

ACADEMIC PLAN 2019-2024

Dalla Lana

School of Public Health

Leading for Public
Health and Health
Systems Improvement



UNIVERSITY OF TORONTO
DALLA LANA SCHOOL OF PUBLIC HEALTH

2	Summary
3	Background
4	Purpose of the DLSPH Academic Plan
4	Process for Creating the DLSPH Academic Plan
5	Mission, Vision and Values
6	Supporting Excellence in Interdisciplinary Research
10	Building a Full Life Cycle of Cutting-Edge Programming
13	Creating Impact from our Work
16	Global Health
18	Indigenous Health
21	Management
23	The School and the Greater Toronto Area
24	Conclusion

Dear Colleagues and Supporters,

You are holding the Dalla Lana School of Public Health's first-ever *Academic Plan*, forged through dozens of hours of discussion, review and collaboration among faculty, students, alumni, partners and staff.

This is the blueprint for our school's guiding values and direction over the next five years. I admire the way our community—despite sometimes very different scholarly interests and perspectives—came together to articulate a shared vision of our future.

We are a young school, having been established as a stand-alone faculty in 2013. But our roots reach back to the very founding of the University of Toronto in 1887, first with the creation of a Chair of Sanitary Science; and then in 1896, the Department of Hygiene, which taught sanitary science, bacteriology and preventive medicine.

Our plan is grounded in these fundamental public health advances. But it is also a clarion call to grasp a future of constant growth and change. Already, health systems are beginning to require a workforce flexible enough to adapt to new technologies and complexities; this plan commits us to teaching and supporting our students and alumni through the entire life cycle of their careers.

One of the most important aspects of the next five years at DLSPH, I believe, is our movement toward interdisciplinary research. We already have strong and deep disciplinary expertise. This plan underscores our community's enormous desire for deep collaboration across traditional boundaries through the establishment of cross-cutting themes in areas such as climate change, health promotion and in the use of emerging technologies to improve population health and health systems.

And finally, I am very proud of the plan's commitment to increasing diversity and inclusion within our community and to improving the student experience.

I hope you'll join us in the inspiring work that lies ahead.

Sincerely,

A handwritten signature in black ink, reading "Adalsteinn Steini Brown". The signature is fluid and cursive, with the first name "Adalsteinn" and last name "Brown" clearly legible.

Adalsteinn (Steini) Brown
Dean and Professor
Dalla Lana School of Public Health

SUMMARY

The Dalla Lana School of Public Health (DLSPH) has the opportunity to define a new model of public health and health systems education that reflects the School's unique tradition of excellence and integrity with impact and partnership. This model is rooted in the School's history and builds off of excellent work already underway across the School.

Based on extensive consultation over the last six months, we have confirmed our mission, vision and values and identified six key areas for focused work over the next five years:

- I Leading interdisciplinary research into critical challenges in public health and health systems that engage the School, the University, and our health system partners.
- II Building a full life-cycle of public health and health systems education and modernizing our delivery of education to meet the needs of today's and tomorrow's learners at the University of Toronto.
- III Providing evidence, expertise, ideas, and advocacy to support public health and health systems improvement in Canada and around the world.
- IV Creating a global presence through collaborative research and education in health system strengthening with a focused set of strong partners.
- V Strengthening our scholarship, education and positive impact in collaboration with Indigenous communities in Canada and around the world.
- VI Improving our management and internal processes to create a sustainable and inclusive School.

BACKGROUND

The Dalla Lana School of Public Health is the University of Toronto's newest faculty (2013) and only gained all of its founding constituencies (Public Health Sciences, Institute of Health Policy Management and Evaluation, and the Joint Centre for Bioethics) in 2015. But because of our excellent faculty, students and staff and because of our strong partnerships, including with Indigenous communities, we already rank as the top Canadian school of public health and among the top global schools in both the Academic World Ranking (Shanghai) and US News and World Report league tables. Any new opportunities must build on and protect this foundation of excellence. It is also a school that has almost doubled its enrolment over the last decade. We continue to attract great students, but we need to work consistently to improve student experience and maintain the quality of applicants.

