

## **Dean's Administrative Response to the Report of the Steering Committee to Develop a Plan for a School of Public Health at the University of Toronto**

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### **Preamble**

The opportunity for the University of Toronto to create a School of Public Health (School) is now a reality. May I take this opportunity to thank Professor Cam Mustard and all the members of the Steering Group who have spent many hours thoughtfully deliberating, interviewing and formulating expert advice about the establishment of a School. This has been a major undertaking and the commitment of Professor Mustard, in particular, is noteworthy of our gratitude and praise. Those on the Steering Group include:

**Geoff Anderson**, Health Policy, Management and Evaluation, Faculty of Medicine, University of Toronto

**Joan Eakin**, Public Health Sciences, Faculty of Medicine, University of Toronto

**Alex Jadad**, Division of Clinical Decision-making & Health Care, Toronto General Research Institute

**Prabhat Jha**, Centre for Global Health Research, St. Michael's Hospital

**Jim Leake**, Faculty of Dentistry, University of Toronto

**Doug Manuel**, Public Health Sciences, Faculty of Medicine, University of Toronto

**David McKeown**, Medical Officer of Health, City of Toronto

**David Mowat**, Deputy Chief Public Health Office, Public Health Agency of Canada

**Cam Mustard**, Public Health Sciences, Faculty of Medicine, University of Toronto (*Chair*)

**Sioban Nelson**, Faculty of Nursing, University of Toronto

**Pat O'Campo**, Centre for Research on Inner City Health, St. Michael's Hospital

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**Fran Scott**, Director, Community Medicine Program, Public Health Sciences, Faculty of Medicine, University of Toronto

**Peter Singer**, Joint Centre for Bioethics

**Terry Sullivan**, Cancer Care Ontario

**Jamie Stafford**, Public Health Sciences, Faculty of Medicine, University of Toronto

**Carolyn Tuohy**, Political Science, Faculty of Arts and Science, University of Toronto

**Blair Wheaton**, Sociology, Faculty of Arts and Science, University of Toronto

**Kue Young**, Public Health Sciences, Faculty of Medicine, University of Toronto

A special thanks to Susan Tremblay for her expert support of the Steering Group and preparation of the report.

The report is comprehensive and definitive in providing specific direction to the University. The process of consultation was initiated by the Steering Committee and I am confident that implementation of the next steps will continue to engage our stakeholders including the fully affiliated hospitals. The Steering Group is commended for the breadth and depth of their analysis. Focus on building a School that will meet the US accreditation standards, noted as a critical success factor by the Steering Group, should be considered very seriously by the future leadership of the School. Finally, transition planning must be initiated immediately and will

include: 1) the recruitment of a new Chair of the Department of Public Health Science (PHS); and, 2) the preparation of a governance proposal for the establishment of a School by an ad hoc Executive composed of the leadership of the Department of PHS and the heads of the Departments and Faculties that will form primary partnerships with the School. The following focuses on the vision of the School and next steps in the planning process.

### **Why establish a School of Public Health?**

The Steering Group was charged first with determining whether the University of Toronto should establish a School of Public Health. The resounding answer was positive based on a well formed rationale that included, but was not limited to, the need to expand the scale and scope of graduate education in public health, to promote inter-disciplinary themes in both education and research that will engage stakeholders internal and external to the University and to brand all of these activities within the framework of an accredited School. The academic track record of the cognate Departments and Centers related to public health sciences in the Health Faculties of the University of Toronto coupled with the opportunity for meaningful partnership with new provincial and national public health agencies are key factors in deciding to proceed with the realization of this vision. The University of Toronto and its fully affiliated hospitals have established major program in global and international health that will contribute to and benefit from a new academic environment created by a School of Public Health. Finally, the Steering group highlighted the relationship between the central themes in *Stepping Up* and the role of the School in achieving these goals related to student experience, linkage between education and research, impact of scholarship and education programs on the broader community and achieving equity and diversity in all activities. These are convincing arguments for establishing a School.

### **Governance Model of a School of Public Health**

Once the Steering Group agreed that establishing a School was a worthy goal, they were asked to comment on a governance model within the University structure. To enable academic independence of the School from other Faculties (particularly the Faculty of Medicine), the Steering Group has recommended the creation of an Extra-Departmental Unit (EDU) Class A, that will recruit and appoint faculty, function as a graduate department with direct oversight of degree programs and be lead by a Director who will report to the Provost. A novel concept is the establishment of an Executive composed of the academic heads of the primary Department and Faculty partners who will work collectively with the Director and Associate Directors of the School as the principal governing group. The Advisory Council composed of partner stakeholder representatives will provide broader strategic direction. This is a creative and logical model for a School of Public Health at the University of Toronto.

### **Education**

One of the fundamental goals of a School of Public Health is to contribute significantly to building capacity in the public health system at all levels to promote improved health of individuals and populations. Further, in the next 2 years in Ontario we have the opportunity to expand our graduate programs aligned with new revenue relevant for the Department of PHS and the new School. To this end, the Steering Group has recommended a significant increase in

enrolment of MHS students and the development of a MPH degree. The proposal to collaborate with the Department of Health Policy Management and Evaluation and other graduate departments to establish joint or dual degree programs including a new Masters of Public Health is essential and would place the University of Toronto in a leadership position nationally and internationally.

Building graduate education programs on a platform of innovative research is a formula for success. The description (below) of research programs will define a new paradigm for interdisciplinary doctoral research education.

Continuing education will be critically important for existing public health professionals and it is likely that the new public health agencies will have interest in supporting such an initiative. The Faculty of Medicine Office of Continuing Education and Professional Development and the potential role of the Center for Faculty Development (training the educators) should be engaged. Public Health continuing education in the health professions such as Nursing and Dentistry are likely to be highly subscribed.

All of our health professions education programs require public health teaching and learning as part of core curriculum. The Department of PHS has taken leadership in the development of core curriculum elements in undergraduate medical education across Canada (e.g., Professor Ian Johnson's Task Force on Public Health Education with the Association of Faculties of Medicine of Canada). Inter-professional education focused on public health goals and objectives could be prioritized in the School of Public Health as core curriculum within its professional graduate programs.

### **Research Mission**

The School of Public Health is in a position to achieve national leadership and internationally recognition for outstanding research in public health sciences and related fields including global health and health policy. Our researchers should be the "go-to" experts and be proactive in engaging external stakeholders such as the national and provincial public health agencies and other decision-makers in developing strategic research directions.

Development of strategic organization and criteria for programmatic research in a School of Public Health are welcome. Identified research program directors will assist the leadership team in recruitment of new faculty, the evaluation of academic activities both research productivity and doctoral research program success, facilitating partnerships both internal and external to the University.

Building capacity in research will require enhanced funding through research grants and contracts as well as fund raising for research chairs and graduate student stipend awards. The time conflicts between teaching and research will require careful attention and creative solutions. The use of graduate faculty members cross appointed from Clinical Departments for teaching and supervising in both professional and doctoral programs would assist in this balance and help to integrate the School with the health professions.

## **Academic Partners**

Primary academic partners will be essential in the establishment and sustained excellence of a School of Public Health. The first among these partnerships must be the Department of Health Policy Management and Evaluation (HPME). It is envisioned that the Chair of the Department of HPME will work very closely with the Director of the School in enabling the alignment of existing graduate courses in HPME to become part of the core curriculum in the new MPH degree program. As well, the integration of research programs between HPME and the School in fields relevant to public health will set the stage for joint recruitment and shared research project revenues (and the incremental overhead on these revenues). Many Clinical and Graduate Departments and Centers in the Faculty of Medicine have natural education and research linkages. The Joint Center for Bioethics has strong academic ties through primary and cross-appointed faculty who are academic leaders not only at the University of Toronto, but are also internationally recognized for their scholarship and innovation.

Along with all of the Health Faculties, academic partnerships with many of the departments and centers in the Faculty of Arts & Science should be explored. In particular the Center for Ethics and the School of Public Policy and Governance should be strong academic partners with the School.

Along with the Director of the School (see below), the academic heads of the primary academic partners will form an Executive to oversee the academic and management directions of the School. Over time, the evolution of joint delivery of graduate degree programs and effective research collaboration among the partners will build the platform for sustainability and excellence for the School.

## **Management and Administrative Structures**

The planning and establishment of the School will, in the first instance, require the recruitment of a new Chair of the Department of Public Health Sciences who will lead the transition of the Department into becoming the core of the new School. Once the School is launched, it will be the singular academic unit housing the graduate degree and research programs. The School will be well served by a leadership team that includes the Director and 2 Assistant Directors who will oversee education and research programs (analogous to a Chair and 2 Vice Chairs of a department). The Director will report to the Provost on all academic matters including faculty hiring and graduate education and, as such, will assume autonomous authority separate from the other Faculties. It is envisioned that the School will require its own academic governance including a Faculty Council reporting to Academic Board. Administrative support for enhanced academic and management function should be strategically planned for optimal performance and integration within the School, avoiding complex layers of bureaucracy.

The School will continue to use back office services centralized within the Faculty of Medicine including human resources, finance, graduate student affairs, information technology, and space and facilities. Therefore, the Director and the administrative staff will continue to report to the Dean and Chief Administrative Officer of the Faculty of Medicine, respectively, on non-academic matters. It is recommended that the Faculty of Medicine policies and guidelines

relevant to education and research be adopted by the School allowing smooth transition for faculty, students and administrative staff in the Department of PHS. Once established, the School will develop its own academic and administrative policies and practices, similar to a single-department Faculty, that are harmonized with those Faculties that are home to the primary academic partners of the School.

The Steering Group recommends that the routine department work of the Chair of PHS be undertaken by one or more of the Vice Chairs enabling the Chair (future Director of the School) to focus on the additional tasks required to establish the School. This is a reasonable and necessary plan with some provisos. The Chair of PHS will still be required to assume responsibility for faculty appointments and academic activity review, all fiduciary matters and direct report of the senior administrative officers.

### **Resource Requirements**

The School of Public Health will be physically located at 155 College, the present location of the Department of PHS. The School will be networked among primary partners and be the university presence within external programs, e.g., inner-city health program at St. Michael's Hospital, that will be closely tied to the School. Fund raising for the School (a naming opportunity), new academic programs including research chairs and studentships will be a major role of the Director working closely with the Advancement Office in the Faculty of Medicine and at the University.

