

Dalla Lana School of Public Health: Towards 2021 and Beyond

Strategic Plan 2016-2021
June, 2016

Celebrating a Century of Excellence in Public Health

Canadians of the early 20th century were struggling with outbreaks of disease, such as rabies and diphtheria. In 1914, the University of Toronto established the Antitoxin Laboratory in the Department of Hygiene to produce antitoxins and vaccines as a public service under the leadership of Dr. John G. FitzGerald. The Laboratory increased its funding and attracted support by providing smallpox and tetanus antitoxins during World War I, resulting in an eventual expansion to the Connaught Antitoxin Laboratory & University Farm at a newer and larger location.

The Connaught Laboratory played an important role in the development of insulin – a role which continued to feed growth and interest in the Laboratory and public health in general. In 1925, the University of Toronto created the School of Hygiene. It officially opened on June 9, 1927 at a new location thanks to the Rockefeller Foundation, which also funded the building of schools at Harvard and Johns Hopkins.

By the mid-1930s, the School of Hygiene had become a world leader in sanitation science, nutrition and vaccine development. At the time, it was a nationwide producer and supplier of insulin, assumed a pioneering role in nutritional studies, purified heparin and orchestrated its first clinical trials, and made important contributions to viral studies, including the testing and development of vaccines for diphtheria and polio.

In 1947, the Department of Hospital Administration was formed. The success of public health measures in controlling communicable diseases and the introduction of Medicare propelled hospital and health services to the forefront of the Canadian agenda. The Department extended the role of the School of Hygiene to the training of professionals and administrators that could manage increasingly complex healthcare organizations. Today, the Institute of Health Policy, Management and Evaluation provides this training, along with an array of health systems research and collaborations with decision-makers across the Canadian and global health systems.

By the 1970s, communicable diseases seemed vanquished by antibiotics and the School was transitioned to a Division of Community Health in the Faculty of Medicine. This shift served as a launching pad for the development of specialized graduate programs to train public health and health systems professionals and researchers for practice across Canada and beyond. The release of the Lalonde Report in 1974 also supported and strengthened growing scholarship on the social determinants of health and underscored the potential impact of public health and health systems scholarship on communities.

A resurgence of Canadian interest in public health occurred early in the millennium, partially spurred by the Walkerton crisis and the SARS epidemic. A report by Dr. David Naylor, then Dean of Medicine at the University of Toronto, highlighted the shortage of public health resources in the province and recommended re-establishing a School of Public Health in Toronto. The School was reborn in 2008 and renamed the Dalla Lana School of Public Health following Paul and Alessandra Dalla Lana's \$20 million gift in 2009 – the largest ever gift to public health in Canada. In mid-2013, the School became the University of Toronto's first new Faculty in 15 years, with a vision and mission distinct from the Faculty of Medicine.

Table of contents

1. Introduction	4
2. Approach to Strategic Planning	5
3. The Landscape.....	6
4. Emerging Areas of Focus	11
5. Towards 2021 and Beyond.....	13
6. Milestones and Indicators	15
7. Next Steps and Conclusions.....	20
8. Appendix	21

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1. Introduction

The University of Toronto has a long history of excellence in public health and health systems education, research and training. From its early work in sanitation science, nutrition and vaccine development to today's advances in infectious and chronic disease prevention and health policy, the University's ongoing commitment to public health education and learning, research and service has benefitted Canadians and people across the globe for close to a century. During this time, scholarship on public health and health systems has evolved to reflect a dynamic combination of methods to engage communities, create sustainable healthcare and achieve social justice in health.

In 2013, the Dalla Lana School of Public Health (DLSPH) became the first new stand-alone Faculty of the University of Toronto in more than 15 years. Since achieving Faculty status, several institutes and collaborative initiatives have been added to the School, bringing together a full spectrum of public health and health systems expertise. The School now includes: five disciplinary-based divisions that serve as home units for faculty, including Biostatistics, Clinical Public Health, Epidemiology, Occupational and Environmental Health, and Social and Behavioural Health Sciences; the Institute of Health Policy, Management and Evaluation (IHPE), which serves both as a home unit for faculty as well as a trans-disciplinary academic unit; three additional major trans-disciplinary academic units, including the Institute for Global Health Equity and Innovation (IGHEI), the Joint Centre for Bioethics (JCB) and the Waakebiness-Bryce Institute for Indigenous Health (WBIH); and a range of other interdisciplinary centres that focus on areas such as public health policy, HIV, tobacco control, qualitative methods, health economics and health equity.

This combined expertise makes the DLSPH the largest school of public health in Canada and one of the most diverse and comprehensive schools of public health in the world. Its impact allows the University of Toronto to rank as one of the top 15 global universities for social sciences and public health, of which it is among the top three universities situated in a country that has attained a universal coverage healthcare system. The scope and breadth of the School's programming provides unparalleled opportunities to work with scholars, decision-makers, practitioners and communities on initiatives that span the full range of critical issues in public health and health systems. The orientation of faculty, staff and learners to working with communities also makes the DLSPH one of the most engaged schools of public health around the world. The time is right to leverage the School's longstanding and new collaborative partnerships to influence fundamental changes in health, both locally and globally.