But while we are a new faculty, we have a century's worth of leadership and achievement. The dominant themes of impact and partnership that shaped the early years of the University of Toronto School of Hygiene still distinguish the DLSPH today from other schools of public health. The production of toxoid here made Toronto and Hamilton the first diphtheria-free cities. We see the same commitment to impact today in our faculty's work across a number of areas such as high users of health care, quality and safety of care, the opioid crisis, Ebola, assisted death, sexual health and big data. The School has always matched excellence in scholarship and education with partnership and impact across our health system.

Purpose of the DLSPH Academic Plan

This plan will be the first five-year plan (2019–2024) for the DLSPH as a faculty. Fundamentally, the academic plan is the School’s overarching strategic document. It should state the values of the School, lay out key initiatives in research, education, and creative professional activity and address the resources required for their implementation. It should build off the last University of Toronto Quality Assurance Process review of the School and it should be consistent with the University’s long-term plans.

It is also important to note what the plan is not. It is not an exhaustive list of initiatives nor is it a statement of a singular focus for the School and its faculty. The core of the academic enterprise is high quality engaged education and independent research. Academic freedom and academic integrity are the core values for this enterprise. The plan is designed—based on extensive input—to identify and support important areas of focus that will increase the scholarly and public health and health system impact of the DLSPH. Finally, it is not a broad set of strategic documents. The plan is designed so that we will be able to understand and reflect on our progress, and where necessary, adjust our direction over the next five years.

Process for Creating the DLSPH Academic Plan

Our academic plan has resulted from an iterative, transparent, and accountable process defined at the beginning of the plan development. This process has included multiple engagements with hundreds of faculty, staff and students.

The plan has also benefitted from dozens of emails and from direct consultation with leaders at our major health system partners such as Toronto-area hospitals, provincial agencies, and cognate faculties.

MISSION, VISION AND VALUES

An earlier effort to develop an academic plan (2016) created a draft mission, vision and values for the DLSPH. Brand renewal efforts and work for this plan in 2018 confirmed these statements as:

Mission

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

Vision

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

Values

Independence, integrity and rigour; engagement and collaboration; equity and social responsibility; ethical and responsive; accountability, sustainability, and healthy work.

Our consultations have also emphasized the privileged and strong position of the School, particularly with our public health and health systems partners. They have asked what is the School's unique role as a publicly-funded institution that draws its faculty members and students overwhelmingly from Ontario's publicly-funded institutions. This role obviously starts with research and teaching, but it extends through the work that all of our faculty, staff, students and alumni do to improve our systems. Our partners have asked for greater engagement of and with the School in public health and health systems improvement. One health systems leader put this request (and the School's role) succinctly: To bring compelling ideas and evidence to major public health and health systems challenges and provide the education and advice to act on them.

The DLSPH is well placed to deliver on its mission and realize its vision. It will play a significant and meaningful role in public health and health system improvement here and around the world. The following plan outlines key areas where we can make investments and focus some of our attention in research, education, and impact and on our management to realize our vision. It is important to note that not everything in this plan is new. It builds strongly on current research efforts, work underway to modernize our curricula, novel programming like our Certificate in Health Impact, land-based Indigenous courses and curricula, and a number of other efforts led by DLSPH faculty and staff. These initiatives provide a strong platform for our future success.

PhD student Gillian Kolla,
who studies harm reduction
programs, in front of the needle
drop box in Toronto's Moss Park.
Photo: Nicholas Iwanyshyn.



**Supporting Excellence in
Interdisciplinary Research**

University of Toronto is defined by excellence across a wide range of disciplines and will need to capitalize on this interdisciplinary excellence over the next decade to maintain its global competitiveness. The DLSPH is well positioned to support and capitalize on this interdisciplinary path. By definition, a school of public health is an interdisciplinary hub. Paul and Alessandra Dalla Lana's founding gift described the School thus:

It is the vision of the President, the Provost and the Dean of the Faculty of Medicine to work with the inaugural Director of the School to develop an academic plan that will establish the School as the University's core academic unit responsible for integrating and coordinating all public health and health policy activities across the University [and] to strongly support the School of Public Health as the University's primary voice, and brand for public health activities at the University.