At my request, the Steering Group has projected a 5-year "sample" revenue/expense budget for the School starting with the existing resource available to the Department of PHS. It should be emphasized that this is only a rough estimate based on the potential revenues from graduate enrolment expansion and external partnerships. The next step will be to analyze the current sources of revenue utilized by the Department of PHS and their alignment with expenses to understand the how these will contribute to the budget of the School. During the search for the new Chair of PHS, I have requested that an ad hoc Executive for the planning of the School be established immediately. This group might assess in greater detail the real opportunities associated with external partnerships and will engage in more detailed financial planning with a view to submitting a proposal to the Provost's Academic Incentive Fund for multi-year one time only funding to support the School. I will work closely with the Interim Chair of PHS and the ad hoc Executive to continue planning over the next 5 months. Once the new Chair is in place it is expected that every faculty member in the Department of PHS and many faculty in the primary partnering Departments and Faculties will engage in implementation work groups to establish the School within 12 to 24 months. Hiring of all new faculty must begin to fulfill the strategic directions of the School. Joint hiring of new faculty between internal and external partners will be encouraged.

Catharine Whiteside  
Feb 2007

# **Proposal to Establish a School of Public Health at the University of Toronto**

**Executive Summary**

**January 12, 2007**

*Steering Committee to Develop a Plan for a School of Public Health*

This summary presents the key recommendations from the work of the Steering Committee established by the Dean of Medicine, with guidance from the Provost. The 20 member Steering Committee worked on the mandate to develop a planning and implementation strategy for a School of Public Health at the University of Toronto over the period July – December 2006. The Steering Committee delivered a draft proposal to the Dean of Medicine on December 18, 2006. A final version was submitted in January 2007.

### **Vision and Mandate of the School of Public Health at the University of Toronto**

The Department of Public Health Sciences within the University of Toronto's Faculty of Medicine has among the largest number of academic public health researchers and public health trainees in Canada and has an outstanding track record of scholarship in public health. Building on this tradition of strength, the University of Toronto proposes to establish a School of Public Health that will provide a dynamic academic centre within the University to align with the renewal of public health in Ontario, in Canada and globally.

The following is a proposed vision and mandate for the School of Public Health:

To enable world-class public health practice for the betterment of Canadian and global health, the School of Public Health will be a leading site for the advancement of:

- basic and theoretical research in the public health disciplines,
- applied research to support public health practice,
- development and preparation of public health practitioners and researchers,
- interdisciplinary and cross-institutional research and education,
- knowledge translation and exchange between academia, public health policy and practice, and
- International and global public health.

### **Governance Model for a School of Public Health**

The University of Toronto School of Public Health is proposed to be established as an Extra-Departmental Unit (Class 1) reporting to the Provost (or designate). The governance structure will enhance the capacity of the School to forge inter-Faculty and inter-Institutional commitments to strengthen the interdisciplinary basis of academic public health at the University of Toronto. As an EDU (Class 1), the School would have

an independent budget, the authority to administer graduate degree programs and engage in the primary appointment of faculty to the University of Toronto. The proposed management and administrative structure includes positions of a Director, and two Associate Directors – one for Education and one for Research, with responsibilities to coordinate education programs and research programs, respectively. The Director would establish an Executive Committee composed of the senior academic and administrative leadership of the School as well as the academic leaders of primary partners (e.g., the Department of Health Policy Management and Evaluation, Faculty of Dentistry, Faculty of Nursing and the School of Public Policy and Governance) to guide decisions about all essential academic and administrative functions including fiduciary responsibilities. An Advisory Council, composed from representatives of Faculties, Institutions and Agencies participating in the mission of the School would provide direction for the education and research goals.

The Director of the School will also hold the position of Chair of the Department of Public Health Science. In the transition period, as the School of Public Health is under development, the Chair of the Department of Public Health Science will continue to report to the Dean of Medicine for all academic and administrative matters. Once the School of Public Health is established, it is assumed that the Department of Public Health Sciences will become the core of the School with the dissolution of the Department. The Faculty of Medicine will provide academic and research administrative services for the School, including the services of the Office of Research, the Office of Human Resources, Finance Services, Space and Facilities Management, and Administrative and Academic Information Technology. As well, it is expected that the School of Public Health will adopt the research and education policies and practices of the Faculty of Medicine. Oversight of the graduate education programs including enrolment planning and the revenues accruing from enrolment expansion will fall under the jurisdiction of the Vice Dean Graduate Education in the Faculty of Medicine.

It is expected that the School of Public Health, once established, will proceed to apply for accreditation from the US Council on Education for Public Health (CEPH). CEPH is the only body currently administering accreditation standards for public health schools and training programs in North America.

### **Advancing the Education and Research Mission**

Building on the outstanding undergraduate, graduate and post-graduate education programs of the Department of Public Health Sciences, the School will:

- Expand enrolment in professional graduate education, graduate research education and post-graduate education
- Develop new educational programs, including flexible programs to meet the needs of practicing professionals, expanded specialty or dual degree programs (for example, an MHS stream in Public Health Management, in collaboration with the Department of Health Policy, Management and Evaluation, Faculty of Medicine) and collaborative programs in key research theme areas such as global health or environment and health
- Design and implement non-degree professional development training courses and seminars for practicing professionals in public health.

The University of Toronto and its affiliated research institutions boast an outstanding breadth and depth of public health scholarship. A central objective in establishing a School of Public Health is to provide an organizational means to enhance the integration and collaboration among academic public health experts based at the University, in affiliated research institutions and in public health agencies. Building on a strong foundation of core disciplines of academic public health: epidemiology and environmental sciences, community and occupational medicine, biostatistics and informatics and the social and behavioral sciences; the School would adopt a programmatic approach with formalized leadership to draw together and align academic public health scholarship in fields that might include global health, environment and health, chronic disease prevention and control, or public health policy and practice.

### **Building Partnerships**

The science of public health is interdisciplinary, integrating medicine, allied health science disciplines, life sciences, the disciplines founded in mathematics, social sciences, applied physical sciences, law, ethics and management sciences. The faculties of Nursing and Dentistry have strong training partnerships with the Department of Public Health Sciences, as does the Department of Health Policy, Management and Evaluation. The School of Public Health will work to draw together and build upon

established strengths and research interests across the University to facilitate new collaborative research, teaching and exchange. The School will further link with the broader public health research and practice community, beyond the University through collaborative research, teaching, and policy development.

### **Resource Requirements**

The resources model for the School of Public Health projects revenues, over the five year period 2007/08 to 2011/12, to double from the current level of base operating and partnership support of approximately \$4,500,000. Increased revenues for the School of Public Health may be obtained from two principal sources: 1) expanded enrolment in educational programs, and 2) expanded recoveries of cash and in-kind commitments from Faculties of the University of Toronto, affiliated research institutions and the Ontario Agency for Health Promotion and Protection. Fund raising opportunities for research chairs, professorships and graduate student stipendary awards will also provide a permanent source of revenue. Expanded revenues would be allocated to funding an enhanced complement of academic management roles, new tenure appointments and the contributions of cross- and joint-appointed faculty to the expanded education mission of the School.

### **Time Frame**

It is proposed that the School of Public Health be established in 2006-07, and that recruitment of a Director/Chair begin as early as possible in 2007. A search for the Chair of the Department of Public Health Sciences will commence with the assumption that the approval for the establishment of a School of Public Health will proceed through governance within the University and be in place no later than late Spring of 2007. Once the Director of the School of Public Health is in place, he /or she would focus on three development tasks: a) formalizing partnerships with affiliate institutions and University of Toronto Faculties, b) preparing the accreditation dossier for the School of Public Health and, c) developing and expanding the professional education programs in the School of Public Health.

**Proposal to Establish a  
School of Public Health  
at the University of Toronto**

*January 12, 2007*

*Steering Committee to Develop a Plan for a School of Public Health*

**Proposal to Establish a School of Public Health at the University of Toronto**  
*Steering Committee for the Planning of the School of Public Health*

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## **Executive Summary**

### **1 Vision**

In the brief 100 year period of the 20th century, the average life expectancy in North America increased by more than 30 years. What is not well recognized is that more than 80% of this improvement in life expectancy (25 years) is attributable not to clinical advances in the treatment of illness and disease, but to advances in public health. The 10 most important public health achievements contributing to this remarkable improvement in population health are: 1) Vaccination, 2) Motor-vehicle safety, 3) Safer workplaces, 4) Control of infectious diseases, 5) Prevention of deaths from coronary heart disease and stroke, 6) Safer and healthier foods, 7) Healthier mothers and babies, 8) The role of contraceptives in giving women control of their fertility, 9) Fluoridation of drinking water, and 10) Recognition and control of tobacco use as a health hazard (5).

Public health is 'the science and art of promoting health, preventing disease, prolonging life and improving quality of life through the organized efforts of society (4). The essential functions of modern public health services include: regulatory standards for the health protection of food, water and environments, population or community health assessment, the surveillance of health conditions and health threats in populations, policies and programs addressing the prevention of disease and injury and policies and programs addressing the promotion of health (2). The mission of academic public health sciences underpins modern public health practice through the education of highly qualified practitioners and through the contributions of basic and applied research knowledge. The science of public health is interdisciplinary, integrating medicine, allied health science disciplines, life sciences, the disciplines founded in mathematics, social sciences, applied physical sciences, law, ethics and management sciences.

Academic public health and public health practice, both in Canada and globally, is in a dramatic period of renewal. The resurgence of the threat of infectious disease, first recognized with the HIV/AIDs epidemic and heightened with current concerns

regarding influenza pandemics, is an example of the urgent need to renew public health capacity to control infectious disease. The increasing prevalence of obesity in the Canadian population is a more insidious threat to population health, with significant implications for the future burden of chronic disease and presenting important challenges to public health policy and practice.

The resurgence of interest in global public health has been dramatically illustrated by the commitment of the very largest philanthropic foundations to support the development of scientific advances to address the needs of populations in developing and transitional economies. For example, the Bill and Melinda Gates Foundation, once the endowment commitments from Warren Buffet are in place, will disburse investment income from an asset base of \$60B to support global public health.

