responsibility of the JCB.

The UCDF bioethics courses will be governed by the DLSPH through the PHS graduate unit, and not by the FOM through the IMS, but will continue to be coordinated through the JCB. The revenues associated with these courses will flow through DLSPH to the JCB.

Transition Planning

In bringing forward this proposal for the transfer of the JCB to the DLSPH, the Deans of the DLSPH and the Faculty of Medicine and the Director of the JCB have worked with colleagues to clarify a wide range of matters arising from the transition including:

- *Governance:* The JCB will retain its status as an Extra-Departmental Unit C (EDU:C). The JCB Executive Committee will continue to have representation from participating Faculty Deans and partner health institution CEOs. The Executive Committee will be chaired by the DLSPH Dean (or delegate) and co-chaired by a partner health institution CEO. The Faculty of Medicine Dean (or delegate) will continue as a member of the Executive Committee. The JCB Director will report to the Dean of the DLSPH.

- *Students*: The transfer will have very little impact on students in the academic programs most closely associated with the JCB. Their academic programs will remain unchanged and nothing will change on their degree parchment. For students in the CPB or the UCDF courses, there will be no impact and nothing will change on their transcripts. For students enrolled in the MHSc in Bioethics, their transcripts will change only in that the graduate departmental affiliation noted will change from IMS to Public Health Sciences. The MHSc students actively enrolled at the time the transfer occurs will have the option of specifying IMS or Public Health Sciences as their graduate home unit on their transcripts.

- *Faculty*: As an EDU:C, the JCB does not hold faculty appointments. The transfer will have no impact on faculty members associated with the CPB or the UCDF courses. At the time of the transfer of the MHSc program to PHS, those course (co-) directors who do not already have a DLSPH academic and graduate appointment will go through the process of obtaining such appointments.

- *Space*: The JCB will retain its academic and administrative offices in Suite 754 at 155 College Street (Health Sciences Building). The size and configuration of the space footprint will be determined in relation to the needs of the JCB and university guidelines regarding space utilization through negotiations between the JCB and the DLSPH.

- *Budget*: The JCB budget, including base funding and the Professional Masters Bursary allocation, will be shifted from the Faculty of Medicine to the DLSPH. Following approval of the donors, the Sun Life Financial Chair in Bioethics and other JCB endowments will move with the JCB. The budget disaggregation process and transfer of budget will be overseen by the Deans of each Faculty and the Director of JCB. The financial contributions of participating health institutions will not be affected.

APPENDIX 5 – Dean's Advisory Board (DAB) of the DLSPH, June 2015

Mission: The Dean's Advisory Board (DAB) is an esteemed group of talented individuals who possess diverse backgrounds and stellar experience. The board's mission is to provide high-level advice and an external perspective to the Dean as he or she guides the DLSPH into the future. The DAB reports directly to the Dean.

Terms of Reference:

The Dalla Lana School of Public Health (DLSPH) Dean's Advisory Board (DAB) aims to advise the Dean on the following matters of major strategic interest:

1) Feedback on updates on the Vision for the DLSPH and progress made in addressing the current DLSPH Strategic Plan, major initiatives, progress in expansion of student enrolments, educational programs, faculty hiring, academic leadership, communications, advancement, quality and performance metrics.
2) Advice on major trends in public health, health systems, and other local or global developments that directly or indirectly impact on the DLSPH's mission, such as emerging issues related to public health, education, and research; the needs of the public health, health care and health systems workforce, and future employers (types of jobs, competencies needed, etc.).
3) Advice on current and suggested partnerships (local and global) that can enhance DLSPH's mission.
4) Overview of DLSPH peer institutions/competition, trends, DLSPH's brand.
5) General additional advice on opportunities, areas of strength and weakness, external threats.

Operations: Meet once or twice per year.

Members

- Terry Sullivan, Terrence Sullivan & Associates; Chair of Board, PHO, Professor and Senior Fellow, IHPME.
- Barbara Yafffe, Acting Toronto Medical Officer of Health (TBC)
- Linda Rabeneck, VP, Prevention and Cancer Control, Cancer Care Ontario
- Peter Singer, Director of the Sandra Rotman Centre for Global Health
- Trevor Young, Dean, Faculty of Medicine
- Catharine Zahn, President & CEO - Centre for Addiction and Mental Health
- Art Slutsky, VP Research, St. Michael's Hospital/Li Ka Shing
- Paula Rochon, VP Research, Women's College Research Institute
- Michael Apkon, President and CEO, Sick Kids
- Linda Johnston, Dean, Bloomberg School of Nursing
- Cam Mustard, Director, Institute for Work & Health
- Kwame McKenzie, CEO, Wellesley Institute
- David Sculthorpe, CEO, Heart and Stroke Foundation of Canada

- Peter Donnelly, President and CEO, PHO
- Susan Fitzpatrick, CEO, Toronto LHIN
- Stacey Daub, CEO, Community Care and Access Centre
- Dion Neame, Director of Med Affairs, Sanofi Pasteur
- Ted Witek, former CEO Boeringer Ingleheim Canada; now part of HealthCare Innovation Lab
- Georgina Black, KPMG, National Health Sector lead, Canada
- Paul Dalla Lana, Founder and President of NorthWest Value Partners Inc.
- Michael Dan, President, Regulus Investments Inc. and Gemini Power Corp.
- Andreas Laupacis, Executive Director, Li Ka Shing Knowledge Institute of St. Michael's Hospital
- Peter Pisters, President & CEO, University Health Network

APPENDIX 6 – DLSPH Towards 2021 and Beyond, Strategic Plan 2016-2021, Milestones and Indicators

As part of this strategic planning process, a Performance Measures and Benchmarks Sub-Committee was formed to develop a strategic approach to performance measurement for the DLSPH, and to identify potential areas for measurement, with a particular emphasis on the unique features of the School's work.

The Sub-Committee recommended that the School should consider:

- Developing an approach and strategy to performance measurement that reflects the nature of work of the School, and in particular its influence and impact on improving and informing health systems policies, priorities and partnerships. This would include traditional measures used to assess performance, but could also extend to measurements of impact on policy and public discourse, grey literature or active engagement in health system reforms. It would also include the identification of benchmark schools for comparison.
- Establish a data development strategy to augment the data sources currently available to measure performance. This data could be used for multiple purposes, including performance measurement. Examples of alternate data sources include information relating to alumni careers after graduation or learner experience and engagement.
- Establish an approach to benchmarking that provides regular information – at both the School and program level – on how the School is progressing relative to other comparator schools.

As a first step towards meeting these recommendations, the following table provides a preliminary set of milestones and indicators to move this agenda forward.

1. Improve the learner experience in existing and newly created programs for public health and health systems resource capacity education		
Initiatives	Milestones	Indicators
1.1 Improve teaching space and deploy proven enabling technologies, where appropriate	• Development of space plan that includes high quality teaching space for all programs • Creation of new and access to additional teaching spaces • Integration of technology for web-conferencing and online collaboration into all classroom settings	• Learner and faculty ratings of experience with teaching space • Case studies of enhanced communication for learning
1.2 Increase access to learning at the DLSPH for talented learners from Canada and abroad	• Creation of programs to attract and support the best international learners, professional fellows and	• Proportion of qualified international applicants • Proportion of international learners accepting offers to

		postdoctoral trainees	the DLSPH
1.3	Capture and incorporate new developments in pedagogy to ensure public health-health systems learning	• Creation of one blended program • Identification, selection, adoption and modification of fresh approaches to pedagogy developed within the School and / or identified at peer institutions	• Learner experience ratings • Enrolments in upgraded courses
1.4	Enrich opportunities for engaged and experiential learning, knowledge production and knowledge transfer	• Creation of new scholarships, mentorship and experiential learning placement opportunities • Creation of new and high-quality shared space for post-doctoral learners and professional fellows • Partnership with service delivery organizations across diverse geographies to address health human resource professional learning needs	• Learner experience ratings • Learners with access to blended learning opportunities
1.5	Systematically generate and rigorously test evidence on existing and innovative approaches to public health and health systems education and learning	• Creation of a teaching support centre to identify and propagate best teaching methods across school	• Learner ratings and faculty ratings of experience with existing and innovative approaches
1.6	Use our close connection to the local health system to collect data on workforce and diverse stakeholder needs specific to building coherent public health and health system capacity plans	• Creation of research strategy on the public health workforce (with other leading schools in Canada) • Creation of a capacity plan	• Capture and analysis of workforce and needs data and indicators • Completion of capacity plan
1.7	Work with our partners to refine and increase experiential learning opportunities, such as practicums	• Expansion of competency-based framework for such learning across programs • Introduction of widely available and structured experiential learning across MSc and PhD programs	• Learner experience ratings • Post-graduation ratings of employment • Qualitative stories of impact
1.8	Strengthen pathways within and wayfinding across the University to graduate training at DLSPH	• Enhanced outreach and liaison with selected undergraduate programs across University of Toronto faculties and other Canadian universities • Creation of at least one blended degree	• Number of undergraduate learners • Number of University of Toronto learners seeking graduate training at the DLSPH • Quality of graduate

	• Creation of undergraduate programs in public health	applicants
1.9 Increase high impact capacity development initiatives that can help mobilize communities and create resilient health systems	• Creation of a program in public health evidence and improvement • Creation of additional teaching programs	• Number of learners • Qualitative stories of impact from projects developed in these programs Addition of undergraduate programs, MSc in Clinical Public Health, MD / MPH, and MD / PhD

2. Ensure globally recognized impact and excellence in public health and health systems research

Initiatives	Milestones	Indicators
2.1 Establish enhanced administrative and support infrastructure for research to increase the amount and range of funding sources	• Creation of effective research support office including: research officers, research-related resources and guidelines, and research committee	• Use of new office of research development and support services • Number of grants per PI • Average size of grant
2.2 Create a methodological support hub to increase research excellence that spans qualitative, quantitative and mixed methods scholarship	• Creation of centre(s) to support strong qualitative, quantitative and mixed methods approaches to major public health and health systems issues • Increased awareness of and access to biostatistical and qualitative research expertise across School	• Faculty ratings • Number of collaborative applications for funding and projects funded • Publications
2.3 Apply criteria for assessing progress and impact of interdisciplinary centres of excellence and key cross-sectoral research initiatives	• Development and application of framework • Tailored research impact assessment for each centre	• Scholarly productivity from centres • Qualitative stories of impact • Funding and other resources for EDUs
2.4 Prioritize support for centres of interdisciplinary scholarship and build community-based collaboratories that support joined-up improvements in health systems	• Creation of collaborations in Toronto and across GTA • Creation of new community-based research collaborations through local, national and international partnerships • Creation of Applied Immunization Institute EDU-C and Critical Qualitative Research Centre EDU-C	• Number of active community-based collaboratories • Qualitative stores of impact • Number of new EDU-Cs
2.5 Ensure that impact on public health and health	• Creation of a performance measurement framework and	• Development of performance management framework

	systems is a primary goal of all new initiatives	approach suitable for the DLSPH's initiatives • Identification of measurement approach and indicators as a key part of the establishment of new initiatives	• Development of impact-oriented metrics for new initiatives • Measurement of impact
2.6	Ensure a close link between positive impact on health and health systems and the DLSPH's approaches to reward and recognition of faculty and learners	• Incorporation of impact in all Progress Through the Ranks (PTR) adjustments • Recognition of impact annual event	• Impact stories

3. Enhance partnerships and management of the DLSPH

Initiatives		Milestones	Indicators
3.1	Increase managerial efficiency at DLSPH and reduce faculty administrative burden	• Plan for improving administrative processes and committee load	• Ratings of management and leadership effectiveness
3.2	Improve collegial experience and engagement of all faculty	• Development of plan for faculty engagement	• Participation and recognition across all types of faculty in school news, events, and activities • Faculty experience ratings
3.3	Create a model physical and professional environment that supports health for learners, staff and faculty	• Creation of roadmap to physical and emotional health at the School • Strengthened career development support for learners, staff, and faculty • Increased recognition for staff, learners and faculty	• Faculty, staff, and learner ratings of professional environment • Faculty, staff, and learner ratings of work-life balance • Awards and nominations
3.4	Strengthen engagement with alumni	• Creation of opportunities for alumni to participate in School educational and learning offerings • Strengthened mentoring relationships between alumni and learners	• Alumni engagement
3.5	Strengthen engagement with donors	• Creation of new opportunities for engagement with donors and decision makers	• Participation in events • Donations to School
3.6	Ensure the DLSPH's management, communications and partnerships with	• Development of communications strategy for these areas, including an annual report that continues to focus	• International ratings • National profile and public awareness • Identification of impact goals

	communities and local organizations in all relevant sectors reflect a strong focus on impact and collaboration	strongly on impact • Incorporation of impact goals into partnership agreements	in partnership agreements
3.7	Improve clarity and quality of partnerships with collaborating organizations and institutions, through new and enhanced partnership models that support impact along with scholarship	• Creation of framework agreement	• Number of partners with framework agreements

APPENDIX 7 – UTQAP Template, Cyclical Review: Self-Study, Updated February 3, 2015

NOTE: The DLSPH Self-Study Report follows this template.

The self-study should be broad-based, reflective and forward-looking, and include critical analysis. It is an assessment of the strengths and challenges facing the programs(s) and/or unit, the range of its activities, and the nature of its future plans.

The self-study should address the terms of reference. These form the basis of the assessment of the Faculty, department, or unit and its programs. The self-study should be customized to reflect what is under review.

Clearly mark the self-study as "Confidential" if it not to be made publicly available. If the intent is to broadly distribute the self-study and post it online, ensure that no confidential material is contained within it.

1 Introduction and Context

- Briefly introduce the Division, Department, or academic unit and its program(s) that will be described in the self-study. Ensure that **each** program listed in the Terms of Reference of the review is mentioned here. Provide a URL for the academic unit and all programs under review.
- Highlight any significant developmental milestones.
- What particular strengths, characteristics and risks define the Division/Unit?
- Refer to any indicators/data that relate to the general Division/Unit 'environment'.
- Describe the participation of program faculty, staff, and students in the self-study process and how their views have been obtained and taken into account.

2 Faculty

*[Include as an appendix CVs for all tenure-stream and teaching-stream faculty. **Divisions/Units** may wish to include CVs of "other faculty", depending on the nature of their contributions to the unit's core functions.]*

- Describe faculty complement.
  - List faculty members by
    - tenure and tenure-stream faculty (assistant, associate, and full)
    - teaching stream
    - 'other faculty' as relevant
      - sessional
      - CLTA
      - part-time faculty
      - status only

    - adjunct
- Identify areas of strength and expertise focusing on current status as well as plans for future development. Attention should be given to any notable changes in the strengths and weaknesses of the complement as a whole, including real or anticipated changes experienced or anticipated as a result of recent/expected hires. Plans for future development may include a faculty renewal plan.
- Identify and describe support for faculty development.

3 Academic Program(s)

*[Provide a separate section for **each** academic program that is listed in the Terms of Reference for the review. For A&S units, one section should be provided for **each** POSt being reviewed.]*

3.1 Program description

- Describe the program being reviewed.

3.2 Program objectives

- Outline how the program is consistent with the University's mission and the Division/Unit's academic plans.

3.3 Admission requirements

- Indicate the admission requirements and how they align with the learning outcomes established for completion of the program.

3.4 Curriculum and Program delivery

- List the program requirements and learning outcomes. Indicate how they are conveyed, their appropriateness for the discipline and alignment with the appropriate Degree Level Expectations.
- Include the Degree Level Expectations (DLE) as an appendix.
- (graduate) Evidence of a program structure and faculty research that will ensure the intellectual quality of the student experience.
- Describe how the curriculum reflects the current state of the discipline or area of study and is appropriate for the level of the program.
- Identify any significant innovation or creativity in the content and/or delivery of the program relative to other such programs.
- As appropriate, describe how the mode(s) of delivery are appropriate to and effective in meeting the program's learning outcomes.
- Outline opportunities for learning beyond the classroom that are made available to students
- As an appendix, provide a list of courses offered in support of the program including the course number, the credit value, and the course description. (This can be organized to reflect the manner in which the courses count toward the program requirements).

3.5 Assessment of learning

- Describe the appropriateness and effectiveness of the means of assessment, especially in the students' final year of the program, in clearly demonstrating achievement of the program learning objectives and the program's Degree Level Expectations.

3.6 Student awards

- (graduate) Success rates in provincial and national scholarships, competitions, and awards
- Comment on any initiatives in place to foster the professional development of students in the program including professional and transferable skills.

3.7 Student funding

- Describe the funding available to students in the program.

3.8 Quality indicators

Outcome measures of student performance and achievement are of particular interest, but there are also important input and process measures which are known to have a strong association with quality outcomes. The self-study where possible, should include a discussion of the following:

- **Students:**
  - application and registration
  - attrition rates
  - (graduate) how time-to-completion is monitored and managed in relation to the program's defined length and program requirements
  - quality and availability of graduate student supervision
  - final-year academic achievement
  - academic awards
  - student in-course reports on teaching
  - graduation rates
- **Graduates:**
  - employment rates post-graduation
  - graduate publication rates
  - "skills match" and alumni reports on program quality when available and when permitted by the Freedom of Information and Protection of Privacy Act (FIPPA). Auditors will be instructed that these items may not be available and applicable to all programs.
- Assessment of the program relative to the best of its kind offered in Canada, North America and internationally, including areas of strength and opportunities
- Other program-related data and measures of performance, including applicable provincial, national and professional standards (where available)

3.9 Quality enhancement

- Describe any initiatives taken to enhance the quality of the program and the associated learning and teaching environment.

- What are the key challenges and opportunities facing the program relative to enrolment and the student education experience over the next five years?

4 Research

[In all cases, an assessment of the quality of research output, supported by evidence appropriate to the discipline, is essential. There will be variation across academic units as to the appropriate indicators.]

- Describe the scope, quality and relevance of the Division/Unit's research activities.
  - What are the major research themes and priorities within the Division/Unit or Program?
  - Describe the research undertaken in the last five years by each faculty member, grouped under the relevant themes.
  - Provide data on research funding over the past five years.
- What benchmarks of research success are measured within the Division/Unit or Program?
- Comment upon the level of activity and success in research and scholarship among your members. Discuss how this level of activity and success compares nationally and internationally.
- Explain how the research activity of faculty supports the research and learning of undergraduate and graduate students in the unit.

5 Organization and Financial Structure

- Assess the appropriateness of the administrative and governance structure for the effective functioning of the Division/Unit.
- Describe the appropriateness and effectiveness of the Division/Unit's organizational and financial resources in delivering its program(s).
- What are the challenges and opportunities over the next five years?

6 Resources and Infrastructure

- Laboratory facilities: as appropriate, identify major equipment requirements to support programming and research.
- Space: as appropriate, describe any unique space pressures and requirements and how these are accommodated.

7 Academic Services

- Describe the academic services that directly contribute to the academic quality of each program under review. *[Please note that the Office of the Vice-Provost, Academic Programs will request and provide you with a Library report and standard Student Services report. You should include these as Appendices.]* The text here should describe any additional services provided by the Division/Unit.

8 Internal and External Relationships

- Describe the scope and nature of the Division/Unit's relationship with cognate departments and units at the University of Toronto and external government, academic and professional organizations.
- What has been the social impact of the unit in terms of outreach to local and national communities?
- Has the Division/Unit developed or sustained fruitful partnerships with other universities and organizations in order to foster research, creative professional activities and to deliver teaching programs?

9 Previous Review Recommendations

- Summarize the key findings of the previous review.
- Describe how the Division/Unit/Program has addressed any recommendations from this previous external review.

10 Future Directions

- Areas identified through the conduct of the self-study as requiring improvement
- Areas that hold promise for enhancement
- Initiatives or changes planned to provide further support to or enhance research, scholarship, or programs

Appendices

The self-study can be "de-cluttered" by placing information in the appendices rather than in the body of the narrative. Clearly mark appendices as "Confidential" if they are not to be made publicly available or posted online.

Items to consider including in the appendices are:

- History of the Division/Unit/Program
- Constitution of the Division/Unit
- Previous external review report of the Division/Unit/Program
- Previous review report of graduate programs
- Academic plan of the Division/Unit
- Publication and citation rankings
- List of major research awards and honours
- Level of research funding of the Division/Unit
- Participation rates for Tri-Council funding
- Recent committee/professional service of faculty

- Workload Policy of Division/Unit
- Faculty CVs
- Calendar entry for undergraduate/graduate programs
- Degree Level Expectations
- Graduate reading list
- Any curriculum renewal material
- Divisional marking scheme
- NSSE student satisfaction results for undergraduate programs
- Ph.D. graduate statistics of Division/Unit
- CGPSS student satisfaction results for graduate programs
- Funding, honours and awards of students
- University of Toronto Libraries Report for the Division/Unit
- Student Services Statement for the Division

Dalla Lana School of Public Health
2016-17 External Review
Terms of Reference

Updated September 3, 2015

Note: The DLSPH Self-Study Report follows the above UTQAP template. Please see notes below indicating where the Terms of Reference sections are addressed in the self-study.

Program(s) under review:	Master of Public Health, M.P.H., Public Health Sciences Master of Science, M.Sc., Public Health Sciences Doctor of Philosophy, Ph.D., Public Health Sciences, Master of Health Science, M.H.Sc., Bioethics Master of Science in Community Health, M.Sc.C.H. Master of Science, M.Sc., Health Policy, Management and Evaluation Doctor of Philosophy, Ph.D., Health Policy, Management and Evaluation Master of Health Science, M.H.Sc., Health Administration Master of Health Informatics, M.H.I., Health Informatics Combined Degree Program in Health Administration, M.H.Sc. / Master of Nursing, M.N. Combined Degree Program in Health Administration, M.H.Sc. / Master of Social Work, M.S.W. *Diploma in Community Health (currently at Medicine)*
Division/Unit under review	Dalla Lana School of Public Health
Commissioning Officer:	Vice-President and Provost
Date of scheduled review:	Fall 2016

The Terms of Reference are intended to establish the parameters of the cyclical review process and provide the framework of the review report. [*UTQAP reviews are still required even when accreditation reviews have been conducted.]* Reviewers are asked to comment explicitly upon the following:

PROGRAM(S)

For each program under review consider and comment on the following:

Objectives

- Consistency of the program with the University's mission and Faculty's academic plans

Admission requirements

- Appropriateness of admission requirements to the learning outcomes of the program

Curriculum and program delivery

- Curriculum reflects the current state of the discipline or area of study
- Appropriateness of the program's structure, curriculum and length to its learning outcomes and degree level expectations
- Evidence of innovation or creativity in the content and/or delivery of the program relative to other such programs
- Opportunities for student learning beyond the classroom
- Opportunities for student research experience

Assessment of learning

- Appropriateness and effectiveness of the methods used for the evaluation of student achievement of the defined learning outcomes and degree level expectations

Quality indicators

- Assessment of program against international comparators
- Quality of applicants and admitted students; enrolment
- Student completion rates and time to completion
- Quality of the educational experience, teaching, and graduate supervision
- Implications of any data (where available) concerning post-graduation employability
- Availability of student funding
- Provision of student support through orientation, advising/mentoring, student services
- Program outreach and promotion

Note: In self-study, see section 3 – Academic Programs.

FACULTY/RESEARCH

- Scope, quality and relevance of faculty research activities
- Appropriateness of the level of activity relative to national and international comparators
- Appropriateness of research activities for the undergraduate and graduate students in the Faculty
- Faculty complement plan

Note: In self-study, see sections 2 – Faculty and 4 – Research.

RELATIONSHIPS

- Strength of the morale of faculty, students and staff
- Scope and nature of relationships with cognate Faculties, academic departments and units
- Extent to which the Faculty has developed or sustained fruitful partnerships with other universities and organizations in order to foster research, creative professional activities and to deliver teaching programs
- Scope and nature of the Faculty's relationship with external government, academic and professional organizations
- Social impact of the Faculty in terms of outreach and impact locally and nationally

Note: In self-study, see section 8 – Internal and External Relationships.

ORGANIZATIONAL AND FINANCIAL STRUCTURE

- The appropriateness and effectiveness of the Faculty's organizational structure, including the organization of the Dean's Office and Extra-Departmental Unit, and the effectiveness of the financial structure
- The appropriateness with which resource allocation, including space and infrastructure support, has been managed
- Opportunities for new revenue generation

Note: In self-study, see sections 5 – Organizational and Financial Structure, 6 – Resources and Infrastructure, and 7 – Academic Services.

LONG-RANGE PLANNING CHALLENGES

- Consistency with the University's academic plan
- Appropriateness of:
  - Complement plan, including balance of tenure-stream and non-tenure stream faculty
  - Enrollment strategy
  - Student financial aid
  - Development/fundraising initiatives
  - Management and leadership

Note: In self-study, see sections 1 – Introduction and 10 – Future Directions.

INTERNATIONAL COMPARATORS

- Assessment of the Faculty and the program(s) under review relative to the best in Canada/North America and internationally, including areas of strength and opportunities

Note: In self-study, see section 4 – Research.

Appendix 8: DLSPH Core Faculty Teaching, Supervisory and Academic Administrative Roles, 2015-2016

Table 2.ii: DLSPH Core Faculty Teaching, Supervisory and Academic Administrative Roles 2015-2016															
Last Name	First Name	Academic Status	Academic Ranking	% FTE	Teaching					Supervision				Other
					Sole Instructor	Co-Instructor	Course Director	Faculty Tutor	Guest Lecturer	Supervisor	Co-Supervisor	Committee Member	Other	
Biostatistics														
Corey*	Paul	TENURE	Professor											
Escobar	Michael	TENURE	Professor	100	2	1	0	0	1	1	2	2	0	Act Division Head
Kustra	Rafal	TENURE	Associate Professor	100	1	2	0	1	0	2	0	0	0	
Lou	Wendy	TENURE	Professor	100	1	1	2	0	0	3	3	5	0	Division Head
Saarela	Olli	TENSTR	Assistant Professor	100	0	3	2	0	2	0	3	1	0	
Thorpe	Kevin	CLTA	Assistant Professor	100	0	2	2	0	2	0	0	3	0	
Clinical Public Health														
Abuelaish	Izzeldin	CLTA	Associate Professor	100	2	0	0	0	0	0	0	0	0	
Bhuiyan	Shafi	Part-Time	Assistant Professor	25	0	0	1	1	0	0	1	1	0	
Chris	Allison	Part-Time	Assistant Professor	50	0	0	0	0	0	0	0	0	0	
Daar**	Abdallah	Part-Time	Professor	70	0	0	2	0	0	0	0	0	0	
Gord	Charna	CLTA	Lecturer	80	0	4	0	0	0	0	0	0	0	
Epidemiology														
Fisman	David	TENURE	Professor	100	0	0	0	0	0	3	0	1	0	
Badley*	Elizabeth	TENURE	Professor	50	0	0	0	0	0	2	2	0	0	
Bondy	Susan	TENURE	Associate Professor	100	0	0	4	0	0	2	1	3	0	MPH Prog Lead
Braitstein	Paula	CLTA	Associate Professor	100	0	0	0	0	1	4	0	0	0	
Brooks	Jennifer	TENSTR	Assistant Professor	100	0	0	1	0	0	0	0	0	0	

Chaiton	Michael	CLTA	Assistant Professor	100	0	1	1	1	0	0	0	0	0	
Chockalingam	Arun	CLTA	Professor	100	0	3	0	1	0	1	1	0	0	Director of the Office of Global Public Health Education and Training
Cole***	Donald	TENURE	Professor	100	0	3	1	0	3	1	7	1	4	Chair Faculty Council
Gagnon	France	TENURE	Associate Professor	100	0	0	0	1	2	5	0	0	1	CRC Chair
Gesink	Dionne	TENURE	Associate Professor	100	0	1	1	0	0	9	0	1	0	
Jha	Prabhat	TENURE	Professor	100	0	1	0	0	0	1	0	0	0	Dalla Lana Chair E & GH
Mustard	Cameron	CLTA	Professor	50	0	0	1	0	0	1	1	0	0	President; Institute for Work and Health (Partner organization)
Rosella	Laura	TENSTR	Assistant Professor	100	0	1	1	0	3	8	1	2	0	
Retired effective July 2016; **Staged retirement commencing July 2016														
Occupational and Environmental Health														
Bashash	Morteza	CLTA	Assistant Professor	100	0	0	0	0	0	0	0	0	1	
Bozek	Paul	Teaching-Stream	Assistant Professor	100	2	1	2	0	4	0	0	1	0	MPH Prog Lead
Holness***	Linn	CLTA	Professor	100	0	4	1	0	0	0	1	0	0	
Hu	Howard	TENURE	Professor	100										Dean
Kirkham	Tracy	CLTA	Assistant Professor	100	1	2	0	0	3	0	0	0	0	
Sass-Kortsak	Andrea	CLTA	Associate Professor	100	0	0	2	1	0	0	0	0	0	Assoc Dean Academic
Scott	Jeremy	TENSTR	Associate Professor	100	0	0	1	1	0	1	0	0	0	
Scott	James	TENURE	Associate Professor	100	1	0	2	0	0	2	0	0	0	Division Head
Social and Behavioural Health Sciences														

Allman	Dan	CLTA	Assistant Professor	100	0	0	2	1	0	0	0	2	2	
Banerjee	Ananya	Part-Time	Assistant Professor	25	1	1	0	1	0	1	0	0	0	
Benoit	Anita C.	CLTA	Assistant Professor	100	0	0	0	0	0	0	0	0	0	
Calzavara***	Liviana	TENURE	Professor	82.5	0	0	0	0	0	4	0	0	0	
Cortinois	Andrea A.	Part-Time	Assistant Professor	100	1	0	0	0	1	2	1	0	0	
Forman	Lisa	TENSTR	Assistant Professor	75	1	0	0	0	1	1	0	0	0	CRC Chair
Gladstone	Brenda	Part-Time	Assistant Professor	70	1	2	0	0	0	0	0	3	0	
Grace	Daniel	TENSTR	Assistant Professor	100	2	0	0	0	0	0	1	4	0	
Jackson*	Suzanne	CLTA	Associate Professor	60	0	1	1	0	0	1	1	2	0	
Kaufman	Pamela	CLTA	Assistant Professor	100	1	1	0	0	1	0	0	0	0	
Lombardo	Charlotte	Part-Time	Lecturer	75	0	1	1	1	0	0	0	0	1	
McDonough ***	Peggy	TENURE	Professor	50	1	0	0	0	0	2	1	1	0	
Myers****	Ted	CLTA	Professor	100	0	0	0	0	1	1	2	1	0	Assoc Dean Fac Affairs, Interim Div Head
Nowgesic	Earl	CLTA	Assistant Professor	100	0	0	0	1	1	0	0	0	0	Interim Head WWI
Poland	Blake	TENURE	Associate Professor	100	0	0	0	0	0	6	1	2	0	
Ross	Lori Elizabeth	TENSTR	Associate Professor	100	1	2	0	0	1	4	1	0	0	
Sellen	Daniel	TENURE	Professor	70	0	1	0	0	1	3	0	0	0	Assoc Dean Research
Siddiqi	Arjumand	TENURE	Associate Professor	100	1	0	0	0	0	3	2	0	0	CRC Chair
Strike	Carol	TENURE	Associate Professor	100	1	1	1	0	1	5	1	4	0	
IHPME														
Anderson	Geoff	TENURE	Professor	100	0	0	4	0	0	2	0	0	0	
Baker	Ross	TENURE	Professor	100	0	2	0	0	0	7	0	1	0	
Barnsley	Janet	TENURE	Professor	50	0	0	0	0	0	1	7	7	0	Interim Assoc Dean

														Acad
Berta	Whitney	TENURE	Associate Professor	100	7	0	0	0	0	7	2	0	0	
Bird-Gayson	Twylla	Teaching-Stream	Lecturer	50	0	0	3	0	0	0	0	0	0	
Blackstien-Hirsch	Paula	Part-Time	Lecturer	30	1	1	0	0	2	0	0	0	0	
Brown	Adalsteinn	TENURE	Associate Professor	51	0	0	1	0	0	1	0	4	0	Director IHPME
Cockerill	Rhonda	TENURE	Professor	100	3	0	0	0	0	3	0	0	0	Assoc Director IHPME
Coyte	Peter	TENURE	Professor	100	0	4	0	0	0	7	4	1	0	
Deber	Raisa	TENURE	Professor	100	0	1	1	0	3	9	2	2	0	
Detsky	Allan	TENURE	Professor	100	2	0	0	0	0	0	1	0	0	
Dobrow	Mark	CLTA	Associate Professor	100	1	0	0	0	1	3	0	0	0	
Dubinsky	Isser	Part-Time	Associate Professor	30	2	0	0	0	0	1	0	0	0	
Gibson	Jennifer	CLTA	Associate Professor	100										Director JCB
Jadad	Alejandro	CLTA	Professor	100	0	0	0	0	2	6	0	2	0	???
Laporte	Audrey	TENURE	Associate Professor	100	4	0	0	0	1	7	6	1	0	
Majewski	Cynthia	Part-Time	Lecturer	70	0	0	0	0	0	0	0	0	0	
Marchildon	Gregory	TENURE	Professor	100	1	0	0	0	1	0	1	0	0	Chair Health Policy
Miller	Fiona	TENURE	Associate Professor	100	1	0	0	1	2	3	5	1	0	
Schwartz	Robert	CLTA	Associate Professor	100	1	1	2	0	0	3	0	2	0	Director Tobacco Res Unit
Seto	Emily	TENSTR	Assistant Professor	100	2	0	0	0	0	1	1	1	0	
Shachak	Aviv	TENURE	Associate Professor	100	0	0	0	0	0	2	1	0	0	
Shea	Christine	Part-Time	Lecturer	75	2	1	1	1	0	0	0	0	0	

Smith	Tina	Teaching-Stream	Associate Professor	100	2	2	1	0	1	0	0	0	0	MSc Prog Director
Williams	A. Paul	TENURE	Professor	50	0	0	1	0	0	3	0	0	0	
Willison	Donald	Part-Time	Associate Professor	75	1	0	0	0	3	0	0	1	0	
Wodchis	Walter	TENURE	Associate Professor	100	1	2	0	0	0	14	0	1	0	
Zarb	Julia	Part-Time	Lecturer	60	1	0	0	0	0	0	0	0	0	

*Retired July 1, 2016.
**Retires July 1, 2017. Is 0.3 FTE from July 1, 2016 – June 30, 2017.
***Phased 3-year retirement plans from 2017 to 2019 with various FTE % for each year of their three plan.
****Retired September 1, 2016.

Appendix 9: DLSPH Teaching by Courses Offered, 2015-2016

PHS								
Semester	**Course Code**	**Division**	**Course Title**	**Instructor 1**	**Instructor 2**	**Instructor 3**	**Other Instructors**	**Enrollment 2015-2016**
20159	CHL5004H	PHS	Intro to Public Health	Suzanne Jackson	Aaron Thompson			182
20159	CHL5101H	SBHS	Social Theory and Health	Peggy Mcdonough				12
20159	CHL5102H	SBHS	Social and Political Forces in Health	Daniel Grace				6
20159	CHL5105H	SBHS	Social Determinants of Health	Arjumand Siddiqi				44
20159	CHL5113H	SBHS -GH	Migration and Health	Andrea Cortinois				11
20159	CHL5118H	SBHS-GH	International Health, Human Rights and Peace-Building	Akwatu Khenti	Catherine Chalin	Julia Lee		12
20159	CHL5121H	SBHS-GH	Genomics, Bioethics and Public Policy	Abdallah Daar				5
20159	CHL5201H	BIO	Biostatistics I	Kevin Thorpe				58
20159	CHL5203H	SBHS	Survey Design and Social Research Methods in Public Health	Daniel Allman	Monique Gignac	Hayley Hamilton		24
20159	CHL5207Y	BIO	Lab in Statistical Design and Analysis	Tony Panzarella	Tamara Arenovich	Rosane Nisenbaum	Derek Stephens, Annie Dupuis	23
20159	CHL5208Y	BIO	Advanced Lab in Statistical Design and Analysis	Tony Panzarella	Tamara Arenovich	Rosane Nisenbaum	Derek Stephens, Annie Dupuis	4
20159	CHL5210H	BIO	Categorical Data Analysis	Paul Corey				28
20159	CHL5220H	PHS	Community Health Appraisal Methods I	Kathryn McIsaac				70
20159	CHL5226H	BIO	Mathematical Foundation in Biostatistics	Michael Escobar				18
20159	CHL5250H-Y	BIO	Special Topics in Biostatistics	Wendy Lou	Olli Saarela			26

20159	CHL5300H	PHP	Public Health Policy	Robert Schwartz	Raisa Deber			102
20159	CHL5309H-Y	PHP	Advanced Analysis of Topical Issues in Public Health Policy	Robert Schwartz				4
20159	CHL5401H	EPI	Epidemiologic Methods I	Ian Johnson	Jennifer Brooks			47
20159	CHL5403H	EPI	Epidemiology of Non-Communicable Diseases	Rayjean Hung	Robert Mann			3
20159	CHL5404H	EPI	Research Methods I	Dionne Gesink	Michael Chaiton			7
20159	CHL5406H	EPI	Quantitative Methods for Biomedical Research	Susan Bondy	Malcolm Binns			12
20159	CHL5407H	EPI	Categorical Data Analysis for Epidemiologic Studies	Laura Rosella	Marcelo Urquia	Teresa To	Conrad Kabali	21
20159	CHL5409H	EPI	Cancer Epidemiology	Anna Chiarelli	Julia Knight	Meghan Walker		12
20159	CHL5410H	EPI	Occupational Epidemiology	Paul Demers	Victoria Arrandale			14
20159	CHL5413H	EPI	Public Health Sanitation	James Scott				16
20159	CHL5417H	EPI-PHP	Tobacco and Health: From Cells to Society	Michael Chaiton	Roberta Ferrence			5
20159	CHL5420H	EPI	Global Health Research Methods	Donald Cole	Lincoln Lau			13
20159	CHL5421H	EPI	Aboriginal Health	Amanda Sheppard				12
20159	CHL5423H-Y	EPI	Doctoral Series in Epidemiology	Nancy Kreiger	Shelley Deeks			14
20159	CHL5426H	EPI	Population Perspectives for Epidemiology	Cameron Mustard	Jeff Kwong	Peter Smith		33
20159	CHL5601H	CPH	Appraising and Applying Evidence to Assist Clinical Decision-Making	Walter Rosser	Candice Holmes			3
20159	CHL5603Y	CPH	Social and Political Science Issues in Family Medicine	Curtis Handford				15

20159	CHL5605H	CPH	Research Issues in Family Medicine/Primary Care	Rahim Moineddin				4
20159	CHL5607H-Y	CPH	Teaching and Learning by the Health Professions A	Helen Batty				23
20159	CHL5608H-Y	CPH	Teaching and Learning by the Health Professions B	Helen Batty				23
20159	CHL5609H	CPH	Continuing Education in Health Professions	Savithiri Ratnapalan				16
20159	CHL5630Y	CPH	Wound Prevention and Care	Gary Sibbald				4
20159	CHL5701H-Y	DLSPH	Collaborative Program in Global Health Seminar	Jillian Kohler				3
20159	CHL5706H	GH	Women and Women's Health in Countires of Conflct	Izzeldin Abuelaish				15
20159	CHL5801H	SBHS	Health Promotion I	Carol Strike	Charlotte Lombardo			37
20159	CHL5805H	SBHS	Critical Issues in Health Promotion	Michael Goodstadt				3
20159	CHL5902H	OEH	Advanced Occupational Hygeine	Tracy Kirkham				13
20159	CHL5904H	OEH	Perspective in Occupational Health and Safety-Legal and Social Context	Linn Holness	Kathryn Nichol			16
20159	CHL5907H	OEH	Radiological Health	Paul Bozek				14
20159	CHL5910H	OEH	Occupational and Environmental Hygiene I	Paul Bozek				19
20159	CHL5912H	OEH	Industrial Toxicology	Jeremy Scott				17
20159	CHL5914H	OEH	Physical Agents - Noise	Andrea Sass-Kortsak	Tracy Kirkham			15
20159	CHL5917H	OEH	Concepts in Safety Management	Anna Bortolus				15
20159	CHL5919H	OEH	Public Health Mycology	James Scott				2
20159	CHL7001H-F1	BIO	Introduction to Statistical Methods for Clinical Trials	Olli Saarela	Janet Raboud	Kevin Thorpe	Amy Zhihui Liu	14

20159	CHL7001H-F2	EPI	Epidemiological Methods for Mediation Analysis	Peter Smith	Selahadin Ibrahim	Olli Saarela		8
20159	CHL7001H-F3	BIO	Data Analysis in Clinical and Population Health Research I	Paul Corey				11
20159	CHL7001H-F4	DLSPH	Introduction to Mixed Methods Research for Public Health	Lori Ross	Dionne Gesink			12
20159	CHL7001H-F5	DLSPH	Population Health Intervention Research (PHIR)	Erica Di Ruggiero	Donald Cole			18
20159	CHL7001H-F6	EPI	Introduction to Systematic Reviews and Meta-analyses	Andrea Tricco	Monika Kastner	Sharon Straus		10
20159	CHL7001H-Y5	DLSPH	Statistical Methods for Genetics & Genomics: Research Seminar & Journal Club	Shelley Bull	Andrew Paterson			3
20159	CHL7002H - F1	SBHS	Racial Justice Matters: Advocating for Racial Health Equity	Ted Myers	Lori Ross			3
20159	PAS3700H	DLSPH	Multidisciplinary Aspects of Addictions	Bruna Brands	Norman Giesbrecht	Dale Kuehl		23
20159	CHL3001Y	BIOE	Core Topics in Bioethics	Doreen Ouellet	Kevin Reel			12
20159	CHL3002Y	BIOE	Teaching Bioethics	Constance Williams	Jonathan Hellmann			9
20159	CHL3003Y	BIOE	Empirical Approaches in Bioethics	Shane Green	Daniel Buchman			13
20159	CHL3004Y	BIOE	Ethics and Health Institutions	Sally Bean	Jennifer Gibson			9
20159	CHL3005H	BIOE	Legal Approaches to Bioethics	Maria McDonald				12
20159	CHL3006Y	BIOE	Writing in Bioethics	Michael Szego				9
20159	CHL3051H	BIOE	Research Ethics	Trudo Lemmens				9
20161	CHL5109H	SBHS	Gender and Health	Gillian Einstein				12
20161	CHL5110H	SBHS	Theory and Practice of Program Evaluation	Carol Strike	Robert Schwartz	Jacqueline Bender		40

20161	CHL5115H	SBHS	Qualitative Analysis and Interpretation	Brenda Gladstone				7
20161	CHL5117H	SBHS-GH	A Global Perspective on the Health of Women and Children	Akwatu Khenti	Catherine Chalin	Julia Lee		14
20161	CHL5150H	SBHS	Data Collection Methods for Research and Evaluation Projects	Carol Strike				19
20161	CHL5202H	BIO	Biostatistics II	Kevin Thorpe	Rafal Kustra			41
20161	CHL5207Y	BIO	Lab in Statistical Design and Analysis	Tony Panzarella	Tamara Arenovich	Rosane Nisenbaum	Derek Stephens, Annie Dupuis	23
20161	CHL5208Y	BIO	Advanced Lab in Statistical Design and Analysis	Tony Panzarella	Tamara Arenovich	Rosane Nisenbaum	Derek Stephens, Annie Dupuis	4
20161	CHL5209H	BIO	Survival Analysis I	Olli Saarela	Sandra Gardner			25
20161	CHL5221H	PHS	Community Health Appraisal Methods II	Ann Fox				63
20161	CHL5222H	BIO	Analysis of Correlated Data	Rahim Moineddin				20
20161	CHL5223H	BIO	Applied Bayesian Methods	Michael Escobar				37
20161	CHL5224H	BIO	Modern Statistical Genetics	Lei Sun				7
20161	CHL5250H-Y	BIO	Special Topics in Biostatistics	Wendy Lou	Olli Saarela			26
20161	CHL5308H	PHP	Tools and Approaches for Public Health Policy Analysis and Evaluation	Robert Schwartz	Christopher Longo	Ron Saunders		20
20161	CHL5309H-Y	PHP	Advanced Analysis of Topical Issues in Public Health Policy	Robert Schwartz				4
20161	CHL5402H	EPI	Epidemiologic Methods II	Susan Bondy	Brenda Coleman			35
20161	CHL5405H	EPI	Health Trends and Surveillance	Jason Garay	Effie Gournis			35
20161	CHL5408H	EPI	Research Methods II	Jason Pole	Laura Rosella	Kevin Brown		8

20161	CHL5412H	EPI	Communicable Disease Epidemiology, Prevention and Control	Shelly Bolotin	Paul Arora	Mark Gilbert		19
20161	CHL5418H	EPI	Scientific Overviews in Epidemiology	Natasha Crowcroft	Liane Macdonald			35
20161	CHL5423H-Y	EPI	Doctoral Series in Epidemiology	Nancy Kreiger	Shelley Deeks			15
20161	CHL5424H	EPI	Advanced Quantitative Methods in Epidemiology	Melania Pintilie	Rinku Sutradhar	Brendan Smith		10
20161	CHL5601H	CPH	Appraising and Applying Evidence to Assist Clinical Decision-Making	Walter Rosser	Candice Holmes			8
20161	CHL5602H	CPH	Working with Families in Family Medicine	Michele Chaban	Trash Windrim	Stephen Holzapfel		0
20161	CHL5603Y	CPH	Social and Political Science Issues in Family Medicine	Curtis Handford				15
20161	CHL5607H-Y	CPH	Teaching and Learning by the Health Professions A	Helen Batty				23
20161	CHL5608H-Y	CPH	Teaching and Learning by the Health Professions B	Helen Batty				23
20161	CHL5613H	CPH	Leading Qimprovement in the Quality of Health Care for Community Populations	Philip Ellison				8
20161	CHL5614H	CPH	Curriculum Foundations in Health Practitioner Field-Based Education	Erika Abner	Susan Glover Takahashi			13
20161	CHL5618H	CPH	Family Medicine and Primary Care in the Global Health Context	Katherine Rouleau	Wilfrida Chavez			4
20161	CHL5630Y	CPH	Wound Prevention and Care	Gary Sibbald				4
20161	CHL5701H-Y1	DLSPH	Collaborative Program in Global Health Seminar	Jillian Kohler				6
20161	CHL5702H	SBHS-GH	History of Intetnational Health	Anne-Emanuelle Birn				6

20161	CHL5704H	SBHS-GH	International Human Rights Law and Global Health - The Right to Health in Theory and Practice	Lisa Forman				11
20161	CHL5707H	GH	Health: An Engine for the Journey of Peace	Izzeldin Abuelaish				5
20161	CHL5803H	SBHS	Health Promotion II	Charlotte Lombardo				37
20161	CHL5804H	SBHS	Health Behaviour Change	Lori Ross				15
20161	CHL5806H	SBHS	Health Promotion Field Research	Suzanne Jackson	Michael Goodstadt			8
20161	CHL5903H	OEH	Environmental Health	Ray Copes				16
20161	CHL5911H	OEH	Occupational and Environmental Hygiene II	Paul Bozek				15
20161	CHL5915H	OEH	Control of Occupational Hazards	Andrea Sass-Kortsak				16
20161	CHL5918H	OEH	Biological Hazards in the Workplace and Community	James Scott				16
20161	CHL7001H-S1	SBHS	Intersectionality: Theories and Methods	Daniel Grace				2
20161	CHL7001H-S2	BIO	Mathematical Foundations of Biostatistics II	Rafal Kustra				4
20161	CHL7001H-S3	EPI	Introduction to Systematic Reviews and Meta-analyses	Andrea Tricco	Monika Kastner	Sharon Straus		7
20161	CHL7001H-S4	EPI	Advanced Methods in Applied Indigenous Health Research	Janet Smylie	Michelle Firestone			9
20161	CHL7001H-S5	SBHS	Ethnicity, Culture and Health Promotion	Ananya Banerjee				6
20161	CHL7001H-S6	SBHS-GH	International Health Development	Shafi Bhuiyan				3
20161	CHL7001H-S7	CPH	Faculty Development in the Health Professions I	Karen Leslie	Jana Bajcar			6
20161	CHL7001H-S8	CPH	Educational Technology for Health Practitioner Education	Heather MacNeill				8

20161	CHL7001H-Y5	DLSPH	Statistical Methods for Genetics & Genomics:Research Seminar & Journal Club	Shelley Bull	Andrew Paterson			3
20161	CHL8001H	DLSPH	Public Health Ethics	Ross Upshur				5
20161	PAS3701H	DLSPH	Research Issues in Addictions	Robert Mann	Bruna Brands	Hayley Hamilton		4
20161	UCS1000H	DLSPH	Community Development	David Hulchanski				13
20161	CHL3001Y	BIOE	Core Topics in Bioethics	Doreen Ouellet	Kevin Reel			12
20161	CHL3002Y	BIOE	Teaching Bioethics	Constance Williams	Jonathan Hellmann			9
20161	CHL3003Y	BIOE	Empirical Approaches in Bioethics	Shane Green	Daniel Buchman			13
20161	CHL3004Y	BIOE	Ethics and Health Institutions	Sally Bean	Jennifer Gibson			9
20161	CHL3006Y	BIOE	Writing in Bioethics	Michael Szego				9
20161	CHL3052H	BIOE	Practical Bioethics (Capstone Course)	Martin McKneally	Susan MacRae			9
20165	CHL5120H	SBHS	Population Health Perspectives on Mental Health and Addictions	Robert Mann	Christine Wickens			14
20165F	CHL5225H	BIO	Advanced Statistical Methods for Clinical Trials	Janet Raboud	Andrew Willan	Melania Pintilie	Wendy Lou, Olli Saarela, Kevin Thorpe	8
20165	CHL5250H-Y	BIO	Special Topics in Biostatistics	Wendy Lou	Olli Saarela			22
20165	CHL5601H	CPH	Appraising and Applying Evidence to Assist Clinical Decision-Making	Walter Rosser	Candice Holmes	Mary DeRocher		6
20165	CHL5603Y	CPH	Social and Political Science Issues in Family Medicine	Curtis Handford				15
20165S	CHL5607H	CPH	Teaching and Learning by the Health Professions A	Helen Batty	Judith Peranson			15
20165	CHL5608H	CPH	Teaching and Learning by the Health Professions B	Helen Batty	Judith Peranson			10

20165	CHL5610H	CPH	Theory and Practice of Behaviour Change in Health Professional Settings	Peter Selby	Dawn Martin			7
20165F	CHL5611H	CPH	Continuing Education: Planning, Management and Evaluation on Health Professions	Savithiri Ratnapalan				11
20165	CHL5612H	CPH	Theory and Application of Interprofessional Education for Collaborative Patient Centered Practice	Susan Wagner				4
20165	CHL5615H	CPH	Assessment and Evaluation Issues In Health-Practitioner Field-Based Education	Susan Glover Takahashi	Erika Abner			12
20165	CHL7001H-S3	EPI	Introduction to Systematic Reviews and Meta-analyses	Andrea Tricco	Monika Kastner	Sharon Straus		19
20165	CHL7001H-Y1	SBHS	Ecological Public Health	Donald Cole	Kathleen Mulligan			6
20165	CHL7001H-Y2	BIO	Statistical Analysis of Health Economic Data	Eleanor Pullenayegum				5
20165	CHL7001H-Y3	BIO	Statistical Models on Complex Human Genetic Diseases	Wei Xu				7
20165	CHL7001H-Y4	CPH	Applied Survey Methods for Health Care Professionals	Paul Krueger				4
20165S	CHL7001H-S1	CPH	Using Data to improve Health, Practice Performance and Understand Social Determinants	Andrew Pinto				3
20165F	CHL8001H	BIO	Introduction to the Likelihood Paradigm	Lisa Strug				3
20165	JRP1000H	SBHS	Theory and Method of Qualitative Researchers: An Introduction	Pia Kontos				15
IHPME								

Semester	Course Code	Program	Course Title	Instructor 1	Instructor 2	Instructor 3	Other Instructors	Enrollment 2015-2016
20159	HAD3010H	MSc - QIPS	Fundamentals of Improvement Science	Ross Baker				30
20159	HAD3020H	MSc - QIPS	Quality Improvement Methods	Paula Blackstien-Hirsch				30
20159	HAD3040Y	MSc - QIPS	Project Practicum	Ross Baker	Kaveh Shojania	Anne Matlow		30
20159	HAD3050H	MSc - QIPS	Leading and Managing Change	Tina Smith	Surjeet Rai-Lewis			30
20159	HAD5303H	Clin Epi	Controlled Clinical Trials	Mona Loutfy	Niall Ferguson	Brad Johnston		21
20159	HAD5304H-F	Clin Epi	Clinical Decision Making and Cost Effectiveness	Beate Sander				22
20159	HAD5307H	Clin Epi	Introduction to Applied Biostatistics	Alex Kiss				39
20159	MHI1001H	MHI	Information and Communication Technology in Health Care	Omid Shabestari	Plinio Morita			37
20159	MHI1002H	MHI	Complexity of Clinical Care	Emy Eduque	Gillian Strudwick			39
20159	MHI2001H	MHI	Health Informatics I	Karim Keshavjee				39
20159	MHI2006H	MHI	Advanced Topics in Health Informatics	Julia Zarb				32
20159	MHI2009H	MHI	Evaluation Methods for Health Informatics	Sara Urowitz	David Wiljer			36
20159	MHI2010H-F	MHI	HI Practicum Extention	Twylla Bird-Gayson				24
20159	MHI2011H	MHI	Performance Measurements in Health Care: Theory and Application	Imtiaz Daniel				32
20159	MHI3000H-F1	MHI	Big Data Analytics for Health Care	Omid Shabestari				14
20159	MHI3000H-F2	MHI	Introduction to Big Data for Health	David Henry				7

20159	HAD5010H	MHSc - B1	Canada's Health System and Health Policy: Part I	Paul Williams	Kerry Kuluski			88
20159	HAD5711H	MHSc - B1	Theory and Practice of Strategic Planning and Management in Health Service Organizations	Whitney Berta				39
20159	HAD5713H	MHSc - B1	Introduction to Health Information Systems	Mark Fam				39
20159	HAD5724H	MHSc - B1	Quantitative Methods for Health Services Management and Policy	Rhonda Cockerill				39
20159	HAD5725H	MHSc - B4	Health Economics	Carolyn Dewa	Jeff Hoch			44
20159	HAD5736H	MHSc - B4	Operations Research: Tools for Quantitative Health Care Decision Making	Dionne Aleman	Mike Carter			20
20159	HAD5741H-F	MHSc - B4	Health Law and Ethics	Shanon Grauer	Glynnis Burt			44
20159	HAD5767H	MHSc - B4	Health Services Marketing	Jim Irving				28
20159	HAD5769H	MHSc - B4	Human Resources Management and Labour Relations in the Health Field	Christine Shea	Surjeet Rai-Lewis			44
20159	HAD5011H	MSc/PhD	Canada's Health Care System	Kerry Kuluski	Paul Williams			38
20159	HAD5730H	MSc/PhD	Economic Evaluation Methods for Health Service Research	Peter Coyte				18
20159	HAD5744H	MSc/PhD	Introduction to Health Econometrics	Audrey Laporte				7
20159	HAD5760H	MSc/PhD	Advanced Health Economics and Policy Analysis	Audrey Laporte				6
20159	HAD5773H	MSc/PhD	Introduction to Theories of Organizational Behaviour and Applications to the Health Care Sector	Whitney Berta				13

20159	HAD6760H	MSc/PhD	Introduction to Health Services Research Theory and Methods	Whitney Berta				22
20159	HAD7001H-F2	MSc/PhD	Evidence Review: Approaches and Methods for Health Systems and Policy	Mark Dobrow				4
20159	HLTD21H3	UG-UTSC	Speical Topics in Health: Commercialization of Health Research	Leslie Boehm				35
20159	HST408H1	UG-UC	Case Studies in Health Policy	Raisa Deber				12
20161	HAD3030H	MSc - QIPS	Concepts and Strategies in Patient Safety	Kaveh Shojania	Anne Matlow	Christine Shea		31
20159	HAD3040Y	MSc - QIPS	Project Practicum	Ross Baker	Patricia Trbovich	Kaveh Shojania	Anne Matlow	31
20161	HAD3060H	MSc - QIPS	Quality Improvement in Health Systems	G Ross Baker	Christopher Hayes	Lianne Jeffs		31
20161	HAD3070H	MSc - QIPS	Legal and Regulatory Environment and Risk Management	Polly Stevens	Kathleen Millar	Melanie de Wit		30
20161	HAD3090H	MSc - QIPS	LEAN Application in Healthcare	Paula Blackstien-Hirsch	Ron Bercaw			25
20161	HAD4000H-S	MSc - QIPS	Crucial Conversations - Leadership II	Surjeet Rai-Lewis	Tina Smith			16
20161	HAD5301H-S	Clin Epi	Introduction to Clinical Epidemiology and Health Care Research	Winnie Seto	Vibhuti Shah			19
20161	HAD5302H	Clin Epi	Measurement in Clinical Research	Sheilah Hogg-Johnson	Cory Borkhoff			15
20161	HAD5305H	Clin Epi	Evidence-Based Guidelines	Nadine Shehata	Rebecca Wong			6
20161	HAD5312H	Clin Epi	Decision Modeling for Clinical Policy and Economic Evaluation	David Naimark				7
20161	HAD5314H	Clin Epi	Applied Bayesian Methods in Clinical Epidemiology and Health Care Research	George Tomlinson				2

20161	HAD5316H	Clin Epi	Biostatistics II: Advanced Techniques in Applied Regression Methods	Charles Victor				25
20161	HAD7002H-S	Clin Epi	Writing Mentorship	Allan Detsky				8
20161	MHI2002H	MHI	Health Informatics II	Karim Keshavjee				39
20161	MHI2003H	MHI	Consumer and Public Health Informatics	Emily Seto				39
20161	MHI2004H	MHI	Human Factors and Change Management	Joe Cafazzo	Patricia Trbovich	Plinio Morita		38
20161	MHI2007H	MHI	Quantitative Skills in Health Informatics	Olesya Falenchuk				36
20161	HAD5020H	MHSc - B2	Canada's Health System and Health Policy: Part II	Fiona Miller				38
20161	HAD5721H	MHSc - B2	Strategic Management of Quality and Organizational Behaviour in Health Services Organizations	Marie Pinard				40
20161	HAD5723H	MHSc - B2	Health Services Accounting	Imtiaz Daniel				40
20161	HAD5770H	MHSc - B2	Program Planning and Evaluation	Rhonda Cockerill	Julie Gilbert			40
20161	HAD5765H	MHSc B5 / MSc/PhD	Case Studies in Health Policy	Raisa Deber				12
20161	HAD5775H	MHSc - B5	Competition, Cooperation and Strategy in Health Care	Adalsteinn Brown	David Klein	Sten Ardal		43
20161	HAD5735H	MMI - B5	The Commercialization of Health Research	Leslie Boehm				10
20161	HAD7001H-S	MHSc-B5	Developing a Leadership Competency Portfolio	Tina Smith				42
20161	HAD5727H	MSc/PhD	Knowledge Transfer and Exchange: The Art and Science of Making Research Relevant and Increasing Utilization	Michael Hillmer				9

20161	HAD5738H	MSc/PhD	Advanced Methods in Economic Evaluation	Wanrudee Isaranuwatchai				7
20161	HAD5743H	MSc/PhD	Evaluation Design for Complex Interventions	Sanjeev Sridharan				19
20161	HAD5771H	MSc/PhD	Resource Allocation Ethics	Jennifer Gibson	Barbara Russell			14
20161	HAD5772H	MSc/PhD	Intermediate Statistics for Health Services Researchers	Monique Herbert				24
20161	HAD5780H	MSc/PhD	Program Planning and Evaluation for Health Services and Policy Research	Rhonda Cockerill				2
20161	HAD6750H	MSc/PhD	Advanced Health Economics and Policy Analysis II	Audrey Laporte				2
20161	HAD6761H	MSc/PhD	Health Services Outcomes and Evaluation Comprehensive Course	Walter Wodchis	Gustavo Mery			9
20161	HAD6763H	MSc/PhD	Health Policy Comprehensive Course	Greg Marchildon				3
20161	HAD6770H	MSc/PhD	Applying Health Services Research Methods	Walter Wodchis	Gustavo Mery			19
20161	HAD7001H-S1	MSc/PhD	Critical Perspectives in Health Policy and Law	Gilbert Sharpe				9
20161	HAD7001H-S2	MSc/PhD	Fundamentals of Research Ethics	Don Willison				1
20161	HSR1001H	MSc/PhD	Introduction to Qualitative Methods for Health Services and Policy Research	Joanna Sale	Fiona Webster			14
20159-20161	JNH5003H	MSc/PhD	Home and Community Care Highlights: Knowledge Translation	Peter Coyte	Nancy Cooper			5
20165	HAD2004H	MSc - SLI	Introduction to Physician Leadership	Joshua Tepper	Tina Smith			14
20165	HAD4000H-S	MSc - QIPS	QIPS Human Factors	Patricia Trbovich				8

20165	HAD4000H-S1	MSc - QIPS	Teaching QI and Patient Safety	Brian Wong				12
20165	HAD5301H-S	Clin Epi	Introduction to Clinical Epidemiology and Health Care Research	Winnie Seto	Vibhuti Shah			27
20165	HAD5306H	Clin Epi	Introduction to Health Services Research and the Use of Health Administrative Data	Susan Bronskill	Laura Rosella	Elizabeth Lin		11
20165	HAD5308H	Clin Epi	Evidence Synthesis: Systematic Reviews and Meta-Analysis	Prakeshkumar Shah	Joseph Beyene			14
20165	HAD5309H	Clin Epi	Observational Studies: Theory, Design and Methods	Joseph Kim	Bruce Perkins	Eddy Fan		21
20165	HAD5313H	Clin Epi	Advanced Design and Analysis Issues in Clinical Trials	George Tomlinson	Lillian Sung			10
20165	HAD5315H	Clin Epi	Advanced Topics in Measurement	Aileen Davis				3
20165	MHI1001H	eMHI	Information and Communication Technology in Health Care	Plinio Morita				16
20165	MHI1002H	eMHI	Complexity of Clinical Care	Gillian Strudwick	Emy Eduque			16
20165	MHI2001H	eMHI	Health Informatics I	Karim Keshavjee				16
20165	MHI2005Y	MHI	Health Informatics Practicum	Twylla Bird-Gayson				27
20165	MHI2008H-Y	MHI	Project Management for Health Informatics	James Mullen				38
20165	HAD5731H-F	MHSc - B3	Translating Leadership into Practice	Tina Smith				39
20165	HAD5733H-F	MHSc - B3	Health Services Finance	Walter Wodchis	Agnes Grudniewicz			39
20165	HAD5761H	MHSc - B3	Introduction to eHealth: Informatics, Innovations and Information Systems	Peter Catford				39

20165	HAD5728H-F	MSc/PhD	Performance Measurements in Health Care: Theory and Application	Imtiaz Daniel				3
20155	HAD5737H	MSc/PhD	Tools of Implementation of Best Evidence	Anna Gagliardi				7
20165F	HAD5742H	MSc/PhD	Mixed Methods for Health Services Research	Michelle Silver				25
20165	HAD5745H	MSc/PhD	Where Health Economics Hits the Road: Practical Applications of Economics to Real Health Care Problems	Allan Detsky				4
20165F	HAD5763H	MSc/PhD	Advanced Methods in Health Services Research	Geoff Anderson				11
20165	HSR1002H	MSc/PhD	HSR Summer Institute	Whitney Berta				1

Appendix 10: MPH Competencies Map 2013

Note: Faculty responses were obtained by each program stream and may or may not have included all program faculty. **Note:** Alumni responses were obtained through the DLSPH Alumni Survey. The numbers shown here represent the % who stated that a particular competency is extremely/ quite a bit relevant in their current position.

Note: Please see end of document for methods on coding.

#	Specific Competency	OEH- faculty	OEH- alumni	Epidemiology- faculty	Epi- alumni	Health Promotion- faculty	HP- alumni	Community Nutrition- faculty	CN- Alumni	**Family and Community Medicine
1	Apply evidence-informed principles to critical evaluation and decision-making in public health.	**CHL 5910H, CHL 5220H (partial GAP)**	62.75	CHL5402H; CHL5405H; CHL5418H; yes emphasis on outcome evaluation and quantitative evidence in discourse	73.63	CHL 5801H	59.62	NFS 1221H - Critical Assment of Approaches, Group presentation; Final paper; Practica – projects typically require this	78.57	CHL5605H, CHL 5602H, CHL 5613H, CHL 5623H, CHL5601H, CHL5603H
2	Embrace a definition of public health that captures the unique characteristics of the field (e.g., population-focused, community-oriented, prevention-motivated and rooted in social justice) and how these contribute to professional practice.	**GAP**	25.49	confident this is modelled; not on "purpose"	44.44	CHL 5801H	65.38	NFS 1208H – students develop a definition of Community Nutrition/Health practice	78.57	**CHL5605H, CHL 5602H, CHL 5613H, CHL 5623H; partial GAP: CHL 5601H; CHL 5603H**
3	Develop strategies to motivate others for collaborative problem solving, decision-making, and evaluation.	*represented throughout the program*	*72.55*	***GAP***	*63.74*	well represented (community dev)	66.67	*NFS 1211H – Community project, Group work throughout program; Practica*	*71.43*	**CHL 5602H, CHL 5613H, CHL 5623H; partial GAP: CHL5605H, CHL5603H**
4	Utilize public health ethics to manage self, others, information and resources.	partial representation in the program	49.02	CHL5401H; CHl5401H; CHl5405H	45.05	CHL 5150H	45.28	NFS 1208H - Jurisprudence assignment; Prep for CDO exam tutorial; NFS 1209H - prep; practica guidelines	64.29	**CHL5605H, CHL 5613H, CHL 5623H, CHL5601H; partial GAP: CHL 5602H**
5	Interpret, communicate information and write for professional, nonprofessional and community audiences.	well represented; CHL5917H; CHL5910H; CHl5901H	90.2	CHL5410H; CHL5202H; CHL5402H; CHL5405H; CHL5418H; CHL6010Y	95.65	CHL 5801 (health communication - elective)	83.02	NFS 1211H – Communication module	81.48	**CHL5605H, CHL 5613H, CHL 5623H, CHL5601H; partial GAP: CHL 5602H**
6	Use current technology to communicate effectively.	***GAP***	*66.67*	CHL5402H; CHL5405H; CHL5418H	69.23	***GAP***	*62.26*	*NFS 1211H; throughout the program*	*71.43*	**CHL 5613H, CHL 5623H, CHL5601H; partial GAP: CHL5605H, CHL 5602H, CHL5603H**
7	Appreciate the importance of working collaboratively with diverse communities and constituencies (e.g. researchers, practitioners, agencies and organizations).	represented throughout the program	54.9	GAP	76.92	CHL 5801 , CHL 5150 -Well represented in other courses.	88.68	CHL5221H (Participatory Action component); NFS 1221H (Critical evaluation); NFS 1211H (Program Planning)	71.43	CHL5605H, CHL 5602H, CHL 5613H, CHL 5623H, CHL5603H
8	Appreciate the strengths and contributions of various public health disciplines and how to collaborate with them to solve public health problems.	CHL 5004H	27.45	GAP	53.85	CHL5004H	56.6	Practica (clinical & community based); NSF 1211H project; CHL 5004H; electives	60.71	**CHL5605H, CHL5602H; partial GAP: CHL5613H, CHL5623H**
9	Use skills such as team building, negotiation, conflict management and group facilitation to build partnerships.	***partial GAP***	*84.31*	***GAP***	*73.63*	***GAP***	*77.36*	***GAP AREA NFS 1211H – Adult Ed module; NFS 1208H & NFS 1209H -Some work around giving & receiving constructive & balanced feedback; students evaluate each other***	*75*	**CHL5602H, CHL5613H, CHL 5623H; partial GAP: CHL 5603H**
10	Appreciate the nature of evidence and be able to judge the quality of research.	CHL 5410H; CHL5902H	66.67	CHL5426H; CHL5402H; CHL5405H; CHL5418H	89.13	CHL5111H (appreciate evidence) includes module on evaluating the quality of qualitative research	80.77	CHL5220H; CHL 5221H; NFS 1221H; NFS 120H; NFS 1484H	71.43	**CHL5605H, CHL5602H, CHL5623H, CHL5601H; partial GAP: CHL5613H, CHL5603H**
11	Demonstrate knowledge of the range of research methodologies and designs and their appropriate applications.	CHL 5410H; CHL 5220H	45.1	CHL5401H; CHL5426H; CHL5402H; CHL5202H; CHL5405H; CHL5418H	65.22	CHL5150H--CHAM 1; CHAM II	76.92	CHL 5220H; CHL 5221H	50	**CHL5605H, CHL5601H; partial GAP: CHL 5602H, CHL 5613H, CHL 5623H, CHL5603H**

#	Specific Competency	OEH- faculty	OEH- alumni	Epidemiology- faculty	Epi- alumni	Health Promotion- faculty	HP- alumni	Community Nutrition- faculty	CN- Alumni	**Family and Community Medicine
12	Design, plan and list the steps towards implementing quantitative research.	CHL 5410H	29.41	CHL5402H; CHL5418H	58.7	CHL 5150H -	42.31	CHL 5221H	32.14	**CHL5605H, CHL5601H; partial GAP: CHL 5602H, CHL 5613H, CHL 5623H**
13	Design, plan and list the steps towards implementing qualitative research.	**GAP**	21.57	**GAP**	17.39	CHL5806H (elective); partially covered in CHL5111H. CHL 5150H -	57.69	CHL 5220H	21.43	**CHL5605H, CHL5602H, CHL5601H; partial GAP: CHL 5613H, CHL 5623H**
14	Apply and interpret statistical analyses found in public health studies.	**GAP, CHL 5220H?**	21.57	CHL5201H; CHL5401H; CHL5426H; CHl5202H; CHL5402H; CHL5405H; CHL5418H;CHL6010Y	76.09	***GAP, CHL5220H (?)***	*50*	CHL5221H; NFS 1201; NFS 1225	42.86	**CHL5605H, CHL5601H; partial GAP: CHL 5613H, CHL 5623H**
15	Analyze and interpret quantitative data.	CHL 5410H; CHL 5410H; CHL5411H	66.67	CHL5201H; CHL5401H; CHL5426H; CHl5202H; CHL5402H; CHL5405H; CHL5418H;CHL6010Y	83.7	***GAP, CHL5220H (?)***	*50*	CHL5220H, NFS 1201, NFS 1225, NFS 1484	35.71	**CHL 5601H; partial GAP: CHL5605H, CHL 5602H, CHL 5613H, CHL 5623H**
16	Analyze and interpret qualitative data.	**GAP**	58.82	**GAP**	16.3	CHL 5111H. CHL 5806H (elective)	57.69	CHL 5221H	35.71	**CHL5602, CHL5601; partial GAP: CHL5605H, CHL 5613H, CHL 5623H**
17	Evaluate an action, policy or program.	***partial GAP (CHL 5917H)***	*80.39*	*CHL5402H; CHL5405H; CHL5418H; emphasis on outcome evaluation only*	*43.96*	**partial GAP; CHL 5110H; CHL 5308H (elective)**	63.46	CHL 5300H; CHL 5220H; CHL 5221H	55.56	**CHL5602, CHL5613, CHL5623, CHL5601; partial GAP: CHL5605H**
18	Analyze the effects of political, social and economic policies on public health systems at the local, provincial, national and international levels.	**partial GAP**	24	**partial GAP - CHL5402H; CHL5405H; CHL5418H; emphasis on outcome evaluatoin only**	33.33	CHL 5801H -	52	CHL 5300H	48.15	**CHL5602, CHL5603; partial GAP: CHL5623, CHL5601**
19	Identify goals, measurable objectives, related activities, and expected outcomes for public health programs.	CHL 5917H	36	CHL5402H; CHL5405H; CHL5418H; emphasis on outcome evaluatoin only	36.56	CHL 5110H	62	NFS 1211H (Program Planning module)	66.67	**CHL5602, CHL5601; partial GAP: CHL5605, CL5623, CL5613**
20	Address the challenges of implementation of a policy or program and/or take appropriate action to address specific public health issues.	*CHL 5917H, CHL 5904H, CHL 5902H*	*47.92*	**partial GAP - CHL5402H; CHL5405H; CHL5418H; emphasis on outcome evaluatoin only**	32.61	**partial GAP (CHL 5803H)**	68	NFS 1211H (Program Planning); CHL5300H	40.74	**CHL5602, CHL5613, CHL5623; partial GAP: CHL 5601H**
21	Demonstrate an ability to set and follow priorities, and to maximize outcomes based on available resources.	***partial GAP (CHL5917H)***	*71.43*	***GAP***	*52.69*	Focus of CHL 5803H (HP Strategies). CHL5806H (Inquiry course elective)	60	Practica projects – reports, fieldwork plans, portfolios	66.67	**CHL5602H, CHL5613H, CHL5623H; partial GAP: CH5605H, CHL5601H**
22	Demonstrate knowledge of the policy process for improving the health status of populations.	**GAP**	19.15	**GAP**	37.63	CHL5300H; CHL 5801H -	62	*CHL5300H*	*59.26*	**partial GAP: CHL5623H, CHL5602H**
23	Apply the principles of program planning, development, budgeting, management and evaluation in organizational and/ or community initiatives.	**CHL 5917H, CHL 5904H (GAP on budgeting)**	33.33	***GAP***	*35.48*	The major focus of CHL 5803H (HP Strategies)	62	NFS 1211H Program Planning Module; NFS 1210H	62.96	**CHL5623H; partial GAP: CHL5613H, CHL5605H, CHL5602H, CHL5601H**
24	Advocate for and develop public health programs and strategies responsive to the diverse cultural values and traditions of the communities being served.	**Partial GAP**	14.58	CHL5418H	28.26	The major focus of CHL 5803H (HP strategies). Met by CHL5700 (Global public health elective)	62	NFS 1211H, NFS 1221H, NFS 1209H, Practica	46.43	**CHL5623H, CHL5602H; partial GAP: CHL5613H, CHL5603H**
25	Recognize how the determinants of health (biological, social, cultural, economic and physical) influence the health and well-being of specific population groups.	**GAP**	20.83	CHL5401H (unclear); CHL5405H (unclear)	54.35	One of the foundations of (CHL 5803H) HP Strategies. Met intro to PHS, CHL5801H etc. CHL 5801H - I think we need a fuller module or required course on social determinants of health.	78	CHL 5004H, NFS 1208H, NFS 1211H, NFS 1221H, NFS 1201H	71.43	**CHL5602H, CHL5623H, CHL5613H, CHL5603H; partial GAP: CHL5605H**
26	Apply culturally- relevant and appropriate approaches with people from diverse cultural, socioeconomic and educational backgrounds, and persons of all ages, genders, health status, sexual orientations and abilities.	**Partial GAP**	20.83	**GAP**	38.04	One of the foundations of (CHL 5803H) HP Strategies. CHL 5801H -	78	NFS 1211H, NFS 1209H, Practica/patients	82.14	**CHL5602H, CHL5623H; partial GAP: CHL5613H, CHL5603H**
27	Describe the role of social, behavioural and community factors in both the onset and solution of public health problems.	**GAP**	18.75	**CHL5401H, CHL5405H, CHL5418H, CHL5426H (partial GAP)**	42.39	One of the foundations of (CHL 5803) HP Strategies. CHL 5801 -	68	CHL 5004H, NFS 1208H (mapping assignment), NFS 1221H	50	**CHL5623H, CHL5602H; partial GAP: CHL5613H, CHL5601H, CHL5603H**

#	Specific Competency	OEH- faculty	OEH- alumni	Epidemiology- faculty	Epi- alumni	Health Promotion- faculty	HP- alumni	Community Nutrition- faculty	CN- Alumni	**Family and Community Medicine
28	Demonstrate knowledge about environmental factors including biological, physical and chemical factors that affect the health of a community.	CHL5912H, CHL5910H, CHL5918H, CHL5914H, CHL5907H, CHL5903H	62.5	CHL5405	34.78	One of the foundations of (CHL 5803H) HP Strategies. partially met via Intro to PHS. New CHL 5126H elective	36.73	**NFS 1221H, NFS 1225H, NFS 1210H, NFS 1484H; Environmental & chemical could be a GAP**	42.86	**partial GAP: CHL5613H, CHL5623H, CHL5602H, CHL5601H, CHL5603H**
29	Demonstrate knowledge of the role of human biology in the development and implementation of disease prevention, control, or management programs.	CHL5912H, CHL5918H	45.83	**GAP**	43.48	***GAP***	***38***	NFS 1484H, NFS 1225H	46.43	**CHL5601H; partial GAP: CHL5613H, CHL5623H, CL5603H**
30	Demonstrate knowledge of Canada's public health systems (e.g. federal, provincial, local).	**CHL5904H; Partial GAP**	39.58	**GAP**	58.7	**GAP**	52	***Practica; GAP***	*53.57*	**CHL5603H; partial GAP: CHL5613H, CHL5623H, CHL5602H**
	Number of total alumni survey respondents		**52**		**95**		**54**		**29**	**** alumni respondents N=9; results not shown due to insufficient N**

Gap + 50-59%
Gap + 60-69%
Gap + 70-79%
Gap + 80-100%
Gap + 20-25%
Gap + <20%

Methods:
Color coding: 1- Identified the **GAPS** as indicated by faculty. 2- Looked to alumni survey results and highlighted the cell according to the percentage who stated that a particular competency is extremely/quite a bit relevant in their current position. Color legend above.

Cells that are *underlined/italicized* represent competencies that were identified in the alumni survey as **highly relevant in the alumni's current position and had low delivery within the degree.**

Appendix 11: MPH Competencies Map 2015

MPH Core Competencies

Competency	Intro PHS	CHAM 1	CHAM 2	Intro Policy	HP	FCM	ND	OEH	EPI
Apply evidence-informed principles to critical evaluation and decision-making in public health	x			x	Health Promotion I&II, SDOH	CHL5601 and CHL 5605. CHL5603 to a lesser degree Some question about what "Public health" actually means in this context	NPS	All core courses	Methods =yes and coverage of quasi-experimental designs for intervention and program evaluation quantitatively (esp Scientific Overviews and Epi II). Gaps identified in policy evaluation courses (reliant on min coverage in Policy course) and program evaluation taking more than a quantitative outcomes perspective
Embrace a definition of public health that captures the unique characteristics of the field (e.g., population-focused, community-oriented, prevention-motivated and rooted in social justice) and how these contribute to professional practice	x				Health Promotion I&II, SDOH	Aside from CHL5004 it is a GAP. Some of my stendets have taken CHL5105 as an elective and I would like in some ways for this course to be required	FOBS 1, 2, 3	Limited, in CHL5910, 5904	Not de jure. Depending on mix of experience of diverse faculty. Perspective often changes radically with change of prof.
Develop strategies to motivate others for collaborative problem solving, decision-making, and evaluation	x		x		Health Promotion I&II, Program Evaluation, CDCP	CHL5613, CHL5623, to a lesser extent CHL5603	FOBS 2, Com Nut	Yes, in CHL5910,5911,5902, 5917	Gap (Leadership)
Utilize public health ethics to manage self, others, information and resources	x	x	x	x	Health Promotion I&II, Program Evaluation, Data Collection (elective)	GAP in terms of "public health" ethics specifically. Other types of clinical and research ethicsare covered in CHL5603 and CHL5605	FOB 1,2, practica	Hyg 1, 3	Ethics come up in several courses in sometimes perfuctory or formulaic ways (e.g., ethics of a grant proposal). Larger ethical perspectives (leadership) is a gap.
Interpret, communicate information and write for professional, nonprofessional and community audiences	x		x	x	Health Promotion I&II, SDOH, Program Evaluation, Health Comm (elective)	The "non professional and community" part is a GAP. Would be done by some in their CHL5620 practicum	com nut	All core courses	Interpret is absolutely covered in Epi methods courses. Core Epi methods courses require writing and presentations for mix of audiences (not all possible audiences but several)
Use current technology to communicate effectively	x	x	x	x	Health Promotion I&II-partial, Partial gap?	Depends on definition of "current". It would be covered in a few courses. We have an"educational technology" pilot course in DFCM that coud be taken as an elective	com nut	All core courses	Computer literacy and office skills are essential. If this means critical understanding of role of media, social media etc. No. Not guaranteed.
Appreciate the importance of working collaboratively with diverse communities and constituencies (e.g. researchers, practitioners, agencies and organizations)	x		x		Health Promotion I&II, CDCP & various electives	CHL5603 and elsewhere	com nut, practica	Limited in CHL5904	Modelled, but not de jure.
Appreciate the strengths and contributions of various public health disciplines and how to collaborate with them to solve public health problems	x	x	x	x	Health Promotion I&II, SDOH, CDCP & various electives	CHL5004 and CHL5603 and elsewhere	practica,	CHL5904	Reliant on Intro, but is certainly a subtext in several courses, Epi II (current leadership) Epi, Pop Perspectives and HTS (all years)
Use skills such as team building, negotiation, conflict management and group facilitation to build partnerships	x		x		Health Promotion I&II-partial	CHL5613 and CHL5623 and CHL5607/8	practica, com nut	CHL5911, 5917	Gap (Leadership)
Appreciate the nature of evidence and be able to judge the quality of research	x	x	x	x	Health Promotion I&II, SDOH	CHL5605 and CH5601	adv nut, NPS	CHL 5911, 5917, 5410, 5912	Scientific Overview with heavy emphasis on quantiative experimental and non-experimental evidence.Pop Perspectives and HTS for burden, trends and public health significance.
Demonstrate knowledge of the range of research methodologies and designs and their appropriate applications		x	x		SDOH (partial), Data Collection (elective)	CHL5605 and CHL5601	NPS	CHL 5912, 5410	Quantititativev methods in spades, descriptive, experimental and non-experimental observational designs.
Design, plan and list the steps towards implementing quantitative research		x			Data Collection (elective), Survey Design and Social Research Methods (elective), Global Health Research (elective)	CHL5605	CHAM 1	CHL 5410	Epi II (focus)
Design, plan and list the steps towards implementing qualitative research			x		Data Collection-partial (elective), HP Field Research (elective), Global Health Research (elective)	Access to HSR1001 Intro to qualitative methods (elective)	CHAM 2	Gap - 1 lecture in CHL 5902	dependent on choice of electives. Core coverage is only perfunctory (not dismissive but perfunctory)
Apply and interpret statistical analyses found in public health studies	x	x			SDOH-partial, Program Evaluation-partial. Partial Gap.	Not sure about the "public health" studies part	adv nut, on-line metabolism, NPS	CHL 5910,5911,5902,5410	Our wheelhouse. Epi I, Epi II, Biostat I, Biostat II, Pop Perspectives, HTS and many widely subscribed electives.