"We aspire to be one of the world's leading schools of public health, known for innovations that are driven by evidence-based and holistic ideas of what a healthy and sustainable society will look like in the future."

~ Howard Hu, Dean of the Dalla Lana School of Public Health

Toward 2021 and Beyond marks the first strategic plan of the new Faculty and the first comprehensive strategic plan for the School, including its divisions, academic units and centres. It is a look forward to how the DLSPH can leverage its newly combined strengths to enhance its world-class education and learning, research and service on a local and global scale over next five years and beyond. This School-wide plan will be used to support and align the development of strategies for the School's divisions,

academic units and centres. The directions mapped out will guide the growth of the School as an integrated and coherent entity that strives for broad and deep impact in public health and health systems. The plan also sets a benchmark for what a school of public health can achieve within a universal coverage healthcare system.

2. Approach to Strategic Planning

In 2015, the School began an inclusive strategic planning process to chart its future direction, given both its recent transformation into a Faculty and the completion of existing strategic plans for the DLSPH and the IHPME. Strategic planning is an important organizational process and acts as a unifier both in its process and its content. It helps to set a high-level direction for an organization by outlining key aspirational goals and desired outcomes. Our strategic planning process was both inward looking and outward facing, and helped to forge a sense of unity in the School.

The DLSPH engaged a broad group of stakeholders in the development of this Strategic Plan over the course of more than a year. An internal Steering Committee was formed in early 2015 to lead the strategic planning process. Early and ongoing School-wide consultations with the Executive Committee, the School Council, the divisions, academic units, and centres of the School, as well as the general faculty (through faculty meetings), helped to set and maintain the focus for planning. The Steering Committee reviewed progress against the previous plans of the School and its academic units, and commissioned an external landscape analysis of the School's position in Canada and internationally in relation to leading peer institutions. The independent landscape assessment used interviews, close to 250 source documents, and multiple strategic planning approaches, including Program Logic Models, Political Economic Social Technological Environmental Legal (PESTEL) Analysis, Porter's Five Forces Analysis and Strengths Weaknesses Opportunities Threats (SWOT) Analysis, to provide a detailed understanding of the School's current position in the local and global public health environment. The Steering Committee also reviewed the strategic plans and associated documents of closely related faculties, hospitals, healthcare providers, government agencies, funding councils and major foundations, and international organizations, and performed a critical analysis of the School's learner enrollment, progress against previous plans, and infrastructure.

In mid-2015, a series of focused sub-committees developed a range of options for strategic directions for 2021 and beyond. The sub-committees were composed of more than 60 members of the School community, representing registered learners, alumni, staff, and both budgetary and non-budgetary faculty, selected for their expertise and interest in six areas: Partnerships, Engagement and External Relationships; Synergy Between Population Health and Health Systems; Teaching Innovation; Performance Measures and Benchmarks; Research Capacity Enhancement; and Cross-Cutting Themes.

Concurrent to monthly meetings with the sub-committees, the Steering Committee initiated consultations with the Dean's Advisory Board and more than 60 external stakeholders. More than 220 respondents participated in an open online survey based on the reports from the sub-committees.

Planning culminated in a Strategic Planning Retreat in November 2015 attended by more than 150 participants, during which 24 potential strategic directions were discussed and prioritized. Several key mobilizing strategic priorities emerged. These findings were synthesized and validated to finalize this plan.

3. The Landscape

The past five years have been a period of important growth and change for the DLSPH. By bringing together a group of historically strong divisions, academic units and centres into a newly forged entity, the DLSPH has earned a place as one of the most diverse and comprehensive schools of public health in the world. With this status comes new opportunities to provide interdisciplinary health expertise at a local and global level, and to compete internationally in the recruitment of faculty, learners and funding. At the same time, the School's breadth of deep connections to decision-makers across the local, provincial and federal governments, and sectors of the health and social policy system provides both a critical resource for scholarship and education as well a tremendous opportunity for impact on health policy and practice.

Strengthened partnerships and collaborations have enabled a proliferation of new academic programs. Four new degree programs have been launched in the last five years, including a Master's of Health Information, a Master's of Science in Quality Improvement and Patient Safety, a Master's of Science in System Leadership and Innovation, and a PhD in Occupational and Environmental Health. In addition, the IHPME has launched the Improving and Driving Excellence Across Sectors (IDEAS) initiative in collaboration with Health Quality Ontario, the Institute for Clinical Evaluative Sciences and Ontario's six medical schools. The initiative aims to enhance Ontario's health system performance by increasing quality improvement, leadership and change management capacity across all health sectors through advanced, accredited learning programs and an active alumni program.