During consultations, faculty and partners articulated the importance of supporting a set of interdisciplinary themes that could bring together scholars with deep disciplinary expertise from across the School and across the University. These themes build off the power of new (e.g. artificial intelligence) or established (e.g. exposure measurement) generative technologies or approaches (e.g. implementation science) that spawn new applications and have strong relevance to disciplines across the School. They are challenge-driven, could have significant health and economic impact, and require major policy and practice change. They are also areas where we have significant disciplinary strengths on which we can build and where we can work with cognate faculties (e.g. Computer Science, Engineering, Medicine or the School for Cities) and partners across GTA (e.g. the Vector or the Fields Institutes). The top five themes are:

- I Using Data Sciences, Artificial Intelligence and Emerging Technologies in Informatics and Analytics to Improve Population Health and Health Systems Performance. New analytic technologies (e.g. artificial intelligence) and ways of organizing and collecting data (e.g. wearables, black boxes) promise precision public health interventions, improved health systems management, and new insights into the organization of services. Develop and incorporate new methods for data science, which are tailored for public and policy health analysis. However, the relative value of some of these approaches is unclear and raise critical issues in ethics, equity, and policy and re-enforce the need to maintain a strong critical perspective on their usefulness and impact and a thoughtful approach to their epistemology.

- II Responding to Climate Change, Environmental Health Challenges, Ecological Determinants of Health and Indigenous Health. Climate change arguably represents the most significant threat to long-term planetary health and will only exacerbate other growing environmental threats. Creation of sustainable responses to these challenges requires solutions at the clinical, organizational, community and jurisdictional level that build off of planetary health, Indigenous knowledges, and occupational and environmental health. This theme leverages valuable data resources at the School that allow linkage of health, environment, and climate data to study changes in exposure at the individual (exposome) level through to the national and even international level.
- III Implementation and Improvement Science to Support Public Health and Health Systems Improvement. Health systems regularly announce profound change in their goals and organization but there is little attention to how these changes will occur through evidence-based implementation. At the same time, most systems face a shortage of people, roles, and structures to support constant improvement. However, sustainability will only come through a relentless commitment to improvement and a profound change in culture and organizational behaviour. However, this sort of change and its link to health system capacity and information systems are poorly understood.
- IV Building Sustainable and Equitable Health Systems through Integration and Engagement at the Organizational, Local and Jurisdictional Level. Economics, social theory, and behavioural science provide insights into how public health, health care, and social policy systems can be aligned, integrated and supported to build healthy organizations and communities. Yet these sorts of insights are too rarely developed into platforms for evaluation and change and the opportunity to learn from local evaluations and cross-jurisdictional policy analysis remains under-used. At the same time, attention to the social determinants of health, culture and ethnic identity often remains an abstract consideration with little practical understanding of how to improve them in clinical and community settings. Toronto and a number of communities around Ontario hold the promise of living labs where innovations and evaluation can build sustainable and engaged health systems and where we can have direct impact on public health and health systems that could be scaled across systems.

V Reducing the Burden of Preventable Disease and Improving Wellness.

The interplay of new technologies and social factors from social media to microfluidics to anti-vax campaigns and the legalization of cannabis are changing the way we can and do respond to preventable diseases, often with the consequence of outbreaks in preventable disease and substantial loss of life. Interdisciplinary approaches will allow us to respond to these challenges at the clinical and system level and describe how solutions to controlling disease and promoting health can be rapidly scaled.

In order to support these areas of scholarly excellence, the School will secure funding to support seed grants, new interdisciplinary faculty hires, student and postdoctoral support, and support for collaborative planning and major funding (>\$1,000,000) applications. Each of these areas will be led by a small committee of faculty with expertise and commitment and will develop a plan within three months to build major sustainable research initiatives that engage the School and the University, bring in more than triple their investment in grant and educational support, and attract students and our local and international partners. These initiatives will need leadership by faculty with strong disciplinary depth who can also work collaboratively with faculty across disciplines. To support this, the School will also provide training for faculty and learners involved in these areas.

