



UNIVERSITY OF TORONTO
DALLA LANA SCHOOL OF PUBLIC HEALTH

Dalla Lana School of Public Health (DLSPH) 2017-2021 Operational Plan

January 2018

ABOUT THE DLSPH OPERATIONAL PLAN

This Operational Plan has been created to ensure clear operational direction for the Dalla Lana School of Public Health (DLSPH) 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.

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 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.

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

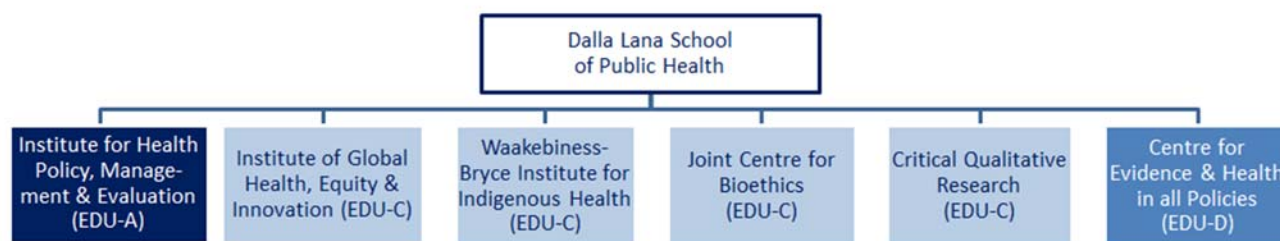
DLSPH Mission: *Public health and health systems scholarship built on engagement, excellence and impact.*

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

The School grew through important additions, including the addition of the Institute of 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.

As a new Faculty created by bringing together several different extra-departmental units¹, the DSLPH -structure is novel (see Figure 1). The School of Public Health was initially an “EDU-A” within the Faculty of Medicine before becoming a stand-alone 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 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.

Figure 1: Extra-departmental Units of the DLSPH



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.

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>

This DLSPH Operational Plan presents four priority aims (Figure 2) and identifies deliverables under each aim, a high-level schedule for producing the deliverables and key risks to be managed. 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 does not describe that work in detail; rather it provides a framework for those activities and sets the stage for future development of an Academic Plan. Through focused investment and effort on specific deliverables and activities under the four priority aims, the many complementary strengths of the School will be brought together for greater impact at the local, regional, provincial, national and international levels.

Figure 2: Four Aims of the
2017-2021 DLSPH
Operational Plan



PRIORITY AIM A: WORLD-CLASS GOVERNANCE & ADMINISTRATION

Overall, the 2016 external University of Toronto Quality Assurance Process (UTQAP) review of the DLSPH concluded that the School is “rich in talent” and has “a high degree of commitment from its staff.” However, the UTQAP report also suggested areas for administrative and governance improvements including “a stronger leadership structure”, “rationalization of internal governance and administrative arrangements”, and measures to “increase income and improve efficiency.” Further, the UTQAP report identified the need to regain the momentum generated among faculty members and staff during the development of the School’s Draft Strategic Plan, and to mobilize effort on implementation.

Accordingly, the DLSPH 2017-2021 Operational Plan identifies “World Class Governance & Administration” as one of its four priority aims, with deliverables that respond to UTQAP recommendations as well as risks and opportunities identified by

DLSPH

administration, faculty members and staff (see Figure 3).

Figure 3: Deliverables Under Priority Aim A: World-Class Governance & Administration

Deliverables under this priority aim include:

A1. The

establishment of the Dean’s Advisory Committee to provide strategic external advice.

A2. A new

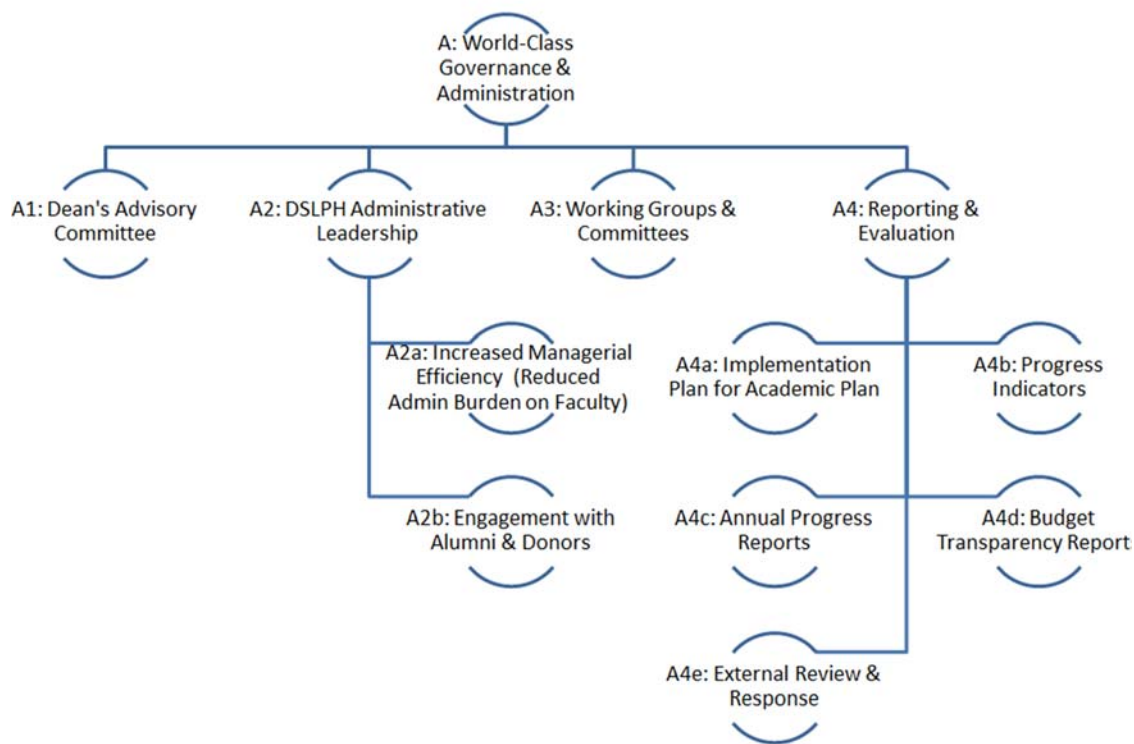
increased focus of the DLSPH

Administration on:

- a. Decreasing administrative burden for faculty members.
- b. More active engagement with alumni and donors.