The New Dalla Lana School of Public Health

PHS Divisions	<ul style="list-style-type: none"> • Biostatistics • Clinical Public Health 	<ul style="list-style-type: none"> • Epidemiology • Occupational and Environmental Health 	<ul style="list-style-type: none"> • Social and Behavioural Health Sciences
Academic Units	<p>Institute for Global Health Equity and Innovation: A learning hub to redress health inequities through social innovation.</p> <p>Institute of Health Policy, Management and Evaluation: An interdisciplinary group of more than 200 scholars from across the Ontario health system, focused on research and training with impact on health systems.</p> <p>Joint Centre for Bioethics: A network of more than 180 multidisciplinary professionals from the University of Toronto and affiliated health organizations that studies important ethical, health-related topics through research and clinical activities, and seeks to improve healthcare standards locally, nationally and internationally.</p> <p>Waakebiness-Bryce Institute for Indigenous Health: An Institute to promote the health of Indigenous peoples and provide innovative solutions to enable thriving Indigenous communities.</p>		
Centres	<ul style="list-style-type: none"> • CIHR Social Research Centre in HIV Prevention • Canadian Centre for Health Economics • Centre for Critical Qualitative Health Research • Centre for Evidence and Health in all Policies 	<ul style="list-style-type: none"> • HIV Social, Behavioural and Epidemiological Studies Unit • Ontario Tobacco Research Unit • WHO Collaborating Centres <ul style="list-style-type: none"> ○ Bioethics ○ Health Promotion 	

Academic Programs at the DLSPH

Master's Degrees	Master of Public Health <ul style="list-style-type: none"> • Epidemiology • Family and Community Medicine • Nutrition and Dietetics (Regular, Advanced Standing) • Occupational and Environmental Health • Health Promotion 	Master of Health Informatics <ul style="list-style-type: none"> • Full-time Program • Executive Stream* Master of Science <ul style="list-style-type: none"> • Biostatistics Master of Science in Community Health <ul style="list-style-type: none"> • Addictions and Mental Health • Family and Community Medicine • Health Practitioner Teacher Information • Occupational Health Care • Wound Prevention and Care 	Master of Science in Health Policy, Management and Evaluation <ul style="list-style-type: none"> • Clinical Epidemiology and Health Care Research • Health Services Research • Quality Improvement and Patient Safety * • System Leadership and Innovation *
	Master of Health Science in Bioethics	Master of Health Science in Health Administration	
	Master of Health Science in Health Administration / Master of Social Work		
	PhD: Biostatistics	PhD: Health Policy, Management and Evaluation <ul style="list-style-type: none"> • Clinical Epidemiology and Health Care Research • Health Services Research 	PhD: Occupational and Environmental Health *
Doctoral Degrees	PhD: Epidemiology		PhD: Social and Behavioural Health Sciences
Other Training Programs	Collaborative Programs <p>Collaborative Programs create common, multidisciplinary experiences for learners to connect around a particular area of focus outside their home graduate unit. DLSPH learners have access to programs in:</p> <ul style="list-style-type: none"> • Aboriginal Health ** • Addiction Studies • Aging, Palliative and Supportive Care Across the Life Course • Bioethics ** • Community Development ** • Environment and Health • Global Health ** • Health Services and Policy Research** • Human Development • Neuroscience • Public Health Policy ** • Resuscitation Sciences • Sexual Diversity Studies • Women and Gender Studies ** • Women's Health ** 		Residency Training Programs <ul style="list-style-type: none"> • Residency Training Program in Occupational Medicine • Residency Training Program in Public Health and Preventative Medicine Other Programs <ul style="list-style-type: none"> • CIHR training programs in Advanced Genetic Epidemiology and Public Health Policy • Improving and Driving Excellence Across Sectors (IDEAS): Accredited learning programs and an active alumni program that aim to enhance Ontario's health system performance.* • Leadership Education and Development (LEAD): A program that aims to create a new generation of physician leaders committed to improving healthcare and the health of our communities.

* New program ** Home unit is the DLSPH

The School community has maintained its commitment to research excellence through sustained success in securing external funding for research in a shifting funding landscape, graduation of MScs and PhDs, and more than a dozen endowed or independently funded chairs. DLSPH researchers are key contributors to the University of Toronto's top ranking in Canada – and very high rankings globally – for the total number of peer-reviewed publications and scholarly citations in the areas of health sciences and services, health policy and services, public, environmental and occupational health, the social determinants of health, quantitative and qualitative methods, and community-based research.

Across the School, highly respected scholars are working to generate new opportunities to continue and increase collaborations and contributions in interdisciplinary research. There are dozens of examples of DLSPH researchers addressing the health impact of a wide range of critical issues, including the impact of social inequities on chronic disease, such as:

- Locally, clinical leaders created Ko-Pamoja, a first-of-its-kind peer education project to improve breast and cervical cancer awareness and screening for black women living in Toronto's Malvern community.
- Provincially, research on high-cost users of healthcare by leading health economists has been a catalyst for whole-system change in the delivery of health services for patients with complex care needs.
- Globally, the DLSPH is responding to infectious diseases, including the Ebola and Zika viruses, and many professors have contributed to disease surveillance and modelling, on-the-ground support and assisting international agencies, such as the World Health Organization, on policy guidelines and strategy development.