At the same time, these interdisciplinary areas should create new insights into how we can and should train the next generation of public health and health systems leaders whether they are learners at the DLSPH or elsewhere across the University of Toronto. In order to support this translation, the School will provide funding to support the translation of evidence from these programs into educational efforts and their evaluation.

As we pursue these interdisciplinary areas, critical areas for public health and health systems scholarship will continue to rise in importance such as mental health and addictions, cannabis, disaster preparedness, end-of-life studies and migration. As these themes emerge, the School will review them, identify potential sources of support and integrate them into the strategy. They will initially be eligible for smaller support focused on team building and planning grants.



Prof. Eugenie Stuart with her seminal hospital administration class, learning first-hand how hospitals manage patient health records. Undated photo (1950s/60s).



Building a Full Life Cycle of Cutting-Edge Programming

The DLSPH has a long tradition of educational excellence, best reflected in the quality of students we are able to attract every year and the success of our graduates. However, there are key areas where the DLSPH lags behind other globally leading schools of public health. Over the next four years, the DLSPH will pursue three key initiatives in education. These initiatives will both extend the impact of the School and ensure its financial sustainability. They are:

- I **Life Long Learning.** With a strong early focus on continuing education and diploma and certificate programs and on the needs of our core audiences like alumni, the School will develop at least 10 sustainable programs in continuing public health and health systems education. These programs can be in partnership with organizations, like professional associations or public health units, and should be able to be self-sustaining and have clear impact and positive evaluations by their second year. To support this work, the School will hire continuing education coordinators to support program design, development and implementation in both the Public Health Sciences and Health Policy, Management and Evaluation graduate units. The School can also work to engage graduates of programs related to the core work of the DLSPH as part of their wider continuing education and alumni community. Finally, as noted below, the School will expand public-facing education.
- II **New Educational Programs.** The School has a wide set of professional and research-focused graduate degree programs. However, it lacks programs for stimulating and supporting interest in high-performing undergraduate students and for the most senior professionals. To create a full life cycle of programming, the School will allocate funding to support access and outreach programs that build onramps into the University of Toronto for undergraduate students, new undergraduate programming across the University's campuses such as expanded course offerings in collaboration with health studies programs and/or a second entry undergraduate degree in public health and health systems, as well as Canada's first DrPH.
The access and outreach programs will build off our current high school outreach in Thorncliffe Park. The development of undergraduate offerings will start with a more coordinated approach to undergraduate course offerings and the creation of an updated inter-divisional teaching agreement. A committee of faculty, staff and students from across the University will report back within one year on the best option to build successful public health and health systems capacity at the undergraduate level and

to create a pathway for the best U of T students to the DLSPH. Efforts to develop a DrPH are already underway and will continue.

- III **Modernized Graduate Public Health Education.** Over the past decade the School has doubled its enrollment. At the same time, interest in public health and health systems education has expanded across the University. Responding to similar pressures and the desire to reach increasingly international audiences, globally leading schools of public health have moved their educational programming into blended and modular formats that support scale and spread to global audiences. The DLSPH must maintain the excellence of its programming across its research and professional degrees but it must also ensure its programs are accessible to students from across the School and around the world and that it can respond to the need for core service teaching in public health and health systems across the University in line with the goals of its founding gift. Over the next year, a committee of faculty, staff, students and alumni will make specific recommendations on how to modernize our programming, ensure competency-based and Indigenous land-based education in all of our professional and leadership degrees, and invest in technology and course redesign so that we can improve student experience and meet the pressures of the next decade. Once this committee has completed its work, we will negotiate new inter-divisional teaching arrangements.

These new initiatives will create a full cycle of educational offerings in public health and health systems and help ensure that they are of the highest quality. However, the School will not pursue Council on Education for Public Health (CEPH) accreditation. Rather, it will build off the work of the modernization committee described above to ensure competency-based education across its programs and explore options for continuous improvement in education in collaboration with other Canadian schools.

