



UNIVERSITY OF TORONTO  
DALLA LANA SCHOOL OF PUBLIC HEALTH

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Dean

*Professor of Environmental Health, Epidemiology and Global Health*

March 1, 2017

Professor Sioban Nelson  
Vice-Provost, Academic Programs  
University of Toronto  
Simcoe Hall  
Toronto, ON M5S 1A1

Dear Professor Nelson,

Re: Administrative response to the external review report for the Dalla Lana School of Public Health

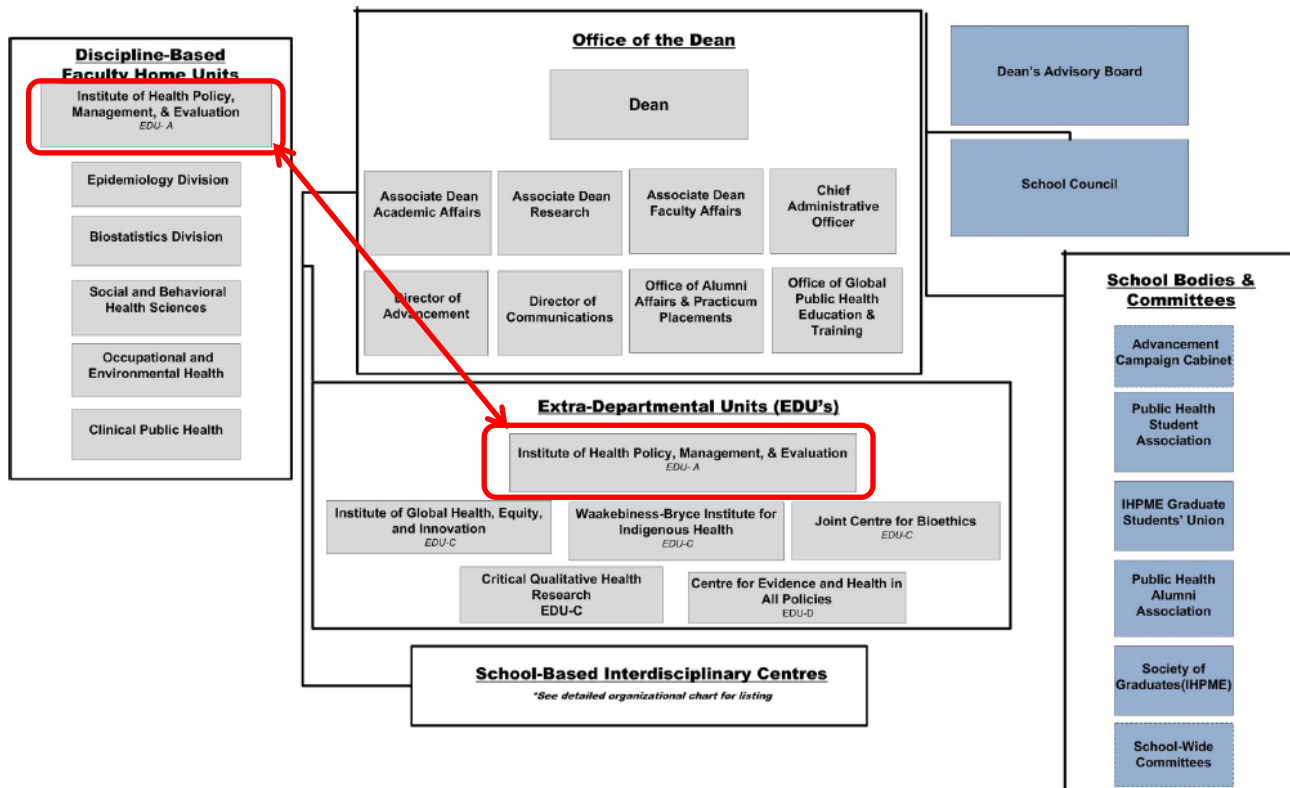
Thank you for providing us with a summary of the external review report and for allowing us to respond to its findings. Given that this was our first UTQAP review since becoming a stand-alone Faculty in 2013, we learned much through the process of our self-study and through the external review, and greatly appreciate the associated opportunity to reflect on our accomplishments, opportunities, room for improvements, and future directions.