Analyze and interpret quantitative data	x	x			Survey Design and Social Research Methods (elective), Global Health Research (elective), HP Field Research (elective)	To an extent in CHL5605. Biostats itself is a partial GAP	NPS adv nut, on-line metab	All core courses	Our wheelhouse. Epi I, Epi II, Biostat I, Biostat II, Pop Perspectives, HTS and many widely subscribed electives.
Analyze and interpret qualitative data	x		x		Qualitative Analysis & Interpretation (elective), Global Health Research (elective), HP Field Research (elective)	GAP	NPS adv nut, on-line metab	CHL5902	not guaranteed
Evaluate an action, policy or program				x	Program Evaluation	partial GAP: CHL5613 to an extent	NPS	Gap, little specifically covered as a topic	See above. Raw ingredients for program evaluation at advanced level. Not formally taught about program or policy evaluation at more advanced level. Electives are variable year by year.
Analyze the effects of political, social and economic policies on public health systems at the local, provincial, national and international levels				x	Health Promotion II	HAD5010	NPS,	CHL 5904	Reliant on policy course. However, quantitiative evidence toward such discussions is covered well.
Identify goals, measurable objectives, related activities, and expected outcomes for public health programs	x				Health Promotion I&II, Program Evaluation	GAP	Com Nut	Some in all core courses, but limited	Students often wouldn't recognize this wording but have superior training in operationalizing and quantifying outcomes etc.
Address the challenges of implementation of a policy or program and/or take appropriate action to address specific public health issues				x	Health Promotion I&II	GAP. I would be open to my students taking Intro Policy course as an elective as well as CHL5110 Theory and Practice of Pgm Evaluation	practica- possible gap	CHL 5911,5902,5917 and practicum	Gap (Leadership)
Demonstrate an ability to set and follow priorities, and to maximize outcomes based on available resources					Health Promotion I&II-partial. Partial gap-resources.	GAP. Practicum for some students	practica	Partial gap, briefly covered in some courses	Not sure. Possibly HTS. Not de jure.
Demonstrate knowledge of the policy process for improving the health status of populations				x	Health Promotion II-partial	GAP. I would be open to my students taking Intro Policy course as an elective	?	Gap	Reliant on policy course.
Apply the principles of program planning, development, budgeting, management and evaluation in organizational and/ or community initiatives					Health Promotion I&II, Program Evaluation. Partial gap-budgeting.	Partial GAP. Management and budgeting covered in CHL5623	Com nut	Partial gap, some covered in CHL 5917	not sure. Possibly HTS.
Advocate for and develop public health programs and strategies responsive to the diverse cultural values and traditions of the communities being served	x				Health Promotion I&II, Global Health (elective), CDCP & various electives	Partial GAP .We do cover advocacy in CHL5603	Com nut	Gap	Gap (Leadership)
Recognize how the determinants of health (biological, social, cultural, economic and physical) influence the health and well-being of specific population groups	x				Health Promotion I&II, SDOH, CDCP & various electives	Some of my students have taken CHL5105 as an elective and I would like in some ways for this course to be required	com nut, nps, practica	All core courses	Not de jure. No course offered that covers root causes of health and illness, systematically, which is where this could fit. (Models and readings exist, but not implemented). Similarly, no overview courses on human disease or pathology (as are common in other schools)
Apply culturally- relevant and appropriate approaches with people from diverse cultural, socioeconomic and educational backgrounds, and persons of all ages, genders, health status, sexual orientations and abilities					Health Promotion I&II, CDCP & various electives	CHL5603, CHL5618	com nut	Partial gap	Gap (Leadership). Modelled, we believe. Not de jure.
Describe the role of social, behavioural and community factors in both the onset and solution of public health problems	x				Health Promotion I&II, CDCP & various electives	CHL5603	NPS	Weak	As above, no course offered that covers root causes of health and illness, from a multi-disciplinary perspective, systematically.
Demonstrate knowledge about environmental factors including biological, physical and chemical factors that affect the health of a community	x				Health Promotion II-partial. Build Comm Resilience-partial (elective). Gap-biological, chemical factors	GAP	gap	Strong in All Core Courses	As above, no course offered that covers root causes of health and illness, systematically.
Demonstrate knowledge of the role of human biology in the development and implementation of disease prevention, control, or management programs					GAP	All FCM students have undergrad study in this area .GAP in terms of infectious disease	adv nut, on-line metabolism	Strong in All Core Courses	Not on purpose. Epi admission committee seeks vague "health knowledge" in applicants. Applied haphazardly by reviewers.
Demonstrate knowledge of Canada's public health systems (e.g. federal, provincial, and local)	x (PHAC module)			x	Partial Gap.	HAD5010, CHL5603, CHL5618	practica	CHL 5904 for occupational health only	Reliant on policy course. Gap identified (repeatedly) by students and preceptors is general understanding of health systems. May be improved since changes in Policy core course.

Appendix 12: MPH Objectives and Competencies by Specialty

NUTRITION AND DIETETICS

The MPH field of Nutrition and Dietetics is offered in collaboration with the Department of Nutritional Sciences. In 2015, a formal partnership was established with Toronto Public Health and the University Health Network to plan and implement the program and work together to promote academic leadership and advanced practice within the professional of dietetics. With over 6o registered dietitians at each of these partner organizations, the field is able to enhance its field work and student placement opportunities. The MPH specialization in Nutrition and Dietetics employs a systems perspective, health promotion approaches, principles of adult education and a social determinants of health framework to prepare graduates for careers in diverse areas of nutrition practice to promote the health of individuals, communities and populations.

Philosophy, Goals, Objectives and Competencies

The MPH Program in Nutrition and Dietetics is based on a philosophy that incorporates principles of adult education in which self-assessment, self-directed learning, reflection, critical thinking, and shared learning among students form the basis of the educational experience. The belief in transferable skills as well as the importance of continuous learning also underlies the Program. The goal of the MPH Program in Community Nutrition is to prepare students to be critically reflective practitioners with the capacities, knowledge & skills to work in a wide variety of community health roles throughout their careers. Program objectives include the following:

Objectives and Core values:

- Building on our core values of commitment to:
- Supporting lifelong learning
- Collaboration across institutions, disciplines and sectors
- Systems thinking
- Fostering mutual respect across specialties and disciplines
- Building leadership opportunities in dietetics
- Advancing the profession of dietetics

The objectives of the MPH ND field are to:

1. Establish a model of dietetics education that integrates learning across a continuum of health services from prevention to palliation in partnership with university faculty

2. Challenge the conventional tri-silo approach to dietetics education by minimizing the boundaries between clinical, community and administrative practice.

3. Build a body of best practices knowledge specific to dietetics research, education and practice.

4. Share teaching and learning experiences broadly.

5. Develop advanced level practitioners and leaders in dietetics.

6. Provide communities with dietitians who are prepared to address evolving needs.
7. Provide dietitians at the partnership sites with on-going development opportunities.
8. Provide enhanced access to dietetics education for students.

Learning objectives:

Students will…

- demonstrate the ability to critically analyze information and creatively problem solve.
- demonstrate awareness of and sensitivity to ethical aspects of practice and will respond appropriately.
- develop the competence required for entry level dietetic practice. (www.pdep.ca)
- understand the scope and conceptual basis underlying advanced nutrition practice and will develop their capacities, knowledge and skills to work as partners in interprofessional health teams in a variety of work settings.
- develop additional expertise according to their unique interests and needs.
- develop the capacity to assess and find ways to satisfy life-long learning needs.

The MPH Nutrition and Dietetics field enables students to meet the Core Competencies for Public Health Practice, version 1.0, developed by the Public Health Agency of Canada [See http://www.phac-aspc.gc.ca/ccph-cesp/index-eng.php], as well as the Integrated competencies for Dietetic Education and Practice required for membership in provincial colleges of dietetics [See www.pdep.ca/files/Final_**ICDEP**_April_2013.pdf]

Students entering the program directly from undergraduate programs may acquire the competencies necessary for entry level dietetic practice. The program has been accredited by Dietitians of Canada. Practical experience is planned in order that students may demonstrate competencies in key areas of dietetic practice. Students complete placements through longer term practica, service learning projects and short-term field placements in diverse organizations to gain exposure to the wide range of settings where dietitians work.

For students who have already acquired entry level dietetic practice experience and qualify to become members of a professional organization such as Dietitians of Canada and/or a provincial dietetics regulatory body such as The College of Dietitians of Ontario, there are a variety of optional courses and practicum experiences to consider. Practicing dietitians with 5 or more years of experience may acquire an MPH degree through the advanced standing option which requires completion of 5 FCE (rather than 10FCE).

We work with a broad range of community partners who play a significant role in the educational experience of students. Students are exposed to a variety of community agencies from the public, private and not-for-profit sectors through practica, community field work in courses and partner involvement in course curricula.

EPIDEMIOLOGY

Objectives, Learning Outcomes and Competencies

The objective of the program is to provide students with a base of knowledge and skills in epidemiological methods and public health that will enable them to pursue careers in applied epidemiological research, and/or evidence-based public health practice. Graduates will:

- be able to work as part of a research group or a public health practice;
- be able to describe trends and patterns of disease incidence and prevalence, disease burden, factors affecting health status, and major etiologic and prognostic factors;
- understand the strengths and weaknesses of major methodological and analytical techniques;
- exhibit practical skills, including the ability to develop an epidemiological question, refine the question in light of the literature and community situation, design an appropriate study to answer the question, collect relevant data, analyze these data using commonly available statistical software, and interpret the findings relative to the literature and the community/ organizational context;
- be able to prepare a paper for peer-reviewed publication, and present epidemiological information;
- have knowledge of public health principles and practice; and
- be able to read, understand, and critically appraise the scientific literature, and understand the effectiveness of core public health interventions.

Program Description

The MPH in Epidemiology provides a solid base in epidemiological methods, an understanding of the breadth of community health and opportunities for applied experiential learning in epidemiologic practice, research and policy. The degree program is intended for students who want a research career (including pursuit of a PhD in epidemiology), and those who want to work in an applied public health setting. The curriculum emphasizes quantitative methods, critical appraisal of evidence, data analysis and interpretation. In contrast to strictly skills-based training, the degree is aimed at developing leaders who will make independent contributions when faced with public health challenges, and direct initiatives in the field. In addition, completion of the program meets the requirement for physicians training to be Medical Officers of Health in Ontario, and Royal College of Physicians and Surgeons of Canada requirements for Community Medicine residents. Our graduates have pursued careers in academic research institutes, applied research agencies, and public health settings.

Progress through the MPH:

Full time MPH Epidemiology students complete the program in 4 to 5 consecutive terms of study. The first two terms are dedicated to intensive, core, skills-based courses. Students should expect a heavy work-load, with extensive reading, plus tutorial exercises and written

assignments. Assignments are skills-based and designed to develop skills relevant to the workplace in both applied public health and research. Students will achieve broad knowledge about public health and all the core disciplines which contribute to it. Epidemiology students acquire skills in descriptive and analytic research, biostatistics, and the critical appraisal and use of research evidence in public health.

The practicum is an important opportunity to apply skills acquired in the first year, and gain work experience in epidemiologic research and/or applied public health. The required practicum is usually completed in the summer term of the first year of study. Epidemiology practicum students must apply their quantitative skills in the analysis and interpretation of data, and contribute to written work.

Students in their second year choose diverse combinations of elective courses and an optional second practicum with considerable flexibility. The second year is the chance for students to explore new areas, and/or specialize. Specialization may be in advanced quantitative methods, academic research, or subject areas (e.g., chronic, or infectious disease, mental health or social determinants). Electives are typically within the DLSPH Public Health Sciences Graduate Unit in epidemiology or other fields. Electives outside the Graduate Division are often taken, conditional on availability and approval.

Practica in the Epidemiology Field: (see also MPH Practicum below)

Students are required to undertake a full-time practicum in the Spring/Summer term of their first year. A 16 week (2.0 FCE) practicum is recommended, however a 12 week (1.5 FCE) practicum is also permitted. Most students also complete a practicum in the Winter term of their second year, although this practicum is not compulsory. Students are allowed to take maximum 3.5 FCE of practica.

All MPH Epidemiology students complete at least one practicum placement which must include an element of quantitative work; this can occur in an applied public health or research setting and. Students wanting a thesis-like experience are also able to achieve this through practicum placements. Epidemiology applicants are <u>not</u> required to identify a faculty supervisor, or practicum placements, prior to the start of their studies. This includes students interested in exploring a capstone or extended research experience through practicum placements. However, applicants wishing to apply for research funds with a specific DLSPH supervisor are encouraged to explore this as early as possible, understanding that these arrangements are conditional on an acceptance into the MPH program through the same annual admissions process.

FAMILY AND COMMUNITY MEDICINE (FCM)

Clinical Public Health represents the interface between public health and primary care clinical practice which is receiving increased attention as an underdeveloped area of collaboration.[4] [2,3]

[4] Harvey B. The issue of public health. Canadian Family Physician 2009;55:1057

It has long been established that the health of a population is directly related to the availability of primary care services.[5] Family physicians and other primary care clinicians are already at the "frontline" of public health in terms of identifying emerging public health problems, promoting healthy lifestyles, screening appropriate patients for disease, advocating for individual patients and discharging public health initiatives to their patients.[5] These individual-level services skillfully provided by primary care clinicians can be improved and enhanced by equipping those same clinicians with the population-level knowledge and skills offered by an MPH degree program.[66] In addition to these more traditional individual-level services, there is enormous potential and indeed increased expectations of primary care teams that they deliver services using a population-focus which would include, among other things, skills such as defining one's population, tracking health indices of that population and planning and evaluating programs to improve health outcomes and equity within that population. This is an emerging area of primary care clinical practice that is well-suited to a unique, tailored graduate degree program targeted to primary care clinicians. The solid grounding in public health that is provided with this MPH gives family physicians and other primary care practitioners knowledge and skills that can be employed in future professional work related to public health and/or community-oriented primary care. The degree also assists learners in becoming more effective educators, scholars, and leaders in their respective clinical areas.

Target audience:

Family physicians and other primary care practitioners (PCPs) (limited to regulated health professionals or equivalent). The Family and Community Medicine field of the MPH* is intended for licensed and regulated primary care clinicians currently working in their field. This program is not intended to assist applicants in becoming licensed health practitioners in Canada.

Description and Objectives

The MPH (FCM) consists of a set of core courses and practicum covering both the area of public health as well as enhanced primary care and faculty development skills. Some of the courses in the program combine a brief period (usually one week) of intensive "on campus" classroom activities, followed by an extended "off campus" study period and then concluded with another intensive "on campus" block. Other courses run in the more traditional longitudinal 13-week semester format. The practica may run concurrently with the formal course work. More information on the required MPH FCM practicum can be found below. There are plenty of

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2. Brown A, Upshur R and Sullivan T. Public Health and Primary Care: Competition or Collaboration? Healthcare Papers 2013;13(3):4-8
3. Levesque J-F, Breton M, Senn N et al. The Interation of Public Health and Primary Care; Functional Roles and Organizational Models that Bridge Individual and Population Perspectives. Public Health Reviews 2013;35(1):1-27.

[4] Starfield B. Is primary care essential. Lancet 1994;344:1129-1133
[6]Zweifler J and Evans R. Development of a residency/MPH program. Family Medicine 2001;33(6):453-8.

elective opportunities, enabling the learner to take the public health and family medicine courses they require to satisfy their learning objectives.

Objectives:

#1Train family physicians and other primary care practitioners to optimize their impact on the health of their communities by applying public health-related knowledge and skills to the individuals, families, and communities that they serve.

#2 Provide opportunities for learners to develop skills in primary care leadership and scholarship.

#3 Provide opportunities for learners to pursue an area of special interest (ie Health Education, Research, Global Health).

Required Practicum in Family Medicine: MPH (FCM) (see also MPH Practicum below)

The MPH (FCM) required practicum provides an opportunity for learners to apply and reflect on the theory and knowledge gained in coursework by engaging in new academic projects in their professional settings.

Learners are required to spend a minimum of 320 hours involved in an appropriate practicum to earn the 1.0 FCE credit. Students must also identify a practicum field supervisor and all practicum projects require the approval of the Program Director.

Because the practicum involves the hands-on application of knowledge obtained via coursework, the practicum activities must be new endeavors that are related to either an area of academic core competency[1] or one of the Faculty of Medicine's faculty promotion planks[2] to which the learner has been exposed during previous or concurrent MPH coursework.

Throughout the practicum it is essential for learners to reflect on and record their experiences and to engage in regular discussions with their practicum field supervisor about their practicum progress. The practicum evaluation is based on the student's record of experiences; a 2-3 page scholarly, analytical and reflective report based on the overall experience; and a presentation to their classmates.

HEALTH PROMOTION

Founded in 1979, the DLSPH Master of Public Health Program in Health Promotion takes a social science perspective in addressing issues related to the health of individuals, communities and populations. The program trains leaders in health promotion practice in an array of strategies for identifying, understanding and addressing the societal and personal determinants of health. Sufficient training in research methods is provided to enable students to pursue doctoral studies and careers in health promotion/public health research.

Program Goals

1. To train students to assess the health promotion needs of groups and communities, and design, implement and evaluate a broad array of health promotion strategies, programs and policies.
2. To develop research and analytical skills as a foundation for applied health research in the field of health promotion and public health, and/or as a foundation for further graduate study either in our own PhD programs or at other universities.
3. To ensure that its graduates have developed core health promotion competences that will enable them to contribute as practitioners and researchers in the fields of health promotion and public health.

Graduates will:

•Possess a critical understanding of the range of health promotion theories, approaches and strategies for responding to health-related issues

•Be able to assess the health needs of individuals and communities grounded in an understanding of the social and political determinants of health and illness

•Be able to develop, implement and evaluate health promotion interventions at individual, community and societal levels

•Be able to work effectively across disciplines, across sectors and with members of the public

•Be able to work as part of a research, policy or practice group

Health Promotion Competencies

The Health Promotion program is guided by the following set of core competencies, derived from a synthesis of the literature on competences related to health promotion, social and behavioural health sciences and public health practice, including the work of the **Pan-Canadian Network for Health Promotion Competencies.**

1. **Theory & Methods**

   a) Demonstrate knowledge of the range of theories involved in health promotion, social and behavioural sciences and public health practice
   b) Demonstrate knowledge of the social, cultural, political, environmental and economic conditions and structures that affect the lives of individuals and communities
   c) Apply health promotion values and principles in the context of the roles and responsibilities of public health organizations

2. **Situational/Needs Assessment**

    a) Identify behavioural, social, environmental, organizational, cultural and political factors that promote or compromise health
    b) Use participatory methods to engage stakeholders in the assessment process
    c) Use a variety of assessment methods including qualitative and quantitative research
    d) Use culturally and ethically appropriate assessment approaches
    e) Collect, review and appraise relevant data, information and literature to inform health promotion action
    f) Identify community strengths, assets, needs and existing resources
    g) Identify priorities for action based on best available evidence and ethical values
    h) Demonstrate understanding of a holistic view of settings (e.g. municipality, workplace, hospital, island, school, etc.)

3. **Program Planning and Implementation**

    a) Describe the range of interventions and strategies available to address public health issues
    b) Use ethical, empowering, culturally appropriate and participatory processes to plan and implement health promotion action with key partners and stakeholders
    c) Use current literature, models, theories and systematic approaches for planning health promotion action at individual, community and societal levels
    d) Demonstrate the ability to critically appraise and use statistics, health surveys and epidemiological data in program planning
    e) Identify appropriate and multi-level health promotion strategies based on evidence, theory and practice
    f) Develop a feasible action plan within resource constraints and with reference to existing needs and assets
    g) Develop and communicate appropriate, realistic and measurable goals and objectives for health promotion action
    h) Develop, pilot and use appropriate resources and materials
    i) Manage the resources needed for effective implementation of planned action
    j) Monitor the quality of the implementation process in relation to agreed goals and objectives

4. **Research and Evaluation**

    a) Identify and use appropriate qualitative and quantitative tools and methods
    b) When and how to use participatory approaches in evaluation and research
    c) Identify indicators related to social determinants of health, community strengths and assets and community engagement strategies
    d) Use statistics, health surveys and epidemiological data in evaluation and research
    e) Collect, analyze and interpret evaluation data pertaining to a variety of health promotion strategies

f) Conduct both process and outcome evaluations of interventions in the field, using appropriate indicators within available resources
g) Use evaluation findings to refine and improve health promotion action
h) Use social and behavioural research and evidence-based strategies to inform practice and build new knowledge
i) Contribute to the development and dissemination of health promotion evaluation and research processes

5. **Health Education & Communication**

a) Communicate health status, demographic, statistical, programmatic, and scientific information tailored to professional and lay audiences
b) Use the media, advanced technologies, and community networks to receive and communicate information
c) Prepare and present information, resources and materials that are appropriate, sensitive and tailored to community characteristics (gender, age, ethnicity, etc.)
d) Apply social marketing, media advocacy and other communication principles to the development, implementation and evaluation of health communication campaigns

6. Community Mobilization and Development

a) Use interpersonal communication and group-work skills to facilitate individuals, groups, communities and organizations in efforts to take action on health issues
b) Engage in a dialogue with communities based on trust and mutual respect
c) Identify and strengthen local community capacities to take sustainable action on health issues
d) Advocate for and with individuals and communities for actions that improve their health and well-being
e) Nurture community leaders, foster a sense of community identity, and enable communities to increase control over the decisions affecting their health

7. Partnerships and Collaboration

a) Establish and maintain linkages with community leaders and other key community health stakeholders (e.g., schools, businesses, churches, community associations, labour unions, etc.)
b) Understand the leadership, team building, negotiation and conflict resolution skills required to build community partnerships and stimulate intersectoral collaboration on health issues
c) Understand the requirement to work collaboratively across disciplines, sectors and partners to develop and deliver health promotion interventions
d) Engage people from diverse walks of life in decision-making in groups and at community levels related to program planning, evaluation and research

8. Policy Development and Advocacy

a) Describe the health, economic, administrative, legal, social and political implications of policy options in Canadian and international settings
b) Demonstrate knowledge of how legislation is formed and how to participate in the policy-making process
c) Provide strategic policy advice on health promotion issues
d) Write clear and concise policy statements for complex issues
e) Demonstrate ability to develop healthy public policy (with regard to structural and environmental change) at national, organizational and community levels
f) Understand the requirement to advocate for policy change at national, organizational and community levels
g) Demonstrate the ability to conduct socio-political analyses of health and social issues

Health Promotion Practicum (see also MPH Practicum below)

The practicum component enables students to get "hands on" experience, and to apply the theory and analytic skills acquired in the academic portion of the degree program. A broad range of practicum opportunities are available to students, from public health agencies such as community health centres, health units and provincial agencies, to grassroots community organizations, to global public health settings. The practicum activities undertaken depend on the nature of the practicum setting, the needs of the practicum agency/organization, and the student's learning objectives. Students are required to undertake a full-time practicum in the Spring/Summer term of their first year. Students also have the option of completing a second practicum in the Winter term of their second year. Students are only allowed to take maximum 3.5 FCE of practica: if you complete a 16-week practicum in your first year you are only allowed a 12 week practicum in your second year (and vice versa).

- **Promotion Field Inquiry** The 2nd practicum can involve an optional independent field research project. Students can undertake a small research project in the practicum setting/location f by registering for CHL5806H Health Promotion Field Inquiry, for which they receive an additional 0.5FCE.

OCCUPATIONAL AND ENVIRONMENTAL HEALTH

The MPH degree with a specialization in Occupational and Environmental Health (OEH) is offered with two options: a professional training option in occupational hygiene, and a research training option in occupational or environmental health.

Objectives, Learning Outcomes, Competencies

The Professional Option: Established in 1979, the objective of this degree is to train candidates for a career as an Occupational Hygiene professional. This includes the development of expertise to anticipate, identify and assess the potential risks to health posed by hazardous

materials, agents and situations in the occupational environment, to evaluate exposures to these hazards and the extent of risk, and to develop and manage effective control strategies for them. Health hazards typically found in the workplace include chemicals; physical agents, such as noise, heat, vibration and radiation; and biological agents, such as bacteria, fungi and viruses. In addition ergonomic and safety hazards commonly encountered in workplaces, are also of interest in occupational hygiene as are workplace environmental controls.

The Research Option: The objective of the MPH Occupational and Environmental Health research option is to provide training to students who wish to pursue a research career in occupational and/or environmental health. The program still requires 10.0 FCE, however, there is considerably more flexibility in the course selection and in the length and nature of the practicum activities than in the professional option.

Professional Option - Learning Outcomes and Competencies

Graduates will:

- Demonstrate a knowledge of those principles in the physical and biological sciences necessary for developing competence in the theoretical and practical aspects of occupational hygiene (sufficient to pass professional exams offered by Canadian Registration Board of Occupational Hygiene and/or American Board of Industrial Hygiene)
- Describe the effects of exposure to workplace hazards (chemical, physical and biological)
- Understand and apply methods used in hazard analysis and risk assessment
- Explain the influence of workplace hazards on the general environment and the role of the hygienist in environmental protection
- Demonstrate a knowledge of ergonomics, occupational safety, accident prevention, and, occupational health and safety considerations of labour relations
- Demonstrate the critical skills required in the review of scientific literature, and a knowledge of research methods, including epidemiological and statistical techniques as they apply to occupational health
- Communicate effectively with labour, management, the public and other members of the scientific community

Learning Outcomes

1. Identification

- Be able to recognize and understand the chemical/physical and biological agents that may enter the human body by various routes.
- Understand the physical and chemical properties that influence how and how much of an agent enters the human body
- Be able to recognize or research toxicological information on agents and understand the implications for both short and long term health

- Have familiarity with basic industrial/work processes that generate contaminants of concern to health
- Have familiarity with various types of health study designs and their limitations and interpretations for use in other settings.

2. Evaluation
   - Know primary means by which chemical, physical and biological agents are measured to compare to legal standards or scientific guidelines
   - Understand what standards and guidelines are available, and their source and limitations for risk from exposures for various populations and individuals.
   - Understand how to develop and institute monitoring to measure exposure in a population.
   - Understand limitations, accuracy and precision in collecting measurements of agents by available options.
   - Understand variability in exposure, and how to manage exposure data to draw useful conclusions about risk to human health.
   - Be able to communicate results about health risks to various stakeholders to meet their objectives and understand the risks

3. Control
   - Know various strategies to control risk to health from chemical, physical and biological agents.
   - Understand and evaluate the degree of control achieved by engineering, administrative interventions or personal protective equipment in exposure control
   - Understand how programs to control and evaluate risks are developed, implemented and evaluated for effectiveness.

Competencies

- Identify major environmental and occupational contaminants (chemical, biological, and physical) and describe their associated potential health effects on humans.
- Describe genetic, physiologic, and psychosocial factors that affect health risks associated with exposure to contaminants
- Specify the pathways of exposure to chemical, physical and biological agents in the workplace and in non-occupational settings.
- Design and undertake an occupational risk assessment, including the types of evidence that are used and the sources of uncertainty and variability in analysis. In particular, exposure assessment methodologies for chemical, physical and biological agents are emphasized.

- Specify approaches for recognizing, assessing, controlling and preventing chemical, biological, and physical exposures in occupational settings.
- Describe current regulatory programs, legislative authorities, and consensus guidelines that deal with occupational health issues.
- Work effectively in interdisciplinary teams in the evaluation of occupational or environmental health problems and the development of solutions to address and mitigate these problems. This includes communication and knowledge transfer to a variety of stakeholders.

GLOBAL HEALTH CONCENTRATION

This initiative brings together students from across all MPH fields to focus on global public health issues from an interdisciplinary perspective through shared courses and seminars.

Core Competencies

A public health practitioner, policy maker or researcher in global health will:

- Understand the political economy of global health issues.
- Bring a determinants-of-health and population health perspective to problem analysis, policy development and project design.
- Be cognizant of the linkages between local and global health problems.
- Work within the mandates, roles and approaches of international organizations.
- Build coalitions and work in partnership with the NGO sector and local community organizations.
- Be sensitive to cultural differences and adapt methods to local contexts.
- Apply appropriate ethical approaches to international, country level and local projects.
- Understand broad ethical issues as they relate to equity globally.

All students in the Global Health concentration are required to take: CHL 5700 Global Public Health and one international health-related elective (0.5 FCE). These courses will be considered as electives within the MPH specialization in which the student is enrolled.

In addition, each student is required to do one of their practicum placements related to global health.

MPH Practicum

DLPSH MPH practicum experiences are real world experiences and extremely diverse. Placements range from work terms in applied public health practice and community service,

through academic research projects. To ensure learning objectives and activities are appropriate, programs have detailed guidelines which are discussed by the student and supervisor before learning objectives and plans are approved by the Program Director and/or Practicum Coordinator. Each program requires that the core skills of the discipline are applied, for example, the required Epidemiology practicum has a firm requirement that the objectives include some degree of quantitative data analysis and contribution to written reports. Most programs require students to present their work and submit a scientific-style poster with their final reports.

Beyond program-specific requirements, students may identify other competencies that they will develop during the placement. Competencies developed are reported in self-reflection narratives, submitted by the students at the end of the placement.

Evaluation of practicum placements

Both supervisors and students are required to submit evaluation forms, at the mid-point and end of the placement. The forms for supervisors asks if progress /outcomes are satisfactory and the strengths and areas of need for improvement for the student. The form for the student asks about satisfaction with the placement and access to the supervisor. Both include sections for comments. Student and supervisors discuss and sign forms before submission. These forms are all reviewed, by the Practicum Coordinator and the Program Director. For a student to achieve a pass on the practicum, the student, supervisor and Program Director have to be satisfied with the work and agree that the objectives and related competencies have been met.

Practica are formally graded as a graduate course. Grading is Credit/Non-Credit with credit weight proportional to the duration and scope of activities. Grading follows the usual regulations for credit, failure, extension or late withdrawal. The Program Director is also the Course Director who submits grades.

It is exceptionally rare for a placement to be unsatisfactory or credit not to be awarded. Early remedial action can be initiated by the student, supervisor or Program Direction, usually starting with conversation or some modification of the learning contract or timelines. A short extension may be awarded to improve reports or reflection papers, with the practicum completed before the end of the following term.

Program Directors and Practicum Coordinators regularly review and discuss the narrative feedback from students and supervisors and this feedback has been used to inform curriculum changes. Strongly negative feedback from students is similarly rare with most students reporting that the practicum experience was better than expectation and the most important part of the degree. Practicum supervisors are also the primary source for letters of reference for students in future job search, training and scholarship applications. Students are often included as authors on agency reports or even peer-reviewed publications, although this is not guaranteed.

Appendix 13: MPH Core Courses by Specialty

Core courses/Fields	Epidemiology	Family and Community Medicine	Health Promotion	Occupational & Environmental Health	Nutrition & Dietetics
Intro PHS	X	X	X	X	X
Quantitative Methods (CHAM 1)			X	X	X
Qualitative (CHAM 2)			X		X
Policy	X		X		X
Canada's Healthcare System		X			
Practicum	X	X	X	X	X
Epidemiology 1&2	X			X (research stream)	
Biostastistics 1&2	X			X (research stream)	

Appendix 14: MPH Course Requirements

Required Courses by Program – Common Courses

	COMMUNITY NUTRITION	HEALTH PROMOTION	OCCUPATIONAL & ENVIRONAL HEALTH	EPIDEMIOLOGY	FAMILY & COMMUNITY MEDICINE
CHL 5004 Intro Public Health Sciences (0.5 FCE) This course is an orientation to public health sciences and the DLSPH for all incoming students. Following the completion of a week of seminars and orientation sessions, students participate in case-based learning tutorials and complete interdisciplinary case studies which were developed from extensive research on actual public health challenges in specific communities across Canada. Cases are presented in an end of term poster presentation and celebration. DLSPH alumni are also involved in this course as tutors, poster judges, alumni panelists and presenters.	X	X	X	X	X
CHL5220 CHAM 1: Intro to Quantitative Methods (0.5 FCE) This course presents an introduction to epidemiologic concepts and methods and related biostatistical approaches. Topics include measurement of disease occurrence, descriptive epidemiology, ecologic studies, cohort studies, case-control studies, measurement validity, screening, causation, random variation, bias, confounding, effect modification, randomized controlled trials, and epidemic investigation. The course utilizes a wide variety of case studies from both chronic and infectious disease	X	X	X		

epidemiology.					
CHL 5221 CHAM 2: Intro to Qualitative Methods (0.5 FCE) This is an introductory course intended for Master students in public health with limited prior exposure to qualitative research. Students will acquire an introductory-level understanding of qualitative research, become informed consumers of qualitative research, and participate in the conduct of needs assessments, program evaluations and other applied qualitative public health research processes. Students pursuing qualitative research for master or doctoral thesis work will need to take additional courses to acquire the required proficiency for that level of work. This course covers a range of issues including the theoretical grounding of qualitative research, generating and analyzing data, selected approaches and the application of qualitative research to public health issues. The assigned readings for each session include both theoretical and applied material. Assignments give students an opportunity to begin to develop new skills and learn by doing, as well as by reflecting on aspects of qualitative research.	X	X			
CHL 5300 Public Health Policy (0.5 FCE) This course orients students to the structure of the Canadian Public Health System and the scope of and types of literatures that make up Public Health Policy Discourse. Students are trained to understand the socio-political dimensions of public health policy, be aware of the major theoretical	X	X		X	

frameworks used to analyse policy change and their strengths and limitations, be aware of important facets of current public health policy discourse (e.g., the precautionary principle, Evidence-Based decision-making and the Healthy Public Policy Movement), and understand the major policy tools and players involved in public health policy making.					
REQUIRED PRACTICUM (1.0 – 3.5 FCE)	X	X	X	X	X

Required Courses by Program – Field Specific

COMMUNITY NUTRITION	HEALTH PROMOTION	EPIDEMIOLOGY	OCCUPATIONAL & ENVIRONAL HEALTH	FAMILY & COMMUNITY MEDICINE
NFS 1208 Field Observation 1: Intro to Community Nutrition Practice (0.5 FCE)	CHL5801H Health Promotion I (0.5 FCE)	CHL5201H Introduction to Biostatistics I (0.5 FCE)	CHL 5912F Industrial Toxicology (0.5 FCE)	HAD5010H Canada's Health System & Health Policy (0.5 FCE)
NFS 1484 Advanced Nutrition (0.5 FCE)	CHL5105H Social Determinants of Health (0.5 FCE)	CHL5401H Introduction to Epidemiology I (0.5 FCE)	CHL 5910F Occupational & Environmental Hygiene I (0.5 FCE)	CHL5601H Appraising and Applying Evidence to Assist Clinical Decision-Making (0.5 FCE)
NFS 1211 Community Nutrition (0.5 FCE)	CHL5803H Health Promotion II (0.5 FCE)	CHL5426H Population Perspectives for Epidemiology	CHL 5914 Physical Agents I – Noise (0.5 FCE)	CHL5603Y Social, Political and Scientific Issues in Family Medicine (0.5 FCE)

		(0.5 FCE)		
NFS 1209 Field Observation 2: Clinical Nutrition (0.5 FCE)	CHL5110H Program Evaluation (0.5 FCE)	CHL5202H Biostatistics II (0.5 FCE)	CHL 5950 Biological Hazard in the Workplace and Community (0.5 FCE)	CHL5613H Leading Improvement in the Quality of Health Care for Community Populations (0.5 FCE)

Appendix 15: PHS Professional Master's Student Satisfaction

Part II: Graduate Student Quality Indicators
E. Student Satisfaction
ii. Full Report

Canadian Graduate & Professional Student Survey (Spring 2013)

Dalla Lana School of Public Health - Public Health Sciences (PHSCI) Program

Note: UT values only include responses from research master's students.

I. Survey Participants

Research Master's Students	Registered	Responded	%
Public Health Sciences (PHSCI)	23	11	47.8%
University of Toronto	2,727	1,397	51.2%

II. Satisfaction with Program, Quality of Interaction, and Coursework

1. Please rate the following dimensions of your program:

	N		Excellent %		Very good %		Good %		Fair %		Poor %	
	PHSCI	UT	PHSCI	UT	PHSCI	UT	PHSCI	UT	PHSCI	UT	PHSCI	UT
1. The intellectual quality of the faculty	11	1,383	45.5	56.6	45.5	33.8	0.0	7.6	9.1	1.6	0.0	0.4
2. The intellectual quality of my fellow students	11	1,381	18.2	36.2	45.5	42.3	27.3	17.1	9.1	3.7	0.0	0.7
3. The relationship between faculty and graduate students	11	1,380	18.2	24.5	27.3	38.4	45.5	24.6	9.1	9.6	0.0	2.8
4. Overall quality of graduate level teaching by faculty	11	1,384	18.2	22.2	36.4	41.0	27.3	25.4	18.2	9.0	0.0	2.4
5. Advice on the availability of financial support	11	1,377	18.2	11.6	9.1	24.3	36.4	32.5	9.1	20.5	27.3	11.0
6. Quality of academic advising and guidance	11	1,375	18.2	17.7	27.3	31.1	36.4	27.1	18.2	16.5	0.0	7.6

7. Helpfulness of staff members in my program	11	1,380	27.3	28.2	27.3	35.1	36.4	23.4	9.1	9.6	0.0	3.7

2. Please rate the following dimensions of your program

	N		Excellent %		Very Good %		Good %		Fair %		Poor %	
	PHSC I	UT	PHSC I	UT	PHSC I	UT	PHSC I	UT	PHSC I	UT	PHSC I	UT
1. Relationship of program content to my research/ professional goals	11	1,378	36.4	19.2	27.3	33.0	18.2	29.1	18.2	13.5	0.0	5.2
2. Opportunities for student collaboration or teamwork	11	1,382	18.2	15.5	54.5	32.1	27.3	27.8	0.0	16.9	0.0	7.8
3. Opportunities to take coursework outside my own department	11	1,376	18.2	17.1	27.3	28.2	27.3	29.7	18.2	16.9	9.1	8.2
4. Opportunities to engage in interdisciplinary work	11	1,372	9.1	15.7	45.5	27.2	27.3	31.5	18.2	18.1	0.0	7.5
5. Availability of area courses I need to complete my program	11	1,377	27.3	18.0	27.3	29.5	36.4	29.4	9.1	16.6	0.0	6.5
6. Amount of coursework	11	1,381	18.2	13.0	9.1	31.8	45.5	39.0	27.3	13.4	0.0	2.8
7. Quality of Instruction in my courses	11	1,382	18.2	19.2	27.3	40.8	36.4	26.6	18.2	10.3	0.0	3.0

3. General Satisfaction

	N		Definitely %		Probably %		Maybe %		Probably Not %		Definitely Not %	
	PHSC I	UT	PHSC I	UT	PHSC I	UT	PHSC I	UT	PHSC I	UT	PHSC I	UT
1. If you were to start your graduate/professional career again, would you select this same university?	11	1,397	36.4	41.7	45.5	39.7	0.0	12.7	9.1	4.5	9.1	1.4
2. If you were to start your graduate/professional career again, would you select the same field of study?	11	1,394	54.5	45.1	36.4	32.7	0.0	14.1	0.0	5.9	9.1	2.2
3. Would you recommend this university to someone considering your program?	11	1,394	54.5	52.7	27.3	30.4	9.1	10.7	9.1	4.5	0.0	1.7
4. Would you recommend this university to someone in another field?	11	1,394	18.2	33.6	54.5	37.2	27.3	25.1	0.0	3.2	0.0	0.9

III. Program/Department Support

1. Research Experience

Participation in the following areas:	N PHSCI	N UT	Yes % PHSCI	Yes % UT	No % PHSCI	No % UT	N/A % PHSCI	N/A % UT
1. Conducting independent research since starting your graduate program	10	1,349	60.0	91.1	0.0	3.6	40.0	5.3
2. Training in research methods before beginning your own research	10	1,350	70.0	89.3	0.0	4.9	30.0	5.9
3. Faculty guidance in formulating a research topic	10	1,349	50.0	92.2	10.0	2.7	40.0	5.1
4. Research collaboration with one or more faculty members	10	1,346	70.0	73.0	0.0	12.7	30.0	14.3
5. Collaboration with faculty in writing grant proposals	10	1,340	50.0	52.1	10.0	25.5	40.0	22.4

Participation in the following areas: Respondents were asked if this activity occurs in their dept. If so they were asked if they participated.	N PHSCI	N UT	Participated % PHSCI	Participated % UT	Did not participate % PHSCI	Did not participate % UT	Does not occur in my dept % PHSCI	Does not occur in my dept % UT
6. Attended national scholarly meetings	10	1,301	30.0	20.3	20.0	26.4	50.0	53.3
7. Delivered papers or presented a poster at national scholarly meetings*	n/a	1,024	n/a	27.1	n/a	28.3	n/a	44.5
8. Co-authored in refereed journals with your program faculty*	n/a	1,014	n/a	19.6	n/a	25.0	n/a	55.3
9. Published as sole or first author in a refereed journal*	n/a	1,012	n/a	11.4	n/a	26.9	n/a	61.8

*Long Stream Only (Respondents in a mostly research-based program, who already have a research director/advisor.)

**Data are not reported for Q7-9 due to low numbers (n<5).

IV. General Assessment

1. Rate the extent to which the following factors are an obstacle to your academic progress.

Respondents who rate the factors "a major obstacle" to their academic progress

	N PHSCI	% PHSCI
Work/financial commitments	10	30.0
Program structure or requirements	10	10.0
Course scheduling	10	10.

			0
Family obligations	10		0.0
Availability of faculty	10		0.0
Immigration law/regulations	10		0.0

2. Overall, how would you rate the quality of

	N		Excellent %		Very good %		Good %		Fair %		Poor %	
	PHSC I	UT	PHSC I	UT	PHSC I	UT	PHSC I	UT	PHSC I	UT	PHSC I	UT
1. your academic experience at this university?	10	1,280	20.0	32.5	70.0	41.4	10.0	17.2	0.0	6.6	0.0	2.3
2. your student life experience at this university?	10	1,275	30.0	16.6	40.0	31.2	10.0	30.0	10.0	14.4	10.0	7.8
3. your graduate program at this university?	10	1,275	30.0	28.1	60.0	38.0	10.0	22.0	0.0	8.3	0.0	3.6
4. your overall experience at this university?	10	1,276	20.0	23.0	50.0	39.7	20.0	25.9	10.0	8.8	0.0	2.7

Appendix 16: MHSc Bioethics Degree Level Competencies

EDUCATIONAL GOAL E.I: To prepare students for leadership in health services management and policy					
Objective E.I.A: To give students the knowledge and competencies they will need for immediate employment and to keep pace with changes in the health services sector					
Benchmark to be met	**Measurement Description**	**Recent Assessment**	**Met**	**Measurement Results**	**Actions Based on Results**
90% of students will rate themselves as competent/very competent in all 13 of the Program's critical competencies	Student self-assessment in the final Program evaluation	2013	Met	-100% of students ranked themselves as competent/ very competent in all 13 of the Program's critical competencies	-Revise the final Program evaluation survey to assess competency by target level
90% of students rate themselves as prepared/well-prepared in all the Program's health care management knowledge areas	Student self-assessment in the final Program evaluation	2013	Not met	-100% of students ranked themselves as prepared/well prepared in 14/16 knowledge areas -42% and 58% of students ranked themselves as somewhat prepared/not prepared in accounting/ finance and health informatics/eHealth	-MHSc Advisory Committee to take the lead in reviewing curriculum content in accounting/finance and health information management -Recommendations to be brought forward for discussion at fall 2014 curriculum review -Results of next evaluation to be examined for evidence of improvement

EDUCATIONAL GOAL E.I: To prepare students for leadership in health services management and policy					
Objective E.I.A: To give students the knowledge and competencies they will need for immediate employment and to keep pace with changes in the health services sector					
90% of students rate themselves as satisfied/ highly satisfied with the Program	Final Program evaluation:	2013	Met	-100% of students rated themselves as satisfied/ highly satisfied with the Program	
Average preceptor satisfaction rating of at least 4.0 (on a scale from 1-poor to 5-outstanding) of satisfaction with student knowledge and competencies at the target level	Preceptor evaluations at the end of each practicum	August 2013	Met	-100% pass rate for all students -Grand average preceptor rating of 4.4 for all students	-Fall 2014 preceptor conference to include discussion of closer alignment between preceptor training and competency model
Employment rate of at least 80% three months after completing the Program	Final Program evaluation	2013	Met	-100% employment rate	
At least 75% of graduates remain employed in health care	Alumni survey – 1979-2011 cohorts	2013	Met	-80% of respondents remained employed in health care	
Graduates' career progression over time	Alumni survey – 1979-2011 cohorts	2012/13	Met	-74% of respondents progressed to positions of increased responsibility	-Continue to monitor graduates' career progression

Objective E.I.B: To provide a stimulating and engaging learning environment					
Benchmark to be met	**Measurement Description**	**Recent Assessment**	**Met**	**Measurement Results**	**Actions Based on Results**
Class cohort represents diverse ages, backgrounds, disciplines, and professional experience	Annual admissions process	February 2012	Met	-Students spanned generations and came from a range of professional disciplines and organizations	-Continue to monitor diversity of incoming classes
85% of all required courses involve senior practitioners in the classroom	Annual faculty reports	June 2013	Met	-15/17 required courses involve senior practitioners in the classroom, for a total of 105 participating guest lecturers during the self-study and previous 2 years	-Continue to attract and support senior practitioner engagement in the classroom
Preceptors represent 100% of health system sub-sectors	Annual faculty reports	June 2013	Met	-In self-study year 2012/13, the 45 preceptors participating in the practicum represented organizations from across all major sub-sectors of the health care system	-Continue to attract and develop practicum settings from across the health system
Grand average student satisfaction rating of 2.0 or better (on scale from 1-excellent to 5-poor) with quality of invited speakers, panelists, and guest faculty across Program courses	Course evaluations	2012/13	Met	-Grand average satisfaction rating of 2.0 on overall quality of invited speakers, panelists, and guest faculty across all Program courses	

Objective E.I.B: To provide a stimulating and engaging learning environment					
Benchmark to be met	**Measurement Description**	**Recent Assessment**	**Met**	**Measurement Results**	**Actions Based on Results**
Grand average student satisfaction rating of 2.0 or better (on scale from 1-excellent to 5-poor) with currency, completeness, and relevance of Program courses	Course evaluations	2012/13	Met	-Grand average satisfaction rating of 2.0 on Program courses overall	-Continue to engage and support faculty members in reviewing their courses to meet learner needs
Grand average student satisfaction of 2.0 or better (on scale from 1-excellent to 5-poor) on the contribution of the classroom experience to overall learning in the Program	Course evaluations	2012/13	Met	-Grand average satisfaction rating of 2.0 on contribution of the classroom experience to overall learning	-Continue to engage and support faculty members in reviewing their courses to meet learner needs
At least 80% of students are satisfied with the practicum experience	Final Program evaluation	2013	Met	-85% of students indicated they were satisfied/very satisfied with the practicum experience -Majority of student journals and practicum debriefs with course director reported a positive experience	-Fall 2014 preceptor conference to include work with preceptors, students, and faculty on further development of preceptor training and evaluation tools

Objective E.I.C: To support a vital and active alumni society that contributes to student, alumni, and Program learning needs					
Benchmark to be met	**Measurement Description**	**Recent Assessment**	**Met**	**Measurement Results**	**Actions Based on Results**
Society of Graduates in Health Policy, and Management and Evaluation (SOG) sponsors activities and events for Program students and alumni	Annual: Society of Graduates Annual General Meeting	Fall 2012	Met	-SOG delivered 3 educational events for alumni and other stakeholders; worked with IHPME to develop a tri-annual e-newsletter for faculty, student, and alumni; and supported students through lunch and learn, research day, convocation, and awards and recognition events	
80% of alumni want to maintain contact with the Program	Alumni survey	2013	Met	-82% of survey respondents want to remain in contact with the Program	-Continue to foster ongoing alumni contact through the 2014 IHPME marketing and communications strategy

Objective E.I.D: To provide opportunities for students to network with senior health care leaders and policy makers					
Benchmark to be Met	**Measurement Description**	**Recent Assessment**	**Met**	**Measurement Results**	**Actions Based on Results**

Students have the opportunity to engage with guest faculty and tutors from a variety of backgrounds, disciplines, and perspectives	2012/13 Program course records	July 2013	Met	-Guest faculty/tutors came from a range of health service organizations and sectors, including associations, voluntary agencies, hospitals, the community, home care, long-term care, rehab/CCC, mental health, and government and government- related agencies	-Continue to monitor diversity of guest faculty and tutors

EDUCATIONAL GOAL E.III: To offer a program for highly qualified applicants at all career stages					
Objective E.III.A: To offer a program that allows students to combine full-time study with and full-time employment					
Benchmark to be met	**Measurement Description**	**Recent Assessment**	**Met**	**Measurement Results**	**Actions Based on Results**
To provide the Program in a format that allows students to complete their studies in two years while maintaining full-time employment	Annual Program records	August 2013	Met	-100% of students employed or undertaking practica while in the Program	

Objective E.III.B: To expand the pool of qualified applicants					
Benchmark to be met	**Measurement Description**	**Recent Assessment**	**Met**	**Measurement Results**	**Actions Based on Results**

To have a 3:1 ratio of applicants meeting Program admission standards to those offered admission.	Annual admissions process	February 2013	Not met	-2012/13 ratio of applicants meeting Program admission standards to those offered admission was approximately 2:1	-Program marketing strategy and tools to be incorporated into the new 2014 IHPME communications/marketing strategy, with the goal of attracting a larger group of highly qualified prospective applicants

RESEARCH GOALS

RESEARCH GOAL R.I: To further knowledge and translate it into evidence-informed practices that improve health care planning, delivery, and outcomes					
Objective R.I.A: To conduct disciplinary and interdisciplinary studies that meet the highest intellectual and academic standards					
Benchmark to be met	**Measurement Description**	**Recent Assessment**	**Met**	**Measurement Results**	**Actions Based on Results**
At least 60% of Program faculty will participate in peer-reviewed research activity	Annual faculty activity reports and CVs	June 2013	Met	-68% of Program faculty participated in peer-reviewed research activity -54 research projects/ grants held by 13/19 Program faculty in self-study and previous 2 years	-Program will continue to encourage and support faculty to participate in research
At least 70% of all Program faculty research is externally funded	Grants and financial records Annual faculty activity reports and CVs	June 2013	Met	-100% of research projects were externally funded	-Program will continue to encourage and support faculty to apply for external funding

Objective R.I.B: To disseminate the results of research to academics and the field of practice					
Benchmark to be met	**Measurement Description**	**Recent Assessment**	**Met**	**Measurement Results**	**Actions Based on Results**
At least 60% of Program faculty will publish in peer-reviewed literature	Annual faculty activity reports and CVs	June 2013	Met	-215 journal articles published by 15/19 (79%) of Program faculty in self-study and previous 2 years	-Program will continue encourage and support faculty to publish
At least 60% of Program faculty will deliver presentations	Annual faculty activity reports and CVs	June 2013	Met	-437 presentations delivered by 16/19 (84%) of Program faculty in self-study and previous 2 years	-Program will continue to encourage and support faculty to deliver presentations

Objective R.I.C: To integrate research findings into the classroom					
Benchmark to be met	**Measurement Description**	**Recent Assessment**	**Met**	**Measurement Results**	**Actions Based on Results**
100% of Program faculty will integrate research into their teaching	Course syllabi	June 2013	Met	-100% of course syllabi demonstrate integration of research into teaching	-Program will continue to encourage and support faculty to integrate their own and others' research into their teaching
Grand average student satisfaction rating of 2.0 or better (on scale from 1-excellent to 5-poor) with the quality of the assigned readings	Course evaluations	2012/13	Not met	-Grand average satisfaction rating of 2.3 on quality of assigned readings	-Development of shared Program reading list to allow faculty to build on previous/concurrent readings -Discussion with Program faculty at fall 2014 curriculum review -Examination of next

					block evaluation results for evidence of improvement

SERVICE GOALS

SERVICE GOAL S.I: To expand the interaction between the Program and the field of practice					
Objective S.I.A: To provide information, expertise, and assistance to a variety of health services organizations and initiatives					
Benchmark to be met	**Measurement Description**	**Recent Assessment**	**Met**	**Measurement Results**	**Actions Based on Results**
100% of core Program faculty participate in service activities	Faculty participation in service activities	June 2013: Annual faculty activity reports and CVs	Met	-All core Program faculty participate in service activities	-Program will continue to encourage faculty to participate in service activities and to use these activities to inform their teaching

Appendix 17: MHSc Bioethics Course Description

First Year

HAD 5771H - Resource Allocation Ethics
This course will introduce students to key topics in priority setting (resource allocation) from both theoretical and practical viewpoints. The goal is for students to develop a better understanding of priority setting (resource allocation) in health care institutions and health systems from an interdisciplinary perspective. We will explore the contributions and interaction of ethics, economics, political science, and management science approaches to priority setting in practice. Case studies will be a constitutive component of each session.

CHL 3001Y - Core Topics in Bioethics
In this course, a number of key issues and topics in healthcare ethics will be explored from a variety of disciplinary perspectives. The course will be predominantly case-based and will focus on issues that arise within the patient/healthcare provider relationship (micro/meso level). As well as, current topical ethical issues will be explored by leading practitioners in the area of bioethics. Throughout the course, students are challenged to examine the linkages between ethical theory and practice. Students are expected to incorporate what they have learned in other courses, particularly PHL 2146Y - Topics in Bioethics (as applicable), into class discussions. Class assignments and participation will emphasize improving ethical discernment, analysis, reasoning, and writing skills. While the class seminars offer breadth across a variety of areas, the course assignments provide students with an opportunity to explore a particular topic in greater depth.

CHL 3003Y - Empirical Approaches in Bioethics
This course will use seminars to illustrate concepts and applications of empirical approaches to the bioethics literature. The purpose of the course is twofold: to produce educated consumers of empirical literature and provide the fundamental skills to produce contributions to the literature. The students will learn the requisite skills to find, assess and critique the empirical literature from a methodological perspective. Students will learn the basic skills of critical appraisal, as well as skills in the design and conduct of elementary scientific studies and in the preparation of grants to submit to funding agencies. The course will include discussion and evaluation of the broad range of empirical methods employed in contemporary bioethics including but not limited to: quantitative methods such as randomized control trials, cross sectional surveys, decision analysis and qualitative methods such as phenomenology and ethnography. It will also demonstrate to students how empirical methods can be used for program evaluation and quality improvement. At the conclusion of the course students are expected to be able to demonstrate the ability to: Use computerized data bases to find relevant bioethical literature; Systematically analyse and criticise literature from a methodological perspective; Design and execute a simple survey and focus group; Prepare a grant for submission to a funding agency; Organize and conduct a program evaluation.

CHL 3005H - Legal Approaches to Bioethics
The purpose of this course is to familiarize non-law students with basic legal principles, leading judgments and legislation in Canada, the U.S. and England covering a spectrum of bioethical issues, addressed primarily at the microethical level. The course has mixed formats, including lectures, small group and class discussions, as well as guest lecturers. Topics will be chosen from: legal duties to future generations and the unborn; compromised newborns and infants and wrongful life; parental powers and duties and adolescent autonomy; reproductive health and rights; consent; privacy; medically-assisted reproduction; transplantation and control of tissues outside the body; death, natural death and medically-assisted death; resource allocation; public health and epidemiology.

PHL 2146Y - Topics in Bioethics: Theoretical Approaches
This course explores a number of key concepts and issues using ethical theories and principles in bioethics. The approaches we will consider include: casuistry; utilitarianism (consequence-based theory); Kantianism (duty-based theory); social contract theory; ethical principles ("principlism"); virtue ethics; ethics of care; feminist ethics; and communitarian ethics. We will also introduce some (bio)ethical perspectives under the broad headings of First Nations, Asian, African, Jewish, Christian, and Islamic. Topics to be discussed include: the nature of ethical reasoning in philosophical bioethics; the fact/value distinction; personhood and moral status; autonomy, beneficence, non-maleficence and paternalism; distributive justice and social justice; professional virtues and models of patient-practitioner relationship; gender, race and other markers of equality and difference; the possibility of a global bioethics; the ethical status of legal and religious texts and opinions/commands; cultural relativism; communities, cultures and religions in bioethics.

Second Year

CHL 3051H - Research Ethics
"Research ethics" refers to the study of ethical issues that arise in the development, conduct, and dissemination of research resulting from scientific investigation. Although this field often encompasses human, animal and molecular studies, this course principally will focus on issues resulting from the involvement of human beings in research, with a particular emphasis on Canadian biomedical research. The objective of the course is to introduce students to some of the philosophical and practical concerns that they will face both as students and future investigators and to familiarize students with the most important concepts used in the research ethics debate and literature. Topics will include but not be limited to: the philosophical foundation of research ethics; value and validity as ethical requirements for research; risk in research; informed consent; clinical equipoise and placebo controlled trials; conflict of interest; and genetic research. Other topics may be presented depending on student interest.

CHL 3052H - Practical Bioethics (Capstone Course)
CHL 3052H is a capstone course – one in which students demonstrate their ability to work as ethics specialists. Students draw upon all that they have learned in their other MHSc courses at

the JCB, applying their knowledge, scholarship, and skill in persuasive presentation to an ethics project they are currently doing in their home institution or likely will do when they return. This class helps develop and demonstrate students' readiness to take on ethics-related work. Students will have opportunities to apply their problem-solving and leadership skills, demonstrate awareness and responsiveness to the context of their workplace, and hone skills for supporting colleagues to do their best work in ethics.

CHL 3002Y - Teaching Bioethics (prerequisite CHL 3001Y)
This course has two broad aims: i) to foster skills for teaching bioethics and ii) to encourage students to initiate and enhance bioethical educational initiatives in their health care work environment. The culmination of the course is the development of a teaching curriculum which addresses the ethical issues in each student's health care context.

CHL 3004Y - Ethics & Health Institutions
This course explores ethics in health care from an organizational perspective. Students will: a) develop an understanding of ethics practice at an organizational level, b) become familiar with the field of organizational ethics, including legal and ethical aspects of health care governance and management, c) explore strategies to address value-pluralism in institutional settings (e.g., stakeholder analysis, conflict resolution, ethics consultation), and d) build knowledge and skills to assist organizations in developing and evaluating ethics programs and structures. The role of the ethicist/ethics consultant will also be explored. Course readings are drawn from an interdisciplinary literature, including management, social sciences, business ethics, and bioethics.

CHL 3006Y - Writing in Bioethics
The goal of this course is to introduce students to scholarly and practical writing relevant to bioethics. The main focus is on writing one bioethics commentary paper suitable for publication in a journal. The paper is expected to make an original contribution to the literature. Students will go through all the steps in writing a commentary paper, including picking a topic, developing an outline, reviewing the literature, writing a first draft, revising the paper, responding to critiques, and producing the final draft. Students will provide detailed critiques of their colleagues' papers, simulating the journal review process. We will also discuss authorship, effective writing, and media communication, as well as writing abstracts, op-ed pieces, and policy reviewing.

CHL 3008Y - Applied Learning in Bioethics (Practicum)
This course provides an opportunity to work independently in an area of bioethics that is of particular interest to course participants. Students may choose to focus learning on clinical, organizational and/or research ethics. Under the guidance of the Course Directors, students will seek out a Course Supervisor, someone who is a recognized expert in the student's area of interest who will provide "real life" experience, and work with that Supervisor to design a course of study, including goals and objectives, that will serve as the foundation of their work in the practicum. This course of study will then be approved by the Course Director, who will act

as a resource to the students as needed for the duration of the practicum. As a result, this course does not require time in the classroom; rather it is an on-site placement. As such, students will need to be self-directed when working with the Course Supervisor and negotiate opportunities for learning - such as presenting ethics rounds, attending research ethics board meeting, working on a policy development committee, and so on. Finally, the practicum can provide an opportunity to further develop your ethics knowledge and skills which you will be asked to apply in Practical Bioethics (January-March) in which you'll be completing a "capstone" project. The capstone project is not part of the practicum but students are encouraged to use the unique practicum opportunity to consider project ideas that could be developed into your capstone.

Appendix 18: MHSc Health Administration Course Requirements

10 F.C.E.
Practicum Placement (8 or 12 weeks) or Project
16 months (full-time)

Required Courses

HAD5010H	Canada's Health System and Health Policy: Part 1 (0.5 FCE)
HAD5711H	Theory and Practice of Strategic Planning and Management in Health Service Organizations (0.5 FCE)
HAD5713H	Introduction to Health Information Systems (0.5 FCE)
HAD5724H	Quantitative Methods for Health Services Management and Policy (0.5 FCE)
HAD5020H	Canada's Health System and Health Policy: Part 2 (0.5 FCE)
HAD5721H	Strategic Management of Quality and Organizational Behaviour in Health Services Organizations (0.5 FCE)
HAD5723H	Health Services Accounting (0.5 FCE)
HAD5770H	Program Planning and Evaluation (0.5 FCE)
HAD5731H	Translating Leadership into Practice (0.5 FCE)
HAD5733H	Health Services Finance (0.5 FCE)
HAD5761H	Intro to eHealth: Informatics, Innovations & Information Systems (0.5 FCE)
HAD6010Y	Practicum – one full credit 8 week field placement. (1.0 FCE)
HAD6011H	Practicum Extension – optional 4 week Practicum extension. (0.5 FCE)
HAD5725H	Health Economics (0.5 FCE)
HAD5741H	Health Law and Ethics (0.5 FCE)
HAD5769H	Human Resources Management & Labour Relations in the Health Field (0.5 FCE)
HAD5775H	Competition, Cooperation and Strategy in Healthcare (0.5 FCE)
HAD7001H	Developing a Leadership Portfolio (0.5 FCE)

Elective Course Options

HAD5736H	Operations Research Tools for Quantitative Health Care Decision Making (0.5 FCE)
HAD5765H	Case Studies in Health Policy (0.5 FCE)
HAD5767H	Health Services Marketing (0.5 FCE)

Appendix 19: MHSc Health Administration Courses Offered

HAD5010H **Canada's Health System and Health Policy: Part 1**

This course, the first in a series of three, critically analyzes key issues and trends in Canada's health care system using an analytic "tool kit" derived from the fields of health policy analysis and public administration. (0.5 FCE)

HAD5711H **Theory and Practice of Strategic Planning and Management in Health Service Organizations**

This course offers a review of concepts and process relevant to strategic planning in health service organizations. (0.5 FCE)

HAD5713H **Introduction to Health Information Systems**

Role of health information at the individual, organizational and system level. (0.5 FCE)

HAD5724H **Quantitative Methods for Health Services Management and Policy**

Basic quantitative skills necessary for health services administration. (0.5 FCE)

HAD5020H **Canada's Health System and Health Policy: Part 2**

Continued examination of key concepts and issues in Canadian health policy. (0.5 FCE)

HAD5721H **Strategic Management of Quality and Organizational Behaviour in Health Services Organizations**

Current approaches to assessing and improving the quality of health services. (0.5 FCE)

HAD5723H **Health Services Accounting**

Financial/managerial accounting concepts applicable to health service organizations. (0.5 FCE)

HAD5770H **Program Planning and Evaluation**

Overview of the concepts and models of program planning and evaluation applicable to health service organizations. (0.5 FCE)

HAD5731H **Translating Leadership into Practice**

Grounded in theory and research, this course focuses on the mastery of personal, behavioural leadership competencies through reflective practice. (0.5 FCE)

HAD5733H Health Services Finance

This course will concentrate on strategic corporate finance concepts applicable to health services. In addition, it will integrate corporate finance and accounting theories, institutional knowledge of health care finance, and applications to specific problems. (0.5 FCE)

HAD5761H Introduction to eHealth: Informatics, Innovations and Information Systems

Information Systems (IS) in health care; historical development of computer-based IS; using IS to support decision-making in operational control, management control, and strategic planning. (0.5 FCE)

HAD6010Y Practicum – one full credit

8 week field placement. (1.0 FCE)

HAD6011H Practicum Extension – optional

4 week Practicum extension. (0.5 FCE)

HAD5725H Health Economics

This course explores the economic foundations of health policy development and health services management. The course will facilitate the development of skills in the use of economic theories, evaluation and related topics for administrative decision-making. (0.5 FCE)

HAD5741H Health Law and Ethics

Legal and ethical issues arising in health administration; different approaches to solutions; basic foundation of ethical and legal theories, and their application to health administration. (0.5 FCE)

HAD5769H Human Resources Management and Labour Relations in the Health Field

Employment relationship (including union-management relations) and the social, economic, and regulatory context within which that relationship is defined. (0.5 FCE)

HAD5736H Operations Research Tools for Quantitative Health Care Decision Making

This course introduces quantitative methods and their applications to healthcare decision making and is designed to provide health care decision makers with an

introduction to several useful quantitative methods that can provide insight and support for complex decision making. (0.5 FCE)

HAD5767H Health Services Marketing

Principles of marketing and their application to the management of health service organizations; stresses a customer-focus orientation, re-examination of usual strategic issues, the relationship between marketing and quality management. (0.5 FCE)

HAD5775H Competition, Cooperation and Strategy in Healthcare

This course explores the application of strategy and performance measurement frameworks to cases from the for-profit, not-for-profit, and non-profit sectors in health care and the life sciences. (0.5 FCE)

HAD5765H Case Studies in Health Policy

Formulation and implementation of public policy using studies focused on theoretical concepts; comparisons of policy alternatives. (0.5 FCE)

HAD7001H Developing a Leadership Portfolio

Appendix 20: MHI Degree Level Expectations

MASTER'S DEGREE LEVEL EXPECTATIONS **(based on the** **Ontario Council of Academic Vice Presidents (OCAV) DLEs**	**MASTER'S PROGRAM LEARNING OBJECTIVES AND OUTCOMES**	**HOW THE PROGRAM DESIGN AND REQUIREMENT ELEMENTS SUPPORT THE ATTAINMENT OF STUDENT LEARNING OUTCOMES**
EXPECTATIONS: **This MHI is awarded to students who have demonstrated:**		
1. Depth and Breadth of Knowledge A systematic understanding of knowledge, and a critical awareness of current problems and/or new insights, much of which is at, or informed by, the forefront of the academic discipline, field of study, or area of professional practice.	This is reflected in students who are able to: • Demonstrate comprehensive knowledge of health care delivery policies and systems. • Critically review knowledge and skills required to develop information and communication technology infrastructures to support health care, such as consumer and point-of-care informatics applications, electronic health records. • Critically analyze systemic, organizational and cultural issues associated with the implementation of e-health initiatives across the clinical, medical, community, and technological domains of health care	The program design and requirement elements that ensure these student outcomes for depth and breadth of knowledge are: • Lectures, readings and group discussions in course work. • Case-based and experiential content delivered by guest lecturers, workshop providers, and instructors with relevant and contemporary health informatics experience. • Interaction with multiple health informatics stakeholders via student group project development; peer-to-peer interactions; student/ faculty interactions; conference, guest lecture and workshop participation. • Group student/faculty feedback sessions • Practicum experiences across diverse settings involve industry-specific feedback from practicum preceptors.
2. Research and Scholarship A conceptual understanding and methodological competence that i) Enables a working comprehension of	This is reflected in students who are able to: • Understand, internalize and integrate theoretical	The program design and requirement elements that ensure these student outcomes for research and scholarship are: • Capstone project reports and

MASTER'S DEGREE LEVEL EXPECTATIONS (based on the Ontario Council of Academic Vice Presidents (OCAV) DLEs	MASTER'S PROGRAM LEARNING OBJECTIVES AND OUTCOMES	HOW THE PROGRAM DESIGN AND REQUIREMENT ELEMENTS SUPPORT THE ATTAINMENT OF STUDENT LEARNING OUTCOMES
how established techniques of research and inquiry are used to create and interpret knowledge in the discipline; ii) Enables a critical evaluation of current research and advanced research and scholarship in the discipline or area of professional competence; and iii) Enables a treatment of complex issues and judgments based on established principles and techniques; and, on the basis of that competence, has shown at least one of the following: i) The development and support of a sustained argument in written form; or ii) Originality in the application of knowledge.	foundations of health informatics domains and technologies to generate strategic and tactical solutions within the field. • Use appropriate models for evaluating information systems, classification systems, health systems and the quality of health information services. • Engage in the evaluation of both business and healthcare delivery practices focusing on structure, process and outcomes measurement and improvement.	presentations based on live-case challenges and requiring strategic application of knowledge. • Applied sessions in technology development and evaluation at Centre for Global eHealth Innovation. • Case-based and experiential content delivered by guest lecturers, workshop providers, and instructors. • Individual and group presentations and reports required for course work • Practicum experiences include development of program-related deliverables for host organizations. • Membership access to research and data from associations within field. • Opportunities for conference participation, cross-program collaboration and student innovation display (posters, Hackathons, papers).
3. Level of Application of Knowledge Competence in the research process by applying an existing body of knowledge in the critical analysis of a new question or of a specific problem or issue in a new setting.	This is reflected in students who are able to: • Exhibit the capacity to generalize analytic health informatics skills in context-specific ways to create innovative and custom solutions to healthcare	The program design and requirement elements that ensure these student outcomes for level and application of knowledge are: • Lectures, readings, group discussions and presentations in course work • Practicum experiences to pursue 4 learning objectives

MASTER'S DEGREE LEVEL EXPECTATIONS (based on the Ontario Council of Academic Vice Presidents (OCAV) DLEs	MASTER'S PROGRAM LEARNING OBJECTIVES AND OUTCOMES	HOW THE PROGRAM DESIGN AND REQUIREMENT ELEMENTS SUPPORT THE ATTAINMENT OF STUDENT LEARNING OUTCOMES
	system problems • Facilitate the design and implementation of effective and methods and processes for acquiring, processing and analyzing data • Develop solution architecture to meet health system information technology needs across clinical, financial and administrative healthcare domains.	through 16 weeks of applied project work. • Capstone projects based on live-case challenges and requiring strategic application of knowledge. • Individual and group presentations and reports required for course work • Opportunities for conference participation, cross-program collaboration and student innovation display (posters, Hackathons, papers).
4. Professional Capacity/Autonomy a. The qualities and transferable skills necessary for employment requiring i) The exercise of initiative and of personal responsibility and accountability; and ii) Decision-making in complex situations; b. The intellectual independence required for continuing professional development; c. The ethical behavior consistent with academic integrity and the use of appropriate guidelines and procedures for responsible conduct of research; and d. The ability to appreciate the broader implications of applying knowledge to particular contexts.	This is reflected in students who are able to: • Critically analyze and respond to systemic, organizational and cultural issues associated with the implementation of e-health initiatives across the clinical, medical, community, and technological domains of healthcare. • Demonstrate knowledge of and sensitivity to the protection of patient confidentiality and privacy, and to the demands for security of interoperative information technologies. • Exhibit flexible and appropriate leadership skills in collaboration, change management, problem-solving and decision-making activities across a multitude of	The program design and requirement elements that ensure these student outcomes for professional capacity/autonomy are: • Lectures, readings and group discussions in course work • Experiential content delivered by instructors, guest lecturers, and professional-development workshops. • Interaction with multiple health informatics stakeholders via student group project development; peer-to-peer interactions; student/ faculty interactions; committees and conferences. • Practicum experiences across diverse settings place students in roles as health informatics professionals with both self-reflective and evaluative

MASTER'S DEGREE LEVEL EXPECTATIONS (based on the Ontario Council of Academic Vice Presidents (OCAV) DLEs	MASTER'S PROGRAM LEARNING OBJECTIVES AND OUTCOMES	HOW THE PROGRAM DESIGN AND REQUIREMENT ELEMENTS SUPPORT THE ATTAINMENT OF STUDENT LEARNING OUTCOMES
	healthcare settings.	feedback components.
5. Level of Communications Skills The ability to communicate ideas, issues and conclusions clearly.	This is reflected in students who are able to: • Provide leadership, develop interpersonal relations, and engage in conflict resolution, and articulate ideas with impeccable oral and written communications skills. • Work collaboratively to communicate how effective use of information within health systems effects health and medical processes, and contributes to successful outcomes for healthcare consumers. • Produce information and transfer knowledge that meets the needs of clinicians, managers and decision makers to optimize understanding of health informatics impacts.	The program design and requirement elements that ensure these student outcomes for level of communication skills are: • Group projects, individual and group presentations, in-class dialogue. • Capstone projects include the development and delivery of project recommendations and report. Multiple course requirements for final report delivery. • Interaction with multiple health informatics stakeholders via student group project development; peer-to-peer interactions; student/ faculty interactions; committees and conferences. • Practicum experiences across diverse settings are evaluated by faculty, students and preceptors based on communications skills.

Appendix 21: MHI Course Requirements

MHI course content is built to develop skills to meet the fluid and evolving discipline of Health Informatics (HI). As a result, students and faculty are engaged in a process of dialectical learning. Throughout the program, students are challenged to engage multiple perspectives to define and develop their own best roles within the discipline.

The MHI is a 16-month program (4 consecutive sessions), which requires the completion of 10.0 full course equivalents (FCE). There is no thesis requirement.

The program includes required coursework (7.5 FCE), elective course work (0.5 FCE) and a 4-month full-time practicum or field placement (2 FCE).

The program begins by introducing the theoretical and foundational knowledge of HI domains. The program builds on knowledge and skill sets present within the diverse student group; students function as both learners and teachers.

This is followed by broad survey and experiential-based courses to expand and strengthen theoretical and practical knowledge relevant to key areas in the Health Informatics discipline. Students participate in a four-month, supervised practicum. During this stage of their program, students integrate previous knowledge and skills with new learnings as they define their roles as Health Informaticians.

In the final stage of the program, students participate in advanced seminars and an elective course that reflects their diverse interests, strengths and the current market demand.

Required Courses

MHI1001H	Information and Communication Technology in Health Care
MHI1002H	Complexity of Clinical Care for Non-Clinicians
MHI2001H	Health Informatics I
MHI2002H	Health Informatics II
MHI2003H	Consumer Health Informatics and Public Health Informatics
MHI2004H	Human Factors and Change Management in Health Services
MHI2005Y	Health Informatics Practicum
MHI2006H	Advanced Topics in e-Health Innovation (Health & Clinical Information Systems)
MHI2007H	Quantitative Skills in Health Informatics
MHI2008H	Project Management for Health Informatics
MHI2009H	Evaluation Methods for Health Informatics
MHI2011H	Performance Measurements in Healthcare: Theory and Application
HAD5010H	Canada's Health System and Health Policy: Part 1
INF1003H	Information Systems, Services and Design
INF1341H	Analyzing Information Systems
INF2183H	Knowledge Management and Systems

Appendix 22: MHI Courses Offered

MHI1001H Information and Communication Technology for Health Care

This course will introduce the fundamental concepts of information and communication technology for those students with a non-technical background. The course will cover material that is relevant to health informatics and focus on the understanding of hardware and software systems. The proper design and specification of health information systems will be emphasized. The purpose of this course is to provide the students a sufficient background to understand the technical details of healthcare ICTs and apply their knowledge in the design and specification of systems. (0.5 FCE)

MHI1002H Complexity of Clinical Care

This course has been designed to provide non-clinicians (or International clinicians) with an overview of the clinical aspects of the Canadian health care system, focusing on the flow of health information amongst and between interdisciplinary health care providers in a variety of settings. The course will alternate between lectures/seminars (50%) and clinical site visits (50%), with relevant readings assigned as needed. Students will be exposed to clinical cases across the lifespan, covering major body systems and health care settings. Emphasis will be placed on the relationship between patients, providers, and health information, using complexity theory as a framework. (0.5 FCE)

MHI2001H Health Informatics I

This course is designed to provide an overview of basic concepts and recurrent themes in Health Informatics (HI) - an emergent discipline that deals with the collection, storage, retrieval communication and use of health related data, information and knowledge. It will explore a number of topics central to understanding of the field including the history of and motivation for HI, Biomedical data, information and knowledge, information systems design for the health care domain, and organizational and societal issues. (0.5 FCE)

MHI2002H Health Informatics II

This course provides an overview of applications of ICT to health care and biomedicine. Potential and actual benefits as well as the challenges associated with these applications will be discussed. Topics include Electronic Health Record (EHR) and Computerized Provider Order Entry (CPOE), patient care systems, telehealth, clinical Decision Support Systems (DSS) and bioinformatics. (0.5 FCE)

MHI2003H Consumer and Public Health Informatics

The course will give an overview of: how information technology and consumer health informatics are becoming an integral part of modern concepts of public health and national healthcare policies in many developed countries; and consumer and public health informatics

applications, and also touch on public health informatics applications which specifically deals with population -level data collected and analyzed for or by public health professionals, for example for surveillance purposes. (0.5 FCE)

MHI2004H Human Factors and Change Management

The purpose of this course is to provide the students with a sufficient background to understand the technical, organizational and individual issues associated with the changes related to the introduction of clinical computing solutions. It will address the socio-technical challenges of introducing information and communication technology into healthcare settings as well as cover contrasting strategies in the successful adoption and deployment of systems by introducing the fundamental concepts of human factors and the principles and strategies associated with organizational change management. The course will focus on psycho-social and behavioural issues and how they affect the design and usability considerations related to clinical applications and devices. (0.5 FCE)

MHI2005Y PRACTICUM

The 4 -month practicum will provide an opportunity to apply the theory and knowledge gained in course work directly in a health informatics related organization. Organizations can include health care delivery settings, vendors, associations, consulting firms, or government departments.

Students are required to spend a minimum of 600 hours involved in appropriate, supervised field practice. Prior to their placement, students are assessed with regards to their academic and professional strengths and weaknesses as well as their career goals and aspirations, and are matched with current preceptor organizations and projects accordingly. Attendance in Group Dynamics and Leadership Workshops offered in the Session II are required prior to placement. (2.0 FCE)

MHI2006H Advanced Topics in Health Informatics - Strategic Frameworks for Solution Architecture

This will be a weekly seminar course that will explore the basics as well as the advanced nuances of a broad spectrum of topics in the eHealth Innovation and Information Management. Students will be responsible to work on their own as well as within a group analyzing eHealth development. The course is comprised of the following: (1) a comprehensive review of the key concepts and theories from information theory which have been applied, or have viable application potential, to management in the health services industry, (2) identify and critically analyze the strengths and weakness of varying “traditions” in eHealth and information management, (3) critically assess the strengths and weaknesses of varying methodologies used to study issues in health services, and (4) prepare the student to formulate and clearly articulate relevant, topical questions and to develop viable strategies by which to address them. (0.5 FCE)

MHI2007H Quantitative Skills in Health Informatics

This course is designed to give students a working knowledge of selected statistical analysis techniques relevant to Health Informatics. Specifically, the course covers statistical methods normally found in health informatics work applications: analysis of variance for one-way and multi-way data with fixed, mixed and random effects models; linear and multiple regression; multiple correlation, analysis of covariance, repeated-measures analyses. In addition, students will learn about survey sampling, experimental design, and power analysis. The emphasis will be placed on conceptual understanding of statistical techniques and their application to address real problems.

MHI2008H Project Management

This web -based course covers the strategic, organizational and operational aspects of managing projects. Students learn to manage the technical, behavioural, political and cultural aspects of temporary groups performing unique tasks. Topics covered include: defining deliverables, formulating project strategy, effective group organization and management, dynamically allocating resources, managing without authority, and resolving conflict. Traditional cost and time management techniques are covered using contemporary software packages. (0.5 FCE)

MHI2009H Evaluation Methods for Health Informatics

This course is designed to demystify the evaluation process and give students the tools to build a solid evaluation plan for every new eHealth project. The goal of the course is to provide the theory, principles and best practices for evaluating health information systems and assessing the benefits. Course objectives include to understand the various approaches, tools and techniques used to evaluate health information systems; appropriately apply evaluation and research tools required to implement an evaluation plan; and formulate and assess the merits of a health information system evaluation plan based on project objectives and goals. In terms of scope, this course will focus on evaluation and research approaches and techniques for evaluating system requirements and system impact post implementation. The course will not focus on usability and system design as those aspects are covered elsewhere. (0.5 FCE)

MHI2010H Health Informatics Practicum Extension

MHI2011H Performance Measurement in Health Care

The course will provide an overview of different models for performance measurement, indicator development strategies and a discussion of issues specific to several stakeholder groups in health care delivery. (0.5 FCE)

MHI3000H – Reading course

Appendix 23: MSc in Public Health Sciences, Biostatistics Field Degree Level Expectations

MASTER'S DEGREE LEVEL EXPECTATIONS (based on the Ontario Council of Academic Vice Presidents (OCAV) DLEs]	MASTER'S PROGRAM LEARNING OBJECTIVES AND OUTCOMES	HOW THE PROGRAM DESIGN AND REQUIREMENT ELEMENTS SUPPORT THE ATTAINMENT OF STUDENT LEARNING OUTCOMES
EXPECTATIONS: **This Biostatistics MSc degree is awarded to students who have demonstrated:**		
1. Depth and Breadth of Knowledge A systematic understanding of knowledge, and a critical awareness of current problems and/or new insights, much of which is at, or informed by, the forefront of the academic discipline, field of study, or area of professional practice.	Depth and breadth of knowledge is defined in Biostatistics as and is reflected in students who are able to: Graduates of the MSc program will learn: - Mathematical statistical techniques: Knowing the mathematical properties of statistical methods and to be able to read the statistical literature to use new statistical methods and to understand the strengths and weaknesses of these new methods. - Computational proficiency: Handling large datasets, solving for numerical results in statistical analyses, and fluency in at least one statistical package. - Specialized applied statistical expertise: Knowledge of specialized statistical methods for models that are used in biomedical/population health research including methods for the analysis of categorical and survival data. - The art of data analysis: Understanding how to link scientific questions and mathematical statistical methods. Translating the scientific questions into mathematical language, and the results of a statistical analysis	The program design and requirement elements that ensure these student outcomes for depth and breadth of knowledge are: Mathematical statistical expertise is first covered in STA2112/STA2212 or CHL5226/CHL5223. Mathematical methods play a major role in CHL5209 and CHL5210. In addition, these methods are also reinforced in many of the elective courses. In all courses, a new statistical technique is described and there is at least a basic justification of the methods based on mathematical statistical principles. Computational proficiency: Outside of STA2112/STA2212 and CHL5226, there is a heavy statistical computational component to almost all the other courses in the program. This is especially true in the required courses: CHL5207, CHL5209, CHL5210, CHL5223. There is an especially heavy emphasis in many of the elective courses such as CHL5223 and the CHL7001 courses "Statistical Methods in Data Mining", "Statistical Analysis of Health Data from Complex Samples", "Statistical Models on Complex Human Genetic Diseases" and STA7002 "Simulation Methods".

