

Dalla Lana School of Public Health 2017-2021 Operational Plan: Highlights

January 2018

ACKNOWLEDGEMENT OF TERRITORY

We would like to acknowledge the traditional territories of the Mississauga of the New Credit First Nation, Anishnawbe, Wendat, Huron, and Haudenosaunee Indigenous Peoples on which the Dalla Lana School of Public Health now stands. The territory was the subject of the Dish With One Spoon Wampum Belt Covenant, an agreement between the Iroquois Confederacy and Confederacy of the Ojibwe and allied nations to peaceably share and care for the resources around the Great Lakes. We would also like to pay our respects to all our ancestors and to our present Elders.

Click here for the DLSPH Statement on Equity, Diversity and Excellence.

ABOUT THE DALLA LANA SCHOOL OF PUBLIC HEALTH (DLSPH)

In 1925, the University of Toronto created the School of Hygiene. It officially opened on June 9, 1927 at a new location with funds from Rockefeller Foundation. By the mid-1930s, the School 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. When communicable diseases appeared to have been significantly diminished by antibiotics in the 1970s, the School was transitioned to become the Division of Community Health in the Faculty of Medicine.

Early in the millennium, the SARS epidemic and the 2003 Health Canada report *Learning from SARS: Renewal of Public Health in Canada* highlighted the shortage of public health resources. These, and other factors, led to the School being reborn in 2008, then renamed the Dalla Lana School of Public Health (DLSPH) following Paul and Alessandra Dalla Lana's \$20 million gift in 2009 – the largest ever gift to public health in Canada. In 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.

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

<u>**DLSPH Mission**</u>: Public health and health systems scholarship built on engagement, excellence and impact.

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

The School grew through important additions, including the addition of the Institute for Health Policy, Management and Evaluation (IHPME) in 2014, which had previously been part of the Faculty of Medicine. The DLSPH is not easily compared to other schools of public health due to its unique structure however; based on teaching, research and service, as well as size and focus, the School of Public Health compares well to leading institutions including Harvard, Emory University and Boston University and the IHPME compares favourably to Columbia, Johns Hopkins and the University of North Carolina at Chapel Hill.

ABOUT THE DLSPH OPERATIONAL PLAN

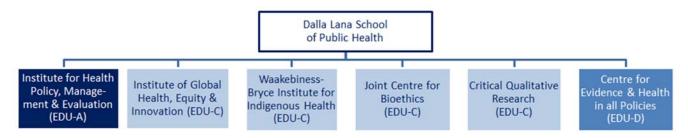
The DLSPH Operational Plan has been created to ensure clear operational direction for the School from 2017-2021. It synthesizes information from the June 2016 draft DLSPH Strategic Plan, the November 2016 University of Toronto Quality Assurance Process (UTQAP) recommendations for the School's plan, the DLSPH response to the UTQAP review, the 2013-2018 IHPME Strategic Plan, and priorities and funded activities identified in the Paul and Alessandra Dalla Lana gift agreement and the Michael and Amira Dan gift agreement to support Indigenous health. It responds directly to the UTQAP recommendation that the School create an Operational Plan.

The DLSPH, and its units and centres, have done extensive work to document their ongoing research and teaching initiatives. The 2017-2021 DLSPH Operational Plan provides a framework for these activities and sets the stage for future development of an Academic Plan.

THE FOUR AIMS OF THE DLSPH OPERATIONAL PLAN

As a new Faculty created by bringing together several different extra-departmental units¹, the DSLPH - structure is novel (see Figure 1).

Figure 1: Extra-departmental Units of the DLSPH



The School of Public Health was initially an "EDU-A" within the Faculty of Medicine before becoming a standalone Faculty in 2013. The DLSPH now includes four "EDU-C" units, one "EDU-D" unit and the "EDU-A" IHPME which has a mandate for multi-disciplinary research and teaching, a segregated budget and a university-appointed responsible Director. As a result, the DLSPH has an institutional configuration that lies between the usual structures for single departmental faculties and multi-departmental faculties. Notwithstanding this complexity, no change to the organizational structure of DLSPH is planned in the short term. Instead, the DLSPH Operational Plan focuses on ways that the units and centres of the DLPSH can work more effectively together for greater collective impact.