Overall, we were delighted that the report was positive and in the Executive Summary noted that *"...the DLSPH has, in the first five years of its expanded structure and new status as a Faculty of the University, demonstrated a high level of both quality and activity in its academic activities. The Faculty is rich in talent and enjoys a high degree of commitment of its staff. The available metrics indicate premier standing in research activity in Canada, and top-shelf performance in North America as a whole."* This is a welcome validation of our strengths, our status, and the rapid progress we have made in establishing ourselves and embarking on a trajectory of excellence.

Below is our administrative response to the specific recommendations and comments raised by the reviewers as synthesized, condensed, and summarized in your letter of February 3, 2017. As requested, we note the DLSPH Senior Management Leader(s) who will be chiefly responsible for working with the Dean to address each area. In addition, as you suggested, we address a few additional areas we would like to prioritize, i.e., selected specific recommendations made by the reviewers that did not appear to be captured by the areas in your summary.

To start, since many of the responses to the recommendations made require background knowledge of DLSPH's administrative structure, we reproduce below the organizational chart from the DLSPH Self-Study. A key **unique** attribute of DLSPH that deserves emphasis is the status of the Institute of Health Policy Management and Evaluation (IHPE) as an EDU-A. In effect, this gives DLSPH an institutional configuration somewhere in between that of a Single Departmental Faculty and a Multi-Departmental Faculty.

Figure 1.2 DLSPH Organization Chart (see also Section 5)



### Program Development

- Reviewers encouraged the Faculty to work across the current siloes in the areas of admissions, administration, communications, and program/course content. Addressing financial incentives and barriers associated with the current structure of program offerings could reduce duplication and support expanded course offerings.

**DLSPH Senior Management Leads: The Associate Dean, Academic Affairs, in conjunction with other key members of the Dean's Leadership Team (Associate Dean, Faculty Affairs; IHPME Director; IHPME Deputy Director; Chief Administrative Officer; Director, Communications) and appropriate Program and Course Leaders,**

Over the past five years, the DLSPH has matured substantially and developed a new administrative structure that includes three associate dean roles (Academic Affairs, Faculty Affairs, and Research) and it has been able to attract emerging and established academic leaders into these positions. This provides an efficient and effective administrative structure for addressing this particular priority area. Our learners come from various disciplines with a broad array of educational requirements; however we acknowledge the opportunity to improve our integration to create synergies and efficiencies across the DLSPH.

The recommendations of the external reviewers are helpful and in response the DLSPH will:

### Short-term action

- i. Develop a plan for coordination of school-wide activities – for example, we have identified time in the monthly calendar to set aside for PHS-wide activities for the coming academic year that bridge across the PHS Divisions. We will further enable coordinated educational offerings that enhance interdisciplinary activities and foster working bridge across IHPME and the PHS Divisions as well across other current “silos”.
- ii. The PHS program directors and Divisional leaders have met and identified a number of activities to enhance educational integration across programs, including
  - a. Mapping course “clusters” in substantive areas that are cross-disciplinary (using the work of the Centre for Critical Qualitative Health Research as an example <http://www.ccqhr.utoronto.ca/graduate-education/course-descriptions>). This work will capitalize on our existing collaborative programs. This work will extend across the entire school.
  - b. Create more opportunities by eliminating barriers for mixing of Masters and Doctoral students in existing courses and creating quarter courses to encourage interdisciplinary opportunities for students.

### Medium-term action

- i. We will coordinate promotion and recruitment activities of the DLSPH for the next academic year.
- ii. We will standardize the descriptions of admissions requirements across programs for the next academic year.
- iii. We will enhance sharing of applicants between programs through enhanced communication between the program directors of the Masters and Doctoral streams in PHS and IHPME during candidate selection periods for the next academic year.
- iv. We will reassess the required competencies of the MPH programs and consider aligning DLSPH programs with the Council on Education for Public Health (CEPH) core competencies. We will meet with faculty and students to consider adapting our competencies and develop interdisciplinary courses that address deficiencies across our MPH programs (for example in the area of public health leadership)
- v. We will have a meeting of Collaborative Program leaders at DLSPH to determine how we can capitalise on the strengths and integration of these programs to work across current disciplinary silos at the DLSPH.