MASTER'S DEGREE LEVEL EXPECTATIONS (based on the Ontario Council of Academic Vice Presidents (OCAV) DLEs]	MASTER'S PROGRAM LEARNING OBJECTIVES AND OUTCOMES	HOW THE PROGRAM DESIGN AND REQUIREMENT ELEMENTS SUPPORT THE ATTAINMENT OF STUDENT LEARNING OUTCOMES
	back to the scientist.	Specialized applied statistical expertise: Categorical methods are covered in CHL 5210 and Survival methods are covered in CHL5209. The different elective course are usually built around specialized methods for different types of problems and one can see what method is being studied by looking at the title of the course. In addition, the seminar course, CHL5250, exposes students to a wide range of different statistical techniques. Art of data analysis. A basic understanding of public health is given in the overview course, CHL 5004 "Introduction to Public Health Sciences". The seminar course, CHL5250, exposes students to a broad range of examples of different techniques which are in the context of how these methods are used for a problem in the biomedical/population health sciences. The course CHL5207, is a two semester, practicum course where the student start with a scientific problems and are learning the art of data analysis.
2. Research and Scholarship A conceptual understanding and methodological competence that i) Enables a working comprehension of how established techniques of research and inquiry are used to	Research and Scholarship is defined in Biostatistics as and is reflected in students who are able to: {Note: this is covered in item 1}	The program design and requirement elements that ensure these student outcomes for research and scholarship are: The development and support of a sustained argument: In the mathematical course, the students have to provide mathematical

MASTER'S DEGREE LEVEL EXPECTATIONS (based on the Ontario Council of Academic Vice Presidents (OCAV) DLEs]	MASTER'S PROGRAM LEARNING OBJECTIVES AND OUTCOMES	HOW THE PROGRAM DESIGN AND REQUIREMENT ELEMENTS SUPPORT THE ATTAINMENT OF STUDENT LEARNING OUTCOMES
create and interpret knowledge in the discipline; ii) Enables a critical evaluation of current research and advanced research and scholarship in the discipline or area of professional competence; and iii) Enables a treatment of complex issues and judgments based on established principles and techniques; and, on the basis of that competence, has shown at least one of the following: i) The development and support of a sustained argument in written form; or ii) Originality in the application of knowledge.		proofs. These are written logic arguments produced in the style of the mathematical discipline. That is, an established technique to interpret (and prove) the knowledge. For the methods course, the student will have to justify their answers on exams and problems sets with a lenghly written description explaining their answer. In these cases, the student is frequently providing a critical evaluation of the current research and professional competency as they weigh different possible solutions when they justify their answer. In the the courses studying the art of data analysis (CHL5004, CHL5250, and CHL5207), the students will have to submitted written reports. In these reports they need to make judgements as to the proper approach when considering the complexity of real data analysis.
3. Level of Application of Knowledge Competence in the research process by applying an existing body of knowledge in the critical analysis of a new question or of a specific problem or issue in a new setting.	Application of Knowledge is defined in Biostatistics as… This is reflected in students who are able to:	The program design and requirement elements that ensure these student outcomes for level and application of knowledge are: In most courses, usually students are presented with some new concept or technique and then they are tested in an exam or in problem sets with circumstances which are novel to the student. However, this item is most clearly answered in the practicum course. In that course, the students are presented in a professional setting where they are presented with a scientific question which has never been analysed before. The student needs to critically assess how to translate the

MASTER'S DEGREE LEVEL EXPECTATIONS (based on the Ontario Council of Academic Vice Presidents (OCAV) DLEs]	MASTER'S PROGRAM LEARNING OBJECTIVES AND OUTCOMES	HOW THE PROGRAM DESIGN AND REQUIREMENT ELEMENTS SUPPORT THE ATTAINMENT OF STUDENT LEARNING OUTCOMES
		scientific question into an appropriate mathematical model with an appropriate statistical technique. It is also not uncommon that the technique required has not been directly covered in the students course work and needs to search the literature for the proper technique.
4. Professional Capacity/Autonomy a. The qualities and transferable skills necessary for employment requiring i) The exercise of initiative and of personal responsibility and accountability; and ii) Decision-making in complex situations; b. The intellectual independence required for continuing professional development; c. The ethical behavior consistent with academic integrity and the use of appropriate guidelines and procedures for responsible conduct of research; and d. The ability to appreciate the broader implications of applying knowledge to particular contexts.	Professional Capacity/Autonomy is defined in Biostatistics as… This is reflected in students who are able to:	The program design and requirement elements that ensure these student outcomes for professional capacity/autonomy are: These issues are covered in the practicum course. The student is placed in a professional setting. The students needs to act professional and accountable. As part of the placement process for the course, the students need to prepare a professional CV and cover letter and apply for the placements they prefer. They are then interviewed by the practicum supervisor. While at the placement, they are in the professional environment and must act professionally. They need to navigate the complex issues that are part of doing a scientific study.
5. Level of Communications Skills The ability to communicate ideas, issues and conclusions clearly.	Communications Skills is defined in Biostatistics as… This is reflected in students who are able to:	The program design and requirement elements that ensure these student outcomes for level of communication skills are: Many courses contain presentations and report writing as part of the course work. However, the practicum course is where the communication competencies are

MASTER'S DEGREE LEVEL EXPECTATIONS (based on the Ontario Council of Academic Vice Presidents (OCAV) DLEs]	MASTER'S PROGRAM LEARNING OBJECTIVES AND OUTCOMES	HOW THE PROGRAM DESIGN AND REQUIREMENT ELEMENTS SUPPORT THE ATTAINMENT OF STUDENT LEARNING OUTCOMES
		more directly covered. When starting a data analysis project, the first thing that the students need to learn is how to listen to what the scientist is saying so that they can understand what the problem is. Then, while working on the project, it is imperative that the student continue to comunicate with the scientist on the project to insure that the right question is being answered. During the course of the praticum course and at the end of the practicum, the students need to present preliminary reports and make presentations of their work. In addition, the students often make poster presentations of their work at the annual Biostatistics research day or present at the national statistics conference. It is also very common that the work is submitted for publication in a scientific journal and presented at conferences in an appropriate scientific conference.

Appendix 24: MSc in Public Health Sciences, Biostatistics Field Courses Offered

From DLSPH Webpage

Course Requirements: 5.0 FCE

Required courses: (4.0 FCE)	
CHL5004H: Introduction to Public Health Science	0.5
CHL5207Y: Laboratory in Statistical Design and Analysis	1.0
CHL5209:H Survival Analysis I	0.5
CHL5210H: Categorical Data Analysis	0.5
CHL5250H: Biostatistics Seminars	0.5
Plus one of the following:	
CHL5226H: Mathematical Foundations of Biostatistics	0.5
STA2112H: Mathematical Statistics I	0.5
Plus one of the following:	
CHL5223H: Applied Bayesian Methods	0.5
STA2212H: Mathematical Statistics II	0.5
Electives: at least 2 of the following (1.0 FCE)	
CHL5222H: Analysis of Correlated Data	0.5
CHL5224H: Statistical Genetics	0.5
CHL5225H: Advanced Statistical Methods for Clinical Trials	0.5
STA2101H: Methods of Applied Statistics I	0.5
CHL7001H: Statistical Methods for Genetics and Genomics	0.5
CHL7001H: Statistical Analysis of Health Economic Data	0.5
CHL7001H: Temporal Analysis of Health Policy Intervention	0.5
CHL7001H: Statistical Methods in Data Mining	0.5
CHL7001H: Statistical Analysis of Health Data from Complex Samples	0.5
CHL7001H: Statistical Models on Complex Human Genetic Diseases	0.5
CHL7001H: An Introduction to the Likelihood Paradigm	0.5
CHL7001H: Introduction to Statistical Methods for Clinical Trials	0.5
CHL7002H: Simulation Methods	0.5

Not all courses are offered in every year. See timetable for current offerings.

Note: Electives may be taken from other departments such as the Department of Statistical Sciences, Department of Computer Science or other University departments, with permission of the Division Head.

Appendix 25: MScCH Program Details for Each Specialization

Addictions and Mental Health (AMH)

Objectives, learning outcomes, competencies

There is a growing need for more advanced and focused training for health professionals practicing, or seeking to practice, in the Addictions and Mental Health field, as recognized in the May, 2006 Canadian Senate Report, "Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada" (report available at http://www.parl.gc.ca/39/1/parlbus/commbus/senate/Com-e/SOCI-E/rep-e/rep02may06-e.htm). Addictions and mental health problems account for five of the leading 10 contributors to the burden of illness in Canada. Professionals from a variety of backgrounds work in the AMH field.

The MScCH Addiction and Mental Health (AMH) field is designed to provide graduate-level education to health professionals who are seeking professional education and development in this field. Graduates will be familiar with biological, psychological and social determinants of addiction and mental health problems, and with current public health approaches to mental health and addiction issues, ranging from policy to individual interventions.

Admission requirements, policies and procedures, with a description of the 'target audience'

The MScCH (AMH) program is intended for highly academically and professionally qualified individuals in established health professions, currently working in or wishing to work in the AMH field. Some individuals currently working in the Addictions and Mental Health field who are not licensed health professionals may be admitted to the MScCH with an undergraduate degree (with a minimum "mid B" average in the last academic year) plus a suitable amount of relevant professional experience in the Addictions and Mental Health context (typically five years.

Program description and requirements

Required courses (2.0 FCE)

CHL 5004H Introduction to Public Health Sciences

CHL 5804H Health Behaviour Change

CHL 5300H Public Health Policy

CHL 5690H Required Practicum

Plus at least one (0.5 FCE) of

PAS 3700H Multidisciplinary Aspects of Addiction

CHL 5120H Population Health Perspectives on Mental Health and Addiction

Plus at least two (1.0 FCE) of

PAS 3701H Advanced Research Issues in Addictions

CHL 5417H Tobacco and Health: From Cells to Society

SWK 4616H Drug Dependence: Treatment Approaches

CHL 5610H Theory and Practice of Behaviour Change in Primary Care

Elective courses (1.5 FCE)

CHL 5691H Optional practicum

Other courses relevant to the student's area of interest, with approval of the Field Director.

Family and Community Medicine (FCM)

Around the world, Family Medicine is becoming increasingly recognized as an academic discipline with its own unique collection of knowledge, skills and attitudes. The University of Toronto's MScCH (FCM) is a unique and rigorous professional graduate studies degree intended to strengthen the practice of family medicine and primary care by developing leadership, teaching and research skills of family physicians and primary care providers (such as nurse practitioners).

Objectives, learning outcomes, competencies

In order to prepare prospective faculty, entry level faculty as well as experienced academic health professionals to become more effective and scholarly leaders of academic family medicine and primary care, the MScCH aims to fulfill the following objectives:

- An understanding of social, political and scientific forces that influence the health care system and the delivery of primary health care.
- An understanding of how individual and family dynamics affect the health of a population.
- A basic understanding of public health principles and health policy.
- An understanding of how to effectively apply the principles of adult education when teaching in a classroom or a clinical setting.
- An understanding of how to design effective and innovative inter-professional educational programs in a scholarly manner.
- An understanding of research methods, basic statistical techniques and how best to apply them to the primary care clinical setting.

- An understanding of the principles of leadership and management as they relate to the health care setting.

A notable strength of the program is that the practicum requirements allow for experiential learning and reinforce the theoretical principles learned in many of the courses.

Participants in the program hail from many different parts of the world, contributing to a unique and stimulating venue for learning and collaboration. The longitudinal nature of the program allows participants to develop rich professional networks with their colleagues.

The MScCH curriculum is designed for practicing health professionals who are or can reasonably expect to become teachers and leaders in their professional fields. Graduates of our programs have often gone on to hold high-level hospital and/or university appointments at their home institutions which reflects the utility of the knowledge, skills and attitudes developed in the Family Medicine Master's programs.

Program description, requirements, program of study and practicum

The field's curriculum includes the following:

	Required Courses (3.5 FCE)		**FCE**
CHL5004H	Introduction to Public Health		(0.5)
HAD5010H	Canada's Health System & Health Policy		(0.5)
CHL5603Y	Social, Political and Scientific Issues in Family Medicine		(1.0)
Either	CHL5602H	Working with Families in Family Medicine	(0.5)
	CHL5604H	Human Development Issues in Family Medicine	
Either	CHL5607H	Teaching & Learning by the Health Professions: Principles & Theories	(0.5)
	CHL5608H	Teaching & Learning by the Health Professions: Principal Issues and Approaches	
CHL5690H	Required Practicum (see below)		(0.5)
	Example Elective Courses: (1.5 FCE)		
CHL5601H	Appraising and Applying Evidence to Assist Clinical Decision Making (N.B., web-based, on-line course)		(0.5)
CHL5605H	Research Issues in Family Medicine/Primary Care		(0.5)

CHL5609H	Continuing Medical Education in Health Professions	(0.5)
CHL5610H	Theory and Practice of Behaviour Change in Primary Care	(0.5)
CHL5611H	Continuing Education Planning, Management and Evaluation in the Health Professions (N.B., condensed format course)	(0.5)
CHL5612H	Theory and Application of Interprofessional Education for Collaborative Patient Centred Practice	(0.5)
CHL5613H	Leading Improvement in the Quality of Health Care for Community Populations	(0.5)
CHL5614H	Curriculum Foundations in Health Practitioner Field-based Education	(0.5)
CHL5615H	Assessment and Evaluation Issues in Health Practitioner Field-based Education	(0.5)
CHL5618H	Family Medicine and Primary Care in the Global Health Context	(0.5)
CHL5623H	Practical Management Concepts and Cases in Leading Small Health Organizations	(0.5)
CHL5691H	Field Specific Optional Practicum	(0.5)
CHL7001H/ CHL7002H	Directed Reading/Research course	(0.5)

Health Practitioner Teacher Education (HPTE)

Health Practitioner Teacher Education (HPTE) is an area of growing interest as, the expectation for skills training in pedagogy and certification of teaching training become the norm for university instructors around the world. The MScCH (HPTE) addresses the practical high quality education needs of family physicians and other health professionals locally, nationally and internationally.

Program description, requirements, typical program of study and practicum

The curriculum design and program content is chosen for those health professionals who can reasonably expect to be, or already are, teachers and/or education leaders in their fields. The field's curriculum includes the following:

	Required Courses (3.5 FCE)	**FCE**
CHL5004H	Introduction to Public Health	(0.5)

CHL 5300H	Public Health Policy	(0.5)
CHL5607H	Teaching & Learning by the Health Professions: Principles & Theories	(0.5)
CHL5608H	Teaching & Learning by the Health Professions: Practical Issues & Approaches	(0.5)
CHL5609H	Continuing Medical Education in Health Professions	(0.5)
CHL5611H	Continuing Education Planning, Management and Evaluation in the Health Professions	(0.5)
CHL5690H	Required MScCH Practicum in HPTE (see below)	(0.5)
	Example Elective Courses: (1.5 FCE required)	
CHL5601H	Appraising and Applying Evidence to Assist Clinical Decision Making	(0.5)
CHL5602H	Working with Families in Family Medicine	(0.5)
CHL5603Y	Social, Political and Scientific Issues in Family Medicine	(1.0)
CHL5604H	Human Development Issues in Family Medicine	(0.5)
CHL5605H	Research Issues in Family Medicine/Primary Care	(0.5)
CHL5610H	Theory and Practice of Behaviour Change in Primary Care	(0.5)
CHL5612H	Theory and Application of Interprofessional Education for Collaborative Patient Centred Practice	(0.5)
CHL5613H	Leading Improvement in the Quality of Health Care for Community Populations	(0.5)
CHL5614H	Curriculum Foundations in Health Practitioner Field-based Education	(0.5)
CHL5615H	Assessment and Evaluation Issues in Health Practitioner Field-based Education	(0.5)
CHL5618H	Family Medicine and Primary Care in the Global Health Context	(0.5)
CHL5623H	Practical Management Concepts and Cases in Leading Small Health	(0.5)

Organizations

Other elective courses in Public Health

Other elective courses in DFCM

CHL5691H Field Specific Optional Practicum (0.5)

Occupational Health Care (OHC)

The Occupational Health Care (OHC) field addresses the need for occupational health care professionals (eg, physicians, nurses, physiotherapists, occupational therapists) to acquire formal professional academic training and development through graduate studies to enhance their expertise and leadership within the area of occupational health care. The program enables these health care professionals to develop their analytical, critical, scholarly, professional and knowledge translation skills in order to promote changes in practice. Occupational health care addresses the health care needs of both individuals and groups in relation to their working environments. This includes the recognition, evaluation, control, management and rehabilitation of occupationally-related diseases and injuries.

This is a recently-introduced program (2009) that has not yet admitted its first student. It is a unique program in Canada and it is anticipated that, in the future, it will attract students from across Canada and internationally.

Objectives

- To understand Canada's health care system and heath policy.
- To understand the workers' compensation system in Canada.
- To understand the nature of occupational health practice within Canada's health care system and compensation system including the legal and social context of practice.
- To obtain knowledge in the scientific disciplines relevant to occupational health care practice such as toxicology, industrial hygiene and epidemiology.
- To obtain knowledge and apply this knowledge in clinical areas relevant to the practice of occupational health care, such as contact dermatitis, occupational respiratory disease, occupational allergy, occupational musculoskeletal problems, hand-arm vibration syndrome, noise-induced hearing loss, cancer, toxic exposures.
- To understand and be able to evaluate the delivery of occupational health care services in various settings such as the Ministry of Labour, Workplace Safety and Insurance Board, industry, and occupational health clinics in hospital or community settings.
- To learn how to apply epidemiological principles in the evaluation of occupational health care.

- To learn how to effectively communicate occupational heath care issues with various stakeholders.

Program Description

Required Courses (3.5 FCE)

CHL 5004H	Introduction to Public Health Sciences
HAD 5010H	Canada's Health System & Health Policy
CHL 5912H	Industrial Toxicology
CHL 5910H	Occupational and Environmental Hygiene 1
CHL 5905H	Advanced Clinical Studies in Occupational Medicine
CHL 5904H	Perspectives in Occupational Health and Safety – Legal and Social Context
CHL 5690H	Required Practicum

Elective Courses (1.5 FCE)

CHL 5691H	Field-specific Optional Practicum	(0.5)
Optional Courses	Courses in Epidemiology and Biostatistics are recommended	(1.0 to 1.5)

Wound Prevention and Care (WPC)

Wounds are common in chronic illnesses such as diabetes and are major factors affecting the increasing need for home care and inappropriate long term use of acute care beds around the world. New knowledge is rapidly transforming the management of this costly and growing health problem. Clinicians from a variety of professional disciplines need the knowledge and skills to understand and convey new approaches concerning wound prevention and management effectively to their colleagues and students.

Required Courses (3.5 FCE)

CHL5004H	Introduction to Public Health	(0.5)
HAD5010H	Canada's Health Care System and Health Policy	(0.5)
CHL5630Y	Wound Prevention & Care	(1.0)
CHL5607H	Teaching & Learning in the Health Professions – Principles and Theories	(0.5)
CHL5608H	Teaching & Learning in the Health Professions - Strategies & Practical Applications	(0.5)
CHL5690H	Required Practicum	(0.5)

Elective Courses (1.5 FCE)

Optional Courses	(1.0 – 1.5)

CHL5691H Optional Practicum (0.5)

Special features/innovations in the MScCH

- **Practica:** The practica provide the students with opportunities to apply, critically evaluate and reflect upon their new skills directly in a health professional setting. The basic **requirements** are the same for both the required and optional practica and for each of the six fields. Students are required to spend a **minimum** of 160 hours involved in appropriate supervised field practice for 0.5 FCE. Throughout the practicum the students are expected to record and reflect upon their experiences and to engage in regular discussion with their practicum supervisor. The practicum evaluation is based on the student's performance plus a scholarly, analytical and reflective report drawing on the experience, and a presentation to their classmates. All practicum placements require the approval of the MScCH Program Committee. Students may choose an optional (additional) practicum that involves more advanced and demonstrably different work in the same field as the required practicum or if appropriate may be in one of the other fields in the MScCH.
- **Recognition of Continuing Education:** Many health professionals are required to engage in regular, formal Continuing Education. **Some** Continuing Education courses **may** be accepted as partial credit for specified graduate courses with the approval of DLSPH Curriculum/ Examination Committee. To ensure the maintenance of high academic standards, the following conditions apply:

    - Eligible Continuing Education courses taken at the University of Toronto, Faculty of Medicine within the previous 12 months with a final grade of at least A- equivalent.
    - In all cases the student will be required to demonstrate completion of specified additional work, above the CE requirements, in order to receive the graduate credit.
    - Credit will be granted for a maximum of two academic (0.5 FCE each) courses for any one student.

Courses eligible for possible graduate credit	**Comparable MScCH Graduate Courses**
Teaching and Learning in the Health Professions A & B	CHL5607H & CHL5608H
Continuing Education in the Health Professionals	CHL5609H
Human Development	CHL5604H
Working with Families	CHL5602H
Seminar series – Socio/Political Economic issues	CHL5603Y
Teaching evidence – based Medicine	CHL5601H

Behavioural Change Counselling in Primary Care	CHL5610H
Research Issues in Family Medicine/Primary Care	CHL5605H & CHL5606H
Continuing Education Planning, Management & Evaluation in the Health Professions	CHL5611H
International Wound Care Training Program	CHL5630Y

- Over the past several years, an interdisciplinary, part-time, 10-month, high level continuing education program at the University of Toronto in WPC for Health Professionals has attracted over 80 participants annually from Canada and abroad. A sizeable subset of participants in these Continuing Education certificate programs have strongly requested a further training program at the Master's level with more pedagogical and community health content. Clinicians from a variety of professional disciplines need these skills to convey new approaches effectively to their colleagues and students.
- With the approval of the Program Committee, a student who is *unable to complete* all the requirements for the MScCH may chose the Diploma option which requires 3.5 FCE including:
  - 0.5 FCE core Public Health Sciences;
  - 0.5 FCE Practicum; and,
  - 2.5 FCE field-specific required courses.

  Note: The Diploma option is only available to students enrolled in the MScCH program (i.e., it is not available as a "direct-entry" program)

Appendix 26: MSc HPME Degree Level Expectations

MASTER'S DEGREE LEVEL EXPECTATIONS (based on the Ontario Council of Academic Vice Presidents (OCAV) DLEs]	MASTER'S PROGRAM LEARNING OBJECTIVES AND OUTCOMES	HOW THE PROGRAM DESIGN AND REQUIREMENT ELEMENTS SUPPORT THE ATTAINMENT OF STUDENT LEARNING OUTCOMES
EXPECTATIONS: **This MSc is awarded to students who have demonstrated:**		
1. Depth and Breadth of Knowledge A systematic understanding of knowledge, and a critical awareness of current problems and/or new insights, much of which is at, or informed by, the forefront of the academic discipline, field of study, or area of professional practice.	This is reflected in students who are able to: Know how to apply alternative theoretical and conceptual models from a range of relevant disciplines Apply in-depth disciplinary knowledge and skills Describe current health care system issues in the province, nationally and internationally from the different perspectives of government, health care managers, clinicians and patients	The program design and requirement elements that ensure these student outcomes for depth and breadth of knowledge are: Lectures, readings and group discussions in course work Practicum experiences Peer-to-peer interactions
2. Research and Scholarship A conceptual understanding and methodological competence that i) Enables a working comprehension of how established techniques of research and inquiry are used to create and interpret knowledge in the discipline; ii) Enables a critical evaluation of current research and advanced research and scholarship in the discipline or area of professional competence; and iii) Enables a treatment of complex issues and judgments based on established principles and techniques; and, on the basis of that competence, has shown at least one of the following: i) The development and support of a sustained argument in written form; or ii) Originality in the application of	This is reflected in students who are able to: Critically review the scientific literature, synthesize the findings across studies and make appropriate recommendations based on current knowledge Use knowledge of structures, performance, quality, policy and environmental context of health and health care to formulate solutions for health policy and health care problems Pose innovative and important research questions, informed by systematic reviews of the literature, stakeholder needs and relevant theoretical and	The program design and requirement elements that ensure these student outcomes for research and scholarship are: Lectures, readings and group discussions in course work Practicum experiences For thesis students, completion of the thesis research For non-thesis students, completion of a major paper

MASTER'S DEGREE LEVEL EXPECTATIONS (based on the Ontario Council of Academic Vice Presidents (OCAV) DLEs]	MASTER'S PROGRAM LEARNING OBJECTIVES AND OUTCOMES	HOW THE PROGRAM DESIGN AND REQUIREMENT ELEMENTS SUPPORT THE ATTAINMENT OF STUDENT LEARNING OUTCOMES
knowledge.	conceptual models	
3. Level of Application of Knowledge Competence in the research process by applying an existing body of knowledge in the critical analysis of a new question or of a specific problem or issue in a new setting.	This is reflected in students who are able to: Select appropriate interventional (experimental, quasi-experimental) or observational (qualitative, quantitative, or mixed methods) study designs to address specific research questions Understand and be able to select appropriately between primary and secondary data collection methods Use evidence to critically analyze a new question or a specific problem or issue in a new setting Use appropriate analytic methods to clarify associations between variables and to delineate causal inferences. Develop measurement tools appropriate to address specific research questions	The program design and requirement elements that ensure these student outcomes for level and application of knowledge are: Lectures, readings and group discussions in course work Practicum experiences For thesis students, completion of the thesis research For non-thesis students, completion of a major paper
4. Professional Capacity/Autonomy a. The qualities and transferable skills necessary for employment requiring i) The exercise of initiative and of personal responsibility and accountability; and ii) Decision-making in complex situations; b. The intellectual independence required for continuing professional development; c. The ethical behavior consistent with academic integrity and the use of appropriate guidelines and procedures for responsible	This is reflected in students who are able to: Implement research protocols with standardized procedures that ensure reproducibility of the science Ensure the ethical and responsible conduct of research in the design, implementation and dissemination of health services and health care research Describe awareness of gaps in	The program design and requirement elements that ensure these student outcomes for professional capacity/autonomy are: The program design and requirement elements that ensure these student outcomes for level and application of knowledge are: Lectures, readings and group discussions in course work Practicum experiences For thesis students, completion of

MASTER'S DEGREE LEVEL EXPECTATIONS (based on the Ontario Council of Academic Vice Presidents (OCAV) DLEs]	MASTER'S PROGRAM LEARNING OBJECTIVES AND OUTCOMES	HOW THE PROGRAM DESIGN AND REQUIREMENT ELEMENTS SUPPORT THE ATTAINMENT OF STUDENT LEARNING OUTCOMES
conduct of research; and d. The ability to appreciate the broader implications of applying knowledge to particular contexts.	knowledge and skills and an ability to seek ways to close those gaps	the thesis research For non-thesis students, completion of a major paper
5. Level of Communications Skills The ability to communicate ideas, issues and conclusions clearly.	This is reflected in students who are able to: Work collaboratively in multi-disciplinary teams Effectively communicate the findings and implications of health services research and health care research through multiple modalities to technical and lay audiences Understand the importance of collaborating with policy makers, organizations, and communities to plan, conduct and translate health services and health care research into policy and practice	The program design and requirement elements that ensure these student outcomes for level of communication skills are: Group discussions in course work Group projects Class Presentations (Group and Individual) Practicum experiences For thesis students, defence of the thesis research

Appendix 27: MSc HPME Course Requirements

Concentration: Clinical Epidemiology and Health Care Research

Thesis Stream

1. 6 half-courses (3 required)
2. Maximum of 1 research internship
3. Thesis
4. 12-24 months (full-time)

Non-Thesis Stream

1. 10 half-courses (4 required)
2. Maximum of 2 research internships
3. No thesis
4. 12-18 months (full-time)

Required Courses – Both Thesis and Non-Thesis

HAD5301H Introduction to Clinical Epidemiology and Health Care Research
HAD5307H Introduction to Applied Biostatistics

Required Courses – Non-Thesis Only

HAD6360H Research Internship

and ONE of the following four options (both Thesis and Non-Thesis):

HAD5303H Controlled Clinical Trials
HAD5304H Clinical Decision-Making and Cost-Effectiveness
HAD5306H Introduction to Health Care Research Methods
HAD5309H Non-Experimental Design

Elective Course Options

HAD5302H Measurement in Clinical Research
HAD5305H Evidence Based Guidelines
HAD5308H Systematic Reviews/Meta-Analysis
HAD5730H Economic Evaluation Methods for Health Service Research
HAD5763H Advanced Methods in Health Services Research
HAD6360H Research Internship
HAD5310H Pragmatic Issues in RCT's Course
HAD5312H Decision Modeling for Clinical Policy and Economic Evaluation (II)
HAD5316H Biostatistics II: Advanced Techniques in Applied Regression Methods

Concentration: Health Services Research

The MSc program consists of a minimum of 6 half-year courses and completion of a research thesis of acceptable quality and its oral defense. Two of the courses must be in the Primary Area of Study and two must be in research methods and/or statistics. The remaining two are elective courses.

To be eligible for the minimum program, students must have knowledge of the Canadian health care system and basic research and statistics skills. Students whose preparation is insufficient in these areas will be required to take additional courses. Course exemptions will only be offered to those students who have successfully completed graduate level courses at accredited universities, but no degree was awarded for completion of those courses.

Thesis research must be supervised by a faculty member who has an appointment (either primary or cross-appointment) in IHPME. The thesis must be completed under the supervision of a thesis committee (supervisor and at least one additional member) and must be defended before an examination committee appointed by the Institute of Health Policy, Management and Evaluation, according to the School of Graduate Studies' guidelines.

Program Requirements

Students meet annually with their supervisor and the Program Director to review the students' progress and to plan course work and other activities for the next year.

On average, students complete the MSc program within 18 months, although degree requirements can be completed within one year of full-time studies.

Concentration: Quality Improvement and Patient Safety

(FCE = Full course equivalent)

The courses are delivered in modular format. A one-week intensive is required in September and in January. The remaining class time will be concentrated in modules spread throughout the fall and winter terms. Each module consists of a full day Thursday and Friday, and a half-day on Saturday four times during the September – December term and four times during the January – April term.

The degree requirement is 5.0 Full Course Equivalents (FCE) which includes:

1. FCE (6 half courses) in the Quality Improvement and Patient Safety Concentration*
2. 1 required research project HAD3040Y Project Practicum (1 FCE equivalent)
3. 1 external practicum or 1 FCE (2 half courses) within the Institute of Health Policy, Management and Evaluation

*The timing of the 6 required half courses in the Quality Improvement and Patient Safety concentration is as follows:

HAD3010H Fundamentals of Improvement Science
HAD3020H Quality Improvement Methods
HAD3050H Leading and Managing Change
HAD3060H Quality Improvement in Health Systems
HAD3030H Concepts and Strategies in Patient SafetySystems
HAD3070H Legal and Regulatory Environment and Risk Management

Concentration: System Leadership and Innovation

The degree requirement is 5.0 Full Course Equivalents (FCE) which includes:

1. 2.0 FCE (4 half-course credits) for SLI core courses (HAD2001H, HAD2002H, HAD2003H and HAD2004H)
2. 1.0 FCE (2 half-courses credits) for SLI core practicums (HAD2010H, HAD2020H)
3. 2.0 FCE (at least 2 half-course credits and at least 1 half-credit practicum) for approved elective courses in an area of specialization

The core courses are delivered in various modular formats including courses offered twice a week four times during either the Fall or Winter term (8 sessions of 3 hours each) and courses offered weekly during the Summer term (8 sessions of 3 hours each over 8 weeks). The practicums are generally 6 to 8 weeks in duration and available in any term.

Students will be accepted into a full time program or into a part time program.

Postgraduate trainees can be accepted into either program.

Medical students can only be accepted into the part-time program.

Appendix 28: MSc HPME Courses Offered

Concentration: Clinical Epidemiology and Health Care Research

HAD 5301H Introduction to Clinical Epidemiology and Health Care Research

To introduce principles of epidemiology as applied to clinical research, emphasizing diagnosis, prognosis, treatment, the measurement of signs and symptoms of health and disease, and the evaluation of diagnostic, treatment and compliance-improving maneuvers. (0.5 FCE)

HAD 5302H Measurement in Clinical Research

The purpose of this course is to learn principles of measurement (good scale development, clinical usefulness, validity and reliability) so that they can be applied to the critical appraisal of a given instrument when a measurement need is defined. (0.5 FCE)

HAD 5303H Controlled Clinical Trials

This introductory course is designed to provide the student with necessary background and tools for the design and conduct of a 2-arm parallel group controlled clinical trials. (0.5 FCE)

HAD 5304H Clinical Decision Making and Cost Effectiveness

This course will provide an introduction to the principles and applications of decision sciences as they relate to clinical decision-making. (0.5 FCE)

HAD 5305H Evidence-Based Guidelines

HAD 5306H Introduction to Health Services Research and the Use of Health Administrative Data

An introduction to the research methods using secondary data (e.g., administrative databases) for evaluating the outcomes and effectiveness of medical care. (0.5 FCE)

HAD 5307H Introduction to Applied Biostatistics

This course is designed to give clinical epidemiology students the knowledge and skills in statistical methods that apply to clinical epidemiology. As well, students will acquire working experience in applying these methods to datasets, analysing epidemiological data, interpreting findings and presenting results. (0.5 FCE)

HAD 5308H Evidence Synthesis: Systematic Reviews and Meta-Analysis

This course is designed to instruct healthcare professionals, who have some background in critical appraisal of the literature and study design, how to systematically review available evidence either from randomized controlled trials, observational studies or diagnostic tests. (0.5 FCE)

HAD 5309H Observational Studies: Theory, Design, and Methods

This course covers conceptual, design and methodological issues related to research using observational methods. (0.5 FCE)

HAD 5310H Pragmatic Issues in Conduct of Controlled Trials

The aim of this course is to equip the student with strategies to deal with common issues that arise in the conduct of randomized controlled trials. (0.5 FCE)

HAD 5312H Decision Modelling for Clinical Policy and Economic Evaluation

This course will overview the principles and applications of decision analytic modeling for the purposes of developing clinical policy (e.g. what's the optimal screening method and interval for cervical cancer screening) and evaluating the efficiency (cost effectiveness/ cost utility) of health interventions. (0.5 FCE)

HAD 5313H Advanced Design and Analysis Issues in Clinical Trials

This course will overview issues identified by students conducting clinical trials. It is expected that this course will meet the individual needs of enrolled students. (0.5 FCE)

HAD 5314H Applied Bayesian Methods in Clinical Epidemiology and Health Care Research

This course will introduce students to Bayesian data analysis. (0.5 FCE)

HAD 5315H Advanced Topics in Measurement

This course will cover topics in measurement theory and application beyond the basic principles covered in HAD5302H, Measurement in Clinical Research. (0.5 FCE)

HAD 5316H Biostatistics II: Advanced Techniques in Applied Regression Methods

At the end of the course, the student will be able to develop a complex analysis plan to answer a clinical research question, to carry out the analyses using the statistical package SAS, to verify the appropriateness of the analyses based on the findings, and to report and interpret the results. (0.5 FCE)

HAD 6360H Required Research Practicum in Clinical Epidemiology

(0.5 FCE)

HAD 6361H Optional Research Practicum in Clinical Epidemiology (0.5 FCE)

HAD 7002H Reading Course: Writing Mentorship

The course objective is to teach students to write for medical and healthcare journals. (0.5 FCE)

Concentration: Health Services Research

HAD 5011H Canada's Health Care System and Health Policy (Doctoral Stream)

This course has two purposes: introduce students to some key content about current trends and issues in Canada's health care system and health policy; and develop analytic tools for critically analyzing them. (0.5 FCE)

HAD 5021H Canada's Health System and Health Policy Part 2 (Doctoral Stream)

This course explores contexts, processes and theories relevant to health policy studies, accompanied by exploration of topical health policy issues in Canada. (0.5 FCE)

HAD 5722H Knowledge Transfer in the Age of the Web

This course describes new online tools to engage the disengaged, new ways to target populations of interest, and new ways to measure KT success online. (0.5 FCE)

HAD 5726H Design and Evaluation in eHealth Innovation and Information

This course will be highly interactive and focus on how to design, conduct, and report evaluation studies of eHealth innovations, with "real-world" examples. (0.5 FCE)

HAD 5727H Knowledge Transfer and Exchange

The course examines the theoretical and practical dimensions of knowledge transfer and exchange (KT&E). (0.5 FCE)

HAD 5728H Performance Measurement in Health Care: Theory and Application

This is an elective for students in graduate research programs who wish to gain a better understanding of performance measurement in health care and the methods available to develop performance measurement systems and specific indicators of performance. (0.5 FCE)

HAD 5730H Economic Evaluation Methods for Health Service Research

This course is designed to introduce participants to an array of economic evaluation methods used to assess health care programs, services, technologies, and other interventions. (0.5 FCE)

HAD 5737H Tools for Implementation of Best Evidence

This course will provide learners with a comprehensive working knowledge of implementation science. (0.5 FCE)

HAD 5738H Advanced Methods in Economic Evaluation

The course is about advanced methods for estimation and uncertainty of cost-effectiveness statistics. (0.5 FCE)

HAD 5740H Intermediate-Level Qualitative Research for Health Services and Policy Research

This course will provide intermediate level instruction in the use of qualitative methods in health services research, clinical research, policy and medical education research. (0.5 FCE)

HAD 5742H Mixed Methods for Health Services Research

In this course students will engage in the theory and practice of mixed methods research. (0.5 FCE)

HAD 5743H Evaluation Design for Complex Interventions

This class will focus on an evaluation of a variety of complex policy and programmatic interventions, all of which have the ambition of improving health outcomes. (0.5 FCE)

HAD 5744H Introduction to Health Econometrics

This course is designed to provide an introduction to econometric methods. That is, the basic principles of regression model development and testing that underlie much of applied health economics and health services research. (0.5 FCE)

HAD 5745H Where Health Economics Hits the Road: Practical Applications of Economics to Real Health Care Problems

This seminar course is designed for graduate students who have an interest in examining the use of economic concepts as they apply to real health care problems in a hospitalized setting. (0.5 FCE)

HAD 5755Y Health Economics Graduate Seminar Series (CR/NCR)

The focus of this seminar series is on the practicalities of doing research in health economics. (0.5 FCE)

HAD 5760H Advanced Health Economics and Policy Analysis

Economic models of human and institutional behaviour are employed in this course to analyse the workings of the medical market. Specific attention is paid to the behaviour of both health care providers and health care clients. (0.5 FCE)

HAD 5763H Advanced Methods in Health Services Research

This seminar course covers conceptual and methodological issues related to descriptive and observational health services research. (0.5 FCE)

HAD 5768H International Perspectives on Health Services Management

This course provides an introduction to the global context, international organizations and developing-country health systems to facilitate the application of health service research to international health issues. (0.5 FCE)

HAD 5771H Resource Allocation Ethics

This course will introduce students to key topics in priority setting (resource allocation) from both theoretical and practical viewpoints. (0.5 FCE)

HAD 5772H Intermediate Statistics for Health Services Researchers

This course prepares students in: analysis of variance for one-way and multiway data for fixed, mixed and random effects; repeated measures analysis of variance; analysis of covariance; linear and multiple regression; logistic regression factor analysis; and structural equation modeling (introduction). (0.5 FCE)

HAD 5773H Introduction to Theories of Organizational Behaviour and Applications to the Health Care Sector

This seminar introduces the dominant theories used by health services researchers to study phenomena relating to organizational behavior in health services organizations and systems. (0.5 FCE)

HAD 5780H Program Planning and Evaluation for Health Services and Policy Research

This course will provide an overview of the current status of program planning and evaluation. (0.5 FCE)

HAD 7001H Reading Course

Concentration: Quality Improvement and Patient Safety

HAD 3010H Fundamentals of Improvement Science

This will provide core improvement concepts for students in the new Masters of Science in Improvement stream. (0.5 FCE)

HAD 3020H Quality Improvement Methods

This course will cover concepts and methods used for quality improvement in healthcare and will build on the basics covered in the Fundamentals of Improvement Science course. (0.5 FCE)

HAD 3030H Concepts and Strategies in Patient Safety

The course will cover key concepts and examples from both of the approaches to studying and reducing patient safety problems. (0.5 FCE)

HAD 3040Y Project Practicum

The project course includes the fundamentals of project management, practical skills and tools for rigorous design and implementation of a QI project, statistical methods for QI, methods for critiquing the literature related to the interventions identified and skills for writing for publication and what QI journals typically look for when reviewing articles. (1.0 FCE)

HAD 3050H Leading and Managing Change

The course will cover the knowledge domains of systems thinking and theories derived from social science, organizational theories, and psychology related to influencing transformational change and overcoming resistance to change at the clinical micro-system level. (0.5 FCE)

HAD 3060H Quality Improvement in Health Systems

This course focuses on understanding how healthcare organizations and broader health systems create and implement strategies to improve care. (0.5 FCE)

HAD 3070H Legal and Regulatory Environment and Risk Management

The course will include didactic pre-reading, lectures from leading experts, group discussion, and in-class simulations. (0.5 FCE)

HAD 3080H External Practicum (0.5 FCE)

HAD 3090H The Application of Lean in Healthcare

This course, focused entirely on Lean Improvement, will include methods and tools required to design, implement, and sustain Lean process improvements from start to finish. (0.5 FCE)

HAD 4000H **Reading Course** (0.5 FCE)

Concentration: System Leadership and Innovation

HAD 2001H **Strategic Vision and Planning for Health System Change**

Introduction to concepts that can be used to understand and respond to critical strategy and performance measurement challenges in system change. Focus on application of tools including balanced scorecards and scenario planning. (0.5 FCE)

HAD 2002H **Research Methods for Evaluating Health System Innovation**

This seminar course offers an overview of established research methods for the evaluation of health system innovations including measurement and validation as well research designs including both observational methods and randomized controlled trials. (0.5 FCE)

HAD 2003H **Leading and Responding to Health Policy and System Change**

This seminar course offers an overview of the role of medical profession and physicians in health policy and system change with a focus on the role of physicians in leading and responding to change at both government and institutional levels. The course will draw on principles of policy analysis and of organizational behaviour in order to provide conceptual models and practical tools that students can employ in a range of contexts. (0.5 FCE)

HAD 2004H **Leadership, Motivation, and Partnering**

This course is focused on the development of foundational leadership skills in students at entry into the System Leadership and Innovation (SLI) MSc. program. It is offered as the first core course that all students must take in the SLI program and it is given in conjunction with HAD2010H which is the initial practicum in the SLI program. (0.5 FCE)

HAD 2010H **System Leadership and Innovation Practicum (Individual)**

This practicum provides students with an opportunity to work with a health system leader on a specific project and is designed to focus on the application of the principles covered in HAD2004H Leadership, Motivation, and Partnering which is taken concurrently. (0.5 FCE)

HAD 2020H **System Leadership and Innovation Practicum (Team)**

This practicum requires students to work in groups of 2 or 3 on a research project focused on the evaluation of a health system innovation based on the principles and methods that are covered in HAD200H Research Methods for Evaluating Health System Innovation and must be taken prior to the practicum. (0.5 FCE)

Appendix 29: MSc HPME Graduate Publications

Name	Program	Grad. Year	Pub. Date	Title	Journal
Abhijit Duggal	MSc - Clinical Epidemiology & Health Care Research	2015	2016	Procalcitonin-based algorithms to initiate or stop antibiotic therapy in critically ill patients: Is it time to rethink our strategy.	*International Journal of Antimicrobial Agents*
			2015	Critical illness associated with 2013 - 2014 influenza A (H1N1): Postpandemic characteristics, presentation and outcomes.	*Indian Journal of Critical Care Medicine*
			2015	Managing aneurysmal subarachnoid hemorrhage: It takes a team.	*Cleveland Clinical Journal of Medicine*
Alejandro Floh	MSc - Clinical Epidemiology & Health Care Research	2014	2016	Advancing Cardiac Critical Care: A Call for Training, Collaboration, and Family Engagement.	*World Journal for Pediatrics and Congenital Heart Surgery*
			2016	Can Vco2-Based Estimates of Resting Energy Expenditure Replace the Need for Direct Calorimetry in Critically Ill Children?	*Journal of Parenteral and Enteral Nutrition*
			2016	Outcomes in Patients with Persistent Ventricular Dysfunction After Stage I Palliation for Hypoplastic Left Heart Syndrome.	*Pediatric Cardiology*
			2016	Pharmacological Manipulation of Peripheral Vascular Resistance in Single Ventricle Patients (Stages I, II, and III of Palliation).	*Current Vascular Pharmacology*
			2015	Insulin resistance and inflammation are a cause of hyperglycemia after pediatric cardiopulmonary bypass surgery.	*Journal of Thoracic and Cardiovascular Surgery*
			2015	Is glucose metabolism important for patients on extracorporeal membrane oxygenation?	*Pediatric Critical Care Medicine*
			2015	Systemic inflammation increases energy expenditure following pediatric cardiopulmonary bypass.	*Pediatric Critical Care Medicine*
			2014	Is this heart going to work?	*Pediatric Critical Care Medicine*
Amy Lee Chong	MSc - Clinical Epidemiology & Health	2012	2014	Anti-Mullerian hormone screening to assess ovarian reserve among female survivors	*Journal of Cancer Survivorship: Research and Practice*

	Care Research			of childhood cancer.	
			2013	Optic pathway gliomas in adolescence -- time to challenge treatment choices?	*Neuro-Oncology*
Andrew Lustig	MSc - Health Services Research	2014	2015	Cross-linked survey analysis is an approach for separating cause and effect in survey research.	*Journal of Clinical Epidemiology*
Arun Radhakrishnan	MSc - Health Services Research	2013	2015	A Clinical Decision Support System for Chronic Pain Management in Primary Care: Usability testing and its relevance .	*Journal of Innovation in Health Informatics*
Benjamin Escott	MSc - Clinical Epidemiology & Health Care Research	2012	2016	The impact of pedestrian countdown signals on single and two vehicle motor vehicle collisions: a quasi-experimental study.	*International Journal of Injury Control and Safety Promotion*
			2015	Intraarticular hip injection and early revision surgery following total hip arthroplasty: a retrospective cohort study.	*Arthritis & Rheumatology*
			2014	Relation between surgeon volume and risk of complications after total hip arthroplasty: propensity score matched cohort study.	*The BMJ*
			2013	Authorship proliferation in the orthopaedic literature.	*Journal of Bone & Joint Surgery (American Volume)*
			2013	EOS low-dose radiography: a reliable and accurate upright assessment of lower-limb lengths.	*Journal of Bone & Joint Surgery (American Volume)*
			2013	Geometric variations of acetabular component design and its effect on radiographic osseointegration.	*The Journal of Arthroplasty*
			2012	A systemic review and meta-analysis comparing complications following total joint arthroplasty for rheumatoid arthritis versus for osteoarthritis.	*Arthritis & Rheumatology*
Bimal Bhindi	MSc - Clinical Epidemiology & Health Care Research	2015	2016	Identification of the best complete blood count-based predictors for bladder cancer outcomes in patients undergoing radical cystectomy.	*British Journal of Cancer*

			2016	Influence of Metabolic Syndrome on Prostate Cancer Stage, Grade and Overall Recurrence Risk in Men Undergoing Radical Prostatectomy.	*Urology*
			2016	Prostate cancer risk prediction using novel versions of the European Randomised Study for Screening of Prostate Cancer (ERSPC) and Prostate Cancer Prevention Trial (PCPT) risk calculators: independent validation and comparison in contemporary European cohort.	*BJU International*
			2016	The initiation of multidisciplinary bladder cancer clinic and the uptake of neoadjuvant chemotherapy: A time-series analysis.	*Canadian Urological Association Journal*
			2015	Electrochemical red-ox therapy of prostate cancer in nude mice.	*Bioelectrochemistry*
			2015	Impact of the U.S. Preventive Services Task Force recommendations against prostate specific antigen screening on prostate biopsy and cancer detection rates.	*The Journal of Urology*
			2015	The effect of metformin on cancer specific survival outcomes in diabetic patients undergoing radical cystectomy for urothelial carcinoma of the bladder.	*Urologic Oncology: Seminars and Original Investigations*
Carita Ng	MSc - Health Services Research	2012	2015	Utility values for pre-menopausal women suffering from symptomatic uterine fibroids.	*Expert Review of Pharmacoeconomics & Outcomes Research*
			2013	The fiscal impact of informal caregiving to home care recipients in Canada: how the intensity of care influences costs and benefits to government.	*Social Science & Medicine*
Chethan Sathya	MSc - Clinical Epidemiology & Health Care Research	2015	2015	Concordance of performance metrics among U.S. trauma centers caring for injured children.	*Journal of Trauma and Acute Care Surgery*
			2015	Intracranial pressure monitoring among children with severe traumatic brain injury.	*Journal of Neurosurgery: Pediatrics*
			2015	Mortality Among Injured Children Treated at Different	*JAMA Surgery*

				Trauma Center Types.	
Corrine Davies-Schinkel	MSc - Health Services Research	2011	2011	Cost-effectiveness of pediatric epilepsy surgery compared to medial treatment in children with intractable epilepsy.	*Epilepsy Research*
			2011	Report: The Canadian Best Practices Educational Toolkits: translating evidence-based stroke recommendations into practical implementation resources.	*Canadian Journal of Neuroscience Nursing*
Darrell Hoi-San Tan	PhD - Clinical Epidemiology & Health Care Research	2012	2013	Herpes simplex virus type 2 and HIV disease progression: a systematic review of observational studies.	*BMC Infectious Diseases*
Debbie Li	MSc - Clinical Epidemiology & Health Care Research	2015	2016	The Decline of Elective Colectomy Following Diverticulitis: A Population-Based Analysis.	*Diseases of the Colon & Rectum*
Dhenuka Kannan Radhakrishnan	MSc - Clinical Epidemiology & Health Care Research	2013	2014	Trends in the age of diagnosis of childhood asthma.	*The Journal of Allergy and Clinical Immunology*
Dolly Han	MSc - Health Services Research	2015	2016	Multiple Dimensions of Value: Evaluative Frameworks for New Cancer Therapies.	*Journal of Clinical Oncology*
			2015	Mammographic microcalcifications and breast cancer tumorigenesis: a radiologic-pathologic analysis.	*BMC Cancer*
Eisar Al-Sukhni	MSc - Clinical Epidemiology & Health Care Research	2012	2016	National disparities in minimally invasive surgery for rectal cancer.	*Surgical Endoscopy*
			2016	Predicting Individualized Postoperative Survival for Stage II/III Colon Cancer Using a Mobile Application Derived from the National Cancer Data Base.	*Journal of the American College of Surgeons*
			2016	Predictors of circumferential resection margin involvement in surgically resected rectal cancer: A retrospective review of 23,454 patients in the US National Cancer Database.	*International Journal of Surgery*

			2016	Predictors of Pathologic Complete Response Following Neoadjuvant Chemoradiotherapy for Rectal Cancer.	*Annals of Surgical Oncology*
			2015	Central, But Not Peripheral, Circulating Tumor Cells are prognostic in Patients Undergoing Resection of Colorectal Cancer Liver Metastases.	*Annals of Surgical Oncology*
			2014	Development and implementation of a synoptic MRI report for preoperative staging of rectal cancer on a population-based level.	*Diseases of the Colon & Rectum*
			2013	Do MRI reports contain adequate preoperative staging information for end users to make appropriate treatment decisions for rectal cancer?	*Annals of Surgical Oncology*
			2013	Patient decision aids for cancer treatment: are there any alternatives?	*Cancer*
			2012	Diagnostic accuracy of MRI for assessment of T category, lymph node metastases, and circumferential resection margin involvement in patients with rectal cancer: a systemic review and meta-analysis.	*Annals of Surgical Oncology*
			2012	Preventative health practices and behavioural risk factors in women surviving traumatic brain injury.	*Health Care for Women International*
Elizabeth Lockhart	MSc - Health Services Research	2015	2016	Improving System Integration: The Art and Science of Engaging Small Community Practices in Health System Innovation.	*International Journal of Family Medicine*
			2016	ReCAP: Improving the Quality of Radiation Treatment for Patients in Ontario: Increasing Peer Review Activities on a Jurisdictional Level Using a Change Management Approach.	*Journal of Oncology Practice*
			2015	Advantages and disadvantages for receiving internet-based HIV/AIDS interventions at home or at community-based organizations.	*AIDS Care*

Emily Pearsall	MSc - Health Services Research	2014	2016	Clinical practice guideline: management of acute pancreatitis.	*Canadian Journal of Surgery*
			2016	Understanding Perioperative Transfusion Practices in Gastrointestinal Surgery - a Practice Survey of General Surgeons.	*Journal of Gastrointestinal Surgery*
			2015	A multifaceted knowledge translation strategy can increase compliance with guideline recommendations for mechanical bowel preparation.	*Journal of Gastrointestinal Surgery*
			2015	A qualitative study to understand the barriers and enablers in implementing an enhanced recovery after surgery program.	*Annals of Surgery*
			2015	Development of an Enhanced Recovery After Surgery Guideline and Implementation Strategy Based on the Knowledge-to-action Cycle.	*Annals of Surgery*
			2015	Successful implementation of an enhanced recovery after surgery programme for elective colorectal surgery: a process evaluation of champions 'experiences.	*Implementation Science*
			2014	Understanding surgical residents` postoperative practices and barriers and enablers to the implementation of an Enhanced Recovery After Surgery (ERAS) Guideline.	*Journal of Surgical Education*
Farhat Farrokhi	MSc - Health Services Research	2013	2014	Association between depression and mortality in patients receiving long-term care dialysis: a systemic review and meta-analysis.	*American Journal of Kidney Diseases*
			2013	Routine use of an abbreviated 4-item scale to assess dependence in essential activities of daily living amongst elderly hemodialysis patients: a validation study.	*International Urology and Nephrology*
Furqan Shaikh	MSc - Clinical Epidemiology & Health	2011	2016	Intre-arterial Chemotherapy for Retinoblastoma: A Systematic Review.	*JAMA: Ophthalmology*

	Care Research		2016	Is adjuvant chemotherapy indicated in ovarian immature teratomas? A combined data analysis from the Malignant Germ Cell Tumour International Collaborative.	*Cancer*
			2015	Allergic Reactions Associated with Intravenous Versus Intramuscular Pegaspargase: A Retrospective Chart Review.	*Pediatric Drugs*
			2015	Bridging the Distance in the Caribbean: Telemedicine as a means to build capacity for care in paediatric cancer and blood disorders.	*Studies in Health Technology and Informatics*
			2015	Cardioprotection and Second Malignant Neoplasms Associated with Dexrazoxane in Children Receiving Anthracycline Chemotherapy: A Systematic Review and Meta-Analysis.	*Journal of the National Cancer Institute*
			2015	Management and Outcomes of Patients With Langerhans Cell Histiocytosis and Single-Bone CNS-Risk Lesions: A Multi-Institutional Retrospective Study.	*Pediatric Blood & Cancer*
			2015	Pediatric and Adolescent Extracranial Germ Cell Tumours: The Road to Collaboration.	*Journal of Clinical Oncology*
			2015	Revised risk classification for pediatric extracranial germ cell tumors based on 25 years of clinical trial data from the United Kingdom and United States.	*Journal of Clinical Oncology*
			2015	Risk factors for inadequate bone marrow biopsies in children.	*American Journal of Hematology*
			2014	Management of acute limb ischemia in the pediatric population.	*Journal of Vascular Surgery*
			2014	The risk of traumatic lumbar punctures in children with acute lymphoblastic leukaemia.	*European Journal of Cancer*
			2013	Is there a role for carboplatin in the treatment of malignant germ cell tumors? A systematic review of adult and pediatric trials.	*Pediatric Blood & Cancer*
			2013	Progressive transformation of germinal centers in children and adolescents: an intriguing cause of lymphadenopathy.	*Pediatric Blood & Cancer*

			2013	Treatment with topotecan plus cyclophosphamide in children with first relapse of neuroblastoma.	*Pediatric Blood & Cancer*
			2013	Ultrasound imaging for lumbar punctures and epidural catheterisations: systematic review and meta-analysis.	*The BMJ*
			2012	Allogeneic cord hematopoietic stem cell transplantation in an infant with primary myelofibrosis.	*Journal of Pediatric Hematology/Oncology*
			2011	Extensive central nervous system involvement in optic pathway gliomas in neurofibromatosis type 1.	*Pediatric Blood & Cancer*
Gayathri Naganathan	MSc - Health Services Research	2014	2014	`Where do we go from here?" Health systems frustrations expressed by patients with multimorbidity, their caregivers and family physicians.	*Healthcare Policy*
Heather Burnett	MSc - Health Services Research	2011	2016	Cost-Effectiveness Analysis of First-Line Treatment with Biologics in Polyarticular Juvenile Idiopathic Arthritis.	*Arthritis Care & Research*
			2015	Cost-effectives analysis of clinic-based chloral hydrate sedation versus general anaesthesia for paediatric ophthalmological procedures.	*British Journal of Ophthalmology*
			2014	Parents willingness to pay for biologic treatments in juvenile idiopathic arthritis.	*Value in Health*
			2013	The use of biologic response modifiers in polyarticular-course juvenile idiopathic arthritis: a systematic review.	*Seminars in Arthritis and Rheumatism*
			2013	Values and evidence colliding: health technology assessment in child health.	*Expert Review of Pharmacoeconomics & Outcomes Research*
			2012	Parents' preferences for drug treatments in juvenile idiopathic arthritis: a discrete choice experiment.	*Arthritis Care & Research*
Himanshu S. Parikh	MSc - Health Services Research	2013	2015	Assessing health program performance in low-and middle-income countries: building a feasible, credible, and comprehensive framework.	*Global Health*

Iliana Lega	MSc - Clinical Epidemiology & Health Care Research	2013	2016	Association between Metformin Use and Mortality after Cervical Cancer in Older Women with Diabetes.	*Cancer Epidemiology, Biomarkers & Prevention*
			2014	The effect of metformin of mortality following cancer among patients with diabetes.	*Cancer Epidemiology, Biomarkers & Prevention*
Jason Eric Buick	MSc - Health Services Research	2013	2015	Quality Assessment Errors and Study Misclassification Threaten Systematic Review Validity: Community Opioid Overdose Prevention and Naloxone Distribution Programs Review.	*Journal of Addiction Medicine*
Jocelyn Andyss Srigley	MSc - Health Services Research	2014	2015	Applying psychological frameworks of behaviour change to improve healthcare worker hand hygiene: a systematic review.	*Journal of Hospital Infection*
Jaskarndip Chahal	MSc - Clinical Epidemiology & Health Care Research	2013	2016	Comparing Entry Points for Antegrade Nailing of Femoral Shaft Fractures.	*Orthopedics*
			2016	How to set the bar in competency-based medical education: standard setting after an Objective Structured Clinical Examination (OSCE).	*BMC Medical Education*
			2016	Immobilization in External Rotation Versus Internal Rotation After Primary Anterior Shoulder Dislocation: A Meta-analysis of Randomized Control Trials.	*The American Journal of Sports Medicine*
			2015	Arthroscopic Repair for Chronic Massive Rotator Cuff Tears: A Systematic Review.	*Arthroscopy*
			2015	A Systematic Review and Meta-Analysis Comparing Clinical Outcomes After Concurrent Rotator Cuff Repair and Long Head Biceps Tenodesis or Tenotomy.	*Sports Health*
			2015	Competency Based Medical Education: Can Both Junior Residents and Senior Residents Achieve Competence After a Sports Medicine Training Module.	*Journal of Bone & Joint Surgery*
			2015	Current concepts: the role of mesenchymal stem cells in the management of knee osteoarthritis.	*Sports Health*

			2015	Simulation of Anterior Cruciate Ligament Reconstruction in a Dry Model.	*The American Journal of Sports Medicine*
			2015	The epidemiology of primary anterior shoulder dislocations in patients aged 10 to 16 years.	*The American Journal of Sports Medicine*
			2015	The Addition of Platelet-Rich Plasma to Scaffolds Used for Cartilage Repair: A Review of Human and Animal Studies.	*Arthroscopy*
			2015	The Patient Acceptable Symptomatic State for the Modified Harris Hip Score and Hip Outcome Score Among Patients Undergoing Surgical Treatment for Femoroacetabular Impingement.	*The American Journal of Sports Medicine*
			2015	Trans-subscapularis portal versus low-anterior portal for low anchor placement on the inferior glenoid fossa: a cadaveric shoulder study with computed tomographic analysis.	*Arthroscopy*
			2014	Current status of evidence-based sports medicine.	*Arthroscopy*
			2014	Epidemiology of primary anterior shoulder dislocation requiring closed reduction in Ontario, Canada.	*The American Journal of Sports Medicine*
			2014	Management of humeral and glenoid bone loss in recurrent glenohumeral instability.	*Advances in Orthopedics*
			2014	Repair of full-thickness rotator cuff tears in patients aged younger than 55 years.	*Arthroscopy*
			2014	The efficacy of platelet-rich plasma in the treatment of symptomatic knee osteoarthritis: a systematic review with quantitative synthesis.	*Arthroscopy*
			2014	The epidemiology revision of anterior cruciate ligament reconstruction in Ontario, Canada.	*The American Journal of Sports Medicine*
			2014	The multiligament quality of life questionnaire: development and evaluation of test-retest reliability and validity in patients with multiligament knee injuries.	*The American Journal of Sports Medicine*

			2014	The risk of knee arthroplasty following cruciate ligament reconstruction: a population-based matched cohort study.	*Journal of Bone & Joint Surgery*
			2014	The role of acromioplasty for rotator cuff problems.	*Orthopedic Clinics of North America*
			2013	A Retrospective Review of Anterior Cruciate Ligament Reconstruction Using Patellar Tendon: 25 Years of Experience.	*Orthopedic Journal of Sports Medicine*
			2013	Combined arthroscopic Bankart repair and remplissage for recurrent shoulder instability.	*Arthroscopy*
			2013	Managing the patient with failed cartilage restoration.	*Sports Medicine and Arthroscopy Review*
			2013	Outcomes of osteochondral allograft transplantation in the knee.	*Arthroscopy*
			2013	Predictors of dislocation and revision after shoulder stabilization in Ontario, Canada, from 2003 to 2008.	*The American Journal of Sports Medicine*
			2013	Risk factors for recurrent anterior cruciate ligament reconstruction: a population study in Ontario, Canada, with 5-year follow-up.	*The American Journal of Sports Medicine*
			2013	The efficacy of platelet-rich plasma in the treatment of symptomatic knee osteoarthritis: a systematic review with quantitative synthesis.	*Arthroscopy*
Jennica Platt	MSc - Clinical Epidemiology & Health Care Research	2013	2015	Does breast reconstruction after mastectomy for breast cancer affect overall survival? Long term follow up of a retrospective population-based cohort.	*Plastic and Reconstructive Surgery*
			2015	Geographic Variation Immediate and Delayed Breast Reconstruction Utilization in Ontario, Canada and Plastic Surgeon Availability: A Population-Based Observational Study.	*World Journal of Surgery*
			2015	Pre-consultation educational group intervention to improve shared decision making for post mastectomy breast reconstruction: a pilot of randomized controlled trial.	*Supportive Care in Cancer*

			2014	A decision-making algorithm for recipient vein selection in bipedal deep inferior epigastric artery perforator flap autologous breast reconstruction.	*Journal of Plastic, Reconstructive & Aesthetic Surgery*
			2014	Atypical thoracic outlet syndrome and reverse flow thromboembolism.	*Pediatric Neurology*
			2014	Barriers to immediate breast reconstruction in the Canadian universal health care system.	*Journal of Clinical Oncology*
			2013	Pre-consultation educational group intervention to improve shared decision making for post mastectomy breast reconstruction: study protocol for pilot randomized controlled trial.	*Trials*
Jessica Bytautas	MSc - Health Services Research	2015	2016	A scoping review of online repositories of quality improvement projects, interventions.	*BMJ Quality and Safety*
			2015	A scoping review of medical education research in family medicine.	*BMC Medical Education*
Kathleen Armstrong	MSc - Health Services Research	2015	2015	The Effect of Mobile App Follow-Up Care on the Number of In-person Visits Following Ambulatory Surgery: A Randomized Control Trial.	*Studies in Health Technology and Informatics*
			2015	The effect of mobile app home monitoring on number of in-person visits following ambulatory surgery: protocol for a randomized controlled trial.	*JMIR Research Protocols*
			2015	The first smartphone application for microsurgery monitoring: SlipaRamanitor	*Plastic and Reconstructive Surgery*
			2015	Shifting Autologous Breast Reconstruction into an Ambulatory Setting: Patient-Reported Quality of Recovery.	*Plastic and Reconstructive Surgery*
Kimberly Ibarra	MSc - Health Services Research	2013	2014	A road map to build ethics capacity in the home and community care and support services sector.	*Healthcare Quarterly*
Lisa Masucci	MSc - Health Services Research	2011	2014	Home-based screening for biliary atresia using infant stool colour cards: a large--scale prospective cohort study and cost-effectiveness analysis.	*Journal of Medical Screening*

			2013	Predictors of health service use over the palliative care trajectory.	*Journal of Palliative Medicine*
Michele Molinari	MSc - Clinical Epidemiology & Health Care Research	2012	2015	Consensus statements from a multidisciplinary expert panel on the utilization and application of a liver-specific MRI contrast agent (gadoxetic acid).	*American Journal of Roentgenology*
Michelle Batthish	MSc - Health Services Research	2015	2016	Development of System-level Performance Measures for Evaluation of Models of Care for Inflammatory Arthritis in Canada.	*The Journal of Rheumatology*
Michelle Letchumanan	MSc - Health Services Research	2013	2015	An economic evaluation of conception strategies for heterosexual serodiscordant couples where the male partner is HIV-positive.	*Antiviral Therapy*
			2013	Amniocentesis in the HIV-infected pregnant women: Is there still cause for concern in the era of antiretroviral therapy?	*Canadian Journal of Infectious Diseases and Medical Microbiology*
			2013	Systematic review of HIV transmission between heterosexual serodiscordant couples where the HIV-positive partner is fully suppressed on antiretroviral therapy.	*PLoS One*
Nadia J. Luca	MSc - Clinical Epidemiology & Health Care Research	2013	2016	Cost-Effectiveness Analysis of First-Line Treatment with Biologics in Polyarticular Juvenile Idiopathic Arthritis.	*Arthritis Care & Research*
			2014	Assessment and management of pain in juvenile idiopathic arthritis.	*Pediatric Drugs*
			2014	Health outcomes of pediatric rheumatic diseases.	*Best Practice & Research: Clinical Rheumatology*
			2013	Disease activity measures in paediatric rheumatic diseases.	*International Journal of Rheumatology*
Natasha Ruth Saunders	MSc - Clinical Epidemiology & Health Care Research	2015	2016	Emergency Department Revisits by Urban Immigrant Children in Canada: A Population-Based Cohort Study.	*Journal of Pediatrics*
Nathan Perlis	MSc - Clinical Epidemiology & Health Care Research	2013	2014	Conceptualizing global health-related quality of life in bladder cancer.	*Quality of Life Research*
			2014	Systematic review, critical appraisal, and analysis of the quality of economic evaluations in stroke imaging.	*Stroke*

			2013	Evaluating potential live-renal donors: Causes for rejection, deferral and planned procedure types, a single-centre experience.	*Canadian Urological Association Journal*
			2013	Immediate post-transurethral resection of bladder tumor intravesical chemotherapy prevents non-muscle-invasive bladder cancer recurrences: an updated meta-analysis on 2548 patients and quality of evidence review.	*European Urology*
			2013	Coital frequency and infertility: which male factors predict less frequent coitus among infertile couples?	*Fertility and Sterility*
			2013	Upper urinary tract and urethral recurrences following radical cystectomy: a review of risk factors and outcomes between centres with different follow-up protocols.	*World Journal of Urology*
Pamela Valentino	MSc - Clinical Epidemiology & Health Care Research	2014	2015	Abnormal Liver Biochemistry Is Common in Pediatric Inflammatory Bowel Disease: Prevalence and Associations.	*Inflammatory Bowel Diseases*
			2015	The Academic Half-Day redesigned: Improving generalism, promoting CanMEDS and developing self-directed learners.	*Pediatrics & Child Health*
			2014	Hepatotoxicity caused by methotrexate therapy in children with inflammatory bowel disease: a systematic review and meta-analysis.	*Inflammatory Bowel Disease*
			2014	The role of diagnostic imaging and liver biopsy in the diagnosis of focal nodular hyperplasia in children.	*Liver International*
Patrick Richard	MSc - Clinical Epidemiology & Health Care Research	2015	2016	Active Surveillance for Renal Neoplasms with Oncolytic Features is Safe.	*The Journal of Urology*
			2016	An Increase in Gleason 6 Tumour Volume While on Active Surveillance Portends a Greater Risk of Grade Reclassification with Further Follow-up.	*The Journal of Urology*

			2016	Identification of the best complete blood count-based predictors for bladder cancer outcomes in patients undergoing radical cystectomy.	*British Journal of Cancer*
			2016	The role of biopsy for small renal masses.	*International Journal of Surgery*
			2016	Natural History of Renal Angiomyolipoma (AML): Most Patients with Large AMLs > 4cm Can Be Offered Active Surveillance as an Initial Management Strategy.	*European Urology*
			2015	Hematologic Parameters to Predict Small Renal Mass Biopsy Pathology	*Clinical Genitourinary Cancer*
			2015	Indications for biopsy and the current status of the focal therapy for renal tumours.	*Translational Andrology and Urology*
			2015	Management of small renal mass: an opportunity to address a growing problem in early stage kidney cancer.	*European Urology*
			2015	Phase II, randomised, double-blind, placebo-controlled trial of methylphenidate for reduction of fatigue levels in patients with prostate cancer retrieving LHRH-agonist therapy.	*BJU International*
			2015	Renal Tumor Biopsy for Small Renal Masses: A Single-Center 13-year Experience.	*European Urology*
Rajni Singhal	MSc - Clinical Epidemiology & Health Care Research	2011	2014	Inadequate predialysis care and mortality after initiation of renal replacement therapy.	*Kidney International*
Rebeka Sujic	MSc - Health Services Research	2011	2014	Factors influencing the pharmacological management of osteoporosis after fragility fracture: results from the Ontario Osteoporosis Strategy's fracture clinic screening program.	*Osteoporosis International*
			2013	Factors predictive of the perceived osteoporosis-fracture link in fragility fracture patients.	*Maturitas*
			2012	Patient perceptions of the path to osteoporosis care following a	*Quality Health Research*

				fragility fracture.	
Ruth Campbell-Page	MSc - Health Services Research	2011	2015	Prevalence of rheumatoid arthritis in low- and middle-class income countries: A systematic review and analysis.	*The Journal of Global Health*
			2013	Foreign-trained medical professionals: Wanted or not? A case study of Canada.	*The Journal of Global Health*
			2013	Managing ethical dilemmas in community-based participatory research with vulnerable populations.	*Health Promotion Practice*
Sanjay Murthy	MSc - Clinical Epidemiology & Health Care Research	2012	2016	Increased Risk of Venous Thromboembolic Events With Corticosteroid Versus Biologic Therapy for Inflammatory Bowel Disease.	*Clinical Gastroenterology and Hepatology*
			2015	Extent of Early Clinical Response to Infliximab Predicts Long-Term Treatment Success in Active Ulcerative Colitis.	*Inflammatory Bowel Disease*
			2015	Intraprocedural bowel cleansing with the JetPrep cleansing system improves adenoma detection.	*World Journal of Gastroenterology*
			2013	Evolving endoscopic strategies for detection and treatment of neoplastic lesions in inflammatory bowel disease.	*Gastrointestinal Endoscopy*
			2012	Impact of gastroenterologist care on health outcomes of hospitalised ulcerative colitis patients.	*Gut*
			2012	Novel colonoscopic imaging	*Clinical Gastroenterology and Hepatology*
			2015	Accreditation and Resident Safety in Ontario Long-Term Care Homes.	*Healthcare Quarterly*
Shawna McDonald	MSc - Health Services Research	2013	2013	Staffing-related deficiency citations in nursing homes.	*Journal of Aging & Social Policy*
Sonal Gandhi	MSc - Health Services Research	2012	2015	Early detection of chemotherapy-refractory patients by monitoring textural alterations in diffuse optical spectroscopic images.	*Medical Physics*

			2015	Non-invasive evaluation of breast cancer response to chemotherapy using quantitative ultrasonic backscatter parameters.	*Medical Image Analysis*
			2015	Oral Anticancer Medication Adherence, Toxicity Reporting, and Counseling: A Study Comparing Health Care Providers and Patients.	*Journal of Oncology Practice*
			2014	Early prediction of therapy responses and outcomes in breast cancer patients using quantitative ultrasound spectral texture.	*Oncotarget*
			2014	Evaluating an oncology systemic therapy computerized physician order entry system using international guidelines.	*Journal of Oncology Practice*
			2012	CD11b+GR1+myeloid cells secrete NGF and promote trigeminal ganglion neurite growth: implications for corneal nerve regeneration.	*Investigative Ophthalmology & Visual Science*
			2013	Tear fluid extracellular DNA: diagnostic and therapeutic implications in dry eye disease.	*Investigative Ophthalmology & Visual Science*
			2012	Ocular surface extracellular DNA and nuclease activity imbalance: a new paradigm for inflammation in dry eye disease.	*Investigative Ophthalmology & Visual Science*
Stephanie Hylmar	MSc - Health Services Research	2014	2015	Are LHINs influencing the patient experience in Ontario?	*Healthcare Management Forum*
			2015	The Patient Experience in Ontario 2020: What Is Possible?	*Healthcare Papers*
Steve Lin	MSc - Clinical Epidemiology & Health Care Research	2012	2016	Assessment of image-derived risk factors for natural course of unruptured cerebral aneurysms .	*Journal of Neurosurgery*
			2016	Association of advanced airway device with chest compression fraction during out-of-hospital cardiopulmonary arrest.	*Resuscitation*
			2016	Out-of-hospital cardiac arrest in high-rise buildings: delays to patient care and effect on survival.	*Canadian Medical Association Journal*
			2015	Association between hospital post-resuscitative performance and clinical outcomes after out-of-hospital cardiac arrest.	*Resuscitation*

			2015	Chest compression rates and survival following out-of-hospital cardiac arrest.	*Critical Care Medicine*
			2015	Revisiting the "Golden Hour": An Evaluation of Out-of-Hospital Time in Shock and Traumatic Brain Injury.	*Annals of Emergency Medicine*
			2014	Adrenaline for out-of-hospital cardiac arrest resuscitation: a systematic review and meta-analysis of randomized controlled trials.	*Resuscitation*
			2014	Survival rates in out-of-hospital cardiac arrest patients transported without prehospital return of spontaneous circulation: an observational cohort study.	*Resuscitation*
			2014	Targeted temperature management processes and outcomes after out-of-hospital cardiac arrest: an observational cohort study.	*Critical Care Medicine*
			2014	The effect of time to defibrillation and targeted temperature management on functional survival after out-of-hospital cardiac arrest.	*Resuscitation*
			2012	Novel biomarkers in diagnosing cardiac ischemia in the emergency department: a systematic review.	*Resuscitation*
Thien Huynh	MSc - Clinical Epidemiology & Health Care Research	2013	2015	Assessment of feasibility of running RSNA`s MIRC on a Raspberry Pi: a cost-effective solution for teaching files in radiology.	*International Journal of Computer Assisted Radiology and Surgery*
			2015	Association between hospital post-resuscitative performance and clinical outcomes after out-of-hospital cardiac arrest.	*Resuscitation*
			2015	Validation of the 9-Point and 24-Point Hematoma Expansion Prediction Scores and Derivation of the PREDICT A/B Scores.	*Stroke*
			2014	Multicenter accuracy and interobserver agreement of spot sign identification in acute intracerebral hemorrhage.	*Stroke*

			2014	Venous phase of computed tomography angiography increases spot sign detection, but intracerebral hemorrhage expansion is greater in spot signs detected in arterial phase.	*Stroke*
			2013	Response Evaluation Criteria in Solid Tumors (RECIST) criteria are superior to European Association for Study of the Liver (EASL) criteria at 1 month follow-up for predicting long-term survival in patients treated with transarterial chemoembolization before liver transplantation for hepatocellular cancer.	*Journal of Vascular and Interventional Radiology*
			2013	Spot sign number is the most important spot sign characteristic for predicting hematoma expansion using first-pass computed tomography angiography: analysis from the PREDICT study.	*Stroke*
Ziv Harel	MSc - Clinical Epidemiology & Health Care Research	2012	2016	How to Begin a Quality Improvement Project.	*Clinical Journal of the American Society of Nephrology*
			2016	How to Diagnose Solutions to a Quality of Care Problem.	*Clinical Journal of the American Society of Nephrology*
			2016	How to Measure and Interpret Quality Improvement Data.	*Clinical Journal of the American Society of Nephrology*
			2016	How to Sustain Change and Support Continuous Quality Improvement.	*Clinical Journal of the American Society of Nephrology*
			2016	Novel Oral Anticoagulants and the Risk of Major Hemorrhage in Elderly Patients With Chronic Kidney Disease: A Nested Case-Control Study.	*Canadian Journal of Cardiology*
			2016	Optimal Dose and Method of Administration of Intravenous Insulin in the Management of Emergency Hyperkalemia: A Systematic Review.	*PLoS One*
			2016	The Association Between Conversion to In-centre Nocturnal Hemodialysis and Left Ventricular Mass Regression in Patients With End-Stage Renal	*Canadian Journal of Cardiology*

				Disease.	
			2016	The Risk of Major Hemorrhage with CKD.	*Journal of the American Society of Nephrology*
			2015	Ambulatory care after acute kidney injury: an opportunity to improve patient outcomes	*Canadian Journal of Kidney Health and Disease*
			2015	Changing incidence and outcomes following dialysis-requiring acute kidney injury among critically ill adults: a population-based cohort study.	*American Journal of Kidney Diseases*
			2015	Comparison of novel oral anticoagulants versus vitamin K antagonists in patients with chronic kidney disease.	*Current Opinion in Nephrology and Hypertension*
			2015	Development of a hemodialysis safety checklist using a structured panel process.	*Canadian Journal of Kidney Health and Disease*
			2015	Improving Care after Acute Kidney Injury: A Prospective Time Series Study.	*Nephron*
			2015	Rehospitalisation's and Emergency Department Visits after Hospital Discharge in Patients Receiving Maintenance Hemodialysis.	*Journal of the American Society of Nephrology*
			2015	Risk prediction models for contrast induced nephropathy: a systematic review.	*The BMJ*
			2014	ACE Inhibitors are associated with a reduction in all-cause mortality versus angiotensin II receptor blockers in patients with diabetes mellitus.	*Evidence-Based Medicine*
			2014	Correlates of left ventricular mass in chronic hemodialysis recipients.	*The International Journal of Cardiovascular Imaging*
			2014	Practical considerations when prescribing icodextrin: a narrative review.	*American Journal of Nephrology*
			2014	Predictors of progression to chronic dialysis in survivors of severe acute kidney injury: a competing risk study.	*BMC Nephrology*

			2014	Prevalence and correlates of renal disease in older lithium users: a population-based study.	*The American Journal of Geriatric Psychiatry*
			2014	The association between renal replacement therapy modality and long-term outcomes among critically ill adults with acute kidney injury: a retrospective cohort study.	*Critical Care Medicine*
			2013	Gastrointestinal adverse events with sodium polystyrene sulfonate (Kayexalate) use: a systematic review.	*The American Journal of Medicine*
			2013	Illegally marketed drug ingredients are not dietary supplements - reply.	*JAMA International Medicine*
			2013	Nephrologist follow-up improves all-cause mortality of severe acute kidney injury survivors.	*Kidney International*
			2013	No increase in adverse events during aliskiren use among Ontario patients receiving angiotensin-converting enzyme inhibitors or angiotensin-receptor blockers.	*Canadian Journal of Cardiology*
			2012	Continuous mortality risk among peritoneal dialysis patients.	*JAMA Internal Medicine*
			2012	Evaluation of deficiencies in current discharge summaries for dialysis patients in Canada.	*Journal of Multidisciplinary Health Care*
			2012	The effect of combination treatment with aliskiren and blockers of the renin-angiotensin system on hyperkaliemia and acute kidney injury: systematic review and meta-analysis.	*The BMJ*
			2012	The impact of estimated glomerular filtration rate reporting on nephrology referral pattern, patient characteristics and outcome.	*Nephron Clinical Practice.*
			2012	Risk of chronic dialysis and death following acute kidney injury.	*The American Journal of Medicine*