Underpinning all of these successes is a continued stream of funding from a range of sources, including enrollment, grants, and government, non-profit, corporate and philanthropic funders. The fiscal situation in Ontario and across health systems globally has highlighted the need to manage and steward the finances of the school in an effective way. The pooling of resources amongst the DLSPH, the IHPME and the JCB has increased the School's profile and its donor base, and increased opportunities to create new and socially valuable programs of education and learning, research and service. In 2015, the DLSPH joined the University of Toronto's Boundless Campaign, with a goal of raising \$50-million. The first year of this campaign has seen immense success, with over \$30-million raised. Key highlights include Michael and Amira Dan's gift of \$10-million to create the Waakebiness-Bryce Institute for Indigenous Health and Paul and Alessandra Dalla Lana's announcement that they will double their \$20-million gift commitment to the School.

Summary of Key Accomplishments, Opportunities and Challenges

Key accomplishments for 2013-15	
<ul style="list-style-type: none"> • Establishment of the DLSPH as a stand-alone Faculty • Transition of key academic units into the DLSPH (IHPME and JCB) • Transformation of IGHEI and creation of WBIIH • Growth in academic program offerings and learner enrollment • Increase in global health course offerings and global health partnerships • Continued research advancement • Expanded engagement between researchers, policy-makers and practitioners, with increased number of co-created initiatives (e.g. IDEAS initiative) • Increase in jointly-supported faculty positions • More than \$30-million in external support for research annually • More than \$30-million fundraised in 2014-2015 fiscal 	
Strengths	Weaknesses
<ul style="list-style-type: none"> • Ranked in the top 15 global universities for social sciences and public health, and in the top three amongst nations with a universal coverage healthcare system • Largest school of public health in Canada • Well-known, good reputation • Unique breadth of focus, interdisciplinary lens and innovative programs • Largest health policy and management unit in Canada and one of the largest globally • One of very few bioethics programs in Canada • One of few Indigenous health programs in Canada, and the only program that is endowed • Able to host wide-reaching education, learning and research programs • Leading research in Canada • Strong partnerships with public sector • Strong faculty retention 	<ul style="list-style-type: none"> • Difficulty competing with top U.S. schools due to breadth and depth of sources of external funding and decline of the Canadian dollar, comparatively small population of core faculty and lesser financial incentives for faculty • Moderate alumni funding and engagement • Limited availability of internal data to inform decision making • Centralized decision making that is not in the hands of subject-expert division heads • Impact of scholarship and service can be hard to quantify

Opportunities	Threats
<ul style="list-style-type: none"> • Expanding course and education and learning delivery options • Developing niche as price-performance alternative to top U.S. schools • Expanding professional programs • Launching the planned undergraduate major (and, in the future, potentially degree) in public health, with accompanying increases in tuition revenues • Increasing interdisciplinary collaboration and industry partnership on research initiatives • Creating an office dedicated to supporting research • Growing School into a full Faculty with multiple departments, instead of divisions • Becoming first mover on new trends and challenges (e.g. out-of-hospital healthcare, end of life care, genetics, aging populations, Indigenous health) 	<ul style="list-style-type: none"> • Competition from top universities worldwide for faculty, staff and learners • Graduate learner recruitment may decrease • Rising costs against Canada's funding-constrained environment • Dramatically increased costs of housing and overall cost of living in Toronto, making it more difficult to recruit top faculty, staff and learners • Competition from substitute degree programs / courses and online, continuing and distance education and learning • Competition between in-house expertise and private consulting firms • Low public (and donor) awareness of key health issues (e.g. Indigenous health)

Maintaining momentum hinges on the School's ability to leverage a challenging funding landscape and chart a careful course towards continued excellence and relevance in education and learning, research and service for public health and health systems improvement.

4. Emerging Areas of Focus

The DLSPH and its associated divisions, academic units and centres have a long-standing, deep focus on an unparalleled range of public health issues, including: addictions (smoking, alcohol, gambling and illicit drugs); HIV and sexual health; cancer, heart disease, diabetes and other non-communicable disease epidemiology, prevention and screening; infectious disease epidemiology and modelling; community-based health promotion, public health policy and health systems management and evaluation; historical privilege, power, politics and other social determinants of health; genetic epidemiology and statistical genetics; advanced research methods in biostatistics, demography and epidemiology; occupational and environmental health; and women's and gendered health.

Since becoming an independent Faculty, the DLSPH has also initiated a process to identify and resource new and emerging areas of focus that capitalize on the strength and diversity of its expertise. These themes are aligned to the School's goal of impact on public health and health systems.