Opposite: IHPME faculty and alumni announce the Canadian working group of the International Foundation for Integrated Care, 2018. From left: Cathy Fooks, President/CEO of The Change Foundation; DLSPH Dean Steini Brown; IHPME Prof. Walter Wodchis; Nick Goodwin, CEO of the International Foundation for Integrated Care.



Creating Impact from our Work

The School has a long tradition of engaged scholarship and impact on the system. Over the past year, we can point to numerous contributions to public policy and professional practice by our faculty, staff, students, and alumni. Yet, the ability of members of the School to engage effectively with decision-makers (and for decision-makers to engage with the School) remains limited with both sides not knowing how to approach the other or lacking the trusted relationships that can help speed engagement and exchange. This limits the impact of the School and can create frustrations for both sides of these relationships. Furthermore, engagement and exchange are often reactive, coming after a policy priority is clearly articulated and often after the opportunity to affect the policy agenda has passed. At the same time, an increasing number of our students from professional and partic-

ularly from research programs are being called on to assume leadership roles that require new sets of competencies to articulate agendas, advocate, and manage complex projects. Over the next four years, the School will secure funding and raise additional funds to create four key investments to support greater impact:

- I **Create an Annual Survey.** This survey, building off the model pursued by Harvard and National Public Radio will pair the School with a consortium of non-partisan media outlets to survey the general Canadian public and public health and health systems experts to identify the most important public health and health systems issues. This survey will provide material for student projects, for engagement with the general public and mainstream media, and for an annual meeting with partners from across the health systems to articulate research and educational priorities.
- II **Create an Annual Report.** Building off the interdisciplinary excellence work noted above, the School will produce a report that brings together the most significant insights on a major health challenge with concrete recommendations for its resolution. This public report will be produced in collaboration with our health systems partners and designed to offer practical and specific solutions for decision-makers at all levels to support public health and health systems improvement.
- III **Create a Sustained Program of Public and Professional Engagement.** Building off the Boehm lecture series, the School will develop a sustained program of public education, Chatham House rule dialogues, and seminars that build around key themes identified from the interdisciplinary work and survey each year. This program will ensure a major event and other related activities each month and bring together traditional public health and health systems issues. These activities will be buttressed by policy clinics and other tailored capacity development exercises with our closest health systems partners and support partnered and community-based research to ensure translation
- IV **Ethical Leadership Capacity for Advocacy and Change.** Building off the success of the CIHR Health Systems Impact Fellowships, the Certificate in Health Impact and our long-standing successful practicum programs, the School will develop a series of courses and fellowships across all of our education lines that help our students, alumni and faculty prepare for leadership and impact in our health systems including change management, advocacy, communication

with the media and journalism skills, and patient engagement. This programming will be available to all students and others. We will also expand the number and scope of experiential learning opportunities that allow students to develop these skills and begin to have impact on public health and health systems.

The survey and annual report work should help re-enforce the importance of originality in our work on impact and ensure that evidence, ideas, and data drive change. To ensure the efficiency and effectiveness of this work, a committee of impact-oriented faculty, staff, students and partners will develop and report back within six months on options to create a joined-up approach to working with decision-makers and communities across the province that leverages the skills and assets across the DLSPH and helps connect decision-makers and community leaders with the School. This work can build off of excellent collaborations to date—like the three-symposium collaboration with the Vector Institute—and bring in broader sets of decision-makers. This work will also address the issue of hosting senior global health leaders, executives in residence and others who are stepping temporarily away from health systems leadership roles (either on sabbatical or in transition periods) and how these leaders can contribute to the School's mission and our students' development. It will also address how we recognize impact and creative professional activity more broadly in promotion and merit across the School. As with our work on interdisciplinary research, we will allocate funding to measure and improve our impact on health systems and the transfer of learnings from this program of work into educational programming.



MPH student Rachel Wong during her global health practicum at the World Health Organization headquarters in Geneva.