APPENDIX 30: PHS PhD (Epidemiology) Program DLEs

DOCTORAL DEGREE LEVEL EXPECTATIONS (based on the Ontario Council of Academic Vice Presidents (OCAV) DLEs)	DOCTORAL PROGRAM LEARNING OBJECTIVES AND OUTCOMES	HOW THE PROGRAM DESIGN AND REQUIREMENT ELEMENTS SUPPORT THE ATTAINMENT OF STUDENT LEARNING OUTCOMES
EXPECTATIONS **This PHS PhD Program extends the skills associated with the Master's degree and is awarded to students who have demonstrated:**		
1. Depth and Breadth of Knowledge A thorough understanding of a substantial body of knowledge that is at the forefront of their academic discipline or area of professional practice.	This is reflected in students who are able to: Demonstrate the skills, knowledge, and competencies required for a deep understanding of disease occurrence, causation, and prevention Understand, address, and reduce health inequalities and to improve the well-being of individuals, communities and societies Incorporate knowledge of key historical events and circumstance that led to the emergence of public health study and practice	The program design and requirement elements that ensure these student outcomes for depth and breadth of knowledge are: Lectures, readings and group discussions that are part of course work Individual and group assignments Attendance at seminar within and outside of DLSPH and university seminars Comprehensive examination Successful completion and defense of thesis research
2. Research and Scholarship a. The ability to conceptualize, design, and implement research for the generation of new knowledge, applications, or understanding at the forefront of the discipline, and to adjust the research design or methodology in the light of unforeseen problems; b. The ability to make informed judgments on complex issues in specialist fields, sometimes requiring new methods; and c. The ability to produce original research, or other advanced scholarship, of a quality to satisfy peer review, and to merit publication.	This is reflected in students who are able to: Demonstrate familiarity with the major concepts approaches, and terminologies of their concentration Critically evaluate the scientific literature Identify gaps in the literature and frame new research questions Apply theoretical and conceptual knowledge to address health problems Develop methods as needed to address specific research questions	The program design and requirement elements that ensure these student outcomes for research and scholarship are: Lectures, readings and group discussions that are part of course work Individual and group assignments Attendance at seminar within and outside of DLSPH and university seminars Comprehensive examination Successful completion and defense of thesis research
3. Level of Application of Knowledge	This is reflected in students who	The program design and

DOCTORAL DEGREE LEVEL EXPECTATIONS (based on the Ontario Council of Academic Vice Presidents (OCAV) DLEs)	DOCTORAL PROGRAM LEARNING OBJECTIVES AND OUTCOMES	HOW THE PROGRAM DESIGN AND REQUIREMENT ELEMENTS SUPPORT THE ATTAINMENT OF STUDENT LEARNING OUTCOMES
The capacity to i) Undertake pure and/or applied research at an advanced level; and ii) Contribute to the development of academic or professional skills, techniques, tools, practices, ideas, theories, approaches, and/or materials.	are able to: Implement methodologically sound research studies Apply appropriate design and analytic methodological tools Develop and apply statistical methods for advanced data analysis as related to the biomedical science, social science, and public health fields Conduct data analysis and publish findings in the peer-reviewed literature	requirement elements that ensure these student outcomes for level of application of knowledge are: Lectures, readings and group discussions that are part of course work Individual and group assignments Comprehensive examination Successful completion and defense of thesis research
4. Professional Capacity/Autonomy a. The qualities and transferable skills necessary for employment requiring the exercise of personal responsibility and largely autonomous initiative in complex situations; b. The intellectual independence to be academically and professionally engaged and current; c. The ethical behavior consistent with academic integrity and the use of appropriate guidelines and procedures for responsible conduct of research; and d. The ability to evaluate the broader implications of applying knowledge to particular contexts.	This is reflected in students who are able to: Understanding the ethical implications of public health research Implement methodologically sound research studies Apply appropriate design and analytic methodological tools Develop and apply statistical methods for advanced data analysis as related to the biomedical science, social science, and public health fields Conduct data analysis and publish findings in the peer-reviewed literature	The program design and requirement elements that ensure these student outcomes for professional capacity/autonomy are: Lectures, readings and group discussions that are part of course work Individual and group assignments Comprehensive examination Successful completion and defense of thesis research
5. Level of Communication Skills The ability to communicate complex and/or ambiguous ideas, issues and conclusions clearly and effectively.	This is reflected in students who are able to: Explain the links and interdependencies between public health scholarship, practice and policy Communicate and disseminate	The program design and requirement elements that ensure these student outcomes for level of communication skills are: Presentations in class, in seminars and conferences Encouragement to publish while in

DOCTORAL DEGREE LEVEL EXPECTATIONS (based on the Ontario Council of Academic Vice Presidents (OCAV) DLEs)	DOCTORAL PROGRAM LEARNING OBJECTIVES AND OUTCOMES	HOW THE PROGRAM DESIGN AND REQUIREMENT ELEMENTS SUPPORT THE ATTAINMENT OF STUDENT LEARNING OUTCOMES
	research findings effectively to specialists and non-specialist audience	program Teachings experience
6. Awareness of Limits of Knowledge An appreciation of the limitations of one's own work and discipline, of the complexity of knowledge, and of the potential contributions of other interpretations, methods, and disciplines. Competence in the research process by applying an existing body of knowledge in the critical analysis of a new question or of a specific problem or issue in a new setting.	This is reflected in students who are able to: Explain the links and interdependencies between public health scholarship, practice, and policy Effectively collaborate with colleagues from other disciplines and methodological training Demonstrate familiarity with the major concepts, approaches and terminologies of the main public health subdisciplines	The program design and requirement elements that ensure these student outcomes for awareness of limits of knowledge are:

Appendix 31: PHS PhD Major Sources of Funding for Students

Apogeenet
Bloorview Kids Rehabilitation Tuition Assistance
Centre for Addiction and Mental Health contract
Canadian Breast Cancer Foundation
Canadian International Development Agency
Cancer Care Ontario Travel Grant
Canadian Association for HIV Research Studentship
Canadian Breast Cancer Foundation
Canadian Cancer Society Studentship
Canadian Occupational Therapy Foundation
Centre for Urban Health Initiatives
Canadian Institutes of Health Research - various
Hilda and William Courtney Clayton Paediatric Research Fund
Comparative Program on Health & Society Fellowship
Centre for Research Expertise in Occupational Disease
Canadian Tobacco Control Research Initiative
Dan Leckie City of Toronto Award
Delta Kappa Gamma
Faculty of Medicine Restricted Funds award
Fonds de recherche du Québec – Santé
Genome Canada
Graduate Student Endowment Fund
Health Care Technology and Place Fellowship
Health Quebec Research Funds
Indigenous Health Research Development Program Graduate Scholarship
INDSPIRE Scholarship
Influenza Research Network Scholarship - PHAC/Canadian Institutes of Health Research
International Development Research Centre
Institute for Work & Health Fellowship
Joint Centre for Bioethics Graduate Award
KM Hunter Studentship
Leonard Syme Training Fellowship
Li Ka Shing/St. Michael's Hospital Graduate Scholarship
Lupina Comparative Program on Health and Society Fellowship
Margaret McNamara Memorial Fund
Mary H. Beatty Fellowship
McCuaig-Throop Bursary
Mitacs-Accelerate PhD Fellowship
MJ Ashley Studentship for Research in Tobacco Control
National Aboriginal Achievement Foundation
National Network for Aboriginal Mental Health
National Cancer Institute of Canada

Network Centres of Excellence (AUTO21)
National Institutes of Health
Northern Resident Scholarship
Natural Sciences and Engineering Research Council of Canada
Ontario Graduate Scholarship
Ontario Graduate Scholarship in Science and Technology/Queen Elizabeth II Graduate Scholarships in Science & Technology
Ontario Human Immunodeficiency Virus Treatment Network
Ontario International Education Opportunity
Ontario Mental Health Foundation
Ontario Training Centre
Ontario Trillium Scholarship
Ontario Women's Health Scholars Award
Ontario Problem Gambling Research Centre Doctoral Studentship Award
Ontario Student Opportunity Trust Funds - various
Ontario Training Centre
Ontario Trust for Student Support
Parachute Canada Post-Doctoral Fellowship
Public Health Agency of Canada/Canadian Institutes of Health Research Influenza Research Network
Population Health Intervention Research Network
Public Health Sciences/Centre for Addiction and Mental Health Graduate Studentship
Provincial Centre for Excellence
Research in Addictions and Mental Health Policy and Services
Ranjit Kumar Graduate Fellowship
Restracomp
S. Leonard Syme Fellowhip
SAS Canada
School of Graduate Studies University-wide Awards
Senior Women Academic Administrators of Canada
Social Sciences and Humanities Research Council - various
Thai Health Promotion Foundation
Trudeau Foundation Doctoral Scholarship
Transdisciplinary Understanding and Training on Research Primary Health Care (TUTOR-PHC)
University of Toronto Musculoskeletal Centre
Universities Without Walls
W Garfield Weston Doctoral Fellowship
Wilson Centre
Women's College Research Institute

Appendix 32: PHS PhD Previous Graduate Publications

Name, Program, Convocation Date	Publication
Sylvia Bola Adebajo PhD - Epidemiology June 2014	Gardezi F, Calzavara L, Husbands W, Tharao W, Lawson E, Myers T, Pancham A, George C, Remis R, Willms D, McGee F, Adebajo S. Experiences of and responses to HIV among African and Caribbean communities in Toronto, Canada. AIDS Care. 2008 Jul;20(6):718-25. doi: 10.1080/09540120701693966. PMID: 18576174 Adebajo S, Odeyemi K, Oyediran M, Anorlu R, Wright L. Knowledge and experiences of andropause among men in Lagos, Nigeria. West Afr J Med. 2007 Apr-Jun;26(2):106-12. PMID: 17939310 Allman D, Adebajo S, Myers T, Odumuye O, Ogunsola S. Challenges for the sexual health and social acceptance of men who have sex with men in Nigeria. Cult Health Sex. 2007 Mar-Apr;9(2):153-68. PMID: 17364723 Bamgbala AO, Adebajo SB, Inem VA, Onajole AT, Ayankogbe OO, Roberts AA, Campbell PC. Perceptions and practices of private medical practitioners to adolescent reproductive health in Lagos State, Nigeria. Niger Postgrad Med J. 2006 Jun;13(2):117-22. PMID: 16794648 Ekanem EE, Afolabi BM, Nuga AO, Adebajo SB. Sexual behaviour, HIV-related knowledge and condom use by intra-city commercial bus drivers and motor park attendants in Lagos, Nigeria. Afr J Reprod Health. 2005 Apr;9(1):78-87. PMID: 16104657 Adebajo SB, Bamgbala AO, Oyediran MA. Attitudes of health care providers to persons living with HIV/AIDS in Lagos State, Nigeria. Afr J Reprod Health. 2003 Apr;7(1):103-12. PMID: 12816317 Adebajo SB. An epidemiological survey of the use of cosmetic skin lightening cosmetics among traders in Lagos, Nigeria. West Afr J Med. 2002 Jan-Mar;21(1):51-5. PMID: 12081345 Odujinrin MT, Adebajo SB.Social characteristics, HIV/AIDS knowledge, preventive practices and risk factors elicitation among prisoners in Lagos, Nigeria. West Afr J Med. 2001 Jul-Sep;20(3):191-8. PMID: 11922150
Branka Agic PhD - Health & Behavioral Science November 2014	Agic B, Mann RE, Tuck A, Ialomiteanu AR, Bondy SJ, Simich L. Gender Differences in Alcohol Use and Risk Drinking in Ontario Ethnic Groups. J Ethn Subst Abuse. 2015 Oct-Dec;14(4):379-91. doi: 10.1080/15332640.2014.993784. Epub 2015 Aug 26. PMID: 26307906 Agic B, Mann RE, Tuck A, Ialomiteanu A, Bondy S, Simich L, Ilie G. Alcohol use among immigrants in Ontario, Canada. Drug Alcohol Rev. 2016 Mar;35(2):196-205. doi: 10.1111/dar.12250. Epub 2015 Mar 18. PMID: 25787259 Kim J, Agic B, McKenzie K. The mental health of Korean transnational mothers: a scoping review. Int J Soc Psychiatry. 2014 Dec;60(8):783-94. doi: 10.1177/0020764014522775. Epub 2014 Mar 4. Review. PMID: 24595263
Ashley Marchiko Aimone	Peer-reviewed papers:

Name, Program, Convocation Date	Publication
PhD – Epidemiology June 2016	Amina Z. Khambalia, ASHLEY M. AIMONE, Stanley H. Zlotkin: The burden of anemia among indigenous populations (systematic review). Nutr Rev 69(12): 693-719, 2011. Nuzhat Choudhury, ASHLEY AIMONE, S.M. Ziauddin Hyder, and Stanley H. Zlotkin: The relative efficacy of micronutrient powders versus iron-folate tablets in controlling anemia in pregnant women in their second trimester of pregnancy. Food Nutr Bull 33(2): 142-149, 2012. ASHLEY M AIMONE, Nandita Perumal, and Donald C Cole: A systematic review of the application and utility of geographical information systems for exploring disease-disease relationships in paediatric global health research: the case of anaemia and malaria. Int J Hlth Geog 12:1-13, 2013. Stanley Zlotkin, Samuel Newton, ASHLEY AIMONE, Irene Azindow, Seeba Amenga-Etego, Kofi Tchum, Emmanuel Mahama, Kevin Thorpe, and Seth Owusu-Agyei: Effect of iron fortification on malaria incidence in young children in Ghana: A randomized trial. JAMA 310(9): 938-947, 2013. ASHLEY AIMONE PHILLIPS, Stanley Zlotkin, Jo-Anna Baxter, Frank Martinuzzi, Tanush Kadria, Daniel Roth: Design and development of a combined calcium-iron prenatal supplement to support implementation of the new World Health Organization (WHO) recommendations for calcium supplementation during pregnancy. Food and Nutrition Bulletin, 35(2): 221-229, 2014. Daniel E. Roth, Brendon Pezzack, Abdullah Al Mahmud, Steven A. Abrams, Munirul Islam, ASHLEY AIMONE PHILLIPS, Jo-Anna B. Baxter, Michelle C. Dimitris, Keli M. Hawthorne, Tahmeed Ahmed, Stanley H. Zlotkin: Bioavailability of enteric coated microencapsulated calcium during pregnancy: a randomized crossover trial in Bangladesh. American Journal of Clinical Nutrition, 100(6): 1587-95, 2014. Amina Z Khambalia, ASHLEY AIMONE, Preethi Nagubandi, Christine L. Roberts, Aidan McElduff, Jonathan Morris, Katie Powell, Vitomir Tasveski, Natasha Nassar: High maternal iron status, dietary iron intake and iron supplement use in pregnancy and risk of gestational diabetes mellitus: a prospective study and systematic review. Diabetic Medicine, 2015 (Epub ahead of print). Non peer-reviewed papers: CIHR Summer Studentship work report: “Body composition in preterm infants fed human milk containing a powdered human milk fortifier post-hospital discharge” – The Hospital for Sick Children, 2005 Book chapters: ASHLEY AIMONE PHILLIPS, Nandita Perumal, Carmen Ho, Stanley. Zlotkin. Scaling up nutrition: The new millennium development goal? In: D. Soman, J. Stein, J. Wong (Eds). Innovating for the global south: Towards an inclusive innovation agenda. Munk Series on Global Affairs.

Name, Program, Convocation Date	Publication
	University of Toronto Press, Scholarly Publishing Division, 2014. Amina Khambalia, ASHLEY AIMONE, Stanley Zlotkin. Iron. In: P.Duggan, J.B. Watkins, B. Koletzko, W.A. Walker (Eds). Nutrition in Pediatrics, 5th edition. (In press)
Parisa Airia PhD – Epidemiology November 2013	Agic B, Mann RE, Tuck A, Ialomiteanu AR, Bondy SJ, Simich L. Gender Differences in Alcohol Use and Risk Drinking in Ontario Ethnic Groups. J Ethn Subst Abuse. 2015 Oct-Dec;14(4):379-91. doi: 10.1080/15332640.2014.993784. Epub 2015 Aug 26. PMID: 26307906 Agic B, Mann RE, Tuck A, Ialomiteanu A, Bondy S, Simich L, Ilie G. Alcohol use among immigrants in Ontario, Canada. Drug Alcohol Rev. 2016 Mar;35(2):196-205. doi: 10.1111/dar.12250. Epub 2015 Mar 18. PMID: 25787259 Kim J, Agic B, McKenzie K. The mental health of Korean transnational mothers: a scoping review. Int J Soc Psychiatry. 2014 Dec;60(8):783-94. doi: 10.1177/0020764014522775. Epub 2014 Mar 4. Review. PMID: 24595263
Richard Ilan Alleson PhD - Social Science & Health November 2011	Stuart Schoenfeld · Asaf Zohar · Ilan Alleson · Osama Suleiman · Galya Sipos-Randor. Chapter: A PLACE OF EMPATHY IN A FRAGILE, CONTENTIOUS LANDSCAPE: ENVIRONMENTAL PEACEBUILDING IN THE EASTERN MEDITERRANEAN. Jan 2014 Ilan Alleson · Jamie Levin · Shmuel Brenner · Mohammad Said Al Hmaidi. Article: . Article · Apr 2013 · Journal of Peacebuilding and Development Asaf Zohar · Stuart Schoenfeld · Ilan Alleson. Conference Paper: Zohar, A., Schoenfeld, S., and Alleson, I. (2012). Peacebuilding through Environmental Conversations: An empirical study of informal and formal learning processes, 10th International Conference of the International Society for Third Sector Research (ISTR), July Universita Degli Studi Di Siena, Siena Italy. Conference Paper · Jul 2012 Asaf Zohar · Stuart Schoenfeld · Ilan Alleson. Article: NURTURING LEADERS IN PEACEBUILDING AND COEXISTENCE: THE CASE OF THE ARAVA INSTITUTE FOR ENVIRONMENTAL STUDIES. Article · Jul 2010 Ilan Alleson · Stuart Schoenfeld. Article: Environmental Justice and Peacebuilding in the Middle East. Article · Aug 2007 · Peace Review Ilan Alleson. Article: What Can the North Learn from the South? An Examination of Applications for Cuban Food Security Models in the Canadian Context. Preview · Article · Ilan Alleson. Article: Building and Evaluating Organizational Linkages in Food Security Initiatives: A Preliminary Analysis of International Collaboration in Cuba1. Preview · Article
Paul Arora PhD – Epidemiology November 2013	Brown KA, Daneman N, Stevens VW, Zhang Y, Greene TH, Samore MH, Arora P. Integrating Time-Varying and Ecological Exposures into Multivariate Analyses of Hospital-Acquired Infection Risk Factors: A Review and Demonstration. Infect Control Hosp Epidemiol. 2016 Apr;37(4):411-9. doi: 10.1017/ice.2015.312. Epub 2016 Feb 16. PMID:26880280 Badawi A, Sayegh S, Sadoun E, Al-Thani M, Arora P, Haddad PS. Relationship between insulin resistance and plasma vitamin D in adults. Diabetes Metab Syndr Obes. 2014 Jul 7;7:297-303.

Name, Program, Convocation Date	Publication
	doi: 10.2147/DMSO.S60569. eCollection 2014. PMID:25045275 Nagelkerke NJ, Arora P, Jha P, Williams B, McKinnon L, de Vlas SJ. The rise and fall of HIV in high-prevalence countries: a challenge for mathematical modeling. PLoS Comput Biol. 2014 Mar 13;10(3):e1003459. doi: 10.1371/journal.pcbi.1003459. eCollection 2014 Mar. Review. PMID:24626088 Arora P, Nagelkerke NJ, Moineddin R, Bhattacharya M, Jha P. Female sex work interventions and changes in HIV and syphilis infection risks from 2003 to 2008 in India: a repeated cross-sectional study. BMJ Open. 2013 Jun 20;3(6). pii: e002724. doi: 10.1136/bmjopen-2013-002724. PMID:23794571 Brown KA, Daneman N, Arora P, Moineddin R, Fisman DN. The co-seasonality of pneumonia and influenza with Clostridium difficile infection in the United States, 1993-2008. Am J Epidemiol. 2013 Jul 1;178(1):118-25. doi: 10.1093/aje/kws463. Epub 2013 May 9. PMID:23660799 Badawi A, Arora P, Sadoun E, Al-Thani AA, Thani MH. Prevalence of vitamin d insufficiency in qatar: a systematic review. J Public Health Res. 2012 Dec 28;1(3):229-35. doi: 10.4081/jphr.2012.e36. eCollection 2012 Dec 28. Review. PMID:25170469 Arora P, Nagelkerke NJ, Jha P. A systematic review and meta-analysis of risk factors for sexual transmission of HIV in India. PLoS One. 2012;7(8):e44094. doi: 10.1371/journal.pone.0044094. Epub 2012 Aug 28. Review. PMID:22937158 Gaffey MF, Venkatesh S, Dhingra N, Khera A, Kumar R, Arora P, Nagelkerke N, Jha P. Male use of female sex work in India: a nationally representative behavioural survey. PLoS One. 2011;6(7):e22704. doi: 10.1371/journal.pone.0022704. Epub 2011 Jul 29. PMID:21829486 Arora P, Jha P, Nagelkerke N. Association between history of tuberculosis and vegetarianism from a nationally representative survey in India. Int J Tuberc Lung Dis. 2011 May;15(5):706-8. doi: 10.5588/ijtld.10.0510. PMID: 21756527 Sgaier SK, Mony P, Jayakumar S, McLaughlin C, Arora P, Kumar R, Bhatia P, Jha P. Prevalence and correlates of Herpes Simplex Virus-2 and syphilis infections in the general population in India. Sex Transm Infect. 2011 Mar;87(2):94-100. doi: 10.1136/sti.2010.043687. Epub 2010 Nov 8. PMID: 21059842 Jha P, Kumar R, Khera A, Bhattacharya M, Arora P, Gajalakshmi V, Bhatia P, Kam D, Bassani DG, Sullivan A, Suraweera W, McLaughlin C, Dhingra N, Nagelkerke N; Million Death Study Collaborators. HIV mortality and infection in India: estimates from nationally representative mortality survey of 1.1 million homes. BMJ. 2010 Feb 23;340:c621. doi: 10.1136/bmj.c621. PMID: 20179131
Dalia Ona Baliunas PhD – Epidemiology	Zawertailo LA, Baliunas D, Ivanova A, Selby PL. Individualized Treatment for Tobacco Dependence in Addictions Treatment Settings: The Role of Current Depressive Symptoms on Outcomes at 3 and 6 Months. Nicotine Tob Res. 2015 Aug;17(8):937-45. doi: 10.1093/ntr/ntv013. PMID: 26180218 Rehm J, Taylor B, Mohapatra S, Irving H, Baliunas D, Patra J, Roerecke M. Alcohol as a risk

Name, Program, Convocation Date	Publication
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Name, Program, Convocation Date	Publication
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Benjamin James Taylor PhD - Epidemiology June 2014	Lev-Ran S, Imtiaz S, Taylor BJ, Shield KD, Rehm J, Le Foll B. Gender differences in health-related quality of life among cannabis users: results from the National Epidemiologic Survey on Alcohol and Related Conditions. Drug Alcohol Depend. 2012 Jun 1;123(1-3):190-200. doi: 10.1016/j.drugalcdep.2011.11.010. Epub 2011 Dec 3. PMID: 22143039 Taylor BJ, Shield KD, Rehm JT. Combining best evidence: a novel method to calculate the alcohol-attributable fraction and its variance for injury mortality. BMC Public Health. 2011 Apr 27;11:265. doi: 10.1186/1471-2458-11-265. PMID: 21524291 Lachenmeier DW, Taylor BJ, Rehm J. Alcohol under the radar: do we have policy options regarding unrecorded alcohol? Int J Drug Policy. 2011 Mar;22(2):153-60. doi: 10.1016/j.drugpo.2010.11.002. Epub 2011 Jan 15. Review. PMID: 21242085 Baliunas DO, Taylor BJ, Irving H, Roerecke M, Patra J, Mohapatra S, Rehm J. Alcohol as a risk factor for type 2 diabetes: A systematic review and meta-analysis. Diabetes Care. 2009 Nov;32(11):2123-32. doi: 10.2337/dc09-0227. PMID: 19875607
Chelsea Marchia Taylor PhD - Epidemiology November 2012	Wright FA, Strug LJ, Doshi VK, Commander CW, Blackman SM, Sun L, Berthiaume Y, Cutler D, Cojocaru A, Collaco JM, Corey M, Dorfman R, Goddard K, Green D, Kent JW Jr, Lange EM, Lee S, Li W, Luo J, Mayhew GM, Naughton KM, Pace RG, Paré P, Rommens JM, Sandford A, Stonebraker JR, Sun W, Taylor C, Vanscoy LL, Zou F, Blangero J, Zielenski J, O'Neal WK, Drumm ML, Durie PR, Knowles MR, Cutting GR. Genome-wide association and linkage identify modifier loci of lung disease severity in cystic fibrosis at 11p13 and 20q13.2. Nat Genet. 2011 Jun;43(6):539-46. doi: 10.1038/ng.838. Epub 2011 May 22. PMID: 21602797 Taylor C, Commander CW, Collaco JM, Strug LJ, Li W, Wright FA, Webel AD, Pace RG, Stonebraker JR, Naughton K, Dorfman R, Sandford A, Blackman SM, Berthiaume Y, Paré P, Drumm ML, Zielenski J, Durie P, Cutting GR, Knowles MR, Corey M. A novel lung disease phenotype adjusted for mortality attrition for cystic fibrosis genetic modifier studies. Pediatr Pulmonol. 2011 Sep;46(9):857-69. doi: 10.1002/ppul.21456. Epub 2011 Apr 1. PMID: 21462361 Dorfman R, Taylor C, Lin F, Sun L, Sandford A, Paré P, Berthiaume Y, Corey M, Durie P, Zielenski J; Members of Canadian Consortium for CF Genetic Studies. Modulatory effect of the SLC9A3

Name, Program, Convocation Date	Publication
	gene on susceptibility to infections and pulmonary function in children with cystic fibrosis. Pediatr Pulmonol. 2011 Apr;46(4):385-92. doi: 10.1002/ppul.21372. Epub 2010 Oct 21. PMID: 20967843 Li W, Sun L, Corey M, Zou F, Lee S, Cojocaru AL, Taylor C, Blackman SM, Stephenson A, Sandford AJ, Dorfman R, Drumm ML, Cutting GR, Knowles MR, Durie P, Wright FA, Strug LJ. Understanding the population structure of North American patients with cystic fibrosis. Clin Genet. 2011 Feb;79(2):136-46. doi: 10.1111/j.1399-0004.2010.01502.x. PMID: 20681990 Dorfman R, Nalpathamkalam T, Taylor C, Gonska T, Keenan K, Yuan XW, Corey M, Tsui LC, Zielenski J, Durie P. Do common in silico tools predict the clinical consequences of amino-acid substitutions in the CFTR gene? Clin Genet. 2010 May;77(5):464-73. doi: 10.1111/j.1399-0004.2009.01351.x. Epub 2009 Jan 6. PMID: 20059485 Bartlett JR, Friedman KJ, Ling SC, Pace RG, Bell SC, Bourke B, Castaldo G, Castellani C, Cipolli M, Colombo C, Colombo JL, Debray D, Fernandez A, Lacaille F, Macek M Jr, Rowland M, Salvatore F, Taylor CJ, Wainwright C, Wilschanski M, Zemková D, Hannah WB, Phillips MJ, Corey M, Zielenski J, Dorfman R, Wang Y, Zou F, Silverman LM, Drumm ML, Wright FA, Lange EM, Durie PR, Knowles MR; Gene Modifier Study Group. Genetic modifiers of liver disease in cystic fibrosis. JAMA. 2009 Sep 9;302(10):1076-83. doi: 10.1001/jama.2009.1295. PMID: 19738092 Rohlfs RV, Taylor C, Mirea L, Bull SB, Corey M, Anderson AD. One-stage design is empirically more powerful than two-stage design for family-based genome-wide association studies. BMC Proc. 2007;1 Suppl 1:S137. Epub 2007 Dec 18. PMID: 18466480 Dorfman R, Sandford A, Taylor C, Huang B, Frangolias D, Wang Y, Sang R, Pereira L, Sun L, Berthiaume Y, Tsui LC, Paré PD, Durie P, Corey M, Zielenski J. Complex two-gene modulation of lung disease severity in children with cystic fibrosis. J Clin Invest. 2008 Mar;118(3):1040-9. doi: 10.1172/JCI33754. PMID: 18292811 Xu W, Taylor C, Veenstra J, Bull SB, Corey M, Greenwood CM. Recursive partitioning models for linkage in COGA data. BMC Genet. 2005 Dec 30;6 Suppl 1:S38. PMID: 16451648
Jordan Lee Tustin PhD - Epidemiology June 2016	Rosella LC, Wilson K, Crowcroft NS, Chu A, Upshur R, Willison D, Deeks SL, Schwartz B, Tustin J, Sider D, Goel V. Pandemic H1N1 in Canada and the use of evidence in developing public health policies--a policy analysis. Soc Sci Med. 2013 Apr;83:1-9. doi: 10.1016/j.socscimed.2013.02.009. Epub 2013 Feb 13. PMID:23465198
Diana Joan Urajnik PhD - Health & Behavioral Science June 2012	St-Louis J, Urajnik DJ, Ménard F, Cloutier S, Klaassen RJ, Ritchie B, Rivard GE, Warner M, Blanchette V, Young NL. Generic and disease-specific quality of life among youth and young men with Hemophilia in Canada. BMC Hematol. 2016 May 5;16:13. doi: 10.1186/s12878-016-0052-x. eCollection 2016. PMID: 27158500 Barwick MA, Urajnik DJ, Moore JE. Training and Maintaining System-Wide Reliability in Outcome Management. J Child Fam Stud. 2014;23(1):85-94. PMID: 24436627 Barwick M, Urajnik D, Sumner L, Cohen S, Reid G, Engel K, Moore JE. Profiles and service utilization for children accessing a mental health walk-in clinic versus usual care. J Evid Based

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	Soc Work. 2013;10(4):338-52. doi: 10.1080/15433714.2012.663676. PMID: 23879357
Meghan Jane Walker PhD - Epidemiology November 2014	Walker MJ, Mirea L, Glendon G, Ritvo P, Andrulis IL, Knight JA, Chiarelli AM. Does perceived risk predict breast cancer screening use? Findings from a prospective cohort study of female relatives from the Ontario site of the breast cancer family registry. Breast. 2014 Aug;23(4):482-8. doi: 10.1016/j.breast.2014.04.001. Epub 2014 May 10. PMID: 24821458 Walker MJ, Mirea L, Cooper K, Nabavi M, Glendon G, Andrulis IL, Knight JA, O'Malley FP, Chiarelli AM. Impact of familial risk and mammography screening on prognostic indicators of breast disease among women from the Ontario site of the Breast Cancer Family Registry. Fam Cancer. 2014 Jun;13(2):163-72. doi: 10.1007/s10689-013-9689-9. PMID: 24097051 Walker MJ, Chiarelli AM, Mirea L, Glendon G, Ritvo P, Andrulis IL, Knight JA. Accuracy of Self-Reported Screening Mammography Use: Examining Recall among Female Relatives from the Ontario Site of the Breast Cancer Family Registry. ISRN Oncol. 2013 Aug 1;2013:810573. doi: 10.1155/2013/810573. eCollection 2013. PMID: 23984098 Walker MJ, Chiarelli AM, Knight JA, Mirea L, Glendon G, Ritvo P. Perceived risk and adherence to breast cancer screening guidelines among women with a familial history of breast cancer: a review of the literature. Breast. 2013 Aug;22(4):395-404. doi: 10.1016/j.breast.2012.12.005. Epub 2013 Jan 10. Review. PMID: 23313062 Walker MJ, Davis C, Al-Sahab B, Tamim H. Reported maternal postpartum depression and risk of childhood psychopathology. Matern Child Health J. 2013 Jul;17(5):907-17. doi: 10.1007/s10995-012-1071-2. PMID: 22744292 Walker MJ, Al-Sahab B, Islam F, Tamim H. The epidemiology of alcohol utilization during pregnancy: an analysis of the Canadian Maternity Experiences Survey (MES). BMC Pregnancy Childbirth. 2011 Jul 12;11:52. doi: 10.1186/1471-2393-11-52. PMID: 21745414
Susitha Wanigaratne PhD - Epidemiology June 2015	Wanigaratne S, Cole DC, Bassil K, Hyman I, Moineddin R, Urquia ML. The influence of refugee status and secondary migration on preterm birth. J Epidemiol Community Health. 2016 Jun;70(6):622-8. doi: 10.1136/jech-2015-206529. Epub 2016 Jan 29. PMID: 26826212 Wanigaratne S, Cole DC, Bassil K, Hyman I, Moineddin R, Urquia ML. Contribution of HIV to Maternal Morbidity Among Refugee Women in Canada. Am J Public Health. 2015 Dec;105(12):2449-56. doi: 10.2105/AJPH.2015.302886. Epub 2015 Oct 15. PMID: 26469648 Sørbye IK, Wanigaratne S, Urquia ML. Variations in gestational length and preterm delivery by race, ethnicity and migration. Best Pract Res Clin Obstet Gynaecol. 2016 Apr;32:60-8. doi: 10.1016/j.bpobgyn.2015.08.017. Epub 2015 Sep 12. PMID: 26458997 Urquia ML, Sørbye IK, Wanigaratne S. Birth-weight charts and immigrant populations: A critical review. Best Pract Res Clin Obstet Gynaecol. 2016 Apr;32:69-76. doi: 10.1016/j.bpobgyn.2015.09.001. Epub 2015 Sep 14. PMID: 26453476 Wanigaratne S, Holowaty E, Jiang H, Norwood T, Pietrusiak MA. Authors' response. Chronic Dis Inj Can. 2014 Jul;34(2-3):176-7. English, French. No abstract available. PMID: 24991783 Cole DC, Orozco T F, Pradel W, Suquillo J, Mera X, Chacon A, Prain G, Wanigaratne S, Leah J. An

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	agriculture and health inter-sectorial research process to reduce hazardous pesticide health impacts among smallholder farmers in the Andes. BMC Int Health Hum Rights. 2011 Nov 8;11 Suppl 2:S6. doi: 10.1186/1472-698X-11-S2-S6. PMID: 22165981 Cole DC, Orozco FA, Ibrahim S, Wanigaratne S. Community and household socioeconomic factors associated with pesticide-using, small farm household members' health: a multi-level, longitudinal analysis. Int J Equity Health. 2011 Nov 17;10:54. doi: 10.1186/1475-9276-10-54. PMID: 22094171 Cole DC, Vanderlinden L, Leah J, Whate R, Mee C, Bienefeld M, Wanigaratne S, Campbell M. Municipal bylaw to reduce cosmetic/non-essential pesticide use on household lawns - a policy implementation evaluation. Environ Health. 2011 Aug 25;10:74. doi: 10.1186/1476-069X-10-74. PMID: 21867501 Orozco FA, Cole DC, Ibrahim S, Wanigaratne S. Health promotion outcomes associated with a community-based program to reduce pesticide-related risks among small farm households. Health Promot Int. 2011 Dec;26(4):432-46. doi: 10.1093/heapro/dar006. Epub 2011 Feb 17. PMID: 21330308 Holowaty EJ, Norwood TA, Wanigaratne S, Abellan JJ, Beale L. Feasibility and utility of mapping disease risk at the neighbourhood level within a Canadian public health unit: an ecological study. Int J Health Geogr. 2010 May 10;9:21. doi: 10.1186/1476-072X-9-21. PMID: 20459738 Orozco FA, Cole DC, Forbes G, Kroschel J, Wanigaratne S, Arica D. Monitoring adherence to the international code of conduct: highly hazardous pesticides in central Andean agriculture and farmers' rights to health. Int J Occup Environ Health. 2009 Jul-Sep;15(3):255-68. PMID: 19650580 Orozco F, Cole DC, Muñoz V, Altamirano A, Wanigaratne S, Espinosa P, Muñoz F. Relationships among production systems, preschool nutritional status, and pesticide-related toxicity in seven ecuadorian communities: a multi-case study approach. Food Nutr Bull. 2007 Jun;28(2 Suppl):S247-57. PMID: 17658071
Diana Robin Withrow PhD - Epidemiology June 2016	Withrow DR, Amartey A, Marrett LD. Cancer risk factors and screening in the off-reserve First Nations, Métis, and non-Aboriginal populations of Ontario, Canada. Chronic Disease and Injury Canada. 2014;34(2-3), 103-112. Nishri ED, Sheppard AJ, Withrow DR, Marrett LD. Cancer survival among First Nations people of Ontario, Canada (1968-2007). International Journal of Cancer. 2014:136(3), 639-645. Racey CS, Withrow DR, Gesink D. Self-collected HPV testing improves participation in cervical cancer screening: a systematic review and meta-analysis. Can J Public Health. 2013 Feb 11;104(2):e159-66. Review. PMID: 23618210.
Josephine Pui-Hing Wong PhD - Social Science & Health	Hilario CT, Oliffe JL, Wong JP, Browne AJ, Johnson JL. Migration and young people's mental health in Canada: A scoping review. J Ment Health. 2015 Dec;24(6):414-22. doi: 10.3109/09638237.2015.1078881. PMID: 26556308 Li AT, Wales J, Wong JP, Owino M, Perreault Y, Miao A, Maseko P, Guiang C. Changing access to mental health care and social support when people living with HIV/AIDS become service

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June 2011	providers. AIDS Care. 2015;27(2):176-81. doi: 10.1080/09540121.2014.940269. Epub 2014 Jul 28. PMID: 25069033 Narushima M, Wong JP, Li A, Sutdhibhasilp N. Sustainable capacity building among immigrant communities: the raising sexually healthy children program in Canada. Health Promot Int. 2014 Mar;29(1):26-37. doi: 10.1093/heapro/dat035. Epub 2013 Jun 5. PMID: 23740257 Wong JP, Poon MK. Challenging homophobia and heterosexism through storytelling and critical dialogue among Hong Kong Chinese immigrant parents in Toronto. Cult Health Sex. 2013;15(1):15-28. doi: 10.1080/13691058.2012.738310. Epub 2012 Nov 12. PMID: 23140182 Wong JP, Poon MK. Bringing translation out of the shadows: translation as an issue of methodological significance in cross-cultural qualitative research. J Transcult Nurs. 2010 Apr;21(2):151-8. doi: 10.1177/1043659609357637. PMID: 20220035 Poon MK, Ho PT, Wong JP, Wong G, Lee R. Psychosocial Experiences of East and Southeast Asian men who use gay Internet chatrooms in Toronto: an implication for HIV/AIDS prevention. Ethn Health. 2005 May;10(2):145-67. PMID: 15804661
Bo Zhang PhD – Epidemiology June 2013	Schwartz R, Zhang B. Debunking the taxation-contraband tobacco myth. CMAJ. 2016 Apr 5;188(6):401-2. doi: 10.1503/cmaj.150492. Epub 2016 Jan 18. No abstract available. PMID: 26783335 Chaiton M, Diemert L, Zhang B, Kennedy RD, Cohen JE, Bondy SJ, Ferrence R. Exposure to smoking on patios and quitting: a population representative longitudinal cohort study. Tob Control. 2016 Jan;25(1):83-8. doi: 10.1136/tobaccocontrol-2014-051761. Epub 2014 Oct 28. PMID: 25352563 Zhang B, Cohen JE, O'Connor S. The priority group index: a proposed new method incorporating high risk and population burden to identify target populations for public health interventions. J Public Health Manag Pract. 2014 Sep-Oct;20(5):E1-11. doi: 10.1097/PHH.0b013e3182a7bd63. PMID: 24463299 Zhang B, Haji F, Kaufman P, Muir S, Ferrence R. 'Enter at your own risk': a multimethod study of air quality and biological measures in Canadian waterpipe cafes. Tob Control. 2015 Mar;24(2):175-81. doi: 10.1136/tobaccocontrol-2013-051180. Epub 2013 Oct 25. PMID: 24161999 Kaufman P, Zhang B, Bondy SJ, Klepeis N, Ferrence R. Not just 'a few wisps': real-time measurement of tobacco smoke at entrances to office buildings. Tob Control. 2011 May;20(3):212-8. doi: 10.1136/tc.2010.041277. Epub 2010 Dec 21. PMID: 21177666 Zhang B, Bondy SJ, Chiavetta JA, Selby P, Ferrence R. The impact of Ontario smoke-free legislation on secondhand smoke in enclosed public places. J Occup Environ Hyg. 2010 Mar;7(3):133-43. doi: 10.1080/15459620903476322. PMID: 20017055 Zhang B, Bondy S, Ferrence R. Do indoor smoke-free laws provide bar workers with adequate protection from secondhand smoke? Prev Med. 2009 Aug-Sep;49(2-3):245-7. doi:

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	10.1016/j.ypmed.2009.06.024. Epub 2009 Jul 6. PMID: 19589353 Bondy SJ, Zhang B, Kreiger N, Selby P, Benowitz N, Travis H, Florescu A, Greenspan NR, Ferrence R. Impact of an indoor smoking ban on bar workers' exposure to secondhand smoke. J Occup Environ Med. 2009 May;51(5):612-9. doi: 10.1097/JOM.0b013e31819cb222. PMID: 19369895 Zhang B, Cartmill C, Ferrence R. The role of spending money and drinking alcohol in adolescent smoking. Addiction. 2008 Feb;103(2):310-9. Epub 2007 Nov 27. PMID: 18042192 Chaiton MO, Zhang B. Environment modifies the association between depression symptoms and smoking among adolescents. Psychol Addict Behav. 2007 Sep;21(3):420-4. PMID: 17874894 Zhang B, Cohen J, Ferrence R, Rehm J. The impact of tobacco tax cuts on smoking initiation among Canadian young adults. Am J Prev Med. 2006 Jun;30(6):474-9. PMID: 16704940 Zhang B, Ferrence R, Cohen J, Bondy S, Ashley MJ, Rehm J, Jain M, Rohan T, Miller A. Smoking cessation and lung cancer mortality in a cohort of middle-aged Canadian women. Ann Epidemiol. 2005 Apr;15(4):302-9. PMID: 15780778

APPENDIX 33: PHS PhD Current Student Publications

Name	Publication Date	Title	*Journal*
Ashley Aimone	2011	The burden of anemia among indigenous populations (systematic review)	*Nutr Rev*
	2012	The relative efficacy of micronutrient powders versus iron-folate tablets in controlling anemia in pregnant women in their second trimester of pregnancy	*Food Nutr Bull*
	2013	A systematic review of the application and utility of geographical information systems for exploring disease-disease relationships in paediatric global health research: the case of anaemia and malaria	*Int J Hlth Geog*
	2013	Effect of iron fortification on malaria incidence in young children in Ghana: A randomized trial	*JAMA*
	2014	Design and development of a combined calcium-iron prenatal supplement to support implementation of the new World Health Organization (WHO) recommendations for calcium supplementation during pregnancy	*Food and Nutrition Bulletin*
	2014	Bioavailability of enteric coated microencapsulated calcium during pregnancy: a randomized crossover trial in Bangladesh	*American Journal of Clinical Nutrition*
	2015	High maternal iron status, dietary iron intake and iron supplement use in pregnancy and risk of gestational diabetes mellitus: a prospective study and systematic review	*Diabetic Medicine*
Nadia Akseer	2016	Achieving maternal and child health gains in Afghanistan: a case study in resilience	*The Lancet*
	2016	Demographics and Risk Profiles of Travelers at a Canadian Pediatric Tertiary Care Travel Clinic, with Focus on Pediatric Travelers and Travelers Visiting Friends and Relatives	*Journal of Travel Medicine*
	2015	Strategies to avert preventable mortality among mothers and children in the Eastern Mediterranean Region- new initiatives, new hope	*Eastern Mediterranean Health Journal*
	2015	Ending preventable newborn deaths in a generation. FIGO World Report on Women's Health	*International Journal of Gynecology and Obstetrics*
	2015	Cost Analysis of Inpatient Treatment of Adolescents with Anorexia Nervosa: Hospital and Caregiver Perspectives	*Canadian Medical Association Journal Open*
	2014	Oral microbiome composition changes in mouse models of colitis	*Journal of Gastroenterology and Hepatology*
	2012	Use of Leg-Length to Height ratio to assess the risk of childhood overweight and obesity: results from the longitudinal cohort study	*Annals of Epidemiology*
Natalie Baker	Open	"To 'Get by'or 'get help'? A qualitative study of physicians' challenges and dilemmas when patients have limited English proficiency"	*BMJ*

	Dec-15	Summary report: Stakeholders' views of barriers and facilitators to implementing a population-based reflex Lynch Syndrome testing program in Ontario	*Toronto: Dr. Nancy Baxter, General Surgery Department at St. Michael's Hospital, University of Toronto*
	Jul-15	What's in it for us? A summary of findings: Social workers' perceived benefits and burdens of providing field instruction to studentS	*Toronto: University of Toronto Faculty of Social Work and Department of Social work at St. Michaels' Hospital*
	2015	"Just say know: Creatively engaging young people to explore the link between cannabis use and psychosis in order to promote informed decision-making about substance use"	*(Invited paper). World Cultural Psychiatry Research Review*
	Mar-16	Summary report: unmet needs and identification of product attributes important to patients with Multiple Myeloma.	*Toronto: Janssen Pharmaceutica, Johnson & Johnson Pharmaceutical Research and Development*
	Dec-15	Summary report: Stakeholders' views of barriers and facilitators to implementing a population-based reflex Lynch Syndrome testing program in Ontario	*Toronto: Dr. Nancy Baxter, General Surgery Department at St. Michael's Hospital, University of Toronto*
Megan Barker	2016	Enhancing your teaching practice: A Guide to Faculty Development	*Toronto, ON: Centre for Addiction and Mental Health*
	2015	Tobacco Interventions for Youth and Young Adults: Course Manual	*Toronto, ON: CAMH*
	2015	Tobacco Interventions for Clients with Mental Illness and/or Substance Use Disorders: Course Manual	*Toronto, ON: CAMH*
Rebecca Barry	2016	NLRP3 Localizes to the Tubular Epithelium in Human Kidney and Correlates With Outcome in IgA Nephropathy	*Accepted to Scientific Reports*
	2015	Guidelines for Classification of Acute Kidney Diseases and Disorders	*Nephron*
Arija Birze	2015	A Culture in Transition: Paramedic Experiences with Community Referral Programs	*CJEM*
	2011	The association between posttraumatic stress, coping, and acute stress responses in paramedics	*Traumatology*
	2015	Suicide risk assessment: Clinicians? confidence in their professional judgment	*Journal of Loss and Trauma*
	2013	Predictors of physiological stress and psychological distress in police communicators	*Police Practice and Research*
	2015	Suicide risk assessments: Examining influences on clinicians? professional judgment	*American Journal of Orthopsychiatry*
	2016	Study Protocol: Prevalence, Motivations, and Social, Mental Health and Health Consequences of Cyberbullying among School-aged Children and Youth: A Longitudinal and Multi-Perspective Mixed Method Study	*JMIR Research Protocols*
Kevin Black	2012	The Parent Experience Study	*Peel Public Health*
	2014	Nurturing good health right from the start: Nutrition from preconception to age 2	*Peel Public Health*

	2015	My dad matters: Toolkit evaluation	*Dad Central Ontario*
Sirresha Bobbili	2015	Developing a holistic policy and intervention framework for global mental health. Health Policy and Planning	*First published online March 31, 2015 doi:10.1093/heapol/czv016*
	2016	Ending Stigma Starts with You: Preventing Mental Illness & Substance Use Related Stigma & Promoting Recovery Oriented Practices in Primary Health Care Final Report	*CAMH Publication*
Laura Bogaert	2016	Re-assessing the burden of suicide-related behavior among sexual minority adults by study sample type: a systematic review and meta-analysis	*Am J Public Health; in press*
Sarah Buchan		Impact of Pharmacist Administration of Influenza Vaccines on Uptake in Canada	*Manuscript accepted at CMAJ*
		Influenza Vaccination in Canadian Healthcare Workers: a cross-sectional study	*Manuscript accepted at CMAJ Open*
Nancy Gaspar Carnide	2015	Course of Depressive Symptoms Following a Workplace Injury: A 12-Month Follow-Up Update	*J Occup Rehabil.*
	2013	Pain-related work interference is a key factor in a worker/workplace model of work absence duration due to musculoskeletal conditions in Canadian nurses	*J Occup Rehabil.*
	2012	Systematic review of intervention practices for depression in the workplace	*J Occup Rehabil.*
	2011	Examining the impact of worker and workplace factors on prolonged work absences among Canadian nurses	*Occup Environ Med.*
	2010	Opioids for workers with an acute episode of low-back pain	*Pain*
	2009	Course, diagnosis, and treatment of depressive symptomatology in workers following a workplace injury: a prospective cohort study	*Can J Psychiatry*
	2009	Association between frequency and intensity of recreational physical activity and epithelial ovarian cancer risk by age period	*Eur J Cancer Prev.*
	2007	Health status, work limitations, and return-to-work trajectories in injured workers with musculoskeletal disorders	*Qual Life Res.*
	2005	A systematic review of treatments for mild traumatic brain injury	*Brain Inj.*
	2004	Adrenocortical response to stress in fasted and unfasted artificially reared 12-day-old rat pups	*Dev Psychobiol*
Dolon Chakravartty	2014	Differential environmental exposure among non-Indigenous Canadians as a function of sex/gender and race/ethnicity variables: a scoping review	*Can J Public Health*
Kelvin Chan	2016	Underestimation of Variance of Predicted Health Utilities Derived from Multi-Attribute Utility instruments: The Use of Multiple Imputation as a Potential Solution	*Med Decis Making*
	2016	Multiple Dimensions of Value: Evaluative Frameworks for New Cancer Therapies	*Journal of Clinical Oncology*

	2016	Cost effectiveness analysis of different sequences of use of EGFR inhibitors for wild type (WT) KRAS unresectable metastatic Colorectal Cancer (mCRC)	*Journal of Oncology Practice*
	2016	Association of hospital and physician case volumes with cardiac monitoring and cardiotoxicity during adjuvant trastuzumab treatment for breast cancer: a retrospective cohort study	*CMAJ*
	2016	The Temporal Risk of Heart Failure Associated With Adjuvant Trastuzumab in Breast Cancer Patients: A Population Study	*J Natl Cancer Inst.*
	2016	Provincial elections and timing of cancer drug funding: A retrospective cohort study	*Current Oncology*
	2016	Granulocyte-colony stimulating factor (G-CSF) in Secondary Prophylaxis for Advanced-Stage Hodgkin Lymphoma treated with ABVD Chemotherapy: a cost-effectiveness analysis	*Leukemia and Lymphoma*
	2015	Interpreting febrile neutropenia rates from randomized, controlled trials for consideration of primary prophylaxis in the real world: a systematic review and meta-analysis	*Ann Oncol.*
	2015	Associations among socioeconomic status, patterns of care and outcomes in breast cancer patients in a universal health care system: Ontario's experience	*Cancer*
	2015	Impact of country-specific EQ-5D-3L tariffs on the economic value of systemic therapies used in the treatment of metastatic pancreatic cancer	*Curr Oncol*
	2015	Population-based trends in systemic therapy use and cost in cancer patients' last year of life	*Current Oncology*
	2015	Interventions for the treatment of oral cavity and oropharyngeal cancers: targeted therapy and immunotherapy	*Cochrane Database of Systemic Reviews*
	2015	Clinical Outcomes and Cost-effectiveness of Primary Prophylaxis of Febrile Neutropenia During Adjuvant Docetaxel and Cyclophosphamide Chemotherapy for Breast Cancer	*Breast J.*
	2015	A Systematic Review and Network Meta-Analysis of Biologic Agents in the First Line Setting for Advanced Colorectal Cancer	*PLoS One*
	2015	Adjusting for Drug Wastage in Economic Evaluations of New Therapies for Hematologic Malignancies: A Systematic Review	*J Oncol Pract*
	2015	Chemoradiotherapy regimens for locoregionally advanced nasopharyngeal carcinoma: A Bayesian network meta-analysis	*Eur J Cancer*
	2015	Frontline rituximab monotherapy induction versus a watch and wait approach for asymptomatic advanced-stage follicular lymphoma: A cost-effectiveness analysis	*Cancer*
	2015	Pharmacokinetic assessment of dacomitinib (pan-HER tyrosine kinase inhibitor) in patients with locally advanced head and neck squamous cell carcinoma (LA SCCHN) following administration through a gastrostomy	*Invest New Drugs*

		feeding tube (GT)	
	2015	Quantifying Parameter Uncertainty in EQ-5D-3L Value Sets and Its Impact on Studies That Use the EQ-5D-3L to Measure Health Utility: A Bayesian Approach	*Med Decis Making*
	2015	ASCO Provisional Clinical Opinion for Hepatitis B Virus Screening Before Cancer Therapy: Are These the Right Tests in the Right Patients?	*J Oncol Pract*
	2015	Adjuvant taxane-based chemotherapy for early stage breast cancer: a real-world comparison of chemotherapy regimens in Ontario	*Breast Cancer Res Treat.*
	2015	Hepatitis B virus screening before adjuvant chemotherapy in patients with early-stage breast cancer: a cost-effectiveness analysis	*Breast Cancer Res Treat.*
	2015	Salivary duct carcinoma: Treatment, outcomes, and patterns of failure	*Head Neck*
	2015	Long-term results of a study using individualized planning target volumes for hypofractionated intensity-modulated radiotherapy boost for prostate cancer	*Radiat Oncol*
	2015	Cost-effectiveness analysis of staging strategies in patients with regionally metastatic melanoma	*J Surg Oncol.*
	2015	Cancer Care Ontario's Gastrointestinal Disease Site Group. Continuous versus intermittent chemotherapy strategies in metastatic colorectal cancer: a systematic review and meta-analysis	*Ann Oncol.*
	2015	Poor recognition of risk factors for hepatitis B by physicians prescribing immunosupporessive therapy: a call for universal rather than risk-based screening	*PLOS One*
	2015	Cost-effectiveness of prophylactic granulocyte colony-stimulating factor for febrile neutropenia in breast cancer patients receiving FEC-D	*Breast Cancer Res Treat.*
	2015	The use of EGFR inhibitors in colorectal cancer: Is it clinically efficacious and cost-effective?	*Expert Review of Pharmacoeconomic & Outcomes Research*
	2015	Outcome of patients with pregnancy during or after breast cancer: a review of the recent literature	*Current Oncology*
	2015	Outcomes of IMRT for hypopharyngeal cancer compared to conventional radiotherapy	*ePub ahead of print*
	2014	Strategies of sequential therapies in unresectable metastatic colorectal cancer: a meta-analysis.	*Curr Oncol.*
	2014	Combined modality therapy versus chemotherapy alone as an induction regimen for primary central nervous system lymphoma: a cost-effectiveness analysis.	*Neuro-oncology*
	2014	A Bayesian meta-analysis of multiple treatment comparisons of systemic regimens for advanced pancreatic cancer	*PLoS One*

	2014	Genomic Testing in Cancer: Patient Knowledge, Attitudes and Expectations	*Cancer*
	2014	Underestimation of Uncertainties in Health Utilities dervied from Mapping Algorithms involving Health Related Quality of Life Measures: Statistical Explanations and Potential Remedies	*Medical Decision Making*
	2014	Chemotherapy-induced Cardiotoxicity: Detection, Prevention and Management	*Canadian Journal of Cardiology*
	2014	A systematic analysis of correlative studies in low-dose metronomic chemotherapy trials	*Biomarkers in Medicine*
	2014	Phase 1 study of nab-paclitaxel, cisplatin and 5-fluorouracil as induction chemotherapy followed by concurrent chemoradiotherapy in locoregionally advanced squamous cell carcinoma of the oropharynx	*European Journal of Cancer*
	2014	Efficacy and Safety of Palonosetron for the Prophylaxis of Chemotherapy-Induced Nausea and Vomiting (CINV): A Systematic Review and Meta-Analysis of Randomized Controlled Trials.	*Supportive Care in Cancer*
	2014	Oncology education in Canadian undergraduate and postgraduate medical programs: a survey of educators and learners	*Curr Oncol.*
	2014	Hepatic arterial infusion pump chemotherapy in the management of colorectal liver metastases: expert consensus statement	*Current Oncology*
	2014	Granulocyte-colony Stimulating Factor (G-CSF) as Secondary Prophylaxis of Febrile Neutropenia In the Management of Advanced-Stage Hodgkin Lymphoma Treated with ABVD Chemotherapy: A Decision Analysis	*Leukemia and Lymphoma*
	2013	Publication Patterns of Cancer Cost-Effectiveness Studies Presented at the American Society of Hematology: Timeliness of Publication, Quality and Possible Bias	*Current Oncology*
	2013	Trends in use and cost of initial cancer treatment in Ontario: a population-based descriptive study	*CMAJ Open*
	2013	Low-dose metronomic chemotherapy: A systematic literature analysis	*European Journal of Cancer*
	2013	Potentially Prognostic Micro-RNAs in HPV-Associated Oropharyngeal Carcinoma	*Clinical Cancer Research*
	2013	Cost-effectivness of systemic therapies for metastatic pancreatic cancer	*Current Oncology*
	2013	"A phase II trial of dacomitinib, an oral pan-human EGF receptor (HER) inhibitor, as first-line treatment in recurrent and/or metastatic squamous cell carcinoma of the head and neck."	*Annals of Oncology*
	2013	Postoperative Intensity-Modulated Radiotherapy following Surgery for Oral Cavity Squamous Cell Carcinoma: Patterns of Failure	*Oral Oncology*
	2013	Understanding the Costs of Cancer Care before and after Diagnosis for the 21 Most Common Cancers in Ontario	*CMAJ Open*

	2012	"Improving the Quality of Abstract Reporting for Economic Analyses in Oncology."	*Current Oncology*
	2012	"Hepatitis B Virus (HPV) Screening Prior to Chemotherapy for Lymphoma: A Cost-effectiveness Analysis."	*Journal of Clinical Oncology*
	2012	"Combined Modality Therapy Versus Chemotherapy Alone as An Induction Regimen for Primary CNS Lymphoma: a Decision Analysis."	*British Journal of Haematology*
		The combined use of surgery and radiotherapy to treat patients with epidural cord compression due to metastatic disease: a cost-utility analysis	*Neuro Oncol*
	2012	"Less than ideal: how oncologists practice with limited drug access."	*Journal of Oncology Practice*
		A cost-utility analysis of primary prophylaxis versus secondary prophylaxis with granulocyte colony-stimulating factor in elderly patients with diffuse aggressive lymphoma receiving curative-intent chemotherapy	*Journal of Clinical Oncology*
	2012	"Evidence-based guideline recommendations on the use of PET Imaging in Colorectal Cancer."	*Clinical Oncology*
	2011	"Early mortality and overall survival in oncology phase I trial participants: can we improve patient selection?"	*BMC Cancer*
	2011	"Interventions for the treatment of oral cavity and oropharyngeal cancer: chemotherapy."	*Cochrane Database of Systemic Reviews*
	2010	The CSROC Expert Panel. Interventions for the treatment of oral cavity and oropharyngeal cancer: radiotherapy	*Cochrane Database of Systemic Reviews*
	2010	Interventions for the treatment of oral cavity and oropharyngeal cancer: chemotherapy	*Cochrane Database of Systemic Reviews*
	2010	Nasopharyngeal carcinoma: The next challenges	*European Journal of Cancer*
	2010	"Preoperative or postoperative therapy for the management of patients with stage II and III rectal cancer."	*Clin Oncol.*
Vicky Chang	2015	Fall-related injuries among Canadian seniors, 2005 to 2013: an analysis of the Canadian Community Health Survey	*Health Promot Chronic Dis Prev Can*
Zhengfei Chen	2014	An exploration of heterogeneity in genetic analysis of complex pedigrees: linkage and association using whole genome sequencing data in the MAP4 region	*Suppl 1 Genetic Analysis Workshop 18Vanessa Olmo*
	2014	Multiphase analysis by linkage, quantitative transmission disequilibrium, and measured genotype: systolic blood pressure in complex Mexican American pedigrees	*BMC Proc.*
Ajitha Cyriac	2015	Conceptualizing acts and behaviours that comprise intimate partner violence: a concept map	*Health Expect.*
	2004	India's HIV-1 epidemic.	*CMAJ*
Jessica Dennis		Bicycling crashes on streetcar (tram) or train tracks: Mixed methods to identify prevention measures	*Submitted to BMC Public Health*

		Genetic variation near *IKZF2* is associated with tissue factor pathway inhibitor plasma levels and venous thromboembolism	*Submitted to Journal of Thrombosis and Haemostasis*
	2015	Bicycling injury hospitalisation rates in Canadian jurisdictions: analyses examining associations with helmet legislation and mode share	*BMJ Open*
	2015	Genetic determinants of tissue factor pathway inhibitor plasma levels	*Thromb Haemost*
	2015	Thrombin generation potential and whole-blood DNA methylation	*Thromb Res*
	2015	Genome-wide investigation of DNA methylation marks associated with FV Leiden mutation	*PLoS One*
	2014	RFC-1 80G>A is a genetic determinant of methotrexate efficacy in Rheumatoid Arthritis: A HuGE review and meta-analysis of observational studies	*Arthritis Rheumatol*
	2013	Challenges of population-based colorectal cancer screening and the importance of time-trend analysis when evaluating system change	*Cancer Epidemiol*
	2013	Helmet legislation and cycling injury hospitalizations in Canadian provinces and territories	*BMJ*
	2012	The endothelial protein C receptor (PROCR) Ser219Gly variant and risk of common thrombotic disorders: A HuGE review and meta-analysis of evidence from observational studies	*Blood*
Sarah Edwards	2015	Maternity leave and childcare arrangements during the first 12 months of life are associated with children's development five years later	*The International Journal of Child, Youth and Family Studies*
	2014	The impact of parenthood on Canadians' objectively measured physical activity: an examination of cross-sectional population-based data	*BMC Public Health*
	2014	Prevalence of unassisted quit attempts in population-based studies: a systematic review of the literature	*Addictive Behaviors*
	2013	Performance measures of digital compared to screen-film mammography in concurrent cohorts within an organized breast screening program	*Radiology*
	2012	Breast screening beliefs increase adherence with annual screening in female relatives from the Ontario Site of the Breast Cancer Family Registry	*BMC Public Health*
	2012	Favourable prognostic factors of subsequent screen detected breast cancers among women 50 to 69	*European Journal of Cancer Prevention*
	2011	Characteristics and Quality of Pediatric Cost-Utility Analyses: 1997–2009	*Quality of Life Research*
	2011	Tumour characteristics associated with mammographic detection of breast cancer in the Ontario Breast Screening Program	*Journal of National Cancer Institute*
	2011	Satisfaction with initial screen and compliance with biennial breast screening at centres with and without nurses	*Cancer Nursing*
	2011	Influence of perceived breast cancer risk on screening behaviors of female relatives from the Ontario Site of the Breast Cancer Family Registry	*European Journal of Cancer Prevention*

Jonathan Fan	2016	Age differences in duration of wage-replacement following work-injury: Examining the role of injury-related characteristics	*Submitted to Journal of Occupational and Environmental Medicine (April 2016)*
	2016	Age and recovery expectations: Examining the influence of age on the perceived speed of recovery following injury among Victoria, Australia workers' compensation claimants	*Canadian Association for Research on Work and Health Conference*
Nadia Fazal	2016	Evidence for the value of health promotion interventions in natural disaster management	*Health Promot Int.*
	2016	Implementing a national health research for development platform in a low-income country - a review of Malawi's Health Research Capacity Strengthening Initiative	*Health Res Policy Syst.*
Michelle Gaffey	2015	WHO child growth standards are often incorrectly applied to children born preterm in epidemiologic research	*The Journal of Nutrition*
	2015	Acute respiratory infection case definitions for young children: a systematic review of community-based epidemiologic studies in South Asia	*Tropical Medicine & International Health*
	2015	No female disadvantage in anthropometric status among children in India: analysis of the 1992–1993 and 2005–2006 Indian National Family Health Surveys	*Journal of South Asian Development*
	2014	Local distributions of wealth to describe health inequities in India: a new approach for analyzing nationally representative household survey data, 1992-2008	*PLoS One*
	2013	Dietary management of childhood diarrhea in low- and middle-income countries: a systematic review	*BMC Public Health*
	2013	Financial incentives and coverage of child health interventions: a systematic review and meta-analysis	*BMC Public Health*
	2013	The Lancet Nutrition Interventions Review Group, and the Maternal and Child Nutrition Study Group. Evidence based interventions for improving maternal and child nutrition: what can be done and at what cost?	*Lancet*
Allison Gayapersad	2012	Food insecurity is associated with attitudes towards exclusive breastfeeding among women in urban Kenya	*Matern Child Nutr.*
Jennifer Gillis	2015	Factors associated with the frequency of monitoring of liver enzymes, renal function and lipid laboratory markers among individuals initiating combination antiretroviral therapy: a cohort study.	*BMC Infectious Diseases*
	2015	Time-dependent bias related to Hepatitis C classification: Attenuation of the impact of Hepatitis C infection on mortality in HIV-positive individuals	*Epidemiology*
	2014	Risk of cardiovascular disease associated with HCV and HBV co-infection among antiretroviral-treated HIV-infected individuals	*Antiviral Therapy*
Sarah Margaret Goodday	2015	Early exposure to parental bipolar disorder and risk of mood disorder: The *Flourish* Canadian prospective offspring cohort study	*Early Intervention in Psychiatry*

	2015	Candidate risk indicators for bipolar disorder: Early intervention opportunities in high-risk youth	*International Journal of Neuropsychopharmacology*
	2015	Does lithium reduce acute suicidal ideation and behavior? A protocol for a randomized, placebo-controlled multicenter trial of lithium plus Treatment As Usual (TAU) in patients with suicidal major depressive episode	*BMC Psychiatry*
	2015	Multi-state models for investigating possible stages leading to bipolar disorder	*International Journal of Bipolar Disorders*
	2014	Early parent-child relationships and risk of mood disorder in a Canadian sample of offspring of a parent with bipolar disorder: Findings from a 16-year prospective cohort study	*Early Intervention in Psychiatry*
	2014	Antecedents and sex/gender differences in youth suicidal behavior	*World J Psychiatry*
Tim Henry Guimond	2015	The effectiveness of an integrated collaborative care model vs. a shifted outpatient collaborative care model on community functioning, residential stability, and health service use among homeless adults with mental illness: a quasi-experimental study	*BMC Health Serv Res.*
	2014	Interrupting the social processes linked with initiation of injection drug use: results from a pilot study	*Drug Alcohol Depend.*
	2014	Transition to injection drug use: the role of initiators	*AIDS Behav.*
	2013	An exploratory study of the relationship between changes in emotion and cognitive processes and treatment outcome in borderline personality disorder	*Psychother Res.*
	2013	Factors related to dropout from treatment in two outpatient treatments for borderline personality disorder	*J Pers Disord.*
	2013	Prospective risk factors for suicide attempts in a treated sample of patients with borderline personality disorder	*Can J Psychiatry*
	2013	Dialectical behavior therapy compared with general psychiatric management for borderline personality disorder: clinical outcomes and functioning over a 2-year follow-up	*Am J Psychiatry*
	2010	Enhancement of vaccinia virus based oncolysis with histone deacetylase inhibitors	*PLoS One*
	2009	A randomized trial of dialectical behavior therapy versus general psychiatric management for borderline personality disorder	*Am J Psychiatry*
Kristy Hackett	2015	A qualitative study exploring perceived barriers to infant feeding and caregiving among adolescent girls and young women in rural Bangladesh	*BMC Public Health*
	2015	Knowledge, attitudes and perceptions on infant and young child nutrition and feeding among adolescent girls in rural Bangladesh	*Maternal & Child Nutrition*
Suryani Hamdani	2016	Gender and transition from pediatric to adult health care among youth with acquired brain injury: Experiences in a transition model	*Archives of Physical Medicine and Rehabilitation*

		Thinking critically about occupational possibilities in client-centred practice across the life-span	*Scandinavian Journal of Occupational Therapy*
	2014	Transitioning to adulthood with a progressive condition: Best practice assumptions and individual experiences of young men with Duchene muscular dystrophy	*Disability & Rehabilitation*
	2014	The LIFEspan model of transitional rehabilitative care for youth with disabilities: Healthcare professionals' perspectives on service delivery	*Journal of Pediatric Rehabilitation Medicine*
	2014	Becoming Men: Gender, Disability, & Transitioning to Adulthood	*Health*
	2013	The Integrated Use of Audio Diaries, Photography & Interviews in Research with Disabled Young Men	*International Journal of Qualitative Methods*
	2012	Longitudinal evaluation of transition services ("LETS study"): Protocol for outcome evaluation	*BMC Pediatrics*
	2011	Systems thinking perspectives applied to health care transition for youth with disabilities: A paradigm shift for practitioners & policy-makers	*Child: care, health & development*
	2011	Barriers & facilitators of chronic illness self-management among adolescents: A review & future directions	*Journal of Nursing & Healthcare of Chronic Illness*
Travis Hottes	2016	Lifetime prevalence of suicide attempts among sexual minority adults by study sampling strategies: A systematic review and meta-analysis	*American Journal of Public Health*
	2015	Suicide and HIV as leading causes of death among gay and bisexual men: A comparison of estimated mortality and published research	*Critical Public Health*
	2015	Misclassification and undersampling of sexual minorities in population surveys	*American Journal of Public Health*
	2015	Suicide related ideation and behavior among Canadian gay and bisexual men: A syndemic analysis	*BMC Public Health*
	2014	Antecedents and sex/gender differences in youth suicidal behavior	*World Journal of Psychiatry*
	2015	Predictors identifying those at increased risk for STDs: A theory-guided review of empirical literature and clinical guidelines	*International Journal of STDs and AIDS*
	2014	Alternative strategies for partner notification: A missing piece of the puzzle	*Sexually Transmitted Infections*
	2014	Time since last negative HIV test among men who have sex with men and people who use injection drugs in British Columbia, 2006-2011	*Canadian Journal of Public Health*
	2014	A critical appraisal of risk models for predicting sexually transmitted infections	*Sexually Transmitted Diseases*
	2013	Title NOT provided	*Journal of Medical Internet Research*
Jeremiah Hwee	In press	Factors associated with undiagnosed and overdiagnosed COPD	*European Respiratory Journal*
	2015	Family physician ethnicity influences quality of diabetes care for Chinese but not South Asian patients	*Primary Care Diabetes*

	2015	Identification of the physician workforce providing palliative care in Ontario using administrative claims data	*Canadian Medical Association Journal Open*
	2015	Diabetes self-management education is not associated with a reduction in long-term diabetes complications: an effectiveness study in an elderly population	*Journal of Evaluation in Clinical Practice*
	2015	Socioeconomic Status, Sex, Age and Access to Medications for COPD in Ontario, Canada	*COPD: Journal of Chronic Obstructive Pulmonary Disease*
	2015	Mortality trends in women and men with Chronic Obstructive Pulmonary Disease (COPD)	*Thorax*
Jennifer Jairam	2015	Potential cost-effectiveness of supervised injection facilities in Toronto and Ottawa, Canada. Addiction	*Epub ahead of print*
Martyna Janjua	2012	Tuberculosis and Common Mental Disorders: International Lessons for Canadian Immigrant Health	*Canadian Journal of Nursing Research*
	2011	The Shifting Landscape of Immigration Policy in Canada: Implications for Health Human Resources	*Healthcare Policy*
Haiyan Jiang	2015	Digital versus screen-film mammography: impact of mammographic density and hormone therapy on breast cancer detection	*Breast Cancer Res Treat.*
	2016	Digital Compared with Screen-Film Mammography: Measures of Diagnostic Accuracy among Women Screened in the Ontario Breast Screening Program	*Radiology*
	2016	Inference on cancer screening exam accuracy using population-level administrative data	*Stat Med.*
	2014	Authors' response	*Chronic Dis Inj Can.*
Linda Kachuri	2014	Author's response: Letter to the editor: "Cancer incidence, mortality and survival trends in Canada, 1970-2007"	*Chronic Dis Inj Can*
	2014	Occupational exposure to crystalline silica and the risk of lung cancer in Canadian men	*International Journal of Cancer*
	2015	Bladder cancer and occupational exposure to diesel and gasoline engine emissions among Canadian men	*Cancer Medicine*
	2015	Fine-mapping of chromosome 5p15.33 based on a targeted deep sequencing and high density genotyping identifies novel lung cancer susceptibility loci	*Carcinogenesis*
	2016	Workplace exposure to diesel and gasoline emissions and the risk of colorectal cancer in Canadian men	*Environmental Health*
Maya Kesler	2016	Actual sexual risk and perceived risk of HIV acquisition among HIV-negative men who have sex with men in Toronto, Canada	*BMC public health*
	2016	Perceived HIV risk, Perceived HIV risk, actual sexual HIV risk and willingness to take pre-exposure prophylaxis (PrEP) among men who have sex with men in Toronto, Canada	*AIDS Care (In Press)*
Yuliya Knyahnytska	2015	Towards a Biopsychosociopolitical Frame for Recovery in the Context of Mental Illness	*British Journal of Social Work*
	2015	Reward Sensitivity, Impulsivity, and Treatment Response in Binge Eating Disorder	*Canadian Journal of Diabetes*

	2014	Reconceptualizing Diabetic care for People with Mental Illnesses: Institutional Ethnography	*The International Journal of Health, Wellness, and Society*
	2014	Looking through a Different Window: Chronic Disease Management in Public Health: Application of Symbolic Interactionism and Institutional Ethnography	*The Qualitative Report*
	2013	The role of international mental health professionals in health and peacebuilding. Chapter 9 In Doreen Maller, D., Langsam, K., & Fritchle, M. (Ed)	*The Praegar Handbook of Community Mental Health Practice*
	2011	DrugNot4Me: Going forward, looking back	*Canadian Journal of Media Studies*
Gillian Kolla	2015	Initiation stories: An examination of the narratives of people who assist with a first injection	*Substance Use and Misuse*
	2015	Potential cost-effectiveness of supervised injection facilities in Toronto and Ottawa, Canada	*Addiction. In press.*
	2015	Ambivalence about supervised injection facilities among community stakeholders	*Harm Reduction Journal*
	2015	'Drugs don't have age limits': The challenge of setting age restrictions for supervised injection facilities	*Drugs: Education, Prevention and Policy*
	2014	Interrupting the social processes linked with initiation of injection drug use to prevent HIV and HCV infections	*Drug and Alcohol Dependence*
	2014	Increasing public support for supervised injection facilities in Canada	*Addiction*
	2014	Transition to Injection Drug Use: The Role of Initiators	*AIDS and Behavior*
	2013	Design considerations for supervised consumption facilities (SCFs): Preferences for facilities where people can inject and smoke drugs	*International Journal of Drug Policy*
	2012	A New Realistic Evaluation Analysis Method: Linked Coding of Context, Mechanism and Outcome Relationships	*American Journal of Evaluation*
	2012	Police perceptions of supervised consumption sites (SCSs): a qualitative study	*Substance Use and Misuse*
Pamela Ann Kolopack	2015	What makes community engagement effective?: Lessons from the Eliminate Dengue Program in Queensland Australia	*PLoS Negl Trop Dis.*
	2011	Aligning community engagement with traditional authority structures in global health research: a case study from northern Ghana	*Am J Public Health.*
Ramya Kumar	2013	"How are women's experiences of childbirth represented in the literature? A critical review of qualitative research set in the global south."	*Women's Health and Urban Life*
	2013	"Abortion in Sri Lanka: The double standard."	*American Journal of Public Health*
	2012	"Misoprostol and the politics of abortion in Sri Lanka."	*Reproductive Health Matters*
	2012	"Cardiovascular disease in Somali women in the diaspora."	*Current Cardiovascular Risk Reports*
Po-Po Lam	2015	A new approach to improving healthcare personnel influenza immunization programs: a randomized controlled trial	*PLoS One*

	2014	Populations at risk for severe or complicated Avian Influenza H5N1: a systematic review and meta-analysis	*PLoS One*
Stephanie Lanthier	in press	Responding to delayed disclosure of sexual assault in health settings: A systematic review	*Journal of Trauma, Violence & Abuse*
Weili Li	2015	Genome-wide association meta-analysis identifies five modifier loci of lung disease severity in cystic fibrosis	*Nat Commun.*
	2015	A Joint Location-Scale Test Improves Power to Detect Associated SNPs, Gene Sets, and Pathways	*Am J Hum Genet.*
	2015	Variants in Solute Carrier SLC26A9 Modify Prenatal Exocrine Pancreatic Damage in Cystic Fibrosis	*J Pediatr.*
	2015	Prioritizing rare variants with conditional likelihood ratios	*Hum Hered.*
	2014	Evidence for a causal relationship between early exocrine pancreatic disease and cystic fibrosis-related diabetes: a Mendelian randomization study	*Diabetes*
	2014	Unraveling the complex genetic model for cystic fibrosis: pleiotropic effects of modifier genes on early cystic fibrosis-related morbidities	*Hum Genet.*
	2012	Multiple apical plasma membrane constituents are associated with susceptibility to meconium ileus in individuals with cystic fibrosis	*Nat Genet. 2012*
Cathy Yang Long	2015	Socioeconomic marginalisation in the structural production of vulnerability to violence among people who use illicit drugs	*J Epidemiol Community Health*
	2014	Income level and drug related harm among people who use injection drugs in a Canadian setting	*Int J Drug Policy*
Zihang Lu	2016	Changes in multiple breath washout measures after raised volume rapid thoracoabdominal compression maneuvers in infants	Pediatr Pulmonol.
Candice Lorene Lys	2015	The process of developing a community-based research agenda with lesbian, gay, bisexual, transgender and queer youth in the Northwest Territories, Canada	*Int J Circumpolar Health*
Kinnon Mackinnon	2016	Predisposing, Enabling, and Reinforcing Factors of Trans-Positive Clinical Behavior Change: A Summary of the Literature	*International Journal of Transgenderism*
Laena Katrina Maunula	2013	The pandemic subject: Canadian pandemic plans and communicating with the public about an influenza pandemic	*Healthc Policy*
	2012	Priority setting of ICU resources in an influenza pandemic: a qualitative study of the Canadian public's perspectives	*BMC Public Health*
Corey McAuliffe	2016	"The Experience and Process of Trauma due to Global Health Fieldwork."	*American Association of Geographers Annual Conference*
Ashleigh McGirr	2013	Estimation of the Underlying Burden of Pertussis in Adolescents and Adults in Southern Ontario, Canada	*PLoS One*
	2015	Duration of Pertussis Immunity After DTaP Immunization: A Meta-Analysis"	*Pediatrics*
Chris Meaney	2016	Identifying potential academic leaders Predictors of willingness to undertake leadership roles in an	*Canadian Family Physician*

		academic department of family medicine	
	2016	Time to Consultation-Liaison Psychiatry Service Referral as a Predictor of Length of Stay	*Psychosomatics*
	2015	Text Mining Describes the use of Statistical and Epidemiological Methods in Published Medical Research	*Journal of Clinical Epidemiology*
	2015	Beyond viral response: A prospective evaluation of a community-based, multi-disciplinary, peer-driven model of HCV treatment and support	*International Journal of Drug Policy*
	2015	Patterns and predictors of early mortality among emergency department patients in Addis Ababa, Ethiopia	*BMC Research Notes*
	not provided	Comparison of remote and in-clinic follow-up after methotrexate/misoprostol abortion	*Contraception*
Alanna Mihic	2016	Co-Morbidity of Fetal Alcohol Spectrum Disorder: a systematic review and meta-analysis	*Lancet*
	2014	Who are the Under- and Never- Screened for Cancer in Ontario: A qualitative investigation	*BMC Public Health*
	2011	Fetal Alcohol Spectrum Disorder Prevalence Estimates in Correctional Systems: A Systematic Literature Review	*Canadian Journal of Public Health*
Renee Monchalin	2015	Research Done in "A Good Way": The Importance of Indigenous Elder Involvement in HIV Community-Based Research	*Am J Public Health*
Nida Mustafa	2015	Stressors and Barriers to Services for Immigrant Fathers Raising Children with Developmental Disabilities	*International Journal of Mental Health and Addiction*
	Under Review	Conspiracy of silence: Cultural conflict as a risk factor for the development of eating disorders among second generation Canadian South Asian women	*South Asian Diaspora.*
Ryan Hoy Jarm Ng	2015	Maternal placental syndromes among women living with HIV in Ontario: a population-based study	*CMAJ Open*
	2015	Postpartum Maternal and Neonatal Hospitalizations Among Women with HIV: A Population-Based Study	*AIDS Res Hum Retroviruses*
	2015	Adequacy of prenatal care among women living with human immunodeficiency virus: a population-based study	*BMC Public Health*
	2015	Adverse Neonatal Outcomes Among Women Living With HIV: A Population-Based Study	*J Obstet Gynaecol Can.*
	2014	Comparison of comorbidity classification methods for predicting outcomes in a population-based cohort of adults with human immunodeficiency virus infection	*Ann Epidemiol.*
	2014	Trends in live birth rates and adverse neonatal outcomes among HIV-positive women in Ontario, Canada, 2002-2009: a descriptive population-based study	*Int J STD AIDS*
Todd Norwood	2014	Spatial epidemiology of the syphilis in Toronto, Canada	*Sexually Transmitted Diseases*
Tyler O'Neill	2015	Surveillance in Patients With Barrett's Esophagus for Early Detection of Esophageal Adenocarcinoma: A Systematic Review and Meta-Analysis	*Clin Transl Gastroenterol*