A3. The creation of working groups and committees on priority topics, in phases so as to limit the number of active committees/working groups at any time.

A4. This Operational Plan which, when combined with progress indicators, reporting and external review, will ensure that the Operational Plan is implemented for full effect.

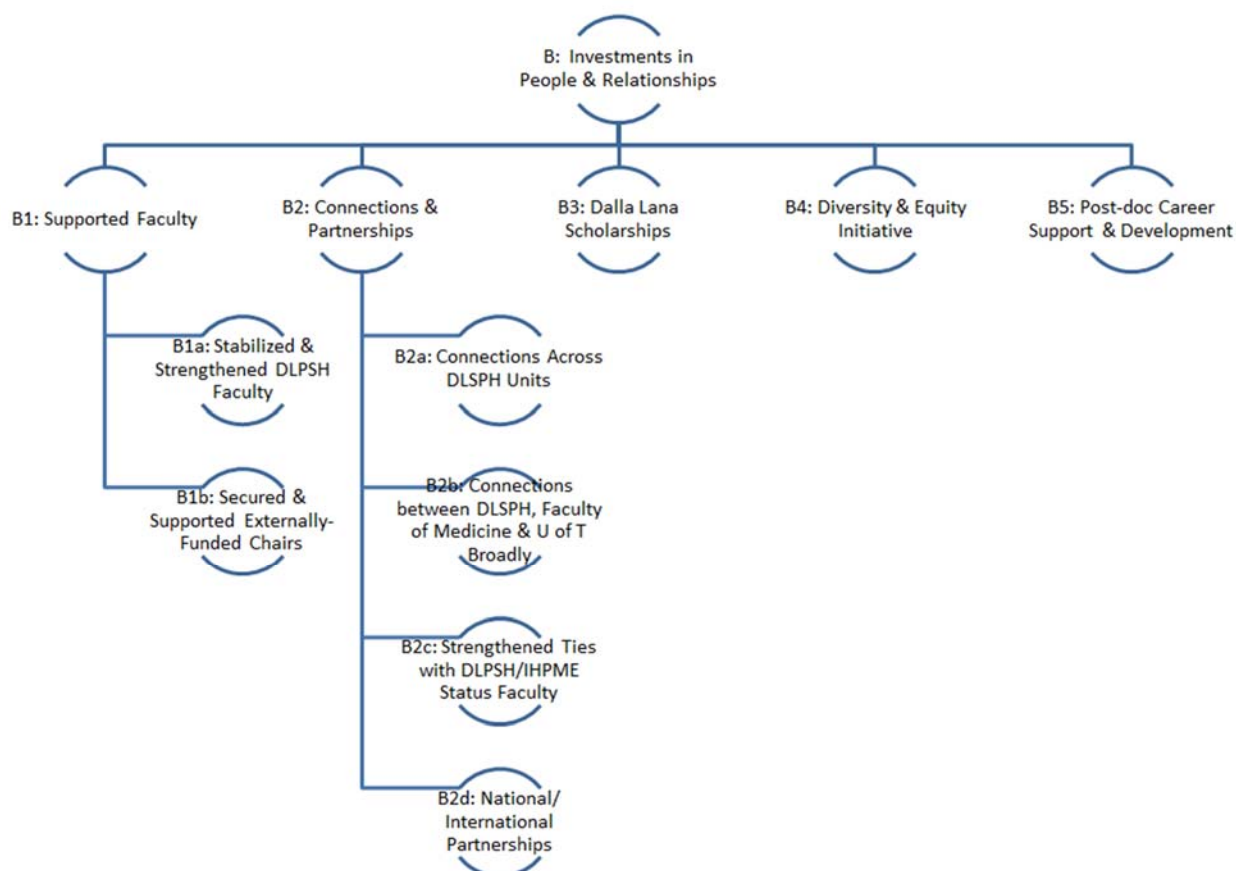


Additional details about the deliverables under Priority Aim A: World Class Governance & Administration are provided in the Appendix.

PRIORITY AIM B: INVESTMENTS IN PEOPLE & RELATIONSHIPS

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. Doing so will require that the many complementary strengths of the School be brought together for greater impact at the local, regional, provincial, national and international levels. For that reason, “Investments in People & Relationships” is one of the four priority aims of the DLSPH Operational Plan (see Figure 4).

Figure 4: Deliverables Under Priority Aim B: Investments in People & Relationships



Deliverables and activities under this priority aim include:

- B1. Work with DLSPH Senior Administrators Committee to identify the most needed supports, followed by the development and implementation of a plan to address them; and a focused effort on supporting externally funded Research Chairs and securing additional funded Chairs.
- B2. Multiple activities and deliverables to strengthen relationships including:
 - a. Promoting connections between the units of the DLSPH (e.g., leveraging connections that IHPME has with health system policy makers and decision makers to help integrate public health into primary care, integrating the DLSPH bioethics expertise across all dimensions of social justice under the School); and
 - b. Partnership with other University of Toronto (U of T) Faculties, beginning with new or renewed strategic partnerships with the Faculty of Medicine (e.g., support for a small number of strategic joint projects, awards to recognize exception cross-Faculty collaborations, renewed focus on integrating public health into undergraduate medical education); and

- c. Standing and stronger mechanisms to integrate the ~600 status and adjunct faculty members who are responsible for ~ one quarter of DLSPH teaching and ~ one half of grant funding; and
- d. Where they do not detract from core School business or the partnerships noted above, national and international partnerships related to Strategic Research Initiatives (see Priority Aim D).