DLSPH Operational Plan: Highlights

¹ Some key distinctions between extra departmental unit (EDU) types include:

An EDU-A unit is a multidisciplinary, multi-divisional or multi-departmental unit designed to foster research
and teaching, which has a university-appointed Director with signing authority. EDU-As are authorized to offer
degree programs and administer research funding.

An EDU-C unit is a multidisciplinary, multi-departmental unit designed to foster research and scholarly interest
in a defined research domain. EDU-Cs may offer courses and graduate collaborative programs but usually do
not administer research funds or offer degree programs

An EDU-D unit is a group of scholars who have come together for the purpose of pursuing specific research
objectives or offering courses in an area of academic interest. EDU-Ds do not administer research funding.
 Additional details about EDUs are available at: http://vpacademic.utoronto.ca/wp-content/uploads/2015/08/edu-guidelines.pdf

In order for the DLSPH to fulfill its mission and vision, it will be important for the School to continue to invest thoughtfully in collaborative models that engage and integrate decision-makers and institutions in government, civil society, the public and private sector, and community-based organizations. There is a need to ensure an uninterrupted continuum from scholarly activity to the real pragmatic capacity to inform the best decisions that can be made, acknowledging that evidence to inform decisions will never be perfect or complete.

DELIVERABLES OF THE DLSPH OPERATIONAL PLAN

The DLSPH is uniquely positioned to lead, facilitate and coordinate evidence-informed change by

bringing the best research and evidence to bear on important public health policy and program decisions. By focusing its investment and effort on specific deliverables and activities under four priority aims (Figure 2), the many complementary strengths of the School will be brought together for greater impact at the local, regional, provincial, national and international levels.

Figure 3 presents key deliverables of the DLSPH Operational Plan, noting that deliverables and sub-deliverables may be refined or added as the plan is implemented.



Figure 3: Deliverables under the Four Aims of the DLSPH Operational Plan

World-Class Governance & Administration

- · Dean's Advisory Committee
- DSLPH Administrative Leadership (e.g., increased managerial efficiency, less administrative burden on faculty, engagement with alumni and donors)
- Working Groups & Committees
- · Reporting & Evaluation

Investments in People & Relationships

- Supported Faculty
- · Connections & Partnerships
- Dalla Lana Scholarships
- Post-doctoral Fellow Support
- Diversity & Equity Initiative

Program & Process Excellence

- Enhanced Education Programs (e.g., shorter duration PhDs, more international students, efficient program administration and operations)
- Operational Excellence (e.g., research services, seed funds for research, technology-enabled teaching/meeting spaces)

Strategic Research Initiatives

- Integrating Public Health and Primary Care
- The Health of Indigenous Communities
- · Innovation in Health System Policy
- New and Additional Interdisciplinary Scholarship

The full DLSPH Operational Plan presents additional deliverables, a schedule to produce the deliverables and a risk management plan. It also includes a process and timeline for the School to work with faculty members and partners to identify research and teaching priorities that will help mobilize the units and centres of the School to work together to achieve maximum collective impact.

MEASURING THE PROGRESS OF THE DLSPH OPERATIONAL PLAN

Foremost, the progress of the DLSPH will be measured based on the successful completion of deliverables outlined in the schedule in the full Operational Plan. Additionally, the School will establish key performance indicators including:

- Process metrics for Masters and PhD programs (e.g., number of applicants, time to degree completion, number of international students, employment of professional stream Masters students, etc.)
- Learner and faculty experience ratings
- Collaboration and partnerships metrics (e.g., number and nature of collaborations and partnerships, scholarly outputs from collaborations and partnerships, plicy/practice outputs, donor and partner support for research activities, etc.)

- Metrics related to scholarship (e.g., peer-reviewed grant applications submitted, peer-reviewed grants received, publications, international projects, etc.)
- Indicator(s) of impact at the local, regional, provincial, national and international levels (e.g., number and nature of real-world cases where scholarship has impacted change in policy or practice)
- Qualitative impact stories