	2015	Colorectal cancer among persons with HIV: protocol for a systematic review and meta-analysis	*Syst Rev.*
	2014	A systematic review and meta-analysis of factors associated with anthelmintic resistance in sheep	*Prev Vet Med.*
	2014	The effect of HIV-hepatitis C co-infection on bone mineral density and fracture: a meta-analysis	*PLoS One*
	2014	A systematic review and meta-analysis of phase I inactivated vaccines to reduce shedding of Coxiella burnetii from sheep and goats from routes of public health importance	*Zoonoses Public Health*
Rebecca Penn		Building recovery capital through peer harm reduction work	*Drugs and Alcohol Today*
	2015	Ambivalence about supervised injection facilities among community stakeholders	*Harm Reduction Journal*
	2015	"Drugs don't have age limits": The challenge of setting age restrictions for supervised injection facilities	*Drugs: Education, Prevention, and Policy*
	2014	Interrupting the social processes linked with initiation of injection drug use: Results from a pilot study	*Drug and Alcohol Dependence.*
	2014	Establishing expertise: Canadian community-based medical cannabis dispensaries as embodied health movement organisations	*International Journal of Drug Policy*
	2013	"Design considerations for supervised consumption sites (SCSs): preferences for facilities where people can inject drugs and smoke crack cocaine."	*International Journal of Drug Policy*
	2012	"Connecting in the community: Best practices for outreach"	*Prevention in Focus*
	2012	"Police perceptions of supervised consumption sites: a qualitative study"	*Substance Use and Misuse*
Nandita Perumal	not provided	Effect of weekly high-dose vitamin D3 supplementation (35,000 IU/week) on serum cholecalciferol concentrations in pregnant women	*Accepted: The Journal of Steroid Biochemistry and Molecular Biology*
	2015	Prenatal vitamin D supplementation and infant vitamin D status in Bangladesh	*Public Health Nutrition*
	2015	WHO Child growth standards are often incorrectly applied to children born preterm in epidemiologic research	*Journal of Nutrition*
	2014	Prenatal vitamin D3 supplementation suppresses LL-37 peptide expression in ex vivo activated macrophages but not their killing capacity in neonates	*British Journal of Nutrition*
	2014	Vitamin D and fetal-neonatal calcium homeostasis: findings from a randomized controlled trial of high-dose antenatal vitamin D supplementation	*Pediatric Research*
	2014	Maternal-fetal-infant dynamics of the C3-epimer of 25-hydroxyvitamin D	*Clinical Biochemistry*
Angela Pickard	2013	"It gives me a sense of belonging": Providing integrated health care and treatment to people with HCV engaged in a psycho-educational support group	*International Journal of Drug Policy*

	2012	Mental Health & Substance Use Disorders in Primary Care: A Practical Manual for Professionals. Toronto, ON, Canada.	*Chapter 6.1: Self-Care. In Khenti, A., Sapag, J.C., Mohamoud, S., & Ravindran, A. (Eds).*
Jane Polsky	In press	Relative and absolute availability of fast-food restaurants in relation to the development of diabetes: a population-based cohort study	*Canadian Journal of Public Health*
	2016	Absolute and relative densities of fast-food versus other restaurants in relation to weight status: Does restaurant mix matter?	*Preventive Medicine*
	2015	Health and growth status of immigrant and refugee children in Toronto, Ontario: A retrospective chart review	*Paediatrics & Child Health*
	2014	Exploring food landscapes in southern Ontario: access to more and less healthy food retail according to level of neighbourhood deprivation	*Canadian Journal of Public Health*
	2011	Use of a web-based system to understand practice profiles in primary care residency training	*Canadian Family Physician September*
	2010	Are women with psychosis receiving adequate cervical cancer screening?	*Canadian Family Physician*
	2009	Prevalence of community-associated methicillin-resistant *Staphylococcus aureus* colonization in men who have sex with men	*International Journal of STD& AIDS*
	2008	Antimalarial therapy selection for quinolone resistance among *Escherichia Coli* in the absence of quinolone exposure, in tropical South America	*PLoSONE*
Denise Power	2012	Multiple joint involvement in total knee replacement for osteoarthritis: Effects on patient-reported outcomes	*Arthritis Care and Research (Hoboken)*
	2011	A longitudinal study to explain the pain-depression link in older adults with osteoarthritis	*Arthritis Care and Research (Hoboken)*
	2008	Fatigue in osteoarthritis: a qualitative study	*BMC Musculoskeletal Disorders*
	2008	The association of regional racial/cultural context and socioeconomic status with arthritis in the population: a multilevel analysis	*Arthritis & Rheumatism (Arthritis Care & Research)*
	2007	The relative impact of thirteen chronic conditions across three different outcomes	*Journal of Epidemiology and Community Health*
	2006	Revisiting arthritis prevalence projections – it's not just an aging of the population	*Journal of Rheumatology*
	2006	Ambulatory physician care for musculoskeletal disorders in Canada	*Journal of Rheumatology*
	2006	Twenty-year secular changes in sex specific lung cancer incidence rates in an urban Chinese population	*Lung Cancer*
	2005	Pain as a mediator of sleep problems in arthritis and other chronic conditions	*Arthritis & Rheumatism (Arthritis Care & Research)*
	2005	Arthritis onset and worsening self-rated health: A longitudinal evaluation of the role of pain and activity limitations	*Arthritis & Rheumatism (Arthritis Care & Research)*
Ariel Pulver	2016	A Scoping Review of Female Disadvantage in Health Care Use Among Very Young Children of Immigrant	*Social Science & Medicine*

		Families	
	2015	Intergenerational Transmission of the Healthy Immigrant Effect (HIE) Through Birth Weight: A Systematic Review and Meta-Analysis	*Social Science and Medicine*
	2015	Maternal and Paternal Birthplace and Risk of Stillbirth	*Journal of Obstetrics and Gynecology of Canada.*
	Accepted	Recreational use of prescription medications and risk of injury among Canadian Youth	*Journal of Child and Adolescent Substance Abuse*
		Recreational Use of Prescription Medications among Canadian Young People:Identifying Disparities	*Canadian Journal of Public Health*
	2014	Time-use patterns and the recreational use of prescription medications among rural and small town youth	*Journal of Rural Health*
Ying Qi	2015	Front-of-pack symbols are not a reliable indicator of products with healthier nutrient profiles	*Appetite*
	2014	Consumer attitudes and understanding of cholesterol-lowering claims on food: randomize mock-package experiments with plant sterol and oat fibre claims	*Eur J Clin Nutr.*
	2014	Consumer perceptions of the Nutrition Facts table and front-of-pack nutrition rating systems	*Appl Physiol Nutr Metab.*
	2014	Canadians' perceptions of food, diet, and health--a national survey	*PLoS One*
	2013	Consumer attitudes and understanding of low-sodium claims on food: an analysis of healthy and hypertensive individuals	*Am J Clin Nutr.*
	2013	Results of a national survey examining Canadians' concern, actions, barriers, and support for dietary sodium reduction interventions	*Can J Cardiol.*
Catherine Racey	2015	Randomized Intervention of Self-Collected Sampling for Human Papillomavirus Testing in Under-Screened Rural Women: Uptake of Screening and Acceptability	*J Womens Health (Larchmt)*
	2015	Reaching women who do not participate in the regular cervical cancer screening programme by offering self-sampling kits: a systematic review and meta-analysis of randomised trials	*Eur J Cancer*
	2016	Barriers and Facilitators to Cervical Cancer Screening Among Women in Rural Ontario, Canada: The Role of Self-Collected HPV Testing	*J Rural Health*
	2014	Who are the under- and never-screened for cancer in Ontario: a qualitative investigation	*BMC Public Health*
	2013	Self-collected HPV testing improves participation in cervical cancer screening: a systematic review and meta-analysis	*Can J Public Health*
Chantel Ramraj	2016	A scoping review of female disadvantage in health care use among very young children of immigrant	*Social Science and Medicine*
	2015	Intergenerational Transmission of the Healthy Immigrant Effect (HIE) Through Birth Weight: A Systematic Review and Meta-Analysis	*Social Science and Medicine*
Jennifer Ann	2013	Hospital charitable lotteries: taking a gamble on	*J Eval Clin Pract.*

Reynolds		systems thinking	
	2011	Lottery promotions at the point-of-sale in Ontario, Canada	*J Gambl Stud.*
Mana Rezai	2015	Is neck pain associated with worse health related quality of life six months later? A population-based cohort study	*The Spine Journal*
	2014	Healthcare Utilization of Workers' Compensation Claimants Associated with Mild Traumatic Brain Injury: A Historical Population-Based Cohort Study of Workers Injured in 1997-1998	*Archives of Physical Medicine and Rehabilitation*
	2013	The Association between Workers' Compensation Claims Involving Neck Pain and Future Health Care Utilization: A Population-based Cohort Study	*J Occup Rehabil*
	2011	The course of work absenteeism involving neck pain: A cohort study of Ontario lost-time claimants	*Spine*
	2010	The burden of work disability associated with mild traumatic brain injury in Ontario compensated workers: a prospective cohort study	*The Open Occupational Health & Safety Journal*
	2009	Book Review: Dissonant disabilities: women with chronic illnesses explore their lives	*Chronic Diseases in Canada (CDIC)*
	2008	The association between prevalent neck pain and health-related quality of life: A cross-sectional analysis	*European Spine Journal*
	2008	Prevalence of lost-time claims for mild traumatic brain injury in the working population: Improving estimates using workers compensation databases	*Brain Injury*
Beth Rossen	2009	*Quick* READS: Eight- or Twelve-Hour Shifts: *What Nursing Students Prefer*	*Nursing Education Perspectives*
Wallis Rudnick	2015	Association of serotype with respiratory presentations of pneumococcal infection, Ontario, Canada, 2003–2011	*Vaccine*
	2016	Invasive pneumococcal disease among immunocompromised persons: implications for vaccination programs	*Clinical Infectious Diseases*
	2015	Corticosteroid therapy in critical illness due to seasonal and pandemic influenza	*Canadian Respiratory Journal*
	2014	In vitro activity of new cephalosporins vs Streptococcus pneumoniae form the Canadian Bacterial Surveillance Network: 2008-2011	*Curr Microbiol*
	2014	Human endogenous retrovirus-K(II) envelope induction protects neurons during HIV/AIDS	*PLOS ONE*
	2014	Previous Antibiotic Exposure and Antimicrobial Resistance in Invasive Pneumococcal Disease: Results from Prospective Surveillance	*Clinical Infectious Diseases*
	2014	Impact of pneumococcal vaccines on the burden associated with invasive pneumococcal disease in Ontario, Canada, 1995–2011	*Vaccine*
	2013	Biochemical phenotype to discriminate microbial subpopulations and improve outbreak detection	*PLOS ONE*

	2013	Have changing pneumococcal vaccination programs impacted disease in Ontario?	*Vaccine*
Katherine Rudzinski	2016	Illicit drug use and harms, and related interventions and policy in Canada: A narrative review of select key indicators and developments since 2000	*Int J Drug Policy*
	2016	Crude estimates of cannabis-attributable mortality and morbidity in Canada-implications for public health focused intervention priorities	*J Public Health (Oxf)*
	2014	Atmospheric aqueous phase radical chemistry of the isoprene oxidation products methacrolein, methyl vinyl ketone, methacrylic acid and acrylic acid--kinetics and product studies	*Phys Chem Chem Phys.*
	2014	Interrupting the social processes linked with initiation of injection drug use: results from a pilot study	*Drug Alcohol Depend.*
	2014	Transition to injection drug use: the role of initiators	*AIDS Behav.*
	2012	Frequent food insecurity among injection drug users: correlates and concerns	*BMC Public Health*
	2013	Feasibility and impact of brief interventions for frequent cannabis users in Canada	*J Subst Abuse Treat.*
Rachel Deanne Savage	2015	Strengths and limitations of assessing influenza vaccine effectiveness using routinely collected, passive surveillance data in Ontario, Canada, 2007 to 2012: balancing efficiency versus quality	*Euro Surveill.*
	2014	A focus group study of enteric disease case investigation: successful techniques utilized and barriers experienced from the perspective of expert disease investigators	*BMC Public Health*
Orit Schieir	2015	Gender variations in effects of arthritis and activity limitation on first heart disease event occurrence in the canadian general population: Results from the longitudinal national population health survey	*Arthritis Care Res (Hoboken)*
	2014	Adding a "GRADE" to the quality appraisal of rheumatoid arthritis guidelines identifies limitations beyond AGREE-II	*J Clin Epidemiol.*
	2012	Canadian Rheumatology Association recommendations for the pharmacological management of rheumatoid arthritis with traditional and biologic disease-modifying antirheumatic drugs: part II safety	*J Rheumatol.*
	2012	Canadian Rheumatology Association recommendations for pharmacological management of rheumatoid arthritis with traditional and biologic disease-modifying antirheumatic drugs	*J Rheumatol.*
	2012	Emerging issues in pharmacological management of rheumatoid arthritis: results of a national needs assessment survey identifying practice variations for the development of Canadian Rheumatology Association clinical practice recommendations	*J Rheumatol.*
Konstantin Shestopaloff	2015	A Model for Estimating Ovarian Cancer Risk: Application for Preventive Oophorectomy	*Gynecologic Oncology*

	2015	A genome wide association study on Newfoundland colorectal cancer patients' survival outcomes	*Biomarker research*
	2015	A Survival Association Study of 102 Polymorphisms Previously Associated with Survival Outcomes in Colorectal Cancer	*BioMed Research International*
	2014	Determinants of Intestinal Permeability in Healthy First Degree Relatives of Individuals with Crohn's Disease	*Inflammatory Bowel Disease*
Max Smith	2016	Victimless Vapour? Healthcare Organizations Should Restrict the Use of E-cigarettes. , 106(8): e467-e469.	*Canadian Journal of Public Health*
	2016	An Ethical Justification for Expanding the Notion of Effectiveness in Vaccine Post-Market Monitoring: Insights from the HPV Vaccine in Canada.	*Public Health Ethics*
	2015	Ebola and Learning Lessons from Moral Failures: Who Cares About Ethics?	*Public Health Ethics*
	2015	Ethics for Pandemics Beyond Influenza: Ebola, Drug-Resistant Tuberculosis, and Anticipating Future Ethical Challenges in Pandemic Preparedness and Response	*Monash Bioethics Review*
	2015	Health Equity in Public Health: Clarifying our Commitment	*Public Health Ethics*
	2015	Ethical Considerations for the Reduction of Multifetal Pregnancies	*Royal College of Physicians and Surgeons of Canada Online Bioethics Curriculum (Section IV: Reproductive Health). Ottawa: Royal College of Physicians and Surgeons of Canada.*
	2015	What's on the Menu for an Equitable Approach to Nutrition Labelling in Restaurants?	*Public Health Ethics*
	2015	"Publication Bias" and How it Might Effect the Response to Public Health Emergencies. In Ethics in Epidemics, Emergencies and Disasters: Research, Surveillance and Patient Care (pgs. 147-154).	*Geneva: World Health Organization*
	2015	Ethical Obligations of Researchers, Public Health Practitioners and Publishers Regarding Ownership of Scientific Data. In Ethics in Epidemics, Emergencies and Disasters: Research, Surveillance and Patient Care (pgs. 155-162)	*Geneva: World Health Organization*
	2015	A Vaping Matter: E-cigarette Use in Healthcare Organizations	*The Hastings Center Report*
	2015	Much Ado about Omics: Welcome to 'The Permutome'	*Journal of Evaluation in Clinical Practice*
	2015	Limiting Rights and Freedoms in the Context of Ebola and other Public Health Emergencies: How the Principle of Reciprocity Can Enrich the Application of the Siracusa Principles	*Health and Human Rights Journal*
	2015	"With Human Health it's a Global Thing": Canadian Perspectives on Ethics in the Global Governance of an Influenza Pandemic	*Journal of Bioethical Inquiry*
	2014	Ethical Considerations in Post-Market-Approval Monitoring and Regulation of Vaccines	*Vaccine*

	2014	Justifying the Initiation and Continued Provision of Public Health Interventions in Humanitarian Settings	*Public Health Ethic*
	2014	A Research Agenda for Humanitarian Health Ethics	*PLOS Currents Disasters*
	2013	Disadvantaging the Disadvantaged: When Public Health Policies and Practices Negatively Affect Marginalized Populations	*Canadian Journal of Public Health*
	2013	Canadian National Surveys on Pandemic Influenza Preparations: Pre-Pandemic and Peri-Pandemic Findings	*BMC Public Health*
	2013	Casting Light and Doubt on the New York Uncontrolled DCDD Protocol	*The Hastings Center Report*
	2012	The Duty to Care in an Influenza Pandemic: A Qualitative Study of Canadian Public Perspectives	*Social Science & Medicine*
	2012	Restrictive Measures in an Influenza Pandemic: A Qualitative Study of Public Perspectives	*Canadian Journal of Public Health*
	2012	Avoiding Violation of the Dead Donor Rule: The Costs to Patients	*American Journal of Bioethics*
	2012	Priority Setting of ICU Resources in an Influenza Pandemic: A Qualitative Study of the Canadian Public's Perspectives	*BMC Public Health*
	2011	Response to Open Peer Commentaries on "Donation After Circulatory Death: Burying the Dead Donor Rule"	*American Journal of Bioethics*
	2011	Donation after Circulatory Death: Burying the Dead Donor Rule	*American Journal of Bioethics*
	2011	A Collective Reflection on the Current State of Bioethics Education	*Journal of Healthcare, Science and the Humanities*
	2011	Is There a Duty to Share? Ethics of Sharing Research Data in the Context of Public Health Emergencies	*Public Health Ethics*
	2010	Conceptualizing the 'Self' in Neuroethics: An Appeal to Philosophy of Mind	*American Journal of Bioethics Neuroscience*
	2010	Canadian Survey on Pandemic Flu Preparations	*BMC Public Health*
David Soave	2015	A Joint Location-Scale Test Improves Power to Detect Associated SNPs, Gene Sets, and Pathways	*American journal of human genetics*
	2015	Variants in Solute Carrier SLC26A9 Modify Prenatal Exocrine Pancreatic Damage in Cystic Fibrosis	*The Journal of pediatrics*
	2014	Evidence for a causal relationship between early exocrine pancreatic disease and cystic fibrosis-related diabetes: a Mendelian randomization study	*Diabetes*
	2014	Unraveling the complex genetic model for cystic fibrosis: pleiotropic effects of modifier genes on early cystic fibrosis-related morbidities	*Hum Genet*
Mohsen Soltanifar		only conference posters listed	
Christopher Alexander Tait	2015	Prevalence of behavioural risk factors for cardiovascular disease in adolescents in low-income and middle-income countries: an individual participant data meta-analysis	*Lancet Diabetes Endocrinol*
Lesley Tarasoff	In press	Predisposing, reinforcing, and enabling factors of trans-positive clinical behavior change: A summary of the	*International Journal of Transgenderism*

		literature	
	In press	Exploring the contours of religion and spirituality in creating community: A focus on persons with psychosis	*Journal of Community Psychology*
	In press	Locating community among people with schizophrenia living in a diverse urban environment	*American Journal of Psychiatric Rehabilitation*
	2016	Negative Identity Experiences of Bisexual and Other Non-Monosexual People: A Qualitative Report	*Journal of Gay and Lesbian Mental Health*
	2015	Trans people's experiences with assisted reproduction services: A qualitative study	*Human Reproduction*
	2015	Experiences of women with physical disabilities during the perinatal period: A review of the literature and recommendations to improve care	*Health Care for Women International*
	2014	Breaking the ice: Young feminist scholars of reproductive politics reflect on egg freezing	*International Journal of Feminist Approaches to Bioethics*
	2014	Using interactive theatre to help fertility providers better understand sexual and gender minority patients	*Medical Humanities*
	2014	Sexual and gender minority peoples' recommendations for assisted human reproduction services	*Journal of Obstetrics and Gynaecology Canada,*
	2013	Relation between place of residence and postpartum depression	*Canadian Medical Association Journal*
	2013	Attitudes and Knowledge Among Obstetrician-Gynecologists Regarding Lesbian Patients and Their Health	*Journal of Women's Health*
Esther Wangare Tharao	2016	… They should understand why … ' The knowledge, attitudes and impact of the HIV criminalisation law on a sample of HIV+ women living in Ontario	*Glob Public Health*
	2015	Maternal placental syndromes among women living with HIV in Ontario: a population-based study	*CMAJ Open*
	2015	Sexual inactivity and sexual satisfaction among women living with HIV in Canada in the context of growing social, legal and public health surveillance	*J Int AIDS Soc.*
	2015	Postpartum Maternal and Neonatal Hospitalizations Among Women with HIV: A Population-Based Study	*AIDS Res Hum Retroviruses*
	2015	Adequacy of prenatal care among women living with human immunodeficiency virus: a population-based study	*BMC Public Health*
	2015	Adverse Neonatal Outcomes Among Women Living With HIV: A Population-Based Study	*J Obstet Gynaecol Can.*
	2015	Systematic review of stigma reducing interventions for African/Black diasporic women	*J Int AIDS Soc.*
	2014	Recruitment of HIV-Positive Women in Research: Discussing Barriers, Facilitators, and Research Personnel's Knowledge	*Open AIDS J.*
	2014	The experiences of making infant feeding choices by African, Caribbean and Black HIV-positive mothers in Ontario, Canada	*World Health Popul.*

	2014	A group-based HIV and sexually transmitted infections prevention intervention for lesbian, bisexual, queer and other women who have sex with women in Calgary and Toronto, Canada: study protocol for a non-randomised cohort pilot study	*BMJ Open*
	2014	Impact of asymptomatic herpes simplex virus type 2 infection on mucosal homing and immune cell subsets in the blood and female genital tract	*J Immunol.*
	2014	Valacyclovir therapy does not reverse herpes-associated alterations in cervical immunology: a randomized, placebo-controlled crossover trial	*J Infect Dis.*
	2014	Trends in live birth rates and adverse neonatal outcomes among HIV-positive women in Ontario, Canada, 2002-2009: a descriptive population-based study	*Int J STD AIDS.*
	2013	The epidemiology of sexually transmitted co-infections in HIV-positive and HIV-negative African-Caribbean women in Toronto	*BMC Infect Dis.*
	2014	The importance of motherhood in HIV-positive women of reproductive age in Ontario, Canada	*AIDS Care.*
	2014	Self-Reported Preconception Care of HIV-Positive Women of Reproductive Potential: A Retrospective Study	*J Int Assoc Provid AIDS Care*
	2013	Associations between HIV-related stigma, racial discrimination, gender discrimination, and depression among HIV-positive African, Caribbean, and Black women in Ontario, Canada	*AIDS Patient Care STDS.*
	2013	Women-specific HIV/AIDS services: identifying and defining the components of holistic service delivery for women living with HIV/AIDS	*J Int AIDS Soc.*
	2012	Gender and ethnicity differences in HIV-related stigma experienced by people living with HIV in Ontario, Canada	*PLoS One*
	2012	Opportunities, ethical challenges, and lessons learned from working with peer research assistants in a multi-method HIV community-based research study in Ontario, Canada	*J Empir Res Hum Res Ethics*
	2012	"We don't exist": a qualitative study of marginalization experienced by HIV-positive lesbian, bisexual, queer and transgender women in Toronto, Canada	*J Int AIDS Soc.*
	2011	HIV, gender, race, sexual orientation, and sex work: a qualitative study of intersectional stigma experienced by HIV-positive women in Ontario, Canada	*PLoS Med.*
	2012	High prevalence of unintended pregnancies in HIV-positive women of reproductive age in Ontario, Canada: a retrospective study	*HIV Med.*
	2011	Biological factors that may contribute to regional and racial disparities in HIV prevalence	*Am J Reprod Immunol.*
	2009	Fertility desires and intentions of HIV-positive women of reproductive age in Ontario, Canada: a cross-sectional study	*PLoS One*

	2008	Experiences of and responses to HIV among African and Caribbean communities in Toronto, Canada	*AIDS Care*
Jordan Lee Tustin	2013	Pandemic H1N1 in Canada and the use of evidence in developing public health policies--a policy analysis	*Soc Sci Med.*
Faraz Vahid Shahidi	In press	Does social policy moderate the impact of unemployment on health: a multilevel analysis of 23 welfare states	*European Journal of Public Health*
	2016	Why is there so much controversy regarding the population health impact of the Great Recession? Reflections on three case studies	*International Journal of Health Services*
	2015	Welfare capitalism in crisis: a qualitative comparative analysis of labour market policy responses to the Great Recession	*Journal of Social Policy*
	2015	Economic crisis, unemployment, and health: conceptual and methodological issues in the modeling of national contexts	*Journal of Epidemiology and Community Health*
Laura Alison Warren	2015	Prevalence and incidence of dementia among indigenous populations: a systematic review	*Int Psychogeriatr*
Samantha White	2015	Individual and jurisdictional factors associated with voluntary HIV testing in Canada: Results of a national survey, 2011	*Canadian Journal of Public Health*
	2014	Charitable Giving for HIV and AIDS: Results from a Canadian National Survey	*PLoS ONE*
	2011	Knowledge of, beliefs about, and perceived barriers to the use of the emergency contraception pill among women aged 18-51 in Nova Scotia	*Pharmacy Practice*
	2010	Knowledge of emergency contraception among women in Nova Scotia, Canada	*Chronic Diseases in Canada*
Jannah Wigle	2016	Global delivery of the human papillomavirus vaccine	*Pediatrics Clinics of North America. Our Shrinking Globe: Implications for Child Safety*
Diana Withrow	2014	Cancer risk factors and screening in the off-reserve First Nations, Métis, and non-Aboriginal populations of Ontario, Canada	*Chronic Disease and Injury Canada*
	2014	Cancer survival among First Nations people of Ontario, Canada (1968-2007)	*International Journal of Cancer*
	2013	Self-collected HPV testing improves participation in cervical cancer screening: a systematic review and meta-analysis	*Can J Public Health*
Jingxiong Xu	2014	"Investigation of genetic variants, birth weight and hypothalamic-pituitary-adrenal axis function suggests a genetic variant in the SERPINA6 gene is associated with corticosteroid binding globulin in the Western Australia Pregnancy Cohort (Raine) Study"	*PLoS ONE*
	2015	"A genome wide association study on Newfoundland colorectal cancer patients' survival outcomes"	*Biomarker Research*
	2015	"A survival association study of 102 polymorphisms previously associated with survival outcomes in colorectal cancer"	*BioMed Research International*

Aleksandra Zuk	2016 (under-review)	Diagnostic and Treatment Patterns among Children, Adolescents and Young Adults with Thyroid Cancer in Ontario	*Thyroid*
	2016 (under-review)	Oral Health and Cardiometabolic Disease Study (ORAD): Results from 2007 to 2009 Canadian Health Measures Survey (CHMS)	*Journal of dental research*
	2016	Effect of Vitamin D3 Supplementation on Inflammatory Markers and Glycemic Measures among Overweight or Obese Adults: A Systematic Review of Randomized Controlled Trials	*PLoS ONE*
	2015	Periodontal Bacteria and Prediabetes Prevalence in ORIGINS The Oral Infections, Glucose Intolerance, and Insulin Resistance Study	*Journal of dental research*
	2015	Prevalence of Prediabetes and Undiagnosed Diabetes in Canada (2007–2011) According to Fasting Plasma Glucose and HbA1c Screening Criteria	*Diabetes care*
	2014	Diabetes Prevalence Among Youth	*JAMA*
	2014	Re:" Prevalence of Diagnosed and Undiagnosed Type 2 Diabetes Mellitus Among US Adolescents: Results From the Continuous NHANES, 1999-2010" Reply	*American Journal of Epidemiology*
	2013	Prevalence of diagnosed and undiagnosed type 2 diabetes mellitus among US adolescents: results from the continuous NHANES, 1999–2010	*American Journal of Epidemiology*
	2013	The influence of anti-infective periodontal treatment on C-reactive protein: a systematic review and meta-analysis of randomized controlled trials	*PloS one*
Nora Zwingerman	2015	Alloimmune Red Blood Cell Antibodies: Prevalence and Pathogenicity in a Canadian Prenatal Population	*J Obstet Gynaecol Can.*
	2015	Recurrence of hidradenitis suppurativa after surgical management: A systematic review and meta-analysis	*J Am Acad Dermatol. 2015*
	2014	Genome-wide investigation of DNA methylation marks associated with FV Leiden mutation	*PLoS One*
	2012	Identification of germline genomic copy number variation in familial pancreatic cancer	*Hum Genet.*
	2011	A refined, rapid and reproducible high resolution melt (HRM)-based method suitable for quantification of global LINE-1 repetitive element methylation	*BMC Res Notes*

Appendix 34: PHS PhD Student Satisfaction

Part II: Graduate Student Quality Indicators
E. Student Satisfaction
ii. Full Report

Canadian Graduate & Professional Student Survey (Spring 2013)

Dalla Lana School of Public Health - Public Health Sciences (PHSCI) Program

Note: UT values only include responses from doctoral students.

I. Survey Participants

Doctoral students	Registered	Responded	%
Public Health Sciences (PHSCI)	107	65	60.7%
University of Toronto	5,618	2,681	47.7%

II. Satisfaction with Program, Quality of Interaction, and Coursework

1. Please rate the following dimensions of your program:

	N		Excellent %		Very good %		Good %		Fair %		Poor %	
	PHSCI	UT	PHSCI	UT	PHSCI	UT	PHSCI	UT	PHSCI	UT	PHSCI	UT
1. The intellectual quality of the faculty	65	2,653	27.7	52.2	47.7	35.4	21.5	9.7	3.1	2.3	0.0	0.5
2. The intellectual quality of my fellow students	64	2,641	20.3	30.2	56.3	44.7	18.8	18.4	4.7	5.9	0.0	0.9
3. The relationship between faculty and graduate students	65	2,647	6.2	17.9	26.2	35.5	36.9	28.6	23.1	12.8	7.7	5.1
4. Overall quality of graduate level teaching by faculty	65	2,646	7.7	17.1	29.2	38.1	41.5	28.9	18.5	12.0	3.1	3.9
5. Advice on the availability of financial support	65	2,633	3.1	9.5	16.9	23.4	30.8	31.4	27.7	22.7	21.5	13.0
6. Quality of academic advising and guidance	65	2,640	9.2	18.2	30.8	29.0	33.8	27.9	21.5	17.4	4.6	7.5
7. Helpfulness of staff members in my program	65	2,644	15.4	30.0	33.8	33.2	33.8	22.3	15.4	10.6	1.5	3.9

2. Please rate the following dimensions of your program

	N		Excellent %		Very Good %		Good %		Fair %		Poor %	
	PHSCI	UT	PHSCI	UT	PHSCI	UT	PHSCI	UT	PHSCI	UT	PHSCI	UT

1. Relationship of program content to my research/ professional goals	65	2,644	9.2	15.5	32.3	32.4	32.3	29.4	18.5	16.7	7.7	5.9
2. Opportunities for student collaboration or teamwork	65	2,635	6.2	13.9	21.5	26.4	33.8	28.8	32.3	19.6	6.2	11.3
3. Opportunities to take coursework outside my own department	65	2,635	9.2	19.7	38.5	30.0	26.2	28.0	16.9	15.5	9.2	6.8
4. Opportunities to engage in interdisciplinary work	63	2,619	4.8	17.6	31.7	26.2	34.9	28.9	22.2	18.3	6.3	9.0
5. Availability of area courses I need to complete my program	65	2,633	6.2	9.5	30.8	23.4	32.3	31.4	21.5	22.7	9.2	13.0
6. Amount of coursework	65	2,650	4.6	10.3	36.9	31.1	41.5	41.4	15.4	13.8	1.5	3.4
7. Quality of Instruction in my courses	65	2,648	7.7	15.7	43.1	38.2	32.3	30.9	13.8	12.2	3.1	3.0

3. General Satisfaction

	N		Definitely %		Probably %		Maybe %		Probably Not %		Definitely Not %	
	PHSCI	UT	PHSCI	UT	PHSCI	UT	PHSCI	UT	PHSCI	UT	PHSCI	UT
1. If you were to start your graduate/professional career again, would you select this same university?	65	2,680	18.5	37.0	40.0	40.0	30.8	15.3	6.2	5.7	4.6	2.0
2. If you were to start your graduate/professional career again, would you select the same field of study?	65	2,670	56.9	47.2	16.9	30.1	18.5	14.3	7.7	6.6	0.0	1.8
3. Would you recommend this university to someone considering your program?	65	2,672	13.8	45.3	38.5	30.7	29.2	15.9	9.2	5.7	9.2	2.4
4. Would you recommend this university to someone in another field?	65	2,673	13.8	28.9	36.9	36.7	44.6	30.0	4.6	3.6	0.0	0.8

III. Program/Department Support

1. Research Experience

	N		Yes %		No %		N/A %	
Participation in the following areas:	PHSCI	UT	PHSCI	UT	PHSCI	UT	PHSCI	UT
1. Conducting independent research since starting your graduate program	62	2,588	100.0	95.2	0.0	2.3	0.0	2.5
2. Training in research methods before beginning your own research	63	2,588	98.4	93.1	0.0	3.1	1.6	3.7
3. Faculty guidance in formulating a research topic	62	2,589	100.0	97.5	0.0	1.1	0.0	1.4
4. Research collaboration with one or more faculty members	63	2,595	87.3	83.2	12.7	8.9	0.0	7.9
5. Collaboration with faculty in writing grant proposals	63	2,593	61.9	62.3	30.2	22.6	7.9	15.1

Participation in the following areas: Respondents were asked if this activity occurs in their dept. If so they were asked if they participated.	N		Participated %		Did not participate %		Does not occur in my dept %	
	PHSCI	UT	PHSCI	UT	PHSCI	UT	PHSCI	UT
6. Attended national scholarly meetings	61	2,509	44.3	51.4	18.0	17.4	37.7	31.2
7. Delivered papers or presented a poster at national scholarly meetings*	62	2,384	59.7	63.0	19.4	15.9	21.0	21.1
8. Co-authored in refereed journals with your program faculty*	60	2,376	46.7	37.6	11.7	16.6	41.7	45.8
9. Published as sole or first author in a refereed journal*	59	2,361	50.8	36.5	16.9	18.8	32.2	44.6

*Long Stream Only (Respondents in a mostly research-based program, who already have a research director/advisor.)

2. For each of the following statements, indicate the extent that it describes the behavior of your dissertation advisor

My dissertation advisor:	N		Strongly agree %		Agree %		Disagree %		Strongly disagree %	
	PHSCI	UT	PHSCI	UT	PHSCI	UT	PHSCI	UT	PHSCI	UT
1. Was knowledgeable about formal degree requirements	61	2,389	39.3	43.0	39.3	45.5	18.0	9.5	3.3	2.0
2. Served as my advocate when necessary	61	2,369	47.5	52.5	41.0	38.9	9.8	6.6	1.6	2.0
3. Gave me constructive feedback on my work	61	2,381	54.1	54.3	39.3	36.7	4.9	7.0	1.6	1.9
4. Returned my work promptly	61	2,379	54.1	47.9	39.3	37.2	6.6	10.8	0.0	4.2
5. Promoted my professional development	61	2,367	49.2	46.7	34.4	37.4	14.8	12.3	1.6	3.5
6. Overall, performed the role well	61	2,370	50.8	51.8	41.0	36.4	6.6	9.1	1.6	2.8

3. For each of the following statements, indicate the extent that it describes the behavior of your dissertation advisor

	N		Strongly agree %		Agree %		Disagree %		Strongly disagree %	
	PHSCI	UT	PHSCI	UT	PHSCI	UT	PHSCI	UT	PHSCI	UT
1. Was very helpful to me in preparing for written qualifying exams	59	2,231	25.4	36.8	52.5	44.1	16.9	15.1	5.1	3.9
2. Was very helpful to me in preparing for the oral qualifying exam	52	2,199	26.9	37.7	53.8	43.2	17.3	15.4	1.9	3.6
3. Was very helpful to me in selecting a dissertation topic	56	2,318	46.4	44.4	44.6	40.5	7.1	12.9	1.8	2.2

4. Was very helpful to me in writing a dissertation prospectus or proposal	53	2,249	43.4	43.2	49.1	41.0	5.7	13.0	1.9	2.8
5. Was very helpful to me in writing the dissertation	49	2,111	30.6	40.0	57.1	43.5	10.2	13.4	2.0	3.1

IV. General Assessment

1. Rate the extent to which the following factors are an obstacle to your academic progress.

Respondents who rate the factors "a major obstacle" to their academic progress

	N PHSCI	% PHSCI
Work/financial commitments	61	42.6
Family obligations	61	19.7
Program structure or requirements	61	14.8
Availability of faculty	61	9.8
Course scheduling	60	8.3
Immigration law/regulations	59	0.0

2. Overall, how would you rate the quality of

	N		Excellent %		Very good %		Good %		Fair %		Poor %	
	PHSCI	UT	PHSCI	UT	PHSCI	UT	PHSCI	UT	PHSCI	UT	PHSCI	UT
1. your academic experience at this university?	61	2,484	18.0	31.4	34.4	40.5	29.5	18.6	14.8	7.2	3.3	2.3
2. your student life experience at this university?	61	2,476	6.6	13.1	23.0	31.9	41.0	31.0	21.3	17.3	8.2	6.7
3. your graduate program at this university?	61	2,482	14.8	25.1	26.2	37.2	42.6	23.7	8.2	10.0	8.2	4.0
4. your overall experience at this university?	61	2,483	11.5	21.6	24.6	39.0	49.2	26.4	11.5	10.1	3.3	2.9

Appendix 35: HPME PhD Degree Level Expectations

PhD DLEs

PhD DEGREE LEVEL EXPECTATIONS (based on the Ontario Council of Academic Vice Presidents (OCAV) DLEs]	**PhD PROGRAM LEARNING OBJECTIVES AND OUTCOMES**	**HOW THE PROGRAM DESIGN AND REQUIREMENT ELEMENTS SUPPORT THE ATTAINMENT OF STUDENT LEARNING OUTCOMES**
EXPECTATIONS: **This PhD is awarded to students who have demonstrated:**		
1. Depth and Breadth of Knowledge A systematic understanding of knowledge, and a critical awareness of current problems and/or new insights, much of which is at, or informed by, the forefront of the academic discipline, field of study, or area of professional practice.	This is reflected in students who are able to: Apply alternative theoretical and conceptual models from a range of relevant disciplines Apply in-depth disciplinary knowledge and skills Transfer their disciplinary knowledge and skills to other scholars Develop new disciplinary knowledge and skill that add to the available body of literature	The program design and requirement elements that ensure these student outcomes for depth and breadth of knowledge are: Lectures, readings and group discussions in course work Thesis research Peer-to-peer interactions
2. Research and Scholarship A conceptual understanding and methodological competence that i) Enables a working comprehension of how established techniques of research and inquiry are used to create and interpret knowledge in the discipline; ii) Enables a critical evaluation of current research and advanced research and scholarship in the discipline or area of professional competence; and iii) Enables a treatment of complex issues and judgments based on established principles and techniques; and, on the basis of that competence, has shown at least one of the following: i) The	This is reflected in students who are able to: Critically review the scientific literature, synthesize the findings across studies and make appropriate recommendations based on current knowledge Use knowledge of structures, performance, quality, policy and environmental context of health and health care to formulate solutions for health policy and health care problems Pose innovative and important research questions, informed by systematic reviews of the	The program design and requirement elements that ensure these student outcomes for research and scholarship are: Lectures, readings and group discussions in course work Completion of the thesis research

PhD DEGREE LEVEL EXPECTATIONS (based on the Ontario Council of Academic Vice Presidents (OCAV) DLEs]	PhD PROGRAM LEARNING OBJECTIVES AND OUTCOMES	HOW THE PROGRAM DESIGN AND REQUIREMENT ELEMENTS SUPPORT THE ATTAINMENT OF STUDENT LEARNING OUTCOMES
development and support of a sustained argument in written form; or ii) Originality in the application of knowledge.	literature, stakeholder needs and relevant theoretical and conceptual models Conceptualize a research project and complete the necessary research to address the research question and transfer the resultant knowledge	
3. Level of Application of Knowledge Competence in the research process by applying an existing body of knowledge in the critical analysis of a new question or of a specific problem or issue in a new setting.	This is reflected in students who are able to: Select appropriate interventional (experimental, quasi-experimental) or observational (qualitative, quantitative, or mixed methods) study designs to address specific research questions Understand and be able to select appropriately between primary and secondary data collection methods Use evidence to critically analyze a new question or a specific problem or issue in a new setting Use appropriate analytic methods to clarify associations between variables and to delineate causal inferences. Develop measurement tools appropriate to address specific research questions Have the necessary skills in research design and data analysis to provide guidance to	The program design and requirement elements that ensure these student outcomes for level and application of knowledge are: Lectures, readings and group discussions in course work Completion of thesis research

PhD DEGREE LEVEL EXPECTATIONS (based on the Ontario Council of Academic Vice Presidents (OCAV) DLEs]	PhD PROGRAM LEARNING OBJECTIVES AND OUTCOMES	HOW THE PROGRAM DESIGN AND REQUIREMENT ELEMENTS SUPPORT THE ATTAINMENT OF STUDENT LEARNING OUTCOMES
	other researchers	
4. Professional Capacity/Autonomy a. The qualities and transferable skills necessary for employment requiring i) The exercise of initiative and of personal responsibility and accountability; and ii) Decision-making in complex situations; b. The intellectual independence required for continuing professional development; c. The ethical behavior consistent with academic integrity and the use of appropriate guidelines and procedures for responsible conduct of research; and d. The ability to appreciate the broader implications of applying knowledge to particular contexts.	This is reflected in students who are able to: Implement research protocols with standardized procedures that ensure reproducibility of the science Ensure the ethical and responsible conduct of research in the design, implementation and dissemination of health services and health care research Describe awareness of gaps in knowledge and skills and an ability to seek ways to close those gaps Apply/teach these skills to other practitioners	The program design and requirement elements that ensure these student outcomes for professional capacity/autonomy are: Lectures, readings and group discussions in course work Peer to peer interactions Completion of the thesis research
5. Level of Communications Skills The ability to communicate ideas, issues and conclusions clearly.	This is reflected in students who are able to: Work collaboratively in multi-disciplinary teams Effectively communicate the findings and implications of health services research and health care research through multiple modalities to technical and lay audiences Understand the importance of collaborating with policy makers, organizations, and communities to plan, conduct and translate health services and health care research into	The program design and requirement elements that ensure these student outcomes for level of communication skills are: Group discussions in course work Group projects Class Presentations (Group and Individual) Participation in conferences Defence of the thesis research

PhD DEGREE LEVEL EXPECTATIONS (based on the Ontario Council of Academic Vice Presidents (OCAV) DLEs]	PhD PROGRAM LEARNING OBJECTIVES AND OUTCOMES	HOW THE PROGRAM DESIGN AND REQUIREMENT ELEMENTS SUPPORT THE ATTAINMENT OF STUDENT LEARNING OUTCOMES
	policy and practice	

Appendix 36: HPME PhD Course Requirements

Concentration: Clinical Epidemiology and Health Care Research

The PhD program consists of a minimum of 10 half-year courses, oral defence of a dissertation proposal, and completion of a dissertation and its oral defence. Students meet annually with their supervisor and the PhD Program Director to review their progress and to plan course work and other activities for the following year.

Students must have knowledge of the Canadian health care system and basic research and statistics skills or they will be required to take additional courses.

PhD students will be required to complete an intermediate statistics course while in the program. A prerequisite for successful completion of this course is familiarity with introductory statistics up to and including regression. All students are strongly advised to take an applied introductory statistics course over the summer, or review the material independently.

Course exemptions will only be offered to those students who have successfully completed graduate level courses at accredited universities, and if no degree was awarded for completion of those courses.

Comprehensive Courses

Each specialization has a Comprehensive Course tailored to assess their students' ability to demonstrate a high level of competency in the area of specialization and satisfactory evidence of proficiency in statistics and research methods.

Compulsory Courses

HAD5301H Introduction to Clinical Epidemiology and Health Care Research

HAD5307H Introduction to Applied Biostatistics

HAD5316H Biostatistics II: Advanced Techniques in Applied Regression Methods

HAD5311H Clinical Epidemiology and Health Care Research Comprehensive Course

Recommended Courses

HAD5302H Measurement in Clinical Research

HAD5303H Controlled Clinical Trials

HAD5304H Clinical Decision Making and Cost Effectiveness

HAD5305H Evidence-Based Guidelines

HAD5306H Introduction to Health Care Research Methods Using Health Administrative Data

HAD5308H Evidence Synthesis: Systematic Reviews and Meta-Analysis

HAD5309H Non-Experimental Design for the Clinical Researcher

HAD5310H Pragmatic Issues in Conduct of Controlled Trials

HAD5730H Economic Evaluation Methods for Health Service Research

HAD5760H Advanced Health Economics and Policy Analysis (or equivalent)

Elective Course Options

HAD5011H Canada's Health Care System

HAD5312H Decision Modelling for Clinical Policy and Economic Evaluation

HAD5313H Advanced Design and Analysis Issues in Clinical Trials

HAD5314H Applied Bayesian Methods in Clinical Epidemiology and Health Care Research

HAD6360H Research Internship

Plus other IHPME courses or extra departmental courses as approved by the Director and course instructor.

Concentration: Health Services Research

The PhD program consists of a minimum of 10 half-year courses, oral defence of a dissertation proposal, and completion of a dissertation and its oral defence. Students meet annually with their supervisor and the PhD Program Director to review their progress and to plan course work and other activities for the following year.

Students must have knowledge of the Canadian health care system and basic research and statistics skills or they will be required to take additional courses.

PhD students will be required to complete an intermediate statistics course while in the program. A pre-requisite for successful completion of this course is familiarity with introductory statistics up to and including regression. All students are strongly advised to take an applied introductory statistics course over the summer, or review the material independently.

Course exemptions will only be offered to those students who have successfully completed graduate level courses at accredited universities, and if no degree was awarded for completion of those courses.

The following two items are required for all students:

HAD5772H – Intermediate Statistics for Health Services Researchers (or equivalent such as Biostatistics II)

Upon completion of HAD5772H students will have a working knowledge of selected statistical analysis techniques relevant to health services research

Comprehensives

Each Primary Area of Study has a Comprehensives component tailored to assess their students' ability to demonstrate a high level of competency in the area of specialization, and satisfactory evidence of proficiency in statistics and research methods. Comprehensives are required of all doctoral programs. Some PAS fulfill this requirement through a Comprehensives course, while other Primary Areas of Study do so through a final exam at the conclusion of all PAS-required coursework.

The following courses are recommended for all students, and may be required for some Primary Areas of Study:

HAD5011H – Canada's Health Care System

HAD6760H – Introduction to Health Services Research Theory and Methods

HAD6770H – Applying Health Services Research Methods

The usual required course of study for each of the Primary Areas of Study is as follows:

1. Health Services Organization and Management

HAD5011H Canada's Health Care System

HAD5772H Intermediate Statistics for Health Services Researchers (or equivalent)

HAD5773H Introduction to Theories of Organizational Behaviour and Applications to the Health Care Sector

HAD6760H Introduction to Health Services Research Theory & Methods

HAD6770H Applying Health Services Research Methods

HAD5742H Mixed Methods in Health Services Research

HSR1001H Introduction to Qualitative Methods for Health Services and Policy Research

TBA Advanced Seminar in Organization Behaviour and Applications to the Health Care Sector

HAD6762H Health Services Organization and Management Comprehensive Course

+ Plus 1 elective course

2. Health Policy

HAD5011H Canada's Health Care System

HAD5772H Intermediate Statistics for Health Services Researchers (or equivalent)

HAD6760H Introduction to Health Services Research Theory & Methods

HAD6770H Applying Health Services Research Methods

HAD5021H Advanced Health Policy Analysis

HAD6763H Health Policy Comprehensive Course

+ Plus 4 elective courses

3. Health Services Outcomes & Evaluation

HAD5011H Canada's Health Care System

HAD5730H Economic Evaluation Methods for Health Services Research

HAD5772H Intermediate Statistics for Health Services Researchers (or equivalent)

HAD6760H Introduction to Health Services Research Theory & Methods

HAD5743H Evaluation Design For Complex Interventions

HAD6770H Applying Health Services Research Methods

HAD5763H Advanced Methods in Health Services Research

HAD6761H Health Services Outcomes and Evaluation Comprehensive Course

+ Plus 2 elective courses

4. Health Informatics Research

HAD5011H Canada's Health Care System

HAD5772H Intermediate Statistics for Health Services Researchers (or equivalent)

HAD6760H Introduction to Health Services Research Theory & Methods

HAD6770H Applying Health Services Research Methods

HAD5726H Design and Evaluation in eHealth Innovation and Information Management

+ Plus 2 of Any MHI course with instructor permission (except MHI2005Y: Health Informatics Practicum)

HAD6764H eHealth Innovation and Information Management Comprehensive Course

+ Plus 2 elective courses

5. Health Economics

HAD5011H Canada's Health Care System

HAD5730H Economic Evaluation Methods for Health Services Research

HAD5760H Advanced Health Economics and Policy Analysis (or equivalent)

HAD5744H Introduction to Health Econometrics

HAD6750H Advanced Health Economics and Policy Analysis II

HAD6760H Introduction to Health Services Research Theory & Methods

HAD6770H Applying Health Services Research Methods

HAD5304H Clinical Decision Making and Cost Effectiveness

+ Plus one of CHL5401H – Introduction to Epidemiology

HAD5301H – Introduction to Clinical Epidemiology and Health Care Research

HAD5307H – Introduction to Applied Biostatistics

+ Plus one of HAD5738H – Advanced Methods for Economic Evaluation

HAD5739H – Ideas and Arguments in Health Care Policy

+ Plus Health Economics Comprehensive Exam

6. Health Technology Assessment

HAD5011H Canada's Health Care System

HAD5301H Introduction to Clinical Epidemiology and Health Care Research

HAD5307H

OR

CHL5201H Introduction to Applied Biostatistics OR Biostatistics for Epidemiologists I

HAD5730H Economic Evaluation Methods for Health Services Research

HAD6760H Introduction to Health Services Research Theory & Methods

HAD6770H Applying Health Services Research Methods

+ Plus three of Quantitative Methods

HAD5304H– Clinical Decision Making and Cost Effectiveness

HAD5738H– Advanced Methods for Economic Evaluation

CHL7001H-F6 – Directed Reading: Introduction to Systematic Reviews and Meta-Analysis

CHL5202H – Biostatistics for Epidemiologists II

HAD5312H – Decision Modelling for Clinical Policy and Economic Evaluation

HAD5314H – Applied Bayesian Methods in Clinical Epidemiology and Health Care Research

HAD5316H – Biostatistics II: Advanced Techniques in Applied Regression Methods

HAD5744H – Introduction to Health Econometrics

PHM1133H – Preference-based Measures of Outcome Evaluation in Health

MHI3000H-F2 – Introduction to Big Data for Health

Other – on approval of Supervisor & HTA PAS Lead Policy and Decision Making

HAD5021H– Advanced Health Policy Analysis

HAD5760H – Advanced Health Economics and Policy Analysis

HAD5771H– Resource Allocation Ethics

HAD7001H-F2 – Evidence Review: Approaches and Methods for Health Systems and Policy

HSR1001H – Introduction to Qualitative Methods for Health Services & Policy Research

PHM1124H – The Power and Politics of Global Pharmaceutical Policy *

+ Plus Health Technology Assessment Comprehensive Exam

Secondary Area of Study: Knowledge Translation

HAD5722H Knowledge Transfer in the Age of the Web

HAD5727H Knowledge Transfer and Exchange

HAD5729H Knowledge Translation and Information Behaviour in Health Care

HAD5737H Tools for Implementation of Best Evidence

Elective Courses

HAD5738H Advanced Methods for Economic Evaluation

HAD5765H Case Studies in Health Policy

HAD5768H International Perspectives on Health Services Management

HAD5771H Resource Allocation Ethics

HSR1001H Introduction to Qualitative Methods for Health Services & Policy Research

JNH5003H Home and Community Care Knowledge Translation

Appendix 37: HPME PhD Courses Offered

Concentration: Clinical Epidemiology and Health Care Research

HAD 5301H Introduction to Clinical Epidemiology and Health Care Research

To introduce principles of epidemiology as applied to clinical research, emphasizing diagnosis, prognosis, treatment, the measurement of signs and symptoms of health and disease, and the evaluation of diagnostic, treatment and compliance-improving maneuvers. (0.5 FCE)

HAD 5302H Measurement in Clinical Research

The purpose of this course is to learn principles of measurement (good scale development, clinical usefulness, validity and reliability) so that they can be applied to the critical appraisal of a given instrument when a measurement need is defined. (0.5 FCE)

HAD 5303H Controlled Clinical Trials

This introductory course is designed to provide the student with necessary background and tools for the design and conduct of a 2-arm parallel group controlled clinical trials. (0.5 FCE)

HAD 5304H Clinical Decision Making and Cost Effectiveness

This course will provide an introduction to the principles and applications of decision sciences as they relate to clinical decision-making. (0.5 FCE)

HAD 5305H Evidence-Based Guidelines

HAD 5306H Introduction to Health Services Research and the Use of Health Administrative Data

An introduction to the research methods using secondary data (e.g., administrative databases) for evaluating the outcomes and effectiveness of medical care. (0.5 FCE)

HAD 5307H Introduction to Applied Biostatistics

This course is designed to give clinical epidemiology students the knowledge and skills in statistical methods that apply to clinical epidemiology. As well, students will acquire working experience in applying these methods to datasets, analysing epidemiological data, interpreting findings and presenting results. (0.5 FCE)

HAD 5308H Evidence Synthesis: Systematic Reviews and Meta-Analysis

This course is designed to instruct healthcare professionals, who have some background in critical appraisal of the literature and study design, how to

systematically review available evidence either from randomized controlled trials, observational studies or diagnostic tests. (0.5 FCE)

HAD 5309H Observational Studies: Theory, Design, and Methods

This course covers conceptual, design and methodological issues related to research using observational methods. (0.5 FCE)

HAD 5310H Pragmatic Issues in Conduct of Controlled Trials

The aim of this course is to equip the student with strategies to deal with common issues that arise in the conduct of randomized controlled trials. (0.5 FCE)

HAD5311H Clinical Epidemiology and Health Care Research Comprehensive Course

Our expectation of a successful PhD in clinical epidemiology is that she/he will have sufficient breadth and depth of knowledge in their chosen field of clinical research – sufficient to be considered an expert in this field. (0.5 FCE)

HAD 5312H Decision Modelling for Clinical Policy and Economic Evaluation

This course will overview the principles and applications of decision analytic modeling for the purposes of developing clinical policy (e.g. what's the optimal screening method and interval for cervical cancer screening) and evaluating the efficiency (cost effectiveness/ cost utility) of health interventions. (0.5 FCE)

HAD 5313H Advanced Design and Analysis Issues in Clinical Trials

This course will overview issues identified by students conducting clinical trials. It is expected that this course will meet the individual needs of enrolled students. (0.5 FCE)

HAD 5314H Applied Bayesian Methods in Clinical Epidemiology and Health Care Research

This course will introduce students to Bayesian data analysis. (0.5 FCE)

HAD 5315H Advanced Topics in Measurement

This course will cover topics in measurement theory and application beyond the basic principles covered in HAD5302H, Measurement in Clinical Research. (0.5 FCE)

HAD 5316H Biostatistics II: Advanced Techniques in Applied Regression Methods

At the end of the course, the student will be able to develop a complex analysis plan to answer a clinical research question, to carry out the analyses using the statistical package SAS, to verify the appropriateness of the analyses based on the findings, and to report and interpret the results. (0.5 FCE)

HAD 6360H Required Research Practicum in Clinical Epidemiology (0.5 FCE)

HAD 6361H Optional Research Practicum in Clinical Epidemiology (0.5 FCE)

HAD 7002H Reading Course: Writing Mentorship

The course objective is to teach students to write for medical and healthcare journals. (0.5 FCE)

Concentration: Health Services Research

HAD 5011H Canada's Health Care System and Health Policy (Doctoral Stream)

This course has two purposes: introduce students to some key content about current trends and issues in Canada's health care system and health policy; and develop analytic tools for critically analyzing them. (0.5 FCE)

HAD 5021H Canada's Health System and Health Policy Part 2 (Doctoral Stream)

This course explores contexts, processes and theories relevant to health policy studies, accompanied by exploration of topical health policy issues in Canada. (0.5 FCE)

HAD 5722H Knowledge Transfer in the Age of the Web

This course describes new online tools to engage the disengaged, new ways to target populations of interest, and new ways to measure KT success online. (0.5 FCE)

HAD 5726H Design and Evaluation in eHealth Innovation and Information

This course will be highly interactive and focus on how to design, conduct, and report evaluation studies of eHealth innovations, with "real-world" examples. (0.5 FCE)

HAD 5727H Knowledge Transfer and Exchange

The course examines the theoretical and practical dimensions of knowledge transfer and exchange (KT&E). (0.5 FCE)

HAD 5728H Performance Measurement in Health Care: Theory and Application

This is an elective for students in graduate research programs who wish to gain a better understanding of performance measurement in health care and the methods available to develop performance measurement systems and specific indicators of performance. (0.5 FCE)

HAD 5730H Economic Evaluation Methods for Health Service Research

This course is designed to introduce participants to an array of economic evaluation methods used to assess health care programs, services, technologies, and other interventions. (0.5 FCE)

HAD 5737H Tools for Implementation of Best Evidence

This course will provide learners with a comprehensive working knowledge of implementation science. (0.5 FCE)

HAD 5738H Advanced Methods in Economic Evaluation

The course is about advanced methods for estimation and uncertainty of cost-effectiveness statistics. (0.5 FCE)

HAD 5740H Intermediate-Level Qualitative Research for Health Services and Policy Research

This course will provide intermediate level instruction in the use of qualitative methods in health services research, clinical research, policy and medical education research. (0.5 FCE)

HAD 5742H Mixed Methods for Health Services Research

In this course students will engage in the theory and practice of mixed methods research. (0.5 FCE)

HAD 5743H Evaluation Design for Complex Interventions

This class will focus on an evaluation of a variety of complex policy and programmatic interventions, all of which have the ambition of improving health outcomes. (0.5 FCE)

HAD 5744H Introduction to Health Econometrics

This course is designed to provide an introduction to econometric methods. That is, the basic principles of regression model development and testing that underlie much of applied health economics and health services research. (0.5 FCE)

HAD 5745H Where Health Economics Hits the Road: Practical Applications of Economics to Real Health Care Problems

This seminar course is designed for graduate students who have an interest in examining the use of economic concepts as they apply to real health care problems in a hospitalized setting. (0.5 FCE)

HAD 5755Y Health Economics Graduate Seminar Series (CR/NCR)

The focus of this seminar series is on the practicalities of doing research in health economics. (0.5 FCE)

HAD 5760H Advanced Health Economics and Policy Analysis

Economic models of human and institutional behaviour are employed in this course to analyse the workings of the medical market. Specific attention is paid to the behaviour of both health care providers and health care clients. (0.5 FCE)

HAD 5763H Advanced Methods in Health Services Research

This seminar course covers conceptual and methodological issues related to descriptive and observational health services research. (0.5 FCE)

HAD 5768H International Perspectives on Health Services Management

This course provides an introduction to the global context, international organizations and developing-country health systems to facilitate the application of health service research to international health issues. (0.5 FCE)

HAD 5771H Resource Allocation Ethics

This course will introduce students to key topics in priority setting (resource allocation) from both theoretical and practical viewpoints. (0.5 FCE)

HAD 5772H Intermediate Statistics for Health Services Researchers

This course prepares students in: analysis of variance for one-way and multiway data for fixed, mixed and random effects; repeated measures analysis of variance; analysis of covariance; linear and multiple regression; logistic regression factor analysis; and structural equation modeling (introduction). (0.5 FCE)

HAD 5773H Introduction to Theories of Organizational Behaviour and Applications to the Health Care Sector

This seminar introduces the dominant theories used by health services researchers to study phenomena relating to organizational behavior in health services organizations and systems. (0.5 FCE)

HAD 5780H Program Planning and Evaluation for Health Services and Policy Research

This course will provide an overview of the current status of program planning and evaluation. (0.5 FCE)

HAD6750H Advanced Health Economics and Policy Analysis II

This is a seminar course required for all PhD students in the Health Economics PAS of the IHPME HSR doctoral program. It focuses on teaching the tools of

microeconomic theory in modeling individual and firm behaviour using examples drawn from the health literature. (0.5 FCE)

HAD6760H Introduction to Health Services Research Theory and Methods

The goal of this course is to provide a forum for doctoral students to explore theoretical/conceptual frameworks, study designs and research methods, and to apply them in the preparation of a health services research project. (0.5 FCE)

HAD6761H Health Services Outcomes and Evaluation Comprehensive Course

This is a one term course designed to assist students to prepare for the IHPME PhD Health Services Outcomes and Evaluation concentration comprehensive examination. Comprehensive exam preparation is cumulative through all required courses in the IHPME PhD program. This course is focused on synthesizing cumulative materials. (0.5 FCE)

HAD6762H Health Services Organization and Management Comprehensive Course

This course is designed to fulfill the requirement for a comprehensive exam for graduate students in the health services organization and management stream of our doctoral program. (0.5 FCE)

HAD6763H Health Policy Comprehensive Course

The comprehensive course is primarily intended to capture the 'breadth' dimension of the field, and to complement the 'depth' expected in the thesis. (0.5 FCE)

HAD6764H Health Informatics Research Comprehensive Course

The comprehensive course is primarily intended to capture the 'breadth' dimension of the field, and to complement the 'depth' expected in the thesis. (0.5 FCE)

HAD6770H Applying Health Services Research Methods

The goal of this course is to provide a forum for doctoral students to explore theoretical/conceptual frameworks, study designs and research methods, and to apply them in the preparation of a health services research project. (0.5 FCE)

HAD 7001H Reading Course (0.5 FCE)

Appendix 38: HPME PhD Graduate Publications

Name	Program	Grad. Year	Pub. Date	Title	Journal
Anita Menon	PhD - Health Services Outcomes and Evaluation	2013	2014	Applications of social constructivist learning theories in knowledge translation for healthcare professionals: a scoping review.	*Implementation Science*
			2014	Determining the barriers and facilitators to adopting best practices in management of post stroke unilateral spatial neglect: results of a qualitative study.	*Topics in Stroke Rehabilitation*
			2013	What do letters to the editor publish about randomized controlled trials? A cross-sectional study.	*BMC Research Notes*
Anna Durbin	PhD - Health Services Outcomes and Evaluation	2015	2016	English Language Abilities and Unmet Needs in Community Mental Health Services: a Cross-Sectional Study.	*Journal of Behavioral Health Services & Research*
			2016	Examining the need profiles of patients with multiple emergency department visits for mental health reasons: a cross-sectional study.	*Social Psychiatry and Psychiatric Epidemiology*
			2016	Unmet needs among men with human immunodeficiency virus in community mental health care: a cross-sectional study.	*AIDS Care*
			2015	Examining the relationship between neighbourhood deprivation and mental health service use of immigrants in Ontario, Canada: a cross-sectional study.	*BMJ Open*
			2015	Mental health service use by recent immigrants from different world regions and by non-immigrants in Ontario, Canada: a cross-sectional study.	*BMC Health Services Research*
			2015	Unmet Needs of Adults in Community Mental Health Care With and Without Intellectual and Developmental Disabilities: A Cross-Sectional Study.	*Community Mental Health Journal*

Beate Sander	PhD - Health Service Outcomes and Evaluation	2011	2016	Health-related quality of life, comorbidities and mortality in pulmonary nontuberculous mycobacterial infections: A systematic review.	*Respirology*
			2016	Human pathogens associated with the blacklegged tick lxodes scapularis: a systematic review.	*Parasites & Vectors*
			2016	The cost-utility of integrated cervical cancer prevention strategies in the Ontario setting - Can we do better?	*Vaccine*
			2015	Long-term sequelae of West Nile virus-related illness: a systematic review.	*The Lancet Infectious Diseases*
			2015	Pertussis post-exposure prophylaxis among household contacts: a cost-utility analysis.	*PLoS One*
			2015	The economic impact of Clostridium difficile infection: a systematic review.	*The American Journal of Gastroenterology*
			2015	The Health Burden of Invasive Meningococcal Disease: A Systematic Review.	*Journal of the Pediatric Infectious Diseases Society*
			2015	Understanding Public Perceptions of the HPV Vaccination Based on Online Comments to Canadian News Articles.	*PLoS One*
			2014	Economic evaluation of meningococcal serogroup B childhood vaccination in Ontario, Canada.	*Vaccine*
			2013	Contagious comments: what was the online buzz about the 2011 Quebec measles outbreak?	*PLoS One*
			2013	Health care worker influenza immunization rates: the missing pieces of the puzzle.	*American Journal of Infection Control*
			2013	Measuring influenza immunization coverage among health care workers in acute care hospitals and continuing care organizations in Canada.	*American Journal of Infection Control*
			2012	Exploring the feasibility of integrating barcode scanning technology into vaccine inventory recording in seasonal influenza vaccination clinics.	*Vaccine*

			2012	Incorporating scannable forms into immunization data collection processes: a mixed-methods study.	*PLoS One*
			2011	Approaches to immunization data collection employed across Canada during the pandemic (H1N1) 2009 influenza vaccination campaign.	*Canadian Journal of Public Health*
			2011	A cost comparison of electronic and hybrid data collection systems in Ontario during pandemic and seasonal influenza vaccination campaigns.	*BMC Health Services Research*
			2011	Influenza immunization data: can we make order out of chaos?	*Healthcare Quarterly*
			2011	Preventing pressure ulcers in long-term care: a cost-effectiveness analysis.	*JAMA Internal Medicine*
			2011	Time and motion study to compare electronic and hybrid data collection systems during the pandemic (H1N1) 2009 influenza vaccination campaign.	*Vaccine*
			2011	Variability in transmissibility of the 2009 H1N1 pandemic in Canadian communities.	*BMC Research Notes*
Bheeshma Ravi	PhD - Clinical Epidemiology & Health Care Research	2013	2016	The impact of pedestrian countdown signals on single and two vehicle motor vehicle collisions: a quasi-experimental study.	*International Journal of Injury Control and Safety Promotion*
			2015	Intraarticular hip injection and early revision surgery following total hip arthroplasty: a retrospective cohort study.	*Arthritis & Rheumatology*
			2015	What Drives Variation in Episode-of-care Payments for Primary TKA? An Analysis of Medicare Administrative.	*Clinical Orthopaedics and Related Research*
			2014	All-cause mortality and serious cardiovascular events in people with hip and knee osteoarthritis: a population based cohort study.	*PLoS One*
			2014	Increased risk of complications following total joint arthroplasty in patients with rheumatoid arthritis.	*Arthritis & Rheumatology*

			2014	Increased surgeon experience with rheumatoid arthritis reduces the risk of complications following total joint arthroplasty.	*Arthritis & Rheumatology*
			2014	Relation between surgeon volume and risk of complications after total hip arthroplasty: propensity score matched cohort study.	*The BMJ*
			2014	The relation between total joint arthroplasty and risk for serious cardiovascular events in patients with moderate-severe osteoarthritis: propensity score matched landmark analysis.	*British Journal of Sports Medicine*
			2013	Computerized virtual surgery demonstrates where acetabular rim osteophytes most reduce range of motion following total hip arthroplasty.	*HSS Journal*
			2013	EOS low-dose radiography: a reliable and accurate upright assessment of lower-limb lengths.	*Journal of Bone & Joint Surgery (American Volume)*
Cindy Low Gauvreau	PhD - Health Services Outcomes and Evaluation	2011	2012	The use of cost-effectiveness analysis for pediatric immunization in developing countries.	*The Milbank Quarterly*
David Margel	PhD - Clinical Epidemiology & Health Care Research	2013	2015	Magnetic resonance imaging detected prostate evasive anterior tumours: Further insights.	*Canadian Urological Association Journal*
			2015	Time from first detectable PSA following radical prostatectomy to biochemical recurrence: A competing risk analysis.	*Canadian Urological Association Journal*
			2014	A negative confirmatory biopsy among men on active surveillance for prostate cancer does not protect from histologic grade progression.	*European Urology*
			2014	Obesity is associated with larger prostate volume but not with worse urinary symptoms: analysis of a large multiethnic cohort.	*Urology*

			2014	Thromboembolic events in patients with urothelial carcinoma undergoing neoadjuvant chemotherapy and radical cystectomy.	*Urologic Oncology: Seminars and Original Investigations*
			2014	Usefulness of bowel sound auscultation: a prospective evaluation.	*Journal of Surgical Education*
			2013	A population-based study of surgeon characteristics associated with the uptake of contemporary techniques in renal surgery.	*Canadian Urological Association Journal*
			2013	Association between metformin use and risk of prostate cancer and its grade.	*Journal of the National Cancer Institute*
			2013	Effect of dutasteride on clinical progression of benign prostatic hyperplasia in asymptomatic men with enlarged prostate: a post hoc analysis of the REDUCE study.	*The BMJ*
			2013	Metformin use and all-cause and prostate cancer-specific mortality among men with diabetes.	*Journal of Clinical Oncology*
			2013	Predictors of pathological progression among men with localized prostate cancer undergoing active surveillance: a sub-analysis of the REDEEM study.	*The Journal of Urology*
			2013	Urologists in cyberspace: A review of the quality of health information from American urologists websites using three validated tools.	*Canadian Urological Association*
David Rudoler	PhD - Health Policy	2015	2015	Paying for primary care: a cross-sectional analysis of cost and morbidity distributions across primary care payment models in Ontario, Canada.	*Social Science & Medicine*
			2015	Paying for Primary Care: the Factors Associated with Physician Self-selection into Payment Models.	*Health Economics*

			2015	What is the effectiveness of printed educational materials on primary care physician knowledge, behaviour, and patient outcomes: a systematic review and meta-analysis.	*Implementation Science*
Eitan Amir	PhD - Clinical Epidemiology & Health Care Research	2012	2016	Bias in reporting of randomised clinical trials in oncology.	*European Journal of Cancer*
			2016	Breast Cancer Therapy-Related Cardiac Dysfunction in Adult Women Treated in Routine Clinical Practice: A Population-Based Cohort Study.	*Journal of Clinical Oncology*
			2016	Change in Neutrophil-to-lymphocyte Ratio in Response to Targeted Therapy for Metastatic Renal Cell Carcinoma as a Prognosticator and Biomarker of Efficacy.	*European Urology*
			2016	Clinical predictors of benefit from fulvestrant in advanced breast cancer: A meta-analysis of randomized control trials.	*Cancer Treatment Reviews*
			2016	Evolution of Randomized Trials in Advanced/Metastatic Soft Tissue Sarcoma: End Point Selection, Surrogacy, and Quality of Reporting.	*Journal of Clinical Oncology*
			2016	Interaction between Hormonal Receptor Status, Age and Survival in Patients with BRCA1/2 Germline Mutations: A Systematic Review and Meta-Regression.	*PLoS One*
			2016	In silico analysis identify gene-sets, associated with clinical outcome in ovarian cancer: role of mitotic kinases.	*Oncotarget*
			2016	Neuregulin expression in solid tumours: Prognostic value and predictive role to anti-HER3 therapies.	*Oncotarget*
			2016	Oncologic Drugs Advisory Committee Recommendations and Approval of Cancer Drugs by the US Food and Drug Administration.	*JAMA Oncology*
			2016	Prevention, Detection, and Management of Chemotherapy-Related Cardiac Dysfunction.	*Canadian Journal of Cardiology*

			2016	Transcriptomic analyses identify association between mitotic kinases, PDZ-binding kinase and BUB1, and clinical outcome in breast cancer.	*Breast Cancer Research and Treatment*
			2015	Are adjuvant bisphosphonates now standard of care of women with early stage breast cancer? A debate from the Canadian Bone and the Oncologist New Updates meeting.	*Journal of Bone Oncology*
			2015	Aromatase inhibitors for prevention of breast cancer in postmenopausal women: a narrative review.	*Menopause*
			2015	Association between androgen receptor expression, Ki-67 and the 21 gene recurrence score in non-metastatic, lymph node-negative, estrogen receptor-positive and HER2-negative breast cancer.	*Journal of Clinical Pathology*
			2015	Author financial conflicts of interest, industry funding, and clinical practice guidelines for anticancer drugs.	*Journal of Clinical Oncology*
			2015	Cardiovascular toxicity of multi-tyrosine kinase inhibitors in advanced solid tumors: a population-based observational study.	*PloS One*
			2015	Circulating DNA and Survival in Solid Tumours.	*Cancer Epidemiology, Biomarkers & Prevention*
			2015	Efficacy-effectiveness gap as an obstacle to translating clinical trials to clinical practice.	*European Journal of Cancer*
			2015	Failures in Phase III: Causes and Consequences.	*Clinical Cancer Research*
			2015	Impact of comorbidity on the outcome in men with advanced prostate cancer treated with docetaxel.	*Radiology and Oncology*
			2015	Influence of censoring on conclusions of trials for women with metastatic breast cancer.	*European Journal of Cancer*

			2015	Large retroperitoneal lymphadenopathy as a predictor of venous thromboembolism in patients with disseminated germ cell tumours treated with chemotherapy.	*Journal of Clinical Oncology*
			2015	One step forward, two steps back: The story of everolimus in advanced breast cancer.	*The Breast*
			2015	Optimisation of steroid prophylaxis schedules in breast cancer patients receiving docetaxel chemotherapy-a survey of health care providers and patients.	*Supportive Care in Cancer*
			2015	Outcome of adjuvant therapy in biliary tract cancers.	*American Journal of Clinical Oncology*
			2015	Outcomes of Estrogen Receptor Negative and Progesterone Receptor Positive Breast Cancer.	*PLoS One*
			2015	Pathological complete response in breast cancer.	*The Lancet Oncology*
			2015	PDK1-Dependent Metabolic Reprogramming Dictates Metastatic Potential in Breast Cancer.	*Cell Metabolism*
			2015	Right Ventricular Dysfunction in Patients Experiencing Cardiotoxicity during Breast Cancer Therapy.	*Journal of Oncology*
			2015	Statistical Considerations in Clinical Trial Design of Immunotherapeutic Cancer Agents.	*Journal of Immunotherapy*
			2015	The use of myocardial stain and newer echocardiography imaging techniques in cancer patients.	*Future Oncology*
			2015	Systemic therapy for non-clear cell renal cell carcinomas: a systematic review and meta-analysis.	*European Urology*
			2015	Tumor-infiltrating lymphocytes in breast cancer: ready for prime time?	*Journal of Clinical Oncology*
			2014	Activation of the P13K/mTOR/AKT pathway and survival in solid tumors: systematic review and meta-analysis.	*PLoS One*

			2014	Androgen receptor expression and outcomes in early breast cancer: a systematic review and meta-analysis.	*Journal of the National Cancer Institute*
			2014	Bone-targeted therapy for metastatic breast cancer- Where do we go from here? A commentary from the BONUS 8 meeting.	*Journal of Bone Oncology*
			2014	Cost-effectiveness analysis of extended adjuvant endocrine therapy in the treatment of post-menopausal women with hormone receptor positive breast cancer.	*Breast Cancer Research and Treatment*
			2014	Effect of multifocality and multicentricity on outcome in early stage breast cancer: a systematic review and meta-analysis.	*Breast Cancer Research and Treatment*
			2014	Effects of de-escalated bisphosphonate therapy on bone turnover biomarkers in breast cancer patients with bone metastases.	*SpringerPlus*
			2014	Extended adjuvant tamoxifen for early breast cancer: a meta-analysis.	*PLoS One*
			2014	Human papillomavirus and host genetic polymorphisms in carcinogenesis: a systematic review and meta-analysis.	*Journal of Clinical Virology*
			2014	Prognostic relevance of receptor tyrosine kinase expression in breast cancer: a meta-analysis.	*Cancer Treatment Reviews*
			2014	Prognostic role of neutrophil-to-lymphocyte ratio in solid tumors: a systematic review and meta-analysis.	*Journal of the National Cancer Institute*
			2014	Prognostic role of platelet to lymphocyte ratio in solid tumors: a systematic review and meta-analysis.	*Cancer Epidemiology, Biomarkers & Prevention*
			2014	Raising concern about the American Society of Clinical Oncology conflict of interest policy amendment.	*Journal of Clinical Oncology*
			2014	Risk of incremental toxicities and associated costs of new anticancer drugs: a meta-	*Journal of Clinical Oncology*

				analysis.	
			2014	Simple prognostic score for metastatic castration-resistant prostate cancer with incorporation of neutrophil-to-lymphocyte ratio.	*Cancer*
			2014	Tolerability and efficacy of docetaxel in older men with metastatic castrate-resistant prostate cancer (mCRPC) in TAX 327 trial.	*Journal of Geriatric Oncology*
			2013	Benefit and harms of new anti-cancer drugs.	*Current Oncology Reports*
			2013	Does estrogen play a role in response to adjuvant bone-targeted therapies?	*Journal of Bone Oncology*
			2013	Effects of de-escalated bisphosphonate therapy on the Functional Assessment of Cancer Therapy-Bone Pain, Brief Pain Inventory and bone biomarkers.	*Journal of Bone Oncology*
			2013	Evolution of clinical trial design in early drug development systematic review of expansion cohort use in single-agent phase I cancer trials.	*Journal of Clinical Oncology*
			2013	Fulvestrant for advanced breast cancer: a meta-analysis.	*Cancer Treatment Reviews*
			2013	Mismatch repair status and clinical outcome in endometrial cancer: a systematic review and meta-analysis.	*Critical Reviews in Oncology/Hematology*
			2013	Phase III trials of targeted anticancer therapies: redesigning the concept.	*Clinical Cancer Research*
			2013	Randomized feasibility study of de-escalated (every 12 wk) versus standard (every 3 to 4 wk) intravenous pamidronate in women with low-risk bone metastases from breast cancer.	*American Journal of Clinical Oncology*
			2013	The evolving landscape of protein kinases in breast cancer: clinical implications.	*Cancer Treatment Reviews*
			2012	Adjuvant therapy in the treatment of biliary tract cancer: a systematic review and meta-analysis.	*Journal of Clinical Oncology*

			2012	Benefits and harms of detecting clinically occult breast cancer.	*Journal of the National Cancer Institute*
			2012	Genetic polymorphisms as predictive and prognostic biomarkers in gynecological cancers: a systematic review.	*Gynecologic Oncology*
			2012	Management of small HER2 overexpressing tumors.	*Breast Cancer Research and Treatment*
			2012	p53 Arg72Pro polymorphism, HPV status and initiation, progression, and development of cervical cancer: a systematic review and meta-analysis.	*Clinical Cancer Research*
			2012	Poor correlation between progression-free and overall survival in modern clinical trials: are composite endpoints the answer?	*European Journal of Cancer*
			2012	Prospective study evaluating the impact of tissue confirmation of metastatic disease in patients with breast cancer.	*Journal of Clinical Oncology*
			2012	The price we pay for progress: a meta-analysis of harms of newly approved anticancer drugs.	*Journal of Clinical Oncology*
			2012	Tissue confirmation of disease recurrence in breast cancer patients: pooled analysis of multi-centre, multi-disciplinary prospective studies.	*Cancer Treatment Reviews*
			2012	Vascular endothelial growth factor pathway polymorphisms as prognostic and pharmacogenetic factors in cancer: a systematic review and meta-analysis.	*Clinical Cancer Research*
			2012	25-Hydroxy vitamin-D, obesity, and associated variables as predictors of breast cancer risk and tamoxifen benefit in NSABP-P1.	*Breast Cancer Research and Treatment*
Emily Seto	PhD - Health Informatics Research	2011	2016	The Systematic Design of a Behavioural Mobile Health Application for the Self-Management of Type 2 Diabetes.	*Canadian Journal of Diabetes*

			2016	Uptake of a Consumer-Focused mHealth Application for the Assessment and Prevention of Heart Disease: The <30 Days Study.	*JMIR mHealth and uHealth*
			2015	Psychological and Physical Interventions for the Management of Cancer-Related Pain in Pediatric and Young Adult Patients: An Integrative Review.	*Oncology Nursing Forum*
			2014	A game plan: Gamification design principles in mHealth applications for chronic disease management.	*Health Informatics Journal*
			2014	A smartphone-based management app for adolescents with cancer: establishing system requirements and a pain care algorithm based on literature review, interviews, and consensus	*JMIR Research Protocols*
			2012	Developing healthcare rule-based expert systems: a case study of a heart failure telemonitoring system.	*International Journal of Medical Informatics*
			2012	Improving diabetes management with a patient portal: a qualitative study of diabetes self-management portal.	*Journal of Medical Internet Research*
			2012	Mobile phone-based telemonitoring for heart failure management: a randomized controlled trial.	*Journal of Medical Internet Research*
			2012	Perceptions and experiences of heart failure patients and clinicians on the use of mobile phone-based telemonitoring	*Journal of Medical Internet Research*
			2012	Qualitative studies enrich telemonitoring research, practice, and technology design	*Primary Care Respiratory Journal*
			2011	Self-care and quality of life of heart failure patients at a multidisciplinary heart function clinic.	*Journal of Cardiovascular Nursing*