Examples of Emerging Areas of Focus

<p>Population Health Data Sciences (“Big Data”)</p>	<p>“Big Data” is the rapid integration and analysis of large-scale information from diverse sources (“volume, velocity, variety, and validity”), which has been increasingly touted as a revolutionary development in the health sciences, as well as for science in general. Although Big Data for health has tended to focus mostly on genomics and the use of deep biological data on individuals to identify better targets for treatment (personalized medicine), Big Data for population health is a theme the DLSPH has chosen to pursue that expands the data sets captured to include marginalized populations, biological data, data on upstream determinants of health such as environmental exposures, nutrition, socio-economic status, race and ethnicity, physical and social environments, and data on health system utilization, costs and other impacts on individuals as well as society. The overarching goal of Population Health Data Sciences is to use Big Data to develop insights into preventable causes of ill health and improvements in health systems performance.</p>
<p>The Health of Indigenous Communities</p>	<p>The new Waakebiness-Bryce Institute for Indigenous Health – among the first of its kind in the world – is facilitating and learning from enhanced engagement with Indigenous communities in research and training aimed at the full range of health needs of Indigenous people. Led by Indigenous scholars, guided by a national advisory committee of respected Indigenous leaders, and fully supported by the full spectrum of University expertise and resources, it will support Indigenous faculty and trainees and seed-fund pilot projects that promote the health of Indigenous peoples. This work will be founded on respectful, sustainable and equal partnerships between Indigenous communities and the University of Toronto.</p>
<p>Integrating Public Health and Primary Care</p>	<p>The DLSPH is home to the only Clinical Public Health division of its kind in the world that is integrating primary care, preventive medicine and public health. From immunizations to nutrition and physical activity, the School is defining a sustainable health system for future generations by producing delivery-oriented research, educating health professionals and providing services that elevate the health of people and populations.</p>
<p>Healthier Cities and Communities</p>	<p>The DLSPH is located in Canada’s largest and most diverse city. With rapid urbanization changing patterns of disease and health equity, there is a need to address complex urban problems that impact health. In coordination and partnership with an expanding group of voluntary service and community-based organizations, public agencies and local organizations such as Toronto Public Health, the Wellesley Institute and St. Michael’s Hospital, the School community is increasingly focused on scholarship, education and learning to tackle inner city health, health equity, resilience, climate change adaptation and the built environment.</p>
<p>Global Health</p>	<p>Exploring trans-national and globalized health issues, determinants, and solutions, and involving many disciplines and stakeholders within and beyond the health sciences, is crucial to promoting greater health equity worldwide. The Office of Global Public Health Education & Training trains scholars and leads research into the sociopolitical dimensions of global health. The Institute for Global Health Equity and Innovation acts as a learning and activity hub to enable the creation of a pandemic of health through collaborative social innovation and entrepreneurship.</p>

5. Towards 2021 and Beyond

Towards 2021 and Beyond is a roadmap for how the DLSPH can continue to enhance its leadership in public health and health systems on a local and global scale. The following vision, mission, values and strategic directions that resulted from our extensive strategic planning process will guide the work of the School and its divisions, academic units and centres over the next five years and beyond.

Vision

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

Mission

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

In order to fulfill this mission and vision it will be important for the DLSPH to continue to invest thoughtfully in collaborative models that integrate decision-makers and institutions in government, civil society, the public and private sector, and community-based organizations, with the potential for population health and health systems impact.

Values

- **Independence, Integrity and Rigour:** in striving for and adhering to the highest standards of scholarship, scientific evidence, critical thinking, innovation, professionalism and leadership in the creation and dissemination of knowledge
- **Engagement and Collaboration:** in identifying, evaluating and addressing public health, health systems and bioethics issues, questions and solutions-based partnerships
- **Equity and Social Responsibility:** by promoting the inherent dignity and right to health and healthcare and social justice of every human being
- **Ethical and Responsive:** in our conduct and in the manner in which we engage with our communities, respectful of diverse perspectives, values and cultural framings
- **Accountability:** to our working community of scholars, learners and staff, our partners across multiple sectors of society, and the communities in which we work
- **Sustainability:** by working in mindful ways to ensure the long-term sustainability of our school's environmental services, the health-enhancing environmental resources of our host societies locally and beyond, and the biotic diversity of our planet
- **Healthy Work:** by supporting and promoting healthy workplace initiatives, best practices in occupational and environmental health and safety, and work-life balance

Strategic Directions and Initiatives

The DLSPH will maintain its leadership among peer schools globally by continuing to build on its distinct strengths in public health and health systems education and learning, research and service with a focus on three key directions:

Strategic Direction #1: Improve the learner experience in existing and newly created programs for public health and health systems capacity education	
Maintaining leadership amongst leading schools	Building on our strengths
<p>1.1 Improve teaching space and deploy proven enabling technologies, where appropriate</p> <p>1.2 Increase access to learning at the DLSPH for talented learners from Canada and abroad</p> <p>1.3 Capture and incorporate new developments in pedagogy to ensure effective public health-health systems learning</p> <p>1.4 Enrich opportunities for engaged and experiential learning, knowledge production and knowledge transfer</p>	<p>1.5 Systematically generate and rigorously test evidence on existing and innovative approaches to public health and health systems education and learning</p> <p>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 systems capacity plans</p> <p>1.7 Work with our partners to refine and increase experiential learning opportunities, such as practicums</p> <p>1.8 Strengthen pathways within and wayfinding across the University to graduate training at DLSPH</p> <p>1.9 Increase high impact capacity development initiatives that help mobilize communities and create resilient health systems</p>
Strategic Direction #2: Ensure globally recognized impact and excellence in public health and health systems research	
Maintaining leadership amongst leading schools	Building on our strengths
<p>2.1 Establish enhanced administrative and support infrastructure for research to increase the amount and range of funding sources</p> <p>2.2 Create a methodological support hub to increase research excellence that spans qualitative, quantitative and mixed methods scholarship</p> <p>2.3 Develop criteria for assessing progress and impact of interdisciplinary centres of excellence and key cross-sectoral research initiatives</p>	<p>2.4 Prioritize support for centres of key interdisciplinary scholarship and build community-based collaboratories that support joined-up improvements in health and health systems</p> <p>2.5 Ensure that impact on public health and health systems is a primary goal of all new initiatives</p> <p>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</p>