The University of Toronto has made important contributions to this renewal. Public health professionals trained at the University of Toronto made crucial contributions to the containment of the SARS outbreak in the spring of 2003. Dr David Naylor, as Dean of the Faculty of Medicine, authored the most comprehensive analysis of the structural shortcomings of the Canadian public health system following the SARS outbreak. The Naylor report led directly to the establishment of the Public Health Agency of Canada (with an annual operating budget of \$600M) and had significant influence on the design for the Ontario Agency for Health Promotion and Protection (with a proposed annual operating budget of \$45M).

The Department of Public Health Sciences within the University of Toronto's Faculty of Medicine has among the largest number of academic public health researchers and public health trainees in Canada. Further, the Faculty of Dentistry is engaged in public health scholarship, through research and its graduate program in Dental Public Health. The Faculty of Nursing prepares nurses for practice in public health and contributes to research in public health related fields. Faculty from many of the other academic units in the University (e.g., Departments of Geography, Sociology) are engaged in public health scholarship. Establishing a School of Public Health at the University of Toronto will build on this tradition of strength in academic public

health sciences and provide a dynamic academic centre within the University to align with the renewal of public health in Ontario, in Canada and globally.

### **Vision and Mandate of the School of Public Health at the University of Toronto**

To enable world-class public health practice for the betterment of Canadian and global health, the School of Public Health will be a leading site for the advancement of;

- basic and theoretical research in the public health disciplines,
- applied research to support public health practice,
- development and preparation of public health practitioners and researchers,
- interdisciplinary and cross-institutional research and teaching,
- knowledge translation and exchange between academia, public health policy and practice, and
- international and global health.

University of Toronto School of Public Health is proposed to be established as an Extra-Departmental Unit (Class 1). Under this administrative authority, reporting to the Provost (or designate) the School of Public Health will have enhanced capacity to forge inter-Faculty and inter-institutional commitments to strengthen the interdisciplinary basis of academic public health at the University of Toronto. The mission of the School of Public Health will focus on the following priorities:

- Expanded programs of graduate and post-graduate professional education and graduate research education
- Innovative professional development programs, designed and delivered to meet the needs of public health professionals in Ontario
- Integration of basic and applied research with the needs of public health practice,
- Enhanced linkage with public health practice, through the use of institutional affiliation agreements and the joint appointment of highly qualified personnel
- A strong commitment to knowledge transfer and exchange
- Opportunities for representatives of public health organizations and affiliated research institutions to participate in governance and leadership of the School of Public Health

## 2 Renewal of public health in Canada

We are in the midst of a major renewal of public health in Canada and Ontario. Recent events, including the SARS outbreak, the spread of the West Nile virus, the emergence of Avian flu, and the Walkerton drinking water crisis, have focused attention on Canada's public health system and its ability to respond to threats.

The federal strategy for renewal of public health in Canada was framed by Canada's experience with SARS and the report of the National Advisory Committee on SARS and Public Health, Chaired by Dr. David Naylor, ***Learning from SARS, Renewal of Public Health in Canada*** (October 2003). Following the recommendations of the Naylor report, the Public Health Agency of Canada (PHAC) was established in 2004, with the appointment of Dr David Butler-Jones, a PHS graduate, as Chief Public Health Officer.

In Ontario, the Ministry of Health and Long-Term Care (MOHLTC) plans for renewal of the public health system was reflected in ***Operation Health Protection: An Action Plan to Prevent Threats to our Health and to Promote a Healthy Ontario***. The plan commits the government to strengthening Ontario's capacity in public health, including the establishment of a new public health agency. The Ontario Agency for Health Protection and Promotion, to be established under legislation in 2007, will be a scientific and technical resource for public health practice in Ontario, focused on public health research, knowledge exchange and f public health human resources. The final report of the Capacity Review Committee ***Revitalizing Ontario's Public Health Capacity*** was released in May 2006 with 50 recommendations including a number focused on revitalizing the public health work force and research and knowledge exchange (6).

Both federal and provincial strategies in public health renewal include major initiatives that intersect explicitly with the education and research missions of academic public health at the University of Toronto:

- **Public health human resources** - both federal and provincial institutional renewal point to the urgent need for expanded public health practitioner

training, professional development and continuing education, as well as a public health human resources strategy

- **Research:** The Naylor report called on Canadian Universities, the Canadian Institutes of Health Research, the new Public Health Agency of Canada, and other federal agencies and departments to “play and active role in increasing opportunities for public health workers to develop or strengthen their research skills”.
- **Knowledge transfer** – the Public Health Agency of Canada and the planned Ontario Health Protection and Promotion Agency have or will have responsibilities for knowledge transfer through linkages with the research, academic and practitioner communities.
- **Global health and international engagement**– the Public Health Agency of Canada has a mandate to strengthen Canada’s place as a leader in global health efforts and to enhance international collaboration on areas of chronic disease initiatives, outbreak responses, and public health capacity around the world.

The federal and Ontario Governments are investing aggressively in public health renewal in both public health science and the public health delivery system. This priority and focus on public health calls for the academic community to step up and contribute to achieving the goals of renewal.

### **3 Recent History of Academic Public Health at the University of Toronto**

Public health science and education has had a long history at the University of Toronto. Over the more recent period of this history, the academic mission of public health at the University of Toronto has been reshaped by a series of organizational changes. These organizational reforms reflected recognition of the importance of strengthening the interdisciplinary basis of academic public health, the opportunity to expand graduate education program and financial imperatives affecting all of the University (a brief history of the early period of academic public health at the University is provided in Appendix A).

During the late 1980s and 1990s, the community health graduate programs experienced rapid growth – doubling in size to almost 300 students. As part of the rejuvenation of academic public health, the Department of Public Health Sciences was formed in 1997 through the merger of three departments in the Faculty of Medicine: Behavioural Science, Preventive Medicine & Biostatistics and the Graduate Department of Community Health. The merger was recommended “as an interim step towards the establishment of a more broadly interdisciplinary overarching structure, such as a ‘School of Community Health’ within the Faculty of Medicine.” In 1998, the Centre for Health Promotion was integrated in the Department of Public Health Sciences. Over this same period, the Department of Health Administration grew in size and scope, forming a graduate department in 1997 including clinical epidemiology (transferred from PHS). In 2001, the department changed its name to the Department of Health Policy, Management and Evaluation. There is a close collaboration between Public Health Sciences and Health Policy, Management and Evaluation in the pursuit of educational and research missions.

Along with the Faculty of Nursing, both Departments moved to larger and renovated space at 155 College Street in 2005.

With 24 tenure faculty, 125 cross-appointed or contract faculty and almost 150 faculty members with status or adjunct appointments, the Department of Public

Health Sciences (PHS) has the largest concentration of academic population and public health researchers in Canada. The Department has almost 300 graduate students in its research (MSc/PhD) and professional degree (MHSc) programs spanning: biostatistics, epidemiology, social and behavioural sciences, health promotion, occupational and environmental health, community nutrition (in collaboration with the Department of Nutritional Sciences), and family medicine (in collaboration with the Department of Family and Community Medicine). Department faculty provide significant undergraduate medical education in community health. Also, the department has two post graduate Royal College Residency Programs. The Community Medicine Residency Program, currently with 25 residents in the five year program is the largest in Canada with a number of graduates in public health leadership positions at local, provincial and federal agencies. The Occupational Medicine Residency Program is conducted in collaboration with the Department of Medicine. A recent curriculum review (2003) introduced two significant program changes – firstly, the two Masters degrees (MHSc and MSc) in companion fields were combined into a single degree program (MHSc), with sufficient flexibility to allow for both research and professional orientations. Secondly, the department chose to emphasize doctoral training in Public Health Sciences and defined the funded cohort as full-time PhD students.

PHS has well-developed programs of research in biostatistics, demography, chronic and infectious disease epidemiology, public health, social sciences and health, occupational and environmental health, disease prevention and health promotion. PHS has partnerships with nine affiliated teaching hospitals, with Toronto Public Health, with research institutes (Institute for Clinical Evaluative Sciences, Cancer Care Ontario, Institute for Work and Health) and with national (e.g., Health Canada) and international (e.g., World Health Organization) organizations. A 2003 External Review of the Department noted “the breadth of research of the department is impressive, and links to excellent research at partner institutions is a major strength of the overall program”.

Academic public health at the University of Toronto has been a leading contributor to advances in population health over the past 100 years. The role of Connaught Laboratories in establishing the scientific methods for the development of effective

vaccines and the technical methods of large-scale vaccine production is among the most prominent of the University of Toronto's contributions.

Academic public health at the University of Toronto has made a significant contribution to public health policy and practice through participation in a number of sustained inter-institutional research initiatives with strong alignment to the goals of public health policy. Three initiatives exemplify this contribution: the Ontario Tobacco Control Research Unit (in partnership with the University of Waterloo and the Centre for Addiction and Mental Health), the Arthritis Community Research and Evaluation Unit (in partnership with the University Health Network) and the HIV, Social, Behavioural and Epidemiological Studies Unit. Each of these initiatives demonstrate the strength of inter-disciplinary applied public health scholarship.

Academic public health at the University of Toronto has made important and unique contributions to anticipating future challenges in global public health. Two important contributions are the identification of priority biotechnologies for improving the health of developing country populations and a sustained contribution in the field of public health ethics, which has most recently made fundamental contributions to the definition of ethical considerations in national preparedness planning for pandemic influenza.

#### **4 Why Establish a School of Public Health?**

The proposed School of Public Health will renew the University of Toronto's national and international leadership in academic public health. The instruments of this renewal will include:

- a significant expansion of the scale and scope of professional graduate and post-graduate education programs and graduate research education programs
- new and innovative non-degree course offerings to support the professional development needs of public health practitioners
- an enhanced integration and collaboration among academic public health expertise based at the University of Toronto, in affiliated research institutions and in public health agencies and organizations
- a strategic focus on interdisciplinary research themes that are strongly aligned to public health policy priorities
- strengthening the historic contribution of academic public health at the University of Toronto to public health policy development
- a governance model for the School of Public Health that will retain contributions from the Faculty of Medicine while supporting strengthened linkages with other University partners and external affiliated organizations
- a plan for reasonable budget expansion through new revenues that will support the realization of the academic mission of a new School of Public Health.