Global Health

Despite the relatively low global visibility of the DLSPH and high degree of fragmentation of global health research and education at the U of T, the DLSPH needs to capitalize on Canada's position and role as a middle-power in global health. To achieve global impact that is built on equity, engagement and excellence, the School will need to recruit a critical mass of global health faculty, attract global health leaders, and incubate a suite of interdisciplinary programs in global health research and related curricular, co-curricular and continuing education offerings for domestic and international students. This can be done in close collaboration with centres of global health research based in Toronto-area hospitals, particularly through collaborative planning and student placements. A DLSPH focus on Canada's role in global health (in contrast to major powers) will help position it as a strategic partner with major global donors and multi-lateral organizations. Education offerings will include the Collaborative Specialization in Global Health joint graduate learning education pathways (e.g. health services research master's with Shandong University), continuing education programs in planetary health, diploma and certificate programs (e.g. diploma in population health and implementation science; certificate in global health leadership), and short courses (e.g. global health diplomacy; advanced epidemiological methods) all oriented towards health system strengthening.

In line with the 2030 Agenda for Sustainable Development and similar to the DLSPH-wide research themes, the School will provide funding for an additional major interdisciplinary research and education initiative in promoting Universal Health Coverage through equitable health system strengthening. This focus draws on the DLSPH's and U of T's strengths in quality of care, data systems and analytics, health information systems, health policy and comparative health systems, and implementation science. To support this focus and associated programming, the School will need to establish a School-wide centre and advisory committee in global health reporting to the Dean, with focused faculty and staff in global health. It will work closely with PHS, IHPME, WBIH and relevant research centres around the School, campus and global health research centres in Toronto-area hospitals. It should also take the opportunity to become a hub for supporting global health work currently taking place across Toronto and create a program of global health education and scholarship that engages students and leverages the global health impact across our city. The centre will strengthen a focused set of strategic and sustained institution-to-institution partnerships in priority regions/countries: East Africa (e.g. partnership with Moi University, and as member of the AMPATH Consortium), China (e.g. Shandong University) and India and nurture partnerships with institutions in other countries as they emerge as well as provide opportunity for growing international experiences for students.

Indigenous health scholars at DLSPH held one of Canada's first land-based learning courses for public health at Hart House Farm in 2019.



Indigenous Health

Indigenous peoples have Canada's worst health statuses and outcomes, yet Canada's health care and research systems continue to fail in reducing barriers including poverty, access, racism, food insecurity, colonization, and the intergenerational trauma of residential school and child welfare systems that create the glaring gaps in health between Indigenous and non-Indigenous populations across the country. The DLSPH has the opportunity to work with Indigenous peoples to become leaders in health care revitalization and community healing and to close the gap in Indigenous health inequities. Realizing this opportunity requires the combined efforts of health researchers, educators, and policymakers and a commitment to the Calls to Action of the Truth and Reconciliation Commission. Unfortunately, there is little data on Indigenous reconciliation within academic health settings in Canada. The School is filling this gap by engaging in a self-reflective study that will let the world know where it currently stands in terms of colonialism and where it wants to go. *Indigenous Reconciliation in Public Health: Revisioning Relationship, Pedagogies, and Research* is about to be published and will set the tone and concrete directions for decolonizing research, training, and human resources at DLSPH and for public health schools around the world.

A critical component of reconciliation is the inclusion of Indigenous community members in contemporary, colonial higher education and public health systems. Another is creating an environment of cultural safety for Indigenous staff, faculty, and students. The School's Waakebiness-Bryce Institute for Indigenous Health is a model for building these components both for Indigenous peoples here and around the world and has particular relevance for the School's work in global health. Continuing this, the School will expand its exploration of historical and relational approaches to decolonizing with the goal of promoting a deeper, more authentic engagement with issues of Indigeneity in public health and health systems in partnership with Indigenous communities nationally and internationally. The School's current achievements on Indigenous health to date will be summarized in another document that will provide a strong support for future work. The School will commit funding to responding to the Calls for Action through:

- I **A Vital Curriculum in Indigenous Health.** Over the next five years, the School will further Indigenize the public health curriculum by deepening and expanding the Indigenous health field within the MPH; launching a PhD program with an Indigenous Health concentration relevant to Canada and global health; strengthening Indigenous content across all of our programs; developing an educational program in Indigenous Epidemiology in collaboration with

Indigenous scholars inside and outside the School; and expanding international Indigenous training partnerships and student cohorts. This work will increase cultural safety for all DLSPH students, build cohorts of Indigenous students across all DLSPH programs, and increase the capacity of Indigenous health researchers and practitioners in Canada and worldwide.

II Impact Oriented Partner-Driven Research in Indigenous Health.

Indigenous health researchers at the School have already built a strong foundation of partnered research focused on impact such as the WBIH's Homeless Shelter Laboratory, the Merck for Mothers Kind Faces Sharing Places Project, and RETRACT2 projects. We will continue to build on and expand these sorts of research by: creating a hub to support Indigenous health research at the WBIH (e.g. a NEIHR Coordinating Centre); increasing the capacity for internal and external funding of Indigenous health research with a robust support program led by the Associate Dean of Research's office and the WBIH; increasing collaborations with Indigenous health leaders globally; and increasing the number of research outlets for Indigenous health, such as the *International Journal for Indigenous Health* that is now based at the WBIH. This work should be focused on increasing the health status of Indigenous individuals and populations by closing the gap in health disparities, reducing racism for Indigenous peoples, refining improved Indigenous research ethics and methodologies, improving wellness, and by building a critical mass of Indigenous health researchers.

III A Strong Home for Indigenous Peoples at the DLSPH. Thanks to the landmark Michael and Amira Dan gift that created the WBIH, the School has been able to hire multiple Indigenous health researchers and staff to create a welcoming space for all peoples in the WBIH. Over the next five years we will continue to recruit Indigenous health researchers to the WBIH and the DLSPH more generally, increase the engagement of Indigenous Elders across the School and other roles that can increase engagement of Indigenous peoples across Ontario, develop a cultural safety initiative program for training faculty and staff, and increase Indigenous presence in space design, art, and artefacts throughout the School's physical space. These efforts will create a safer space for Indigenous identities across all divisions and programs and increase capacity for Indigenous leadership at the DLSPH and its capacity for excellence in Indigenous scholarship and meaningful engagement with Indigenous communities within the School, university, and broader local, national, and international communities.

Through this work we believe the WBIIH and the DLSPH can lead the university, country, and the world in excellence in Indigenous health research.

Management

The School's financial position has improved recently as has morale but it still needs to pay careful attention to its management and resources. The addition of two new, modern classrooms and the updating of Classroom 790 will help improve student and faculty experience but the School continues to grow. We are almost at capacity in our current home and we will need to begin exploring options for a new larger home for the School that can bring together all of the faculty which are currently spread out across two buildings (Health Sciences and Gage) and provide a welcoming space for status-only and adjunct faculty when they are working at the School. The School also needs flexible space that can accommodate more events, laboratories, and more space for faculty and student networking and study. Developing new space will take years. At the same time, the School will need to grow its faculty complement dramatically in terms of permanent and collaborative positions. In the meantime, the School can do much to improve its management and stewardship:

- I **Improve Experience of All Faculty (Including Status-Only and Adjunct Faculty)**. The School should develop policies that simplify and improve the experience for all faculty including simplified activity reporting, simplified expense and other financial management processes, stronger student issues management support, TA support for large classes, a simplified and streamlined approach to appointment and renewal (for status-only and adjunct faculty) that matches current appointments elsewhere and that provides onboarding that reflects the School's values, and stronger support for pedagogical and leadership development.
- II **Increase Research Support Infrastructure**. The School has had a significant uptick in grant applications this year but there is more that can be done including increasing the number and integration of postdoctoral fellows into the School's research and teaching activities; enhancing further research infrastructure (including an internal review committee and research mentorship for junior faculty), and more support for grant opportunity identification, preparation, and grant management within the School.
- III **Increase Equity and Inclusion**. The School can do much to increase equity and inclusion, and in the process build excellence within the School and