Strategic Direction #3: Enhance partnerships and management of the DLSPH	
Maintaining leadership amongst leading schools	Building on our strengths
3.1 Increase managerial efficiency at DLSPH and reduce faculty administrative burden	3.6. Ensure the DLSPH's management, communications and partnerships with communities and local organizations in all relevant sectors reflect a strong focus on impact and collaboration
3.2 Improve collegial experience and engagement of all faculty members	
3.3 Create a model physical and professional environment that supports health for learners, staff and faculty	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
3.4 Strengthen engagement with alumni	
3.5 Strengthen engagement with donors	

6. 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	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Creation of programs to attract and support the best international learners, professional fellows and postdoctoral trainees 	<ul style="list-style-type: none"> • Proportion of qualified international applicants • Proportion of international learners accepting offers to the DLSPH
1.3 Capture and incorporate new developments in pedagogy to ensure public health-health systems learning	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Learner experience ratings • Enrolments in upgraded courses
1.4 Enrich opportunities for engaged and experiential learning, knowledge production and knowledge transfer	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Creation of a teaching support centre to identify and propagate best teaching methods across school 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Creation of research strategy on the public health workforce (with other leading schools in Canada) • Creation of a capacity plan 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Expansion of competency-based framework for such learning across programs • Introduction of widely available and structured experiential learning across MSc and PhD programs 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Enhanced outreach and liaison with selected undergraduate programs across University of Toronto faculties and other Canadian universities • Creation of at least one blended degree • Creation of undergraduate programs in public health 	<ul style="list-style-type: none"> • Number of undergraduate learners • Number of University of Toronto learners seeking graduate training at the DLSPH • Quality of graduate applicants
1.9	Increase high impact capacity development initiatives that can help mobilize communities and create resilient health systems	<ul style="list-style-type: none"> • Creation of a program in public health evidence and improvement • Creation of additional teaching programs 	<ul style="list-style-type: none"> • Number of learners • Qualitative stories of impact from projects developed in these programs <p>Addition of undergraduate programs, MSc in Clinical Public Health, MD / MPH, and MD / PhD</p>

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	<ul style="list-style-type: none"> • Creation of effective research support office including: research officers, research-related resources and 	<ul style="list-style-type: none"> • Use of new office of research development and support services • Number of grants per PI

	increase the amount and range of funding sources	guidelines, and research committee	<ul style="list-style-type: none"> • Average size of grant
2.2	Create a methodological support hub to increase research excellence that spans qualitative, quantitative and mixed methods scholarship	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Development and application of framework • Tailored research impact assessment for each centre 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 systems is a primary goal of all new initiatives	<ul style="list-style-type: none"> • Creation of a performance measurement framework and approach suitable for the DLSPH's initiatives • Identification of measurement approach and indicators as a key part of the establishment of new initiatives 	<ul style="list-style-type: none"> • Development of performance management framework • 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	<ul style="list-style-type: none"> • Incorporation of impact in all Progress Through the Ranks (PTR) adjustments • Recognition of impact annual event 	<ul style="list-style-type: none"> • Impact stories
3. Enhance partnerships and management of the DLSPH			
	Initiatives	Milestones	Indicators
3.1	Increase managerial efficiency at DLSPH and reduce faculty	<ul style="list-style-type: none"> • Plan for improving administrative processes and committee load 	<ul style="list-style-type: none"> • Ratings of management and leadership effectiveness

administrative burden		
3.2 Improve collegial experience and engagement of all faculty	<ul style="list-style-type: none"> • Development of plan for faculty engagement 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Creation of opportunities for alumni to participate in School educational and learning offerings • Strengthened mentoring relationships between alumni and learners 	<ul style="list-style-type: none"> • Alumni engagement
3.5 Strengthen engagement with donors	<ul style="list-style-type: none"> • Creation of new opportunities for engagement with donors and decision makers 	<ul style="list-style-type: none"> • Participation in events • Donations to School
3.6 Ensure the DLSPH's management, communications and partnerships with communities and local organizations in all relevant sectors reflect a strong focus on impact and collaboration	<ul style="list-style-type: none"> • Development of communications strategy for these areas, including an annual report that continues to focus strongly on impact • Incorporation of impact goals into partnership agreements 	<ul style="list-style-type: none"> • International ratings • National profile and public awareness • Identification of impact goals 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	<ul style="list-style-type: none"> • Creation of framework agreement 	<ul style="list-style-type: none"> • Number of partners with framework agreements

7. Next Steps and Conclusions

Toward 2021 and Beyond offers a vision for what we can achieve as a school of public health. It provides a plan for the work of the School based on our current knowledge of public health and health systems needs at local, provincial, national and global levels.

To ensure that our work continues to align to an evolving health landscape, this strategic plan will be reviewed on a yearly basis as part of the Dean's annual evaluation of the School, which includes consultation with the Executive Committee and Dean's Advisory Board. In addition, The Plan will be reviewed and updated as part of the University of Toronto Quality Assurance Program's quinquennial university-wide review process.