Gustavo Mery	PhD - Health Services Outcomes and Evaluation	2013	2015	The determinants of the propensity to receive publicly funded home care services for the elderly in Canada: a panel two-stage residual inclusion approach.	*Health Economics Review*
Harindra Channa Wijeysundera	PhD - Clinical Epidemiology & Health Care Research	2011	2013	Three-dimensional localization versus fluoroscopically only guided ablations: a meta-analysis.	*Scandinavian Cardiovascular Journal*
Henry Ahn	PhD - Clinical Epidemiology & Health Care Research	2012	2016	Development of a Competence-Based Spine Surgery Fellowship Curriculum Set of Learning Objectives in Canada.	*Spine*
			2016	Responsiveness, Sensitivity, and Minimally Detectable Difference of the Graded and Redefined Assessment of Strength, Sensibility, and Pretension, Version 1.0.	*Journal of Neurotrauma*
			2015	Effect of older age on treatment decisions and outcomes among patients with traumatic spinal cord injury.	*Canadian Medical Association Journal*
			2015	Hip fracture evaluation with alternatives of total hip arthroplasty versus hemiarthroplasty (HEALTH): protocol for a multicentre randomised trial.	*BMJ Open*
			2015	Methylprednisolone for the Treatment of Patients with Acute Spinal Cord Injuries: A Propensity Score-Matched Cohort Study from a Canadian Multi-Center Spinal Cord Injury Registry.	*Journal of Neurotrauma*
			2015	Treatment of isolated cervical facet fractures: a systematic review.	*Journal of Neurosurgery: Spine*
			2014	Improving access to emergent spinal care through knowledge translation: an ethnographic study.	*BMC Health Services Research*
			2013	Preoperative carbohydrate loading in patients undergoing coronary artery bypass of spinal surgery.	*Anesthesia & Analgesia*

Imtiaz Daniel	PhD - Health Services Outcomes and Evaluation	2012	2015	ALC status in in-patient mental health settings: Evidence based on the Ontario Mental Health Reporting System.	*Healthcare Management Forum*
Jessica Widdifield	PhD - Health Services Outcomes and Evaluation	2013	2016	Development of System-level Performance Measures of Models of Care for Inflammatory Arthritis in Canada.	*The Journal of Rheumatology*
			2016	Epidemiology of myasthenia gravis in Ontario, Canada.	*Neuromuscular Disorders*
			2016	Patterns of care among first-time referrals to rheumatologists: Characteristics and timeliness of consultations and treatment in Ontario, Canada.	*Arthritis Care & Research*
			2016	The Long term Effect of Early Intensive Treatment of Seniors with Rheumatoid Arthritis: A Comparison of 2 Population-based Cohort Studies on Time to Joint Replacement Surgery.	*The Journal of Rheumatology*
			2015	Are family physicians comprehensive using electronic medical records such that the data can be used for secondary purposes? A Canadian perspective.	*BMC Medical Informatics and Decision Making*
			2015	Connective tissue diseases: The burden of serious infections in SLE.	*Nature Reviews Rheumatology*
			2015	Development and validation of an administrative data algorithm to estimate the disease burden and epidemiology of multiple sclerosis in Ontario, Canada.	*Multiple Sclerosis*
			2015	Early medication use in new-onset rheumatoid arthritis may delay joint replacement: results of a large population based study.	*Arthritis Research & Therapy*
			2015	Rheumatoid Arthritis Surveillance in Ontario: Monitoring the Burden, Quality of Care and Patient Outcomes through Linkage of Administrative Health Data.	*Healthcare Quarterly*

			2015	Trends in Excess Mortality Among Patients With Rheumatoid Arthritis in Ontario, Canada.	*Arthritis Care & Research*
			2014	Access to rheumatologists among patients with newly diagnosed rheumatoid arthritis in a Canadian universal public health system .	*BMJ Open*
			2014	An administrative data validation study of the accuracy of algorithms for identifying rheumatoid arthritis: the influence of the reference standard on algorithm performance.	*BMC Musculoskeletal Disorders*
			2014	The epidemiology of rheumatoid arthritis in Ontario, Canada.	*Arthritis & Rheumatology*
			2013	Accuracy of Canadian health administrative databases in identifying patients with rheumatoid arthritis: a validation study using medical records of rheumatologists.	*Arthritis Care & Research*
			2013	Consensus statements for the use of administrative health data in rheumatic disease research and surveillance.	*Journal of Rheumatology*
			2013	Serious infections in a population-based cohort of 86,039 seniors with rheumatoid arthritis.	*Arthritis Care & Research*
			2013	Systematic review and critical appraisal of validation studies to identify rheumatic diseases in health administrative databases.	*Arthritis Care & Research*
			2013	The rising burden of rheumatoid arthritis surpasses rheumatology supply in Ontario.	*Canadian Journal of Public Health*
Kednapa Thavorn	PhD - Health Services Outcomes and Evaluation	2012	2016	Influence of female sex on hepatitis C virus infection progression and treatment outcomes.	*European Journal of Gastroenterology & Hepatology*
			2016	Long-Term Cost-Effectiveness of Insulin Glargine Versus Neutral Protamine Hagedorn Insulin for Type 2 Diabetes in Thailand.	*Applied Health Economics and Health Policy*

			2016	The association between multimorbidity and hospitalization is modified by individual demographics physician continuity of care: a retrospective cohort study.	*BMC Health Services Research*
			2015	Assessing potentially inappropriate prescribing (PIP) and predicting patient outcomes in Ontario's older population: a population-based cohort study applying subsets of the STOPP/START and Beers' criteria in large health administrative databases.	*BMJ Open*
			2015	Direct costs of adult chronic rhinosinusitis by using 4 methods of estimation: Results of the US Medical Expenditure Panel Survey.	*Journal of Allergy and Clinical Immunology*
			2015	Effectiveness of Personal Protective Equipment for Healthcare Workers Caring for Patients with Filovirus Disease: A Rapid Review.	*PLoS One*
			2015	The increasing burden and complexity of multimorbidity.	*BMC Public Health*
			2014	Efficacy of turmeric in the treatment of digestive disorders: a systematic review and meta-analysis protocol.	*Systematic Reviews*
			2014	Upper gastrointestinal bleeding in elderly adults with dementia receiving cholinesterase inhibitors: a population-based cohort study.	*Journal of the American Geriatric Society*
Lakhbir Sandhu	PhD - Clinical Epidemiology & Health Care Research	2013	2013	Living vs. deceased donor liver transplantation for hepatocellular carcinoma: a systematic review and meta-analysis.	*Clinical Transplantation*
			2013	Practice patterns for the management of hepatic metastases from colorectal cancer: a mixed methods analysis.	*Annals of Surgical Oncology*
			2013	Quality of narrative operative reports in pancreatic surgery.	*Canadian Journal of Surgery*

Laura Park	PhD - Clinical Epidemiology & Health Care Research	2011	2016	The Toronto Obsessive-Compulsive Scale: Psychometrics of a Dimensional Measure of Obsessive-Compulsive Traits.	*Journal of the American Academy of Child and Adolescent Psychiatry*
			2015	Mental Health Implications of Traumatic Brain Injury (TBI) in Children and Youth.	*Journal of the Canadian Academy of Child and Adolescent Psychiatry*
Maja Stupar	PhD - Clinical Epidemiology & Health Care Research	2013	2016	Are Acupuncture Therapies Effective for the Management of Musculoskeletal Disorders of the Extremities? A Systematic Review by the Ontario Protocol for Traffic Injury Management (OPTIMa) Collaboration.	*Journal of Orthopaedic & Sports Physical Therapy*
			2016	Are non-invasive interventions effective for the management of headaches associated with neck pain? An update of the Bone and Joint Decade Task Force on Neck Pain and Its Associated Disorders by the Ontario Protocol for Traffic Injury Management (OPTIMa) Collaboration.	*European Spine Journal*
			2016	Are non-steroidal anti-inflammatory drugs effective for the management of neck pain and associated disorders, whiplash-associated disorders, or non-specific low back pain? A systematic review of systematic reviews by the Ontario Protocol for Traffic Injury Management (OPTIMa) Collaboration.	*European Spine Journal*
			2016	Are Passive Physical Modalities Effective for the Management of Common Soft Tissue injuries of the Elbow? A Systematic Review by the Ontario Protocol for Traffic Injury Management (OPTIMa) Collaboration.	*The Clinical Journal of Pain*
			2016	Management of neck pain and associated disorders: A clinical practice guideline from the Ontario Protocol for Traffic Injury Management (OPTIMa) Collaboration.	*European Spine Journal*

			2016	Multimodal care for the management of musculoskeletal disorders of the elbow, forearm, wrist and hand: a systematic review by the Ontario Protocol for Traffic Injury Management (OPTIMa) Collaboration	*Chiropractic & Manual Therapies*
			2016	The Effectiveness of Exercise on Recovery and Clinical Outcomes in Patients with Soft Tissue Injuries of the Hip, Thigh, or Knee: A Systematic Review by the Ontario Protocol for Traffic Injury Management (OPTIMa) Collaboration	*Journal of Manipulative and Physiological Therapeutics*
			2016	The Effectiveness of Multimodal Care for the Management of Soft Tissue Injuries of the Shoulder: A Systematic Review by the Ontario Protocol for Traffic Injury Management (OPTIMa) Collaboration.	*Journal of Manipulative and Physiological Therapeutics*
			2016	The Effectiveness of Multimodal Care for the Soft Tissue Injuries of the Lower Extremity: A Systematic Review by the Ontario Protocol for Traffic Injury Management (OPTIMa) Collaboration.	*Journal of Manipulative and Physiological Therapeutics*
			2016	The effectiveness of soft-tissue therapy for the management of musculoskeletal disorders and injuries of the upper and lower extremities: A systematic review by the Ontario Protocol for Traffic Injury management (OPTIMa) collaboration.	*Manual Therapy*
			2015	A Test-Retest Reliability Study of the Whiplash Disability Questionnaire in Patients With Acute Whiplash-Associated Disorders.	*Journal of Manipulative and Physiological Therapeutics*

			2015	Are manual therapies, passive physical modalities, or acupuncture effective for the management of patients with whiplash-associated disorders or neck pain and associated disorders? An update of the bone and joint decade task force on neck pain and its associated disorders by the optima collaboration.	*The Spine Journal*
			2015	Are psychological interventions effective for the management of neck pain and whiplash-associated disorders? A systematic review by the Ontario Protocol for Traffic Injury Management (OPTIMa) Collaboration.	*The Spine Journal*
			2015	Effectiveness of passive physical modalities for shoulder pain: systematic review by the Ontario protocol for traffic injury management collaboration.	*Physical Therapy*
			2015	Is exercise effective for the management of subacromial impingement syndrome and other soft tissue injuries of the shoulder? A systematic review by the Ontario Protocol for Traffic Injury Management (OPTIMa) Collaboration.	*Manual Therapy*
			2015	Structural and construct validity of the Whiplash Disability Questionnaire in adults with acute whiplash-associated disorders.	*The Spine Journal*
			2015	The effectiveness of exercise for the management of musculoskeletal disorders and injuries of the elbow, forearm, wrist, and hand: a systematic review by the Ontario Protocol for Traffic Injury Management (OPTIMa) collaboration.	*Journal of Manipulative and Physiological Therapeutics*

			2015	The effectiveness of exercise on recovery and clinical outcomes of soft tissue injuries of the leg, ankle, and foot: A systematic review by the Ontario Protocol for Traffic Injury Management (OPTIMa) Collaboration .	*Manual Therapy*
			2015	The effectiveness of manual therapy for the management of musculoskeletal disorders of the upper and lower extremities: a systematic review by the Ontario Protocol for Traffic Injury management (OPTIMa) collaboration.	*Chiropractic Manual Therapy*
			2015	The effectiveness of non-invasive interventions for musculoskeletal thoracic spine and chest wall pain: a systematic review by the Ontario Protocol for Traffic Injury Management (OPTIMa) collaboration.	*Journal of Manipulative and Physiological Therapeutics*
			2015	The Effectiveness of Non-invasive Interventions for Temporomandibular Disorders: A Systematic Review by the Ontario Protocol for Traffic Injury Management (OPTIMa) Collaboration.	*The Clinical Journal of Pain*
			2015	The effectiveness of passive physical modalities for the management of soft tissue injuries and neuropathies of the wrist and hand: a systematic review by the Ontario Protocol for Traffic Injury Management (OPTIMa) collaboration.	*Journal of Manipulative and Physiological Therapeutics*
			2014	Is multimodal care effective for the management of patients with whiplash-associated disorders or neck pain and associated disorders? A systematic review by the Ontario Protocol for Traffic Injury Management (OPTIMa) Collaboration.	*The Spine Journal*

			2013	The reliability of body pain diagrams in the quantitative measurement of pain distribution and location in patients with musculoskeletal pain: a systematic review.	*Journal of Manipulative and Physiological Therapeutics*
			2013	The reliability of measuring pain distribution and location using body pain diagrams in patients with acute whiplash-associated disorders.	*Journal of Manipulative and Physiological Therapeutics*
Michelle Greiver	PhD - Health Services Outcomes & Evaluations	2011	2016	Dangerous ideas: Top 4 proposals presented at Family Medicine Forum.	*Canadian Family Physician*
			2015	Are We Asking Patients if They Smoke?: Missing Information on Tobacco Use in Canadian Electronic Medical Records.	*American Journal of Preventive Medicine*
			2015	Bridging a divide: architecture for a joint hospital-primary care data warehouse.	*Studies in Health Technologies and Informatics*
			2015	Do electronic medical records improve quality of care? No.	*Canadian Family Physician*
			2015	Using EMRs to fuel quality improvement.	*Canadian Family Physician*
			2014	Association between socio-economic status and hemoglobin A1c levels in a Canadian primary care adult population without diabetes.	*BMC Family Practice*
			2014	Finding a BETTER way: a qualitative study exploring the prevention practitioner intervention to improve chronic disease prevention and screening in family practice.	*BMC Family Practice*
			2014	Guideline harmonization and implementation plan for the BETTER trial: Building on Existing Tools to Improve Chronic Disease Prevention and Screening in Family Practice.	*CMAJ Open*
			2014	Prevalence and epidemiology of diabetes in Canadian primary care practices: a report from the Canadian Primary Care Sentinel Surveillance Network.	*Canadian Journal of Diabetes*

			2013	Developing a method to estimate practice denominators for a national Canadian electronic medical record database.	*Family Practice*
			2012	Improving the diagnosis of asthma in primary care practice.	*Canadian Family Physician*
			2012	Measuring data reliability for preventive services in electronic medical records.	*BMC Health Services Research*
			2012	Sentinel feedback: path to meaningful use of EMRs.	*Canadian Family Physician*
			2012	Where should automated blood measurements be taken? Pilot RCT of BpTRU measurements taken in private or nonprivate areas of a primary care office.	*Blood Pressure Monitoring*
			2012	Who are your patients with diabetes?: EMR case definitions in the Canadian primary care setting.	*Canadian Family Physician*
			2011	Diabetes screening with hemoglobin A1c prior to a change in guideline recommendations: prevalence and patient characteristics.	*BMC Family Practice*
			2011	Implementation of electronic medical records: effect on the provision of preventive services in a pay-for-performance environment.	*Canadian Family Physician*
			2011	Implementation of electronic medical records: theory-informed qualitative study	*Canadian Family Physician*
			2011	Using a data entry clerk to improve data quality in primary care electronic medical records: a pilot study.	*Informatics in Primary Care*
Olga Gajic-Valjanoski	PhD - Clinical Epidemiology & Health Care Research	2013	2016	A tutorial on Bayesian bivariate meta-analysis of mixed binary-continuous outcomes with missing treatment effects.	*Statistics in Medicine*
			2016	Effects of Long-Term Low-Molecular-Weight Heparin on Fractures and Bone Density in Non-Pregnant Adults: A Systematic Review with Meta-Analysis.	*Journal of General Internal Medicine*
			2015	Odanacatib for the treatment of osteoporosis	*Expert Opinion on Pharmacotherapy*

			2014	Effect of odanacatib on BMD and fractures: estimates from Bayesian univariate and bivariate meta-analyses.	*The Journal of Clinical Endocrinology and Metabolism*
			2013	The choice of noninformative prior on between-study variance strongly affects predictions of future treatment effect.	*Medical Decision Making*
			2013	Vitamin K and Bone Health	*Journal of Clinical Densitometry*
Ruth Sapir-Pichhadze	PhD - Clinical Epidemiology & Health Care Research	2014	2016	Frequent injection cocaine use increases the risk of renal impairment among hepatitis C and HIV co-infected patients.	*AIDS*
			2016	Immune Sensitization and Mortality in Wait-Listed Kidney Transplant Candidates.	*Journal of American Society of Nephrology*
			2015	A systematic review of the role of C4D in the diagnosis of acute antibody-mediated rejection.	*Kidney International*
			2014	Time-dependent variability in tacrolimus trough blood levels is a risk factor for late kidney transplant failure.	*Kidney International*
Sumit Gupta	PhD - Clinical Epidemiology & Health Care Research	2014	2016	Anaplastic Large Cell Lymphoma in Central America: A Report From the Central American Association of Pediatric Hematology Oncology (AHOPCA).	*Pediatric Blood & Cancer*
			2016	Comment On: Use of Patient Registries and Administrative Datasets for the Study of Pediatric Cancer.	*Pediatric Blood & Cancer*
			2015	Bridging the Distance in the Caribbean: Telemedicine as a means to build capacity for care in paediatric cancer and blood disorders.	*Studies in Health Technologies and Informatics*
			2015	Costs, affordability, and feasibility of an essential package of cancer control interventions in low-income and middle-income countries: key messages from Diseases Control Priorities, 3rd edition.	*The Lancet Oncology*
			2015	Expanding the WHO list of essential medicines for children: A call for further action.	*Pediatric Blood & Cancer*

			2015	Impact of Ethnicity on Donor Research Results for Children Requiring Stem Cell Transplantation.	*Journal of Pediatric Hematology/ Oncology*
			2015	Predictors of diagnostic interval and associations with outcome in acute lymphoblastic leukemia.	*Pediatric Blood & Cancer*
			2015	The expanding role of primary care in cancer control.	*The Lancet Oncology*
			2015	Treatment of young children with CNS-positive acute lymphoblastic leukemia without cranial radiotherapy.	*Pediatric Blood & Cancer*
			2014	Low socioeconomic status is associated with worse survival in children with cancer: a systematic review.	*PLoS One*
			2014	Pediatric oncology as the next global child health priority: the need for national childhood cancer strategies in low-and middle-income countries.	*PLoS Medicine*
			2014	Socioeconomic status and event free survival in pediatric acute lymphoblastic leukemia: a population-based cohort study.	*Leukemia Research*
			2014	The Initiative to Maximize Progress in Adolescent and Young Adult Cancer Therapy (IMPACT) Cohort Study: a population-based cohort of young Canadians with cancer.	*BMC Cancer*
Tetyana Kendzerska	PhD - Clinical Epidemiology & Health Care Research	2014	2016	Comorbid depression in obstructive sleep apnea: an under-recognized association.	*Sleep & Breathing*
			2016	Going Beyond the Apnea-Hypopnea Index.	*Chest*
			2016	History of Asthma in Patients with Chronic Obstructive Pulmonary Disease. A Comparative Study of Economic Burden.	*Annals of the American Thoracic Society*
			2016	The Effect of Patient Neighbourhood Income Level on the Purchase of Continuous Positive Airway Pressure Treatment among Patients with Sleep Apnea.	*Annals of the American Thoracic Society*

			2015	The Different Clinical Faces of Obstructive Sleep Apnea (OSA), OSA in Older Adults as Distinctly Different Physiological Phenotype, and the Impact of OSA on Cardiovascular Events after Coronary Artery Bypass Surgery.	*American Journal of Respiratory and Critical Care Medicine*
			2015	Turning Dreams into Nightmares: Different Metabolic Effects of Obstructive Events in Rapid Eye Movement versus Non-Rapid Eye Movement Sleep.	*American Journal of Respiratory and Critical Care Medicine*
			2015	The economic impact of Clostridium difficile infection: a systematic review.	*The American Journal of Gastroenterology*
			2014	A systematic review of fatigue in patients with traumatic brain injury: the course, predictors and consequences.	*Neuroscience & Biobehavioral Reviews*
			2014	Evaluation of the measurement properties of the Epworth sleepiness scale: a systematic review.	*Sleep Medicine Reviews*
			2014	Obstructive sleep apnea and incident diabetes. A historical cohort study.	*American Journal of Respiratory and Critical Care Medicine*
			2014	Obstructive sleep apnea and risk of cardiovascular events and all-causes mortality: a decade-long historical cohort study.	*PLoS Medicine*
			2014	Obstructive sleep apnea and the prevalence and incidence of cancer.	*CMAJ*
Tony Antoniou	PhD - Clinical Epidemiology & Health Care Research	2012	2016	Unmet needs among men with human immunodeficiency virus in community mental health care: a cross-sectional study.	*AIDS Care*
			2015	A population-based study of the extent of colorectal cancer screening in men with HIV.	*BMC Health Services Research*
			2015	Adequacy of prenatal care among women living with human immunodeficiency virus: a population-based study.	*BMC Public Health*
			2015	Adverse Neonatal Outcomes Among Women Living With HIV: A Population-Based Study.	*Journal of Obstetrics and Gynaecology Canada*

			2015	Colorectal cancer among persons with HIV: protocol for a systematic review and meta-analysis.	*Systematic Review*
			2015	Developing a performance framework for measuring comprehensive, community-based primary healthcare for people with HIV.	*Primary Health Care Research & Development*
			2015	Late initiation of combination antiretroviral therapy in Canada: a call for national public health strategy to improve engagement in HIV care.	*Journal of the International AIDS Society*
			2015	Life expectancy of HIV-positive individuals on combination antiretroviral therapy in Canada.	*BMC Infectious Diseases*
			2015	Implementation and Operational Research: Engagement in HIV Care Among Persons Enrolled in a Clinical HIV Cohort in Ontario, Canada, 2001 - 2011.	*Journal of Acquired Immune Deficiency Syndromes*
			2015	Maternal placental syndromes among women living with HIV in Ontario: a population-based study.	*CMAJ Open*
			2015	Pharmacokinetics of raltegravir in the semen of HIV-infected men.	*Antiviral Therapy*
			2015	Postpartum Maternal and Neonatal Hospitalizations Among Women with HIV: A Population-Based Study.	*AIDS Research and Human Retroviruses*
			2015	Proton pump inhibitors and the risk of acute kidney injury in older patients: a population-based cohort study.	*CMAJ Open*
			2015	Safety of valproic acid in patients with chronic obstructive pulmonary disease: a population-based cohort study.	*Pharmacoepidemiology and Drug Safety*
			2015	Trimethoprim-sulfamethoxazole and risk of sudden death among patients taking spironolactone.	*CMAJ*

			2014	Co-trimoxazole and sudden death in patients receiving inhibitors of renin-angiotensin system: a population based study.	*The BMJ*
			2014	Comparison of comorbidity classification methods for predicting outcomes in a population-based cohort of adults with human immunodeficiency virus infection.	*Annals of Epidemiology*
			2014	Dextromethorphan abuse.	*CMAJ*
			2014	Impact of the Data Collection on Adverse Events of Anti-HIV Drugs cohort study on abacavir prescription among treatment-naïve, HIV infected patients in Canada.	*Journal of the international Association of Providers of AIDS Care*
			2014	Pharmacokinetics of raltegravir in the semen of HIV-infected men.	*Antiviral Therapy*
			2014	The impact of drug reimbursement policy on rates of testosterone replacement therapy among older men.	*PLoS One*
			2014	Trends in live birth rates and adverse neonatal outcomes among HIV-positive women in Ontario, Canada, 2002-2009: a descriptive population-based study.	*International Journal of STD & AIDS*
			2013	Comparative effectiveness of angiotensin-receptor blockers for preventing macrovascular disease in patients with diabetes: a population-based cohort study.	*CMAJ*
			2013	Systematic review of HIV transmission between heterosexual serodiscordant couples where the HIV-positive partner is fully suppressed on antiretroviral therapy.	*PLoS One*
			2013	Trends in HIV prevalence, new HIV diagnoses, and mortality among adults with HIV who have entered care in Ontario, 1996/1997 to 2009/2010: a population-based study.	*Open Medicine*

			2012	Five things to know about…`bath salts`	*CMAJ*
			2012	Immunologic effectiveness of maraviroc - and raltegravir-containing regimens (R+M+) versus raltegravir-based regimens that do not include maraviroc (R+M-).	*Journal of the International Association of Physicians in AIDS Care*
			2012	Recent immigrants show improved clinical outcomes at a tertiary care HIV clinic.	*Canadian Journal of Infectious Diseases and Medical Microbiology*
			2012	Socio-economic- and sex-related disparities in rates of hospital admission among patients with HIV infection in Ontario: a population-based study.	*Open Medicine*
			2012	`Waiting at the dinner table for scraps`: a qualitative study of the help-seeking experiences of heterosexual men living with HIV infection.	*BMJ Open*
Wanrudee Isaranuwatchai	PhD - Health Services Outcomes & Evaluations	2011	2016	Cost-effectiveness analysis of arthroscopic surgery compared with non-operative management for osteoarthritis of the knee.	*BMJ Open*
			2016	The 2004 tsunami and mental health in Thailand: a longitudinal analysis of one- and two-year post disaster data.	*Disasters*
			2015	Adjusting for Baseline Covariates in Net Benefit Regression: How You Adjust Matters.	*Pharmacoeconomics*
			2015	A cost-effectiveness analysis of human papillomavirus vaccination of boys for the prevention of oropharyngeal cancer.	*Cancer*
			2015	A systematic review of cost-effectiveness analysis of complex wound interventions reveals optimal treatments for specific wound types.	*BMC Medicine*
			2015	The iScore predicts total healthcare costs early after hospitalization for an acute ischemic stroke.	*International Journal of Stroke*

			2014	Comparing the cost-effectiveness of simulation modalities: a case study of peripheral intravenous catheterization training.	*Advanced Health Science Education and Theory Practice*
			2014	Could the human papillomavirus be cost-effective in males for the prevention of oropharyngeal cancer?	*Expert Review of Pharmacoeconomic & Outcomes Research*
			2014	Expanding Paramedicine in the Community (EPIC): study protocol for a randomized controlled trial.	*Trials*
			2014	Safety, effectiveness, and cost effectiveness of long acting versus intermediate acting insulin for patients with type 1 diabetes: a systematic review and network meta-analysis.	*BMJ Open*
			2013	Health care costs associated with hepatocellular carcinoma: a population-based study.	*Hepatology*
			2013	Impact of the 2004 tsunami on self-reported physical health in Thailand for the subsequent 2 years.	*American Journal of Public Health*
			2013	Two years post-tsunami in Thailand: who still needs assistance.	*International Health*
			2012	Ocean waves and roadside spirits: Thai health service providers post-tsunami psychosocial health.	*Disasters*

APPENDIX 39 – CORE FACULTY RESEARCH INTERESTS

Primary Research Area	Other Research Interests	First Name	Last Name	Rank	Primary Dept.	Primary Division	Research Summary
Addictions (smoking, alcohol, gambling, and illicit drugs)	Mental Health; Global Health; Health Policy	Michael	Chaiton	Assistant Professor	DLSPH	EPI	Dr. Chaiton's research looks at tobacco and addiction; population-based mental health; and public health policy interventions.
Addictions (smoking, alcohol, gambling, and illicit drugs)	Health Policy; Environmental Health	Pamela	Kaufman	Assistant Professor	DLSPH	SBHS	Dr. Kaufman's research addresses physical and social factors that impact the development and implementation of public health policies, and their intended beneficial effects and unintended consequences. Her recent projects investigate smoke-free policies in outdoor spaces and multi-unit housing, and evaluations of smoking cessation programs in workplace and healthcare settings.

Addictions (smoking, alcohol, gambling, and illicit drugs)	Health Services Research	Carol	Strike	Associate Professor	DLSPH	SBHS	Dr Strike's research interests include evaluating harm reduction programs, addiction treatment programs, methadone maintenance therapy, provider-client relationships, mental health programs and health services research.
Child and Adolescent Health	Women's Health; Global Health	Shafi	Bhuiyan	Assistant Professor	DLSPH	CPH	Dr. Bhuiyan uses a mixed methods approach to research maternal, neonatal and child health, women's empowerment, and continuum of care and for global health collaborative research projects. He also works in the areas of health systems strengthening, capacity building, healthcare management, and MCH handbook utilization.
Child and adolescent health	Mental Health; Knowledge Translation and Practice Based Implementation Science	Brenda	Gladstone	Assistant Professor	DLSPH	SBHS	Dr. Gladstone's research looks at child, youth, and family mental health, health systems research, mental health literacy, social theory, sociology of childhood and mental health, critical qualitative methodologies, and integrated knowledge translation.

Child and adolescent health	Global Health	Daniel	Sellen	Full Professor	Anthropology	SBHS	Dr. Sellen's current research focuses on implementation science to improve infant feeding practices and maternal and child nutrition security; the cause of mismatch between breastfeeding and complementary feeding recommendations and practice; and the contemporary health implications of the evolution of human lactation biology (breastfeeding and complementary feeding).
Chronic (non-communicable) disease epidemiology, prevention and screening	Health Services Research	Elizabeth	Badley	Full Professor	DLSPH	EPI	Dr Badley's research looks at chronic disabling health conditions, especially chronic diseases in the population. She uses arthritis and other musculoskeletal conditions as models and the population impact of arthritis and strategies to reduce that impact. Other research interests include the health of the baby boomer population compared to older and younger generations.
Chronic (non-communicable) disease epidemiology, prevention and screening	Genetic Epidemiology and Statistical Genetics; Women's Health	Jennifer	Brooks	Assistant Professor	DLSPH	EPI	Dr. Brooks's research is in breast cancer epidemiology; genetic epidemiology; contralateral breast cancer; imaging biomarkers of breast cancer risk and response to treatment; pharmacogenetics; and epigenetics.

Chronic (non-communicable) disease epidemiology, prevention and screening	Global Health; Infectious Disease Epidemiology and Modeling	Prabhat	Jha	Full Professor	DLSPH	EPI	Dr Jha's research involves large scale epidemiological studies including the Million Death Study of Indian households; creation of innovative methods to determine cause of death using "verbal autopsy" and reliable quantification of HIV-1 transmission in the population.
Chronic (non-communicable) disease epidemiology, prevention, and screening	Global Health; Mental Health; Health Promotion, Social Determinants of Health and Social Epidemiology	Arun	Chockalingam	Full Professor	DLSPH	EPI	Dr. Chockalingam's research is in the area of global non-communicable diseases.
Clinical effectiveness	Knowledge Translation and Practice Based Implementation Science; Health Services Outcomes and Evaluation	Geoff	Anderson	Professor	IHPME		Dr. Anderson works in the areas of clinical effectiveness, health services outcomes and evaluation, health services organization and management, knowledge transfer, acute, pre-hospital and emergency care, and community/home care.

Clinical Epidemiology	Health Services Research; Knowledge Translation and Practice Based Implementation Science	Allan	Detsky	Professor	IHPME		Dr. Detsky's researches clinical effectiveness, clinical economics, technology assessment/drug utilization, medical decision-making, knowledge transfer, health services delivery, health policy, health research methods (clinical trials), and public and population health.
Clinical public health		Allison	Chris	Assistant Professor	DLSPH	CPH (PHPMRP)	Dr. Chris's research is in the area of community and population health.
Environmental Health	Indigenous Health	Morteza	Bashash	Assistant Professor	DLSPH	OEH	Dr. Bashash is part of the ELEMENT birth cohort study team and testing hypotheses related to the risk of chronic conditions (mainly neurocognitive outcomes) posed by early life exposures to environmental toxicants. Another part of his research activity is dealing with the burden and epidemiology of cancer and other chronic conditions. He is also interested in using host factors, in particular genetic polymorphism pattern to determine susceptibility to exposure, outcome and response to treatment.

Environmental Health	Global Health; Occupational Health	Donald	Cole	Full Professor	DLSPH	EPI	Donald Cole's research builds on experience in work and health and agriculture and health in Canada, Latin America and Africa. He has become particularly interested in public health intervention research in these fields, leading projects on reducing pesticide use among Andean small farmers, and assessing the contributions of urban agriculture to health and nutrition. More recently, he has built on his long-standing work internationally to begin educational research on evaluating health research capacity development in a global context.
Environmental Health	Global Health	Howard	Hu	Full Professor	DLSPH	TBD	Dr. Hu's research is in the areas of epidemiologic and toxicologic research related to heavy metals, potential endocrine disruptors; gene-environment interactions; epigenetic dysregulation; fetal exposures and long-term effects; aging-environment interactions; environmental health and human rights; health and the global environment; and multiple chemical sensitivities syndrome.

Gender and Health	Mental Health; Health Promotion, Social Determinants of Health and Social Epidemiology	Lori Elizabeth	Ross	Associate Professor	DLSPH	SBHS	Dr. Ross does research in health and health service access for communities that experience marginalization. Particular foci include: health issues for lesbian, gay, bisexual, and trans (LGBT) people; mental health and mental health service utilization; community-based approaches to research; mental health during pregnancy and the transition to parenthood; and social justice-informed mental health research.
Genetic epidemiology and Statistical Genetics	Knowledge Translation and Practice Based Implementation Science;	France	Gagnon	Associate Professor	DLSPH	EPI	Dr .Gagnon's research focuses on the genetic epidemiology of cardiovascular diseases and risk factors.
Genetic epidemiology and Statistical Genetics	Methodological research in biostatistics, demography and epidemiology; Chronic (non-communicable) disease epidemiology, prevention and screening	Rafal	Kustra	Associate Professor	DLSPH	BIO	Dr. Kustra is engaged in research in the area of statistical methods in high-throughput genomics. The methodological research includes designing new methods for signal estimation, new inference techniques, and new methods for data description and hypothesis generation.
Genetic epidemiology and Statistical Genetics		Lei	Sun	Full Professor	Dept. of Statistics	BIO	Dr Sun's research focuses on the development and application of statistical methodologies and computational tools for genetic studies of complex human diseases and traits.

Global Health	Health Promotion, Social Determinants of Health and Social Epidemiology	Andrea	Cortinois	Assistant Professor	DLSPH	SBHS	Dr. Cortinois has research interests in global migration and health, global public health, health equity in multicultural societies, and communication technologies in support of equity-oriented interventions.
Global Health	Health Promotion, Social Determinants of Health and Social Epidemiology; Chronic (non-communicable) disease epidemiology, prevention and screening; Health Policy	Abdallah	Daar	Full Professor	DLSPH	CPH	Dr. Daar's major research focus is on the use of life sciences to ameliorate global health inequities, with a particular focus on building scientific capacity and increasing innovation in developing countries, in addition to studying how life sciences technologies can be rapidly taken from “lab to village”.

Global Health		Lisa	Forman	Assistant Professor	DLSPH	SBHS	Dr. Forman's current research focuses on strengthening the idea of the minimum core concept within the international human right to health, and the development of post-2015 rights-based health development goals.
Global Health		Xiaolin	Wei	Associate Professor	DLSPH	CPH	Dr. Wei's research is in the area of primary care reforms and policy evaluation, including primary care development and reforms, public private models, patient evaluation of primary care, and vulnerable groups. He is also interested in health service delivery in tuberculosis and cardiovascular disease control.
Health Economics	Health Policy; Health Services Outcomes and Evaluation	Peter C	Coyte	Professor	IHPME		Dr. Coyte is a national and international expert in the areas of health economics, health services evaluation, and health policy and planning. His studies have included assessments of variations in both clinical practices and health service utilization, evaluations of the cost effective provision of health care services, and assessments of health service finance, organization, and delivery.

Health Economics	Health Policy; Health Services Research	Raisa	Deber	Professor	IHPME		Professor Deber's current projects include: implications of the distribution of health expenditures and public/private roles for financing and delivery of health services (including primary care); examination of where nurses and other health professionals work and the factors associated with differential "stickiness" across sub-sectors; issues associated with the movement of care from hospitals to home and community; approaches to accountability; and factors affecting patient engagement.
Health Economics	Health Services Research	Audrey	Laporte	Associate	IHPME		Prof. Laporte is an economist and Director of the Canadian Centre for Health Economics. Her work spans a number of areas including: social determinants of health and health behaviours; factors affecting the labour market outcomes for health care providers including informal caregivers, nurses and physicians; and development of efficiency measurement methodologies in relation to health care providers, health care institutions and health networks.

Health Economics	Health Services Research; Health Services Outcomes and Evaluation	Walter	Wodchis	Associate	IHPME		Dr. Wodchis is interested in health economics, health financing, performance measurement / program evaluation, health services delivery, chronic and long-term care, and elderly.
Health Informatics		Twylla	Bird-Gayson	Lecturer	IHPME		Ms. Bird-Gayson uses participatory centred learning to engage students, alumni and community partners.
Health Informatics	Health Services Research; Knowledge Translation and Practice Based Implementation Science	Alejandro	Jadad	Professor	IHPME		Dr. Jadad is interested in fostering ways in which everyone in the world could enjoy a long, healthy and happy life, full of love and with no regrets, until the last breath, as part of a sustainable, flourishing planet. He is also interested in identifying and connecting the best minds, souls, knowledge and tools across traditional boundaries to create a pandemic of health, happiness and love, and to improve the capacity of humans to imagine, create and promote new and better approaches to living, healing, working and learning, together.

Health Informatics	Health Services Research; Health Services Outcomes and Evaluation	Emily	Seto	Assistant	IHPME		Dr. Seto's main research interests include development, evaluation, and sustained implementation of mobile healthcare technology to facilitate patient self-care and clinical decision support for chronic disease management.
Health Informatics	Health Services Research; Health Services Outcomes and Evaluation	Aviv	Shachak	Associate	IHPME		Dr. Shachak's research and teaching is mainly in the area of health informatics. His work seeks to improve usage and help realizing the potential benefits of information systems, especially in health care and biomedicine. This includes the study, design, and evaluation of educational interventions, tutorials and user manuals, user interfaces, and end-user support.
Health Informatics		Julia	Zarb	Lecturer	IHPME		Dr. Zarb's work is in marketing and strategic framework development for health informatics, innovation and technologies in healthcare, and stakeholder relations.

Health Policy	Knowledge Translation and Practice Based Implementation Science; Health Services Outcomes and Evaluation; Health Services Research; Health Promotion, Social Determinants of Health and Social Epidemiology; Quality Improvement	Adalsteinn	Brown	Associate Professor	IHPME	PHP	Dr. Brown's research is in the areas of performance management, quality improvement, and leadership. He has worked with decision-makers in Ontario and elsewhere to develop research and capacity development programs such as the Hospital Report Card and the IDEAS Program that will help train thousands of Ontario healthcare professionals in quality improvement and leadership. He is also interested in population health and knowledge transfer.
Health Policy	Health Services Research; Knowledge Translation and Practice Based Implementation Science; Health Services Outcomes and Evaluation	Rhonda	Cockerill	Professor	IHPME		Dr. Cockerill works in the areas of program evaluation, community-based evaluation, and performance indicators.

Health Policy	Health Services Research; Knowledge Translation and Practice Based Implementation Science	Mark	Dobrow	Associate	IHPME		Dr. Dobrow's professional interests focus on improving our understanding and use (identification, interpretation and application) of different types of evidence (e.g. research, contextual and experiential) to inform and improve health system/policy decisions.
Health Policy	Health Services Research; Knowledge Translation and Practice Based Implementation Science	Jennifer	Gibson	Associate	IHPME		Dr. Gibson works in the area of health system and policy ethics, organizational ethics, and ethics program evaluation. She is particularly interested in the role of ethics and values in health policy and the conceptual and practical intersection of healthcare ethics and public health ethics paradigms in addressing 'wicked problems' in contemporary health systems locally and globally. Current research foci including: priority setting and resource allocation, death and dying, and public health emergency preparedness.

Health Policy	Global Health	Jillian	Kohler	Associate Professor	Pharmacy		Dr. Kohler's research is focused on fair access to essential medicines with a particular focus on good governance and intellectual property rights. She pioneered the methodology on good governance in the pharmaceutical system for the World Bank, which was subsequently adopted by the WHO and has been applied in over 35 countries globally.
Health Policy	Health Services Research	Gregory	Marchildon	Professor	IHPME		Dr. Marchildon's professional interests are in health policy, health services research, and health system governance.
Health Policy		Fiona	Miller	Associate	IHPME		Dr. Miller's program of research centres on health technology policy, including the dynamics of health technology development, assessment and adoption within systems of health research and healthcare.

Health Policy	Health Services Research; Health Services Outcomes and Evaluation	Robert	Schwartz	Associate	IHPME		Dr. Schwartz works in the area of public health policy with particular expertise in tobacco and new attention to cannabis and alcohol policy. His interests are in the design, implementation and evaluation of policy tools, including complex strategy, accountability mechanisms, evaluation and learning systems. Other foci are policy change, including the roles of evidence, experts and advocacy.
Health Policy	Health Services Research	Paul	Williams	Professor	IHPME		Dr. Williams is interested in informing evidence-based policy and practice in community-based care, catalysing knowledge transfer, and training future healthcare leaders.
Health Promotion, Social Determinants of Health and Social Epidemiology	Global health; Methodological research in biostatistics, demography and epidemiology; Infectious disease epidemiology and modeling	Liviana	Calzavara	Full Professor	DLSPH	SBHS	Dr. Calzavara conducts research that increases understanding of social, economic, and structural forces that contribute to HIV/AIDS transmission in order to develop more effective intervention and prevention efforts aimed at reducing HIV related sexual and drug-using risk among vulnerable populations in Canada and internationally.

Health Promotion, Social Determinants of Health and Social Epidemiology	Infectious Disease Epidemiology and Modeling; Child and adolescent health; Chronic (non-communicable) disease epidemiology, prevention and screening; Gender and Health; Health Promotion, Social Determinants of Health and Social Epidemiology; Healht Services Research; Mental Health; Knowledge Translation and Practice Based Implementation Science;	Dionne	Gesink	Associate Professor	DLSPH	EPI	Dionne Gesink's research focuses on the social epidemiology of sexual and reproductive health. Dionne is particularly interested in the patterns, connections and relationships between behavioural, social, cultural, environmental and spatial factors, and sexual health. Dionne's research approach is grounded in relational and community based participatory research principles.

Health Promotion, Social Determinants of Health and Social Epidemiology		Charna	Gord	CLTA	DLSPH	CPH	Ms. Gord works at the intersection of health, arts, and humanities to enrich health professional education and dietetic practice.
Health Promotion, Social Determinants of Health and Social Epidemiology	Mental Health; Gender and Health; Global Health; Health Policy	Daniel	Grace	Assistant Professor	DLSPH	SBHS	Dr. Daniel Grace is a sociologist who conducts research related to the social determinants of health, HIV and STI prevention strategies, and the sexual health of gay men. He is a PI on multiple qualitative and mixed methods studies funded by CIHR in Toronto, Vancouver, and Montreal in the areas of health care access, HIV and STI prevention, and mental health for diverse communities of gay men. He applies critical social theory to understand issues of local and global health systems and interventions.
Health Promotion, Social Determinants of Health and Social Epidemiology	Global Health; Indigenous Health; Mental Health	Suzanne	Jackson	Associate Professor	DLSPH	SBHS	Dr Jackson's research interests are in participatory health promotion planning and evaluation; realist evaluation; participatory action research, qualitative research; mental health promotion; health promotion and the arts; First People's health/circumpolar health promotion.

Health Promotion, Social Determinants of Health and Social Epidemiology		Charlotte	Lombardo	Lecturer	DLSPH	SBHS	Ms. Lombardo's work is rooted in community engaged scholarship, drawing from the traditions of community development and community-based participatory research. Her particular area of interest is youth health promotion, with emphasis on the use of creative placemaking for the engagement and empowerment of young people living on the margins.
Health Promotion, Social Determinants of Health and Social Epidemiology	Gender and Health; Women's Health	Peggy	McDonough	Full Professor	DLSPH	SBHS	Dr. McDonough seeks to shed new light on the complex ways in which history, societies, and institutions shape health over time. Her research speaks to three intersecting domains of inquiry: social inequalities in health dynamics; health and the welfare state; and health and culture.
Health Promotion, Social Determinants of Health and Social Epidemiology	Environmental Health; Knowledge Translation and Practice Based Implementation Science	Blake	Poland	Associate Professor	DLSPH	SBHS	Dr Poland’s research focusses on community development as an arena of practice for health professionals, the settings approach to health promotion, and the social context of health promotion practice.

Health Promotion, Social Determinants of Health and Social Epidemiology	Global Health	Arjumand	Siddiqi	Associate Professor	DLSPH	SBHS	Dr. Siddiqi is interested in the role that societal conditions play in shaping inequities in population health and human development. In particular, her research utilizes a cross-national comparative perspective to understand the consequences of social welfare policies for inequalities in health and developmental outcomes.
Health Promotion, Social Determinants of Health, and Social Epidemiology	Women's health; Global Health	Izzeldin	Abuelaish	Associate Professor	DLSPH	CPH	Dr. Abuelaish's research is in the areas of global public health, women's health and the relationship between health and conflict.
Health Promotion, Social Determinants of Health, and Social Epidemiology	Gender and Health; Global Health; Knowledge Translation and Practice Based Implementation Science	Dan	Allman	Assistant Professor	DLSPH	SBHS	Professor Allman's work focuses on the social and structural production of risk and well-being, particularly for those considered marginal, vulnerable or peripheral to a society's core. His specific interests include the sociology of health and medicine, social equity, global health and new techniques for public health research.

Health Promotion, Social Determinants of Health, and Social Epidemiology		Ananya	Banerjee	Assistant Professor	DLSPH	SBHS	Dr. Banerjee uses mixed methodologies to research the promotion of physical activity for marginalized, ethnic and vulnerable communities and chronic disease prevention and management interventions through lifestyle behaviour modification.
Health Services Outcomes and Evaluation	Addictions (smoking, alcohol, gambling and illicit drugs); Methodological research in biostatistics, demography and epidemiology; Mental Health; Health Promotion, Social Determinants of Health and Social Epidemiology; Clinical Public Health	Susan	Bondy	Associate Professor	DLSPH	EPI	Dr. Bondy's major areas of research are addictive substances and mental health; health services and public health policy research; and general epidemiologic and survey research methods.

Health Services Research	Quality Improvement	G. Ross	Baker	Professor	IHPME		Dr. Baker's research focuses on quality improvement and patient safety. He is currently interested in organizational and system strategies to improve performance, governance and leadership in these areas. He is also working on research examining the development of effective integrated systems of care for patients with chronic disease and multi-morbidity and the leadership and organizational issues in developing such systems.
Health Services Research	Health Services Outcomes and Evaluation	Janet M.	Barnsley	Professor	IHPME		Dr. Barnsley's research is in primary care, performance measurement / program evaluation (clinical indicators), health services delivery, organizational theory and behaviour, health care system, quality of care, and collaborative practice.

Health Services Research	Knowledge Translation and Practice Based Implementation Science	Whitney	Berta	Associate	IHPME		Dr. Berta works in three main areas: studies of factors that influence organizational learning capacity and knowledge transfer processes, studies that examine the relationship between organizational learning capacity and performance, and research activities that lead to enhanced system performance, organizational (practice) performance and leadership capacity.
Health Services Research	Knowledge Translation and Practice Based Implementation Science; Health Services Outcomes and Evaluation;	Paula	Blackstien-Hirsch	Lecturer	IHPME		Ms. Blackstien-Hirsch's professional and academic focus is on quality improvement and performance management, from organizational and systems perspectives, with a particular emphasis on supporting Boards and Senior Leaders in their quest for performance excellence. She is also interested in patient and family engagement.

Health Services Research		Isser	Dubinsky	Associate	IHPME		Dr. Dubinsky's areas of primary research interest are focused on the interaction of physicians with the health care "system" and health care system reform. They include revisiting the nature of the relationship between physicians and hospitals, primary care reform, best (evidence based) practice, integrated models of care delivery, cost effective and cost efficient health care, ensuring quality health care for underserviced and underprivileged populations, and clinical service model redesign. He is also interested in physician leadership development and physician leadership compensation.
Health Services Research		Cynthia	Majewski	Lecturer	IHPME		
Health Services Research		Barbara	Secker	Assistant Professor	DLSPH	CPH	Dr. Secker's areas of interest include disability ethics; social justice for vulnerable populations; autonomy, decision-making capacity and informed consent in healthcare and research contexts; bioethical theory; bioethics program development, service delivery and evaluation.
Health Services Research		Christine	Shea	Lecturer	IHPME		

Health Services Research		Tina	Smith	Associate	IHPME		
Health Services Research		Donald	Willison	Associate	IHPME		Dr. Willison's current academic work is in data governance, public involvement in research, and research ethics.
Indigenous health		Anita C.	Benoit	Assistant Professor	DLSPH	SBHS	Dr. Benoit's research interests include Indigenous women's health, HIV pathogenesis, intervention research, health service outcomes and evaluation, chronic stress and mental health and determinants of health.

Indigenous health	Addictions (smoking, alcohol, gambling and illicit drugs); Health Promotion, Social Determinants of Health and Social Epidemiology	Earl	Nowgesic	Assistant Professor	DLSPH	SBHS	Dr. Earl Nowgesic's research interests include Indigenous health, marginalized and vulnerable populations, global health, health services, and HIV prevention and intervention.
Infectious disease epidemiology and modeling	Global Health; Mental Health	Paula	Braitstein	Associate Professor	DLSPH	EPI	Dr. Braitstein's research revolves around the HIV prevention-care continuum. She conducts extensive observational and implementation research of HIV prevention, care, and treatment in resource-constrained settings, primarily in East Africa
Infectious disease epidemiology and modeling		David	Fisman	Full Professor	DLSPH	EPI	Dr Fisman’s research relates to the development of novel epidemiological tools for the study of infectious diseases, including the development of mathematical models of disease that have the potential to be applied in front-line clinical and public health settings.

Infectious disease epidemiology and modeling		Ted	Myers	Full Professor	DLSPH	SBHS	Dr Myer's research is primarily in the area of HIV/AIDS and co-infections, in particular, hepatitis C and sexually transmitted diseases. It is predominantly community-based, utilizing both survey and biologic methods to determine prevalence and incidence.
Knowledge Translation and Practice Based Implementation Science		Kevin	Thorpe	Assistant Professor	DLSPH	BIO	Mr. Thorpe's research activity is primarily related to clinical trials. In addition, he has co-authored four systematic reviews.
Methodological research in biostatistics, demography and epidemiology		Paul	Corey	Full Professor	DLSPH	BIO	Dr Corey's research analyses environmental and occupational studies as well as nutritional science studies.
Methodological research in biostatistics, demography and epidemiology	Knowledge Translation and Practice Based Implementation Science	Michael	Escobar	Full Professor	DLSPH	BIO	Dr. Escobar's work involves both statistical research and collaborative research. His collaborative efforts are extensive and cover a wide range of activities in Public Health. The main focus of his statistical research is developing computational nonparametric Bayesian methods. His work in this area relates to a wide range of disciplines including machine learning, econometrics, genomics, pharmokenitics, and environmetrics.

Methodological research in biostatistics, demography and epidemiology		Wendy	Lou	Full Professor	DLSPH	BIO	Dr. Lou's research involves the development of statistical methodology for application to various healthcare strategies and interventions, in areas such as genomic sequence analysis, statistical quality monitoring, and sequential analysis of clinical trials.
Methodological research in biostatistics, demography and epidemiology		Cameron	Mustard	Full Professor	DLSPH	EPI	Dr. Mustard's research is in the epidemiology of socioeconomic health inequalities across the life course; work environments, labour market experiences and health; the distributional equity of publicly funded health and health care programs in Canada; methodologic issues in the application of secondary administrative records in population health research; measurement validity in health interview surveys; and methods in survey sample design and the analysis of complex sample designs.
Methodological research in biostatistics, demography and epidemiology	Health Policy	Laura	Rosella	Assistant Professor	DLSPH	EPI	Dr. Rosella works in the areas of epidemiologic methods; applied biostatistics; population and public health; population-based risk tools to support public health planning; diabetes and obesity; and public health policy.

Methodological research in biostatistics, demography and epidemiology	Chronic (non-communicable) disease epidemiology, prevention, and screening; Health Services Outcomes and Evaluation	Olli	Saarela	Assistant Professor	DLSPH	BIO	Dr. Saarela's areas of interest include Bayesian inference, causal inference, epidemiological study designs, and survival and event history analysis.
Methodological research in biostatistics, demography and epidemiology		Jamie	Stafford	Full Professor	DLSPH	BIO	
Occupational Health	Environmental Health	Paul	Bozek	Assistant Professor	DLSPH	OEH	Dr. Bozek’s research is on quantitative exposure measurement to toxic materials (silica and asbestos), chemical exposure control technology, and work population chemical exposure profiles.

Occupational Health		Linn	Holness	Full Professor	DLSPH	OEH	Dr. Holness's research has focused on occupational health, both specific diseases and also system issues. Her main area of disease focus is occupation induced skin and lung disease, the possible interactions between the skin and lung as routes of exposure and response and also prevention of occupational skin and lung disease. She is also involved in a number of projects examining broader occupational health and safety system issues.
Occupational Health	Knowledge Translation and Practice Based Implementation Science; Chronic (non-communicable) disease epidemiology, prevention and screening; Environmental Health;	Tracy	Kirkham	Assistant Professor	DLSPH	OEH	Dr. Tracy Kirkham's primary research interest is assessment of exposures in work and community environments and their potential impact on the health of populations for epidemiology and industrial hygiene. Other interests include determinants of exposure modelling and evaluation of exposure control interventions. She has particular interest in work-related exposures and health among career fire fighters.
Occupational Health	Environmental Health	Andrea	Sass-Kortsak	Associate Professor	DLSPH	OEH	Dr. Sass-Kortsak's primary research is in the area of occupation hygiene exposure assessment and occupational and environmental epidemiology.

Occupational Health	Environmental Health	James	Scott	Associate Professor	DLSPH	OEH	Dr Scott's research has primarily been concerned with the recognition, evaluation and control of microbial hazards in occupational and environmental settings.
Occupational Health		Jeremy	Scott	Associate Professor	DLSPH	OEH	Dr. Scott's work is in the area of toxicology and aerosol research.
Women's Health	Mental Health; Chronic (non-communicable) disease epidemiology, prevention and screening;	Gillian	Einstein	Associate Professor	Psychology	SBHS	Dr. Einstein works on the effects of culture and experience on the nervous system, female genital circumcision/mutilation/cutting (FGC), BRCA mutation (breast and ovarian cancer) prophylaxis effects on cognition, effects of the menstrual cycle on mood/sleep, and the effects of steroid hormones on mental health.
Women's Health	Health Policy; Health Services Research and Evaluation	Lorraine	Ferris	Full Professor	DLSPH	SBHS	Dr. Ferris studies medico-legal-ethics-policy issues, including confidentiality (and exceptions to it), professional regulation, clinical trials research, scientific integrity, and patient protection laws. She also evaluates research evidence on women's health in Ontario and integrity in clinical research in Canada.

APPENDIX 40: Faculty Awards & Honours, 2007-2015

Entries for the Dalla Lana School of Public Health include IHPME (previously known as Department of Health Policy, Management & Evaluation) for all years

Award Start Date	Surname	Given Name	Unit	Award	Organization	Number of awards won at U of T (2007-2015)
Jan-07	Baker	Ross	Department of Health Policy, Management & Evaluation	Filerman Prize for Innovation in Health Services Management Education	Association of University Programs in Health Administration	1
Jan-07	Chalin Clark	Catherine G	Dalla Lana School of Public Health	Ludwik and Estelle Jus Memorial Human Rights Prize	University of Toronto	4
Sep-07	Gagnon	France	Dalla Lana School of Public Health	Early Researcher Award	Ministry of Research and Innovation	48
May-09	Baker	Ross	Department of Health Policy, Management & Evaluation	Health Services Research Advancement Award	Canadian Health Services Research Foundation	5
May-09	Hu	Howard	Dalla Lana School of Public Health	Linus Pauling Award for Lifetime Achievements	American College for the Advancement of Medicine	
Oct-09	Young	Kue	Dalla Lana School of Public Health	Fellow	Canadian Academy of Health Sciences	42
Dec-09	Daar	Abdallah	Dalla Lana School of Public Health	Fellow	Academy of Sciences for Developing World (TWAS)	2
Dec-09	Lozon	Jeffrey	Department of Health Policy, Management & Evaluation	Order of Canada (Member)	Governor General of Canada	35
Feb-10	Daar	Abdallah	Dalla Lana School of Public Health	Chair	Global Alliance for Chronic Diseases	1
May-10	Coyte	Peter C	Department of Health Policy, Management &	Health Services Research Advancement	Canadian Health Services Research Foundation	5

			Evaluation	Award		
Jun-10	Young	Kue	Dalla Lana School of Public Health	Order of Canada (Member)	Governor General of Canada	35
Jul-10	Haddad	Mary Jo	Department of Health Policy, Management & Evaluation	Order of Canada (Member)	Governor General of Canada	35
Dec-10	Jha	Prabhat	Dalla Lana School of Public Health	25 Transformational Canadians	The Globe and Mail	4
Apr-11	Mamdani	Muhammad	Department of Health Policy, Management & Evaluation	Canada's Top 40 Under 40	Caldwell Partners	9
May-11	Laupacis	Andreas	Department of Health Policy, Management & Evaluation	Health Services Research Advancement Award	Canadian Health Services Research Foundation	5
Jun-11	Goel	Vivek	Dalla Lana School of Public Health	Honorary Diploma	Michener Institute for Applied Health Science	1
Nov-11	Narod	Steven	Dalla Lana School of Public Health	Honourary Doctorate	Pomeranian Medical University	1
Nov-11	Harvey	Bart	Dalla Lana School of Public Health	Eric Martin Award	American Medical Writers Association	2
Nov-11	Hu	Howard	Dalla Lana School of Public Health	Award for Excellence	American Public Health Association	
Jan-12	Abuelaish	Izzeldin	Dalla Lana School of Public Health	Peace Prize	Lombary Region	1
Jan-12	Abuelaish	Izzeldin	Dalla Lana School of Public Health	Top 25 Most Influential Muslims in the World	Royal Islamic Strategic Studies Centre	1
Mar-12	Abuelaish	Izzeldin	Dalla Lana School of Public Health	Christopher Award	The Christophers	1

Mar-12	Abuelaish	Izzeldin	Dalla Lana School of Public Health	Dr. Jean Mayer Global Citizenship Award	Tufts University	1
Jun-12	Baker	G Ross	Department of Health Policy, Management & Evaluation	Fellow	Canadian Academy of Health Sciences	42
Jun-12	Deber	Raisa	Department of Health Policy, Management & Evaluation	Fellow	Canadian Academy of Health Sciences	42
Jun-12	Narod	Steven	Dalla Lana School of Public Health	Fellow	Canadian Academy of Health Sciences	42
Jun-12	Jha	Prabhat	Dalla Lana School of Public Health	Order of Canada (Officer)	Governor General of Canada	26
Jul-12	Jha	Prabhat	Dalla Lana School of Public Health	Order of Canada (Officer)	Governor General of Canada	26
Sep-12	Narod	Steven	Dalla Lana School of Public Health	Fellow	Royal Society of Canada	101
Jul-13	Du Mont	Janice	Dalla Lana School of Public Health	Vision Award	International Association of Forensic Nursing (IAFN)	1
Jul-13	Narod	Steven	Dalla Lana School of Public Health	Queen Elizabeth II Diamond Jubilee Medal	Government of Canada	20
Feb-14	Narod	Steven	Dalla Lana School of Public Health	Karen Campbell Research Excellence Award	Ovarian Cancer Canada	1
Jul-14	Pritchard	Kathleen	Department of Health Policy, Management & Evaluation	Highly Cited Researcher 2014	Thomson Reuters	19
Jul-14	Rehm	Jurgen	Dalla Lana School of Public Health	Highly Cited Researcher 2014	Thomson Reuters	19
Jul-14	Culyer	Tony	Department of Health Policy, Management & Evaluation	Ontario Research Chair	Council of Ontario Universities	4

Aug-15	Hu	Howard	Dalla Lana School of Public Health	John R. Goldsmith Award for Outstanding Contributions to Environmental Epidemiology	International Society for Environmental Epidemiology	
Sep-15	Mclaughlin	John Ross	Dalla Lana School of Public Health	Fellow	Canadian Academy of Health Sciences	42
Sep-15	Mclaughlin	John Ross	Dalla Lana School of Public Health	Fellow	Canadian Academy of Health Sciences	42

Data Source: Awards & Honours Database (Office of Vice-President, Research), 2007 to 2015.

Notes:

1. Database includes records from 2007 to 2015 (data extracted Dec. 2015).

2. The database remains a work in progress (i.e., not every award is tracked consistently and data quality issues still exist). Research Services' awards database is not comprehensive, so feel free to add information to this table and update Research Services with your additional data.

3. 'Number of Awards Won at U of T' indicates the number of awards that exist in Research Services' awards database that match both the specific award name and organization name within the timeframe indicated. This data is intended to provide an indication of the unit's share of a specific award in comparison to the UofT total. Thus, in cases where only one award is indicated in this column, this means the unit holds the only winner of a particular award at UofT.

APPENDIX 41: PUBLICATIONS AND CITATIONS

Part I: Faculty Quality Indicators

B. Research & Scholarly Activity

ii. Publication and Citation Rankings

Field of Study: Public Environmental & Occupational Health (Thomson-Reuters Research Area category)

Public, Environmental & Occupational Health covers resources dealing with epidemiology, hygiene, and health; parasitic diseases and parasitology; tropical medicine; industrial medicine; occupational medicine; infection control; and preventive medicine. Also included are resources on environmental health; cancer causes and control; aviation, aerosol, and wilderness medicine.

Scope notes: http://ip-science.thomsonreuters.com/mjl/scope/scope_sci/#NE

Journal list: http://science.thomsonreuters.com/cgi-bin/jrnlst/jlresults.cgi?PC=K&SC=NE

Please note this includes all faculty at the University of Toronto who publish in the area of 'Public Environmental & Occupational Health'.

It is not limited to faculty in the Dalla Lana School of Public Health.

Note: * indicates a tie

Publications Rankings			
Institution Short Name	**All Peers**	**Public Peers**	**U15 Peers**
Harvard	1		
Johns Hopkins	2		
N Carolina - Chapel Hill	3	1	
TORONTO	4	2	1
Calif - San Francisco	5	3	
U Washington	6	4	
Columbia	7		
Michigan	8	5	
Calif - Los Angeles	9	6	
Emory	10		
Minnesota	11	7	
Yale	12		
BRITISH COLUMBIA	13	8	2
U Penn	14		
MCGILL	15	9	3
Boston U	16		
Duke	17		
Pittsburgh	18	10	
Calif - Berkeley	19	11	

Citations Rankings			
Institution Short Name	**All Peers**	**Public Peers**	**U15 Peers**
Harvard	1		
Johns Hopkins	2		
U Washington	3	1	
Calif - San Francisco	4	2	
Columbia	5		
TORONTO	6	3	1
N Carolina - Chapel Hill	7	4	
Emory	8		
Michigan	9	5	
Yale	10		
Boston U	11		
Calif - Los Angeles	12	6	
Calif - Berkeley	13	7	
BRITISH COLUMBIA	14	8	2
U Penn	15		
Duke	16		
Calif - San Diego	17	9	
Minnesota	18	10	
Vanderbilt	19		

MONTREAL	20	12	4	New York U	20		
Southern California	21			Brown	21		
Brown	22			Northwestern	22		
OTTAWA	23	13	5	Pittsburgh	23	11	
Stanford	24			Stanford	24		
New York U	25			Southern California	25		
Washington U	26			Washington U	26		
MCMASTER	27	14	6	MCGILL	27	12	3
Wisc - Madison	28	15		OTTAWA	28	13	4
Calif - San Diego	29	16		MCMASTER	29	14	5
Vanderbilt	30			Chicago	30		
ALBERTA	31	17	7	Case Western Reserve	31		
Northwestern	32			Michigan State	32	15	
Indiana	33	18		MONTREAL	33	16	6
Ohio State	34	19		ALBERTA	34	17	7
Florida	35	20		Rutgers State	35	18	
Iowa	36	21		Calif - Davis	36	19	
Colorado Boulder	37	22		CALGARY	37	20	8
Penn State	38	23		Brandeis	38		
Calif - Davis	39	24		Florida	39	21	
Rutgers State	40	25		Wisc - Madison	40	22	
Michigan State	41	26		SUNY - Buffalo	41	23	
CALGARY	42	27	8	Ohio State	42	24	
Cornell	43			Calif - Irvine	43	25	
Chicago	44			Penn State	44	26	
Rochester	45			Carnegie Mellon	45		
Tulane	46			Indiana	46	27	
Case Western Reserve	47			Texas A&M College Stn	47	28	
Arizona	48	28		Iowa	48	29	
SUNY - Buffalo	49	29		Rochester	49		
MANITOBA	50	30	9	Colorado Boulder	50	30	
Calif - Irvine	51	31		Cornell	51		
WATERLOO	52	32	10	Texas - Austin	52	31	
Texas - Austin	53	33		DALHOUSIE	53	32	9
WESTERN	54	34	11	WATERLOO	54	33	10
LAVAL	55	35	12	Arizona	55	34	
Maryland - Coll Park	56	36		Missouri Columbia	56	35	
DALHOUSIE	57	37	13	Tulane	57		
QUEEN'S	58	38	14	LAVAL	58	36	11
Virginia	59	39		MANITOBA	59	37	12
Texas A&M College Stn	60	40		WESTERN	60	38	13
Kansas	61	41		Maryland - Coll Park	61	39	
SASKATCHEWAN	62	42	15	SUNY - Stony Brook	62	40	

Illinois - Urbana	63	43	
SUNY - Stony Brook	64	44	
Purdue	65	45	
Missouri Columbia	66	46	
Princeton	67		
Mass Inst Tech	68		
Iowa State	69	47	
Brandeis	70		
Carnegie Mellon	71		
Georgia Inst Tech	72	48	
Oregon	73	49	
Rice	74		
Calif - Santa Barbara	75	50	
Caltech	76		

Illinois - Urbana	63	41	
Virginia	64	42	
Princeton	65		
Kansas	66	43	
Mass Inst Tech	67		
QUEEN'S	68	44	14
Purdue	69	45	
SASKATCHEWAN	70	46	15
Iowa State	71	47	
Georgia Inst Tech	72	48	
Oregon	73	49	
Rice	74		
Calif - Santa Barbara	75	50	
Caltech	76		

Data Sources:

InCitesTM, Thomson Reuters (2012). Data Source: Web of Science ®.

Report Created: Jan 18, 2016. Includes Web of Science content indexed through 2015-12-12.

Additional information on institution classification: University of Toronto

Definitions:

1. Publication counts (articles, notes, and reviews as found in Thomson Reuters-covered journals; other types of items and journal marginalia such as editorials, letters, corrections, and abstracts were omitted) published between 2010 and 2014.

2. Citation counts represent citations-to-date for papers published between 2010 and 2014, as at Jan 2016.

3. Each Research Area is defined by a set of journals indexed by Thomson Reuters; there is overlap between fields.

4. Data in this file are limited to 76 institutions, all leading research universities in North America [members of the U15 and/or the Association of American Universities (AAU), plus UC San Francisco].

Notes:

1. The rankings are a measure of the performance of UT as a whole in this research area. This may include scholars working in this field outside of the School. Thus, it is not appropriate to use this data as a measure of the performance of the School's specific faculty members.

Part I: Faculty Quality Indicators

B. Research & Scholarly Activity

ii. Publication and Citation Rankings

Field of Study: Health Care Sciences & Services (Thomson-Reuters Research Area category)

Health Care Sciences & Services covers resources on health services, hospital administration, health care management, health care financing, health policy and planning, health economics, health education, history of medicine, and palliative care.

Scope notes:http://ip-science.thomsonreuters.com/mjl/scope/scope_sci/#HL
Journal list:http://science.thomsonreuters.com/cgi-bin/jrnlst/jlresults.cgi?PC=K&SC=HL

Please note this includes all faculty at the University of Toronto who publish in the area of 'Health Care Sciences and Services'.

It is not limited to faculty in the Dalla Lana School of Public Health.

Note: * indicates a tie

Publications Rankings			
Institution Short Name	**All Peers**	**Public Peers**	**U15 Peers**
Harvard	1		
TORONTO	2	1	1
Calif - San Francisco	3	2	
Johns Hopkins	4		
Michigan	5	3	
U Washington	6	4	
U Penn	7		
MCMASTER	8	5	2
Calif - Los Angeles	9	6	
Duke	10		
Northwestern	11		
Pittsburgh	12	7	
N Carolina - Chapel Hill	13	8	
Yale	14		
OTTAWA	15	9	3
BRITISH COLUMBIA	16	10	4
Minnesota	17	11	
Stanford	18		
Chicago	19		
Columbia	20		
Boston U	21		

Citations Rankings			
Institution Short Name	**All Peers**	**Public Peers**	**U15 Peers**
Harvard	1		
TORONTO	2	1	1
MCMASTER	3	2	2
Johns Hopkins	4		
U Washington	5	3	
Calif - San Francisco	6	4	
Michigan	7	5	
OTTAWA	8	6	3
U Penn	9		
Duke	10		
Calif - Los Angeles	11	7	
Northwestern	12		
N Carolina - Chapel Hill	13	8	
Stanford	14		
Case Western Reserve	15		
Yale	16		
BRITISH COLUMBIA	17	9	4
Pittsburgh	18	10	
Minnesota	19	11	
Vanderbilt	20		
Columbia	21		

MCGILL	22	12	5
Colorado Boulder	23	13	
ALBERTA	24	14	6
CALGARY	25	15	7
Southern California	26		
Wisc - Madison	27	16	
New York U	28		
Vanderbilt	29		
Indiana	30	17	
Cornell	31		
MONTREAL	32	18	8
Emory	33		
Calif - San Diego	34	19	
Brown	35		
Penn State	36	20	
WESTERN	37	21	9
Case Western Reserve	38		
Rochester	39		
Ohio State	40	22	
Iowa	41	23	
Florida	42	24	
Calif - Davis	43	25	
Rutgers State	*44	26	
Tulane	*44		
DALHOUSIE	46	27	10
Arizona	47	28	
Texas - Austin	48	29	
Washington U	49		
LAVAL	50	30	11
MANITOBA	51	31	12
Virginia	52	32	
Michigan State	*53	*33	
QUEEN'S	*53	*33	13
Kansas	55	35	
SUNY - Buffalo	56	36	
Calif - Irvine	57	37	
Calif - Berkeley	58	38	
Missouri Columbia	59	39	
SASKATCHEWAN	60	40	14
SUNY - Stony Brook	61	41	
Texas A&M College Stn	62	42	
Maryland - Coll Park	63	43	
Purdue	*64	*44	

Chicago	22		
Boston U	23		
ALBERTA	24	12	5
MCGILL	25	13	6
CALGARY	26	14	7
Cornell	27		
Indiana	28	15	
SUNY - Buffalo	29	16	
Rochester	30		
Wisc - Madison	31	17	
Florida	32	18	
Colorado Boulder	33	19	
Brown	34		
Calif - San Diego	35	20	
WESTERN	36	21	8
Southern California	37		
New York U	38		
Emory	39		
MONTREAL	40	22	9
Iowa	41	23	
Rutgers State	42	24	
Washington U	43		
Penn State	44	25	
Calif - Davis	45	26	
LAVAL	46	27	10
DALHOUSIE	47	28	11
Calif - Berkeley	48	29	
Ohio State	49	30	
Arizona	*50	*31	
MANITOBA	*50	*31	12
Kansas	52	33	
QUEEN'S	53	34	13
Texas A&M College Stn	54	35	
Calif - Irvine	55	36	
Virginia	56	37	
SUNY - Stony Brook	57	38	
Missouri Columbia	58	39	
Brandeis	59		
SASKATCHEWAN	60	40	14
Michigan State	61	41	
Tulane	62		
WATERLOO	63	42	15
Texas - Austin	64	43	

WATERLOO	*64	*44	15	Maryland - Coll Park	65	44	
Carnegie Mellon	*66			Carnegie Mellon	66		
Illinois - Urbana	*66	46		Mass Inst Tech	67		
Brandeis	68			Oregon	*68	*45	
Mass Inst Tech	69			Purdue	*68	*45	
Princeton	70			Princeton	70		
Oregon	71	47		Illinois - Urbana	71	47	
Rice	72			Calif - Santa Barbara	72	48	
Georgia Inst Tech	73	48		Rice	73		
Calif - Santa Barbara	74	49		Georgia Inst Tech	74	49	
Iowa State	75	50		Iowa State	75	50	
Caltech	76			Caltech	76		

Data Sources:

InCitesTM, Thomson Reuters (2012). Data Source: Web of Science ®.

Report Created: Jan 18, 2016. Includes Web of Science content indexed through 2015-12-12.

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Additional information on institution classification: University of Toronto

Definitions:

1. Publication counts (articles, notes, and reviews as found in Thomson Reuters-covered journals; other types of items and journal marginalia such as editorials, letters, corrections, and abstracts were omitted) published between 2010 and 2014.

2. Citation counts represent citations-to-date for papers published between 2010 and 2014, as at Jan 2016.

3. Each Research Area is defined by a set of journals indexed by Thomson Reuters; there is overlap between fields.

4. Data in this file are limited to 76 institutions, all leading research universities in North America [members of the U15 and/or the Association of American Universities (AAU), plus UC San Francisco].

Notes:

1. The rankings are a measure of the performance of UT as a whole in this research area. This may include scholars working in this field outside of the School. Thus, it is not appropriate to use this data as a measure of the performance of the School's specific faculty members.

Part I: Faculty Quality Indicators

B. Research & Scholarly Activity

ii. Publication and Citation Rankings

Field of Study: Health Policy & Services (Thomson-Reuters Research Area category)

Health Policy & Services covers resources on healthcare systems, including healthcare provision and management, financial analysis, healthcare ethics, health policy, and quality of care.

Scope notes: http://ip-science.thomsonreuters.com/mjl/scope/scope_ssci/#LQ

Journal list: http://science.thomsonreuters.com/cgi-bin/jrnlst/jlresults.cgi?PC=SS&SC=LQ

Please note this includes all faculty at the University of Toronto who publish in the area of 'Health Policy and Services'.

It is not limited to faculty in the Dalla Lana School of Public Health.

Note: * indicates a tie

Publications Rankings			
Institution Short Name	**All Peers**	**Public Peers**	**U15 Peers**
Harvard	1		
TORONTO	2	1	1
Michigan	3	2	
Johns Hopkins	4		
U Washington	5	3	
Calif - San Francisco	*6	4	
Columbia	*6		
Calif - Los Angeles	8	5	
MCMASTER	9	6	2
U Penn	10		
N Carolina - Chapel Hill	11	7	
Yale	12		
Minnesota	13	8	
BRITISH COLUMBIA	14	9	3
Southern California	15		
Duke	16		
MCGILL	17	10	4
Northwestern	18		
OTTAWA	19	11	5
Boston U	*20		
MONTREAL	*20	12	6

Citations Rankings			
Institution Short Name	**All Peers**	**Public Peers**	**U15 Peers**
Harvard	1		
Johns Hopkins	2		
TORONTO	3	1	1
Michigan	4	2	
U Washington	5	3	
U Penn	6		
Calif - San Francisco	7	4	
Calif - Los Angeles	8	5	
N Carolina - Chapel Hill	9	6	
MCMASTER	10	7	2
Columbia	11		
Yale	12		
OTTAWA	13	8	3
Stanford	14		
Duke	15		
Minnesota	*16	9	
Southern California	*16		
Boston U	18		
Northwestern	19		
Calif - San Diego	20	10	
BRITISH COLUMBIA	21	11	4

ALBERTA	22	13	7
Stanford	23		
Chicago	24		
Pittsburgh	25	14	
New York U	26		
Indiana	27	15	
Texas - Austin	28	16	
Emory	29		
WESTERN	30	17	8
CALGARY	31	18	9
Wisc - Madison	32	19	
Cornell	33		
Ohio State	34	20	
Calif - San Diego	35	21	
Penn State	36	22	
Brown	37		
Colorado Boulder	38	23	
Florida	39	24	
Rutgers State	40	25	
Arizona	41	26	
Calif - Berkeley	42	27	
Vanderbilt	43		
Iowa	44	28	
DALHOUSIE	45	29	10
Washington U	46		
Case Western Reserve	47		
Rochester	48		
MANITOBA	49	30	11
LAVAL	50	31	12
Tulane	51		
QUEEN'S	52	32	13
Kansas	53	33	
Calif - Irvine	54	34	
Purdue	*55	*35	
Virginia	*55	*35	
Maryland - Coll Park	*57	*37	
Michigan State	*57	*37	
SUNY - Buffalo	59	39	
Calif - Davis	60	40	
Texas A&M College Stn	61	41	
Illinois - Urbana	*62	*42	
SASKATCHEWAN	*62	*42	14
SUNY - Stony Brook	64	44	

Cornell	22		
ALBERTA	23	12	5
Pittsburgh	24	13	
Chicago	25		
Emory	26		
MCGILL	27	14	6
New York U	28		
Brown	29		
Wisc - Madison	30	15	
Calif - Berkeley	31	16	
CALGARY	32	17	7
Indiana	33	18	
Washington U	34		
Vanderbilt	35		
Rutgers State	36	19	
Colorado Boulder	37	20	
MONTREAL	38	21	8
Case Western Reserve	39		
Rochester	40		
Ohio State	41	22	
Penn State	42	23	
WESTERN	43	24	9
Florida	44	25	
LAVAL	45	26	10
MANITOBA	46	27	11
Iowa	47	28	
Kansas	48	29	
QUEEN'S	49	30	12
Texas - Austin	50	31	
Calif - Irvine	51	32	
Texas A&M College Stn	52	33	
Arizona	53	34	
Tulane	54		
Calif - Davis	55	35	
DALHOUSIE	56	36	13
Maryland - Coll Park	57	37	
Brandeis	58		
Michigan State	59	38	
Virginia	60	39	
SUNY - Buffalo	61	40	
Princeton	62		
Oregon	63	41	
SASKATCHEWAN	64	42	14

Brandeis	65		
Missouri Columbia	66	45	
WATERLOO	67	46	15
Princeton	68		
Mass Inst Tech	69		
Carnegie Mellon	70		
Oregon	71	47	
Rice	72		
Calif - Santa Barbara	73	48	
Georgia Inst Tech	74	49	
Iowa State	75	50	
Caltech	76		

Purdue	65	43	
SUNY - Stony Brook	66	44	
Illinois - Urbana	67	45	
Missouri Columbia	68	46	
Carnegie Mellon	69		
Mass Inst Tech	70		
WATERLOO	71	47	15
Rice	72		
Iowa State	73	48	
Calif - Santa Barbara	74	49	
Georgia Inst Tech	75	50	
Caltech	x		

Data Sources:

InCitesTM, Thomson Reuters (2012). Data Source: Web of Science ®.

Report Created: Jan 18, 2016. Includes Web of Science content indexed through 2015-12-12.

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Additional information on institution classification: University of Toronto

Definitions:

1. Publication counts (articles, notes, and reviews as found in Thomson Reuters-covered journals; other types of items and journal marginalia such as editorials, letters, corrections, and abstracts were omitted) published between 2010 and 2014.

2. Citation counts represent citations-to-date for papers published between 2010 and 2014, as at Jan 2016.

3. Each Research Area is defined by a set of journals indexed by Thomson Reuters; there is overlap between fields.

4. Data in this file are limited to 76 institutions, all leading research universities in North America [members of the U15 and/or the Association of American Universities (AAU), plus UC San Francisco].

Notes:

1. The rankings are a measure of the performance of UT as a whole in this research area. This may include scholars working in this field outside of the School. Thus, it is not appropriate to use this data as a measure of the performance of the School's specific faculty members.

APPENDIX 42: School Council Constitution and Bylaws

CONSTITUTION (Amended June 16, 2014)

DERIVATION OF AUTHORITY FROM THE U OF T ACT	**I.** The Council of the Dalla Lana School of Public Health exercises its powers and duties under the *University of Toronto Act, 1971, as amended*.
DEFINITIONS	**II.** In this Constitution and accompanying By-laws: a) "School" means the Dalla Lana School of Public Health and "Council" means the properly composed Council of the Dalla Lana School of Public Health of the University of Toronto; b) "Teaching Staff" means an individual with an academic appointment of 50% or greater in the School who holds the rank of Professor, Associate Professor, Assistant Professor, Assistant Professor (conditional), Senior Lecturer, Lecturer, Senior Tutor, or Tutor. c) "Other Academic Appointee" means an individual who is involved in the delivery of the School's academic program who is not a member of the Teaching Staff and who holds a contract of one (1) year or more with the School either as a part-time academic staff member with an appointment of less than 50%, or as a status-only or adjunct faculty member. d) "Administrative Staff" means an appointed staff member of the School who is not a member of the teaching staff and who holds an appointment of 25% or more. e) "Alumni" means anyone who has received a degree or post-secondary diploma, or certificate from the School, or who has completed one year of full-time studies or equivalent while registered in the School, who is no longer registered as a student and who is not a member of the teaching or administrative staff of the University. f) "Council" means the Council of the School; g) "Dean" means the Dean of the School; h) "External Stakeholder" means a member of the School's External Advisory Committee or other individuals who are not employed within the School; i) "Graduate Student" means any student registered in the School of Graduate Studies in a program of study leading to a degree, post-secondary diploma, or certificate in the School; k) "Postgraduate Trainee" means a medical school graduate who is enrolled in a postgraduate medical specialty (i.e., residency) training program in either Public Health and Preventive Medicine, or Occupational Medicine.