B3. Merit-based \$5000 Dalla Lana Scholarships for graduate students.

B4. Diversity & Equity Initiative to identify a focus and commitment for the DLSPH on these topics that will be in addition to all commitments in the U of T Governing Council Statement on Equity, Diversity, and Excellence.

B5. A program to provide career support and mentoring to post-doctoral fellows.

Additional details about the deliverables under Priority Aim B: Investing in People & Relationships are provided in the Appendix.

PRIORITY AIM C: PROGRAM & PROCESS EXCELLENCE

Because of its history, the DLSPH has an amalgamation of education programs and processes. While respecting that programs and processes for the different units and centres of the School were developed to address a diversity of needs and contexts, the strategic plans developed for the DLSPH and IHPME and the UTQAP report all note the potential for benefits to be realized from alignment and heightened cross-DLSPH coordination. “Enhanced Programs and Operational Excellence” has therefore been identified as a priority aim for 2017-2021 (see Figure 5).

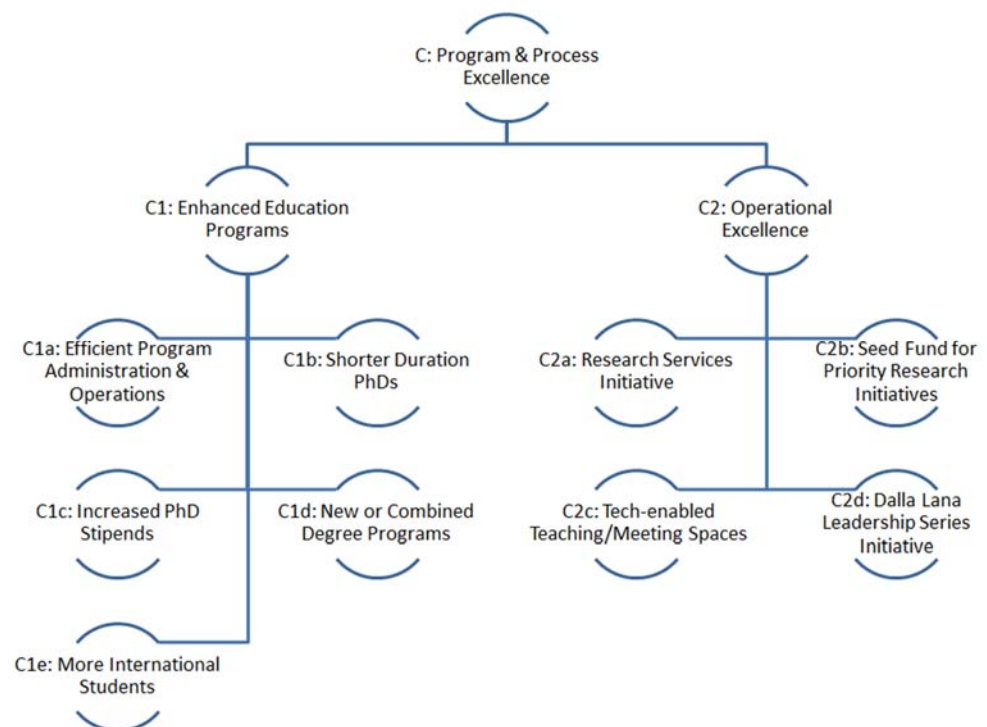
Deliverables and activities under this priority aim include:

C1. A process to identify ways to improve the efficiency of education programs including short-term quick wins

(e.g., directing students applying to programs that are at capacity to programs with space) and longer-term strategic changes (e.g., working with partners to increase experiential learning such as practicums). In addition, four changes have been identified that, when implemented together, will help increase the sustainability and enrollment in DLSPH programs:

- A coordinated effort to reduce the PhD completion time from six (6) or more years to a timeframe at or below the U of T average for graduate students, plus
- A plan to ensure sufficient financial support for the duration of PhD degrees, plus
- New and/or combined degree and certificate programs, plus

Figure 5: Deliverables Under Priority Aim C: Program & Process Excellence



- A concerted effort to bring the percentage of international graduate students at the DLSPH closer to the U of T average for graduate students.

C2. Cross-cutting investment of funds to increase the Operational Excellence of the DLPSH:

- Improved “Research Services” function supporting grant writing, grants administration and reporting with a focus on work related to the Strategic Research Initiatives and Research Chair applications with the potential to bring significant external research funding to the School.
- A process through which seed funding is provided to accelerate the rate of progress on priority initiatives.
- Tech-enabled teaching/meeting spaces, for example, video conference facilities,
- The Dalla Lana Leadership Series Initiative – communications, events, outreach and other activities to increase the profile and impact of the School.

Additional details about the deliverables under Priority Aim C: Program & Process Excellence are provided in the Appendix.