### Long-term action

With the appointment of a new Dean, we expect to continue to improve our integration in a strategic way, consistent with their vision. We will incorporate new courses and programs based on our short and medium-term action planning and will foster a learner-centric environment. We will also continue to identify areas where we can build cooperative efforts such as in communications where we are already highly aligned and integrated (and will continue to be) and collaborative activities such as recent collaboration between IHPME and the Public Health and Preventive Medicine Residency, and collaborative student-oriented activities such as the all DLSPH open house for prospective students.

#### Students

- Reviewers encouraged the Faculty to explore strategies to bring time-to-completion in line with international practice

***DLSPH Senior Management Leads: The Associate Dean, Academic Affairs, in conjunction with the PhD Program Leads in IHPME and the PHS Divisions,***

Members of the faculty are committed to maintaining our high standards for graduate education and are pleased to note the external reviewers commented on our “uniformly strong” PhD programs with “employment data (that) look excellent and are consistent with the best schools of public health internationally”. While our time to completion is within the norms for University of Toronto, we acknowledge that more can be done to improve this metric and have already focused attention on developing strategies to enhance the student experience and improve time to completion.

#### Short-term action

Over the next six months, we will develop a plan to reduce time to completion for PhD students - the CIFY (complete in four years) plan. We have already held two meetings with PhD candidates and supervisors to encourage creative thinking regarding funding policy changes for PHS students of the DLSPH. These meetings have identified reducing time to completion as an acceptable although challenging goal for students and supervisors. Capitalizing on this momentum, we will meet with faculty and students in a series of focus groups to identify key programmatic barriers and facilitators to timely PhD completion. We will then convene a series of small group “mini-retreats” to develop an operationalized plan to address the individual barriers to timely completion. In the fall of 2017 we will hold a Faculty-wide meeting to present the outcomes of the mini-retreats and to finalize the CIFY plan. We will apply for School of Graduate Studies funding to facilitate this process. We will pick on the same process in IHPME to look to enact CIFY across the entire DLSPH.

#### Medium-term action

- i. We will change our funding policy for the PHS students within two to three years to provide four years of funding (vs. five years of funding currently) to align with the IHPME funding duration of four years. We will implement the CIFY plan. Possible recommendations that will be enacted include:
  - a. Increase funding for PhD students to improve the ability to focus on research
  - b. Increase the investment of the School and capitalize U of T opportunities for student education to
  - c. Increase the investment of the School and capitalize U of T opportunities for professional development for supervisors to enhance student time to completion
  - d. Improve and standardize the path to candidacy for all divisions with the target of 18 months
  - e. Reconsider specific processes that may present unnecessary barriers to completion
  - f. Increase the investment of the School and capitalize on U of T and pan-Canadian opportunities for development of non-academic career skills in our students to enhance employability

#### Long-term action

We will continually re-evaluate our progress – we will follow time to candidacy closely meeting with students and supervisors semi-annually to ensure progress. We will meet as a school yearly to review our successes and opportunities with respect to timely doctoral completion, and will integrate new initiatives into the CIFY plan as they are identified.

#### **Faculty**

- **The reviewers remarked on the number and contributions of status-only and adjunct faculty in the Faculty and encouraged further clarification and recognition of their roles and responsibilities with regards to teaching and research**

## Relationships

- Reviewers encouraged the Faculty to continue to build its internal relationships, with health science and other academic divisions, as well as with administrative offices

***DLSPH Senior Management Leads: Associate Dean, Faculty, in conjunction with the Director of IHPME; the Heads of the PHS Divisions; Directors of Academic Programs; and the CEO's/designated leads of our external partners***

The DLSPH views these above two areas--- “Faculty” and “Relationships”---as inextricably linked, since building our relationships with our partners (and associated opportunities for collaboration in research and teaching) will inevitably depend on continuing to clarify the mutual “value-add” and expectations of ---and strengthen--- our relationships with the status-only, adjunct (and cross-appointed) faculty based in those partners. We therefore address these two areas together. In essence, the DLSPH depends heavily on a strong and long-standing web of relationships with external and internal partners. Our external partnerships are exceedingly strong, as evidenced by the large number of status-only and adjunct faculty from within government, public sector agencies, and hospitals, public health units and other health system institutions that teach and provide other forms of support to the DLSPH. These recommendations are all helpful and re-enforce the third key direction of the draft Dalla Lana Strategic Plan to “Enhance Partnerships and Management of the DLSPH.” More specifically, the School will address these recommendations by:

### Short Term Action

- i. Work with our status-only, adjunct, and cross-appointed faculty to clarify expectations with respect to teaching and service, as well as the evolving benefits associated with these DLSPH appointments (such as access to research and communication services; continuing education offerings; etc.)
- ii. Work with our partners to identify shared research priorities that we can support through seed grant and other activities and integrate into our research strategy;
- iii. Work with our partners to refine and increase experiential learning opportunities, such as practicums to take advantage of new CIHR Impact Fellowship programs and calls for greater engagement of our students in our partners’ work (from our draft strategic plan);
- iv. Increase our engagement with the Council of Health Sciences and work with the Council as the vehicle to align our teaching and research programs across faculties
- v. Work with the Vice-Provost, Relations with Health Care Institutions to ensure strong and aligned engagement with hospitals and other health care providers and ensure partnership agreements of all sorts align across the University (e.g. student placement templates)
- vi. Ensure that cross-university governance activities (like the IHPME Executive Committee) meet regularly and reflect University-wide priorities
- vii. Strengthen the terms of reference and role of the Dean’s Advisory Board as a vehicle to engage in joint planning with the health system and the other health sciences faculties at the University;
- viii. Develop a collaborative population health capacity improvement initiative with local agencies (e.g. Public Health Ontario, Toronto Central LHIN);
- ix. Work closely with the Faculty of Medicine to complete a review of existing collaborations to strengthen current activities and identify and prioritize future collaborative initiatives;
- x. Use the existing University level and DLSPH-specific committee structure to engage more closely all health sciences faculties and find ways to develop more collaborative programming;

xi. Work with the Faculty of Arts and Science, UTM and UTSC to ensure that the DLSPH is providing high-value support to existing undergraduate programming and to identify opportunities for further undergraduate programming.

### Medium Term Action

i. Use our close connection to the local health system to collect data on workforce and diverse stakeholder needs to build coherent public health and health systems academic program planning and grant submissions (from our draft strategic plan);

ii. Increase high impact capacity development initiatives that help mobilize communities and create resilient health systems. Important initiatives already launched are the Waakebiness-Bryce Institute for Indigenous Health, the IDEAS program, the North American Observatory on Health Systems and Policies, the Centre for Evidence and Health in All Policies, the Healthy Barrie Initiative, a legion of government funded projects on healthy behaviours that support the Ontario Tobacco Research Unit, and the Health System Performance Research Network. All of these initiatives engage policy-makers at multiple levels and most of these initiatives include the Faculty of Medicine as a key partner. New initiatives such as the proposed Centre for Applied Immunization Research will engage the policy-makers and the Faculty of Medicine (from our draft strategic plan);

iii. Ensure a close link between positive impact on health and health systems and the DLSPH's approaches to reward and recognition of faculty and learners that build on impact statements currently included in IHPME's annual review process and strong communications activities already in place (from our draft strategic plan);

iv. Improve the clarity and quality of partnerships with collaborating organizations and institutions, through new and enhanced partnership models that support impact along with scholarship by building on a range of initiatives already underway (e.g. IHPME's policy on status-only and adjunct contributions and the engagement of several status-only faculty members in the leadership team of the school). Specific initiatives will include a school-wide policy on contribution of status-only and adjunct faculty members, greater joint event planning and engagement in research project design and development and stronger recognition of our partnerships and their contribution to our success (from our draft strategic plan). This work will also address the reviewers' recommendation around roles and obligations of status and adjunct faculty members;

v. Understand and remove impediments to collaborative programming with medicine like the MD-MPH, Nutrition Sciences collaborations, and Bioethics activities.

vi. Complete the development process of the joint MD-MPH degree and develop other parallel degrees – following the MD-MSc model already in place between IHPME and the Faculty of Medicine. Although previous combined degrees (MN-MHSc and MSW-MHSc) have been closed or had low subscription, more collaborative work with the Faculty of Medicine may also address the reviewers' recommendation for consideration of more combined degree programs;

vii. Continue to develop ways of engaging decision-makers through Chatham House rule dialogues and other vehicles.

We will also maintain our policy of an "open DLSPH" where all types of faculty are welcome at faculty meetings and other school activities.