COUNCIL'S GENERAL POWERS, DUTIES AND RESPONSIBILITIES	**III**. Subject to the provisions of the *University of Toronto Act, 1971*, and the approval, as required or as appropriate, of the Governing Council of the University, Council shall have the following powers and duties: a) Council shall determine its composition, and the number, composition and authority of its committees. b) Council recommends for approval to the appropriate body of Governing Council amendments to divisional academic policies. Academic policy sets out the principles for, the general directions of, and/or priorities for the teaching and research activities of the School. c) Council plays an advisory role, tendering advice to the School administration.
COUNCIL'S SPECIFIC POWERS AND DUTIES	**IV.** The specific power and duties of the Council are the following:
Determine Its Rules And Regulations	a) Council shall determine the rules and regulations for governing its procedures and its decisions shall be made by resolutions passed at its meetings.
By-Laws	b) Council shall pass By-Laws setting forth its procedures, regulating the exercise of its powers and the calling and conduct of its meetings, and the method of appointment or election of its members. c) The By-Laws are subject to a review by Council at least every 5 years.
Establish Committees	d) Council shall have the power to establish, alter, or disband its committees as deemed necessary and to determine their composition, authority, quorum, and method of appointment of their members and chairs. Council has authority over recommendations brought forward by such committees, be that in its decision-making capacity or in its advisory role. The composition, powers, duties, and procedures of Standing and Special Committees shall be set forth in the By-Laws of Council.
Admissions	e) Council shall determine the standards of admission of students to the School. New admissions policies and practices or amendments to existing ones which affect the whole School are recommended to the appropriate body of Governing Council for approval.
Academic Programs	f) Council shall consider the content, quality, and requirements of the academic programs and courses of study that lead to degrees, diplomas, certificates, and credit and non-credit courses over which the School has authority; it shall consider proposals for the closure of any such programs or courses of study; and it shall monitor the quality and standards of the programs and courses of study. Council shall recommend for approval to the appropriate body of Governing Council proposals for new academic

	programs. Council shall have delegated authority to approve proposals for major and minor modifications to existing academic programs.[1] All major modifications shall be reported annually for information to the appropriate body of Governing Council. Council shall have delegated authority to approve proposals for the modification of existing diploma and certificate programs, pursuant to the University's *Policy on Diploma and Certificate Programs*. An annual report on such actions, as required by the *Policy*, shall be provided for information to the appropriate body of Governing Council.
Delegation Of Authority	g) Subject to the provisions of the above, Council may delegate its authority for the approval of minor modifications to academic programs to various committees. All such changes shall be reported for information to Council. The decision of whether a matter is major or minor may be made by the Committee Chair in consultation with the Chair of Council, and/or the Dean or his/her designate, and/or the Vice-President and Provost or his/her designate.
Awards	h) Council shall award scholarships, bursaries, prizes and other awards in the gift of the School and may delegate this responsibility to committees or officers of the School.
Petitions And Appeals	i) Council shall establish policies and procedures with respect to petitions and appeals by undergraduate students in connection with the application of academic rules and regulations by officers of the School or by instructors in connection with academic standing in the School. A Committee of Council shall make rulings on all such appeals and such rulings shall be final and binding, subject to an appeal to the Governing Council. Procedures for academic appeals by graduate students are determined by the School of Graduate Studies in accordance with the *Policy on Academic Appeals within Divisions.*
Academic and Interdisciplinary Units	j) Council shall consider and recommend for approval to the Governing Council proposals concerning academic units. Council shall also review and approve or recommend for approval to the Governing Council proposals concerning Extra-Departmental Units in the School, pursuant to the *Policy on Interdisciplinary Education and Research Planning.*
Review of Academic Programs and Units	k) Council may be one venue in which consideration and discussion of a review report of an academic program and/or unit may occur, consistent with the protocol outlined in the *University of Toronto Quality Assurance Process*.
Transcript Notations	l) Council shall have delegated authority to approve transcript notations within existing degree programs, in accordance with University policy. An annual report on such actions, as

[1] Definitions of major and minor modifications to existing programs and new academic programs are provided in the *University of Toronto Quality Assurance Process* and are subject to change. Guidance from the Office of the Vice-Provost, Academic Programs, should be sought prior to the development of any such proposal.

	required by policy, shall be provided for information to the appropriate body of Governing Council.
POWERS, DUTIES AND RESPONSIBILITIES OF THE DEAN	**V.** a) Council recognizes that the Dean exercises powers under the authority of the *Policy on Appointments of Academic Administrators* which states that "the Dean of the School is the chief executive officer of the School and reports directly to the Vice-President and Provost." b) While the Dean may delegate authority to other academic administrators in the School, the Dean retains responsibility for the overall direction of the School and, in particular, for authority over the budget, appointments and promotions, and extra-School relationships. In this respect, Council recognizes that the Dean has ultimate authority for the allocation and management of the School's resources. c) The Dean shall consult with the members of the School on matters of policy and practice but is ultimately responsible for all administrative decisions that are within his/her jurisdiction and authority. d) The Dean shall advise Council of the resource implications of proposed academic policies. e) The Dean shall consult with Council on administrative proposals that may have a significant impact on the academic programs of the School.
MEMBERSHIP OF THE COUNCIL	**VI.** The membership of the Council shall be composed of the following voting members: a) **Ex-officio members** (if otherwise not a member of Council) i) the President of the University or designate; ii) the Vice-President and Provost or designate; iii) the Vice-Provost, Relations with Health Care Institutions or designate; iv) the Dean of the School of Graduate Studies or designate; v) the University Librarian or designate; vi) the Dean of the School; vii) the Director of the Institute of Health Policy, Management and Evaluation (IHPME); viii) the Chief Administrative Officer of the School; ix) the Administrative and Financial Manager of IHPME; x) the President of the Public Health Students' Association; xi) the President of the IHPME Graduate Students' Union; xii) the President of the Public Health Sciences Alumni Association; xiii) the President of the Society of IHPME Graduates. b) **All Teaching Staff of the School** c) **Fifteen (15) Other Academic Appointees** elected by the Other Academic Appointees for a term of one (1) year and for a maximum of three (3) consecutive terms.

	d) Up to three (3) emeritus professors of the School appointed by the Dean for a term of two (2) years and for a maximum of three (3) consecutive terms. e) **Students/Trainees** i) Two (2) doctoral students elected from and by the doctoral students of the Graduate Department of Public Health Sciences for a term of one (1) year and for a maximum of three (3) consecutive terms; ii) Four (4) masters students elected from and by the masters students of the Graduate Department of Public Health Sciences for a term of one (1) year and for a maximum of three (3) consecutive terms; iii) Two (2) doctoral students elected from and by the doctoral students of the Graduate Department of Health Policy, Management and Evaluation for a term of one (1) year and for a maximum of three (3) consecutive terms; iv) Two (2) doctoral-stream masters students elected from and by the doctoral-stream masters students of the Graduate Department of Health Policy, Management and Evaluation for a term of one (1) year and for a maximum of three (3) consecutive terms; v) Two (2) professional-stream masters students elected from and by the professional-stream masters students of the Graduate Department of Health Policy, Management and Evaluation for a term of one (1) year and for a maximum of three (3) consecutive terms; vi) One (1) Postgraduate Trainee elected from and by the Public Health and Preventive Medicine, and Occupational Medicine residents for a term of one (1) year and for a maximum of three (3) consecutive terms. f) **Four (4) Administrative Staff** elected from and by the Administrative Staff for a term of two (2) years and for a maximum of three (3) consecutive terms. g) **One (1) Alumnus/a** appointed by the President of the Public Health Alumni Association for a term of two (2) years and for a maximum of three (3) consecutive terms. h) **One (1) Alumnus/a** appointed by the President of the Society of IHPME Graduates for a term of two (2) years and for a maximum of three (3) consecutive terms. i) **External Stakeholders** i) Two (2) members of the Dean's Advisory Board elected from and by the members of the Dean's Advisory Board for a term of two (2) years and for a maximum of three (3) consecutive terms;

	ii) Up to three (3) additional External Stakeholders appointed by the Dean for a term of two (2) years and for a maximum of three (3) consecutive terms.
TERM AND QUORUM OF COUNCIL	**VII.** a) The term of office of members of Council and its Committees shall be from July 1 to June 30, with the term of some Student members beginning in September. b) The quorum for a meeting of Council shall be one-third of the voting members. Ex officio members shall not be counted in determining the number required for quorum or whether a quorum is present.
OFFICERS: **CHAIR** **VICE-CHAIR** **PRESIDING OFFICER** **SECRETARY**	**VIII.** a) The Council normally shall elect at its final meeting of the year, by and from among its members for that year, a Chair and Vice-Chair for the succeeding two (2) years and for a maximum of two (2) consecutive terms. The Chair shall be a non-voting member of Council. b) The Chair shall preside at all meetings of Council. In the absence of the Chair, the Vice-Chair shall preside. In the absence of both the Chair and the Vice-Chair, any member of the Executive Committee may convene the meeting and a Chair shall be chosen by a majority of the voting members present for the meeting. c) The Chair shall, in addition to his/her duties as a member of Council, maintain order and decorum and exercise such authority as may be necessary to conduct meetings in conformity with the By-Laws of Council. d) The Secretary of Council shall be appointed by the Dean in consultation with the Chair. The Secretary shall be a non-voting *ex officio* member of Council.
MEETINGS	**IX.** a) There shall normally be three (3) meetings of Council in each academic year, with the inaugural meeting held in the fall term and the final meeting in the spring term. Notice of each meeting, including a proposed agenda, shall be given to members at least one (1) week in advance of the meeting. b) A special meeting may be called by the Chair of the Council, the Dean of the School, or upon written request of not fewer than 10% of members of Council, and shall be convened within 10 days to consider the matters requiring the meeting. Notice of such a meeting shall be given at least one (1) week prior to the meeting. c) Each voting member of Council has one vote on any question. Motions pass with a simple majority unless otherwise stated in the rules of procedure of the Council. In the case of a tie vote, the Chair may cast a deciding vote or redirect the question for further consideration. d) Meetings of Council shall be open to the public except when matters of a confidential nature may be discussed. Council will then move *in camera.*

PARLIAMENTARY AUTHORITY	**X.** The rules contained in the most recent edition of *Robert's Rules of Order Newly Revised* shall govern the Council in all cases to which they are applicable and in which they are not inconsistent with the By-Laws and any special rules of order the Council may adopt.
AMENDMENT	**XI.** The Constitution of the Council may only be amended with the approval of the Council and the appropriate body of Governing Council of the University of Toronto. Voting on amendments shall take place at a regularly constituted Council meeting to which there has been 14 days' notice of the proposed amendment. An affirmative vote to amend the Constitution is required by two-thirds of the members of Council present and voting. Following approval of the recommended amendment by Council, the amendment is forwarded to the appropriate body of Governing Council for approval. The By-Laws of the Council may be amended at any regularly constituted Council meeting to which there has been 14 days' notice of the proposed amendment. An affirmative vote to amend the By-Laws is required by two-thirds of the members of Council present and voting.

REVISED, REVIEW	**XII.** This Constitution was approved by the Executive Committee of Governing Council on May 7, 2012. It is subject to a review within 5 years.

Approved by the Executive Committee of Governing Council on May 7, 2012.

Amended and approved by the School Council on February 4, 2013 and approved by the Executive Committee of Governing Council on March 28, 2013.

Amended and approved by the School Council on April 24, 2014 and approved by the Executive Committee of Governing Council on June 16, 2014.

N.B. *A copy of the official version of this document, annotated by the Secretary of the University of Toronto's Governing Council is available upon request.*

BY-LAWS (Amended June 11, 2014)

I. Rules of Procedure

I.1 *Election and Appointment of Members to Council*
Elections and appointments for all constituencies will usually be completed and reported to the Council Secretary by the end of June of each year.

I.1.1 Elected and appointed members may serve no more than three (3) consecutive terms on Council. Should any member be unable to complete his or her term, the Executive Committee shall declare the seat vacant and may hold a by-election or appoint a temporary representative from that individual's constituency to complete that member's term.

I.1.2 *Election/Appointment Procedures*

Doctoral student representatives from the Graduate Department of Public Health Sciences will be elected by and from among the doctoral students from the Graduate Department of Public Health Sciences for a one-year term and for a maximum of three (3) consecutive terms. The Public Health Students' Association is responsible for the selection of the doctoral student members of the Council from the Graduate Department of Public Health Sciences.

Doctoral student representatives from the Graduate Department of Health Policy, Management and Evaluation will be elected by and from among the doctoral students from the Graduate Department of Health Policy, Management and Evaluation for a one-year term and for a maximum of three (3) consecutive terms. The IHPME Graduate Students' Union is responsible for the selection of the doctoral student members of the Council from the Graduate Department of Health Policy, Management and Evaluation.

Doctoral-stream masters student representatives from the Graduate Department of Health Policy, Management and Evaluation will be elected by and from among the doctoral-stream masters students from the Graduate Department of Health Policy, Management and Evaluation for a one-year term and for a maximum of three (3) consecutive terms. The IHPME Graduate Students' Union is responsible for the selection of the doctoral-stream masters student members of the Council from the Graduate Department of Health Policy, Management and Evaluation.

Masters student representatives from the Graduate Department of Public Health Sciences will be elected by and from among the masters students from the Graduate Department of Public Health Sciences for a one-year term and for a maximum of three (3) consecutive terms. The Public Health Students' Association is responsible for the selection of the masters student members of the Council from the Graduate Department of Public Health Sciences.

Professional-stream masters student representatives from the Graduate Department of Health Policy, Management and Evaluation will be elected by and from among the professional-stream masters students from the Graduate Department of Health Policy, Management and Evaluation for a one-year term and for a maximum of three (3) consecutive terms. The

IHPME Graduate Students' Union is responsible for the selection of the professional-stream masters student members of the Council from the Graduate Department of Health Policy, Management and Evaluation.

The Postgraduate Trainee representative will be elected by and from among the Public Health and Preventive Medicine, and Occupational Medicine residents for a one-year term and for a maximum of three (3) consecutive terms.

The Other Academic Appointee representatives will be elected by and from among the Other Academic Appointees for a two-year term and for a maximum of three (3) consecutive terms. The Executive Committee is responsible for overseeing this election.

Administrative Staff representatives will be elected by and from among the administrative staff for a two-year term and for a maximum of three (3) consecutive terms. The Executive Committee is responsible for overseeing this election.

The Public Health Alumni representative will be appointed by the President of the Public Health Alumni Association for a two-year term and for a maximum of three (3) consecutive terms.

The Society of IHPME Graduates representative will be appointed by the President of the Society of IHPME Graduates for a two-year term and for a maximum of three (3) consecutive terms.

All Teaching Staff with an academic appointment of 50% or greater in the School are members of Council.

I.2.1 *Agenda Setting*
The agenda for each regular and special meeting of Council shall be prepared by the Executive Committee. The agenda will be distributed to members of Council one (1) week in advance of the meeting.

I.2.2 A matter which does not appear on the agenda may only be introduced at a meeting of Council if the introduction is agreed to by two-thirds of Council members present and voting. The mover shall briefly indicate reasons why the matter should be introduced.

I.2.3 Matters may be introduced for consideration in any of the following ways:

By personal or written communication to the Chair of Council. The Chair will include the matter on the agenda of the next meeting of the Executive Committee of Council;

At a meeting of the Council under "Other Business". Normally this will be referred to the Executive Committee or the next Council meeting for detailed consideration.

I.3 *Record Keeping*
Official minutes of Council and any Committees of Council will record motions, resolutions, and decisions, the names of movers and seconders, and the outcome of any votes.

I.3.1 The minutes will also include a brief account of the arguments presented for and against substantive issues and copies of Reports presented to Council.

I.3.2 The content of *in camera* meetings of Council or Committees of Council will be recorded separately and kept in a confidential file which will be maintained by the Council Secretary.

I.4 *Notice of Motion*
A written notice of motion shall be forwarded to the Council Secretary one week before a meeting of the Executive Committee for consideration for inclusion on the agenda of the following Council meeting.

I.4.1 The exception to this rule is a notice of motion to amend the Constitution which requires 14 days notice.

I.5 *Orientation of New Members*
New members of the Council will be provided with an orientation package which shall include a copy of the Dalla Lana School of Public Health Constitution and minutes of Council from the previous academic year.

The Chair of Council shall ensure that an orientation session is held prior to the first meeting of Council, in which members are oriented to the history, purpose, and procedures of Council.

When a complete list of the names of all Council members has been compiled, it will be distributed to all Council members.

I.5.1 Members of Committees of Council shall also be given an orientation at their first meeting of the year to review recent history and orient all members to the terms of reference for that Committee.

II. Rules of Order

The Chair shall conduct the proceedings in conformity with the most recent edition of *Robert's Rules of Order Newly Revised*.

III. Voting

III.1 Unless otherwise provided for, all questions that come before Council or a Committee shall be decided by a majority of members present and voting. In the case of a tie vote, the Chair may cast a deciding vote or redirect the question for further consideration. Each member of Council, excluding the person who is chairing the Council meeting, is entitled to one vote.

IV. Committees of Council

IV.1 *Standing Committees*

The Standing Committees of Council are:

Appeals Committee
Education Committee
Executive Committee

IV.2 *Special Committees*

From time to time Council may find it useful to establish Special Committees to consider particular issues. Special Committees are normally formed on the recommendation of the Executive Committee.

A recommendation from the Executive Committee to establish a Special Committee shall include terms of reference, an outline of membership, the anticipated reporting date, and the proposed date of disestablishment.

IV.3 *General Procedures*

IV.3.1 Rules and regulations that guide Council shall also apply to Committees of Council.

IV.3.2 The Chairs of all Standing Committees who are not otherwise members of Council shall become *ex officio*, voting members of Council.

IV.3.3 The Dean is, *ex officio*, a member of all Committees except the Appeals Committee**.**

IV.3.4 All members of all Committees, including *ex officio* members, have voting privileges unless stated otherwise.

IV. 3.5 All Committees shall report to Council on their deliberations, recommendations, and decisions.

IV.3.6 Records of all Committees shall be maintained by the Council Secretary.

IV.3.7 Each Committee shall meet at the call of its Chair.

IV.3.8 Unless otherwise stated, one-third of all members shall constitute a quorum for Committees.

IV.3.9 Generally, meetings of Council shall be open to the public, including other members of constituencies who are represented on Council. Members of the public wishing to speak to Council shall seek the permission of the Presiding Officer at least three (3) days prior to the meeting. Members may also decide by a two-thirds majority of the members present and voting that a named individual be heard; in such case, the mover shall briefly indicate reasons why the named individual should be heard, but otherwise the motion shall not be debatable. Council shall have the right to hold meetings in camera or move in camera.

IV.3.10. Members of Council Committees who are not also members of the Council shall have the right to address the Council on matters within the jurisdiction of the Committee of which he or she is a member and to participate in the discussion of such matters. Under no circumstance shall non-members of Council have the right to vote at Council meetings.

IV.4 Executive Committee

IV.4.1 *Membership*

Council shall approve the membership of the Executive Committee composed of the following:

The Chair of Council (who will serve as the Committee's Chair)
The Vice-Chair of Council (who will serve as the Committee's Vice-Chair)
Four (4) Student/Postgraduate Trainee members nominated by and from among the Student/Postgraduate Trainee members of Council
Four (4) Teaching Staff members nominated by and from among the Teaching Staff members of Counc
il
Two (2) Other Academic Appointees nominated by and from the Other Academic Appointee members of Council
Two (2) Administrative Staff members nominated by and from among the Administrative Staff members of Council
One (1) External Stakeholder nominated by and from among the External Stakeholder members of Council
Two (2) Alumni members nominated by and from among the Alumni members of Council

Ex- officio members:
Council Secretary (non-
voting) Dean

IV.4.2 *Function*

To set the agenda for each Council meeting.

To ensure that adequate documentation is provided for consideration of each agenda item and to refer back to the originating administrator/governance body for further preparation any item deemed not ready for submission to Council.

To recommend to Council the creation of special

Committees. To consider notices of motion given to

Council.

By June 30th of each year, to recommend for approval by Council the Chairs, Vice-Chairs, and members of all Council Committees for the subsequent year beginning July 1st.

The Council Secretary, on behalf of the Committee, will seek nominations to fill anticipated vacancies in the roles of Chair and Vice-Chair and in the membership of all Council Committees.

The Executive Committee will meet to prepare a slate of recommended candidates following receipt of nominations from members of the School. The Committee may also nominate members for anticipated vacancies.

The slate of recommended candidates prepared by the Executive Committee will be presented to a meeting of Council for approval. The slate will be considered during an *in camera* session of the meeting of Council.

During the summer months following the last meeting of Council of one academic year and until the first meeting in the subsequent academic year to have authority to make decisions on behalf of Council on matters of urgency which do not permit their deferral until the next regular meeting of Council.

To review and advise Council on all proposed Constitution and By-Law changes, whether these be brought to Council or initiated by Council.

At periodic intervals of not more than five years, to establish a review of the Constitution and By-Laws and recommend to Council any changes deemed appropriate.

To monitor the functioning of Council and its Committees.

To report to Council on its deliberations, recommendations, and decisions.

IV.4.3. *Procedures*
The Committee shall meet in closed session.

Quorum is one-third of all members.

Any vote requires a simple majority of the quorum present.

IV.5 Education Committee
IV.5.1. *Membership*
Council shall approve the membership of the Education Committee composed of the following:

Eight (8) Teaching Staff members, with four (4) from IHPME
Teaching Staff members on the Committee should have recent and direct involvement with the School's education programs and a majority of members be currently teaching in one or more of the courses offered by the School
Four (4) Other Academic Appointees, with two (2) from IHPME

Other Academic Appointee members on the Committee should have recent and direct involvement with the School's education programs and a majority of members be currently teaching in one or more of the courses offered by the School

Graduate Department of Public Health Sciences Education Coordinator

Graduate Department of Health Policy, Management and Evaluation Education Coordinator

Undergraduate Education Coordinator

Three (3) Graduate Department of Public Health Sciences Student members nominated by and/or from among the Public Health Student Association, including representation from doctoral and masters students, where possible

Three (3) Graduate Department of Health Policy, Management and Evaluation Student members nominated by and/or from among the IHPME Graduate Students' Union, including representation from doctoral, doctoral-stream masters, and professional-stream masters students, where possible

Two (2) Administrative Staff members, with one (1) from IHPME, nominated by and from among the Administrative Staff members of the School
Administrative Staff members on the Committee should have recent and direct involvement with the School's education programs

One (1) member representing the Public Health Alumni Association

One (1) member representing the Society of IHPME Graduates

Ex- officio members:

Council Secretary (non-voting) Dean

Associate Dean, Academic

Council Chair (or designate)

IV.5.2. *Function*

The Education Committee is the point of entry to governance of proposals brought forward by the functional committees of the School. As a body of Council, the Education Committee's role is to review all proposals in light of the long-term plans of the School and the requirements of quality assurance.

To review and recommend to Council for approval, subject to the approval of the appropriate body of Governing Council, proposals for new academic programs, proposals for the closure of any academic programs, and proposals for major modifications to existing academic programs[1].

To review and approve, on behalf of Council, proposals for courses and minor modifications to academic programs. All such approvals shall be reported for information to Council.

To receive and review on behalf of Council, in light of the long-term plans of the School and the requirements of quality assurance, annual summary reports on the School's educational programs which include at minimum, information on recruitment and enrolment,program content, student experience, graduation statistics, and alumni.

To receive on behalf of Council annual summary reports of awards and their impact and implications.

To review and recommend to Council the terms and conditions of new awards and award policies recommended by the Dean or his/her designate.

To approve on behalf of Council minor changes to the terms and conditions of awards and award policies. All such changes shall be reported for information to Council.

[1]Definitions of major modifications of existing programs, minor modifications, and new academic programs are provided in the University of Toronto Quality Assurance Process and are subject to change. Guidance from the Office of the Vice-Provost, Academic Programs, should be sought prior to the development of any such proposal.

IV.5.3. *Procedures*
The Committee shall meet in open session. Meetings where intimate financial or personal matters of an individual may be disclosed shall be held in camera.

Quorum is one-third of all members.

Any vote requires a simple majority of the quorum present.

IV.6 Appeals Committee
IV.6.1. *Membership*
Council shall approve the membership of the Appeals Committee composed of the following:

Three (3) members of the Teaching Staff in the School; one to serve as Chair and another as Vice-Chair

One (1) student enrolled, preferably beyond first year, in the School nominated by and/or from among the Public Health Student Association or IHPME Graduate Students' Union

No person should be a member of both the Education Committee and the Appeals Committee. The Alternate (Vice Chair) member shall be used whenever a conflict is identified.

When the Chair is present and presiding, the Vice-Chair will be considered a regular member of the committee. The Vice-Chair shall be delegated all the Chair's powers and duties if the Chair is absent or has disqualified herself/himself. Under normal circumstances the Vice-Chair will succeed the chair on resignation or retirement from office.

IV.6.2. *Function*
To hear appeals on academic matters of students of the School against decisions of an instructor or officer of the School or a Standing Committee of Council and to make rulings on such appeals that are binding and final, subject to an appeal to the Governing Council.

Any appeals by graduate students are subject to the policies and procedures as set by the School of Graduate Studies.

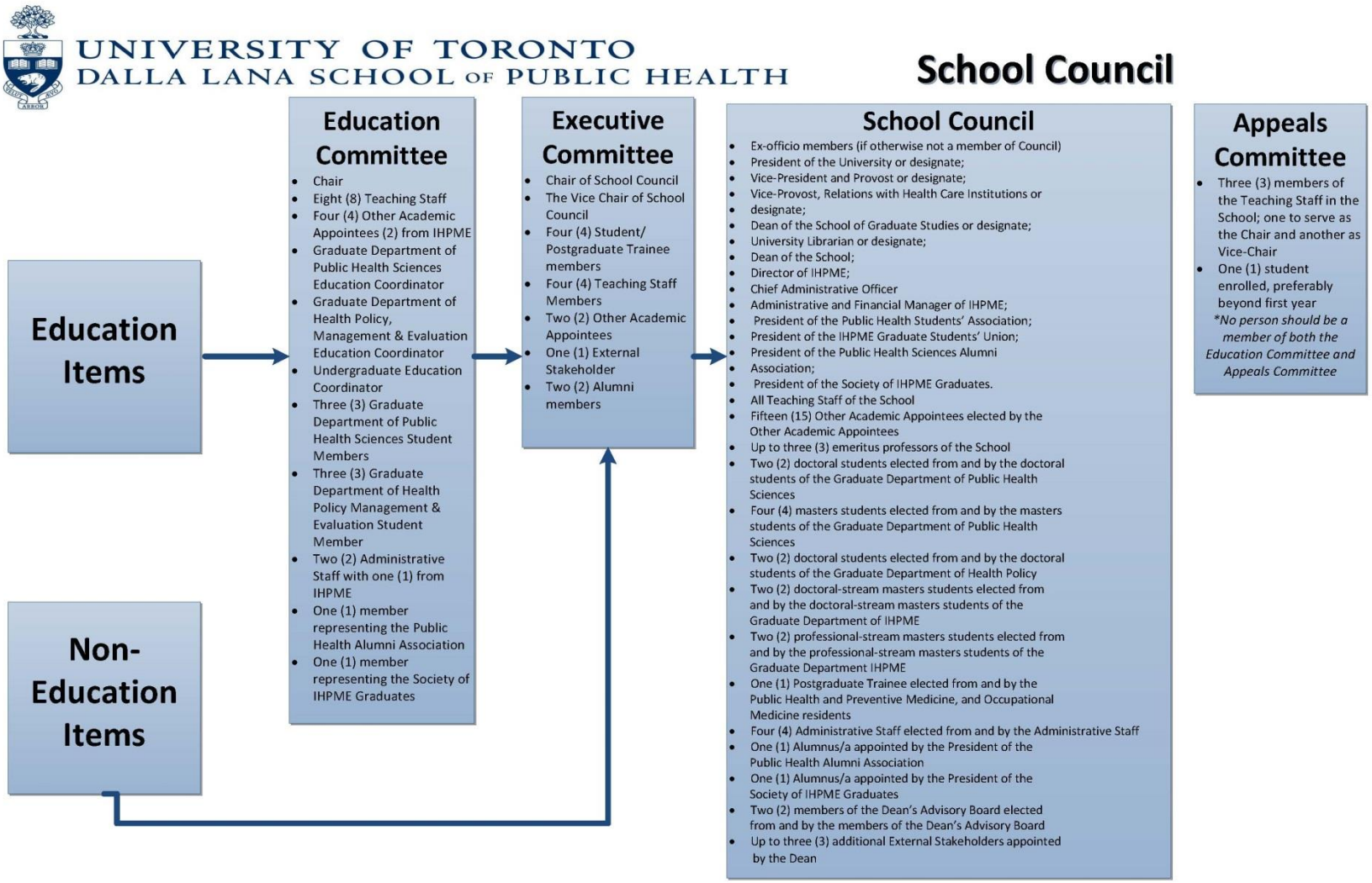
After consideration by the appropriate committee or members of the School, the Appeals Committee will be the final decision making authority within the School on academic appeals by a student against a decision as to the student's success or failure in meeting an academic standard or other requirement, or as to the applicability to a student's case of any academic regulation.

To report to the Council at least annually on its decisions. IV.6.3. Procedures
Quorum is three (3) members and must include the student member. Any vote requires a simple majority of the quorum present.

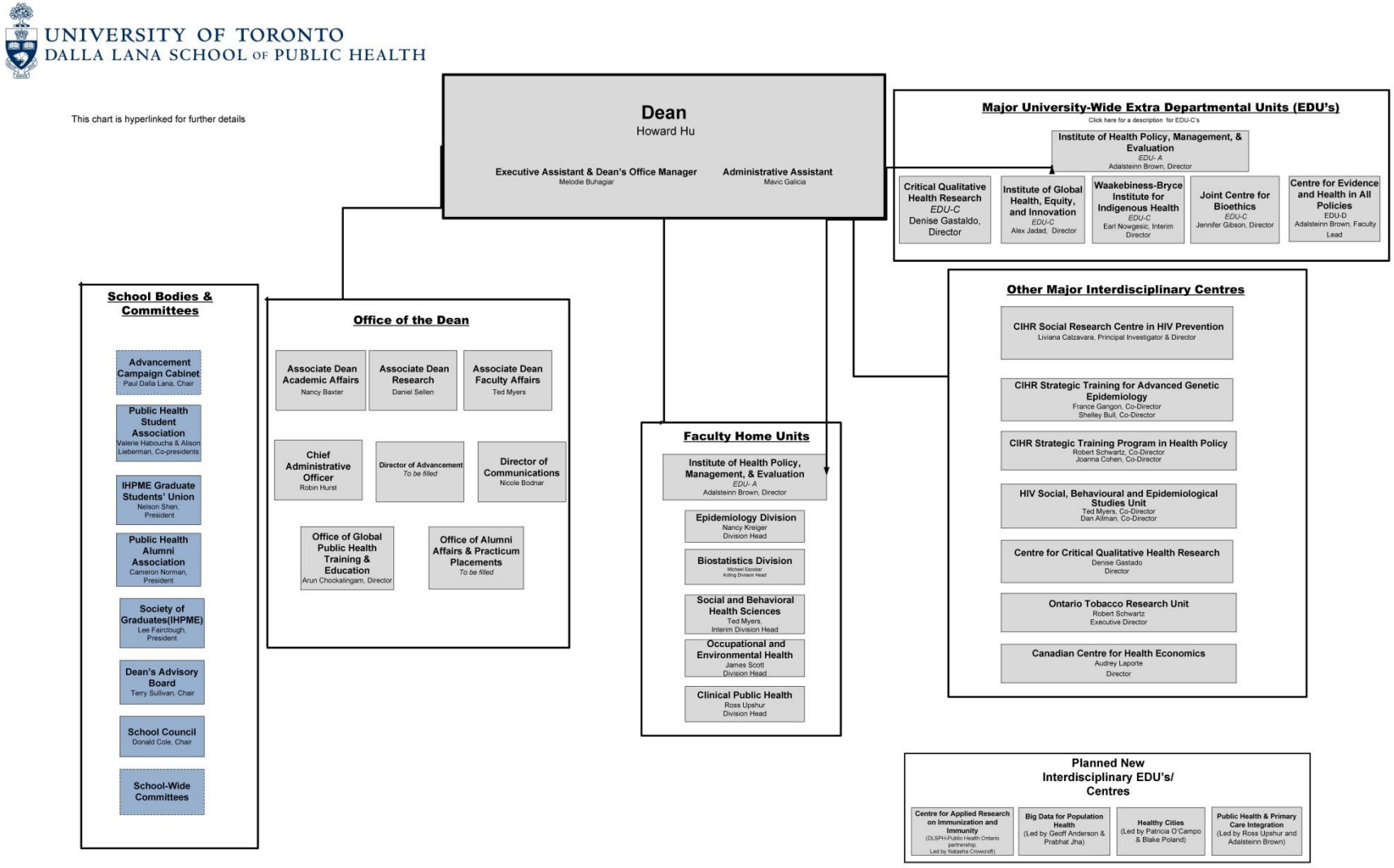
The Committee shall meet *in camera*.

V. Dates of Amendment
Approved by the School Council on November 12, 2012.
Amendments approved by the School Council on February 4, 2013. Amendments approved by the School Council on April 8, 2013. Amendments approved by the School Council on June 11, 2014.

APPENDIX 43: School Council Organizational Chart

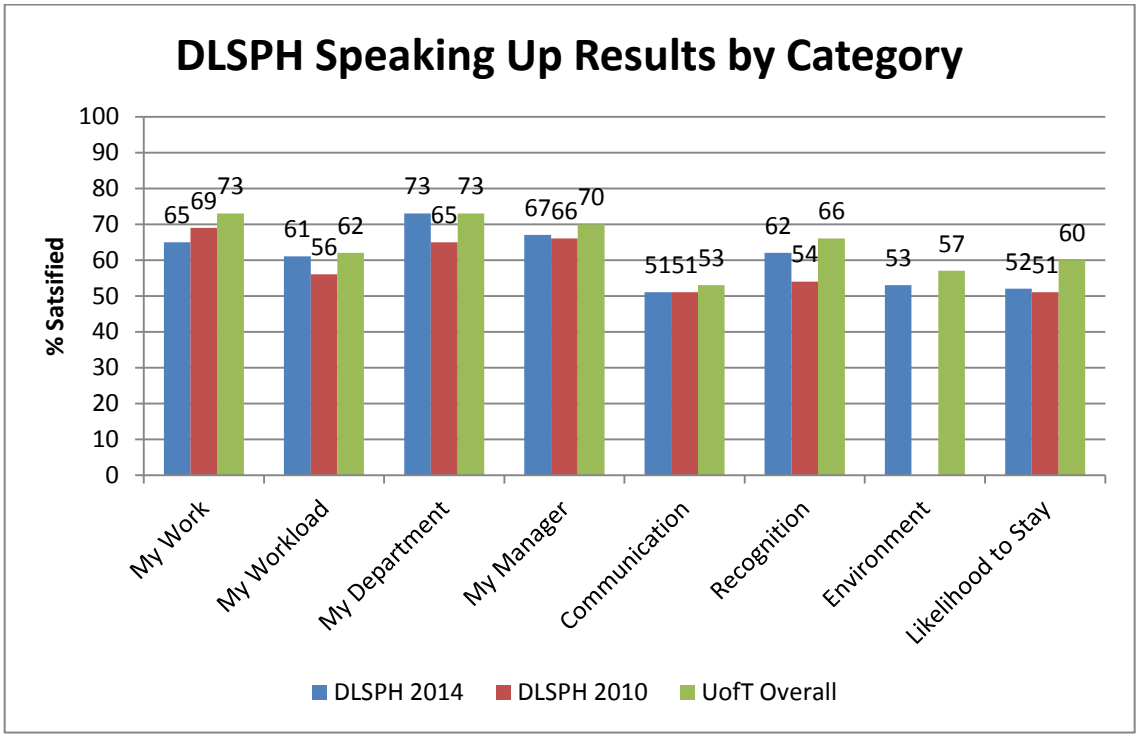


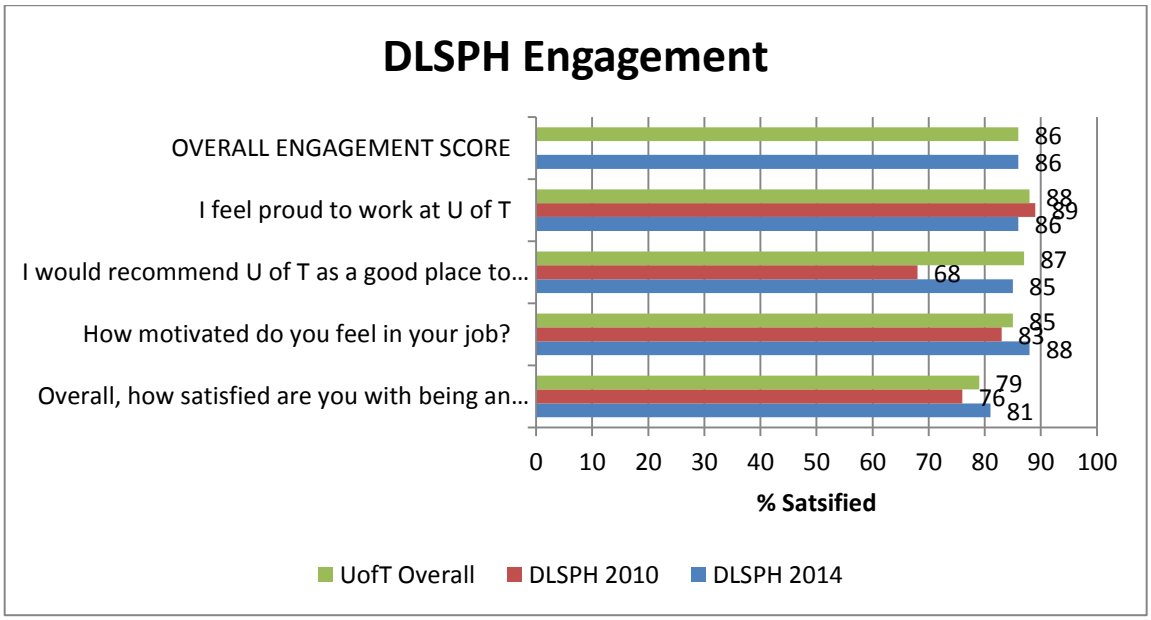
APPENDIX 44: DLSPH Organizational Chart

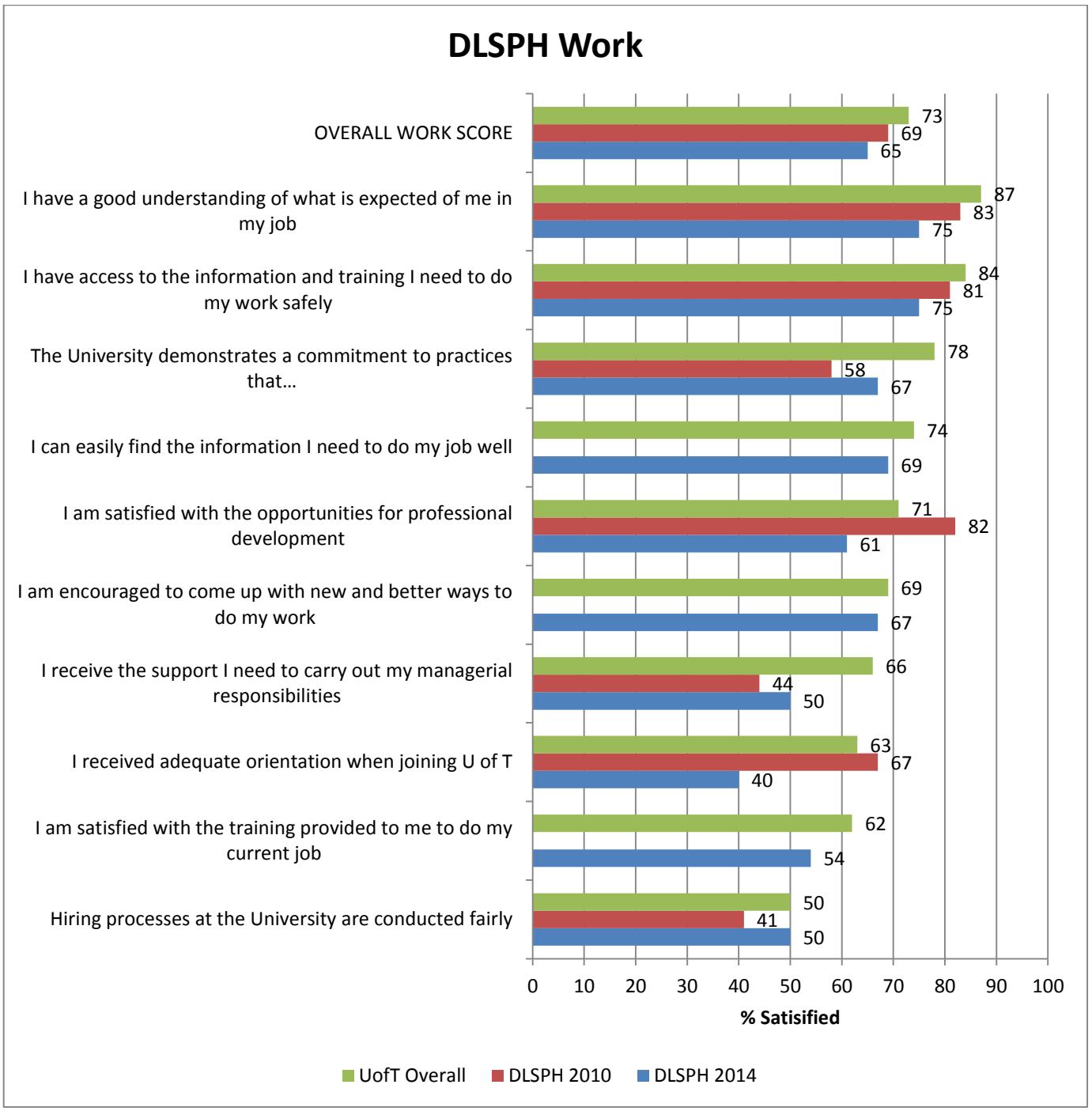


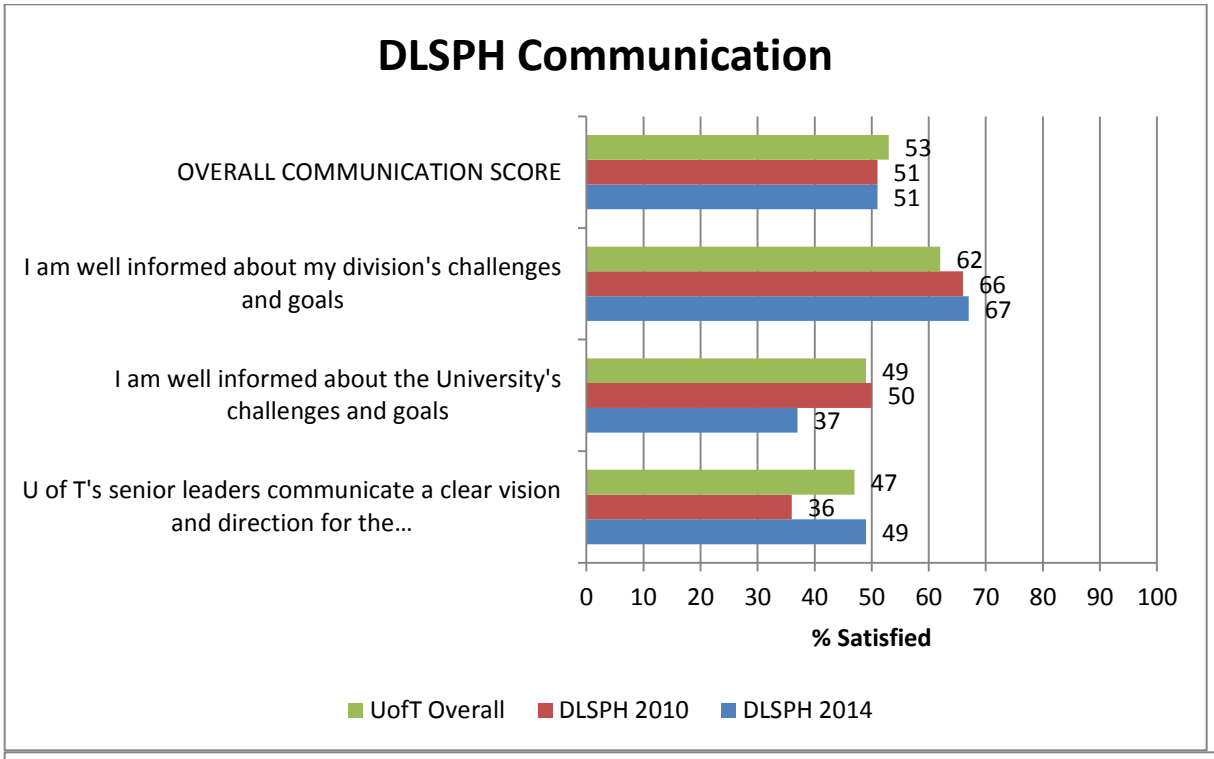
APPENDIX 45: Speaking Up Results

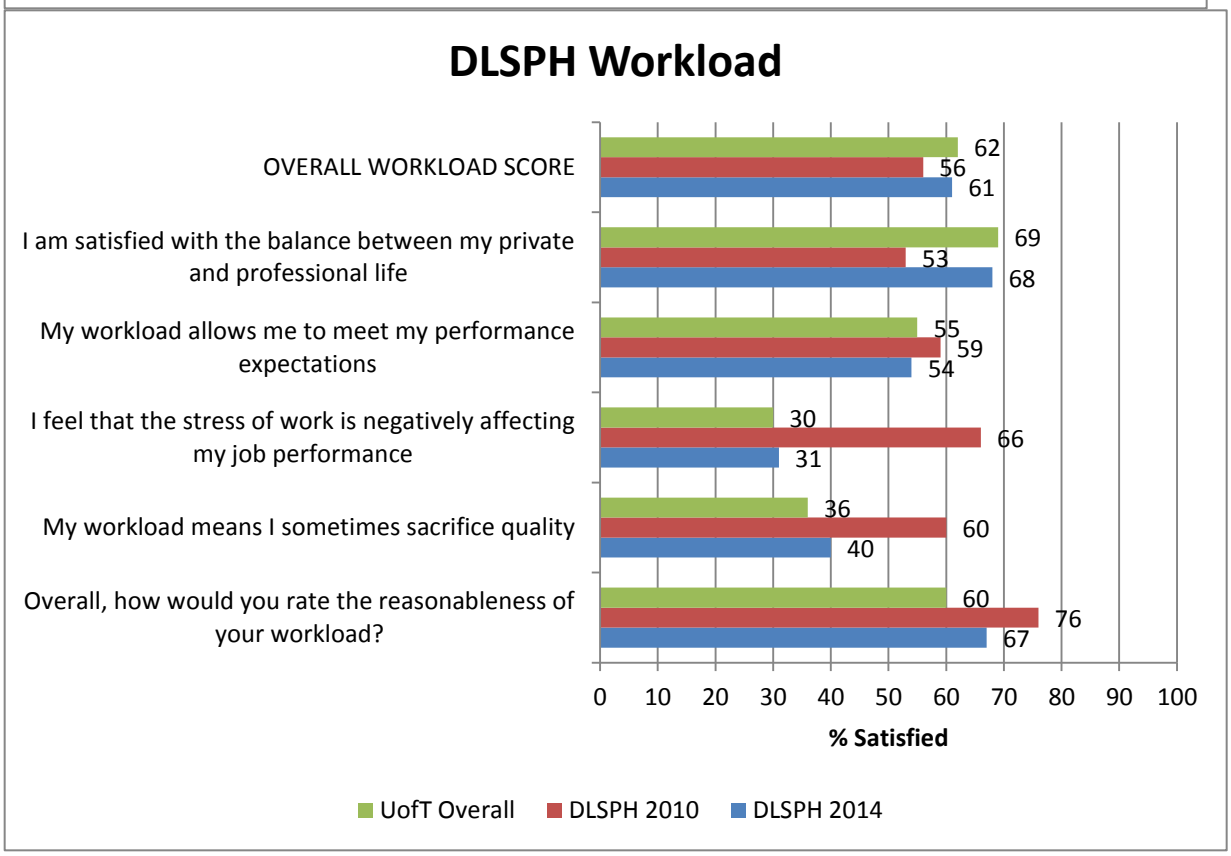
The University of Toronto "Speaking Up" Survey results for the Dalla Lana School of Public Health for 2010 and 2014 are summarized below. The results for each category are also compared with the University of Toronto wide totals. Each percentage is calculated based on the number of faculty and staff who answered that they were "satisfied" or "very satisfied" to as specific question. Each category response is comprised of a summary score of the top two question responses that are included in that category.



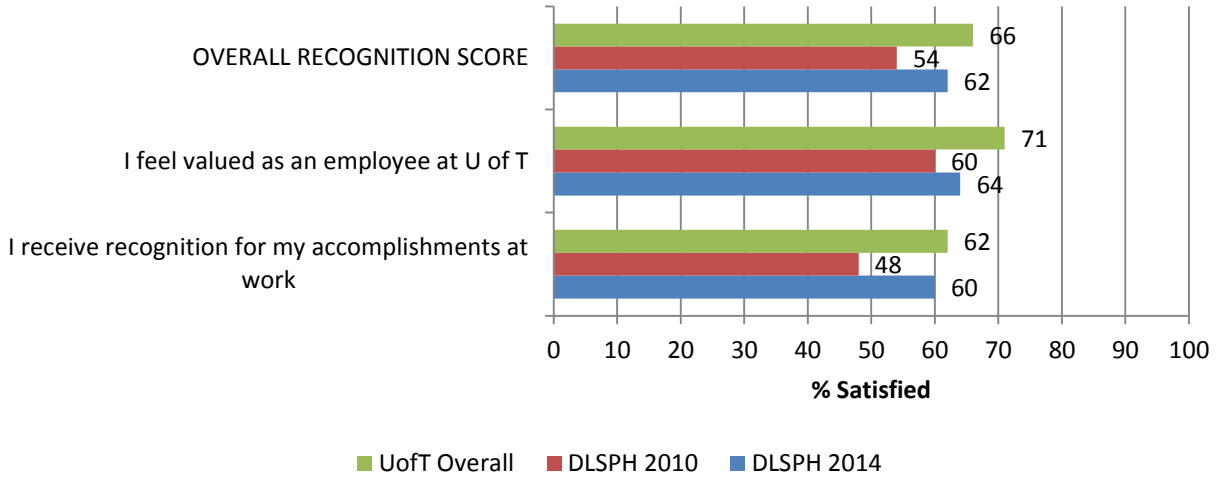



DLSPH Work
OVERALL WORK SCORE
I have a good understanding of what is expected of me in my job
I have access to the information and training I need to do my work safely
The University demonstrates a commitment to practices that…
I can easily find the information I need to do my job well
I am satisfied with the opportunities for professional development
I am encouraged to come up with new and better ways to do my work
I receive the support I need to carry out my managerial responsibilities
I received adequate orientation when joining U of T
I am satisfied with the training provided to me to do my current job
Hiring processes at the University are conducted fairly
73
69
65
87
83
75
84
81
75
78
58
67
74
69
71
82
61
69
67
66
44
50
63
67
40
62
54
50
41
50
0
10
20
30
40
50
60
70
80
90
100
% Satisified
UofT Overall
DLSPH 2010
DLSPH 2014

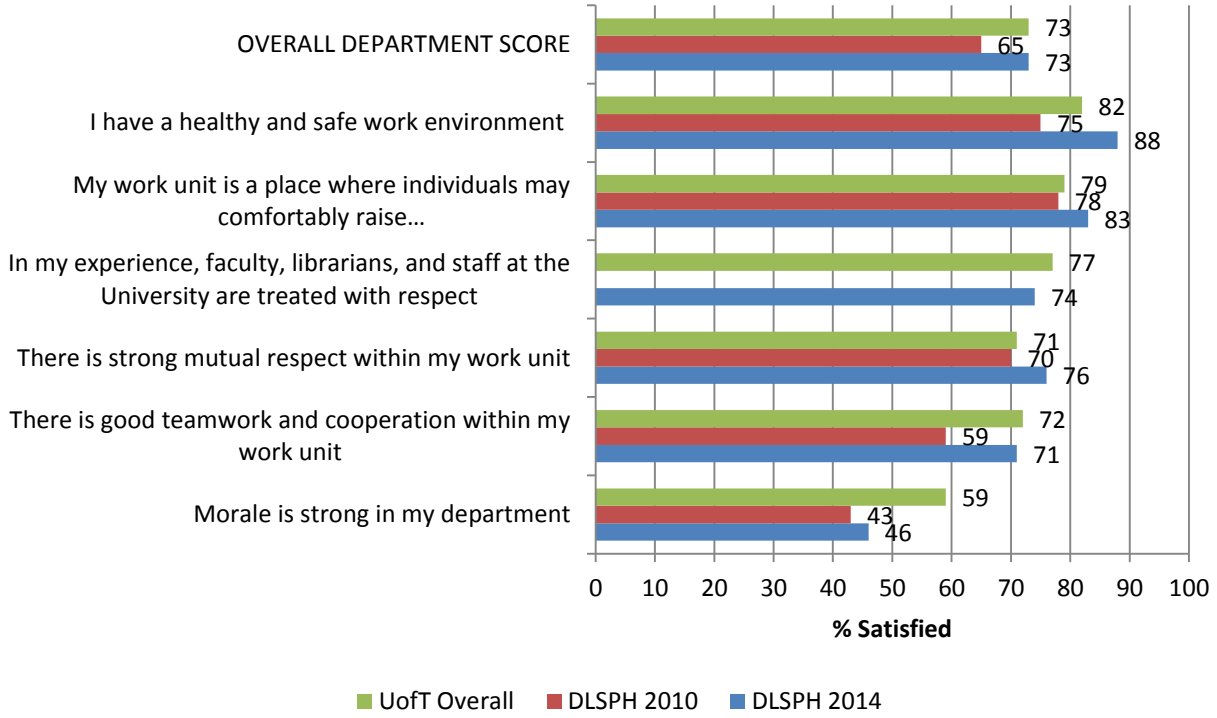

DLSPH Communication
OVERALL COMMUNICATION SCORE
I am well informed about my division's challenges and goals
I am well informed about the University's challenges and goals
U of T's senior leaders communicate a clear vision and direction for the…
53
51
51
62
66
67
49
50
37
47
36
49
0 10 20 30 40 50 60 70 80 90 100
% Satisfied
UofT Overall
DLSPH 2010
DLSPH 2014

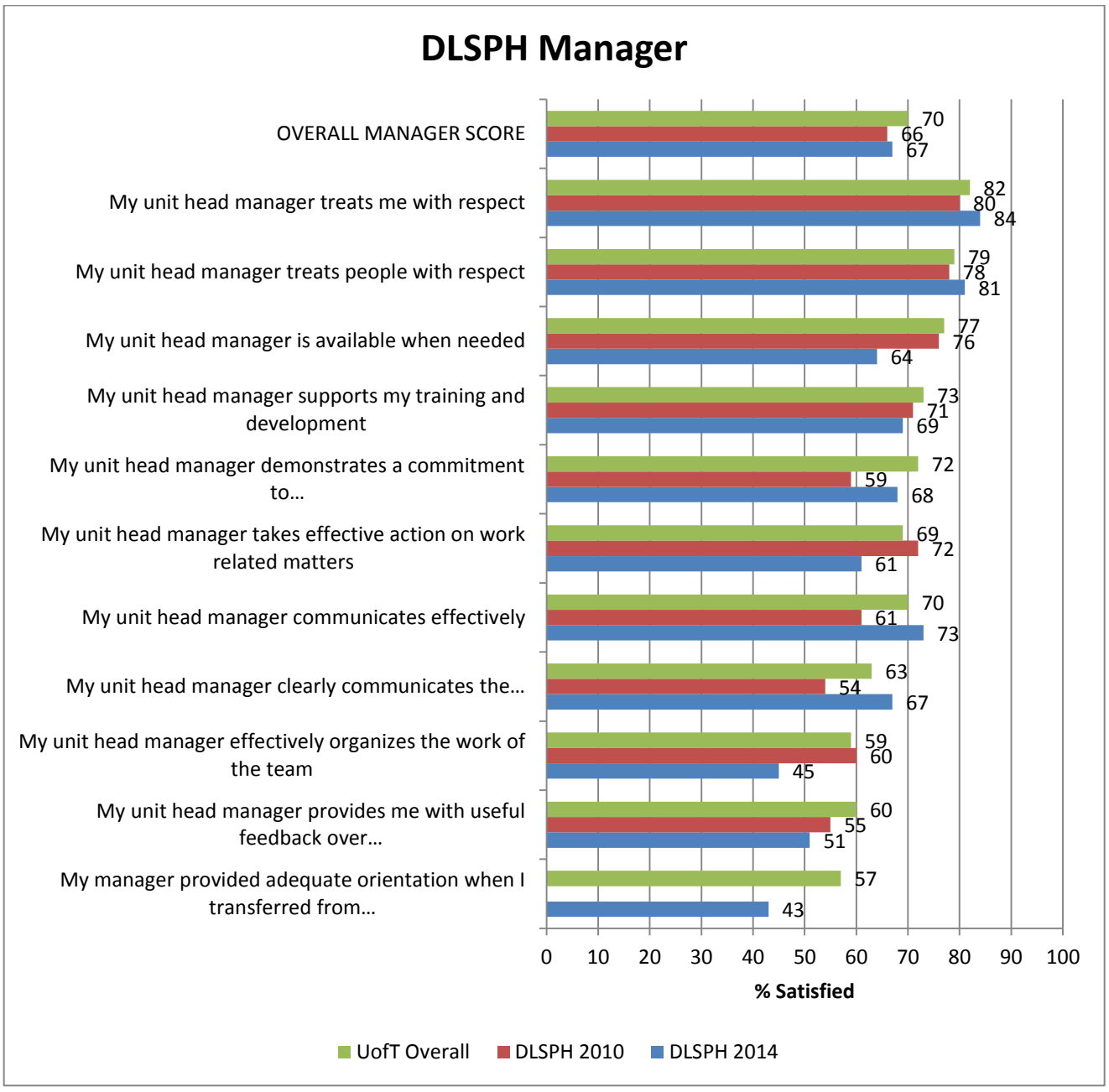

DLSPH Workload
OVERALL WORKLOAD SCORE
I am satisfied with the balance between my private and professional life
My workload allows me to meet my performance expectations
I feel that the stress of work is negatively affecting my job performance
My workload means I sometimes sacrifice quality
Overall, how would you rate the reasonableness of your workload?
62
56
61
69
53
68
55
59
54
30
66
31
36
60
40
60
76
67
0 10 20 30 40 50 60 70 80 90 100
% Satisfied
UofT Overall
DLSPH 2010
DLSPH 2014

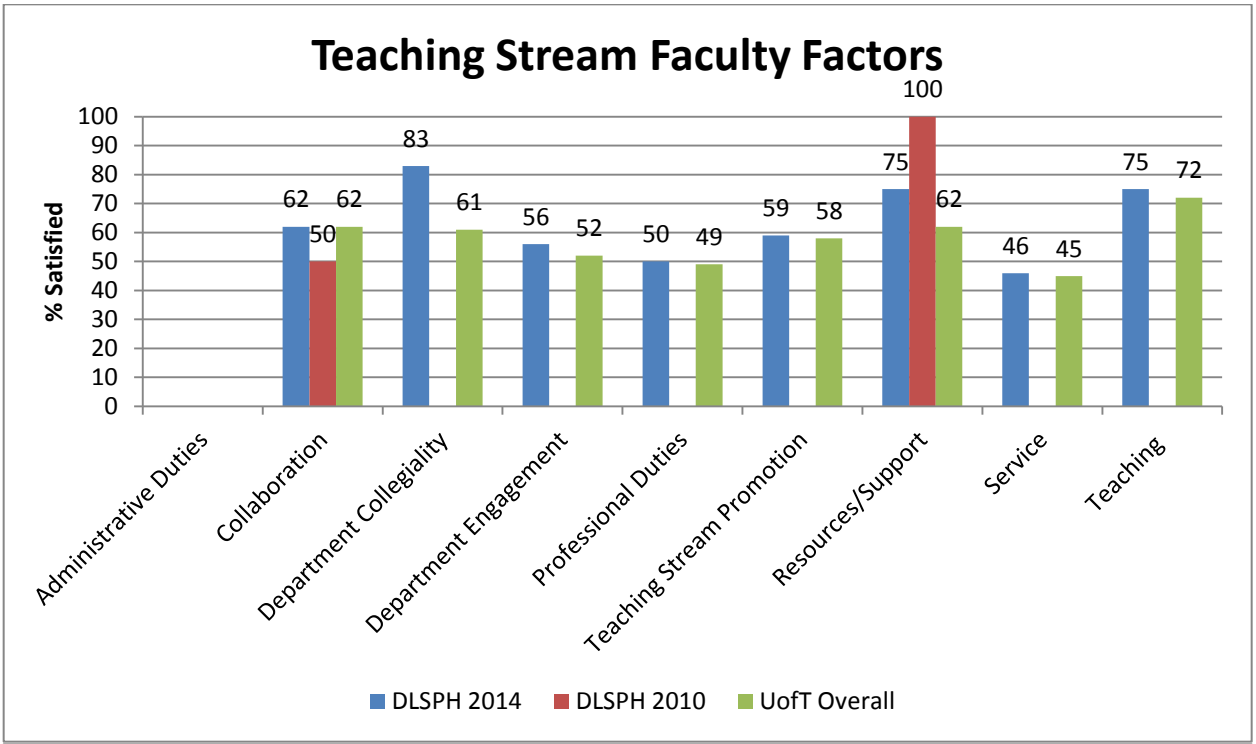
DLSPH Recognition

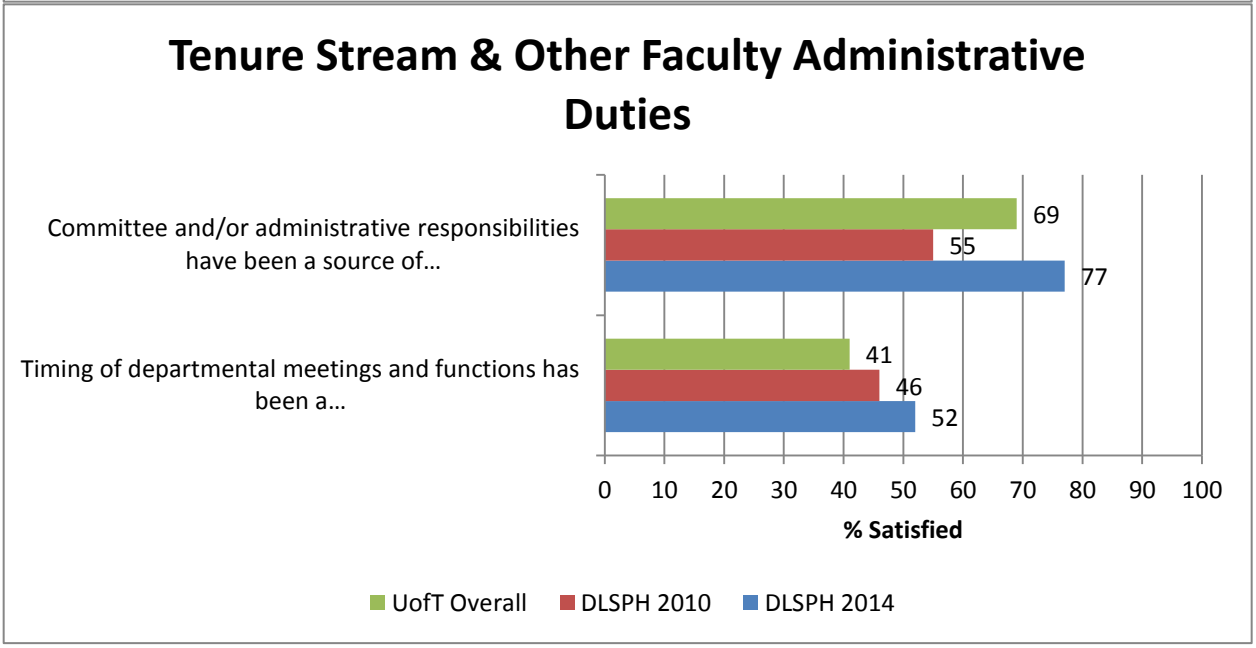


DLSPH Department

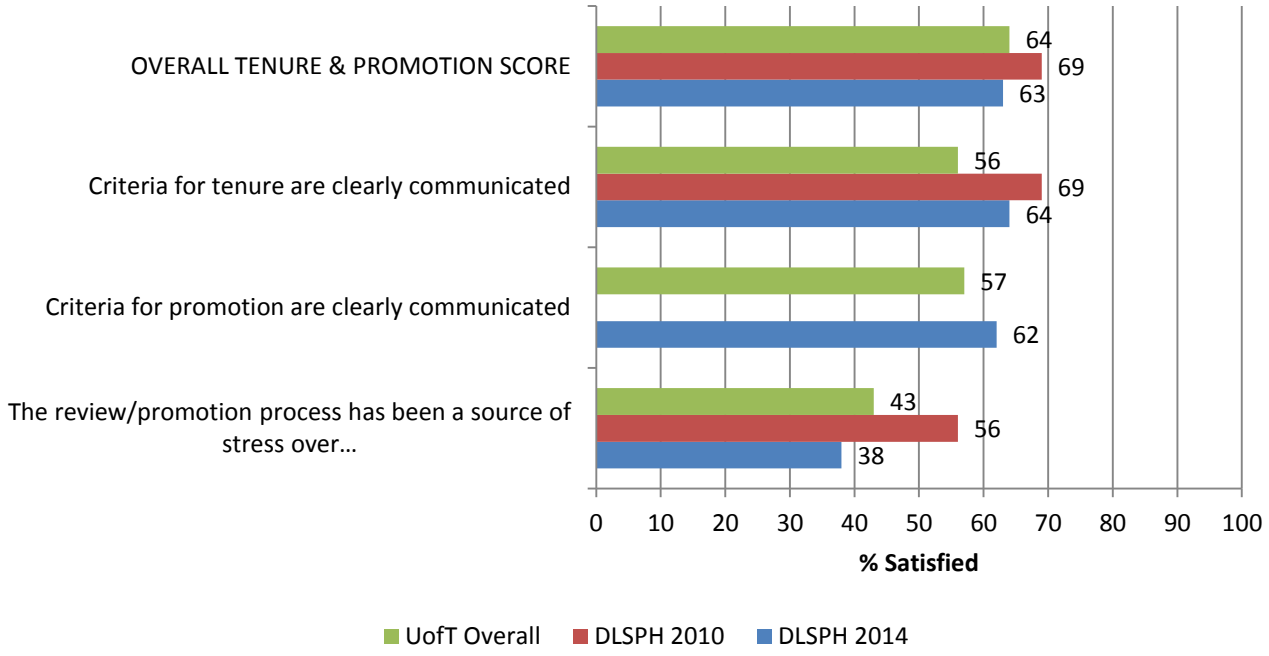



DLSPH Manager
OVERALL MANAGER SCORE
70
66
67
My unit head manager treats me with respect
82
80
84
My unit head manager treats people with respect
79
78
81
My unit head manager is available when needed
77
76
64
My unit head manager supports my training and development
73
71
69
My unit head manager demonstrates a commitment to…
72
59
68
My unit head manager takes effective action on work related matters
69
72
61
My unit head manager communicates effectively
70
61
73
My unit head manager clearly communicates the…
63
54
67
My unit head manager effectively organizes the work of the team
59
60
45
My unit head manager provides me with useful feedback over…
60
55
51
My manager provided adequate orientation when I transferred from…
57
43
0 10 20 30 40 50 60 70 80 90 100
% Satisfied
UofT Overall
DLSPH 2010
DLSPH 2014

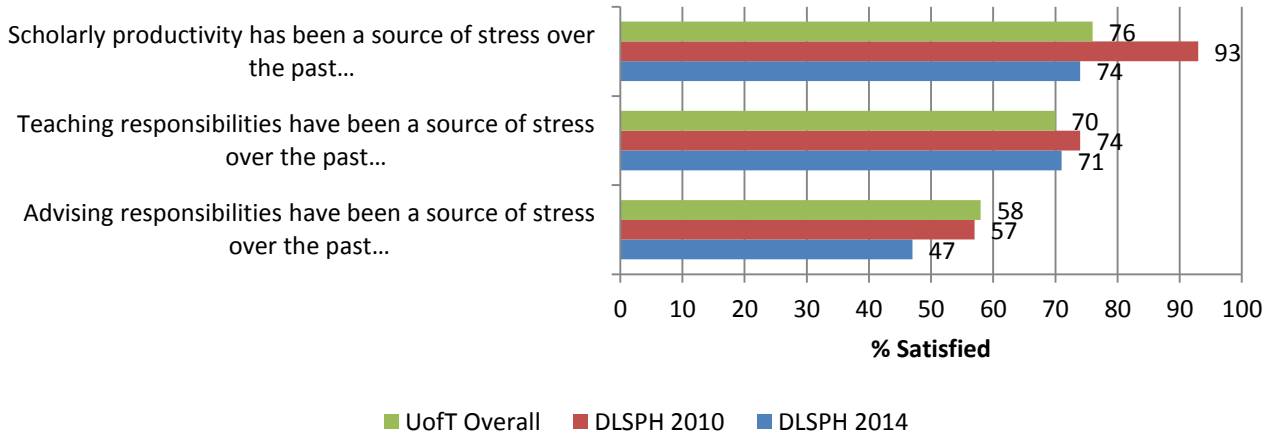

Teaching Stream Faculty Factors
% Satisfied
100
90
80
70
60
50
40
30
20
10
0
62
50
62
83
61
56
52
50
49
59
58
75
100
62
46
45
75
72
Administrative Duties
Collaboration
Department Collegiality
Department Engagement
Professional Duties
Teaching Stream Promotion
Resources/Support
Service
Teaching
DLSPH 2014
DLSPH 2010
UofT Overall

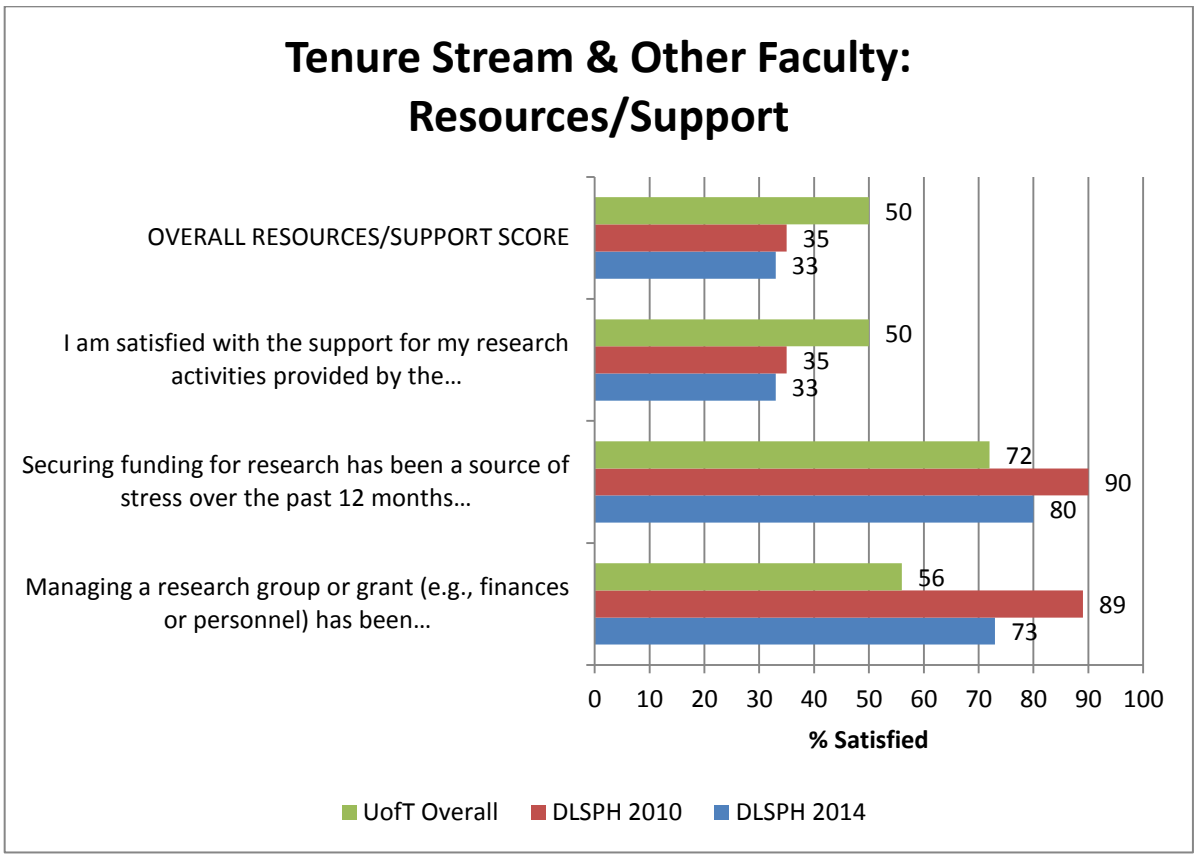

Tenure Stream & Other Faculty Administrative Duties
Committee and/or administrative responsibilities have been a source of…
69
55
77
Timing of departmental meetings and functions has been a…
41
46
52
0
10
20
30
40
50
60
70
80
90
100
% Satisfied
UofT Overall
DLSPH 2010
DLSPH 2014

Tenure Stream & Other Faculty: Tenure & Promotion



Tenure Stream & Other Faculty: Professional Duties




Tenure Stream & Other Faculty:
Resources/Support
OVERALL RESOURCES/SUPPORT SCORE
I am satisfied with the support for my research activities provided by the…
Securing funding for research has been a source of stress over the past 12 months…
Managing a research group or grant (e.g., finances or personnel) has been…
50
35
33
50
35
33
72
90
80
56
89
73
0 10 20 30 40 50 60 70 80 90 100
% Satisfied
UofT Overall
DLSPH 2010
DLSPH 2014

Appendix 46: 2011 UTQAP DLSPH Review

REVIEW SUMMARY

DIVISION/UNIT:	Faculty of Medicine **Dalla Lana School of Public Health**
DATE:	February 28 and March 1, 2011
COMMISSIONING OFFICER:	Dean, Faculty of Medicine
PROGRAMS OFFERED: **Undergraduate**	n/a
Graduate:	Public Health, MPH, MSc, PhD Community Health, MScCH Diploma in Community Health
EXTERNAL REVIEWERS	Robert E. McKeown, Chair, Department of Epidemiology & Biostatistics, Arnold School of Public Health, University of South Carolina Richard S. Kurz, Dean and Professor, School of Public Health, University of North Texas
PREVIOUS REVIEW DATE:	2003 (Department of Public Health Sciences)
SUMMARY FINDINGS AND RECOMMENDATIONS OF PREVIOUS REVIEW:	Graduate Programs • Organization – overly complex and unwieldy – integration and simplification are needed. • Course offerings – uneven quality and some redundancy. • One-year MSc – reviewers do not support the Department's plan to convert the MSc to a one-year program. • Student funding – inequities between MHSc and MSc students. Faculty • Off-campus instructors – increasing use of off-campus faculty may not be sustainable. • Morale – good, despite frustrations with space and support staff shortages. Research • Breadth – diverse and impressive, with the strong links to partner institutions. • Benchmarking – needs to be undertaken to document scholarly activity. External Relationships • Partnerships: o Rich and diverse – a major strength of the Department. o Regular meetings with external partners should be held annually. • Service activities – commendable, but could benefit from a communications strategy to raise their public profile. Administration • Advisory committee – a positive structural element that fosters input on governance issues and familiarity within the Department. • Name change – reviewers are not enthusiastic about renaming the Department as a School of Public Health, as this would require a health policy and management component and would most likely need to be a stand-alone school, administered by a Dean. • Leadership – the current Chair should be re-appointed for another term. Future Challenges • Departmental involvement – on-campus faculty expressed frustration about the proportion of time that they spend in teaching and research as compared to off-campus faculty. • Departmental integration – the three units brought together in the 1997

merger need to be further integrated.
- Space – is grossly inadequate and needs to be addressed.

RECENT OCGS REVIEW(s) DATE: 2005/06 – MHSc, MSc, PhD
2006/07 – MScCH

DOCUMENTATION PROVIDED TO REVIEWERS: Self-study
Terms of Reference

CONSULTATION PROCESS: The reviewers met with the Vice-President and Provost; Dean of the Faculty of Medicine; Interim Director, Dalla Lana School of Public Health; Program leads; research groups; cognate chairs and directors; cognate deans and vice deans; junior and senior faculty members; administrative staff; graduate students; and public health and research stakeholders.

FINDINGS AND RECOMMENDATIONS - OVERALL ASSESSMENT AND SPECIFIC ISSUES IDENTIFIED IN REVIEW REPORT

1. MPH Programs

The reviewers observed the following strengths:
- Students – excellent.
- Teaching – high quality, according to students.
- Admission standards – appropriate.
- Withdrawal rates – appropriate.
- Time-to-degree – excellent.
- MPH in Community Nutrition – unique in Canada and will be in demand as the problem of obesity increases.

The reviewers identified the following areas of concern:
- Objectives/mission statement – lack of clarity and consistency of stated goals, particularly with regard to the preparation of students for leadership roles.
- Curriculum –
    - Competencies – well stated and appropriate, but are not the driving force behind three of the five programs: epidemiology, family and community medicine, and health promotion.
    - Research based practica for research oriented students – may not be consistent with the CEPH (Council on Education for Public Health) requirements for practice experience.
    - Core content –
        - Lacking in environmental health sciences, social and behavioral science, and health services administration.
        - May be too variable among the different programs.

The reviewers made the following recommendations:
- Objectives/mission statement – a clearer mission statement should developed, indentifying to whom the program is directed, its core approach, and mode of delivery.
- Curriculum:
    - Competencies –
        - Should be more explicitly used to develop the curricula of each program.
        - Health services management should be added to the core competenicies.
    - Research based practica – for research oriented students must be clearly justified with regard to CPEH accreditation requirements.
    - New programs – new MPH programs in biostatistics and health services management should be developed to meet CPEH requirements.
    - Preparation for research and practice –
        - Practice implications and applications should be integrated into on-campus coursework.
        - Students would like more preparation for applying what they are learning in class to real-world settings.
    - Canadian context – consider emphasizing the uniqueness of the programs in relation to Canadian

values on public health.
- Enrolment – investigate the declining numbers of part-time and visa students and respond as appropriate.
- Student evaluation:
    - Ensure that all practicum preceptors are aware of the competencies and learning expectations of the programs when evaluating students.
    - Competencies for each progam should be explicilty linked to assessment methods.
- Contact with graduates – procedures should be developed for soliciting feedback on the program from graduates, and possibly generating support for the School.
- Opportunities –
    - Global health – continuing development can result in MPH and PhD programs in this area.
    - Health policy – expanded curriculum and research development.
    - Biostatistics – develop an MPH program in this area.
    - Collaboration –
        - Greater collaboration with cognate units, especially kinesiology and social work.
        - Expansion of faculty and expertise through relationships with external partners.
        - Ties to other institutions can be leveraged for increased visibility, enhanced research opportunities and valuable guidance.
    - Faculty structure – flexibility allows for rapid redevelopment of faculty resources.
    - Curricular development – through the extensive network of placement settings for students and strong, dedicated faculty and mentors.

2. Other Programs

The reviewers observed the following strengths:
- MSc in Biostatistics –
    - A strong and useful program.
    - Students – high quality and in demand from employers.
- PhD –
    - An excellent program.
    - Competencies – well stated and appropriate.
    - Quality of students – appears to be strong based on offer and acceptance rates.

The reviewers identified the following areas of concern:
- MSc in Biostatistics –
    - Declining number of full-time students.
    - Core areas – CPEH may have concerns about adequate coverage.

The reviewers made the following recommendations:
- MSc in Biostatistics – consider altenate modes of delivery (evening or weekend courses) to assist working students.
- MScCH – review the curriculum to be sure that it provides the grounding in basic public health knowldege according to CPEH requirements.
- PhD –
    - Review the policy which prohibits supervisors from funding their students.
    - Explore teacher training and apprenticeship models to provide teaching experience for students.
    - Explore opportunities for the placement of students in affiliated research settings.
- Resources – consider reallocating resources from the PhD to other areas in greater need, such as MPH financial aid.

3. Faculty/Research

The reviewers observed the following strengths:
- Faculty – strong, diverse and willing to mentor students.
- Research – an outstanding record of high quality research.

The reviewers identified the following areas of concern:
- Heavy dependance on status faculty – may be of concern to the CPEH, especially with regard to the teaching of required courses.

The reviewers made the following recommendations:

- Research activity – could be increased for tenured or tenure-stream faculty.
- Research Services Unit – review its role and functions.

4. Administration

The reviewers observed the following strengths:
- Relations with cognate units – extensive collaboration with other health related units at the University.
- Relations with external units – external stakeholders are committed to and supportive of the School.

The reviewers identified the following areas of concern:
- Governance – students feel that their input into the programs is ignored.

The reviewers made the following recommendations:
- Collaboration –
    - With cognate units – opportunities for expansion of relationships, especially with the Department of Health Policy, Management and Evaluation.
    - With external units –
        - Should be closely monitored and managed because of their importance to the School.
        - Review how the cost-benefit balance could be adjusted so as to not disadvantage external stakeholders.
- Student funding – consider guaranteed funding of one year for master's and four years for doctoral students.

ADMINISTRATIVE RESPONSE - Appended

Administrative Response to the External Review of The Dalla Lana School of Public Health and Next Steps

The Provost and the Dean of Medicine commissioned an external academic review of the Dalla Lana School of Public Health (DLSPH) with particular emphasis on the Master of Public Health degree program and the current status of the DLSPH with respect to accreditation standards set out by the Council on Education for Public Health (CEPH) in the United States. The reviewers were asked to assess specifically the readiness of the DLSPH, in the long term, for CEPH accreditation. We are most grateful to the reviewers, Professor Richard S. Kurz, Dean of the School of Public Health, University of North Texas Health Science Center, and Professor Robert E. McKeown, Chair of Epidemiology and Biostatistics, University of South Carolina. They have provided a comprehensive and expert analysis that identifies the challenges and opportunities for the DLSPH across all of its academic programs. The following is our administrative response focusing on the recommendations and advising about next steps for the strategic planning of the DLSPH.