One of the challenges for the School of Public Health will be to ensure appropriate balance in expanding both the research and educational missions to ensure enduring scholarship strength in academic inquiry alongside the growth in the educational programs. The strategic choices of the School will need to align with advances in science and be responsive to the needs of the practice community in building professional capacity.

The rationale for establishing a School of Public Health is premised on four key points:

**1. The University of Toronto has an outstanding foundation in academic public health**

The University of Toronto has a strong foundation from which to launch a School of Public Health:

- A dynamic base in the Department of Public Health Sciences, a leading academic public health program in Canada
- Extensive commitment and contributions to public health scholarship from many academic units across the University
- A track record in fostering interdisciplinary scholarship through novel academic governance instruments (examples include the Joint Centre for Bioethics, Centre for Cellular and Biomedical Research, and the School of Public Policy and Governance)
- Location in Toronto with its rich array of research institutes and centres highly engaged in public health inquiry and service; and, Toronto offering a diverse population laboratory, home to virtually all of the world's culture groups. Over half of Torontonians were born in other countries, suggesting that we are a microcosm of global health assets and challenges- from diversity within food security, gay tolerance as well as increases in HIV among immigrant communities, to high rates of diabetes and heart disease among South Asians.

**2. The federal and provincial renewal of public health**

The renewal of public health institutions in Canada is creating an outstanding opportunity (and obligation) for academic institutions to contribute to new research knowledge, the training of highly qualified personnel and the development of effective public policy. Each of these contributions is essential to the success of public health renewal. There are important new financial resources available to support the integration of academic public health in the renewal of Canadian public health practice.

**3. Complex challenges in public health require novel approaches to organizing interdisciplinary scholarship**

There are very complex challenges in modern public health. The protection of the health of populations from emerging infectious disease threats must integrate understanding of the pathogenesis of infectious organisms, the mechanism of transmission between species and effective means to limit the global spread of disease. Understanding the causes and the means of controlling the rising prevalence of obesity and allergic diseases in the developed economies requires integrating the scientific contributions of genetics, nutritional sciences and metabolism, immunology, epidemiology and the behavioral sciences. Public health practice increasingly must integrate rigorous legal and ethical analysis in balancing the rights and responsibilities of individuals and the interests of society. Each of these examples illustrate the necessity for public health science – the study of the nature and determinants of health at the collective level and of the means to change them – to integrate scientific understanding across a complex range of disciplines. The School of Public Health provides an innovative structure to meet the challenge of organizing interdisciplinary scholarship across university faculties and across affiliate research institutions to advance scholarship in public health.

**4. Opportunity to contribute to global development and global health**

Worldwide, life expectancy has improved more in the last 50 years than in all of the 5,000 years previously. Moreover, the health inequality between countries has narrowed. Some of the most important accomplishments in global development are in public health, including the eradication of smallpox, the extended program on immunizations which raised the percentage of the world's children immunized against common killers from 5% in 1970 to over 76% today, low-cost interventions for diarrhea, tuberculosis, and several other diseases, and the international movement to reduce population tobacco use.

Our successes can be attributed to deliberate public health action (leadership, tools, resources and focus). These lessons also suggest that future health gains in addressing the worldwide health burden from malaria, tuberculosis and HIV/AIDS will also depend on such deliberate strategies, chiefly around tools, and the ability to

lever these to the exciting “new architecture” around global health involving the WHO, the UN Millennium Development Goals, the Bill and Melissa Gates Foundation, and others.

Rapidly growing attention and investment in global development and global health has challenged universities to expand their contributions to research and capacity building. Schools of public health are major contributors to research and policy in the arena of global development and global health. The University of Toronto has great potential to be an international academic center in global public health.

### **The School of Public Health and *Stepping Up***

The School of Public Health will make a significant contribution to meeting the University’s goal to be “a leader among the world’s best public teaching and research universities in the discovery, preservation and sharing of knowledge”(Stepping Up). Looking out 10 years, we expect that the School will be recognized internationally for its research, its contributions to public health policy development – at regional, national and international levels, and its preparation of public health practitioners, scholars and leaders.

The School directly addresses each of the five Stepping Up priorities:

#### *Outstanding and unique student experience*

The education programs linked with the School of Public Health would emphasize the dual objectives of establishing disciplinary competency and building the strengths of interdisciplinary collaboration. The School of Public Health would be committed to the evaluation and improvement of education program quality and would enhance collaborations with the Wilson Center for Research in Education (University of Toronto Faculty of Medicine).

#### *Meet scholarly challenges through interdisciplinary, interdepartmental, interdivisional and collaborations across campuses and with affiliated institutions.*

One of the key strengths and distinguishing features of the School of Public Health will be its relationships with the broader Toronto Academic community, including the affiliated teaching hospitals, research institutes, and key organizations involved in

public health research and service. The School and its affiliated organizations will formalize approaches to joint appointments, joint planning for accessing new resources, and further collaborate on and integrate public health education and research activities.

*Clearly link undergraduate, graduate, and professional academic programs to strong research experiences.*

The School will be expected to build on the already strong educational and research programs in public health. The proposed academic leadership structure for the School will advance robust linkages of educational programs with priority research theme areas. The ability to draw on faculty across the University as well as affiliated organizations and research institutions will facilitate student exposure to significant research breadth.

*Scholarship and academic programs will be relevant to, and have an impact on, the broader community (locally, nationally or internationally) through outreach and engagement in the processes of public policy.*

The close linkages and affiliations of the School with federal, provincial, and municipal public health government agencies (through joint appointments, joint initiatives in the educational and research mandates, shared workshops, conferences, professional development initiatives, etc...) will serve to engage the School with the broader community and strengthen its influence in areas of public policy. It is expected that the School will build on a number of current areas of international collaboration (e.g., global health initiatives) that will foster further contributions to public policy.

*Achieve equity and diversity in all activities to ensure that the School reflects our local and global community.*

Academic public health at the University of Toronto has made a sustained and longstanding contribution to the understanding and effective response to inequalities in health in Canada. The School of Public Health would embrace and strengthen this scholarship tradition. Diversity in the student body and in the recruitment of faculty would be a central commitment of the School of Public Health.

## **5 Governance Model for a School of Public Health**

The recommended elements of the governance structure for the School of Public Health are:

- Establish the School as an EDU (Class 1), with an independent budget, the authority to administer educational programs and appoint faculty,
- Reporting authority to the Provost (or designate)
- Executive committee working closely with the Director
- Establish an Advisory Council, composed from representatives of Faculties, Institutions and Agencies participating in the mission of the School.

The governance model for the School of Public Health has been developed to address six key objectives:

1. maintain and strengthen disciplinary involvement of the University of Toronto Department of Public Health Sciences, as well as the broader Faculty of Medicine and other Health Science Faculties in the research and education missions of the School
2. strengthen disciplinary involvement of University of Toronto Faculties in the research and education missions of the School
3. strengthen disciplinary involvement of researchers and scholars based in health care institutions and research institutes affiliated with the University of Toronto in the research and education missions of the School
4. integrate health care institutions and research institutes affiliated with the University of Toronto in the governance of the research and education missions of the School
5. develop governance structures to achieve strong alignment with the missions of major public health agencies (Public Health Agency of Canada, Ontario Agency for Health Protection and Promotion, local Public Health Units)
6. address accreditation criteria of Council on Education for Public Health (US) concerning 'Institutional Environment', 'Governance' and 'Resources'

It is proposed that the School be established as an Extra-Departmental Unit (Class 1) with its own budget and the authority to administer graduate degree programs and engage in primary appointment of faculty to the University of Toronto. An EDU (Class 1) would have the following characteristics:

- A multidisciplinary and multi-departmental grouping of faculty and students working in a defined area of academic study and research investigation
- A level of academic independence from the Faculty of Medicine, providing a clarity of focus on the strategic objectives of the School
- Reporting authority is ultimately to the Governing Council, through the recommendations of the Vice-President and Provost
- EDUs (Class 1) have the authority to make tenure-stream appointments
- Administrative support and services would be provided by the Faculty of Medicine

In the inaugural period of the establishment of the School, the Department of Public Health Sciences will be retained within the School to continue administration of educational programs. University-funded faculty positions and the administrative support positions currently allocated to the Department of Public Health Sciences would be transferred to the School of Public Health. It is estimated that a full transition including the dissolution of the Department of Public Health Science as its faculty and students form the core of the new School of Public Health will require one year following the appointment of the Director.

In the transition to a School of Public Health, the Chair of the Department of Public Health Sciences would also hold the position of the Director of the School. In this transitional period, the Chair/Director would have responsibility for both the existing Department and the School. The Director would establish an Executive Committee composed of the senior academic and administrative leaders within the School as well as the heads of the primary partners of the School including, for example, the Department of Health Policy, Management and Evaluation, the Faculty of Nursing, the Faculty of Dentistry and the School of Public Policy and Governance. The Executive would work closely with the Director on all academic, administrative and fiduciary matters relevant to the operation of the School.

The Faculty of Medicine will provide academic and research administrative services for the School, including the services of the Office of Research, the Office of Human Resources, Finance Services, Space and Facilities Management, and Administrative and Academic Information Technology. As well, it is expected that the School of

Public Health will adopt all the research and education policies and practices of the Faculty of Medicine. Oversight of the graduate education programs including enrolment planning and the revenues accruing from enrolment expansion will fall under the jurisdiction of the Vice Dean Graduate Education in the Faculty of Medicine.

Consistent with the provisional Guidelines for Administrative Functions and Divisional Protocols of Extra-Departmental Units (May 4, 2006) for an EDU (Class 1), the governance structure for the School of Public Health would include an Advisory Council. The Advisory Council would provide direction and guidance to the Director of the School of Public Health in matters of strategic development of the School, particularly in matters related to inter-institutional relations.

The members of the Advisory Council of the School of Public Health would be appointed by the Provost (or designate). Members of the Advisory Council would all hold appropriate University of Toronto academic appointments and would be nominated from among the following:

- Deans or Department Chairs or their delegates of cognate units within the University of Toronto
- Vice-Presidents of Research or their delegates, affiliated health care institutions and research institutes
- Senior management appointment, Ontario Health Protection and Promotion Agency
- Senior management appointment, Public Health Agency of Canada

The Advisory Council may have 10-15 members. Appointments to the Advisory Council of the School of Public Health would recognize the degree of involvement of individual faculties, health care institutions and public health agencies in the research and training missions of the School of Public Health.