In parallel with the execution of the work set out in this strategic plan, the School will continue to advance the recommendations of the Performance Measures and Benchmarks Sub-Committee by building a strong performance management framework, establishing a data development strategy to support this work, and benchmarking its leadership using key indicators of performance in education and learning, research and service that are employed globally across schools of public health.

The School will also examine the need for accreditation of key academic programs. Currently, programs like the MHS in Health Administration and the Residency Training Program in Public Health and Preventative Medicine are accredited with the highest possible standing. This was a key question identified during the strategic planning process. The School will strike a committee to study this question and come back with recommendations based on the value of accreditation to the School and the value perceived by other peer schools by the end of the year.

As one of the most diverse and comprehensive schools of public health in the world, the DLSPH is ideally positioned to become a leading model for public health and health systems learning, research and service. *Towards 2021 and Beyond* will continue the School's long history of leadership in public health and health systems scholarship to influence fundamental changes in health, both locally and globally.

8. Appendix

Steering Committee

Process: The strategic planning process will have three components: (1) stock taking and comparative position analysis; (2) consultation; and (3) synthesis and plan validation.

Activities: *Stock-taking:* As an initial step, the Committee will consider several important pieces of information including a review of:

- A. Direction and progress against previous relevant strategic plans and statements from DLSPH, IHPME, and DLSPH divisions, academic units, and institutes including the Joint Centre for Bioethics, the Institute for Global Health Equity & Innovation, the Waakebiness-Bryce Institute for Indigenous Health, and the Centre for Quality Improvement and Patient Safety
- B. Strategic plans and associated documents from the University of Toronto, closely related faculties (Medicine, Nursing, Pharmacy, Information, and Arts and Science), hospitals and other health care providers, the Ministry of Health and Long-term Care and its agencies in the GTA, Public Health Agency of Canada and public health units in the GTA, funding councils and major foundations supporting public health and health policy work, and international organizations such as WHO, World Bank, the King's Fund, RWJ Foundation, and Academy Health.
- C. Critical quantitative data on DLSPH growth and performance including budget, student enrolment, and space plans for DLSPH (including IHPME and other major components that are financial centres).
- D. The diversity of faculty and students and alumni the rapidly growing and evolving identity of the Dalla Lana School of Public Health in terms of:
 - a. Faculty homes
 - b. Budget
 - c. Student enrolments
 - d. Space
 - e. Individual vision and understanding of the mission of DLSPH and its academic units
 - f. Major initiatives (big data, healthy cities, health system performance, IDEAS)
- E. Using a SWOT analysis, a comprehensive picture of the environment facing DLSPH, with an eye towards and beyond 2030, in terms of: Schools of Public Health and other major competitors in Canada, North America, and globally; trends in education; trends in research and external funding opportunities (Tri-council, government, foundation, private sector, global); trends in advancement (and our many potential opportunities to benefit from philanthropy); trends in needs of the public health and health care workforces (with a focus on our students' future employers); trends in the re-organization of the health care and public health sectors in Ontario and beyond (with a focus on Provincial and Federal legislatures).
- F. An operational environmental analysis of the DLSPH environment in regards to:
 - a. Educational programs

b. Policy impact

Consultation: As the stock-taking exercise progresses, the Committee (through its co-chairs and members) will engage in consultation around items noted above with each of the divisions, academic units, and partnered groups noted above.

Synthesis and Plan Validation: Throughout the stock-taking and consultation exercises the committee will create and refine versions of the strategy. To validate the final version of the plan (going into the November 2015 retreat), the Committee will seek the input of the various advisory groups on which DLSPH members sit, including the Dean's Advisory Board. The final document will be no more than 10 pages including appendices and will also be reviewed by Communications and Advancement for advice and to begin organization of the material into easily communicated and shared formats and the development of specific materials.

Co-Chairs: Daniel Sellen & Adalsteinn Brown; **Members:** Rhonda Cockerill; John McLaughlin; Tina Smith; Jeff Reading; Ross Upshur; Wendy Lou Nancy Kreiger; Mihai Beatu (Staff); Robin Hurst (Staff); Nelson Shen (IHPME Student Rep); Shannon Brent (PHS Student Rep)

Teaching Innovation Sub-Committee

With an overarching focus on improving the student/learner experience and supporting continual faculty development, the Teaching Innovation Sub-Committee will provide advice on curricular expansion and renewal, platforms for integrating technologies such as eLearning, and building on emerging good practices at the University of Toronto, other leading universities, and in the private sector. More specifically, the Committee will provide advice on:

- (1) Clear criteria and executable pathways on which to base decisions on whether or not to expand (or make changes to existing) curricula at the undergraduate, graduate and professional certification levels.
- (2) Strategies/processes for implementing curricula changes.
- (3) Specific investments such as teaching spaces, smart classrooms, eLearning technology and other teaching innovations that are essential to support preferred options for graduate and undergraduate teaching and health professional education and/or other methods of delivery of public health training.
- (4) Specific investments in faculty development and supports for teaching, including (a) specific pedagogical training opportunities, (b) administrative supports, (c) data collection/analysis/reporting on current/prospective students/learners.
- (5) Strategies for increasing the efficiency of programming, and integrating and improving the accessibility for status-only, adjunct, and remote faculty.
- (6) Need for and value of national and international certification.