improve student experience. Over the next five years, the School will build on the work of the MPH in Indigenous Health and the Black Public Health Students Collective and support affinity groups, continue to develop programming to increase equity and inclusion, address racism as a barrier and ensure hiring practices attract strong minority candidates (including anti-bias training). It will also create and implement a Canadian inclusiveness climate survey for public health and share across Canada that, combined with the advice of a Diversity and Inclusiveness Committee should be able to identify additional initiatives. With attention to these efforts, and with careful reflection on student, staff and faculty experience, the School will be able to increase the diversity of its faculty complement and ensure an inclusive environment.

At the same time, it is clear student supports are slipping against the rising cost of studying in Toronto. The DLSPH currently provides slightly below the University of Toronto average support to its students. Over the next three years, to improve student experience the DLSPH will increase its level of student support in funded cohorts to above the U of T average and explore options for increasing support to students in other cohorts. It will also look to opportunities to increase support for all student groups and support for students' research projects and extra-curricular training.

IV Create Value Out of Existing Data Resources. The School is the home for major data initiatives such as the Canadian Partnership for Tomorrow and important data sets such as the Canadian Breast Screening Study. It will be important that we develop mechanisms to ensure our students and faculty make the most of these data resources through publication so that their (the data) value increases. This can extend to increasing student use of data sets in research projects and practicums.

Finally, the School will continue to work on administrative efficiencies and simplifications to move our administrative cost ratios to the best level for single department faculties at the University of Toronto.

The School and the Greater Toronto Area

The DLSPH sits in the centre of Toronto and enjoys strong partnerships across the city and out into the Greater Toronto Area (GTA). The GTA is arguably the most diverse city in the world with a greater number of languages spoken in the centre of the city than anywhere else and large and diverse communities in virtually every municipality around the GTA. This provides an unparalleled opportunity to study and engage with how diversity¹ and inclusion affect and interact with health and health systems in order to improve equity.

At the same time, the School sits within a web of mutually supportive partnerships with hospitals, provincial agencies, municipalities, community organizations and other groups across the GTA. As part of the School's mission, it can work to be a connector amongst all of the groups working on public health and health systems improvement. Stronger and deeper partnerships amongst these groups and the DLSPH will increase opportunities for students, faculty, and alumni across the GTA.

Within each of the interdisciplinary themes, the educational efforts, and our work towards impact the School should be taking advantage of its place within Toronto to deepen its scholarship and broaden and strengthen its partnerships.

¹ Including racial and ethnic disparity, disabilities, educational and income differences and many other factors

CONCLUSION

The Dalla Lana School of Public Health is in a remarkably strong position to define a new model of public health education and make the Dalla Lana School the leader for a new model of public health research and education. This is a model of global academic excellence where research has a clear and consistent impact on our Indigenous, local, provincial, national and global health systems and where our students are constantly challenged to engage in today's and tomorrow's challenges in public health and health care. It is a distinct model, perhaps to a greater degree than any other school of public health, that is rooted in strong local partnerships.

However, we will need to make sure that we grow by adding substantial new numbers of faculty in full-time positions and in collaboration with our health system partners, adding administrative and information technology support, and by ensuring that resources from proposed collaborations flow back to the School. At a minimum we will need to double our full-time equivalent complement over the next 10 years. We will also need to work on improving the degree of cooperation across the entire School to ensure that we realize the benefit of strong interdisciplinary and inter-divisional work in research, education and impact. If we are able to bring this model and the necessary growth to fruition, the DLSPH faces a bright future.

Regardless of the constraints, this is an ambitious academic plan. It will need to be guided by even more clearly formulated objectives with regular tracking against progress and towards the targets noted throughout this document. Fortunately, much of the work that we need for this plan is already underway in different areas of the School. Over the next five years we will work closely with faculty, staff, students, alumni and our partners to implement this strategy.