A representation of the Governance model for the School of Public Health is provided in Figure 1.

Recommendation concerning Accreditation by the Council on Education for Public Health (US)

The US Council on Education for Public Health (CEPH) is the only body currently administering accreditation standards for public health training programs and public health training institutions in the world. The CEPH accreditation standards for Schools of Public Health give considerable emphasis to the autonomy of the governance and administration of a School of Public Health (a summary of the relevant accreditation standards are provided in Appendix D). An EDU (Class 1) governance model for the University of Toronto School of Public Health would be expected to meet the CEPH accreditation standards.

For some years, there has been discussion of the Association of Schools of Public Health – European Region ([ASPHER](#)) developing an accreditation mechanism. ASPHER has over 72 institutional members from over 30 countries including a diverse range of institutions such as schools, faculties, departments or units responsible for education in public health. ASPHER offers an optional quality peer review process for interested members, however, to date only a minority of member organizations have been reviewed. The peer review criteria are similar with those of CEPH, but do not distinguish between schools and programs.

It is strongly recommended that the School of Public Health, once established, proceed to apply for accreditation from the US Council on Education for Public Health. Accreditation will provide regular and ongoing assessment of the quality of academic programs at the School of Public Health. Accreditation will also distinguish training programs at the University of Toronto from training programs at Canadian Universities which would not meet the scope of the CEPH criteria.

In addition to accreditation standing from the US CEPH, the leadership of the School of Public Health would be expected to contribute to the development of Canadian competency standards for public health training programs. At the moment, there are no firm plans to create a separate Canadian accreditation mechanism for Schools or program of public health in Canada. However, the national working group that recently developed a set of Guidelines for Master of Public Health (MPH) programs in Canada has just completed a discussion paper on Schools of Public Health in

Canada. The Public Health Agency of Canada is in the process of posting an on-line survey to assess feedback on the discussion questions posed by the paper that specifically address the appropriateness of CEPH accreditation criteria for Canadian institutions and interest in active communication among universities planning Schools of Public Health. A potential outcome is the creation of a national working group to pursue examination of accreditation options.

## **6 The Academic Mission of the School of Public Health**

### **The Education Mission**

A comprehensive education mission in academic public health would address four pillars: undergraduate education, graduate education programs directed at professional or research preparation, post-graduate education programs (particularly medicine, dentistry and nursing) and continuing education and professional development programs for public health practitioners.

The Department of Public Health Sciences currently has outstanding graduate education programs and post-graduate education programs. The professional masters program (MHSc) is currently offered in five streams, - Epidemiology, Occupational and Environmental Health, Social and Behavioural Health, Community Nutrition and Family and Community Medicine. The department offers an MSc in Biostatistics. There are three PhD programs in the fields of Biostatistics, Epidemiology and Social and Behavioural Sciences. A new program is in the process of Graduate School approval – a Master of Applied Health Science, intended for practicing health professionals who already have, or plan to assume, teaching and practice leadership positions within their professional fields.

Two post-graduate medicine residency programs are based in the Department of Public Health Sciences: Community Medicine and Occupational Medicine. (covered earlier)

### **Strengthening the Education Mission**

#### Professional Graduate Education

There is substantial potential for the School of Public Health to expand enrolment in the area of professional graduate education (MHSc program) as well as post

graduate specialty education. In 2006, the Department of Public Health Sciences admitted approximately 75 students to the 16 month MHSc program (in addition, the Department admitted 13 students to the MSc program in biostatistics). The current capacity of the program restricts admissions to approximately one of eight applicants. Increasing the complement of entering MHSc students by 80-100 students is feasible on the basis of the quality of the applicant pool. There are excellent indications of strong employment demand for MHSc program graduates.

The School of Public Health would explore offering modular or alternative flexible programs to meet the needs of practicing professionals who wish to pursue graduate educational programs while continuing to practice and would evaluate the advantages and disadvantages of revising the current 16 month MHSc program to a 12 month program typical of US Masters of Public Health (MPH) degrees. The School of Public Health would also explore the opportunity to develop an MHSc stream in Public Health Management, in collaboration with the Department of Health Policy, Management and Evaluation. Further opportunities may present in developing combined or dual degrees (e.g., JD/MHSc, MN/MHSc, MSW/MHSc, MPP/MHSc, among others). In addition, potential research themes in areas of global health, environment and health, child and human development and other, may offer unique foundations for development of collaborative programs.

#### Graduate Research Education

There is substantial opportunity for the School of Public Health to increase the numbers of students studying for advanced research preparation.

#### Post-Graduate Medical and Dental Specialty Education

The Community Medicine Residency Program has increased its number of primary entry positions from 3 to 6 for the 2007 cohort. This includes 4 Canadian Medical Graduate positions as well as 1 International Medical Graduate. Recently the MOHLTC announced the addition of five re-entry positions for community medicine specialty training or Masters of public health for practicing Ontario physicians. One or more of these re-entry positions may be based at the University of Toronto.

The MSc in Dental Public Health, offered through the Faculty of Dentistry, provides graduates with the skills required to improve the oral health of populations through leadership in government, academic, professional, and other organizations. The University of Toronto's Dental Public Health program was established in 1946, and is the world's longest running program of its kind. Graduates of the program are leaders in dental public health both in Canada and internationally in Africa, Asia, Europe, North America and South America.

#### Undergraduate Education

The School of Public Health would continue to deliver curriculum in public and population health to the undergraduate medical education program. In addition to medical education, there is an important opportunity for the School of Public Health to contribute to enhanced undergraduate education opportunities in integrated knowledge of the biological, social and economic determinants of the health of populations and in the role of governments in the protection and improvement of population health. The School of Public Health would work to develop enhanced undergraduate education opportunities in partnership with key faculties within the University.

#### Continuing Education and Professional Development

In addition to preparing candidates for entry into public health careers, there is a potential demand in Ontario for education programs targeting the professional development of current staff in the public health system. Consultations with managers in the Ontario public health system, conducted by the Capacity Review Committee, identified a strong interest in professional development opportunities. Managers reported a commitment to spend approximately 2% of payroll costs to strengthen and develop expertise among personnel currently working in the Ontario public health system (1). In a complementary recommendation, the final report of the Ontario Expert Panel on SARS and Infectious Disease Control has recommended that the Ontario Agency for Health Promotion and Protection spend \$8.5M annually on training and professional development activities in the Ontario public health system (2). On an assumption that the human resource complement in the Ontario public health system represents an annual expenditure of approximately \$400M, a

2% professional development commitment would represent an annual training market of approximately \$8M.

It is proposed that the School of Public Health design and implement professional development training courses and seminars with the capacity to offer 500 training units per year (a training unit represents one training participant attending one short course or seminar). Short-course and seminar instruction sessions would be offered in continuing education formats over 2-3 day periods.

### **The Research Mission**

There is outstanding public health scholarship based within the University of Toronto and in affiliated research institutions. A central objective in establishing a School of Public Health is to provide an organizational means to enhance the integration and collaboration among academic public health experts based at the University, in affiliated research institutions and in public health agencies.

The mission of School of Public Health would include a commitment to preserving and strengthening the core disciplines of academic public health: epidemiology and environmental sciences, community and occupational medicine, biostatistics and informatics and the social and behavioral sciences.

To enhance the integration and collaboration among academic public health experts based within the School of Public Health, the University, affiliated research institutions and public health agencies, a programmatic approach to affiliating and aligning academic public health expertise would be adopted by the School. This programmatic structure would be given expression in the form of research programs, lead by Research Program Leaders. These programs would be established to address significant disease burdens or significant public health priorities. Research program mandates would be inter-disciplinary and inter-institutional. As illustrated in Figure 3, research programs might be established to coordinate scholarship in the substantive fields of global health, environment and health, chronic disease prevention and control or public health policy and practice.

The leadership of research programs would be drawn from among faculty of the current Department of Public Health Sciences, from among faculty in other divisions of the University of Toronto, and from among scientists and scholars appointed in health care institutions and research institutes affiliated with the University of Toronto.

Criteria for establishing research programs would include:

- Significant potential for sustained interdisciplinary scholarship
- Demonstrated inter-institutional participation and commitment
- Research objectives spanning a continuum from basic to applied research
- Significant external funding
- Substantial capacity to inform public health policy development

### **Academic Partners in the Education and Research Missions of the School of Public Health**

The Faculties of Nursing and Dentistry have strong training partnerships with the Department of Public Health Sciences, as does the Department of Health Policy, Management and Evaluation. There are opportunities to design and deliver joint education programs to strengthen public health leadership competencies in these fields.

The Department of Health Policy, Management and Evaluation (HPME), Faculty of Medicine, is a central partner in the mission of the School of Public Health. This partnership is particularly relevant in the applied field of public health policy and practice, where the disciplinary strengths within HPME in clinical epidemiology, the decision sciences (health economics, program evaluation and system performance measurement) and in the management sciences (human resource planning, health information technology and public health system management) will be crucial partners in the mission of the School of Public Health.

Several departments (e.g., Sociology, Geography, Statistics) and centres (Centre for Ethics, School of Public Policy and Governance) within the Faculty of Arts and Science could also be linked with the School of Public Health through shared or joint education programs and joint faculty appointments.

It is proposed that the primary partners (for example, the Department of Health Policy, Management and Evaluation, the Faculties of Dentistry and Nursing, and the School of Public Policy and Governance) assume an active role in the School of Public Health and provide a voice on the Executive Committee of the School. The envisioned partnership model includes significant joint missions in graduate education and research, in addition to opportunities for joint faculty recruitment and leadership within the School of Public Health.

## **7 Management and Administrative Structure for a School of Public Health**

To support the leadership and management responsibilities of the Director, the School of Public Health would appoint two Associate Directors. The Director and Associate Directors, along with representatives of the primary partner academic units, would form the Executive for the School, providing leadership to the School's academic mission consistent with strategic guidance provided by the Advisory Council. The Steering Committee recommends that the School Executive develop a decision-making culture of collegiality, transparency and accountability.