#### Research

- Reviewers encouraged the development of a research strategy through which to pursue research opportunities and partnerships; they also urged more effective recovery of the full cost of contracted research

***DLSPH Senior Management Leads: Associate Dean, Research, in conjunction with faculty from the rest of the DLSPH Executive Committee (Director & Deputy Director of IHPME; the Heads of the PHS Divisions; and the Directors of the other EDU's based in the DLSPH) and a planned new Research Committee.***

The reviewers' comments on research are very helpful and reflect the importance of building on the research strengths of the DLSPH and working closely with partners across the University of Toronto Community. To respond to these recommendations, the DLSPH will:

Short term action

- i. Develop and release a strategy for research aligned to the DLSPH draft strategic theme of "Ensure globally recognized impact and excellence in public health and health systems research." This will include: (a) creating greater support for collaborative research across all units of the DLSPH, (b) specific programs to press forward data science and other cross-cutting areas of scholarship in a coherent way across the DLSPH and in concert with other units in the University; and (c) lay out policy for the DLSPH on research overhead recovery. This work will build off the plan for *Big Data for Population Health* that was developed earlier in 2016.
- ii. Select and populate scientometric indicators specific to the DLSPH and integrate into the DLSPH's performance measurement framework to be developed this year. (from our draft strategic plan)

Medium term action

Develop a strategy to increase the number of engaged post-doctoral fellows at the DLSPH. Since 2012, DLSPH has had 56 post-doctoral fellows for at least a year. The strategy will aim to double that number by 2020 and will need to address space and related issues (in alignment with the overall research strategy). The new Queen Elizabeth Diamond Jubilee Scholarship program grant will provide the first step in reaching this target.

- i. Orient the global health collaborations we are building towards creating opportunities to apply for major large international awards for research, including implementation research, that are being offered by the sources such as the Gates Foundation; the Rockefeller Foundation; the World Bank, etc.
- ii. Pursue a strategy of deliberating advocating for the placement of DLSPH senior faculty on advisory bodies to the major relevant sources of funding so that DLSPH can gain intelligence on external funding opportunities with sufficient lead time to optimize planning.

The issues of strengthening connections between the research undertaken by full-time faculty and status-only and adjunct faculty are addressed above under "relationships".

**Organizational & financial structure**

- The reviewers suggested "further integration" across IHPME and DLSPH to ensure that stronger, clearer administrative and governance structures and processes can effectively and efficiently support the Faculty's complex array of programs, EDUs and other activities

- The reviewers flagged the need for a detailed operational plan
- They observed that there may be duplication between existing EDUs and recommended that any new EDUs be clearly aligned with the Faculty's mission & strategic plan
- It may be useful to clarify in your response that the suggestion of a Deputy Dean is not possible under U of T policy.

***DLSPH Senior Management Leads: The DLSPH Executive Committee and other key School-wide, PHS-wide, and IHPME-wide Committees.***

As noted earlier, the DLSPH has matured substantially and has developed a new administrative structure that includes three associate dean roles (Academic Affairs, Faculty Affairs, and Research) and it has been able to attract emerging and established academic leaders into these positions. This provides an efficient and effective administrative structure for addressing the need for an operational plan to address not only the areas outlined in the review, but also the objectives outlined in our Strategic Plan, 2016-2021

(<http://www.dlsph.utoronto.ca/initiative/strategic-planning/>).

The recommendations of the external reviewers are helpful and in response the DLSPH will:

Short-term action

- i. Increase managerial efficiency at DLSPH and reduce faculty administrative burden by reviewing and eliminating wasteful administrative procedures (from our draft strategic plan);
- ii. Review current administrative structures, the organization of centres, and arrangements (including back office functions) to ensure efficient and student-centred performance;
- iii. Finalize the draft DLSPH strategic plan and create a detailed operational plan that addresses both the objectives of the strategic plan as well as the recommendations of the reviewers in an integrated, efficient manner. A mapping exercise has already been commissioned and drafted examining the correspondence between the Terms of Reference for existing DLSPH units and committees and both the areas related to responding to the external review as well as the objectives of our Strategic Plan. Most needs fit well with the mandates of existing DLSPH units or committees; some can be met by modest expansion in the scope of existing DLSPH units or committees; and a few will require new DLSPH committees (such the planned DLSPH Research Committee and the planned DLSPH Budget Committee).
- iv. Consolidation of some EDU's is already in progress (e.g., a planned merge of the Institute for Global Health Equity & Innovation with the Healthy Cities Hub). Review other current EDU-C and EDU-Ds for alignment with the DLSPH vision and study best practices in structure by looking at comparable UofT faculties and major DLSPH benchmarks such as Harvard, Michigan and the University of North Carolina.