THE MPH PROGRAMS

A. Consistency of Programs with Standards, Educational Goals and Learning Expectations

The current MPH programs were not specifically designed around the CEPH competencies. Originally established 30 years ago (as the MHSc), this program was discipline-focused and designed to meet discipline-specific learning objectives, with a small core learning domain, common to all MPH programs.

Though the reviewers recognized that the competencies for each program within the MPH are well stated and appropriate, further documentation of a clear mission statement and the core goals and objectives for the MPH and articulation of outcome-based specific learning goals and objectives for each program should also be more explicitly in place. This will be a focus of the upcoming curriculum renewal exercise.

B. Assessment of Indicators

The demand for the part time MPH program has been relatively constant across the fields of study, with generally less than 25% of the students being enrolled part time. The major exception is the Family and Community Medicine field in the MPH, in which over 60% of the students are enrolled part time. With the introduction of the MScCH the majority of these part time students transferred to this new, shorter degree program, resulting in an apparent decline of part time students in the MPH.

The ongoing evaluation of a professional curriculum requires explicit measures of competencies and iterative feedback for continual quality improvement. The MPH program must continue to develop effective evaluation procedures that are focused on the acquisition of knowledge and practical competencies by the MPH students.

C. Appropriateness of Program Structure, Mode of Delivery, Curriculum and Length

The reviewers recognized that there was appropriate variability between the MPH programs. However the total number of FCE (full course equivalent) required for the degree is identical at 10.0, of which typically 2.0 to 3.5 FCE are practicum credits. Many students in Community Nutrition, Epidemiology and Health Promotion take 3 to 3.5 FCE as practica.

Once outcomes-based learning goals and objectives are more clearly articulated, it follows that the learning activities required for MPH students to achieve these core competencies will be equally clear and feasible. The successful delivery of the curriculum through student engagement in self-directed learning and research-based practica will be readily justified as long as the documentation and evaluation processes are in place with an evaluation feedback. A common curriculum for the public health core is evolving and in a more developed format would provide the consistency across programs described by the reviewers. It is essential that case-based learning and other practical and integrating learning methods continue to be applied to on-campus coursework to prepare students for their future careers in public-health related fields.

All the programs include 'skills development' courses, in which learning takes place in real-world settings and conditions, allowing for the integration of practice-based skills and knowledge. For example, community nutrition students work with local agencies to develop proposals for new programs. The on-campus coursework is a mixture of theoretical and practical application, which evolves as the program progresses.

D. Appropriateness of Student Evaluation Methods

Practicum preceptors are currently provided with program-specific learning objectives and most are quite familiar with the program focus. The recent hiring of a Practicum & Alumni Relations Coordinator will facilitate this. It should be noted that some of the placements are based on individual, learner-centered objectives, given that our students come with very diverse backgrounds and therefore have individual needs.

The DLSPH will continue to ensure that all teachers, including practicum preceptors, are provided with timely communication with respect to core curricula and outcomes-based goals and objectives. Further, all faculty who teach must be familiar with student assessment methods and measures and engage in both formative and summative evaluation in keeping with accepted standards for health professions education.

E. Quality of Teaching and Relationship to Research

Students are asked to complete course evaluations for each of the over 70 courses offered by the School. The vast majority of the courses are rated very highly. There have recently been issues with one or two courses. The School leadership is currently taking specific action to resolve these issues. The DLSPH will continue to provide the highest quality of instruction. As the outcomes-based specific learning goals and objectives are more clearly articulated, curricular changes and new learning experiences will be developed, managed and evaluated by the program leaders.

F. Contributions of Graduates

Although general surveys are conducted of all graduate students at the University of Toronto that do provide useful information overall, the reviewers are referring to specific feedback about their experience in the MPH program. Several of the programs do this in both formal and informal processes. Regular contact with the graduates of all the programs across the DLSPH is highly recommended both to understand the outcomes and impact of the education programs and to stay in touch with alumni. As mentioned above, this will be facilitated by the recently hired Practicum and Alumni Relations Coordinator. Offerings of continuing education and professional development for alumni would provide updates on new developments in public health disciplines and may provide a route for recruitment of practicum preceptors. We will continue to seek advice from practicing alumni regarding curriculum development.

G. CEPH Competency Requirements

We are in agreement with the recommendation that health service administration competency or competencies should be added to the core competency set. The Department of Health Policy, Management and Evaluation will work in partnership with the DLSPH to ensure the necessary courses are developed, and provided as soon as possible. An appropriate financial arrangement between the two graduate departments may be required to enable this shared teaching.

THE MScCH PROGRAM

The MScCH program is a set of inter-disciplinary program offerings that serve the needs of practicing health professionals related to public and community health including education. These offerings have evolved previously in the Department of Public Health Sciences, in part because there was no other logical graduate unit home for them. Nevertheless, basic public health knowledge in each of these disciplines should be considered if they remain in the DLSPH. These are highly valued programs and integrate continuing education within primary care, occupational health and mental health to name a few, that serve the graduates very well in their advanced practice and education career settings.

THE PHD PROGRAM

We are gratified to learn that the reviewers consider the PhD program as a strength of the DLSPH and this is a credit to the excellent research offerings and graduate supervision now in place. Our faculty members are expected to contribute to the required graduate student stipend from their research funding, but are discouraged from employing their own students to work on research projects that are not part of the student's doctoral research. The DLSPH has recently established a working group to review and make recommendations regarding doctoral stream student funding policies and practices.

The Faculty of Medicine currently has approximately 60% of its doctoral (MSc/PhD) students off campus in affiliated sites, mostly hospitals/research institutes. PhD students in the DLSPH are located off campus if their research is undertaken, and their supervisor is located, within an affiliated institution. As more strategic partnerships are developed with affiliated institutions, it is likely that more PhD students will be supported within these off-campus locations.

We are gratified to learn that the DLSPH is already in compliance with many of the CEPH accreditation standards. Careful examination of those in which the DLSPH does not currently comply will be undertaken through the strategic planning process. Some issues, e.g., monitoring diversity of students and faculty, are recognized as requiring attention across the Faculty of Medicine and policies and procedures that will be adopted over the next year will apply to the DLSPH.

NEXT STEPS

1. Strategic Planning – Next 3 Years

The Interim Director of the DLSPH and the Dean of Medicine will co-chair a Strategic Planning exercise over the next 4 months to articulate the academic goal and objectives for the DLSPH for the next 3 years. They will strike a Strategic Planning Committee composed of faculty, staff and students of the DLSPH along with representatives of cognate academic units and institutions. This plan will be in place by the fall of 2011. It will give direction in transition while a new Director is recruited and establishes new leadership for the DLSPH.

2. Graduate Program Curriculum Renewal and Coordination

As of July 1, 2011, the Vice Dean Graduate Affairs, Professor Andrea Sass-Kortsak will be seconded to the DLSPH for one year as the Associate Director and Graduate Coordinator and will report to the Interim Director. She will chair the graduate curriculum committee and lead a renewal process informed by the external review. This process will need to consider CEPH accreditation requirements, but in a Canadian context. For example, the Pan-Canadian Public Health Network's Guidelines for MPH programs in Canada (2007) will also be considered. Ultimately, in addition

to curriculum renewal, to address accreditation of the DLSPH by CEPH, it will be necessary to examine carefully the resources required. The reviewers have identified several CEPH accreditation requirements that are currently not being met by the MPH Degree program. These will be considered in the strategic planning and curriculum renewal process that has begun.

The Associate Director will oversee all education programs in the DLSPH. The graduate program administrative staff will report to the Graduate Coordinator and this position will be redefined to be filled by a permanent senior academic faculty member by July 1, 2012.

3. Establish New and Renewed Partnership with External Stakeholders

The graduates of the MPH and other graduate programs in the DLSPH and the research conducted by the DLSPH should effectively serve the public health needs of Canada. An external advisory committee of major stakeholders including senior leaders from the Ontario Ministry of Health, the Ontario Agency for Health Protection and Promotion, the fully affiliated hospitals has been struck by the Interim Director and the Dean of Medicine. The intent is to provide guidance with respect to strategic planning and partnerships for the DLSPH. It is important that future directions for the education and research programs of the DLSPH lead new developments in public health service delivery including disease prevention and health promotion. These directions will be incorporated into the Strategic Planning process and implemented expeditiously.

4. Establish Fiscal Balance and Sustainability

The fiscal management of the DLSPH is under review by the Interim Director and the Dean of Medicine. The role and function of all specific infrastructure and administrative expenses are being analyzed. It will be necessary to ensure that the top priority for the DLSPH will continue to be the recruitment and retention of outstanding tenure and tenure-stream faculty who are exceptionally productive both as individual researchers and in inter-disciplinary research teams.

The financial contributions from partner institutions and agencies are of strategic importance for the DLSPH to achieve its mission. However, all tenured and tenure-track positions must be completely backed up by base operational revenues within the DLSPH independent of agreements about shared expensing of these positions.

Catharine Whiteside
Dean, Faculty of Medicine
Vice Provost, Relations with Health Care Institutions
University of Toronto

Appendix 47: 2012 UTQAP IHPME Review

Response to 2012 UTQAP Final Assessment Report & Implementation Plan

The 2012 UTQAP review was conducted by Dr Regis Blais (University of Montreal), Dr Barbara McNeil (Harvard Medical School) and Dr Mark Roberts (University of Pittsburgh). Their report identified significant program strengths as: "very high quality" programs; outstanding stature in Canada and the international academic community; rare 8 year accreditation period of the MHSc in Health Administration; high quality research activities; very good publication rankings; very high faculty, student and staff morale; excellent relationships with cognate Faculties, academic departments and units; and engaged alumni.

The review committee offered six opportunities for program improvement and enhancement. The suggestions made by the reviewers were a critical part of IHPME's 2012 strategy development process, with specific elements of the strategy addressing the comments where they could not be handled through operational improvement. These six opportunities, and how IHPME has responded to them, are outlined below:

1. Streamlining offerings and/or ensuring that marketing materials present integrated picture of programs to improve clarity for students and external audiences and facilitate collaboration.

In the past five years, IHPME has undertaken a number of activities to address this identified opportunity. The largest initiative was to engage in an extensive program marketing exercise by an external consultant (report and summary of recommendations attached; Appendix A). This included a needs assessment, stakeholder analysis and survey of existing programs. The exercise allowed the IHPME community (faculty, alumni and students were involved) to review each program and improve clarity about intended audience, course of studies and intended outcomes. The exercise resulted in improvements of the website (which was itself re-engineered; details discussed in the main report) and an integrated set of recruitment materials (Appendix B). The consultant's Report outlined a number of marketing activities for the Institute as a whole, and for each individual Program. Next steps for IHPME will involve the fuller role out of the marketing plan – this will primarily involve implementing program specific recruitment activities and a user evaluation of the revamped website. Evidence of the success of this response can be seen in the substantial level of program growth across all programs and the continuing strength of our applicant pool (details available in main report). Three new programs have been developed and approved for delivery – programs that allow students to pursue specific interests (MSc QIPS and MSc SLI) or that reflect stage of career development (eMHI).

2. Developing more advanced courses (e.g. biostatistics and advanced research methods) to target needs of IHPME students.

IHPME has now developed a full range of courses (introductory, intermediate and advanced) for all methodological areas – this includes both qualitative and quantitative skills as well as research methods. In addition, advanced courses have been added to all of the different Primary Areas of Study. There are now advanced course options in each Primary Area of Study, many tied to the needs of doctoral students. (A complete listing of all courses is provided in the main report)

3. Making new information technologies (e.g. web based teaching methods) available to faculty and students.

IHPME continues to have exclusive access (with DLSPH) to an electronic classroom. The computers and software are continually being updated to meet the needs of all students. IHPME also provides access to computers and necessary software to its students in the student study area, as well as areas where students can access the internet with their own computers (which is increasingly the situation – workstations are what are required).

In terms of web based teaching, the University of Toronto has invested in Black Board which is the University supported platform available to all instructors and students. This platform allows for online discussions, links to external resources and "work space" for students to work collaboratively in an online setting. Our experience, however, is that there are many other options that students and faculty are exploring independently – and using very successfully.

In terms of formal web based teaching, there have been some experiments across our programs. Within the MHSc program, for instance, an online course developed and delivered with partners in Mexico and the United States on health system comparisons has been successfully offered twice. In the MSc/PhD program, a program planning and evaluation course has been offered for 4 years to allow students access to this material while they are in a practicum. In a number of cases, electronic materials (i. e. talks by well known experts) have been developed and are available for use in a range of classes. In a number of cases (for instance, introductory statistics and accounting), there are excellent online resources that we have purchased access to for our student.

Incorporating web based teaching within the academic programs of IHPME is something that is of great interest to our faculty and students. We anticipate that academic programs that incorporate "blended instructional models" in their programs will be the gold standard of the future and this is something that we have identified as a priority.

4. Reviewing comprehensive exams to improve coherence across streams and ensure their purpose and objectives are clear to students and faculty.

In 2013, the Primary Area of Study coordinators, Program Director, Graduate Coordinator, a representative sample of current and graduated students and a select number of program instructors held a Retreat to discuss a number of topics, including the comprehensive examinations. After this Retreat, the Primary Area of Study coordinators reviewed their specific comprehensive examinations with the specific goal of improving coherence across streams (primary areas of study) and clarifying objectives. While there are still differences between the different primary areas of study in terms of what is involved in the comprehensive examinations, there have been no recent complaints about lack of clarity or inequity between areas expressed to the Graduate Coordinator or Program Director.

More generally, the doctoral program was re-designed to foster greater connections between the primary areas of study. Before the previous review, the doctoral program had a Program Director. Comprehensive examinations were organized informally by faculty in each broad area. In the re-design, the program has added designated coordinators for each primary area of study. These individuals are responsible for the welfare of "their" students, including ensuring their

programs are comparable. They meet on a monthly basis to review the program and discuss any issues. Any concerns with respect to program requirements now have a forum to be debated and resolved that did not exist previously.

5. Exploring student needs in terms of interactions, communication and office space to address any identified needs.

The previous review identified a number of opportunities for improvement with respect to student needs. One important issue was student space and how communication and interaction between faculty and students could be improved. To address this concern, IHPME undertook a significant re-design of its student space, in coordination with the student association. The existing student area encompassed two spaces. One of those areas was re-designed to add two group work spaces (students had identified the need for more group work areas) and to improve the sound proofing of the drop-in desk area (doors and sound proofing were added to the area). The second area was entirely renovated, so that it was included within the existing faculty area. This project was completed at the end of 2015 and has resulted in doctoral students sitting in close proximity to their supervisors and to their supervisors' research teams. The objective is to increase interaction and communication between students and between students and IHPME faculty. The change is still relatively new, but promises to achieve this objective.

Other initiatives have included introducing Town Halls to allow a forum for students to speak with IHPME's Director. Students have been included on all relevant Institute committees (including all program committees and Curriculum Committee). The Society of Graduates has introduced new measures to incorporate existing students within its programs – and this has resulted in excellent turn outs at their events. The SOG is in the process of reviewing its relationship with IHPME with the goal of increasing mentorship programs and strengthening alumni access to IHPME activities. IHPME continues its very successful Research Day; planning for the morning panel has been almost entirely turned over to the student association (with faculty oversight). More broadly, the Institute has implemented a monthly Newsletter and a re-vamp of its website. The Newsletter has ongoing articles about students and the website has worked to improve access to materials for students.

6. Developing a recruitment plan, including junior and more experienced faculty, to address anticipated retirements and support expanding degree programs and advanced analytic courses.

A recruitment plan has been prepared (see Appendix C) which is guiding the recruitment of new faculty. IHPME has recently recruited three new faculty hires, one more experienced and two more junior, with additional hires planned.

A significant, and positive, change in IHPME's recruitment strategy has been the increasing use of adjunct and status faculty to enrich its educational programs. There is a growing recognition that to be successful, academic programs need to blend academic rigour with the expertise of the field. Because of IHPME's extensive network of stakeholders, the expertise of these individuals is being incorporated into our programs. Not only are these individuals involved as guest lecturers, but in many instances they are acting as course instructors and course coordinators. Their experience and talents has allowed IHPME to expand well beyond the limitations imposed

by a relatively small number of core, tenured faculty, while improving the quality of our programming.

Appendix 48: IHPME Program Specific Recruitment Plans

Program: MSc/PhD – Clinical Epidemiology and Health Care Research

Draft #1: Sept. 14, 2015

This plan has been developed to work in tandem with (augment and complement) IHPME's integrated marketing/communications recruitment strategy presented to the Communications Committee on August 26, 2015. *** Note**: Advertising is not included in individual program plans as this was recommended as an IHPME initiative to include, reflect and support recruitment for all IHPME programs. Should IHPME decide to proceed with an ad campaign, the media buy would be developed to reach ClinEpi and other program targets.	
Objectives	1) Engage current ClinEpi faculty and students in the student recruitment process and equip them with the tools and support they need to actively recruit high caliber students. 2) Enlist the support of the ClinEpi graduate community and equip them with the tools to support IHPME recruitment efforts. 3) Increase awareness of IHPME's ClinEpi program in targeted communities to spark interest and applications. 4) Demonstrate the benefits students derive from the ClinEpi program. 5) Illustrate the impact ClinEpi faculty and graduates have had on our health system. 6) Reach out to prospective students where they "work and live". 7) Establish, build and leverage an online ClinEpi community to support recruitment efforts.
Target Audiences	1) Current faculty (80) 2) Current ClinEpi students (~100) 3) IHPME ClinEpi graduates 4) Practicing clinicians (physicians, nurses, OTs, PTs, dentists, etc.) in the GTA 5) Faculties of medicine, nursing, rehab science, dentistry in Ontario 6) Ontario teaching hospitals and health research institutes
Key Messages	*To be developed in collaboration with Program Directors. Some points to consider:* • High caliber of IHPME faculty • Toronto location and proximity to Fac. Of Medicine, hospital row, research institutes • Scope of courses/concentrations • IHPME network
Tactics	1) Create the products/tools required to promote the program (see Materials section below). 2) Equip ClinEpi faculty, graduates and students with the products/tools (outlined below) they need to help promote the program; hold a one-hour brainstorming and briefing session with faculty and students to determine

	how they can help recruit students (see potential activity listed below) 3) Create/build ClinEpi e-distribution list/d-base for e-marketing purposes 4) Participate in DLSPH Open House; collect attendee names and email addresses for follow e-marketing campaign 5) Create a research methodologies "teaser" seminar and host a lunch and learn session at hospital Research Days; collect email addresses of people who attend and follow up with email marketing campaign to attract students; start in Toronto and expand over time to teaching hospitals across the province. Add "teaser" seminar series to the website and provide access by "sign-up" to obtain individual emails for follow up with email marketing campaign. 6) Work with hospital communicators to have the ClinEpi poster (with strong CTA to find out more) posted in Toronto hospitals. 7) Host a 1-2 hour Coffee Break and information session at targeted faculties to speak with prospective students, provide them with information about the ClinEpi program, promote IHPME Research Day and collect email addresses; start with U of T; expand to other universities with targeted faculties. 8) Develop and evolve e-marketing campaign to prospective students 9) Create a ClinEpi *LinkedIn* group to connect ClinEpi faculty, students and graduates. 10) Determine which ClinEpi faculty and graduates use Social Media now and add to ClinEpi/IHPME SM Hub 11) Add a recruitment component to IHPME's Research Day 12) Write graduate profiles/testimonials and publish in CONNECT newsletter and post online 13) Write faculty/graduate impact stories and post to website 14) Have faculty send personal note along with pre-orientation package to accepted students 15) Explore establishing partnerships with leading US schools/institutions to facilitate student exchanges (?).
Materials Required	• Refreshed ClinEpi website landing page copy: enhance key selling features and add clear CTA • Activated web search function to list ClinEpi faculty as a group • Online photo/profile of Associate Program Director, Rob Fowler • Quick Facts ClinEpi information sheet and Top 10 List of reasons to study at/benefits of IHPME (print and e-versions) • One-pager on funding support available to MSc and PhD students • Graduate pathways and timelines with key dates and deadlines (print and e-versions) • Profiles/feature stories/testimonials of ClinEpi graduates (with photos) • Impact stories of ClinEpi faculty/graduates • ClinEpi brochure, ppt. deck, poster, banner • Pre-orientation package for accepted students • Teaser methods seminar • ClinEpi-specific swag (give-aways)
Critical Dates	SOG Moonshot Event: October 14, 2015 Dalla Lana Open House: October 17, 2015 Application Deadline: November 15, 2015

	IMPME Research Day: May 2016 Start Date: July, 2016 Other ?
Measures of Success	• Establish baseline metrics • Growing database of potential students • Increased visits to ClinEpi section of website • Growing LinkedIn group, Twitter followers • Increased Social Media activity • Increased inquiries from prospective students • Increased # of qualified applicants to ClinEpi • Increased # of ClinEpi students • Growing community of engaged ClinEpi graduates & students
Budget	TBD
Examples of what ClinEpi faculty can do to support recruitment	• Take brochures to conferences where they are presenting • Add one slide to their presentation decks about IHPME's ClinEpi program • Send personal note along with pre-orientation package to accepted students welcoming them to the program • Attend/Participate in Moonshot event, Open House, Coffee Breaks, Research Day lunch and learns • Join and contribute to LinkedIn group, Twitter • Reach out to their own networks
Examples of what current students can do to support recruitment	• Take brochures to conferences they are attending or where they are presenting • Add one slide to their presentation deck about why they chose IHPME's ClinEpi program and how their experience has been to date • Offer to serve as a "buddy" for new students • Participate in Open House, Coffee Breaks, Research Day lunch and learns • Join and contribute to LinkedIn group, Twitter • Invite their friends/colleagues to IHPME's Research Day

High Level Implementation Roll-out: Year I	
Item	**Timing**
Start to build ClinEpi e-distribution list/d-base	Immediately / ongoing
Review and finalize recruitment plan	By October 2, 2015
Program Directors and faculty to attend Moonshot event	October 14, 2015
DLSPH Open House	October 17, 2015
Establish baseline metrics and put data collection tools/mechanisms in place	October, 2015

Faculty and student brainstorming and briefing session(s); factor any additional tactics/requirements into plan	October/November, 2015
ID ClinEpi “stars” for inclusion of IHPME ad campaign	End of November, 2015
Create recruitment products/tools and swag	Program brochure, ppt deck, poster and banner by end of October, 2015 Other elements by end of November, 2015 Feature profiles (ongoing) Impact stories (ongoing)
Develop e-marketing campaign	By end of November, 2015
Contact hospital communicators and arrange posting of IHPME ClinEpi posters in Toronto hospitals	Early December, 2015
Initiate e-marketing campaign	Early December, 2015 / ongoing
Create research methodologies “teaser” seminar; add to website with sign-up access; book two (2) lunch and learns at hospital Research Days	By end of December, 2015 (seminar) Spring 2016 (lunch and learns)
Create and curate ClinEpi LinkedIn group and Twitter account and invite people to join; factor into e-marketing campaign and website	By end of December, 2015
Add ClinEpi faculty and graduate social media channels to IHPME SM Hub	December, 2015
Work with U of T health faculties to book two (2) Coffee Breaks for the Spring 2016; factor into e-marketing campaign and website	December, 2015 (bookings) Winter/Spring, 2016 (Coffee Breaks)
Research/write impact stories	December, 2015 /ongoing
Begin to explore partnerships with leading US institutions	January, 2016
Compile preliminary performance results using new metrics	End of January, 2016

Develop recruitment plan for IHPME's Research Day	February, 2016
Research and write graduate profiles (4); run one at a time in CONNECT and post to website	January, 2016 April, 2016 August, 2016 December 2016 / ongoing
Implement recruitment plan at IHPME Research Day	May, 2016
Evaluate Research Day seminars and Coffee Breaks; consider overall value and opportunities for improvement	June, 2016
Compile performance results using new metrics	June, 2016
Recalibrate Year II plan based on results to date and implement	July, 2016

Program: MSc/PhD – Health Services Research (HSR)

Draft #1: Sept. 14, 2015

This plan has been developed to work in tandem with (augment and complement) IHPME's integrated marketing/communications recruitment strategy presented to the Communications Committee

on August 26, 2015.

*** Note**: Advertising is not included in individual program plans as this was recommended as an IHPME initiative to include, reflect and support recruitment for all IHPME programs. Should IHPME decide to proceed with an ad campaign, the media buy would developed to reach HSR and other program targets.

Objectives	8) Engage current HSR faculty and students in the student recruitment process and equip them with the tools and support they need to actively recruit high caliber students. 9) Enlist the support of the HSR graduate community and equip them with the tools to support IHPME recruitment efforts. 10) Increase awareness of IHPME's HSR program, its breadth, scope and diverse career opportunities in targeted communities to spark interest and applications. 11) Demonstrate the benefits students derive from the HSR program. 12) Illustrate the impact HSR faculty and graduates have had on our health system. 13) Reach out to prospective students where they "work and live". 14) Establish, build and leverage an online HSR community to support recruitment efforts
Target	7) Current HSR faculty (?)

Audiences	8) Current HSR students (~150) 9) IHPME HSR graduates 10) Senior health leaders (HR/OD, Finance, Planning, IT/IM, research, clinical practice/services/programs, quality and performance management) in health organizations, government and pharma in the GTA (to start, expanding throughout Ontario/Canada in time) 11) Corresponding professional associations
Key Messages	*To be developed in collaboration with Program Director and PAS Leads. Some points to consider:* • Incredible depth and breadth of HSR faculty • Toronto location and proximity to relevant faculties, hospital row, research institutes and Queen's Park • Support and mentorship provided to students • Scope, scale and significance of projects students have an opportunity to become engaged in • HSR's close affiliations with health system • ICES and StatsCan data centre on campus • Reputation for developing methologists • IHPME network
Tactics	16) Create the products/tools required to promote the program (see Materials section below). 17) Equip HSR faculty, graduates and students with the products/tools (outlined below) they need to help promote the program; hold a one-hour brainstorming and briefing session with faculty and students to determine how they can help recruit students (see potential activity listed below) 18) Create/build HSR/PAS e-distribution list/d-base for e-marketing purposes 19) Participate in DLSPH Open House; collect attendee names and email addresses for follow up e-marketing campaign 20) Create an HSR recruitment briefing featuring the five PAS and deliver to senior leadership teams in targeted organizations; work with individual organizations to gauge interest in hosting on-site lunch and learn HSR information sessions for their organizations' staff; collect email addresses of people who attend and follow up with email marketing campaign to attract students; start in Toronto and expand to other major cities in Ontario/Canada over time. 21) Develop and evolve e-marketing campaign to prospective students 22) Host hospitality suites/receptions/or become a sponsor at key conferences (5) annually; distribute HSR recruitment materials; collect names and email addresses for follow up with e-marketing campaign 23) Create a HSR *LinkedIn* groups (5, one for each PAS) to connect HSR faculty, students and graduates. 24) Determine which HSR faculty and graduates use Social Media now and add to HSR/IHPME SM Hub 25) Add a recruitment component to IHPME's Research Day 26) Write graduate profiles/testimonials ad publish in CONNECT newsletter and post online 27) Research/write faculty impact stories and post to website

	28) Have faculty send a personal note along with pre-orientation package to accepted students
Materials Required	• Refreshed HSR website landing page copy: enhance program descriptions and key selling features; add clear CTAs • Activated web search function to list HSR faculty as a group • Quick Facts HSR information sheet for each PAS and Top 10 List of reasons to/benefits of study at IHPME (print and e-versions) • One-pager on funding support available to MSc and PhD students • Graduate pathways and timelines with key dates and deadlines (print and e-versions) • Profiles/feature stories/testimonials of HSR graduates (with photos) • Impact stories of HSR faculty/graduates • HSR brochure, ppt. deck, poster, banner • Recruitment briefing • Pre-orientation package for accepted students
Critical Dates	SOG Moonshot Event: October 14, 2015 Dalla Lana Open House: October 17, 2015 Application Deadline: November 15, 2015 IMPME Research Day: May 2016 Start Date: September, 2016 Other ?
Measures of Success	• Establish baseline metrics • Growing database of potential students • Increased visits to HSR section of website • Increased Social Media activity (LinkedIn, Twitter) • Increased inquiries from prospective students • Increased # of qualified applicants to HSR • Increased # of HSR students • Growing community of HSR graduates & students
Budget	TBD
Examples of what HSR faculty can do to support recruitment	• Take brochures to conferences where they are presenting • Add one slide to their presentation decks about IHPME's HSR program • Send personal note along with pre-orientation package to accepted students welcoming them to the program • Attend/Participate in Moonshot event, Open House, organizational presentations and lunch and learns • Join and contribute to LinkedIn group, Twitter • Reach out to their own networks
Examples of what current students can do to support recruitment	• Take brochures to conferences they are attending or where they are presenting • Add one slide to their presentation deck about why they chose IHPME's HSR program and how their experience has been to date • Offer to serve as a "buddy" for new students • Participate in Open House, Research Day, organizational lunch and learns • Join and contribute to LinkedIn group, Twitter

	• Invite their friends/colleagues to IHPME's Research Day

High Level Implementation Roll-out: Year I	
Item	**Timing**
Start to build HSR e-distribution list/d-base	Immediately / ongoing
Review and finalize recruitment plan	By October 2, 2015
Program Director, PAS Leads and faculty to attend Moonshot event	October 14, 2015
DLSPH Open House	October 17, 2015
Establish baseline metrics and put data collection tools/mechanisms in place	October, 2015
Faculty and student brainstorming and briefing session(s); factor any additional tactics/requirements into plan	October/November, 2015
Create recruitment products/tools	Program brochure, ppt deck, poster and banner by end of October, 2015 Other elements by end of November, 2015 Feature profiles (ongoing)
Develop e-marketing campaign	By end of November, 2015
Contact organizations and arrange meetings (5) with senior leadership team	Early December, 2015
Initiate e-marketing campaign	Early December, 2015 / ongoing
Create and curate HSR LinkedIn group and Twitter account; invite people to join; factor into e-marketing campaign and website	By end of December, 2015
ID HSR "stars" for inclusion in IHPME ad campaign	By end of December, 2015
Research/write HSR impact stories	BY end of December, 2015
Add HSR faculty and graduate social media channels to HSR/IHPME SM Hub	December, 2015

Work with targeted organizations to hold lunch and learn information sessions (5); factor into e-marketing campaign and website	December, 2015 (bookings) Winter/Spring, 2016 (Lunch and learns)
Compile preliminary performance results using new metrics	End of January, 2016
Develop recruitment plan for IHPME's Research Day	February, 2016
Research and write graduate profiles/testimonials (5); run one at a time in CONNECT and post to website	November, 2015 January, 2016 April, 2016 August, 2016 December 2016
Implement recruitment plan at IHPME Research Day	May, 2016
Evaluate senior leadership briefings and lunch and learns; consider overall value and opportunities for improvement	June, 2016
Compile performance results using new metrics	June, 2016
Recalibrate Year II plan based on results to date and implement	July, 2016

Program: MHI – Health Informatics

Draft #1: Sept. 14, 2015

This plan has been developed to work in tandem with (augment and complement) IHPME's integrated marketing/communications recruitment strategy presented to the Communications Committee

on August 26, 2015.

*** Note**: Advertising is not included in individual program plans as this was recommended as an IHPME initiative to include, reflect and support recruitment for all IHPME programs. Should IHPME decide to proceed with an ad campaign, the media buy would be developed to reach MHI and other program targets.

Objectives	15) Engage current MHI faculty and students in the student recruitment process and equip them with the tools and support they need to actively recruit high caliber students. 16) Enlist the support of the MHI graduate community and equip them with the tools to support MHI's recruitment efforts.

	17) Increase awareness of the MHI Program to spark interest and applications. 18) Illustrate the impact program faculty and graduates have had on our health system. 19) Demonstrate the benefits MHI students will derive from the program. 20) Grow MHI's online community to support recruitment efforts
Target Audiences	12) Current MHI faculty (?) 13) Current MHI students (?) 14) IHPME MHI graduates 15) VPs, IT/IM in health related organizations and companies in Canada 16) Professional IT associations in Ontario/Canada (i.e. COACH, CHIA, CNIA, ITAC-Health, etc.)
Key Messages	*To be developed in collaboration with Program Directors. Some points to consider:* • Only dedicated, theory-based professional program in health information management • Emerging and dynamic field of health informatics • 16 month program; 4 month practicum • Top tier practicums that accelerate learning • Amount of personal coaching/mentoring from faculty • Opportunities for career advancement; 100% hire rate of graduates; graduates contribute to system improvement • The value of becoming part of the IHPME network • Located in the heart of Toronto health care community
Tactics	29) Create the products/tools required to promote the program (see Materials section below). 30) Equip MHI faculty, graduates and students with the products/tools (outlined below) they need to help promote the program; hold a one-hour brainstorming and briefing session with faculty and students to determine how they can help recruit students (see potential activity listed below) 31) Create/build MHI e-distribution list/d-base for e-marketing purposes. 32) Host a reception/hospitality suite or sponsored lunch and learn in conjunction with OHA's e-Health Achieve, Infoway Partnership and e-Health Conferences; collect names and email addresses of attendees for e-marketing purposes 33) Participate in DLSPH Open House; collect attendee names and email addresses for follow up e-marketing campaign 34) Create an e-mail marketing campaign for VPs, IT/IM outlining the benefits of the program and opportunities to employers (i.e. practicums) 35) Develop and evolve e-marketing campaign to prospective students 36) Build the MHI *LinkedIn* group and create Twitter account to connect MHI faculty, students and graduates. 37) Determine which MHI faculty and graduates use Social Media now and add to MHI/IHPME SM Hub 38) Add a recruitment component to IHPME's Research Day 39) Add link to top IT career listings to IHPME website
Materials Required	• Refreshed MHI website landing page copy: enhance program description and key selling features; add clear CTAs; add student testimonials to website • Activated web search function to list MHI faculty as a group

	• Quick Facts MHI information sheet and Top 10 List of reasons to/benefits of study at IHPME (print and e-versions) • Profiles/feature stories/testimonials of MHI graduates (with photos) describing their experience at IHPME and what's it's enabled them to do; add these to the website and run them as stories in CONNECT newsletter • Impact stories on MHI faculty/graduates • Pre-orientation package • MHI brochure, ppt. deck, poster, banner
Critical Dates	SOG Moonshot Event: October 14, 2015 Dalla Lana Open House: October 17, 2015 Application Deadline: January 15, 2016 IMPME Research Day: May, 2016 Start Date: September, 2016 Other ?
Measures of Success	• Establish baseline metrics • Growing database of potential students • # of attendees at conference reception/hospitality suite/lunch and learns • Response from VPs, IT/IM • Increased visits to MHI web pages • Increased inquiries from prospective students • Growing MHI community through LinkedIn group and Twitter • Increased # of qualified applicants
Budget	TBD
Examples of what MHI faculty can do to support recruitment	• Take brochures to conferences where they are presenting • Add one slide to their presentation decks about IHPME's MHI program • Send personal note along with pre-orientation package to accepted students welcoming them to the program • Attend/Participate in Moonshot event, DL Open House • Join and contribute to LinkedIn group, Twitter account • Reach out to their own networks
Examples of what current students can do to support recruitment	• Take brochures to conferences they are attending or where they are presenting • Add one slide to their presentation deck about why they chose IHPME's MHI program and how their experience has been to date • Offer to serve as a "buddy" for new students • Participate in DL Open House, Research Day; attend conference reception/hospitality suite/lunch and learns to talk up the program • Join and contribute to LinkedIn group, Twitter account • Invite their friends/colleagues to IHPME's Research Day

High Level Implementation Roll-out: Year I	
Item	**Timing**

Build MHI e-distribution lists/d-base	Immediately / ongoing
Review and finalize recruitment plan	By October 2, 2015
Program Directors, and faculty to attend Moonshot event	October 14, 2015
DLSPH Open House	October 17, 2015
Establish baseline metrics and put data collection tools/mechanisms in place	October, 2015
Build LinkedIn group and create Twitter account; invite people to join; factor into e-marketing campaign and website; issue call for applications for Jan. 15th deadline	Mid-October, 2015
Add MHI faculty and graduate social media channels to IHPME SM Hub	Mid-October, 2015
Investigate options and finalize participation at OHA's e-Health Achieve	October, 2015
Faculty and student brainstorming and briefing session(s); factor any additional tactics/requirements into plan	October/November, 2015
Create recruitment products/tools	Program brochure, ppt deck, poster and banner by end of October, 2015 Other elements by end of November, 2015 Feature profiles (ongoing)
Investigate options and finalize participation at Infoway Partnership and e-Health Conferences.	November/December, 2015
Develop e-marketing campaign targeting students	By mid-November, 2015
Initiate e-marketing campaign targeting students	By mid-late November, 2015
Research/write impact stories	End of December, 2015
ID MHI "stars" for IHPME ad campaign	End of December, 2015
Compile preliminary performance results using new metrics	End of January, 2016

Develop recruitment plan for IHPME's Research Day	February, 2016
Research and write graduate profiles/testimonials; run one at a time in CONNECT and post to website	October, 2015 February, 2016 June, 2016 October, 2016
Implement recruitment plan at IHPME Research Day	May, 2016
Compile performance results using new metrics	June, 2016
Recalibrate Year II plan based on results to date and implement	July, 2016
Develop e-marketing campaign targeting IT/IM leaders for fall 2016 implementation	July/August, 2016

Program: MHSc – Health Administration

Draft #1: Sept. 14, 2015

This plan has been developed to work in tandem with (augment and complement) IHPME's integrated marketing/communications recruitment strategy presented to the Communications Committee ***on August 26, 2015.*** *** Note**: Advertising is not included in individual program plans as this was recommended as an IHPME initiative to include, reflect and support all IHPME programs. Should IHPME decide to proceed with an ad campaign, the media buy would be developed to reach Health Admin. and other program targets.	
Objectives	21) Engage current Health Admin. faculty and students in the student recruitment process and equip them with the tools and support they need to actively recruit high caliber students. 22) Enlist the support of the Health Admin. graduate community and equip them with the tools to support Health Admin's recruitment efforts. 23) Increase awareness of the Health Admin. Program to spark interest and applications from beyond the GTA/Ontario. 24) Demonstrate the benefits students derive from the program. 25) Illustrate the impact Health Admin faculty and graduates have had on our health system. 26) Establish and build an online Health Admin. community to support recruitment efforts
Target Audiences	17) Current Health Admin faculty (?) 18) Current Health Admin. students (~80) 19) IHPME Health Admin. graduates 20) VPs, HR and OD/Talent Management in health related organizations in Canada

	21) Professional health leadership associations in Ontario/Canada (i.e. CCHL, OHA, etc.)
Key Messages	*To be developed in collaboration with Program Director Some points to consider:* • Fully accredited by the Commission on Accreditation of Healthcare Management • Competency-based format with an emphasis on experiential learning • Practicums with respected senior health leaders • Ability to keep working while furthering studies • Developing tomorrow's healthcare leaders • The value of the IHPME network • Calibre/reputation of faculty • Located in Toronto, proximity to hospital row, Queen's Park and other leading health organizations
Tactics	40) Create the products/tools required to promote the program (see Materials section below). 41) Equip Health Admin. faculty and students with the products/tools (outlined below) they need to help promote the program; hold a one-hour brainstorming and briefing session with faculty and students to determine how they can help recruit students (see potential activity listed below) 42) Create/build Health Admin. e-distribution list/d-base for e-marketing purposes. 43) Host a reception/hospitality suite or sponsored lunch and learn in conjunction with OHA's Health Achieve Conference and other health leadership conferences; collect names and email addresses of attendees for e-marketing purposes 44) Participate in DLSPH Open House; collect attendee names and email addresses for follow up e-marketing campaign 45) Host a (student) Bring a Friend Day annually; collect names and email addresses for follow up e-marketing campaign. 46) Create a Health Admin. Program briefing for VPs of HR, OD/Talent Management in health organizations/government in Ontario; work with individual organizations to gauge interest/value in a local information session; host information sessions in major Ontario centres (Ottawa, London, Kingston, Windsor, Thunder Bay); promote event through Health Admin network and HR departments; collect names and email addresses of attendees and follow up with e-marketing campaign. Consider expansion beyond Ontario in Year 2 based on Year 1 results. 47) Develop and evolve e-marketing campaign to prospective students 48) Create a Health Admin *LinkedIn* group and Twitter account to connect Health Admin. faculty, students and graduates. 49) Determine which Health Admin. faculty and graduates use Social Media now and add to Health Admin/IHPME SM Hub 50) Add a recruitment component to IHPME's Research Day 51) Add link to Longwoods' career web section to IHPME website.
Materials	• Refreshed Health Admin. website landing page copy: enhance program

Required	description and key selling features; add clear CTAs; refresh program testimonials on website • Activated web search function to list Health Admin. faculty as a group • Quick Facts Health Admin. information sheet and Top 10 List of reasons to/benefits of study at IHPME (print and e-versions) • Profiles/feature stories/testimonials of Health Admin. graduates (with photos) describing their experience at IHPME and what's it's enabled them to do; add these to the website and run them as stories in CONNECT newsletter • Impact stories on Health Admin faculty/graduates • Health Admin. brochure, ppt. deck, poster, banner • Pre-orientation package • Program briefing for VPs. HR/OD/Talent Management
Critical Dates	SOG Moonshot Event: October 14, 2015 Dalla Lana Open House: October 17, 2015 Application Deadline: February 1, 2016 IMPME Research Day: May 2016 Start Date: September, 2016 Other ?
Measures of Success	• Establish baseline metrics • Growing database of potential students • # of attendees at local and conference information sessions/lunch and learns • Increased visits to Health Admin. section of website • Increased Social Media activity (LinkedIn, Twitter) • Increased inquiries from prospective students • Increased # of qualified applicants beyond the GTA/Ontario • Growing community of Health Admin graduates and students
Budget	TBD
Examples of what Health Admin. faculty can do to support recruitment	• Take brochures to conferences where they are presenting • Add one slide to their presentation decks about IHPME's Health Admin. program • Send personal note along with pre-orientation package to accepted students welcoming them to the program • Attend/Participate in Moonshot event, Open House • Join and contribute to LinkedIn group, Twitter account • Reach out to their own networks
Examples of what current students can do to support recruitment	• Take brochures to conferences they are attending or where they are presenting • Add one slide to their presentation deck about why they chose IHPME's Health Admin. program and how their experience has been to date • Offer to serve as a "buddy" for new students; invite a colleague to IHPME for a day • Participate in Open House, Research Day, local information sessions and conference lunch and learns • Join and contribute to LinkedIn group, Twitter account • Invite their friends/colleagues to IHPME's Research Day

High Level Implementation Roll-out: Year I	
Item	**Timing**
Build Health Admin. e-distribution list/d-base	Immediately / ongoing
Review and finalize recruitment plan	By October 2, 2015
Program Director, and faculty to attend Moonshot event	October 14, 2015
DLSPH Open House	October 17, 2015
Establish baseline metrics and put data collection tools/mechanisms in place	October, 2015
Investigate options and finalize participation at OHA's Health Achieve	October, 2015
Faculty and student brainstorming and briefing session(s); factor any additional tactics/requirements into plan	October/November, 2015
Create recruitment products/tools	Program brochure, ppt deck, poster and banner by end of October, 2015 Other elements by end of November, 2015 Feature profiles (ongoing)
Prepare briefing for VPs, HR/OD/Talent Management; develop targeted list; send briefing and follow up to gauge interest in local information sessions; book at least 2 in Year 1.	November/December, 2015
Plan Bring a friend Day to be held in Spring, 2016	November/December, 2015
Develop e-marketing campaign	By end of November, 2015
Initiate e-marketing campaign	Early December, 2015 / ongoing
Create Health Admin. LinkedIn group and Twitter account; invite people to join; factor into e-marketing campaign and website; add link to Longwood's web career section to IHMPE site	By end of December, 2015
Research/write impact stories	End of December / ongoing

ID Health Admin "starts" for inclusion in IHPME ad campaign	End of December, 2015
Add Health Admin. faculty and graduate social media channels to Health Admin/IHPME SM Hub	December, 2015
Explore options and finalize participation at CCHL's June conference	January, 2016
Hold localized information sessions	January, 2016
Compile preliminary performance results using new metrics	End of January, 2016
Develop recruitment plan for IHPME's Research Day	February, 2016
Research and write graduate profiles/testimonials; run one at a time in CONNECT and post to website	December, 2015 March, 2016 July, 2016 November 2016
Implement recruitment plan at IHPME Research Day	May, 2016
Compile performance results using new metrics	June, 2016
Recalibrate Year II plan based on results to date and implement	July, 2016

Program: MSc – Quality Improvement and Patient Safety (QIPS)

Draft #1: Sept. 14, 2015

This plan has been developed to work in tandem with (augment and complement) IHPME's integrated marketing/communications recruitment strategy presented to the Communications Committee

on August 26, 2015.

*** Note**: Advertising is not included in individual program plans as this was recommended as a IHPME initiative to include, reflect and support recruitment for all IHPME programs. Should IHPME decide to proceed with an ad campaign, the media buy would be developed to reach QIPS and other program targets.

Objectives	27) Engage current QIPS faculty and students in the student recruitment process and equip them with the tools and support they need to actively recruit students from disciplines other than medicine. 28) Enlist the support of the QIPS graduate community and equip them with the tools to support QIPS recruitment efforts. 29) Increase awareness of the QIPS program among health care practitioners to

	spark interest and applications. 30) Demonstrate the benefits derived by students from the QIPS program. 31) Illustrate the impact QIPS faculty and graduates have had on our health system. 32) Reach out to prospective students where they "work and learn" 33) Leverage the IDEAS online community to support QIPS recruitment efforts
Target Audiences	22) Current QIPS faculty (?) 23) Current QIPS students (~30) 24) IHPME QIPS graduates 25) IDEAS Advanced Learning Program graduates 26) Experienced health care practitioners (other than physicians) working throughout Ontario's health system 27) Relevant professional associations in Ontario/Canada 28) Patient safety and quality improvement leaders in health organizations
Key Messages	*To be developed in collaboration with Program Director Some points to consider:* • Interprofessional nature of program • Applied learning (project-based, no thesis) • Quality improvement and patient safety are everyone's business • Can be completed remotely, in one year without interrupting one's career • Located in Toronto • High caliber/reputation of QIPS faculty • IHPME/IDEAS networks
Tactics	52) Create the products/tools required to promote the program (see Materials section below). 53) Equip QIPS faculty, graduates and students with the products/tools (outlined below) they need to help promote the program; hold a one-hour brainstorming and briefing session with faculty and students to determine how they can help recruit students (see potential activity listed below) 54) Create/build QIPS e-distribution list/d-base for e-marketing purposes; inquire whether you can access IDEAS Advanced Program graduate list for e-marketing campaign 55) Explore opportunities to collaborate with IDEAS to pitch QIPS to IDEAS Advanced Learning Program graduates 56) Create a QI/PS primer and make it available for download from the IHPME site with sign-up requirements to gather names/email addresses for follow up e-marketing campaign 57) Host a reception/hospitality suite or sponsor lunch and learn in conjunction with HQO's Transformation Conference and other Patient Safety/Quality Improvement conferences; collect names and email addresses of attendees for e-marketing purposes 58) Participate in DLSPH Open House; collect attendee names and email addresses 59) Explore partnership with Cdn. Patient Safety Institute (CPSI), which does a 2-day training programs across Canada, to see if you can promote QIPS to registrants 60) Develop and evolve e-marketing campaign to prospective students 61) If unable to partner with IDEAS, create a QIPS *LinkedIn* group to connect HSR

	faculty, students and graduates. 62) Determine which QIPS faculty and graduates use Social Media now and add to QIPS/IHPME SM Hub or IDEAS 63) Add a recruitment component to IHPME's Research Day
Materials Required	• Refreshed QIPS website landing page copy: enhance program description and key selling features; add clear CTAs; refresh program testimonials on website • Activated web search function to list QIPS faculty as a group • Quick Facts QIPS information sheet and Top 10 List of reasons to/benefits of study at IHPME (print and e-versions) • Profiles/feature stories/tesimonials of QIPS graduates (with photos) describing their experience at IHPME and what's it's enabled them to do; add these to the website and run them as stories in CONNECT newsletter • Research/write impact stories • QIPS brochure, ppt. deck, poster, banner • Pre-orientation package • QI/PS primer
Critical Dates	SOG Moonshot Event: October 14, 2015 HQT: October 14, 2015 Dalla Lana Open House: October 17, 2015 Application Deadline: November 15, 2015 IMPME Research Day: May 2016 Start Date: September, 2016 Other ?
Measures of Success	• Establish baseline metrics • Growing database of potential students • Increased visits to QIPS section of website • Growing LinkedIn group • Increased Social Media activity (LinkedIn, Twitter) • Downloads of QI/PS primer • Increased inquiries from prospective students • Increased # and diversity of qualified applicants to QIPS • Increased # of QIPS students • Growing community of QIPS graduates & students
Budget	TBD
Examples of what HSR faculty can do to support recruitment	• Take brochures to conferences where they are presenting • Add one slide to their presentation decks about IHPME's QIPS program • Send personal note along with pre-orientation package to accepted students welcoming them to the program • Attend/Participate in Moonshot event, Open House, HQT • Join and contribute to LinkedIn group, Twitter • Reach out to their own networks
Examples of what current students can	• Take brochures to conferences they are attending or where they are presenting • Add one slide to their presentation deck about why they chose IHPME's QIPS

do to support recruitment	program and how their experience has been to date • Offer to serve as a "buddy" for new students • Participate in Open House, Research Day, organizational lunch and learns • Join and contribute to LinkedIn group, Twitter • Invite their friends/colleagues to IHPME's Research Day

High Level Implementation Roll-out: Year I	
Item	**Timing**
Build QIPS e-distribution list/d-base	Immediately / ongoing
Review and finalize recruitment plan	By October 2, 2015
Program Director, and faculty to attend Moonshot event	October 14, 2015
QIPS faculty and students to attend HQT Conference	October 14, 2015
DLSPH Open House	October 17, 2015
Establish baseline metrics and put data collection tools/mechanisms in place	October, 2015
Faculty and student brainstorming and briefing session(s); factor any additional tactics/requirements into plan	October/November, 2015
Create recruitment products/tools	Program brochure, ppt deck, poster and banner by end of October, 2015 Other elements by end of November, 2015 Feature profiles (ongoing)
Explore marketing opportunities with IDEAS, CPSI and HQT	November, 2015
Develop QI/PS primer	By end of November, 2015
Develop e-marketing campaign	By end of November, 2015
Initiate e-marketing campaign	Early December, 2015 / ongoing
Depending on outcome of discussions with IDEAS, create QIPS LinkedIn group and Twitter account and invite people to join; factor into e-marketing campaign and website	By end of December, 2015

Add QIPS/IDEAS faculty and graduate social media channels to QIPS/IDEAS/IHPME SM Hub	December, 2015
Research/write impact stories	End of December, 2015
Compile preliminary performance results using new metrics	End of January, 2016
Develop recruitment plan for IHPME's Research Day	February, 2016
Research and write graduate profiles; run one at a time in CONNECT and post to website	January, 2016 April, 2016 August, 2016 December 2016 / ongoing
Implement recruitment plan at IHPME Research Day	May, 2016
Compile performance results using new metrics	June, 2016
Recalibrate Year II plan based on results to date and implement	July, 2016

Appendix 49: IHPME Recruitment Materials

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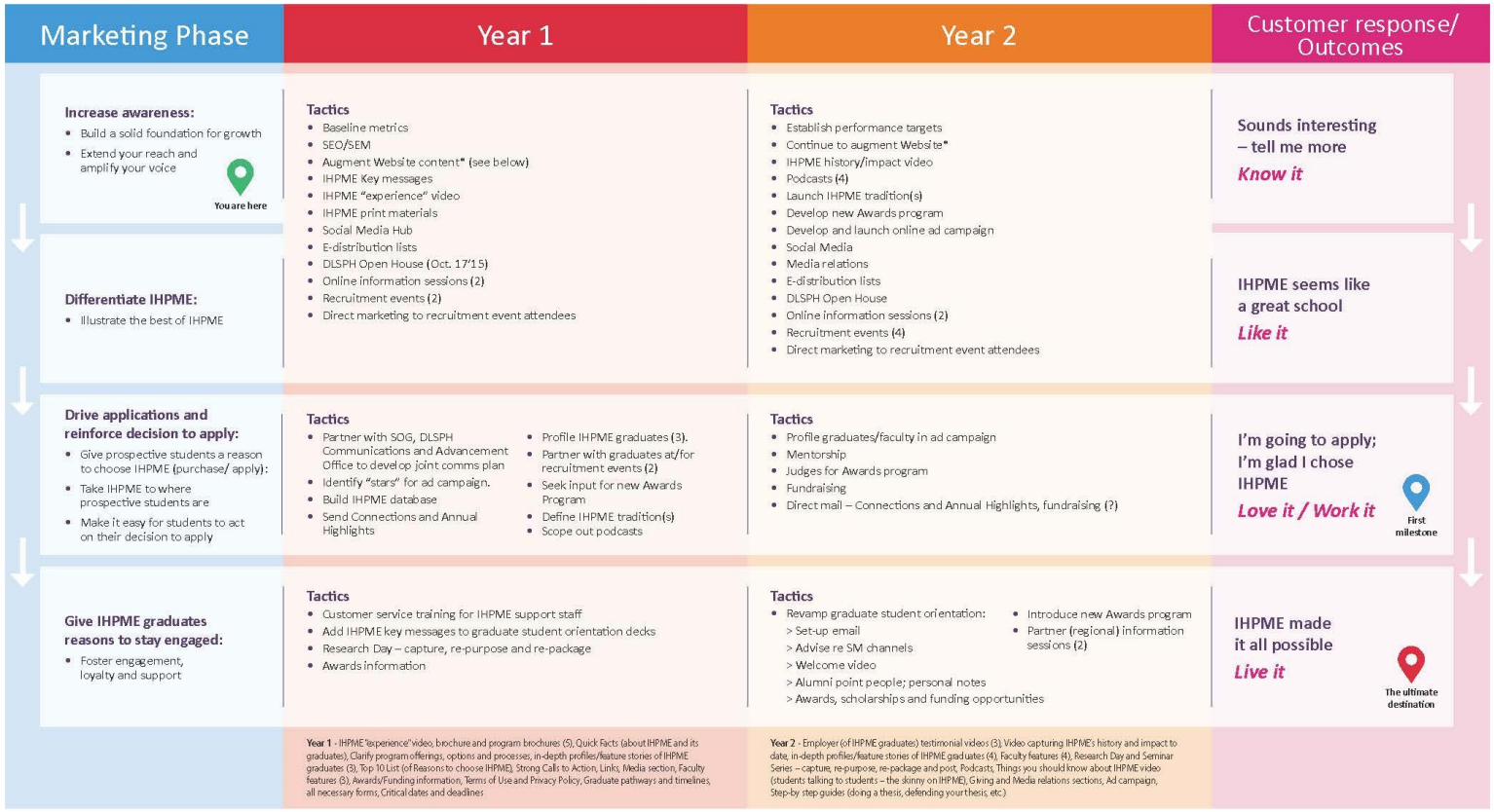
IHPME Recruitment Roadmap | August 26, 2015

IHPME



Dr. Saswata Deb

CLINICAL EPIDEMIOLOGY & HEALTH CARE RESEARCH (CEHCR)

MSc/PhD

Training clinician scientists

IHPME's Clinical Epidemiology and Health Care Research (CEHCR) program is designed to train clinician scientists. Students learn how to investigate gaps and barriers to patient care, test hypotheses and translate their research into practice.

Students are trained in state-of-the-art research methods that enable them to design research programs. They systematically review, synthesize and meta-analyze current knowledge, evaluate current practice through observational clinical and health administrative database studies, explore patient and clinical perceptions, priorities and equipoise for interventions, conduct clinical trials and medical decision science and translate this knowledge to the point of care and the health care system. The program is unique in integrating a research degree with clinical practice.

CLINICAL EPIDEMIOLOGY & HEALTH CARE RESEARCH

"IHPME's Clinical Epidemiology Program stands strong with a multitude of relevant and practical courses, taught by passionate, world-renowned faculty. As I approach the finish mark of my PhD, I feel confident in pursuing a career as an academic cardiac surgeon. I highly recommend this program to anyone aspiring to clinical research."

SASWATA DEB, MD, PhD candidate (CEHCR),
Surgeon Scientist & Clinical Investigator Programs
Vanier Canada Graduate Scholarship
Claire Bombardier Award Winner

Dr. Alex Kiss,
Biostatistician, ICES

Institute of Health Policy, Management and Evaluation
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IHPME

Impact
Outcomes
Success

CLINICAL EPIDEMIOLOGY & HEALTH CARE RESEARCH

MSc Thesis Stream
> 18-24 months full-time
> Six half-courses
> Thesis – a major scholarly compilation including one or more publishable peer-reviewed manuscripts

MSc Non-thesis Stream
> 12-18 months full-time
> Ten half-courses
> 1 or 2 flexible research internships

PhD
> Full-time or flex-time
> 3-6 years
> Ten half-courses
> Thesis – a major scholarly compilation including three or more publishable peer-reviewed manuscripts

Reputation
IHPME's CEHCR program is internationally recognized for its excellence in observational and large health administrative database, experimental and decision-sciences research. Students will be instructed and mentored by a faculty that includes more than 80 leading clinical epidemiology and health services researchers.

Location
IHPME is centrally positioned within Canada's healthcare community. Located at the Dalla Lana School of Pubic Health, the program is in close proximity to the Faculty of Medicine, research institutes and leading adult and paediatric academic hospitals. An Institute for Clinical Evaluative Sciences (ICES) satellite is on campus, providing the opportunity for access to population health data.

Success
Our students publish high-impact, peer-reviewed scholarly manuscripts. Most CEHCR students are awarded competitive external research awards to pursue their training. More than 80 per cent of students are offered full-time academic positions upon graduation.

Advancement
IHPME graduates form a network of healthcare scholars and leaders in Canada and around the world, supporting lifelong collaboration and excellence in clinical epidemiology and health care research.

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IHPME

The highest priority will be given to applicants who want to combine research with clinical care to become independent investigators.

"I highly recommend this program. The courses were outstanding and the course directors passionate and committed. I feel prepared to start my program in pediatric brain diseases as an independent clinical researcher."

SANDRA BIGI, MD, MSc (CEHCR)
Pediatrician and Child Neurologist
Swiss Institute of Medical Education
Staff Neurologist, Children's University Hospital
Department of Pediatrics, Division of Child Neurology, Bern, Switzerland

QUESTIONS?
Call: (416) 946-3486
Email: clinepi.grad@utoronto.ca

APPLY ONLINE
ihpme.utoronto.ca/apply

IHPME
4th Floor, 155 College Street
Toronto, Ontario M5T 3M6

@IHPMEGSU

ihpme.utoronto.ca

HEALTH ADMINISTRATION

MHSc

For high-achieving professionals who wish to advance as healthcare leaders

The IHPME Master of Health Science in Health Administration program prepares graduates for the unique demands of leadership in today's complex healthcare environment.

Combining health policy, business and management, this two-year interdisciplinary program brings new models and principles into alignment with a health services focus. Graduates are skilled at applying innovative solutions to the issues and constraints of the health sector.

The MHSc in Health Administration is offered in a modular format, allowing professionals to earn the degree in two years without interrupting their careers.

HEALTH ADMINISTRATION
PROFESSIONAL DEGREE

"We walk through thousands of doors over the course of a lifetime, and the door to my degree in health administration is a truly memorable one. The experience enriched me, and the people around me. What I found on the other side of the door was the opportunity to impact the lives of people and communities in a new way."

SHIRLEE SHARKEY, CHE, MHSc, BScN, BA
CEO, Saint Elizabeth

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UNIVERSITY OF TORONTO

IHPME

Experience
Leadership
Advancement

HEALTH ADMINISTRATION

MHSc

The MHSc in Health Administration integrates the NCHL model as the framework for its program. Progress is assessed based on 26 technical and behavioural competencies under the domains of Transformation, People, and Execution.

NCHL Leadership Competency Model™

Students are equipped with a solid foundation in key areas of leadership knowledge:

> Health policy and economics,
> Health care trends and issues,
> Strategic planning, change management and quality,
> Marketing, outcomes and evaluation,
> Human resource management,
> Information systems,
> Accounting and finance, and
> Quantitative decision-making methods.

Excellence

IHPME's MHSc faculty are the foremost thinkers, researchers and practitioners influencing our health care system today. Our guest faculty hold senior positions at leading health organizations, bringing their innovative thinking to the program.

Experience

Students engage in significant practicums under the supervision and mentorship of respected healthcare leaders. The program's focus on interactive learning allows students to build a portfolio of real work exposure and achievement.

Enrichment

Classmates are high-calibre managers and professionals from all segments of the public and private healthcare sectors. Learning is enhanced by the opportunity to share skills and knowledge with others from diverse professional backgrounds and experiences.

Advancement

IHPME is part of an extensive network of healthcare leaders and influencers in Canada and around the world. MHSc Health Administration graduates become part of this exclusive circle, gaining a lifelong connection to the IHPME community.

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IHPME

In 2014, CAHME awarded this program a seven-year accreditation, its highest possible ranking.

"Completing the Health Admin program really kick-started my career. The high calibre faculty, diverse student body and extensive IHPME network enriched the whole experience for me. I had high expectations going into the program and came away with far more than I expected. Today, if I need information or advice, I know exactly where to go or who to call to get what I need because I am now part of IHPME's truly amazing network. That's been invaluable."

MATTHEW ANDERSON,
President and Chief Executive Officer
William Osler Health System

QUESTIONS?
Call: (416) 946-4100
Email: ihpme.mhsc.grad@utoronto.ca

APPLY ONLINE
ihpme.utoronto.ca/apply

IHPME
4th Floor, 155 College Street
Toronto, Ontario M5T 3M6

@IHPMEGSU

ihpme.utoronto.ca

HEALTH SERVICES RESEARCH (HSR)

MSc/PhD

For individuals who want to contribute to the evolution of health systems

HSR is an internationally recognized program that prepares graduates for leadership roles in academia, research, policy, and planning in both the public and private sectors.

This research degree concentration combines intensive training in methodology with advanced education in a range of academic disciplines. Students gain an extensive grounding in health services research methods pertinent to their area of study.

HSR's reputation for research results in projects and collaborations that span regional, national and global contexts. Students achieve a high rate of scholarships, peer-reviewed publications, and conference presentations.

HEALTH SERVICES RESEARCH

"As a PhD student in HSR, I received in-depth and comprehensive training in health policy theory and methods. Moreover, as a member of the IHPME community, I was provided with access to a network of the leading health services researchers in Canada, both current and future, and presented with many career and development opportunities."

RENATA AXLER, BA (Hons), MBioethics, PhD
Research Associate, World Health Innovation Network, Odette School of Business, University of Waterloo
Peter Singer Award in Bioethics, 2014

Institute of Health Policy, Management and Evaluation
UNIVERSITY OF TORONTO

IHPME

Innovation
Knowledge
Evolution

HEALTH SERVICES RESEARCH

MSc/PhD

Primary Areas of Study

The HSR Program is highly interdisciplinary, exposing students to the full array of academic disciplines within health services research. Students will have the opportunity to focus their education in one of HSR's six Primary Areas of Study:

> Health Economics
> Health Informatics Research
> Health Policy
> Health Services Organization and Management
> Health Services Outcomes and Evaluation
> Health Technology Assessment

Excellence

Learn from faculty who are nationally and globally renowned for their seminal studies and innovations in health services research. The depth and breadth of health systems knowledge at HSR is unparalleled in Canada.

Experience

HSR students engage in significant projects under the supervision of preeminent health services researchers. Knowledge and discoveries are translated and applied through IHPME's ever-expanding network.

Location

IHPME is steps away from prominent research institutes, leading hospitals, the provincial government, Institute for Clinical Evaluative Sciences (ICES), and the Statistics Canada Research Data Centre. Students are able to access these key resources.

Advancement

IHPME is part of an extensive network of healthcare leaders in Canada and around the world. HSR graduates become part of this dynamic and creative circle, gaining a lifelong connection to the IHPME community.

Institute of Health Policy, Management and Evaluation
UNIVERSITY OF TORONTO

IHPME

Applicants must have an excellent record of scholarship and an aptitude for health services research.

"HSR helps students become adept in their respective areas of interest and confident in their ability to conduct original high-calibre research. Expert faculty and interdisciplinary classrooms enhance the ability of students to think critically, problem-solve, and acquire practical skills required in leadership, professional practice and academia."

TYRONE A. PERREIRA, PhD, Med, BPHE
Postdoctoral Fellow, IHPME
Doctoral Completion Award

QUESTIONS?
Call: (416) 946-4100
Email: ihpme.hsr.grad@utoronto.ca

APPLY ONLINE
ihpme.utoronto.ca/apply

IHPME
4th Floor, 155 College Street
Toronto, Ontario M5T 3M6

@IHPMEGSU

ihpme.utoronto.ca

MASTER OF HEALTH INFORMATICS (MHI)

Engaging technologies for health system innovation and transformation

One of Canada's few graduate programs in the rapidly evolving field of health informatics, MHI leads the way in transforming students into professionals ready to manage the intersections of people, processes and information technology in healthcare.

Offered by IHPME in partnership with the Faculty of Information (iSchool), MHI's multidisciplinary curriculum combines clinical expertise with applied knowledge in information and communications technologies. Faculty prepare students to analyze, manage, implement, and evaluate the integration of technologies into real-world health systems.

Our graduates emerge as health informatics professionals who become leaders in strategy, project and change management, clinical informatics, system-wide analytics, and solution architecture.

MASTER OF HEALTH INFORMATICS
PROFESSIONAL DEGREE

"I began my program knowing little about the role of information systems within the healthcare sector. When I finished my studies, I entered into a new and burgeoning field equipped with the knowledge and skills to tackle complex issues."

JAMES MULLEN, MSc (MHI)
Senior Manager, Enterprise Project Management Office
Information Management Group
Centre for Addiction and Mental Health
Adjunct Lecturer, IHPME, Dalla Lana School of Public Health

Institute of Health Policy, Management and Evaluation
UNIVERSITY OF TORONTO

IHPME

People
Processes and
Information
Technologies

MASTER OF HEALTH INFORMATICS

MHI

MHI is ideal for emerging early to mid-career candidates from healthcare, business, and technology backgrounds. It is delivered in a 16-month in-class format including a four-month practicum placement.

Executive MHI

The Executive MHI is designed for established mid- to senior career candidates from healthcare, business, and technology backgrounds. It is delivered in a 22-month modular format and involves an employer-based project.

Program Phases

1. Internalizing Concepts (Year One): Understanding theoretical foundations of health informatics – a range of learning on clinical perspectives, policy, and technology design applied to local, national and global landscapes.
2. Experiential Learning (Summer): Individualized practicum placements in top-tier healthcare organizations to help students bring methods and tools into practice. Executive MHI students complete a project designed and delivered with employer support.
3. Applied Thinking (Year Two): Adapting models, concepts and skills to strategically innovate and execute practical health informatics solutions.

Knowledge

Faculty are recognized leaders in health informatics on the national and international levels. Students have unparalleled access to their expertise through courses, seminars, one-on-one coaching, and mentorships.

Advantage

Students graduate on the vanguard of professionals; equipped with the skills to bridge the health information needs of clinicians, patients, administrators and policy-makers with information technology solutions that drive system change and improvement.

Opportunity

MHI graduates have outstanding career prospects and access to opportunities. They become part of IHPME's extensive community, gaining a lifelong connection to an influential network of healthcare leaders in Canada and around the world.

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MHI students have an outstanding track record of post-graduation employment in health informatics and related roles.

"In the MHI program we learn to handle health system challenges using a combination of innovation and theory. As I embark on my career as a solution architect, I look forward to applying this knowledge to solve real world problems."

SELENA MICIC, HBSc, MHI (c)
Consultant, MD+A Health Solutions
Health Quality Ontario
Canucks at the Institute for Healthcare Improvement (2015) Scholar

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@IHPMEGSU

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QUALITY IMPROVEMENT & PATIENT SAFETY (QIPS)

MSc

For high-performing healthcare professionals

QIPS is a one-year graduate research degree offered by IHPME in collaboration with the Centre for Quality Improvement and Patient Safety.

QIPS is designed for physicians, nurses, managers and other health care professionals from all sectors in our system. The program prepares students to lead quality improvement and patient safety initiatives within their organizations and across the health system.

Under the expert supervision and mentorship of QIPS' renowned faculty, students will apply theory to practice, by designing, leading and assessing a quality improvement or patient safety initiative in the workplace.

QUALITY IMPROVEMENT & PATIENT SAFETY

"I envisioned that the program would teach me the skills to conduct QI projects. But it is so much more. For me, it has been about seeing patient care through a new and exciting lens. It is about asking the important (and often controversial) questions about our processes and then moving to make improvements through system re-design."

JEFFREY MOSKO, MD, FRCPC, MSc (QIPS)
Therapeutic Endoscopy, Division of Gastroenterology, St. Michael's Hospital

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UNIVERSITY OF TORONTO

IHPME

Vision
Leadership
Change

QUALITY IMPROVEMENT & PATIENT SAFETY

MSc
> Six half-courses
> One research project practicum
> Two elective credits: one external practicum and one half-course. Or, two half-courses within IHPME

QIPS provides a strong foundation in:
> Systems thinking,
> Improvement science theory and research methods,
> Best practices in quality improvement and patient safety implementation,
> Measurement methods and tools,
> Theory/tools for leading macro, meso and micro-level change.

Reputation
As one of the first graduate programs of its kind in Canada, IHPME QIPS is an academic leader. Faculty members are nationally and internationally recognized for their expertise in improvement science, patient safety, and healthcare leadership.

Position
IHPME is steps away from innovative research institutes, leading academic hospitals, Queen's Park, the Institute for Clinical Evaluative Sciences (ICES), and the Statistics Canada Research Data Centre. Students cultivate connections with these leading institutions.

Enrichment
QIPS is transdisciplinary, bringing together students from all health professions and sectors to conduct innovative research based on a project that improves health care delivery and patient safety across health care teams. The program offers a diverse and rich learning environment.

Advancement
IHPME is part of an extensive network of healthcare leaders and influencers in Canada and around the world. QIPS graduates become part of this exclusive circle, gaining a lifelong connection to the IHPME community.

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IHPME

The program's modular format allows professionals to earn their graduate degree in one year without interrupting their careers.

"QIPS provided me with a strong foundation of knowledge and practical skills that I use every day in my work as an academic hospital administrator. The program gave me the tools to lead, facilitate and teach others how to implement and sustain healthcare improvements at local and system levels. The curriculum's collaborative and interprofessional format provides an ideal and rich learning environment. Thank you to the renowned faculty, who are experts in the field of quality improvement and patient safety."

JOANNE ZEE, BScPT, MSc (QIPS), MCPA
Senior Clinical Director
Brain and Spinal Cord Rehabilitation Program, and Business Development
Toronto Rehab, UHN

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SYSTEM LEADERSHIP & INNOVATION (SLI)

MSc

Health system leadership for physicians in training

To meet the demand for physician leaders skilled in system-level transformation, IHPME is offering a new concentration in System Leadership and Innovation (SLI).

Designed for physicians in training, primarily UME and PGME students, the program prepares candidates for physician leadership careers.

The SLI program includes both courses and practicums that will expose students to an array of health system leadership concepts and settings where they will develop skills, gain practical experience and conduct key research. Each student will graduate from the program equipped with the tools and techniques they need to excel as physician leaders and innovators.

SYSTEM LEADERSHIP & INNOVATION

Graduates of this program are expected to play an important role in shaping and transforming health care systems in Canada and other countries. They will emerge with the skills and knowledge to conduct research, advance scholarship, and apply innovations that move the healthcare system forward.

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IHPME

Strategy
Innovation
Leadership

SYSTEM LEADERSHIP & INNOVATION

MSc

Full-time/Part-time Options:

SLI works with the flow of UME and PGME trainee education. The part-time option allows UME and PGME students to complete the concentration without interrupting their medical studies and clinical training. PGME students can, if they wish, complete the full-time option in one year.

Gain a strong foundation in:

> Leadership, motivation and partnering for innovation
> Strategic vision and planning for health system change
> Research methods for evaluating health system innovation
> Leading and responding to health policy and system change

Integrative

The SLI curriculum builds on partnerships with the Rotman School of Management, the School of Public Policy and Governance, and the Dalla Lana School of Public Health, and the other programs at IHPME to provide the opportunity for students to develop specific areas of leadership.

Dynamic

Students are taught and mentored by IHPME's world-renowned faculty in a curriculum that delivers course work and practicum experiences in real-world health system settings.

Connected

IHPME is part of an extensive network of healthcare leaders and decision-makers in Canada and around the world. SLI graduates become part of this influential circle, gaining a lifelong connection to the IHPME community.

Institute of Health Policy, Management and Evaluation
UNIVERSITY OF TORONTO

IHPME

The deadline for applications is the end of March for the program starting in July.

Health systems around the world are experimenting with system-level reforms and innovations to improve effectiveness, efficiency, and equity. The evolution of physician leadership from individual patient care to system-level innovation is considered a key success factor in achieving these goals.

QUESTIONS?
Call: (416) 946-8542
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Appendix 50: IHPME Faculty Recruitment Plan

IHPME Hiring Task Force Notes

Updated 18 October

Membership: Tony Culyer, Sharon Dell, Fiona Miller, Tina Smith, Ross Baker (chair)

In discussion with the director, the Task Force identified the following key criteria for new hires:

1. Academic excellence
2. Impact, broadly defined
3. Teaching
4. Commitment to the "commonweal".
    a. The search should seek those who are committed to IHPME, and will to contribute to the Institute's goals. "Fit" with the goals and values is seen as a critical criteria.

The Institute will be better served by holding to high standards in recruitment, so searchers that do not identify a highly qualified individual may be extended, or suspended.

A preliminary list of key areas for faculty recruitment includes:

1. Policy
2. E-Health
3. Economics
4. Quality Improvement and patient safety
5. Quantitative methods/biostatistics
6. Organizational theory and behavior/Leadership
7. Applied health services research/teaching in the MHSc.

Feedback from October faculty meeting:

- Consider not only specific skill sets but willingness to working more broadly and collaboratively with others; search criteria should include some emphasis on interest and track record in collaborating in a broad range of research, as well as specific areas of expertise.
- Mix of junior and senior posts – to balance the large turnover in senior ranks
- Consider qualitative method skills as another area of focus – perhaps in combination with the key areas listed above

- Think of recruitment in terms not just of individuals but the portfolio of skills among the new recruits

Further discussion from October 18 meeting:

The Institute will have 10 new tenure-stream or senior posts to fill in the near future, including possible 8 posts by July 2014. These include:

- 5 new tenure track posts
- Replacement tenure track positions for Louise Lemieux-Charles and Kevin Leonard
- New Ontario Health Policy Chair (to succeed Tony Culyer)
- Replacements for Jan Barnsley and Paul Williams (still 4 years distant but should be included in the planning)

In order to enable the Institute to coordinate hiring and consider the overall direction needed, the Task Force endorses a staged approach. The hiring might be done in 3 waves, starting with 2013-2014, then 2014-2015, and a later date that reflects the outcomes of the first two waves and the dates for faculty retirement.

Priorities for the first set of hires might include:

1. Ontario Health Policy Chair – could be policy and/or economics
2. Informatics/E-Health
3. Biostatistician/Quantitative methods
4. Quality and Patient Safety

If four new faculty members are recruited, that would leave an additional 4 posts for recruitment the following year (2014-5), plus 2 posts for replacements for Williams and Barnsley upcoming. Decisions on which areas to recruit for these hires should consider the strengths offered by new recruits, and seek additional faculty in the following areas:

1. Organizational theory
1. HSR
2. Additional posts in the preliminary list of areas – including economics, policy, quality and patient safety (see page 1).

Other changes to the Institute faculty complement also need to be considered– e.g., the migration of public health posts from DLSPH in developing strategy.

Thoughts on next steps:

1. The Task Force will develop a plan for hiring based on the above ideas, to be presented to the faculty meeting November 12th.
2. The Task Force suggests that there be a strategic approach to hiring that ensures a coordinated approach that fulfills the key criteria for recruitment, addresses critical Institute needs in research and teaching, and balances the "portfolio" of skills and areas needed. To achieve the strategic approach, we suggest:
    a. That search committees for each position meet with other members of the cognate areas in which the search is planning, and selected internal/external stakeholders to develop a clear sense of the Institute's needs. This discussion should focus broadly on how the new recruit will fit into specific teaching and research needs and contribute to the impact of the Institute. For example, in the recruitment of the new faculty in EHealth/Informatics, there should be prior discussion of the planned development of the teaching and research activities in this area and the relationship of these activities to the Institute plan.
    b. These reviews of each area could also consider the ways in which current faculty want to change or maintain their current teaching – subject to the agreement of the Director
    c. With the agreement of the Institute Director, the Task Force should remain active after the delivery of its plan for hiring. The Task Force members could participate in searches (the Director – and perhaps Associate Director—must chair each search), helping to ensure consistency and coordination across searches.
    d. The areas for faculty recruitment should be discussed in the strategic retreat scheduled for January 2014. This discussion should reconsider the desired areas of focus for the Institute, the current resources, and the skills and knowledge needed to achieve excellence and impact in both teaching and research.
    e. One of the biggest areas to change in the Institute will be in policy teaching and research. A review of the policy area should be carried out that considers the impact of the integration of DLSPH public policy faculty and the roles and responsibilities of IHPME across the policy agenda.
    f. The HSR program is undergoing leadership transition. There need to be an assessment of the faculty resources (research and teaching stream) needed to provide continued leadership in this program and how best to meet these needs.

APPENDIX 51: DLSPH Surveys - Self-Assessment

The majority of Dalla Lana School of Public Health assessment data is derived from university-wide surveys. Until recently, these surveys have had low specificity – particularly when the DLPSH was part of the School of Medicine. The DLPSH recognizes the importance of school-specific self-assessments for planning and reflection and is now designing school-wide surveys of faculty, staff, students, and alumni to be administered over the next 4-6 months.

Existing Surveys

Faculty

1) Speaking Up (2006, 2010, 2014)

"Speaking Up" is a University of Toronto faculty and staff experience survey. The survey includes questions on topics like leadership and management, work design, performance and recognition, safety, tools and resources, communications, diversity and equity, growth and development, cooperation and collegiality, and workload and balance. The "Speaking Up" surveys were administered in 2006, 2010, and in 2014. Results for 2006 integrate DLPSH with the Medical school, so are less useful. In 2010, 58 faculty members received the survey and 31 completed it. In 2014, 65 were sent the survey and 35 completed it.

Survey results in 2014 were divided into three main categories – "My Work," "My Workload" and "My Department." In all three categories, the DLPSH was slightly below or at the U of T average with improvements in satisfaction around workload and departmental culture compared to the 2010 results. Overall, in 2014 DLPSH faculty and staff were particularly satisfied with department/division-level communication and respect, overall staff and faculty engagement, and workload reasonableness. Faculty and staff indicated room for improvement around understanding job responsibilities, orientation to the workplace, and opportunities for job-related training and professional development.

2) Community & Engagement of Social and Behavioural Health Sciences (SBHS) Division (2014)

The survey was commissioned by the Social and Behavioural Health Division Head to better understand SBHS faculty engagement and communication preferences. A total of 79 faculty members, including tenured, contract, status-only, and adjunct faculty, were sent the on-line survey and 43 responded – a 54 percent response rate. Faculty were not asked about their overall satisfaction.

Since the survey was primarily about communication, the main findings show an overwhelming (90.7 percent) preference for communication over email. In terms of engagement, 58.1 percent of respondents were happy with their level of engagement with the division.

Staff

1) Speaking Up (2006, 2010, 2014)

Staff also completed the Speaking Up survey. In 2010, 40 staff members were sent the survey and 23 completed it. In 2014, 64 were sent the survey and 37 completed it.

Students

1) Canadian Graduate Professional Student Survey (CGPSS) (2005, 2007, 2010, 2013, 2016)

The CGPSS is a Canada-wide survey that asks students about their overall experiences of graduate school. Past surveys have combined the DLPSH with the Medical School. The results from the 2016 survey have not yet been released.

2) Survey of Graduate Professional Development Activities at the University of Toronto (2016)

The School of Graduate Studies developed the survey to understand the graduate student professional development environment across the University of Toronto. The aggregate data has not yet been shared with the DLPSH.

Post-Doctoral Fellows

1) Employability Skills Survey (2016)

Created by the School of Graduate Studies and supported by the Conference Board of Canada, the Employability Skills Survey asks postdoctoral students about their professional and personal skills. Results have not yet been released.

Alumni

1) DLSPH Alumni Survey (year unknown)

The survey asks all alumni (graduates from any year) about their general experiences at the DLPSH

Feedback on questions related to alumni services and DLPSH strengths is too low to be useful. Answers related to employment show alumni are in a range of health related and non-health related professions.

Planned Self-Assessments

Students

1) Graduate Exit Survey (June/July 2016)

This will be an annual (or biannual) survey for graduating DLPSH students in all degree programs. Students will be asked about the career plans, their experiences at the DLPSH (i.e. institutional effectiveness), their basic skills, and how they would like to stay connected to the school in the future.

Alumni

1) Alumni Survey (Summer 2016)

This short survey will target all DLPSH alumni for whom we have email addresses. The survey will ask them about career histories, including incomes and current jobs, professional development, and how they wish to be engaged with the DLPSH in the future. The survey is a pilot and will ideally be the foundation for future cohort alumni surveys, which will target alumni 3, 5, 10, and more years out of their degrees to understand the longer term trends in public health training and careers.