An Associate Director would be appointed to coordinate education programs in the School of Public Health. The Associate Director: Education would be responsible for coordination of professional education programs, including the community medicine residency program, the occupational medicine residency program and the MHSc program. The Associate Director: Education would also be responsible for coordination of graduate research education (PhD programs) in biostatistics, epidemiology, occupational and environmental health and social science and health. The Associate Director: Education would have formal responsibility for evaluating and improving the quality of professional graduate education and graduate research education.

The Associate Director: Education would be supported by the contributions of Education Program Leaders, continuing the contributions of the six academic members in the Department of Public Health Sciences currently acting as program directors for each of the six disciplinary streams in the MHSc program. The directors of the two PGME programs in the Department of Public Health Sciences would

report to the Associate Director: Education as would the academic members of the Department of Public Health Sciences currently acting in the role of program directors for the four disciplinary streams offering PhD preparation. See Figure 2.

Under the supervision of the Associate Director: Education, professional graduate education responsibilities would include coordinating program admissions, curriculum standards and curriculum development, recruitment of instructional staff, liaison with senior representatives of public health agencies in Ontario and in Canada and program enrolment expansion. The Associate Director: Education would ensure that faculty participating in professional graduate education would have a strong background in public health practice and professional education. Public health professional with academic preparation may be seconded from the Ontario public health system to contribute to the professional education mission of the School of Public Health.

A Coordinator of Professional Development / Continuing Education would be established in the School of Public Health with responsibility to design and deliver high-quality non-degree professional development courses and seminars for personnel currently working in the Ontario public health system. The Coordinator of Professional Development, reporting to the Associate Director: Education, would have a strong background in public health practice and in professional education.

The Associate Director: Education would have responsibility for coordinating program admissions, curriculum standards and curriculum development in each of the graduate research (PhD) programs in the current Department of Public Health Sciences. He/she would also have responsibility for coordinating curriculum development for the research streams in the School's MHSc program.

The office of the Associate Director: Education would each be supported by 2.0 FTE program administrators. Program administrators would administer student admission, orientation and program progress. These staff would also coordinate education program evaluation and quality improvement.

The School of Public Health would appoint an Associate Director: Research to provide leadership in the recruitment of highly qualified research personnel and to coordinate research programs in the School of Public Health (see Figure 2).

Research programs would be established to address significant disease burdens or significant public health priorities. Research programs would be inter-disciplinary and inter-institutional, integrating scholars from disciplinary bases in biostatistics, public health practice, epidemiology, and social sciences. The Associate Director:

Research would have the responsibility to recruit and appoint Research Program Leaders to provide leadership to interdisciplinary groups engaged in a substantive area of research, Program Leaders would also be appointed to provide leadership in each of the three core disciplinary bases in the current Department of Public Health Sciences: 1) biostatistics and informatics, 2) epidemiology and environmental sciences and 3) social, behavioral and organizational sciences.

Research Program Leaders would be drawn from among faculty of the current Department of Public Health Sciences, from among faculty in other divisions of the University of Toronto, and from among scientists and scholars appointed in health care institutions and research institutes affiliated with the University of Toronto (see Figure 4). Research Program Leaders would have a role analogous to 'Division Directors' in the Department of Medicine in the University of Toronto Faculty of Medicine. These responsibilities would include:

- advising the Associate Director: Research on the recruitment and appointment of highly qualified research personnel,
- advising the Associate Director: Research on the research mission of the School of Public Health,
- providing leadership to the mission of the Research Program

## **8 Implementation Timeline**

With the founding of the School of Public Health, the Director of the School would also hold the position of Chair, Department of Public Health Sciences. It is expected that the dissolution of the Department of Public Health Sciences will occur within one year following the recruitment of Director as the faculty and students of PHS become the core of the new School. In the initial 24 month period following the founding of the School of Public Health, academic administration duties currently performed by the Chair of the Department of Public Health Sciences would be performed by an Assistant Director. The Director of the School of Public Health would focus on three development tasks: a) establishing bilateral agreements with affiliate institutions and University of Toronto Faculties, b) preparing the accreditation dossier for the School of Public Health and c) developing and expanding the professional education programs in the School of Public Health.

The plan for the School of Public Health proposes a substantial expansion in the scale of professional graduate education training and professional development instruction. To manage the growth in professional education and instruction, the School will need to invest in curriculum development in advance of tuition revenue forecasts scheduled for the 2010-2012 period.

### Implementation Timeline

- |           |  |
|-----------|--|
| 2006/2007 | <ul style="list-style-type: none"><li>• Approval, University of Toronto Governing Council (March)</li><li>• Establishment of Advisory Council</li><li>• Recruitment of Director/Chair</li></ul>  |
| 2007/2008 | <ul style="list-style-type: none"><li>• Fall 2007: Opening of School and appointment of Director</li><li>• Establish new structures and functions as relevant to an EDU</li><li>• Formalize affiliations with other University Faculties</li><li>• Discussions with external organizations on nature of affiliation (including OAHPP)</li><li>• Development of affiliation agreement template (for organizations without a preexisting affiliation agreement) and an addendum template (for organizations that are currently affiliated with U of T)</li><li>• Undertake negotiations for affiliation 'agreements'</li><li>• Appoint School leads for education and research</li><li>• Develop process for establishing targeted research programs</li><li>• Consultation with professional practice re professional development programs</li><li>• Developmental work for professional education program - 3 to 4 program modules</li><li>• Begin recruitment process for additional faculty</li><li>• Prepare for enrolment expansion in professional masters programs</li></ul> |
| 2008/2009 | <ul style="list-style-type: none"><li>• New faculty appointments (3)</li><li>• Complete affiliation agreement with OAHPP</li><li>• Secure joint appointments with OAHPP</li><li>• Student enrolment increase of 40 (from 75 to 115)</li><li>• Establish 2-3 research programs</li><li>• Launch Professional Development offerings - 100 training units</li><li>• Begin process to seek accreditation from the Council on Education for Public Health (CEPH)</li></ul>  |
| 2009/2010 | <ul style="list-style-type: none"><li>• Recruit additional full-time faculty</li><li>• 60 student enrolment increase (from 115 to 175)</li><li>• Professional development offerings, total of 300 training units</li></ul>   |
| 2010/2011 | <ul style="list-style-type: none"><li>• Recruit additional full-time faculty</li><li>• Professional development offerings – total 500</li></ul>  |

### **Resource Requirements**

The resources model for the School of Public Health projects revenues over the five year period 2007/08 to 2011/12 to double from the current operating base and partner revenues of approximately \$4.5 million. Expanded revenues for the School of Public Health may be obtained from two principal sources: 1) expanded enrolment in educational programs, and 2) expanded recoveries of cash and in-kind commitments from Faculties of the University of Toronto, affiliated research institutions and the Ontario Agency for Health Promotion and Protection. Fund raising for research chairs, professorships and graduate student stipendary awards is expected. Expanded revenues would be allocated to funding an enhanced complement of academic management roles, new tenure appointments and the contributions of cross- and joint-appointed faculty to the expanded education mission of the School. Table 1 outlines a sample budget projected for the School of Public Health over the first 5 years. This sample budget reflects the current budget elements of the Department of Public Health Sciences, the projected increase in revenue from graduate enrolment expansion and the new partnerships revenues including in-kind contributions.

### **Space and Facility Needs**

The School of Public Health will be located in the Health Sciences Building at 155 College St. The initial facility needs will be no different than the Department of Public Health Sciences. Expansion space will be sought as necessary as advised by the Executive and with the assistance of the Provost.

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Figure 1:  
Governance and Management Structure