PRIORITY AIM D: STRATEGIC RESEARCH INITIATIVES

Since becoming an independent Faculty in 2013, the DLSPH has established 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 and entrepreneurship. Three priority research areas have been the focus to date (see Figure 6):

D1. Integrating Public Health and Primary Care

D2. The Health of Indigenous Communities

D3. Innovation in Health System Policy

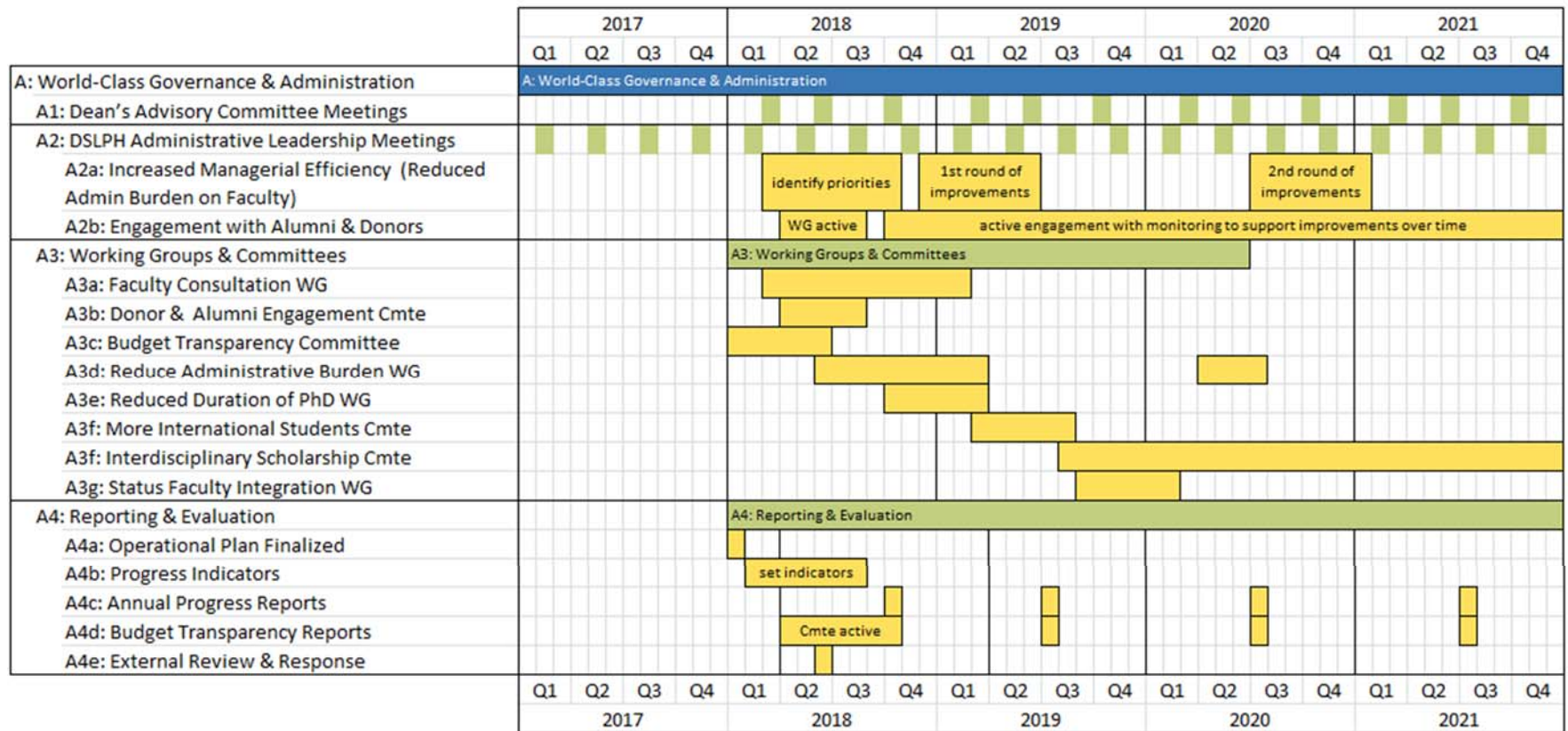
Research priorities under the forth category “D4: New and Additional Interdisciplinary Scholarship” will be determined through a consultative process with faculty members and partners. The process will build upon prior work, e.g., the expertise mobilized in support an EDU-C for immunization, with a focus on solutions-oriented research where the DLSPH can have a large impact.

Figure 6: Deliverables Under Priority Aim D: Strategic Research Initiatives



Additional details about the priority research areas are provided in the Appendix. Given the inherent uncertainty of research, this Operational Plan does not present timelines for specific research projects. The DLSPH administrative leadership will report on the progress of key projects under specific research priorities to the Dean’s Advisory Committee. The Appendix includes a timeline for the steps to identify new and additional research priorities by mid-2018.

SCHEDULE



	2017				2018				2019				2020				2021							
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
B: Investments in People & Relationships					B: Investments in People & Relationships																			
B1: Supported Faculty					B1: Supported Faculty																			
B1a: Stabilized & Strengthened DLPSH Faculty					identify priorities				1st round of improvements								2nd round of improvements							
B1b: Secured & Supported Externally-Funded Chairs													Plan and implement activities to support and secure externally funded research chairs (see also C2a)											
B2: Connections & Partnerships					B2: Connections & Partnerships																			
B2a: Connections Across DLSPH Units					consult on existing				identify subset of high impact high priority connections to foster and improve															
B2b: Connections between DLSPH, Faculty of Medicine & U of T Broadly					launch 1-2 strategic projects, updated UME with public health, DLSPH-FoM meetings				DLSPH FoM collaborator awards								review FoM and consider launching 1-2 others; new projects with other Faculties							
B2c: Strengthened Ties with DLPSH/IHPME Status Faculty					WG active								1st round of improvements				2nd round of improvements							
B2d: National/ International Partnerships					focus on existing/nascent international School-level partnerships (e.g., American University, Shandong)												actively pursue new partnerships							
B3: Dalla Lana Scholarships																								
B4: Diversity & Equity Initiative	DLSPH statement				options				create plan				implement improvement plan in phases											
B5: Post-doc Career Support & Development													gather info.				initiate improvements							
C: Program & Process Excellence					C: Program & Process Excellence																			
C1: Enhanced Education Programs					C1: Enhanced Education Programs																			
C1a: Efficient Program Administration & Operations									implement quick wins				gap analysis & benefits realiz'n framework				implement long term strategic improvmts							
C1b: Shorter Duration PhDs									WG active				1st round of improvements				2nd round of improvements							
C1c: Increased PhD Stipends																	implemented plan to increase PhD stipends							
C1d: New or Combined Degree Programs																	administ'n, faculty & staff develop new combined degree programs							
C1e: More International Students													Committee active				initiate improvements							
C2: Operational Excellence					C2: Operational Excellence																			
C2a: Research Services Initiative					shift existing resources to strategic research initiatives								investment of additional funds to increase supports											
C2b: Seed Fund for Priority Research Initiatives									develop process				distribute seed funds based on peer-review recommendns											
C2c: Innovative Hi-Tech Spaces					develop plan				procure equipment and implement plan															
C2d: Dalla Lana Leadership Series Initiative									develop plan				implement plan											
D7: New and Additional Interdisciplinary Scholarship					consultative process				initiate support for new and additional strategic research priorities beginning with seed funding and close work with advancement															
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
	2017				2018				2019				2020				2021							