Through our deliberations we realized that the above points were pitched more towards implementation and required more detailed work than we could undertake with our limited time and information available. So we encompassed them within

two higher-level strategic directions (longer term) with the slogan “We teach the right things right.”

Co-Chairs: Donald Cole & Mark Dobrow; **Members:** Kevin Thorpe, Jason Pole, Ann Fox, Andrea Cortinois, Anne Wojtak, Rob Fowler; Adrian Gomes (Staff); Vidhi Thakkar (IHPME Student Rep); Navita Singh (PHS Student Rep)

Synergy Between Population Health and Health Systems Sub-Committee

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

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

Co-Chairs: Audrey Laporte & Arjumand Siddiqi. **Members:** Whitney Berta; Susan Bondy; Kerry Kuluski; Pat O’Campo; Robert Schwartz; Janet Smylie; Aaron Orkin (IHPME Student Rep); Anjum Sultana (PHS Student Rep)

Research Capacity Enhancement Sub-Committee

Building on commitments to put in place enhanced, flexible scalable and research development and support services aimed at taking the Dalla Lana School to increased global leadership in key, selected research indicators:

- (1) to assess options for new platforms to facilitate excellence in research quality, productivity and public health relevance at the School
- (2) to *suggest investments* in core research support and development services; human resources and inter-sectoral networks; laboratory, office and bio-repository facilities; and data storage and processing infrastructure that are essential to support preferred options for achieving success on selected indicators
- (3) to provide advice to the Dalla Lana School faculty on how to *foster innovative, effective, inclusive and solutions-oriented research* activities and initiatives.

Co-Chairs: Michael Escobar & Walter Wodchis **Members:** Linda Rabeneck; Geoff Anderson; Fiona Webster; Earl Nowgesic Jeremy Scott; Dionne Gesink; Lee

Vernich (staff); Tara Baxter (IHPME Student Rep); Christopher Tait (PHS Student Rep)

Performance Measures and Benchmarks Sub-Committee

Building off of routinely available information (rankings, reports), current University of Toronto practices, and emerging best practices at other schools of Public Health and Medicine:

- (1) to **identify important conventional and novel indicators** for the educational, scholarly, policy, practical, institutional and work place environmental impact of the Dalla Lana School of Public Health
- (2) to decompose and provide insight into **how DLSPH may increase** its performance against rankings, if appropriate given (1)
- (3) to **propose aspirational benchmarks** for the DLSPH
- (4) to provide advice on the value and (if valuable) the appropriate methods of **aligning DLSPH performance measures** to University of Toronto performance measures (university- wide or at cognate faculties such as Medicine or Nursing)
- (5) to liaise with the other 5 Sub-Committees so set priorities for metrics

Co-Chairs: Lee Fairclough & James Scott **Members:** Raisa Deber; Peter Coyte; Isser Dubinsky; Andrea Sass- Kortsak; Lisa Forman Cameron Mustard; Nicole Bodnar (staff); Sergio Acuna (IHPME Student Rep); Anam Mashaal Khan (PHS Student Rep)

Partnerships, Engagements and External Relations Sub-Committee

Building on numerous, diverse and both well-established and relatively novel municipal, provincial, national and international relationships oriented around a vast range of public health topics:

- (1) clarify the range and definition of “partnership” in relation to the general public, general vs specialist training in public health, academic vs non-academic, and the many communications networks available School-wide
- (2) assess opportunities, demands, ways and means to launch new or enhance ongoing significant **initiatives in public health research, training and policy** that have strongest potential to realize strategic goals of multiple partners
- (3) develop a framework, rationale and starting principles for putting in motion a **priority- setting** strategy
- (4) to provide advice to the Dalla Lana School faculty on **how to make decisions** about which strategic partnerships and external relations to invest in, and what resources to deploy on what time-frame

Co-Chairs: Natasha Crowcroft & Fiona Miller **Members:** David Klein; Jennifer Gibson; Greg Marchildon; Heather Manson; Carol Strike Arun Chockalingam; Christina Lopez (staff); Jeremiah Hwee (PHS Student Rep); Robert Royer (IHPME Student Rep)

Cross-Cutting Themes Sub-Committee

Building on the efforts of members of the Sub-Committees: Teaching Innovation; Performance Measures and Benchmarks; Synergy between Population Health and Health Systems; Research Capacity Enhancement; and Engagements and External Relations:

- (1) to provide opinion and suggestions on terms and definitions of concepts and measures related to the cross-cutting themes
- (2) to review interim and final Sub-committee reports to identify and suggest opportunities for strengthening incorporation of the cross-cutting themes
- (3) to mobilize and facilitate faculty, students, and staff input on the cross-cutting themes, including discussion at the faculty retreat

Chair: Emily Seto **Members:** Ian Johnson, Lori Ross, Tracy Kirkham, Paula Braitstein, Meghan McMahon (IHPME Student Rep)

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