Figure 2: Governance and Management Structure

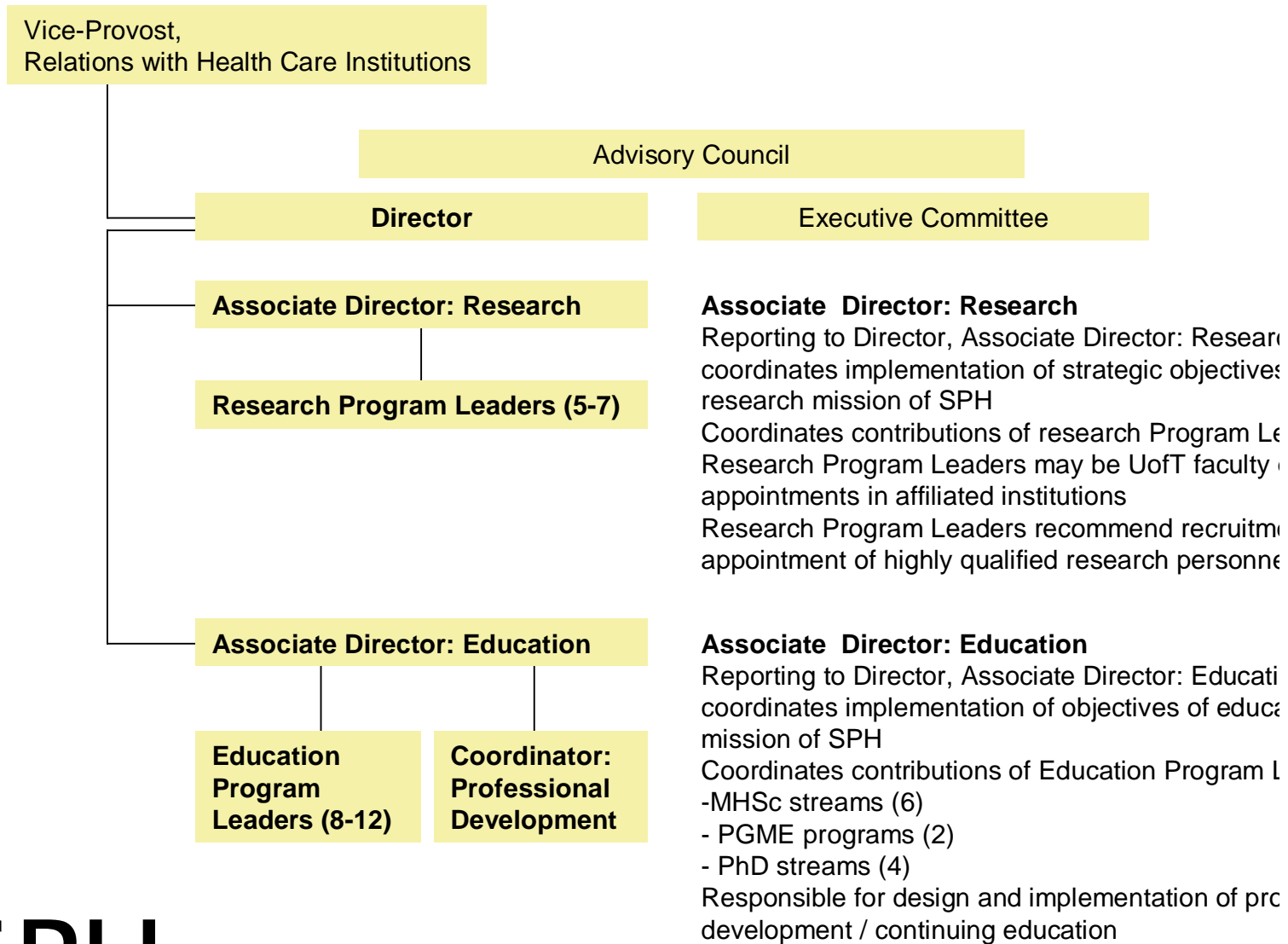


Figure 3: Management: School of Public Health

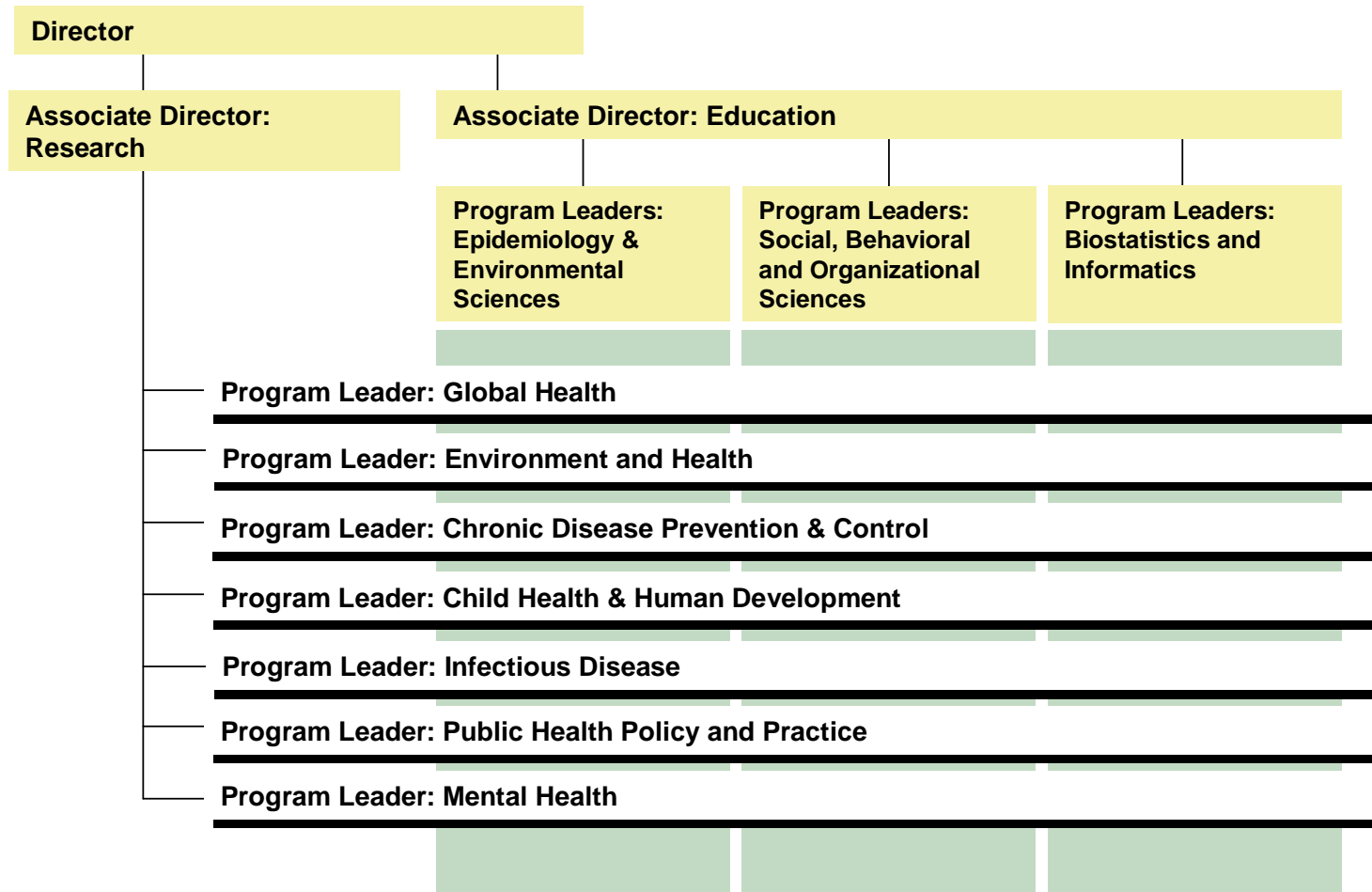
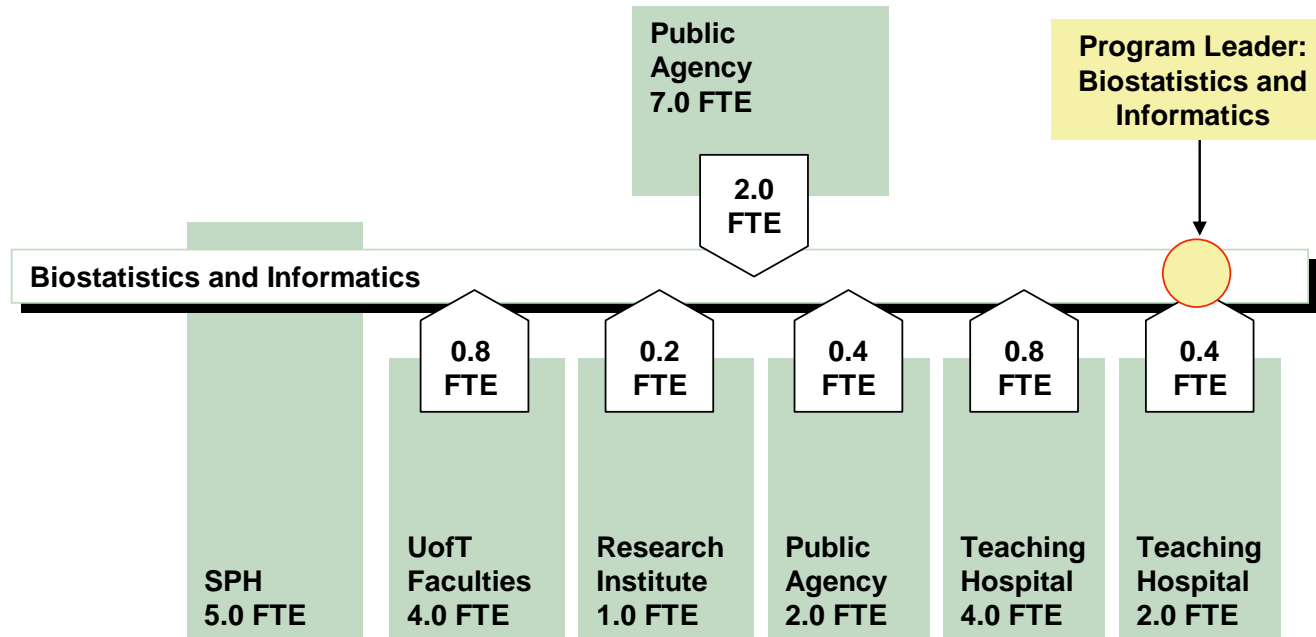


Figure 4  
 Example of Research Program in **Biostatistics and Informatics**



SPH funds 0.30 FTE for Research Group Program Leader  
 Program Leader may be based in affiliate institution, UofT Faculty or Public Agency  
 Affiliate Institutions contribute 0.20 FTE for each joint appointment to SPH  
 Public Agencies contribute 0.30 FTE for each joint appointment to SPH

**Table 1**  
**SAMPLE Budget Summary: School of Public Health**

<b>Expenditures</b>		<u>2007/08</u>	<u>2008/09</u>	<u>2009/10</u>	<u>2010/11</u>	<u>2011/12</u>
Management	Department Chair	160,000	160,000	0	0	0
	SPH Director	200,000	200,000	200,000	200,000	200,000
	Assoc Director: Education	120,000	240,000	240,000	240,000	240,000
	Assoc Director: Research	0	100,000	175,000	225,000	225,000
		<u>480,000</u>	<u>700,000</u>	<u>615,000</u>	<u>665,000</u>	<u>665,000</u>
Administration		300,000	450,000	700,000	700,000	700,000
Faculty	Primary Appointments (Tenure)	3,100,000	3,500,000	3,900,000	4,260,000	4,260,000
	Contract Appointments	600,000	815,000	1,030,000	1,245,000	1,245,000
	Stipends	0	150,000	450,000	830,000	830,000
		<u>3,700,000</u>	<u>4,465,000</u>	<u>5,380,000</u>	<u>6,335,000</u>	<u>6,335,000</u>
Cash Expenditures		<u>4,480,000</u>	<u>5,615,000</u>	<u>6,695,000</u>	<u>7,700,000</u>	<u>7,700,000</u>
In-Kind	Education Contributions	0	150,000	400,000	700,000	700,000
Total Expenditures		<u>4,480,000</u>	<u>5,765,000</u>	<u>7,095,000</u>	<u>8,400,000</u>	<u>8,400,000</u>
<b>Revenues</b>						
PHS Base Budget		4,100,000	4,100,000	4,100,000	4,100,000	4,100,000
Enrolment Expansion	Degree Programs	0	480,000	1,200,000	1,200,000	1,200,000
	Certificate/Diploma Programs	0	150,000	450,000	830,000	830,000
Cash Recoveries	Affiliate Institutions	700,000	800,000	900,000	900,000	900,000
	OAHPP Appointments	0	225,000	450,000	680,000	680,000
	OAHPP Block Grant	0	225,000	550,000	550,000	550,000
Cash Revenues		<u>4,800,000</u>	<u>5,980,000</u>	<u>7,650,000</u>	<u>8,260,000</u>	<u>8,260,000</u>
In Kind Recoveries	UofT Faculties	0	75,000	130,000	130,000	130,000
	Affiliate Institutions	0	200,000	335,000	335,000	335,000
		<u>0</u>	<u>275,000</u>	<u>465,000</u>	<u>465,000</u>	<u>465,000</u>
Total Revenues		<u>4,800,000</u>	<u>6,255,000</u>	<u>8,115,000</u>	<u>8,725,000</u>	<u>8,725,000</u>

## **Appendix A**

### **Historical background**

Community Health programs at the University of Toronto evolved from the public health movement of the early 1920s when the Rockefeller Foundation encouraged the development of schools of public health throughout the world, and supported the establishment of the School of Hygiene at U of T in 1925. The School served as a major locus of public health professional and academic training in English-speaking Canada.