RISKS AND RISK MANAGEMENT

NEGATIVE RISKS

RISK	LIKELIHOOD	IMPACT	RISK RESPONSE
1. Implementation of the Operational Plan results in so many activities occurring in parallel that focus is lost and progress is slow	Medium High	High	<ul style="list-style-type: none"> Focus DLSPH leadership support on a small number of priority activities as defined in the schedule while allowing and encouraging individual-level work outside the Operational Plan . Limit the number of active working groups/committees to 3-4 at any given time. Distribute committee roles to multiple people, including to willing adjunct and status faculty members. Partner with external organizations on some of the learning/training of external professionals. Where funds allow, bring in external resources (consulting or otherwise) for the short-term.
2. Complexity of DLSPH structure makes it hard to align people to Operational Plan	Medium	High	<ul style="list-style-type: none"> Develop and implement a communications workplan including dissemination of the Operational Plan via in-person and web-based information sessions with possible after-hours presentation to status faculty members. End each presentation/session with a very practical discussion of what the Operational Plan means for attendees (e.g., what change and improvements will look like as the Operational Plan is implemented) and what the opportunities are for them to contribute.
3. Staff and faculty members with work that doesn't align to Strategic Research Initiatives are demotivated by not seeing their work featured prominently	Medium -Low	Medium	<ul style="list-style-type: none"> In communications emphasize that Operational Plan identifies key deliverables and activities NOT all of the work/operations of the DLSPH (a document that covered all DLSPH work would be much longer and detailed). Emphasize how the process to identify new and additional Strategic Research Priorities will be inclusive, consultative and open to all faculty members and staff.
4. There is too much change for people to process	Medium - Low	Medium	<ul style="list-style-type: none"> Monitor impact of the Operational Plan and check in with staff and faculty members for signs of change fatigue. If it is determined that too much change is being attempted, put some initiatives on hold and focus efforts on short-term activities that result in noticeable improvements for students, staff or faculty members.

POTENTIAL OPPORTUNITIES (POSITIVE RISKS) AND RISK RESPONSES

1. More funding is available than anticipated (e.g., through increased donor gifts).

With advice from the Dean's Advisory Committee, DLSPH Senior Administrators table to develop a plan for use of the funds. Depending on the amount of surplus funding this could include: establishing full PhD financial support sooner, additional seed grants or additional funded Research Chairs or projects.

2. There are more opportunities for partnership than the School can act on.

Allocate resources to partnerships with full acknowledgement that partnerships go through cycles: planning, active implementation and then a phase of monitoring which should require fewer resources. Reassign resources to new partnerships during the monitoring phase vs. making continuous adjustments to new partnerships. Create a 'pipeline' of prioritized opportunities with a clear rationale. Report on the pipeline to the Dean's Advisory Committee.

SUMMARY AND CONCLUDING STATEMENT

The sustainable health system of the future is one where there is a much deeper focus on disease prevention rather than treatment, where the health of entire communities is taken into account, where processes are functioning smoothly and where the gap between public health and health care simply no longer exists. This DLSPH Operational Plan presents deliverables under four priority aims designed to advance the School, and the health system, closer to this vision.

Appendix: Descriptions of Deliverables in the 2017-2021 DLSPH Operational Plan

PRIORITY AIM A: WORLD-CLASS GOVERNANCE & ADMINISTRATION

A1: DEAN'S ADVISORY COMMITTEE

The overarching purpose of the Dean's Advisory Committee is to provide high level advice, oversight and external perspective to the Dean on the strategic directions for the School. The Terms of Reference for the Dean's Advisory Committee outline how the Board will meet, at least three times per year, to review opportunities and issues and provide advice. In addition, the Dean's Advisory Committee will review the annual work plan of the School and support joint planning with health system stakeholders.

A2: DSLPH ADMINISTRATIVE LEADERSHIP

The School recognizes that strengthened administrative leadership is required over the next five years. Deliverables related to this goal will evolve over time but, at minimum, will include:

A2a: Increased Managerial Efficiency (Reduced Administrative Burden on Faculty) – develop and implement a School-wide plan for improving administrative processes and better managing committee load (see also A3: Working Groups and Committees) by 2019.

A2b: Engagement with Alumni & Donors –Strengthen engagement with alumni by creating opportunities for alumni to participate in School educational and learning offerings, and facilitating mentoring relationships between alumni and learners. By 2019, create new opportunities for engagement with donors through the U of T Boundless campaign and through meetings and other mechanisms that illustrate the impact of current donor investments and make the case for new investments.

A3: WORKING GROUPS & COMMITTEES

The structure of the DLSPH is novel (see Figure 1): 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 result, the DLSPH has an institutional configuration that lies between the usual structures for single departmental faculties and multi-departmental faculties.