Medium-term action

- i. Increase budgetary transparency by ensuring at least one meeting each year at the DLSPH level and specific to PHS programs to provide detailed information on the DLSPH budget and by providing shadow budgets at the divisional level and approving the IHPME budget on an annual basis (as per the letters accompanying the transfer of IHPME into the DLSPH)



ii. Not appoint a Deputy Dean. Although the reviewers' acknowledgement of DLSPH's level of development is welcome and kind, we believe that the DLSPH is best served at this time by maintaining its current administrative structure and not adding a layer. Additionally the suggestion of a Deputy Dean is not possible under U of T policy.

#### Long-term action

With the appointment of a new Dean, we expect to continue to improve our integration in a strategic way, consistent with their vision. We will incorporate new courses and programs based on our short and medium-term action planning and will foster a learner-centric environment. We will also continue to identify areas where we can build cooperative efforts such as in communications where we are already highly aligned and integrated (and will continue to be) and collaborative activities such as recent collaboration between IHPME and the Public Health and Preventive Medicine Residency, and collaborative student-oriented activities such as the all DLSPH open house for prospective students.

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#### **Other Issues We Will Address** (from the External Review)

11. Develop opportunities and national and international partnerships for research in global health, Indigenous health and health ethics, but not at the cost of strengthening the existing core platform in public health, epidemiology and biostatistics, occupational health and other key fundamental areas.

15. Build global health activity and impact through development into substantial research and teaching collaborations the existing early partnerships with universities in China and elsewhere.

Given the overlap between these two recommendations, we have chosen to address them together.

***DLSPH Senior Management Leads: Associate Dean, Research and Director, Office of Global Public Health; in conjunction with the Directors of the Institute for Global Health Equity and Innovation; Waakebiness-Bryce Institute for Indigenous Health; Joint Centre for Bioethics; DLSPH faculty "champions" that have been cultivated for initiatives in China, Southeast Asia, Sub-Saharan Africa, and elsewhere; and the DLSPH Office of Advancement.***

#### Short-term actions

i. Use the Office of Global Public Health Education and Training (DLSPH) to scale-up several platforms for all of the health science faculties to support global research collaborations and visiting exchanges for graduate students and faculty; grow the number of practicum opportunities abroad, and/or explore opportunities for joint curriculum development in global health. Priority will be given to initiatives where pre-existing relationships exist (e.g. AMPATH Consortium involving DLSPH, Faculty of Medicine and Moi University in Kenya; Mahidol University and Thai Health Promotion Foundation (Thailand), Shanghai CDC, Shanghai Jiao Tong University, Fudan University, Shanghai University of Medicine and Health Sciences (China); the Jockey School of Public Health and Primary Care at the Chinese University of Hong Kong);

ii. Continue to engage and recognize the expertise of its status-only global health faculty members to support the planned expansion of its Collaborative Specialization in Global Health (masters and doctoral streams) and related

curricular and co-curricular offerings and strengthen mentorship opportunities (e.g. practicum opportunities, co-supervision of doctoral students in global health);

#### Medium and long-term actions

- i. Execute the pending award from the Queen Elizabeth Diamond Jubilee Scholarship program to build a new community of doctoral and post-doctoral researchers from institutions in Sub-Saharan Africa in collaboration with the Statistical Alliance for Vital Events initiative of the Centre for Global Health Research, St. Michael's Hospital. Use this award to accelerate the development of additional initiatives that will support the exchange of global health scholars.
- ii. Work with alumni and stakeholders as well as diaspora communities in the Greater Toronto Area to raise funds to support scholarly exchange with key global health partnering institutions.