In 1975, programs from the School of Hygiene were merged with cognate departments in the Faculty of Medicine to form the Community Health sector, consisting of four departments: Behavioural Science, Health Administration, Preventive Medicine and Biostatistics, and Graduate Department of Community Health. The aim of this reorganization was to better integrate public health and biomedical perspectives.

Since the movement of Community Health into the Faculty of Medicine in 1975, there have been several studies that have explored the appropriate institutional placement of Community Health among the Health Sciences. The 1988 Report of the **Task Force to Review Community Health**, chaired by Dr. W.J. Hannah, recommended that Community Health remain within the Faculty of Medicine, supported by a slim majority (10 to 7). Strong views were presented on both options 1) for Community Health to remain part of the Faculty of Medicine, and 2) for Community Health to have a distinct structure outside of Medicine.

The 1993 Report of the Presidential Commission on the Health Sciences (chaired by John Leyerle) further addressed the topic of 'population health' recommending an interfaculty council on population health, among other recommendations. The Report included a number of dissenting views, several seeking the establishment of an interdisciplinary Faculty of Population Health.

## **Appendix B**

### **Public Health Graduate Education – US and Canadian Trends**

The term “School of Public Health” originates from early 1900s when graduate education was first introduced, predominantly in the United States. The first schools of public health were established at Harvard and John Hopkins (and the School of Hygiene at U of T). Accreditation of graduate professional education in public health began in the mid 1940s with the American Public Health Association carrying out accreditation, at first centered almost exclusively in schools of public health but later including other college and university settings. In 1974 the independent Council on Education for Public Health (CEPH) was established and is the body with responsibility for accrediting graduate schools of public health and certain graduate public health programs outside schools of public health.

CEPH is the only accrediting body of public health schools and graduate programs in the world. Currently, there are 38 accredited schools of public health and 65 graduate programs, all primarily in the United States. The Universite de Montreal received accreditation of its Master of Science Program in Community Health in 2005. Accreditation criteria for schools are much more demanding than for programs. For example, if the Universite de Montreal decided to call itself a “school” of public health, then it would have a defined time period to meet the school-related criteria or else lose its CEPH accreditation status, which were based on meeting criteria for program accreditation.

According to CEPH criteria, key requirements of a school as compared to a graduate program include:

- Having the same rights, privileges and status as other professional schools that are components of its parent institution
- Offering the Master of Public Health (MPH) or equivalent professional masters degree in each of the five areas of knowledge basic to public health and a doctoral degree in at least three areas of the five specified areas of public health knowledge
- 
- Minimum faculty numbers in each discipline area

There are also criteria that address establishing linkages with the public health system and engaging in activities that support the professional development of the public health workforce, among a number of other areas.

In summary, schools of public health represent larger academic enterprises with greater organizational independence and status (than a department) within the university, significant breadth and scope of disciplines, critical mass of educational and training programs and basic and applied research.

This level of independence and size in public health academia has not been characteristic of Canada’s universities. Generally, public health programs have

fallen within Faculties of Medicine or Faculties of Health Sciences. The University of Alberta, in March 2006, launched Canada's first school of public health as an independent Faculty. The School plans to seek CEPH accreditation in the next several years.

Several universities across Canada have expanded or introduced new programs in public health in recent years. For some time, there were only two "MPH-type" programs in Canada: MHSc in Toronto and Master of Community Health in Montreal. The draft report of the *Pan-Canadian Strategy for Public Health Workforce Education* (2005) reports 'at least 16 MPH or similar program underway or proposed'. In Ontario, Lakehead University introduced its MPH program in 2002 and the University of Waterloo in 2006.

Considerable growth in public health professional education is underway in Universities across Canada, building Canada's public health workforce. There has also been lengthy discussion on the merits of establishing independent 'schools of public health' in Canada and the applicability of the US CEPH model for Canadian universities.

## **Appendix C**

### **Terms of Reference and Membership of the Steering Committee**

The Dean of Medicine, with guidance from the Provost, has struck a Steering Committee to engage in detailed planning and implementation strategy for a School of Public Health at the University of Toronto. This process has been established following consultation by and unanimous recommendation from key stakeholders both internal and external to the University. The Committee will undertake further consultation and will report to the Dean early in 2007. Although the Department of Public Health Sciences will be central to this planning, the School as envisioned should have a broader mandate to establish collaborative and cooperative academic linkages with cognate Departments, Health Faculties, affiliated hospitals and other external partners including the future Ontario Agency for Health Protection and Promotion. The Steering Committee is chaired by Professor Cam Mustard.

The mandate for the Steering Committee is to bring forward a proposal that addresses the following six Terms of Reference:

1. Develop a shared vision, aims and guiding principles for the new School, through a broad consultation process with on-campus and off-campus stakeholders
2. Analyze the current resources and complement (PHS and partners) and potential capacity for the new School involving strategic alliance partnerships
3. Evaluate what would be needed to successfully achieve accreditation according to the US Council on Education for Public Health (CEPH)
4. Recommend an organizational structure and governance model for the new School
5. Develop a business model that would be needed to plan the School
6. Develop a proposal for a new School and identify steps for implementation of the plan by the University of Toronto and its partners

## Steering Committee Membership

Geoff Anderson	Health Policy, Management and Evaluation, UofT
Joan Eakin	Public Health Sciences, UofT
Alex Jadad	Division of Clinical Decision-making & Health Care Toronto General Research Institute (TGRI)
Prabhat Jha	Centre for Global Health Research, SMH
Jim Leake	Faculty of Dentistry, UofT
Doug Manuel	Public Health Sciences, UofT
David McKeown	Medical Officer of Health, City of Toronto
David Mowat	Deputy Chief Public Health Office, PHAC
Cam Mustard (Chair)	Public Health Sciences, UofT
Sioban Nelson	Faculty of Nursing, UofT
Pat O'Campo	Centre for Research on Inner City Health, SMH
Andrea Sass-Kortsak	Associate Dean, Graduate Affairs, Medicine, UofT
Fran Scott	Director, Community Medicine Program Public Health Sciences, UofT
Peter Singer	Joint Centre for Bioethics
Harvey Skinner	Public Health Sciences, UofT (resigned August 31, 2006)
Terry Sullivan	Cancer Care Ontario
Jamie Stafford	Public Health Sciences, UofT
Carolyn Tuohy	Political Science, UofT
Blair Wheaton	Sociology, UofT
Kue Young	Public Health Sciences, UofT

## **Appendix D**

### Accreditation criteria of Council on Education for Public Health (US) related to Governance

#### 1.3 Institutional Environment.

The school shall be an integral part of an accredited institution of higher education and shall have the same level of independence and status accorded to professional schools in that institution.

#### 1.5 Governance.

The school administration and faculty shall have clearly defined rights and responsibilities concerning school governance and academic policies. Students shall, where appropriate, have participatory roles in conduct of school and program evaluation procedures, policy-setting and decision-making.

#### 1.6 Resources.

The school shall have resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

#### 4.1 Faculty Qualifications.

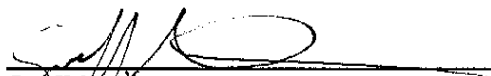
The school shall have a clearly defined faculty which, by virtue of its distribution, multidisciplinary nature, educational preparation, research and teaching competence, and practice experience, is able to fully support the school's mission, goals and objectives.

#### 4.2 Faculty Policies and Procedures.

The school shall have well-defined policies and procedures to recruit, appoint and promote qualified faculty, to evaluate competence and performance of faculty, and to support the professional development and advancement of faculty.

## Steering Committee for the Planning of the School of Public Health

### Membership



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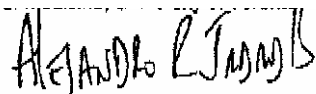
**Geoff Anderson**

**Geoff Anderson**  
Health Policy, Management and Evaluation  
Faculty of Medicine, University of Toronto



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**Joan Eakin**  
Public Health Sciences  
Faculty of Medicine, University of Toronto



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**Alex Jadad**  
Division of Clinical Decision-making & Health Care  
Toronto General Research Institute (TGRI)



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**Prabhat Jha**  
Centre for Global Health Research  
St. Michael's Hospital



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**Jim Leake**  
Faculty of Dentistry, University of Toronto



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**Doug Manuel**  
Public Health Sciences  
Faculty of Medicine, University of Toronto



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**David McKeown**  
Medical Officer of Health, City of Toronto



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**David Mowat**  
Deputy Chief Public Health Office, PHAC




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**Cam Mustard (Chair)**  
Public Health Sciences  
Faculty of Medicine, University of Toronto



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Faculty of Nursing, University of Toronto



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**Andrea Sass-Kortsak**  
Vice Dean, Graduate Affairs  
Faculty of Medicine, University of Toronto



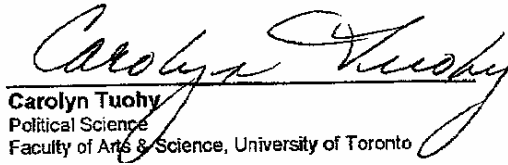
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Director, Community Medicine Program  
Public Health Sciences  
Faculty of Medicine, University of Toronto



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**Terry Sullivan**  
Cancer Care Ontario

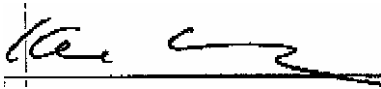


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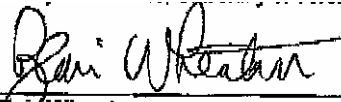


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