Due to the complexity of the DLSPH structure, it is unlikely that the potential for multi-centre/unit work will be fully realized without working groups and committees to connect staff and faculty members from different parts of the School. The challenge for DLSPH is to phase work such that the committee load burden is not too onerous for faculty members or staff, and so that the highest priority issues and opportunities are not hampered in any way. Accordingly, this Operational Plan identifies the first four committees/working groups to be established by June 2018, with the expectation that those committees will complete their work and be disbanded before the next set of four committees and working groups is established. The priority committees/working groups from 2017-2021 are presented in the Schedule section of this document (pg. 8). Depending on the timing of those eight, additional committees and working groups may be established before 2021.

It should also be noted that committees and working groups are not the only mechanism through which faculty members and staff can provide advice to School-wide initiatives. In some cases DLSPH staff and administrative

leads will lead work to identify and act on areas for improvement. In these cases, Faculty meetings and other ad hoc mechanisms will be used to obtain faculty member and staff advice on topics including donor and alumni engagement, opportunities for increased partnerships with other parts of the U of T, and changes to improve supports for students.

A4: REPORTING & EVALUATION

This Operational Plan identifies five deliverables related to reporting and evaluation, including the creation of this document which is the first step toward mobilizing effort in that it serves as a mechanism for communicating the plan and a baseline for progress reporting.

A4a: Operational Plan (this document to be finalized by late 2017).

A4b: Progress Indicators –Foremost, the progress of the DLSPH in implementing its Operational Plan will be measured based on the successful completion of deliverables as outlined in the schedule. Additionally, by early 2018 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, policy/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 collaborations, 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

A4c: Annual Progress Reports –The indicators and impact stories described in A4b will be compiled no less than annually (typically in June), and disseminated to multiple audiences including faculty, staff, donors, alumni, students and others.

A4d: Budget Transparency Reports –Beginning in 2018, increase budgetary transparency by holding at least one meeting each year – at the DLSPH level and specific to Public Health School programs – to provide detailed information on the DLSPH budget and by providing shadow budgets at the Divisional level. At the meeting the IHPME budget will also be approved on an annual basis (as per the letters accompanying the transfer of IHPME into the DLSPH).

A4e: External Review & Response –This DLSPH Operational Plan and a status report on its implementation will be presented in response to the UTQAP review no later than March 2018. Performance reporting (A4b, A4c and A4d) will serve as the foundation for internal and external reviews going forward.

PRIORITY AIM B: INVESTMENTS IN PEOPLE & RELATIONSHIPS

B1: SUPPORTED FACULTY

High qualified faculty are the heart of the DLSPH and essential to the School's future success. DLSPH researchers are key contributors to the U of T'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. In an environment where research dollars are scarce, active support for faculty members is essential. The DLSPH administrative leadership has a role to play by reducing administrative burden, securing funding for a stable foundation and creating a healthy work environment in which faculty members are provided with as much time as possible to perform research and train the next generation of research and health leaders. The priority deliverables in this area for 2017-2021 fall under two work streams:

B1a: Stabilized & Strengthened DLSPH Faculty –By 2018, complete work with DLSPH Senior Administrators Committee to identify the supports most needed. By 2019, develop and implement an improvement plan, including supports to promote physical and emotional health at the school. Progress will be reported at staff and faculty member meetings and to the Dean's Advisory Committee.

B1b: Secured & Supported Externally-Funded Chairs –The School has more than a dozen endowed or independently funded Research Chairs, including eight (8) CIHR Canada Research Chairs with primary appointments in DLSPH. As the UTQAP report notes, this "significant achievement" isn't enough to offset a decrease in total research income, which has declined since 2011 as part of broader decreases in Tri-Council and government funding and the decreasing pool of available nationally competitive research funds. In addition to broad supports for faculty members from 2017-2021, the DLSPH leadership will have a focused effort on helping faculty members retain external Chair funding and secure new external Chairs.

B2: CONNECTIONS & PARTNERSHIPS

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. The DLSPH also has the advantage of connections to world-class researchers at other U of T faculties, and the Faculty of Medicine, in particular. With this status comes new opportunities to provide interdisciplinary health expertise at a local and global level, and to compete internationally. At the same time, the School's breadth of deep connections to decision-makers across local, regional, provincial and federal governments, and, the health and social policy system, provides a critical resource for scholarship, education, and a tremendous opportunity for impact on health policy and practice. For these reasons, the Operational Plan identifies key deliverables related to Connections and Partnerships:

B2a: Connections Across DLSPH Units –Informed by a review of joint initiatives that have occurred unaided between centres and units of the DLSPH in 2018, the School will identify a subset of priority projects and activities where joined up effort between the centres would have greater strategic impact. Promising opportunities include (a) leveraging existing IHPME connections with policy makers to help shift decision maker thinking from health care for diseases to preventative supports for well-being and (b) integrating the DLSPH bioethics expertise across all dimensions of social justice under the School, e.g., examining the complex ethical challenges at the intersection of health care and public health, including end-of-life care, epidemics, global health and big data in health system planning.

B2b: Connections between the DLSPH, Faculty of Medicine & U of T more Broadly –Building on the multiple individual-level partnerships that exist between the DLSPH and the Faculty of Medicine currently, there is an opportunity for the leadership of the two Faculties to work together to identify a small number projects/initiatives of high strategic relevance and to provide additional support for them. Joint project work, combined with a program to recognize individuals who are models for collaboration between the Faculties, and, advocacy work performed in partnership, will increase the impact of both the Faculty of Medicine and the DLSPH. In addition, the DLPSH and Faculty of Medicine will seek opportunities for more joined up governance (e.g., deliberately populating internal committees with members with cross appointments to both Faculties) and joint work (beginning with a focused effort to update and integrate public health into the U of T undergraduate medical education curriculum). Given the strong history and ties between the DLPSH and the Faculty of Medicine, the School intra-university partnership activities will focus primarily on the Faculty of Medicine for the first three years of this Operational Plan, with a deliberate plan to spread successful practices to other Faculties beginning in the fourth year.