**13. Take advantage of existing discipline and platform expertise and assets within DLSPH and its partners to further develop Data Science as a key flagship theme for research.**

#### ***DLSPH Senior Management Leads: Associate Dean, Research and Co-Chairs, DLSPH Data Sciences for Population Health initiative***

#### Short-term actions

- i. The DLSPH has already established a Data Sciences for Population Health committee that was responsible for providing the expertise and resources to participate in the "Patient-Centred Care through Computational Medicine" proposal to the Li Ka Shing Foundation (led by the Faculty of Medicine; results pending); the population health component of the UofT "Data Sciences" proposal for the 2015-2016 Canada First Research Excellence Fund (CFREF) competition (unsuccessful); the DLSPH-based CIHR-supported Canadian Urban Environmental consortium (\$4.5 M grant funded by CIHR, successful); the current Queen Elizabeth II Diamond Jubilee Scholarship proposal to bring foreign scholars to the DLSPH to train in Data Sciences related to vital events (successful review; award pending); the current "Big Data for Exposomic Sciences Integrated with Genomics Network (BiDESIGN) proposal, a \$21M Canadian Fund for Innovation initiative that is a partnership between DLSPH and Sick Kids Hospital (external site visit completed, results pending); and other similar initiatives. The Data Sciences for Population Health committee's faculty are also in the second year of teaching a new course on this subject that is highly popular, attracting students throughout the University. The committee's work on responding to the stream of opportunities in this space will continue.
- ii. The committee is also working on developing new data science training modules that take advantage of existing partnerships between DLSPH and the Institute for Clinical Evaluative Sciences (ICES) and other big data platforms to create capacity development and impact-oriented research programs in data science.

#### Medium-term/long-term actions

- i. Consider the creation of a Data Sciences for Population Health EDU-C that aggregates research and training activities in this area, including internal partnerships with key UofT units (and associated colleagues) such as the Faculty of Medicine, the FAS Department of Computer Science, the FAS Department of Geography and Planning, the FAS Department of Statistics, the FASE Department of Chemical Engineering; and external partnerships with the Institute for Clinical Evaluative Sciences, the Ontario Health Study/Canadian Partnership for Tomorrow

Project, Public Health Ontario, the Centre for Global Health Research at St. Michael's Hospital.

**18. Efforts to increase budget transparency should be made within the DLSPH.**

***DLSPH Senior Management Leads: Chief Administrative Officer and new DLSPH-wide Budget Committee***

Short-term/medium-term/long-term actions

The DLSPH is creating a DLSPH-wide budget committee that will work with the Dean's Office to develop the School's overall annual budget each year, soliciting input from stakeholders as appropriate; and the plan for communicating the external and internal budgeting process, decisions and results.

**24. Build and confirm the relationship with the major donor, and use this success to identify a broader base of philanthropic support using a coordinated strategy linking Faculty and University-wide advancement resources.**

***DLSPH Senior Management Leads: Director, DLSPH Office of Advancement; DLSPH Campaign Cabinet***

Using the power of a major benefactor to leverage broad-based philanthropic support is sound advice. Over the next year the DLSPH will:

Short-term actions

- i. Transition the close working relationship of the current Dean and DLSPH Advancement Office with the major donor and other members of the Campaign Cabinet to the Interim Dean and DLSPH Advancement Office.
- ii. Re-confirm the advancement priorities of the DLSPH with the Campaign Cabinet and the Division of University Advancement (DUA).

Medium-term actions

- i. Continue to work on establishing several solid fundraising vehicles that will appeal to a diverse range of alumni and friends, from those that have the capacity to give at higher levels and making a transformational difference to those that will remain engaged with the School by making smaller, consistent gifts year over year;
- ii. Link faculty with University-wide advancement resources, particularly in the area of Foundation relationships, which presents an excellent opportunity for DLSPH and public health and health systems across the University in general.
- iii. Strengthen the relationship with other health faculties to benefit from partnership opportunities "to bolster a consortium of support for public health within the University"; particularly to leverage external partnership opportunities, jointly manage challenges of working with external philanthropic partners, and attract transformational gifts as part of an integrated effort.

Long term actions

i. Work with the major donor, other donors, and DUA to develop a capital campaign strategy that addresses the DLSPH's long-term space needs, particularly with respect to expansion and laboratories that can replace the 100-year old facilities in the Gage Building. (In so doing, potentially leverage the major donor's status as President and CEO of one of the largest real estate developers in the Discovery District of downtown Toronto).

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Thank you, again, for the opportunity to provide a response to the external review report. We look forward to all our faculty and staff being involved in shaping our future direction at the Faculty.

Sincerely,



Howard Hu, M.D., M.P.H., Sc.D.  
Dean and Professor of Environmental Health, Epidemiology, Global Health, and Medicine

Cc:  
Daniella Mallinick, Director, Academic Programs, Planning and Quality Assurance  
Cora McCloy, Acting Coordinator, Academic Planning & Reviews  
DLSPH Executive Committee