B2c: Strengthened Ties with DLPSH/IHPME Status Faculty – The UTQAP report notes “Of particular note are the efforts of more than 600 ‘status only’ Faculty members who support the Dalla Lana School of Public Health activities. They support approximately 24% of all teaching assignments, support graduate students, and account for approximately 50% of external research dollars coming into the Faculty. It will be important for school to continue to find means to support the activities of this vitally important group.” By spring 2019 the DLSPH administrative leadership will develop a plan to integrate status faculty-led work more fully with fulltime faculty and students. This could include special status faculty meetings/events (outside of working hours), a status faculty information page on the DLSPH web site, etc. In addition, given the reliance of the School on status and adjunct faculty members, a careful analysis of the teaching roles and obligations to define responsibilities, opportunities, and benefits will be performed to ensure that the DLSPH appointments remain attractive to status and adjunct faculty members.

B2d: National/International Partnerships –There are excellent opportunities for national and international partnerships for research in global health, Indigenous health and health ethics and, given the close ties between the DLSPH and the Institute for Clinical Evaluative Sciences, big data. These opportunities must be balanced with immediate opportunities for local partnerships within the School, within U of T, and with provincial health leaders and decisions makers. The first three years of the Operational Plan the DLSPH will focus on existing and nascent international School-level partnerships (e.g., American University Partnership, Shandong). Other investigator-level national and international partnerships will be tracked, but not a primary focus of the School’s administrative leadership. Once the DLSPH has acted on local opportunities for partnerships, it will take the learnings from that experience into additional School-level national and international partnerships in 2020, 2021 and beyond.

B3: DALLA LANA SCHOLARSHIPS:

Merit-based \$5000 scholarships open to graduate students at the DLSPH. Approximately 24 per year awarded in the spring each year beginning in 2009.

B4: DIVERSITY & EQUITY INITIATIVE

The DLSPH embraces the U of T Governing Council Statement on Equity, Diversity, and Excellence in its entirety and will work to identify the additional focus and commitment of the DLPSH on these issues. The text from the U of T Statement plus the new additional text developed by the DLSPH will comprise the DLPSH Statement on Equity, Diversity and Excellence. Once the DLSPH Statement is agreed upon, the DLPSH will work to develop and implement an improvement plan with phases in 2018.

B5: POST-DOC CAREER SUPPORT & DEVELOPMENT

An organized effort to recruit and foster post-doctoral researchers to enhance the training experience in this critical period of career development will reward both the early-career researchers and the School. Therefore a specific and programmed effort to recruit, mentor and develop the careers of post-doctoral researchers will be implemented by 2020, with oversight from the Associate Dean Research.

PRIORITY AIM C: PROGRAM & PROCESS EXCELLENCE

C1: ENHANCED EDUCATION PROGRAMS

The DLSPH hosts a wide array of graduate programs at both the Masters and doctoral levels. As noted in the UTQAP report, the amalgamation of EDUs together with new service offerings has resulted in seven Masters degrees (with eighteen separate concentrations or options) and two PhD programs (with six concentrations or options). In total, nearly 900 students are enrolled in these programs. In addition, the DLSPH hosts two residency programs (in occupational health and public health and preventative medicine) and several interdisciplinary, often shorter programs.

C1a: Efficient Program Administration & Operations –The UTQAP report made several recommendations related to program efficiency including a recommendation to review Masters programs to explore opportunities for economies of scale in admissions, administration, and communications, avoidance of duplication, and expansion of class offerings, with “a careful look at financial incentives and barriers.” By 2018, the School will have implemented some obviously beneficial quick-wins, e.g., sharing of applicants between programs filled to capacity which might be useful to both students and the future viability of programs. By 2020, longer term work will involve the a gap analysis and benefits realization framework considering opportunities for people, process and/or technology savings related to registration, grading, joint programs (e.g., work with health system partners to refine and increase experiential learning opportunities such as practicums).

C1b: Shorter Duration PhDs – The PhD programs in DLSPH are uniformly strong with sufficient applications, acceptances, registration rates and employment outcomes for graduates; however, the time to graduate of ~ six (6) or more years is longer than the ~ four to five (4-5) years for comparable international schools. Decreasing the PhD completion time has the potential to make the program more financially sustainable for the School and for graduate students pursuing PhDs, while simultaneously increasing the appeal of the PhD program to high quality international graduate students. By early 2019, the School will complete an analysis of the drivers of long duration PhDs and develop a plan to move toward faster completion such that PhD candidates enrolled in 2020 or later are positioned to complete their degrees within a timeframe at, or lower than, the U of T average.

C1c: Increased PhD Stipends –The current DLSPH funding model is complex and may raise concerns on the part of PhD students regarding financial support for the duration of their degrees. Teaching Assistant assignments with compensation exist, but are not uniformly available. By spring 2020, a plan will be in place to ensure and communicate funding for all PhD students for the duration of their degrees (noting that parallel activities to decrease the duration of PhD degrees will help minimize the budget impact of this change).

C1d: New or Combined Degree Programs –Noting that the potential for new or combined degree programs across the DLSPH has yet to be fully explored, by 2021 and to inform the next five-year strategic plan, the DLSPH will review existing programs and develop a short list of programs/certificates to act upon. Candidates include those noted in the UTQAP review report, specifically the potential for combined degrees and certificates between the Joint Centre for Bioethics and other DLSPH programs, and combined MHSc health administration/Masters of Social Work program (noting the UTQAP recommendation to expand consideration of this approach to other health professions as well as to law and business).

C1e: More International Students –With just 2% of its enrollment being international professional Masters students, the DLSPH is considerably lower than the U of T average for graduate students (16%) and distant from the percentage of enrollment at the U of T schools for Management (24%) and Applied Science and Engineering (42%). International students have the potential to provide cultural and financial benefits to the DLSPH, particularly in a time where domestic tuition is flat-lined and grant revenue has decreased. By 2019, the DLSPH will synthesize learnings from other faculties at U of T to develop a plan to increase the number of high-achieving international graduate students. This will include expanding certain areas of the Masters program, with a special view to International students, and working with the U of T administration to identify ways in which the number of international PhD students could be increased in a cost-effective manner (noting that a pathway to a shorter PhD completion would be more in keeping with international practice and a more efficient financial model).

C2: OPERATIONAL EXCELLENCE

Strategic planning documents prepared by the DLSPH, IHPME and the UTQAP report all note the unrealized opportunities to benefit through cross-cutting investment of funds to increase the Operational Excellence of the DLSPH:

C2a: Research Services Initiative– There is an opportunity to both expand and focus the support services available to DLSPH researchers. In terms of expansion, services across the lifecycle of key grants will be made available, i.e., support for grant development, administration, reporting and grant renewal applications. For maximum impact, and to stay within budget allocation, these services will be focused on Strategic Research Initiatives (see Priority Aim D) and new or renewal applications for externally funded Research Chairs. Shifting existing research services staff to priority research initiatives will occur in early 2018. Beginning in 2020, additional staff will be funded to provide expand research support services provided.

C2b: Seed Fund for Priority Research Initiatives – Seed funding will be used for a variety of catalytic activities including funding for projects, conferences and post-doctoral fellows. Given the cycles and nature of research funding, it is common for even the highest priority and highest impact research projects to go through periods that are under-resourced. Examples include: (a) the time to explore/test an idea to determine whether a larger proposal for consideration by an external funder should be prepared (b) the time between a submission to a funder and the final funding decision (c) unanticipated short-term opportunities to accelerate projects and (d) the time between the conclusion of one part of a project and a renewal decision by the funder. The DLSPH is fortunate to have donor-provided discretionary research dollars to address these gaps, and by 2019 will establish a peer-review process to ensure this scarce resource is used for maximum impact.

C2c: c. Tech-enabled Teaching/Meeting Spaces – There is an opportunity for the School to improve teaching and research through technology-enabled spaces that allow for video conference meetings, remote teaching/learning, large group massive open online course (MOOC) experiences, etc. By mid-2018 the DLSPH administrative leadership will define priorities for tech-enabled spaces, develop and assess options and develop a procurement and implementation plan.

C2d: Dalla Lana Leadership Series Initiative - The pooling of resources amongst the DLSPH, the IHPME and the Joint Centre for Bioethics 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. Building on these successes, and in close partnership with U of T Advancement, by 2019 the DLSPH will establish communications, events, outreach and other activities to increase the profile and impact of the School, to be implemented in early 2020.

PRIORITY AIM D: STRATEGIC RESEARCH INITIATIVES

D1: INTEGRATING PUBLIC HEALTH AND PRIMARY CARE

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. The DLSPH Division for Clinical Public Health is transforming the way health professionals are trained, and generating advanced knowledge on how to best integrate the two areas of health most pertinent to improving the health of Canadians. The ultimate goal is to reach a point where public health and primary care are no longer considered separate professions, but work seamlessly to promote the health of all citizens. Specific subdeliverables include: a research lead for health system improvement, a public health improvement program which integrates quality improvement tools and processes, [with Health Quality Ontario], an Ontario "Improvers" continuing education program, and performance reporting on provider-led Improvements.

D2: THE HEALTH OF INDIGENOUS COMMUNITIES

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 U of T 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 U of T. The Institute aims to narrow the health gap between Indigenous and non-Indigenous peoples by consolidating work currently being conducted by scholars across the University, and to create health in Indigenous communities by providing opportunities for new and innovative work in this area.

D3: INNOVATION IN HEALTH SYSTEM POLICY

Building upon and leveraging the IHPME's strong relationship with policy and decision makers, there is an opportunity to influence and integrate public health policy with health care policy. For example, landmark research performed by IHPME researchers highlights the need to shift treatment of the dying out of hospitals by drawing attention to the huge — and unsustainable — portion of the health-care budget spent on end-of-life care. The end-of-life study makes it clear that people go into hospital because they often have no other option, even though they would rather spend their final days of life surrounded by loved ones and in their own home. The next step is to combine IHPME's traditional research strengths with new investments in people (e.g., a Research Lead for Policy Innovation, Ethics & Health Policy Training Program) structures (e.g., Canadian Healthy Policy Observatory) and tools.

D4: NEW AND ADDITIONAL INTERDISCIPLINARY SCHOLARSHIP

At the local, regional, provincial, national and international levels, policy and decision makers are increasingly interested in public and population health. While strategic research priorities D1-D3 are all suited to interdisciplinary scholarship, D4 is presented as a separate deliverable as a way to promote additional interdisciplinary scholarship including between the units/centres of the DLSPH, other Faculties at the U of T (beginning with the Faculty of Medicine) and with other diverse contributors.

Beginning early 2018, the School will initiate a consultative process to identify new and additional strategic research priorities for interdisciplinary study. Candidate areas of focus include immunization, big data, the health of communities and global health. The process will include three phases (i) preparation of concept notes for advancement priorities, (ii) consultation within and outside the DLSPH to develop plans to support interdisciplinary projects and, beginning August 2018, (iii) seed funding for catalytic activities including funding for projects, conferences and post-doctoral fellows.